Picture Guide to the Exam After Sexual Assault for Medical Staff

About this Guide

The Picture Guide to the Exam After Sexual Assault for Medical Staff and the accompanying resources were developed to enhance access to sexual assault forensic examinations for people with disabilities. The tools include:

- Picture Guide to the Exam After Sexual Assault for Medical Staff and notes for medical staff who conduct sexual assault forensic examinations
- Instructional guidelines for medical staff to accompany the slides and notes
- Sexual Assault Treatment Checklist
- Sexual Assault Evidence Collection Guide
- Victims’ Rights Regarding the Exam After Sexual Assault

Providing Medical Care for a Person With a Disability

As with any survivor, a person with a disability needs to know that you are there to help and support her through the process.* Telling the patient that you are sorry that the sexual assault happened and that you believe her is extremely important. In some cases, a person with a disability can be seen as having a history of lying or having “behaviors” for attention, so authority figures may not listen as fully. It is important to let her know that her credibility is not in question with you.

Communicate with the patient that the most important reason for her to have an examination is to make sure she is ok and to provide treatment and resources she may need. The evidence collection is only one aspect of the process and the patient can decide later if she wants the samples released to the police.

* These materials are intended for both males and females who are sexually assaulted. In this document, the sexual assault survivor is referred to as “she” because women are most commonly the victims of sexual assault.
The fast pace of the emergency department with its many sounds, smells and bright lights can be unnerving for any patient, and for a survivor with a disability it may be extremely confusing and scary. Preparing patients with disabilities for what to expect during the medical and forensic examination will allow for the opportunity to build rapport, ease fears and consider what assistance may be needed during the examination.

Taking the time to explain examination procedures to patients may reduce potential emotional distress and risk of rape trauma syndrome symptoms following the assault. Remember to contact an advocate from the local rape crisis center to assist you with the process of preparing your patient for the examination. Go to [www.icasa.org](http://www.icasa.org) to find a rape crisis center near you. Services are free and confidential.

As with any person who has been traumatized, the patient may have problems understanding or processing the information you give her. It is important to communicate with the survivor on her level. Depending on the type of disability she is experiencing and her trauma-response, you may need to explain ideas or procedures multiple times or in different ways. As always, speak to the patient in terms she can understand, not at or above her, so please be mindful of the language you are using. Words that express complicated ideas may not be understandable to everyone, so be clear and concise when working with someone experiencing this kind of trauma.

**Accommodations May Be Needed**

The patient may need communication accommodations. Some general tips that might help you communicate with a patient with disabilities include the following: Avoid medical jargon, acronyms, words with multiple meanings and sarcasm; limit sentences to one idea or concept; ask the person to repeat what you have said in their own words; and if you cannot understand what the patient says, ask her to repeat it. Communication accommodations include, but are not limited to, a certified American Sign Language (ASL) Interpreter, Braille consent form, individualized communication device, picture book, or someone who understands the patient’s speech. There are a variety of communication strategies in the Illinois law enforcement protocol which can be found at: [www.ifvcc.org](http://www.ifvcc.org).

In obtaining consent(s) for the medical examination and evidence collection, take your time and explain the complicated concepts in plain language. The consent may use complicated language so break it down so it is easier to understand. Also, explain the consequences of not signing the consent so the patient is fully informed. In Illinois, victims with guardians maintain their right to consent to a sexual assault examination. When the patient signs the consent(s), it is still best practice to obtain her permission for each step of the examination and evidence collection process. Explain any applicable mandating reporting that may occur.
The patient may need physical accommodations.** Physical accommodations typically involve accommodations to lift the patient onto the examination table and/or alternate positions for the gynecological portion of the examination. The patient knows best what will work and the medical staff and advocate can support the patient in expressing her needs and receiving accommodations. If another person is needed to provide physical support during the pelvic examination, be sure to introduce the person to the patient as early in the process as possible to establish some rapport and control.

As the examination is taking place, tell the patient everything that is happening. For example: “The special light may cause areas to glow that could be used as evidence. Collecting a sample is the only way we can tell if it is useful.” In this example, if there is a spot on the patient’s leg that glows, you can ask her if she would like to see it. It is important that the patient knows that she is a partner with you in the examination process. Following a traumatic event, the opportunity to gain a sense of control is critical to the patient’s immediate well-being as well as her ongoing journey of healing.

**Additional Considerations**

The pelvic examination is thought to be the most difficult part of the examination for many patients. Keep in mind that some patients with disabilities may not have had access to gynecological care in the past, and the pelvic exam provided with the healthcare exam and evidence collection process may be her first. This can add a lot of stress, fear, and additional trauma to an already overwhelming experience. Find out if the patient has previous experience with gynecological care, but do not assume that this is the case for every patient with a disability. Listen to the patient rather than making assumptions about her. If a patient has not had a previous ‘well woman’ exam, use the slide in the PowerPoint and a speculum to explain what will happen. If the patient seems upset by the picture, ask if she wants you to stop showing it. In that case, explain without the picture. Remember, she is in control of the process.

**Using the PowerPoint Presentation**

The PowerPoint slides were developed to help adolescent and adult patients with disabilities who have been sexually assaulted to prepare for and better cope with the medical and forensic examination that usually takes place within 7 days following a sexual assault. If you are a Sexual Assault Nurse Examiner, you may not need all of the information in this guide. However, many hospitals do not have SANE nurses available so this guide was written to help in a wide variety of situations. The medical examination and evidence collection procedures at the hospital where you work may vary from the order presented in the slides; please adapt this when necessary to make it useful in the hospitals where you provide services. If you have had no training on the sexual assault examination procedures, please review the Sexual Assault Treatment Checklist and the Sexual Assault Evidence Collection Guide (based on Illinois protocol).
Another consideration to keep in mind is that a caregiver, family member, or support staff may be the offender. This fact makes it even more important that you are able to communicate with the victim alone and do everything possible to empower the victim to make her own decisions about the exam and release of evidence. Some possible resources to assist with this include: rape crisis center medical advocate, Center for Independent Living, or medical social worker.

Following are some tips for helping patients to be as comfortable as possible.

- Provide a private place to talk with the patient, take her history and take the necessary time to utilize the Picture Guide.
- In Illinois, an adult sexual assault patient has the right to decide to have the exam and to have evidence collected or not, even if the patient has a legal guardian.
- All patients have the right to decline any portion of the exam or evidence collection kit.
- Use simple language and the patient’s terminology for body parts.
- Ask the patient what position she is the most comfortable in when conducting the examination procedures; if she is not comfortable in one position, try others.
- Allow the patient to assist when possible in activities such as combing through her hair or swabbing inside her cheek or gum line.
- Explain to the patient at each step of the exam what you are about to do and ask if it is ok. Ask the patient after each step if she has any questions about what she just experienced. It is helpful to have the patient repeat what you said or to share what she heard or understood. Asking yes or no to check understanding is often misleading.
- Demonstrate what you are about to do when possible. Provide the patient with a swab to hold, touch a swab to the patient’s hand, let her hold a speculum, demonstrate how the speculum works and sounds, demonstrate use of alternate light source on your own arm.

Please review the PowerPoint slides, notes, checklists, and victim rights statement so you are prepared to advocate for patients with disabilities in the best manner possible.

**The local Center for Independent Living may be a helpful resource for assistance with accommodations. [www.incil.org](http://www.incil.org)**

Kim Day, RN, SANE-A, SANE-P, SAFEta, Project Director with the IAFN, can be contacted for questions about sexual assault forensic examinations. You may contact Kim at [kimday@ForensicNurses.org](mailto:kimday@ForensicNurses.org).

[Insert rape crisis center information]
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