

Volume 5, Issue 6
Winter 2011

A Publication of the
Training and Technical
Assistance Department



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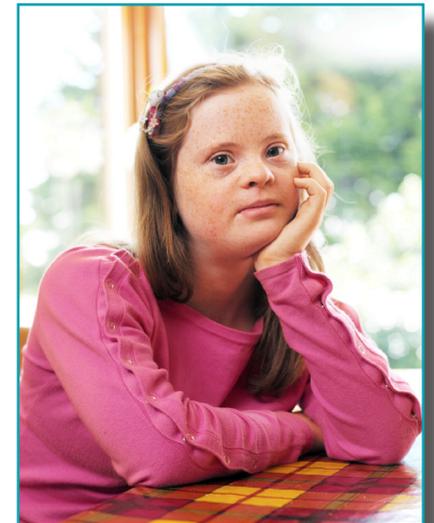
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Advocating for Victims with Intellectual/Developmental Disabilities During a Sexual Assault Forensic Examination Part 1

A sexual assault forensic examination can be uncomfortable, embarrassing and even traumatizing to an individual. Yet, for all of its challenges, the sexual assault forensic examination is an extremely important process that provides necessary medical services to the survivor and collects physical evidence that can be used by law enforcement and the courts to help identify and prosecute the attacker.

The goals of the sexual assault forensic examination include:

1. Documentation and care of injuries;
2. Collection of medical/legal evidence;
3. Evaluation of risk and prophylactic treatment for sexually transmitted infections
4. Evaluation of risk and emergency pregnancy interception; and
5. Crisis intervention (Ledray, 2002)



The length of the examination generally depends on the extent of the injuries, the calmness and ability of the survivor to assist the sexual assault nurse examiner (SANE) in providing both a medical and sexual assault history.

For a survivor with an intellectual/developmental disability the sexual assault forensic examination may be even more uncomfortable, embarrassing and traumatizing than the assault itself. The fast pace of emergency department personnel, the sirens of ambulances and police cars, the beeps, whistles and other sounds made by the various medical devices, the clatter of beds and equipment being moved, the bright florescent lighting and repugnant odors can be unnerving for any survivor, but for a survivor with an intellectual/developmental disability it may be extremely confusing and scary.

An intellectual disability as defined by the American Association on Intellectual and Developmental Disabilities is a disability characterized by significant limitations in both intellectual functioning and in adaptive behavior, which covers many everyday social

and practical skills. An intellectual disability originates before the age of 18.

The Federal definition of a developmental disability refers to a severe, chronic disability of an individual five years or older that:

1. Is attributable to a mental or physical impairment or combination;
2. Is manifested before the age of 22;
3. Is likely to continue indefinitely, and
4. Results in substantial functional limitations in three or more major life activity.

Due to the trauma of the sexual assault, the fast pace of the emergency department, the noise, smells and bright lights, a survivor with an intellectual/developmental disability may have difficulty focusing on the questions being asked, understanding and processing the questions, and expressing themselves. In addition, if the survivor is a woman, regardless of her age, this might be her first speculum insertion.

Techniques for Communicating

The following tips are useful when supporting survivors during the sexual assault forensic examination, especially survivors with intellectual/developmental disabilities. Here are some helpful tips and strategies:

- Speak directly to the person, regardless of who accompanies the survivor. A survivor with an intellectual/developmental disability may be accompanied by a personal assistant, family member or staff from a residential program.
- Identify yourself. For example: "Hi, my name is Jane. I'm here to support you through this physical examination. That means, my job is to help you and other people who have been hurt. I'll stay with you as long as you want. I'll tell you what the nurse or doctor are going to and why. I'm here for you." You can provide information about your agency and the other services the agency provides at the end of the forensic examination. Information that is not immediately relevant to the survivor may be confusing.
- Assume that the survivor can make their own decisions. Often staff or even family members will attempt to make decisions for the survivor, thinking they are making decisions in the best interest of the survivor. A survivor with an intellectual/developmental disability should be empowered to make their own decision, and those decisions should be respected.
- Don't make promises that you cannot keep regarding what law enforcement or the prosecutor will do or will not do.
- Stay with the survivor and speak in clear, short sentences, but do not slow your speech. Slowing your speech can make it more confusing for the survivor.

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- Break down the stages of a forensic examination in smaller parts. Explain in concrete language what is going to happen
 - Examples of concrete language – “The nurse will ask you to take off your blouse, pants, shoes, socks and your underwear.” But don’t worry, the nurse will give you a paper dress, sometimes called a hospital gown, to put on.”
 - “The nurse will put your clothes in paper bags.”
 - “The police will take the paper bags and look for evidence. Evidence is a big word. Evidence can be things like pieces of clothing that might have dirt or blood spots on them, pictures or words that help the police arrest the person who did this to you.”
- Ask the survivor about what she or he needs. Listen to the answers. Advocate for the victim.
- It is often difficult for someone with an intellectual disability to make quick decisions. Hospital staff and law enforcement often ask questions quickly and expect an immediate reply. When this doesn’t happen, the usual recourse is to ask the question again, and/or add a second question. For example: “Can you tell me who did this to you? Did you know the person? How long have you known this person?” Therefore, advocates should ask the forensic examiner or law enforcement officer to ask one question at a time and allow sufficient time for the survivor to answer.
- Individuals with intellectual/developmental disabilities frequently are taught to comply with people in authority. It is important to recognize that the survivor may see you, the advocate, as a person in authority, and want to please you, regardless of the circumstances. Be aware of your facial and body language and try to keep a neutral and relaxed facial expression.
- It is not uncommon for people to have preconceived notions about people with intellectual/developmental disabilities. Check your silent assumptions at the door, so they do not unintentionally influence your advocacy.

PCAR would like to acknowledge Beverly Frantz, PhD from the Institute for Disabilities, Temple University for creating this Technical Assistance Bulletin.

Additional Resources

Pennsylvania Coalition Against Rape	800-692-7445
Institute on Disabilities, Temple University	215-204-1356 (voice/TTY)
The Arc of Pennsylvania	800-692-7258
Disability Rights Network	800-692-7443

Pennsylvania Department of Health website for sexual assault forensic exam paperwork, including the consent form www.health.state.pa.us/saforms

References

Ledray, L.E. (2002) Sexual Assault Nurse Examiner Program, Sourcebook on Violence Against Women 243, 243-44