

Lifting Barriers to Care for Sexual Assault: The Medical Forensic Exam for Survivors with Disabilities

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Upon attending the course in its entirety and completing the course evaluation, IAFN members will receive a certificate that documents 1.5 hours of nursing continuing education.

Objectives

- Have an increased understanding of sexual violence against individuals with disabilities;
- Recognize some of the specific needs and barriers that survivors with disabilities face when accessing support and services, particularly forensic exams; and
- Strategize ways to create an accessible and welcoming experience for survivors with disabilities.

Disability and Sexual Assault: What We Know

Caveat: Lack of Research

- There is limited research in the area of people with disabilities and sexual assault
- There is limited professional training in this area

What are Some of the Facts?

- Current and ex-intimate partners are most common perpetrators (48%)
- Women with disabilities had more than 4 times the odds of experiencing sexual assault in the past year compared to women without disabilities (Martin, Ray, Alvarez et al, 2006)

The Facts (continued)

- People with intellectual/developmental disabilities are 7x more likely to experience sexual violence
- Women with I/DD are 12x more likely to experience sexual violence
- 14% of men with disabilities reported experiencing sexual violence at some point in their lifetime compared to 4% of men without disabilities

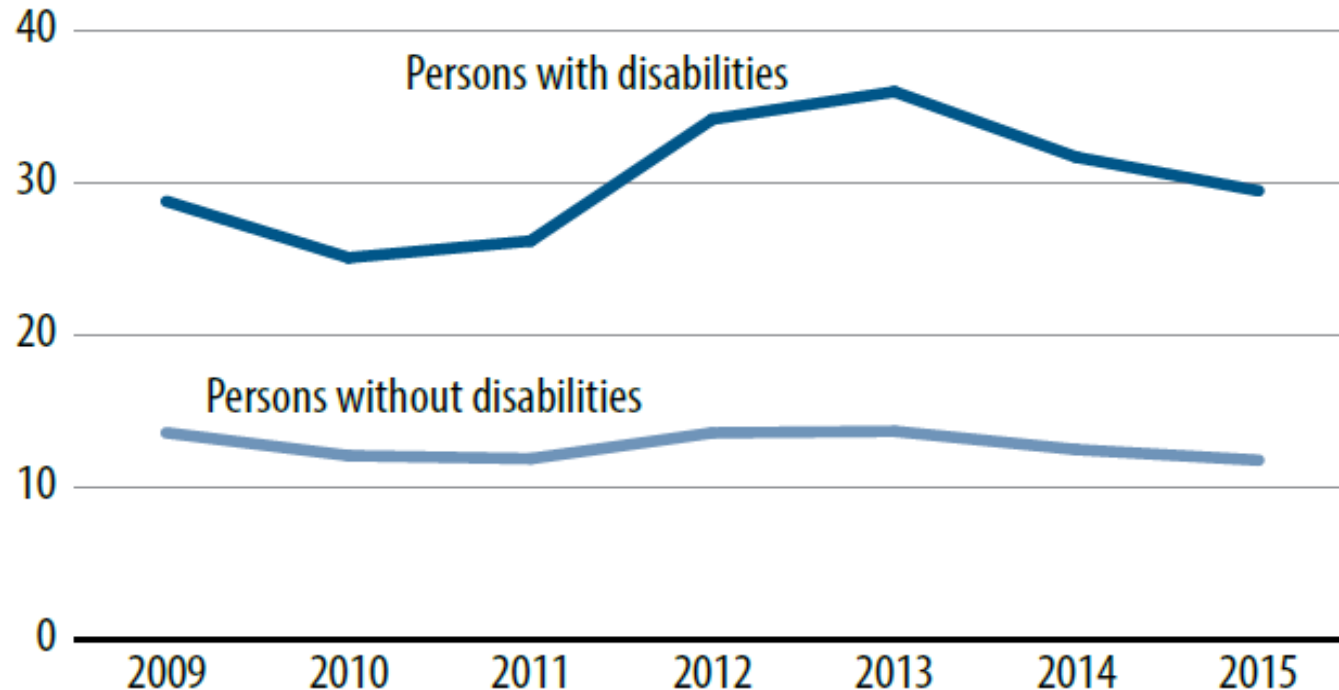
Source: Bureau of Justice Statistics, National Crime Victimization Survey, Special Tabulation

Credit: Katie Park/NPR

Sexual Violence per BJS

Violent victimization, by disability status, 2009-2015

Rate per 1,000 persons age 12 or older



Source: Bureau of Justice Statistics, National Crime Victimization Survey, 2008–2015; and U.S. Census Bureau, American Community Survey, 2008–2015

Sexual Assault and Adolescent Girls

Girls' Experiences at Age 16 by physical disability status

Physical Disability Status	Never had sexual intercourse	All consensual	Forced sexual intercourse
No disability	66.3	27.7	6.0
Minimal disability	48.2	40.9	10.9
Mild disability	63.7	23.4	12.9
Severe disability	57.9	31.0	11.1

1994-1995 Wave 1 Data from the National Longitudinal Study of Adolescent Health Probability sample of adolescents in grades 7-12 in US Schools. N = 24,105
Disability severity index is set on a functional, self and parent defined scale at the time of the survey Source: Cheng and Udry, 2002

Unique Dynamics – Increased Risk

- People with disabilities are more likely to need assistance with personal, private tasks that can lead to victimization
- People with disabilities are targeted for *perceived* vulnerabilities
- People with disabilities are often denied sexual education

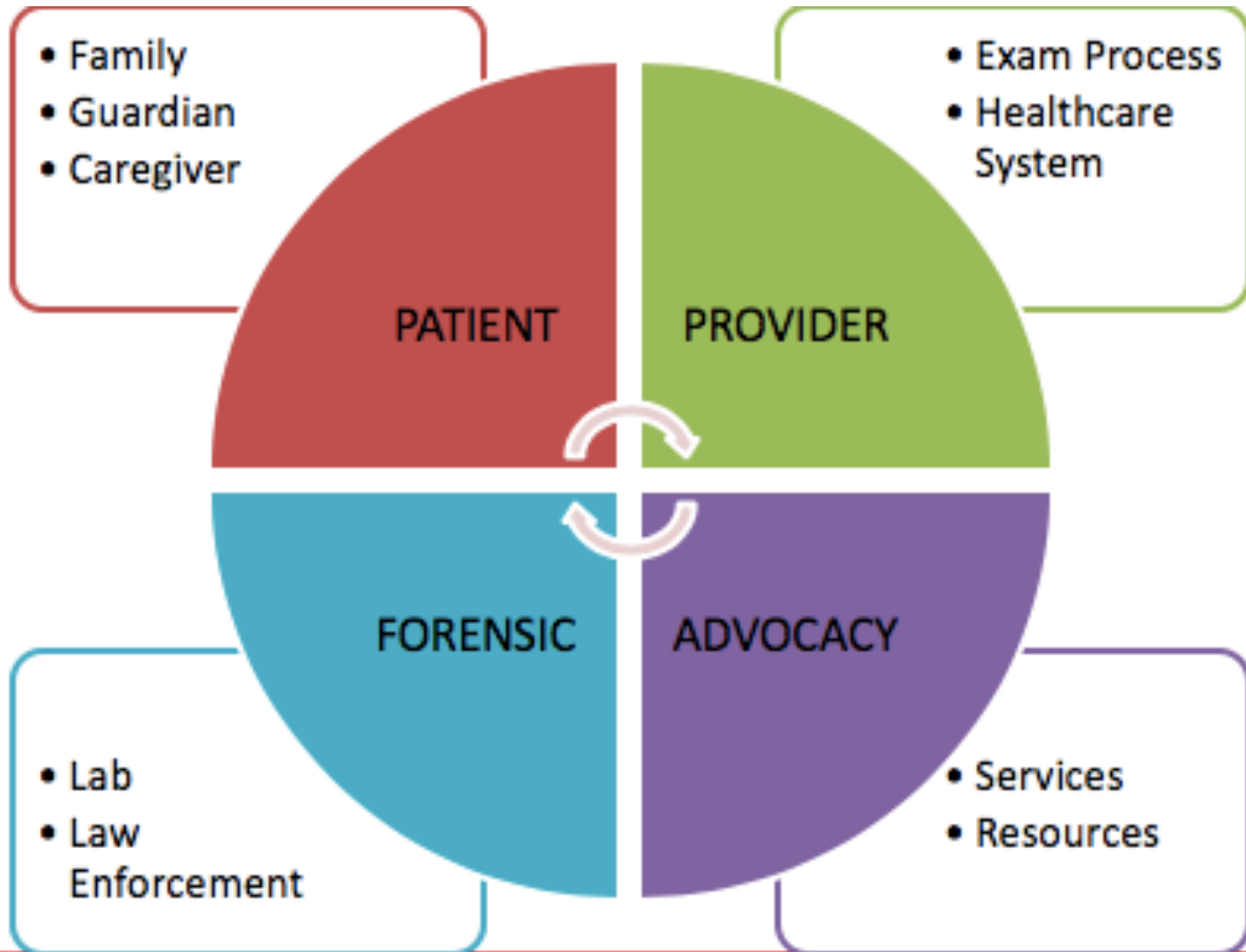
Barriers for Survivors with Disabilities

Barriers

Recognizing the different *types* of disabilities, what are some of the barriers the patient may face when seeking SA exam services?



Barriers (2)



Types of Barriers

- Three types of barriers for survivors with all types of disabilities:
 - Physical barriers
 - Communication barriers
 - Attitudinal barriers

Physical Barriers

- Lack of physical access to spaces
- Inaccessible exam procedures



Communication Barriers

- Lack of ASL interpreters
- Lack of privacy for Deaf survivors
- Need for materials in alternative formats
- Need for materials in plain language by providers to explain the process in plain language
- Patient education materials need to be written in plain language

Attitudinal Barriers

- Lack of familiarity with how to conduct accessible exams amongst service providers
- Lack of familiarity in interacting with people with disabilities and talking about accommodations
- Agencies and medical facilities do not prioritize developing an accessible procedure for people with disabilities

Solutions for Forensic Examiners to Ensure Accessible Exams for Survivors with Disabilities

Addressing Physical Barriers

- Ensure accessible spaces (exam rooms)
- Develop procedures for physically adaptive exams as needed

Accessible Exam Rooms

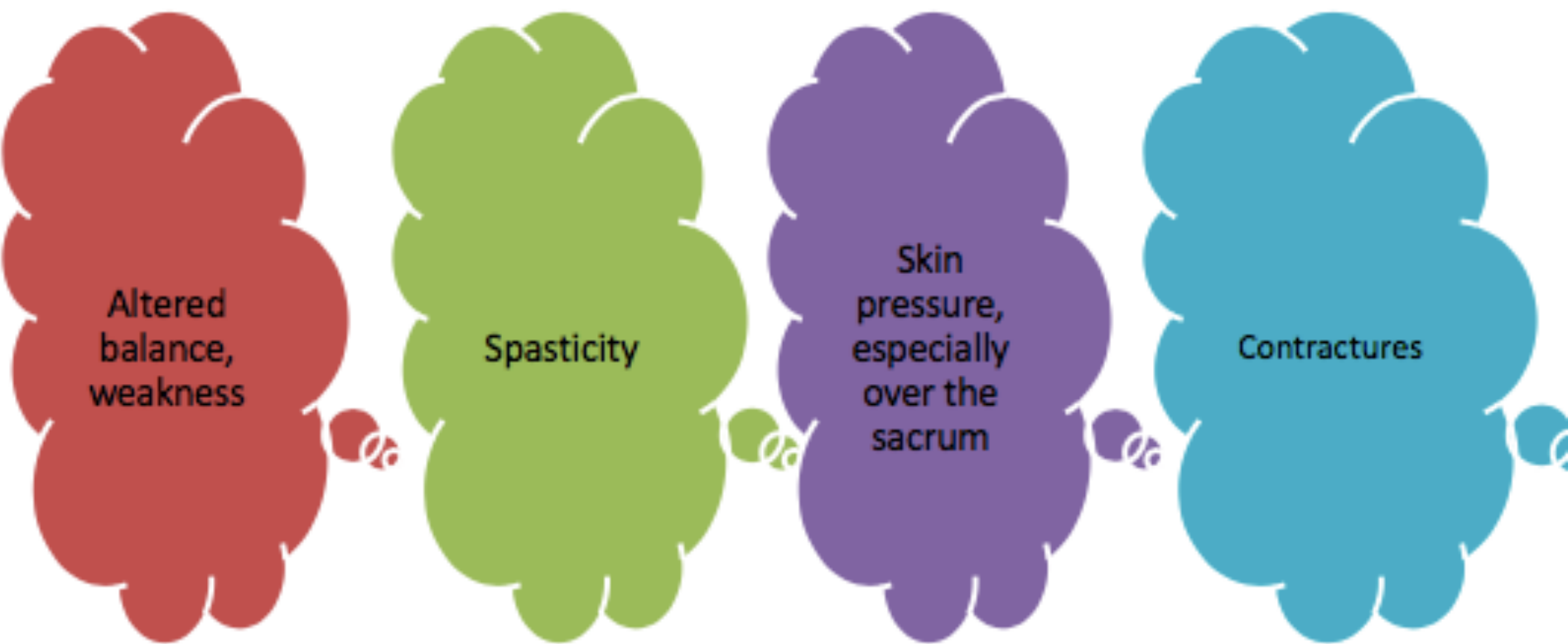


Accessible Exam Rooms (2)

- Accessible route INTO and THROUGH the room
- An entry door with clear width, maneuvering clearance, and accessible hardware
- Accessible exam table and equipment
- Adequate clear floor space for side transfers and lift equipment
- Ensure access before a patient comes in with these needs

Positioning and the Exam Table

Things for the provider to think about



Altered
balance,
weakness

Spasticity

Skin
pressure,
especially
over the
sacrum

Contractures

A Note for Female Survivors with Spinal Cord Injuries

- 50% incidence of autonomic dysreflexia (ADR) women with spinal cord lesions
- Be aware that this can occur in women with spinal cord injury at or above T6

Hospital Settlement re: Physical Access

In November 2005, a settlement was reached with the largest private hospital in the nation's capital, *Washington Hospital Center (WHC)*. This settlement is one of the first of its kind to address *access to hospital facilities and equipment for patients with mobility disabilities and other disabilities*.

Under the Settlement the Hospital Will:

- Remove barriers throughout the hospital;
- Procure accessible exam tables for every department that uses exam tables (after the date of the agreement, all new exam tables and chairs purchased by WHC will be accessible) ;
- Survey all equipment and purchase accessible equipment where needed;

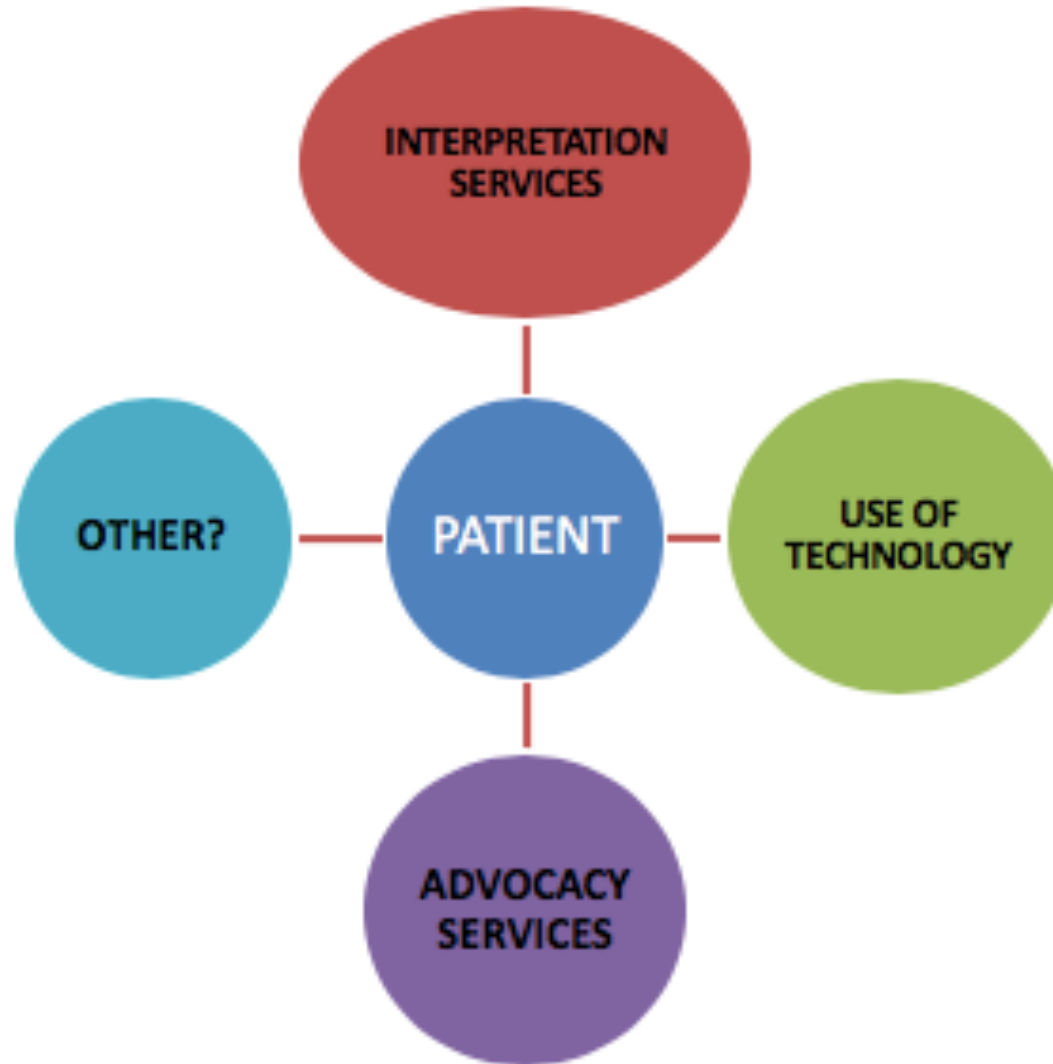
WHC Settlement (2)

- Review and revise its policies, implement special procedures for patients with spinal cord injuries; and
- Provide training to its staff to ensure implementation and use of its new policies and equipment.

Addressing Communication Barriers

- Can impact Deaf survivors, survivors who are blind or low vision, and people with cognitive disabilities
- Solutions may look different

Deaf Communication



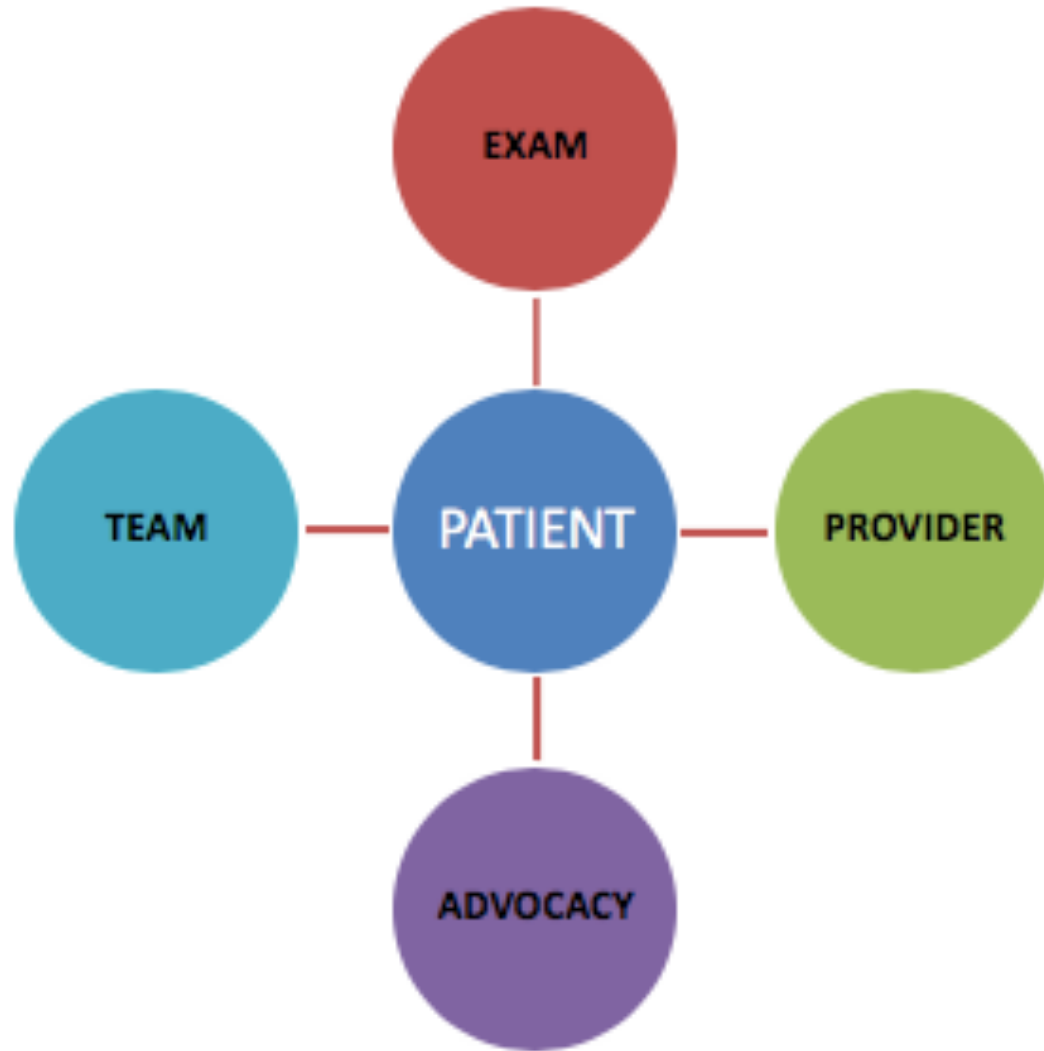
Deaf Communication Suggestions

- Ask the Deaf/ Hard of hearing person their preference for communication
- ASL interpreter
 - In-person interpreter should be the preference, allows for the greatest level of communication
 - Other options (in a pinch) include Video Relay Services and Video Remote Interpreting –require video chat technology

Deaf Communication (2)

- Communicate directly with the person, not the interpreter
- Do not rely on note passing or lip reading unless it is the expressed preference of the person

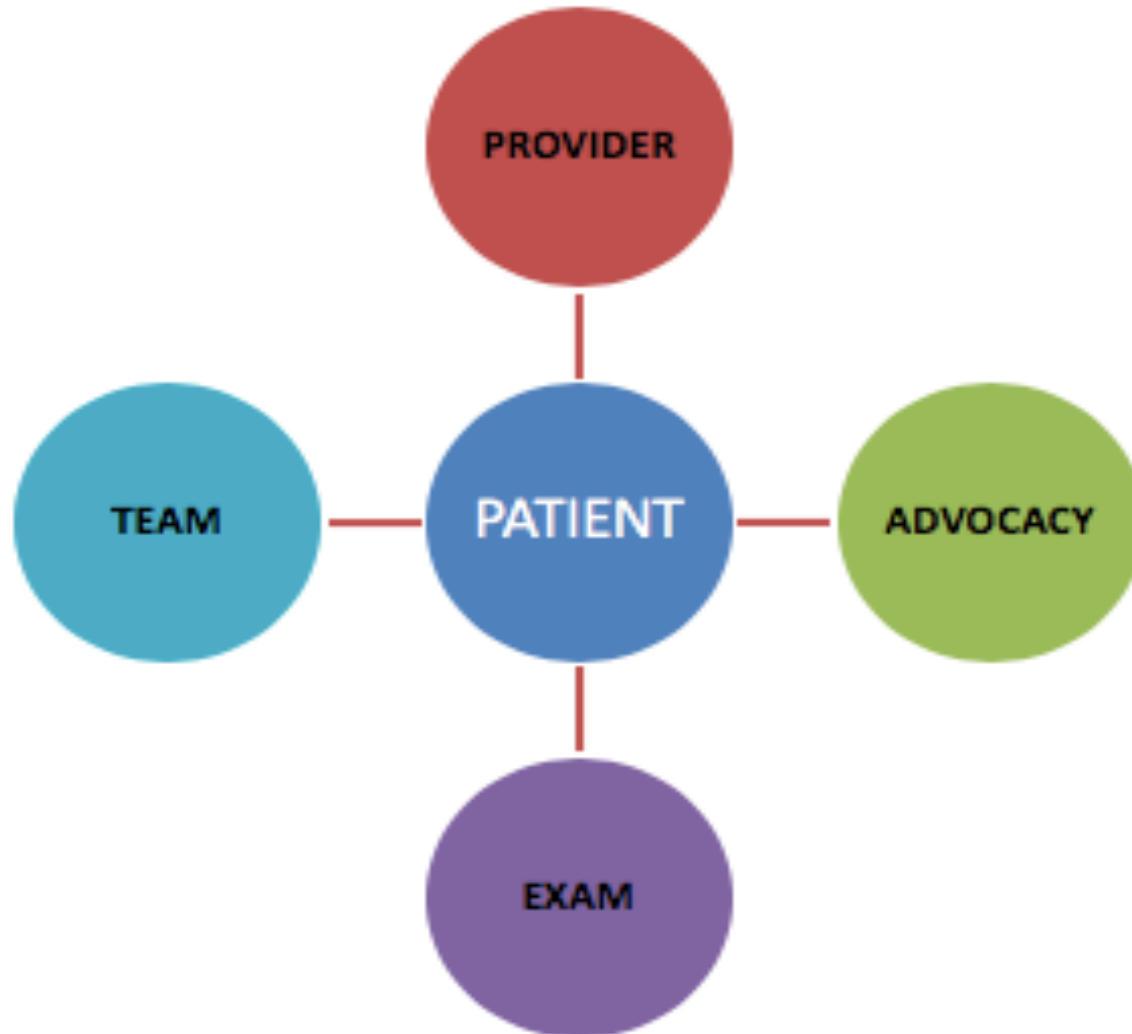
Vision Disabilities Suggestions



Vision Disability Suggestions (2)

- Never make assumptions
- Don't touch or move mobility aids or service animals
- Describe procedures before performing them
- All forms and documents should:
 - Be available in large font (24 pt+) and
 - Be available in Braille and
 - Be available electronically via screen reader
 - Be read aloud by staff

Cognitive/Developmental Disability Suggestions



Cognitive/Developmental Disability Suggestions (2)

- Assess ability to consent – what does medical consent look like for people with I/DD?
- Education and instructions should be given so that the person understands, ensure comfort
 - Resources: pictorial guides, videos
- Address the patient directly, not a support person or guardian

I/DD Suggestions (3)

- Conduct the exam without parent/caregiver/guardian present
- Encourage expression of concerns
- Assess for coercion
- Identify if the patient has a history of GYN exams
- Describe each step prior to doing it

Addressing Attitudinal Barriers

- Conduct regular disability training
- Partner with disability agencies and self-advocacy organizations

General Disability Etiquette

Address the
person directly

Identify yourself
and your role

Offer assistance,
wait for
acceptance of help
and instructions

Treat adults as
adults

Do not lean on
wheelchair-
respect
boundaries

Listen attentively
to those with
speech difficulties

Place yourself at
eye level when
conversing

Speak in plain
language

If you are unsure-
ASK!

Adapted from: CIDNY, the Center for Independence of the Disabled in New York, Inc.

Other General Tips

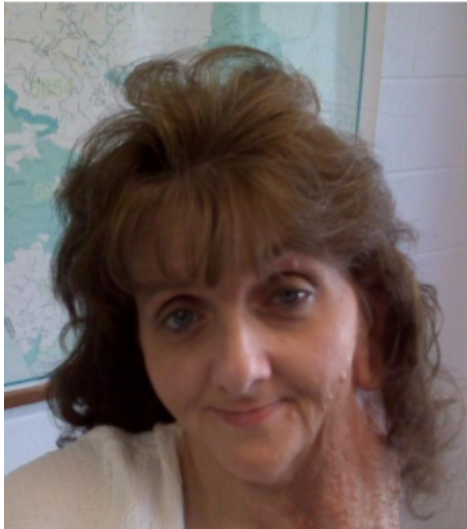
- Do not assume a person has or does not have a disability, focus on what they need to have a positive experience
- Someone might not want to disclose their disability or the nature of that disability, but may disclose that they need additional supports

Overcoming Barriers Chat

- What are your resources for working with patients with disabilities within your medical facilities?
- What are your options when you are in need of an accessible space?
- Do you have access to additional staff to assist in making need adjustments to accommodate your patients with the exam if necessary?
- What are your community resources for patients that you may see with disabilities?

Case Studies

Case Study: Angie



- Angie, age 40 with cerebral palsy
- Caregiver accompanies patient, and answers questions posed to the patient
- Angie looks unkempt, has bruising noted on her thighs and buttocks
- She appears fearful of reporting to police

Case Study: Leon

- Leon, 18-year-old Deaf male
- Writes out, with pen and paper provided by providers at the healthcare facility that he was sexually assaulted
- Concerned that perpetrator is well known in his community



Case Study: Rhonda



- Rhonda, 32-year-old quadriplegic female with a history of traumatic brain injury
- Arrived to medical facility alone via private ambulance
- Resides at home with her mom who is her caregiver and an uncle
- States recalling her uncle administering her meds then mom administering meds again

Questions



Resources

Picture Guide to Sexual Assault Exam from Hennepin County:
<https://www.endabusepwd.org/publications/accessing-safety-hennepin-county-implementation-documents/>

Talk About Sexual Violence Resources: https://thearc.org/find-resources/?search_resource=sexual+violence&audience=searchAudience&type=searchtype&topic=searchTopic

Tour of Nurse Examiner Program for Patients with Disabilities
Video from Michigan: <https://www.ywcawcmi.org/our-services/weave/tour-nurse-examiner-program-patients-dd/>

Contact Information

For more information about
**Sexual Assault Forensic
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Visit: www.safeta.org

For questions contact us at:
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