

DDNA

Developmental Disabilities
Nurses Association



May 15, 2010 Preconference
May 16-18, 2010 Conference
Grand Sierra Resort
Reno, Nevada

Sexual Abuse

Defined:

- Sexually inappropriate actions
- Non-consensual actions
- Exposure to sexual materials
- Inappropriate sexual comments

Sexual Assault Facts:

- Least reported of all crimes
- Violent and silent epidemic
- Huge discrepancy between incident and disclosure

Recognizing the Forensic Needs of Survivors with Disabilities

Presented By:
Janean Fossum, BSN, RN, CDDN
jfossum@epud.net

Sexual Abuse

- Not respecting privacy
- Fondling
- Exhibitionism
- Forced oral or anal sex
- Forced or coerced sexual intercourse-rape
- A wide range of sexual activities that are forced upon someone

Recognizing the Signs of Abuse

Presented By: Janean Fossum, BSN, RN, CDDN

- What is sexual abuse?
- Recognition of abuse in survivors
- Epidemiology Triangle of abuse
- Statistics of abuse
- Why such vulnerability?
- Recognition of behaviors in perpetrators
- Wounds commonly seen in abuse
- Documenting and asking questions
- Role of the Forensic Nurse Examiner

- Questions and Answers time

Recognizing the Signs of Abuse

- Indicators include:
 - Physical
 - Behavioral
 - Circumstantial
 - Environmental

Physical Signs of Abuse

- Traumatic injuries observed – especially to breasts and genital area
- Genital discomfort
- STD's
- Signs of restraint-finger or hand marks
- Ligature marks
- Signs of physical abuse
 - Bruises, scratches
- Torn or missing clothing
- Clothing on backwards or inside out
- Unexpected pregnancy

Circumstantial Signs of Abuse

- Alcohol or drug abuse by care provider
- Devaluing attitudes
- Isolation of social unit
- Other forms of abuse by perpetrator:
 - Animal abuse
 - Spousal abuse
 - Child abuse
- Prior history of abuse
- Unresolved history of abuse
- Pornography usage
- Excessive or inappropriate eroticism
- Seeks isolated contact with children

Behavioral Signs of Abuse

- Depression
- Substance abuse
- Withdrawal
- Atypical attachment
- Fearful of specific person
- Reacting toward a specific person
- Seizures
- Avoidance of specific settings
- Avoidance of specific person
- Excessive crying spells
- Sleep disturbances
- Eating disorders
- Disclosure

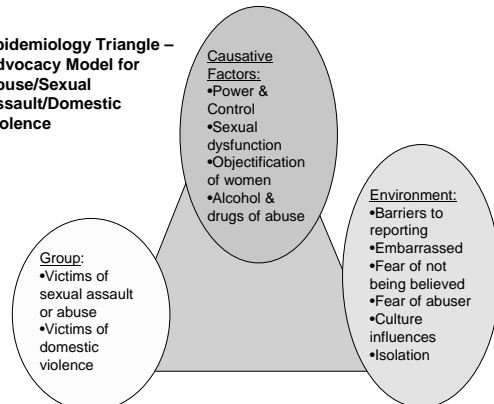
Signs of abuse

- | | |
|---|---|
| <p>Circumstantial</p> <ul style="list-style-type: none"> • Strong preference for children • Surrogate care providers <ul style="list-style-type: none"> – Data from <i>People with Mental Retardation & Sexual Abuse</i> by Leigh Ann Reynolds, MSSW, MPA –reviewed for the Arc by D.Sobsey, RN, EdD and N.Balderian, PhD, 1997. | <p>Environmental</p> <ul style="list-style-type: none"> • Lack of privacy and dignity for individuals • Expectation of compliance as a condition • High client to staff ratios • Lack of positive attitude of staff • Clustering potentially aggressive with vulnerable |
|---|---|

Behavioral Signs of Abuse

- Poor self esteem
- Non compliance
- Sexually inappropriate behaviors
- Resists exam
- Self destructive behaviors – SIBBING
- Headaches
- Learning difficulties
- Imagined illnesses
- Sudden onset of:
 - Depression
 - Withdrawal
 - Non compliance
 - Behaviors

Epidemiology Triangle – Advocacy Model for Abuse/Sexual Assault/Domestic Violence



Statistics to Consider

- In 2007 for women in the United States:
 - 248,300 rapes/sexual assault against women
 - 623,00 violent crimes – 554,260 against women
- Perpetrators:
 - 64% non-stranger
 - 38% “friend”
 - 23% intimate partner
 - 3% relative

Why People with Developmental Disabilities are at Risk

- Do not recognize abuse as abusive
- Fear of not being believed
- Learn to not question authority/care providers
- Encouraged to be compliant
- Wide variety of care providers
- Often isolated living conditions
- Typically are not taught sex education
- Do not have privacy
- Do not have risk reduction skills

Statistics to Consider

- In 2007 for men in United States:
 - 69,100 rapes/sexual assault
 - 68,740 violent crimes
 - 3% by intimate partner
 - For both men and women:
 - 20% of violent crimes committed with armed offenders
- US Department of Justice

Why People with Developmental Disabilities are at Risk

- Factors that contribute:
 - Social powerlessness
 - Communication skill deficits
 - Impaired judgment
 - Family isolation
 - Living arrangements that increase vulnerability

Statistics to Consider

- People with Disabilities
 - 65%-85%, >90% abused in their lifetime
 - 49% experience 10 or > abusive incidents
 - 15,000-19,000 rapes each year in US
 - 83% women assaulted
 - 38% assaulted by partner
 - People with Disabilities
 - 39%-68% girls abused by 18th birthday
 - 16%-30% boys abused by 18th birthday
- 67% of PERPETRATORS accessed victim through disability services
- Sobsey, 1994, 1996
 - Valenti-Hein & Schwartz, 1995

Recognizing Behaviors of Perpetrators

Most Likely to Abuse:

- Known by the victim
 - Family Member
 - Acquaintances
 - Residential care staff
 - Transportation providers
 - Personal care attendants
 - 97-99% are know and trusted by victim

N. Baladerian, PhD, 1991

Recognizing the Profile of Perpetrators

Who they are:

- 32% Family members
- 44% Residential care staff, transportation providers, personal care attendant

Who they target:

- Vulnerable populations
- Those who lack credibility

Wounds of Abuse

- Purpura
 - A hemorrhagic rash with leakage of blood into the tissue often associated with a bleeding or clotting disorder- measure 0.3-1 cm
 - Petechiae - pinpoint purpura (<.3cm)
 - see next slide

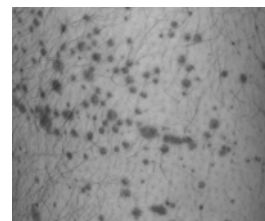
Wounds of Abuse

Considerations:

- Mechanism of injury
 - Falls
 - Saw Fall – who saw this
 - Found down- what was surface like?
 - Differentiate fell down or found down
- Location of Injury
- Extremities – accidental
 - Torso/head- non-accidental

Wounds of Abuse

- Petechia – Minute, pin point, non-raised, perfectly round purplish-red purpuric spots caused by intradermal or sub-mucous hemorrhage- which later turns blue and yellow.



Wounds of Abuse

- Lesion – any pathological or traumatic discontinuity of tissue or loss of function of a part- a broad term & includes wounds, sores, ulcers, tumors or other tissue damage.
- Strangulation – 3 types
 - Manual – 70% will have external evidence such as incontinent
 - Ligature
 - Partial circumference
 - Full circumference
 - Mechanical
 - Falls, wedged

Wounds of Abuse

- Patterned Injury
 - An injury where one is reasonably certain an object caused the injury and/or by what mechanism an injury was caused.
- Pattern of Injury
 - Injuries in various stages of healing including new and old scars, contusions, fractures and wounds.

Wounds of Abuse

- Abrasion – a wound with superficial damage caused by rubbing or scraping the skin or mucous membrane



Wounds of Abuse

- Bruise – squeezing blunt force trauma resulting in a superficial discoloration due to hemorrhage into the tissue from ruptured blood vessels from beneath the skin – also called a contusion



Wounds of Abuse

- Avulsion – the tearing away of a structure or part
 - Skin tears:
 - Partial
 - complete
- Puncture
 - the act of piercing or penetrating with a pointed object or instrument.
 - Stab wounds
- Hematoma - a localized collection of blood.

Wounds of Abuse

- Ecchymosis – non-elevated, irregular or rounded blue or purplish purpuric patch – not a bruise or contusion – think ecchymotic spread in bilateral periorbital ecchymosis – “raccoon eyes”



Wounds of Abuse

- Contusion – a traumatic injury of tissue without breakage of skin; blood accumulates in the surrounding tissue producing pain, swelling, tenderness and discoloration – also called a bruise



Wounds of Abuse

- Incision – a cut.
 - A wound made by a sharp instrument or object – scalpel, knife, razor, paper



Wounds of Abuse

- Laceration – The act of tearing or splitting often with blunt impact, often with jagged edges- distinguishing it from a cut or incision



Documentation

- Photography
 - Rule of thirds
 - Use a scale –gray or pencil
 - Name of victim
 - Date and time
 - Location
 - Name of photographer
- Body diagrams
- Clinical Assessment
 - Type of injuries
 - Proximal vs. distal
 - Patterned injuries
 - Patterns of injuries
 - Hidden injuries
 - Treatment delays
 - Reaction of family/care provider

Wounds of Abuse

- Cupping - the act of applying acupressure by creating a vacuum



Rule of Thirds



Wounds of Abuse

- Coining – the act of “Scraping away the fever, illness, disease – also called spooning or tribo-effleurage



Documentation

- Write legibly or document in computer
- Use quotes with “patient reports” or patient states” – avoid “patient alleges” or “patient claims”
- Use medical terms – avoid legal terms such as “alleged perpetrator” or “assailant” or “assault” and “domestic violence”

Documentation

- Describe the patient's demeanor – i.e. crying, shaking, agitated
- Indicate time of day the exam occurred and elapsed time
- National Institute of Justice, Research in Brief: Documenting Domestic Violence: How Health Care Providers Can Help Victims (Issac, Enos 2001)

Areas of Forensic Nursing

- Clinical Nurse Specialist
- Psychiatric Forensic Nurse
- Correctional Forensic Nurse
- Institutional Forensic Nurse
- Forensic Nurse Examiner
- Wound Identification Specialist
- Crime Scene Investigator

Forensic Nurse

- An area of nursing that involves the law
- Specializing in or having to do with the investigation of a crime
- The medical-legal area of Nursing

Education Needed

- 40 hour SANE training
- Clinical training
 - Speculum Exam
 - Evidentiary Exam
 - Photography
 - Documentation
 - Court room observations
 - Expert witness training

Areas of Forensic Nursing

- SANE – Adult/Adolescent – SANE–A certification available
- SANE – Pediatric – SANE–P certification available
- Death Investigator
- Nurse Coroner
- Nurse Investigator
- Legal Nurse Consultant

Education Needed

- Child advocacy observations
- Police ride along
- Crime lab tour
- Advocate observation and tour

History of SANE & IAFN

- Recognized the need for trained evidence examiners
- Recognized it as a special area of nursing requiring special skills
- 1992 IAFN established as the first international nursing organization for forensic nurse

Role of the Forensic Nurse

- ...”apply nursing science to public or legal proceedings so that the forensic aspects of health care are combined with the bio-psycho-social education of the registered nurse in the scientific investigation and treatment of trauma and/or death of victims and perpetrators of abuse, violence, criminal activity and traumatic accidents.” *IAFN Scope and Standards*

Goals of IAFN

- Incorporate primary prevention strategies to create a world without violence
- Establish and improve standards of evidence-based forensic nursing practice
- Promote and encourage the exchange of ideas
- Transmission of developing knowledge among members and related disciplines

Question and Answers

- Thank you for inviting me to this conference.
- For further questions contact:
 - Janean Fossum, BSN, RN, CDDN
jfossum@epud.net

Goals of IAFN

- Establish standards and ethical conduct for forensic nurses
- Create and facilitate education opportunities for forensic nurses and related disciplines