



SANE/SAFE
Forensic Learning Series

Adolescent and Adult Sexual Assault Assessment

SANE/SAFE Forensic Learning Series

Second Edition

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Adolescent and Adult Sexual Assault Assessment

SANE/SAFE Forensic Learning Series

Second Edition

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OUR MISSION

To become the world leader in publishing and
information services on child abuse,
maltreatment, diseases, and domestic violence.

We seek to heighten awareness of these issues
and provide relevant information to
professionals and consumers.

FOREWORD TO THE SECOND EDITION

Forensic nurses have become the leading providers of health care for victims of sexual assault. In their daily practice, they must collaborate with interdisciplinary teams to address both the medical and legal aspects of traumatic experiences. By focusing simultaneously on provision of health care and collection of physical evidence, forensic nurses maintain a partnership with law enforcement and lend vital support to survivors.

After ensuring the safety of the patient, methodical and knowledge-based evidence collection and preservation should take priority in any case of sexual violence. Forensic nurses must recognize the delicate balance of truth and cognitive bias and prepare themselves with a solid foundation of knowledge to appropriately identify perceived anomalies in the medical forensic examination. Understanding and communicating the significance of any physical findings, whether injuries, medical conditions, or normal variants, is an essential part of the forensic nurse's job, allowing him or her to more effectively inform law enforcement personnel, judiciary professionals, and patients.

In practice, the forensic nurse is connected both to health care and the law, and that connection demands appropriate treatment and care for victims and accused perpetrators alike. A foundational understanding of their role in the interdisciplinary community guides the forensic nurse and lends a unique perspective to their interactions with violence and trauma. In the interest of better understanding and more effective practice, the second edition of *Adolescent and Adult Sexual Assault Assessment* provides an opportunity for forensic sexual assault nurse examiners to reinforce their knowledge of anatomy, evidence collection, and nonbiased documentation. Firm comprehension of examination findings and their significance builds confidence in the health care provider, and a more confident provider is better equipped to treat his or her patients with unrestricted empathy, compassion, and humanity. The case studies and evaluations included in this title encourage examiners to approach complex situations both practically and professionally, with a clear understanding of the legal aspects of communicating professional opinion.

Liz Louden, RN, BN, MSN, SANE-A

President (2017)

International Association of Forensic Nurses

FOREWORD TO THE SECOND EDITION

Sexual violence is nondiscriminatory in that it affects people of every age, gender, and ethnicity. Cases of sexual assault require a multidisciplinary response, both to provide physical and psychological care to victims and to establish the evidentiary value of findings from the medical forensic examination. The attentive cooperation of medical providers, law enforcement, attorneys, and victim advocates helps to ensure that perpetrators are held accountable and that survivors achieve resilient recovery from traumatic experiences.

The second edition of *Adolescent and Adult Sexual Assault Assessment* provides a wealth of information based on forensic technique and evidence-based practice to aid in the forensic examination of sexual assault survivors. This self-guided assessment is invaluable for multidisciplinary team members tasked with providing a comprehensive response to cases of sexual assault and tending to the unique needs of individual victims. By presenting readers with mock forensic cases, including detailed case histories, anatomical reviews, guidelines for evaluation and evidence collection, and recommended treatment plans, this title offers valuable practice for multidisciplinary team members and encourages the ongoing use of best practices in all their current and future cases.

Medical professionals, including forensic nurse examiners, sexual assault nurse examiners, nurse practitioners, physicians, and physician assistants, will benefit wholeheartedly from this vital resource. Through the exercises in this book, readers will refine their skills in nonbiased and trauma-focused medical forensic examination, documentation, evidence collection, and care for those patients affected by sexual assault.

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FOREWORD TO THE FIRST EDITION

After completing the advanced sexual assault examiner education requirements, many health care providers face challenges maintaining current knowledge and clinical competence. There are several reasons examiners struggle:

- They have limited contact with the patient population.
- They lack access to experienced clinicians qualified to provide ongoing evaluation and peer review.
- They experience professional demands that limit the time available to maintain and improve the highly specialized skills needed to care for this patient population.

Additionally, much of the literature useful for SANE/SAFE continuing education and skill building is not readily accessible to practicing examiners.

Adolescent and Adult Sexual Assault Assessment is a valuable tool that supplements teaching materials during the initial educational experience and beyond the basic training environment. The format and content are suited for inclusion in the curriculum of any adolescent/adult sexual assault examiner course. The design is equally useful as part of an annual competency evaluation or an independent study guide for individuals wishing to sharpen their skills.

Adolescent and Adult Sexual Assault Assessment provides the material trained examiners need to become more familiar with identification and analysis of case findings. Using this book allows both new and experienced examiners an opportunity to build their skills in anatomy identification, documentation, and treatment.

As an educator of forensic nurses who care for sexually victimized patients, I am heartened to know a well-developed, peer-reviewed teaching tool is now available. Comprised of realistic, clinical scenarios, this book is designed to challenge the critical-thinking skills of both novice examiners and experienced sexual assault nurse examiners looking for a review of general practice information, anatomy, and injury. The material is also valuable for managers and supervisors seeking effective methods for objective evaluation of clinical competence in experienced examiners.

Continuing professional education is a critical aspect of ensuring competent care for this unique patient population. It is now easily accessible in the *Adolescent and Adult Sexual Assault Assessment*. I strongly recommend this book as an essential addition to every training curriculum and forensic nursing library.

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PREFACE TO THE SECOND EDITION

For nurses and other medical professionals who care for sexually assaulted patients, continual training and practice is essential to providing effective care suited to the needs of a particularly vulnerable patient population. Among their many responsibilities is the maintenance of a clear and unbiased medical record, both for the sake of the patient's health and recovery and for the success of the investigative and judicial process. As in its first edition, the updated second edition of *Adolescent and Adult Sexual Assault Assessment* is intended to standardize use of anatomical nomenclature of the anogenital region, to reinforce best practices in evidence collection, and to prepare nurses and other medical practitioners to provide the most beneficial follow-up care and treatment referrals for each individual survivor. This self-directed assessment guides readers through the careful analysis of 15 sexual assault cases in adolescents, adults, and elders. Each detailed case history includes a set of full-color photographs taken in the course of the physical examination. This format is intended to loosely simulate, in the classroom setting or in personal study, the experience of the medical forensic examination and history taking. Taking into account a standardized set of anatomical terminology included in the frontmatter and then carefully considering the facts of each case, as recounted by the victim in his or her own words, the reader is challenged to correctly identify visible anatomical structures, list items of evidence to be collected, and make follow-up treatment recommendations for each case. It is the authors' stated opinion that consistent, repeated practice in the application of these necessary skill sets (anatomical terminology, evidence collection, and treatment recommendation) promotes and improves clinical reasoning in both novice and seasoned medical professionals. It is our hope that with each completed case assessment, the reader will come one step closer to mastering the knowledge, skills, and understanding required for quality practice.

Diana K. Faugno, MSN, RN, CPN, SANE-A, SANE-P, DF-IAFN

PREFACE TO THE FIRST EDITION

Collectively, the authors of the *Adolescent and Adult Sexual Assault Assessment* have more than 70 years of forensic nursing experience. In addition to direct-care services, they provide education, training, and consultation services nationally and internationally as experts in forensic nursing practice and the evaluation and management of patients with a history of sexual assault or abuse. Like other SANE/SAFE pioneers, the authors noticed an absence of evidence for practice among the early SANE/SAFE educators. Based on existing activities, there was inference about the management of patients during the early 1990s. The published literature was comprised of primarily descriptive articles explaining the role and activities of sexual assault examiners. The language used in the literature was not standardized, and providers invented their own ways to use the descriptions to explain why an injury was present or not (eg, mounting injury). Additionally there was poor understanding about historical medical nomenclature describing genital structures and areas (eg, labia minora [structure], fossa navicularis [area]). Consequently, published materials were inconsistent, and communities adopted and promoted their own materials.

Before the 1990s, the student population was generally inexperienced and had little collective knowledge about the variety of victim presentations in need of evaluation by a sexual assault examiner. The challenge for early educators was to confirm that interpretation and description of their findings were accurate. Also, many of the photos were taken with 35mm cameras and were of poor quality, which made attaining consensus among the experts increasingly difficult. In fact, consensus as a method to bring differing camps together was not used. That began to change in the 1990s when teachers of basic sexual assault examiner education programs shared photographs from existing cases. The process of seeking confirmation was called peer review. By attending peer-review meetings, new sexual assault examiners were able to listen to and internalize the language used by the experts to interpret similar cases in their own practices.

Despite this overall progress for sexual assault examiners, many new SANEs are unsupervised and still do not experience structured peer-review processes by expert practitioners. Criminal justice professionals put incredible pressure on examiners to report a positive or negative examination, creating a potential for the over- or undercalling or misinterpretation of findings. The authors are often consulted by attorneys and hospitals after administrators realize their programs lack checks and balances to ensure consistent, evidence-based opinions through peer review with experts. To date, the authors have reviewed hundreds of cases completed by SANE providers that have been challenged because of minimal supervision and suspected bias (eg, over- or undercalling the results). Cases suspected of bias are overwhelmingly evaluated by undergraduate nurses (eg, diploma, AD, BSN) who practice without oversight and have incorrectly identified anatomical areas or misinterpreted findings. Consistently, they fail to use the evidence-based peer-review consensus process to correct variance in their opinions. It is the standard of practice for forensic nurses to participate in peer review and quality improvement. Consequently, the authors believe that all forensic cases should receive the scrutiny of a peer-review process with experts before opinions about findings are revealed. In the meantime, the problem of incorrect identification of anatomical locations, as well as misinterpretation of findings, continues in many communities, and justice is not being served for the victim or the perpetrator.

The *Adolescent and Adult Sexual Assault Assessment* is designed to standardize the nomenclature for anatomy as it relates to the genital, anal, and rectal areas for new and reviewing SANEs/SAFEs; physicians and medical residents; nurse practitioners, including nurse midwives; WHNPs, PNP, and FNP; and nursing students. Standardization of the language of sexual assault helps create consistency among

the forms developed by programs within agencies, where checklists have been demonstrated to improve objectivity. This book will also teach beginning SANE/SAFE practitioners, medical residents, and nursing students the language of evidence-based evaluative methods used when caring for adolescent and adult patients reporting a history of sexual assault and the rationale for opinions formed by health care providers. The *Adolescent and Adult Sexual Assault Assessment* presents adolescent and adult cases with a clear history, photographic representation, and confirmation of anatomical landmarks and injury; discussions about existing conditions and their influence; identification of injuries; evidence-based collection techniques; and treatment based on recommendations made by the Centers for Disease Control and Prevention, the World Health Organization, and local protocols. Offering this resource to new SANEs/SAFEs and resident or nursing students, as well as the reviewing practitioner needing to demonstrate competency, will fulfill the need for basic information and will contribute to continuing competence among practicing health care providers.

The SANE/SAFE should use this series for basic and continuing education; reinforcing identification of anatomy, injury, and illness or conditions; interpretation of findings; and the evidence-collection process. Because half of all sexual assault cases have no findings or nonspecific findings, *Adolescent and Adult Sexual Assault Assessment* focuses on correct anatomical terms, evaluation, and treatment as well as evidence collection from normal and injured anogenital structures. It is the authors' hope that the *Adolescent and Adult Sexual Assault Assessment* will help practitioners, their practices, and Sexual Assault Response Teams alike.

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REVIEWS

The Adolescent and Adult Sexual Assault Assessment is an excellent aid for the classroom or an online adult and adolescent SANE course. It will serve as a vehicle that applies the knowledge acquired in the didactic portion of a basic SANE course. The skills practiced with the book will then be applied to the clinical education setting resulting in a nurse that is better prepared to assess and document a forensic medical exam. The variety of scenarios will actively engage and challenge the student with a realistic complement of cases. Immediate feedback supplied in the answer key section demonstrates the evidence-based critical thinking skills of the highly qualified, well-respected authors of this book.

Kathy Bell, MS, RN
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The Adolescent and Adult Sexual Assault Assessment provides health professionals with the opportunity to practice and improve their skills needed in caring for patients presenting for evaluation following sexual assault. Using a case presentation format, this text focuses on the review of anatomy, injury identification, evidence collection, documentation of findings, and treatment of patients. The immeasurable experience and knowledge of the authors is reflected in the variety of clinical cases presented, the high quality of the photographs included, and the methods and explanations used for instruction. This exceptional resource will help forensic examiners and other clinicians become more proficient in order to provide the best possible care for victims of sexual assault.

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The Adolescent and Adult Sexual Assault Assessment is an invaluable tool in forensic education. Using case studies representing patient histories from adolescence to old age, the reader is

presented with opportunities to evaluate medical conditions, consider anatomic findings and normal variants, and develop accurate descriptions of forensic evidence. The objectives for each section are clear and concise. Learners at all levels will benefit from the color photographs and thorough descriptions as well as the authors' detailed answer keys. This book offers an excellent tool for those seeking to enhance their knowledge of sexual assault examination and documentation.

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The Adolescent and Adult Sexual Assault Assessment is an excellent tool to assist sexual assault nurse examiners and emergency professionals working with sexual assault victims. It will allow them to build confidence in assessment and evidence collection related to cases of sexual assault. The cases provided are realistic and allow examiners to apply their knowledge and skills. The use of color photographs rather than drawings further enhances the authenticity of the experience. The Adolescent and Adult Sexual Assault Assessment is written by experts with extensive experience in both practice and education. I am pleased to recommend this excellent resource.

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The Adolescent and Adult Sexual Assault Assessment will enhance SANEs' ability to develop critical-thinking skills as they work through different case scenarios. The case presentations are succinct and thorough, and the photographs are excellent. The questions are structured to help develop the learner's ability to recognize basic anatomical genital structures, identify injury and what evidence should be collected, and develop a plan of care for the patient,

including medications. Completing this book will make new forensic nurses feel more confident as they develop their own expertise.

Cynthia Cook, RN, BS, SANE-A
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The Adolescent and Adult Sexual Assault Assessment is a valuable tool for forensic nurses at all levels. The learning activities demonstrate sound educational precepts and build on existing knowledge. The case study format is a great adjunct to support classroom learning and allows for discussions with colleagues and mentors for peer review or in actual practice. Progressive practice promotes efficiency, affects clinical thinking, and improves patient outcomes while building clinician confidence. I highly recommend the Adolescent and Adult Sexual Assault Assessment for use in the classroom or clinical setting or for personal study.

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The Adolescent and Adult Sexual Assault Assessment is an excellent resource for forensic medical practitioners ready to enhance their clinical practice and their confidence. Through detailed case histories and stellar photographs, the reader is challenged to identify visible injuries, list the components of case-relevant evidence collection, and define appropriate treatment regimens. As an educator, I recommend this workbook as a "leave-behind" resource for adjunct mentoring, in order to advance clinicians' knowledge base, challenge the novice forensic nurse examiner, and raise the bar for more experienced practitioners.

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The Adolescent and Adult Sexual Assault Assessment is a great tool to both verify and expand the SANE's knowledge of care for patients who have been sexually assaulted. After reading each case history, the SANE is challenged to identify the anatomical structures, injuries, and normal variants seen in sets of detailed photograph and to list the specimens to be collected and medical treatments to be recommended. The case history evaluations included in the answer key review concepts pertinent to each case and expand the reader's base of knowledge with supplemental information. By providing readers with a diverse set of case histories for review, this book will encourage professional growth and test its readers' critical thinking skills.

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The authors of the Adolescent and Adult Sexual Assault Assessment have provided a valuable resource for forensic nurses. This book demonstrates various case scenarios that forensic nurses encounter in practice. It will challenge forensic nurses to improve critical thinking and encourage them to seek further education in sexual assault. This valuable resource will aid forensic nurses in the improvement of their clinical performance when dealing with sexual assault survivors. It will aid nurses in improving care and patient outcomes in clinical practice.

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The Adolescent and Adult Sexual Assault Assessment gives professionals the opportunity to grow in the forensic field. The SANE/SAFE profession requires consistent experience to remain competent and to advance toward a desired level of expertise. Many examiners work alone and/or in areas where patient numbers are low. These examiners have difficulty raising their level of expertise and may struggle to stay competent in their field. This book

provides that missing component: real clinical cases that will challenge examiners' critical thinking skills and allow them to advance their current skill level.

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The second edition of Adolescent and Adult Sexual Assault Assessment is a readily usable tool for nurses new to forensic medical examinations and for experienced clinicians alike. To strengthen the clinical skills of the forensic nurse, the exercises in this book guide readers through the identification of anatomical structures, documentation of physical injuries, and the collection of evidence related to a variety of case histories. These exercises outline steps to address patients' immediate needs and to provide much-needed help beyond the forensic examination. As a forensic nurse and an educator, I highly recommend this book for your collection. It will improve the quality of your approach to cases of sexual assault with evidence-based recommendations and techniques tailored to the unique situations you will face in the course of your practice.

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The Adolescent and Adult Sexual Assault Assessment provides an excellent review for forensic examiners. The case studies and color photos challenge the examiner's evidence-based critical thinking and assessment skills. The use of photos rather than drawings aids the development of knowledge and skills related to the medical forensic examination. Recommendations for evidence collection, treatment, and patient education further enhance the learning experience. I highly recommend this book for medical professionals of all levels who care for sexual assault patients.

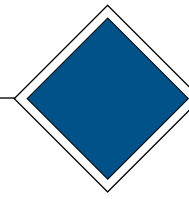
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The Adolescent and Adult Sexual Assault Assessment is a superior guide to the identification and documentation of sexual assault in teenage and adult females and males. The large collection of full-color photographs and the detailed case studies included in this updated assessment offer clear guidance through the fundamentals of anogenital anatomy and the process of identifying abusive and nonabusive injury and normal variants in individuals presenting with a history of sexual assault. Using this book, readers will gain valuable experience in the identification and documentation of findings related to sexual violence. I highly recommend Adolescent and Adult Sexual Assault Assessment as a textbook for SANE/SAFE courses in general.

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The Adolescent and Adult Sexual Assault Assessment is an expertly designed and well-organized book that can be used for individual self-assessment, group teaching, or for sexual assault program medical directors or nursing directors to include in their toolbox for ongoing assessment of their forensic examiners. The authors provide an initial anatomical review, including photographs, diagrams, and definitions that identify structures of the oral cavity, male genitalia, female genitalia, anus, and rectum that may be involved in sexual assault cases. A variety of sexual assault case histories allow for the identification and assessment of the key components of injury identification, evidence collection, and treatment in cases of sexual assault. This versatile book will make an essential tool for every adult and adolescent sexual assault program.

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INTRODUCTION

The *Adolescent and Adult Sexual Assault Assessment* is intended for students new to SANE/SAFE practice as well as longtime SANE/SAFE examiners seeking to hone their skills. Formatted for self-study and group instruction, the book allows for portable, straightforward learning. Each exercise and corresponding answer key is purposefully designed for a broad audience to reflect the diversity and scope of practice of sexual assault examiners. Medical professionals have the opportunity to earn continuing medical education (CME) credits or continuing education (CE) contact hours through successful completion of this book. Successful completion consists of reading the text in its entirety, including the case history evaluations included in the answer key, and completing the chapter activities, post-test, and evaluation form. The *Adolescent and Adult Sexual Assault Assessment* is a valuable resource for trainees, early-stage practitioners, and managers and supervisors responsible for the ongoing evaluation of examiners.

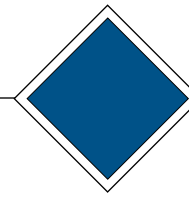
Upon completion of the *Adolescent and Adult Sexual Assault Assessment*, the student will have a basic understanding of anogenital anatomy, be familiar with proper terminology, and be able to accurately identify and document injury. The student will understand treatment plans based on recommendations made by the Centers for Disease Control and Prevention, the World Health Organization, and his or her local community protocols for treatment and discharge. Additionally, the student will have demonstrated understanding of evidence collection following a sexual assault.

SELF-STUDY USE

Using case studies and attendant color photographs, the *Adolescent and Adult Sexual Assault Assessment* simulates the environment of a clinic and provides continuing education to examiners who assess and treat patients reporting a history of sexual assault or abuse.

GROUP INSTRUCTIONAL USE

The *Adolescent and Adult Sexual Assault Assessment* provides instructors with the materials they need to share knowledge of sexual assault and abuse issues with interested participants. Students should purchase their own copies of the *Adolescent and Adult Sexual Assault Assessment* when learning in a classroom setting.



INSTRUCTIONS

OVERVIEW

- Title: *Adolescent and Adult Sexual Assault Assessment, Second Edition*
- Release date: January 31, 2018
- Expiration date: January 31, 2021
- Estimated time to complete activity: 3.75 hours
- This activity is jointly provided by Postgraduate Institute for Medicine and STM Learning, Inc.

The application of clinical reasoning can be challenging. The authors of this book believe that repetition improves the clinical reasoning necessary for quality evidence-based practice. In the *Adolescent and Adult Sexual Assault Assessment*, participants will analyze 15 cases of sexual assault and critically consider the most appropriate application of clinical reasoning based on patient histories and the identification of anatomical locations, physical injuries, and medical conditions. The basic premise of the *Adolescent and Adult Sexual Assault Assessment* is that through repeated practice in the use of accurate anatomical descriptions, injury identification, and treatment recommendation, health care providers will continually improve the knowledge, skills, abilities, and understanding required for quality practice.

TARGET AUDIENCE

This activity is intended for physicians, registered nurses, and other health care providers engaged in the care of patients who have been sexually assaulted or abused.

EDUCATIONAL OBJECTIVES

After completing this activity, the participant should be better able to:

- Identify and describe structures of the oral, anal, and genital anatomy for the adolescent/adult patient who has experienced sexual assault or abuse.
- Recognize injuries to the oral, anal, and genital structures for the adolescent/adult patient who has experienced sexual assault or abuse.
- Differentiate normal variants from injury or findings that may be related to specific medical conditions.
- List potential items to be collected for evidentiary purposes for the adolescent/adult patient who has experienced sexual assault or abuse.
- Apply standard terminology for documenting the medical forensic evaluation, including photodocumentation.
- Utilize patient-specific interventions for a patient reporting a history of sexual assault (eg, patient-specific resources, referrals).

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COURSE FORMAT AND IMPLEMENTATION

For optimal results, we suggest you read the text in its entirety, including the case history evaluations included in the answer key, and complete the chapter activities, post-test, and evaluation form. Chapters and credits designated for this book are as follows:

Chapter 1: 14-year-old Female Patient Assaulted by Her Mother's Intimate Partner

Chapter 2: 15-year-old Female Patient Assaulted by Her Guardian

Chapter 3: 16-year-old Male Patient Assaulted by His Athletic Instructor

Chapter 4: 20-year-old Female Patient Assaulted by Acquaintances

Chapter 5: 22-year-old Female Patient Assaulted by an Acquaintance

Chapter 6: 24-year-old Female Patient Assaulted by a Stranger

Chapter 7: 24-year-old Male Patient From a Correctional Facility

Chapter 8: 29-year-old Female Patient Assaulted by a Former Intimate Partner

Chapter 9: 35-year-old Female Patient and Intimate Partner Violence

Chapter 10: 36-year-old Female Patient Assaulted by an Acquaintance

Chapter 11: 45-year-old Female Patient Assaulted by a Stranger

Chapter 12: 55-year-old Male Patient Assaulted by an Acquaintance

Chapter 13: 58-year-old Female Patient Assaulted by an Acquaintance

Chapter 14: 72-year-old Female Patient Assaulted by Strangers

Chapter 15: Consensual Coitus and Injury

AMA PRA Category 1 Credits™: 3.75 maximum

OR

CE contact hours: 3.7

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In support of improving patient care, this activity has been planned and implemented by the Postgraduate Institute for Medicine and STM Learning, Inc. Postgraduate Institute for Medicine is jointly accredited by the American Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC) to provide continuing education for the health care team.

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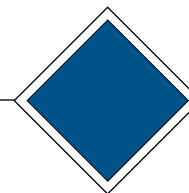
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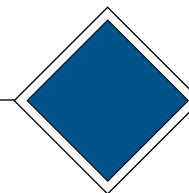
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CONTENTS IN BRIEF

SECTION I: ANATOMICAL REVIEW	1
SECTION II: CASE HISTORIES	7
CHAPTER 1: 14-YEAR-OLD FEMALE PATIENT	
ASSAULTED BY HER MOTHER'S INTIMATE PARTNER	9
CHAPTER 2: 15-YEAR-OLD FEMALE PATIENT ASSAULTED BY HER GUARDIAN	13
CHAPTER 3: 16-YEAR-OLD MALE PATIENT	
ASSAULTED BY HIS ATHLETIC INSTRUCTOR	17
CHAPTER 4: 20-YEAR-OLD FEMALE PATIENT ASSAULTED BY ACQUAINTANCES	21
CHAPTER 5: 22-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE	27
CHAPTER 6: 24-YEAR-OLD FEMALE PATIENT ASSAULTED BY A STRANGER	31
CHAPTER 7: 24-YEAR-OLD MALE PATIENT FROM A CORRECTIONAL FACILITY	35
CHAPTER 8: 29-YEAR-OLD FEMALE PATIENT	
ASSAULTED BY A FORMER INTIMATE PARTNER	39
CHAPTER 9: 35-YEAR-OLD FEMALE PATIENT AND INTIMATE PARTNER VIOLENCE	45
CHAPTER 10: 36-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE	51
CHAPTER 11: 45-YEAR-OLD FEMALE PATIENT ASSAULTED BY A STRANGER	55
CHAPTER 12: 55-YEAR-OLD MALE PATIENT ASSAULTED BY AN ACQUAINTANCE	59
CHAPTER 13: 58-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE	63
CHAPTER 14: 72-YEAR-OLD FEMALE PATIENT ASSAULTED BY STRANGERS.	69
CHAPTER 15: CONSENSUAL COITUS AND INJURY	73
SECTION III: RECOMMENDED READING	77
SECTION IV: ANSWER KEY	81



CONTENTS IN DETAIL

SECTION I: ANATOMICAL REVIEW	1
Objectives	1
Instructions	1
Additional Definitions	1
Oral Cavity	2
Male Genitalia	3
Female Genitalia	4
Speculum Examination	5
Anorectal Anatomy	6

SECTION II: CASE HISTORIES	7
-----------------------------------	---

CHAPTER 1: 14-YEAR-OLD FEMALE PATIENT

ASSAULTED BY HER MOTHER'S INTIMATE PARTNER	9
Objectives	9
Case History	9
Anatomical Skills 1-1	10
Anatomical Skills 1-2	10
Activities	11
Activity 1-1. Injury, Normal Variant, or Medical Condition Identification	11
Activity 1-2. Evidence Collection	12
Activity 1-3. Treatment	12

CHAPTER 2: 15-YEAR-OLD FEMALE PATIENT ASSAULTED BY HER GUARDIAN

Objectives	13
Case History	13
Anatomical Skills 2-1	14
Anatomical Skills 2-2	14
Activities	15
Activity 2-1. Injury, Normal Variant, or Medical Condition Identification	15
Activity 2-2. Injury, Normal Variant, or Medical Condition Identification	16
Activity 2-3. Evidence Collection	16
Activity 2-4. Treatment	16

CHAPTER 3: 16-YEAR-OLD MALE PATIENT ASSAULTED BY HIS ATHLETIC INSTRUCTOR

Objectives	17
Case History	17
Anatomical Skills 3-1	18
Activities	19
Activity 3-1. Injury, Normal Variant, or Medical Condition Identification	19
Activity 3-2. Evidence Collection	20
Activity 3-3. Treatment	20

CHAPTER 4: 20-YEAR-OLD FEMALE PATIENT ASSAULTED BY ACQUAINTANCES

Objectives	21
------------	----

Case History	21
Anatomical Skills 4-1	22
Anatomical Skills 4-2	23
Anatomical Skills 4-3	24
Activities	25
Activity 4-1. Injury, Normal Variant, or Medical Condition Identification	25
Activity 4-2. Evidence Collection	26
Activity 4-3. Treatment	26
CHAPTER 5: 22-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE	27
Objectives	27
Case History	27
Anatomical Skills 5-1	28
Anatomical Skills 5-2	28
Anatomical Skills 5-3	29
Activities	29
Activity 5-1. Injury, Normal Variant, or Medical Condition Identification	29
Activity 5-2. Evidence Collection	30
Activity 5-3. Treatment	30
CHAPTER 6: 24-YEAR-OLD FEMALE PATIENT ASSAULTED BY A STRANGER	31
Objectives	31
Case History	31
Anatomical Skills 6-1	32
Activities	33
Activity 6-1. Injury, Normal Variant, or Medical Condition Identification	33
Activity 6-2. Evidence Collection	34
Activity 6-3. Treatment	34
CHAPTER 7: 24-YEAR-OLD MALE PATIENT FROM A CORRECTIONAL FACILITY	35
Objectives	35
Case History	35
Anatomical Skills 7-1	36
Activities	36
Activity 7-1. Injury, Normal Variant, or Medical Condition Identification	36
Activity 7-2. Injury, Normal Variant, or Medical Condition Identification	37
Activity 7-3. Evidence Collection	38
Activity 7-4. Treatment	38
CHAPTER 8: 29-YEAR-OLD FEMALE PATIENT ASSAULTED BY A FORMER INTIMATE PARTNER	39
Objectives	39
Case History	39
Anatomical Skills 8-1	40
Anatomical Skills 8-2	40
Activities	41
Activity 8-1. Injury, Normal Variant, or Medical Condition Identification	41
Activity 8-2. Injury, Normal Variant, or Medical Condition Identification	42
Activity 8-3. Evidence Collection	43
Activity 8-4. Treatment	43
CHAPTER 9: 35-YEAR-OLD FEMALE PATIENT AND INTIMATE PARTNER VIOLENCE	45
Objectives	45
Case History	45
Anatomical Skills 9-1	46
Anatomical Skills 9-2	46

Activities	47
Activity 9-1. Injury, Normal Variant, or Medical Condition Identification	47
Activity 9-2. Injury, Normal Variant, or Medical Condition Identification	48
Activity 9-3. Injury, Normal Variant, or Medical Condition Identification	49
Activity 9-4. Evidence Collection	50
Activity 9-5. Treatment	50
CHAPTER 10: 36-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE	51
Objectives	51
Case History	51
Anatomical Skills 10-1	52
Activities	52
Activity 10-1. Injury, Normal Variant, or Medical Condition Identification	52
Activity 10-2. Injury, Normal Variant, or Medical Condition Identification	53
Activity 10-3. Evidence Collection	54
Activity 10-4. Treatment	54
CHAPTER 11: 45-YEAR-OLD FEMALE PATIENT ASSAULTED BY A STRANGER	55
Objectives	55
Case History	55
Anatomical Skills 11-1	56
Anatomical Skills 11-2	56
Activities	57
Activity 11-1. Injury, Normal Variant, or Medical Condition Identification	57
Activity 11-2. Injury, Normal Variant, or Medical Condition Identification	57
Activity 11-3. Evidence Collection	58
Activity 11-4. Treatment	58
CHAPTER 12: 55-YEAR-OLD MALE PATIENT ASSAULTED BY AN ACQUAINTANCE	59
Objectives	59
Case History	59
Anatomical Skills 12-1	60
Anatomical Skills 12-2	60
Activities	61
Activity 12-1. Injury, Normal Variant, or Medical Condition Identification	61
Activity 12-2. Evidence Collection	62
Activity 12-3. Treatment	62
CHAPTER 13: 58-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE	63
Objectives	63
Case History	63
Anatomical Skills 13-1	64
Anatomical Skills 13-2	65
Activities	66
Activity 13-1. Injury, Normal Variant, or Medical Condition Identification	66
Activity 13-2. Evidence Collection	68
Activity 13-3. Treatment	68
CHAPTER 14: 72-YEAR-OLD FEMALE PATIENT ASSAULTED BY STRANGERS	69
Objectives	69
Case History	69
Anatomical Skills 14-1	70
Activities	70
Activity 14-1. Injury, Normal Variant, or Medical Condition Identification	70
Activity 14-2. Evidence Collection	71
Activity 14-3. Treatment	71

CHAPTER 15: CONSENSUAL COITUS AND INJURY	73
Objectives	73
Case History	73
Activities	74
Activity 15-1. Injury, Normal Variant, or Medical Condition Identification	74
SECTION III: RECOMMENDED READING	77
SECTION IV: ANSWER KEY	81
Note to Students	81
CHAPTER 1: 14-YEAR-OLD FEMALE PATIENT	
ASSAULTED BY HER MOTHER'S INTIMATE PARTNER	82
Case History Evaluation	82
References	82
Anatomical Skills 1-1	83
Anatomical Skills 1-2	83
Activity 1-1. Injury, Normal Variant, or Medical Condition Identification	84
Activity 1-2. Evidence Collection	84
Activity 1-3. Treatment	84
CHAPTER 2: 15-YEAR-OLD FEMALE PATIENT ASSAULTED BY HER GUARDIAN	85
Case History Evaluation	85
References	85
Anatomical Skills 2-1	86
Anatomical Skills 2-2	86
Activity 2-1. Injury, Normal Variant, or Medical Condition Identification	86
Activity 2-2. Injury, Normal Variant, or Medical Condition Identification	86
Activity 2-3. Evidence Collection	86
Activity 2-4. Treatment	87
CHAPTER 3: 16-YEAR-OLD MALE PATIENT ASSAULTED BY HIS ATHLETIC INSTRUCTOR	88
Case History Evaluation	88
References	89
Anatomical Skills 3-1	90
Activity 3-1. Injury, Normal Variant, or Medical Condition Identification	90
Activity 3-2. Evidence Collection	90
Activity 3-3. Treatment	91
CHAPTER 4: 20-YEAR-OLD FEMALE PATIENT ASSAULTED BY ACQUAINTANCES	91
Case History Evaluation	91
Anatomical Skills 4-1	92
Anatomical Skills 4-2	92
Anatomical Skills 4-3	92
Activity 4-1. Injury, Normal Variant, or Medical Condition Identification	92
Activity 4-2. Evidence Collection	93
Activity 4-3. Treatment	94
CHAPTER 5: 22-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE	95
Case History Evaluation	95
References	96
Anatomical Skills 5-1	97
Anatomical Skills 5-2	97
Anatomical Skills 5-3	97
Activity 5-1. Injury, Normal Variant, or Medical Condition Identification	97
Activity 5-2. Evidence Collection	97
Activity 5-3. Treatment	98

CHAPTER 6: 24-YEAR-OLD FEMALE PATIENT ASSAULTED BY A STRANGER	99
Case History Evaluation	99
References	99
Anatomical Skills 6-1	99
Activity 6-1. Injury, Normal Variant, or Medical Condition Identification	99
Activity 6-2. Evidence Collection	100
Activity 6-3. Treatment	101
 CHAPTER 7: 24-YEAR-OLD MALE PATIENT FROM A CORRECTIONAL FACILITY	 101
Case History Evaluation	101
References	102
Anatomical Skills 7-1	103
Activity 7-1. Injury, Normal Variant, or Medical Condition Identification	103
Activity 7-2. Injury, Normal Variant, or Medical Condition Identification	104
Activity 7-3. Evidence Collection	104
Activity 7-4. Treatment	105
 CHAPTER 8: 29-YEAR-OLD FEMALE PATIENT ASSAULTED BY A FORMER INTIMATE PARTNER	 105
Case History Evaluation	105
References	106
Anatomical Skills 8-1	106
Anatomical Skills 8-2	106
Activity 8-1. Injury, Normal Variant, or Medical Condition Identification	107
Activity 8-2. Injury, Normal Variant, or Medical Condition Identification	107
Activity 8-3. Evidence Collection	107
Activity 8-4. Treatment	108
 CHAPTER 9: 35-YEAR-OLD FEMALE PATIENT AND INTIMATE PARTNER VIOLENCE	 109
Case History Evaluation	109
References	110
Anatomical Skills 9-1	110
Anatomical Skills 9-2	110
Activity 9-1. Injury, Normal Variant, or Medical Condition Identification	110
Activity 9-2. Injury, Normal Variant, or Medical Condition Identification	111
Activity 9-3. Injury, Normal Variant, or Medical Condition Identification	111
Activity 9-4. Evidence Collection	111
Activity 9-5. Treatment	112
 CHAPTER 10: 36-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE	 113
Case History Evaluation	113
References	114
Anatomical Skills 10-1	114
Activity 10-1. Injury, Normal Variant, or Medical Condition Identification	115
Activity 10-2. Injury, Normal Variant, or Medical Condition Identification	115
Activity 10-3. Evidence Collection	115
Activity 10-4. Treatment	116
 CHAPTER 11: 45-YEAR-OLD FEMALE PATIENT ASSAULTED BY A STRANGER	 117
Case History Evaluation	117
References	117
Anatomical Skills 11-1	118
Anatomical Skills 11-2	118
Activity 11-1. Injury, Normal Variant, or Medical Condition Identification	118
Activity 11-2. Injury, Normal Variant, or Medical Condition Identification	118
Activity 11-3. Evidence Collection	118
Activity 11-4. Treatment	119

CHAPTER 12: 55-YEAR-OLD MALE PATIENT ASSAULTED BY AN ACQUAINTANCE .	120
Case History Evaluation	120
References	121
Anatomical Skills 12-1	121
Anatomical Skills 12-2	121
Activity 12-1. Injury, Normal Variant, or Medical Condition Identification .	121
Activity 12-2. Evidence Collection	121
Activity 12-3. Treatment	122
 CHAPTER 13: 58-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE .	 123
Case History Evaluation	123
References	124
Anatomical Skills 13-1.	124
Anatomical Skills 13-2.	124
Activity 13-1. Injury, Normal Variant, or Medical Condition Identification	124
Activity 13-2. Evidence Collection	124
Activity 13-3. Treatment	126
 CHAPTER 14: 72-YEAR-OLD FEMALE PATIENT ASSAULTED BY STRANGERS. . .	 126
Case History Evaluation	126
References	127
Anatomical Skills 14-1	128
Activity 14-1. Injury, Normal Variant, or Medical Condition Identification	128
Activity 14-2. Evidence Collection	128
Activity 14-3. Treatment	129
 CHAPTER 15: CONSENSUAL COITUS AND INJURY	 130
Case History Evaluation	130
References	131
Activity 15-1. Injury, Normal Variant, or Medical Condition Identification	132

Adolescent and Adult Sexual Assault Assessment

SANE/SAFE Forensic Learning Series

Second Edition



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ANATOMICAL REVIEW

OBJECTIVES

After reviewing the figures presented in this section, the student will be able to:

1. *Correctly identify oral, genital, and anal anatomy.*
2. *Accurately define structures of the oral, genital, and anal anatomy.*

INSTRUCTIONS

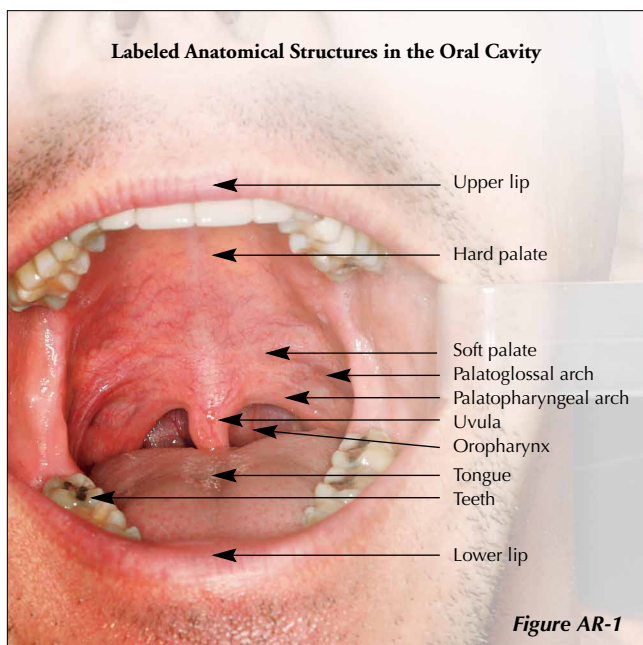
Anatomical diagrams and photographs have been provided to assist the student with correctly identifying anatomical landmarks. These diagrams and photos should be used when documenting normal anatomy, injuries, and any other variant conditions or findings throughout the *Adolescent and Adult Sexual Assault Assessment*.

ADDITIONAL DEFINITIONS

The student may find reviewing the following definitions useful in completing the activities within this book. Terminology for indicators of direction when documenting findings during a medical forensic examination include *anterior*, *posterior*, *inferior*, *superior*, *medial*, *lateral*, *proximal*, and *distal*.

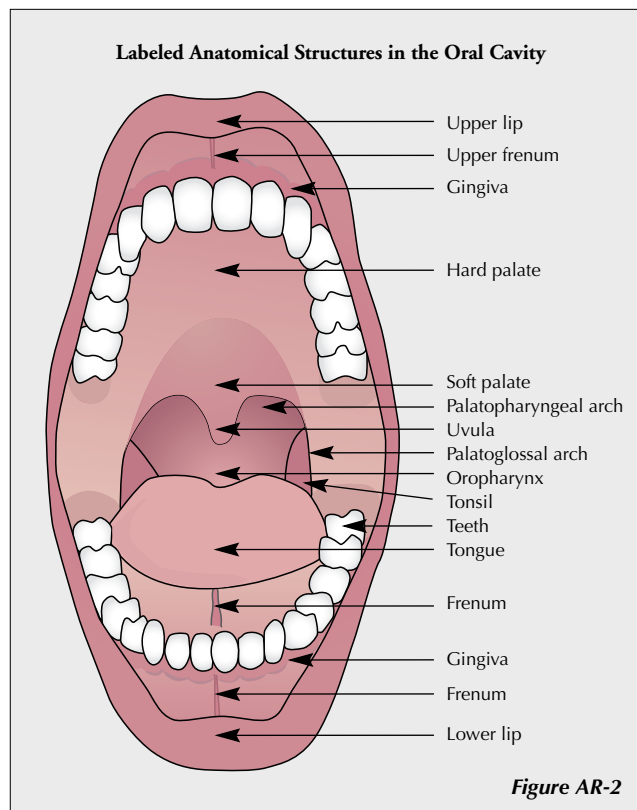
- **Abrasions:** Superficial injuries representing the removal of the outermost layers of the skin; usually caused by lateral rubbing, sliding, or compressive forces.
- **Avulsion:** A forceful separation or detachment that may occur traumatically or surgically; tearing away of a body part or structure.
- **Bruises (contusions):** Injuries that lie below the intact epidermis and result from extravascular collection of blood that has leaked from ruptured capillaries or blood vessels after sufficient force has been applied to distort the soft tissues and tear one or more vessels.
- **Cut:** An opening in the skin that occurs when a sharp object comes into contact with skin or tissue with enough pressure to divide it; cuts have even, regular edges.
- **Drug-facilitated sexual assault (DFSA):** Generic term for all types of sexual assault when drugs, alcohol, or other intoxicants are deliberately given to the victim by the perpetrator.
- **Lacerations:** Injuries that occur when the continuity of the skin is broken and disrupted by blunt force such as tearing, ripping, crushing, overstretching, pulling apart, over-bending, or shearing of tissue.
- **Incapacitated rape:** Self-induced intoxication creating self-vulnerability and lack of consent prior to rape.
- **Petechiae:** Multiple hemorrhagic spots, pinpoint to pinhead in size.

ORAL CAVITY



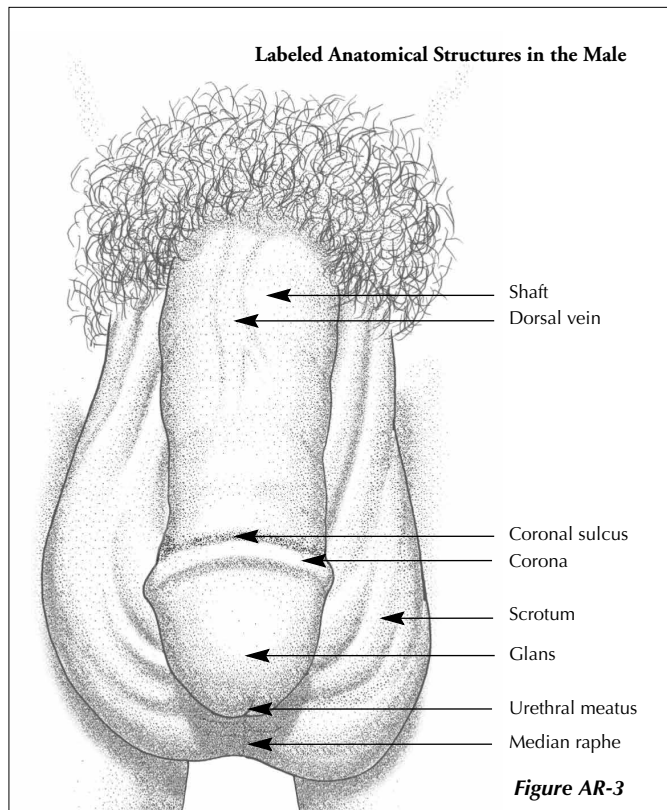
DEFINITIONS

- **Fordyce spots:** Enlarged ectopic sebaceous glands in the mucosa of the mouth and genitals, appearing as small yellow spots.
- **Frenum** (original term: frenulum): A small fold of mucous membrane that limits the movements of an organ or anatomical structure (eg, lingual frenum, maxillary labial frenum, mandibular labial frenum).
- **Gingiva:** The soft tissue overlying the crowns of unerupted teeth and encircling the necks of those that have erupted. Wisdom teeth are the last set of molars to erupt, usually at age 18 to 25 years.
- **Hard palate:** The anterior part of the palate, covered above by the mucous membrane of the nose and below by the mucoperiosteum of the roof of the mouth.
- **Lips:** The soft external structures that form the boundaries of the mouth, the opening to the oral cavity.
- **Oropharynx:** The area of the pharynx between the soft palate and the upper aspect of the epiglottis; area of the throat in the back of the mouth.
- **Palatine raphe:** A ridge or line along the median line of the palate that sometimes turns into a slight groove at its posterior end.



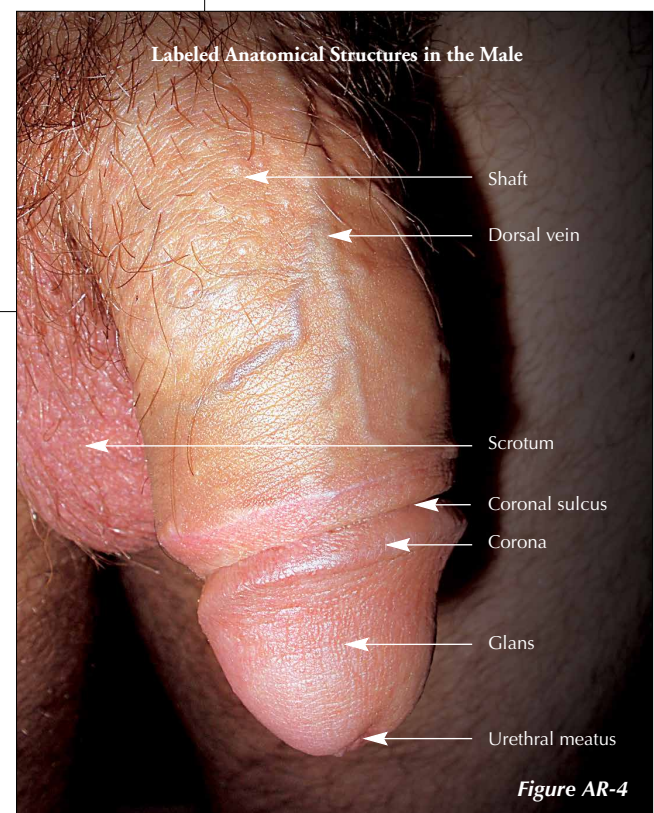
- **Palatoglossal arch:** The anterior of the 2 folds of mucous membrane on either side of the oropharynx, enclosing the palatoglossal muscle.
- **Palatopharyngeal arch:** The posterior of the 2 folds of mucous membrane on either side of the oropharynx, enclosing the palatopharyngeal muscle.
- **Soft palate:** A movable fold consisting of muscular fibers enclosed in mucous membrane. The soft palate is suspended from the rear of the hard palate and separates the nasal cavity from the oral cavity during swallowing or sucking.
- **Teeth:** The hardest bone in the body. Deciduous teeth are commonly called baby teeth or primary teeth; the first set usually consists of 20 teeth. For most, there are a total of 32 permanent, or adult, teeth.
- **Tongue:** A mobile mass of muscular tissue that is covered with mucous membrane; occupies much of the cavity of the mouth; forms part of its floor; is the organ of taste; and assists in chewing, swallowing, and speech.
- **Tonsil:** A small oral mass of lymphoid tissue, especially either of 2 such masses embedded in the lateral walls of the opening between the mouth and the pharynx. Also called faucial tonsil or palatine tonsil.
- **Uvula:** A small, soft structure hanging from the free edge of the soft palate in the midline above the root of the tongue. The uvula is composed of muscle, connective tissue, and mucous membrane.

MALE GENITALIA



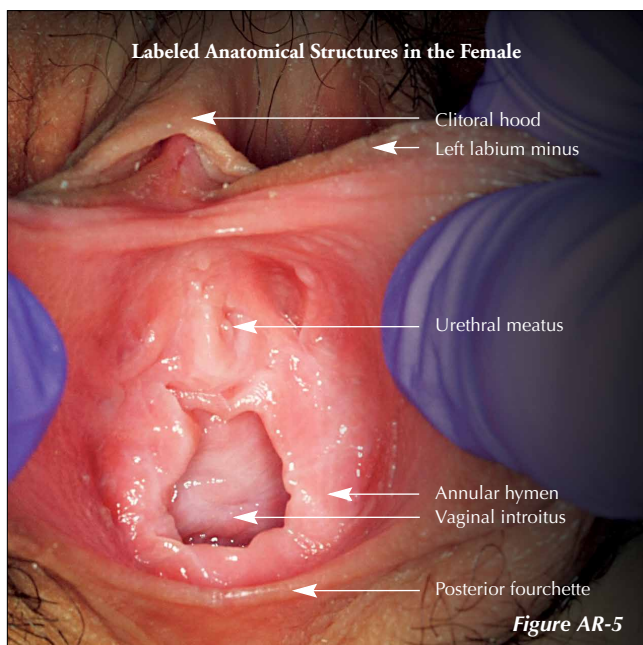
DEFINITIONS

- **Corona of glans penis:** The rounded, prominent border of the glans on the distal portion of the penile shaft.
- **Coronal sulcus:** The rounded border of the glans penis, separated from the corpora cavernosa penis by the neck of the glans.
- **Dorsal vein:** Tributaries spanning the dorsal surface of the penile shaft.
- **Fordyce spots:** Enlarged ectopic sebaceous glands in the mucosa of the mouth and genitals, appearing as small yellow spots.
- **Glans** (also called glans penis or balanus): The cap-shaped expansion of corpus spongiosum at the distal end of the penis, which is covered by loose skin (foreskin or prepuce), enabling it to expand during an erection.
- **Median raphe:** A visible line of tissue extending from the anus to the perineum. The median raphe is located between the scrotum and the anus in the male and the vestibule and the anus in the female.
- **Perineum:** The external surface or base of the perineal body, lying between the scrotum and anus. This network of muscles, located between and around the scrotum and anus, supports the pelvic cavity and maintains the structure of the pelvic floor by keeping the organs in place.



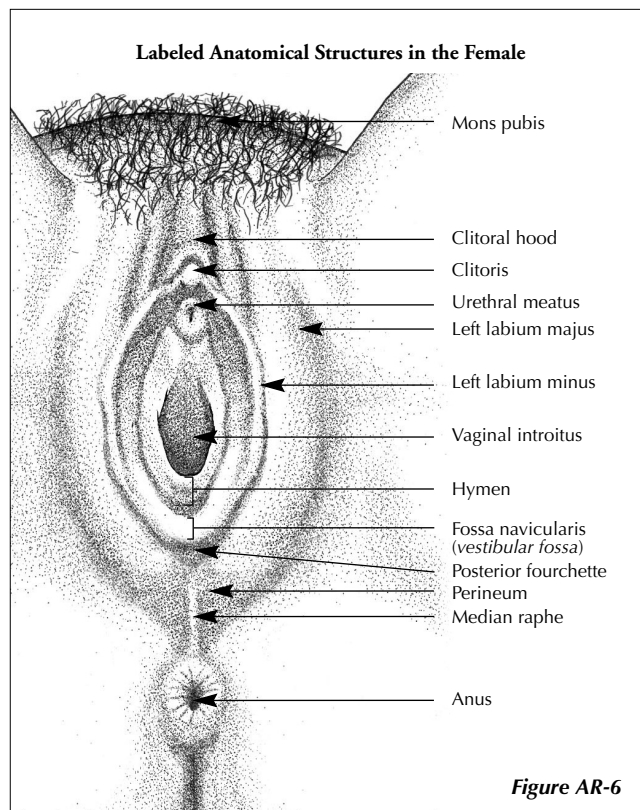
- **Scrotum:** The pouch containing the testicles and their accessory organs. The scrotum is located inferiorly to the penis and is covered with hair in males of reproductive age.
- **Shaft:** The part of the penis between the glans and the body.
- **Urethral meatus:** A slit-like opening located at the tip of the glans. Urine and seminal products, including spermatozoa, exit the body through the urethral meatus.

FEMALE GENITALIA

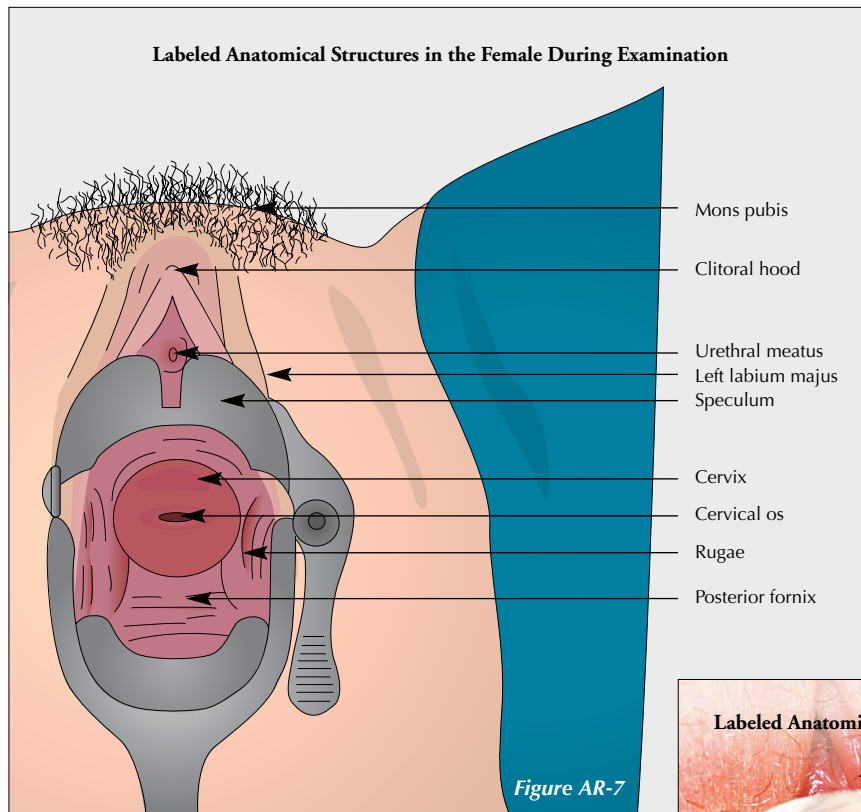


DEFINITIONS

- **Cervical os:** The opening in the cervix that leads to the endometrial cavity of the uterus. This area consists of unstratified columnar epithelium cells.
- **Cervix:** The portion of the uterus between the isthmus and the vagina.
- **Clitoral hood:** A fold of skin covering the clitoris.
- **Clitoris:** A small, cylindrical erectile body at the anterior portion of the vulva, covered by the clitoral hood.
- **Fordyce spots:** Enlarged ectopic sebaceous glands in the mucosa of the mouth and genitals, appearing as small yellow spots.
- **Fossa navicularis:** The concavity of the lower part of the vestibule, posterior and inferior to the hymen corona.
- **Hymen:** A collar or semicollar of tissue surrounding the vaginal orifice.
- **Interlabial sulci:** Grooves between the labia majora and the labia minora.
- **Labia majora:** Two folds of skin on either side of the labia minora. This area usually is covered with hair that appears during puberty.



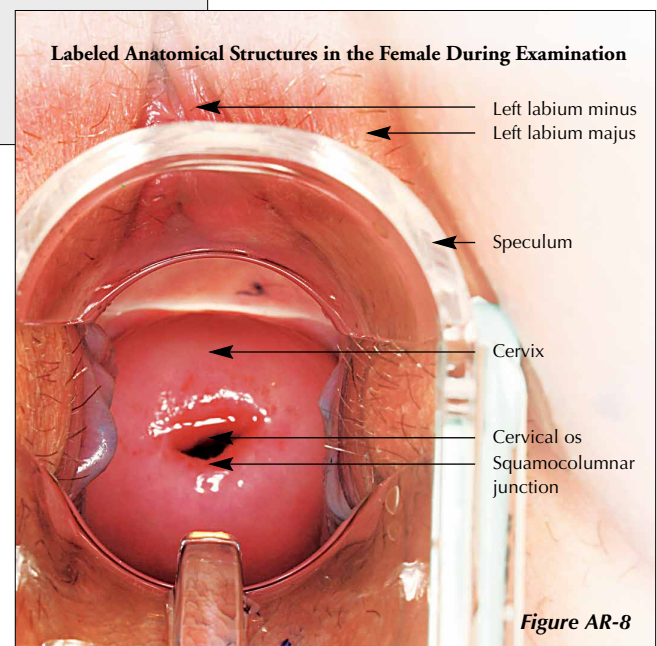
- **Labia minora:** The longitudinal thin folds of nonkeratinized skin medial to the labia majora. The labia minora are hairless but have many sensory nerve endings that engorge when stimulated.
- **Median raphe:** A visible line of tissue extending from the anus to the perineum. It is located between the vestibule and the anus in the female and the scrotum and the anus in the male.
- **Mons pubis:** The rounded fleshy prominence created by adipose tissue overlying the pubic symphysis bone.
- **Perineum:** The external surface or base of the perineal body, lying between the vulva and anus. This network of muscles, located between and around the vagina and anus, supports the pelvic cavity and maintains the structure of the pelvic floor by keeping the organs in place.
- **Periurethral bands** (also called vestibular bands or urethral ligaments): Structures that support the urethra and the pelvic floor and are often confused with adhesive scarring. When seen, these bands are usually symmetrical, found in pairs, and attached to the pubic symphysis area.
- **Posterior fornix:** Vault-like recess inferior to the cervix; it is created from the protrusion of the cervix into the upper vagina.
- **Posterior fourchette** (also called Hart's line or the posterior commissure): An area where the two labia meet posteriorly.



SPECULUM EXAMINATION

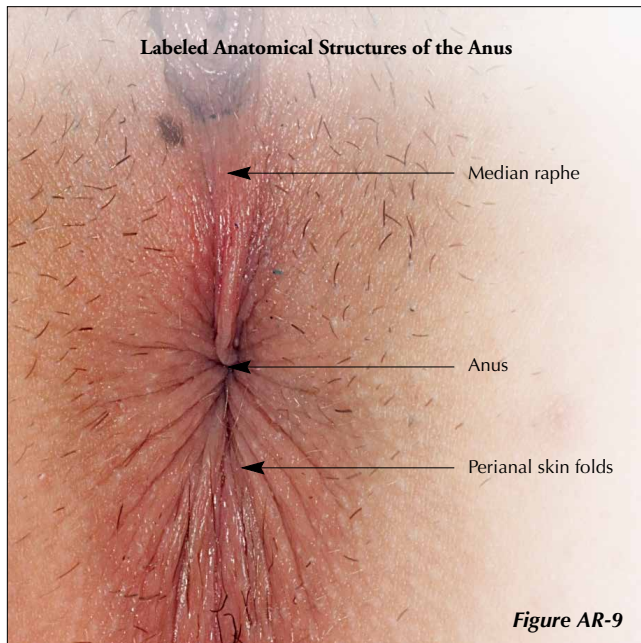
DEFINITIONS

- **Rugae:** Normal folds of epithelium that run circumferentially from the vaginal columns in the vagina. They are not present when there is no estrogen or estrogen effect.
- **Speculum:** An instrument for opening or distending an orifice to permit visual inspection.
- **Squamocolumnar junction:** A clinically visible line demarcating nonkeratinized squamous epithelia from simple columnar cells in the cervical canal.
- **Urethral meatus:** A location on the urethra that encircles the lumen of the external opening of the urethral tube. The urethra connects the urinary bladder to the urethral meatus for the purpose of releasing urine.
- **Vagina:** The muscular canal, usually 6 to 7 inches in length, extending from the cervix to the hymen. Its walls are lined with squamous cells, creating a mucous membrane with a pH range of 3.8 to 4.5.
- **Vaginal fornix:** The protrusion of the cervix into the upper vagina creates vault-like recesses known as the anterior fornix and posterior fornix.
- **Vaginal introitus:** Opening of the vagina.
- **Vaginal vault:** The enlargement of the internal end of the vagina.



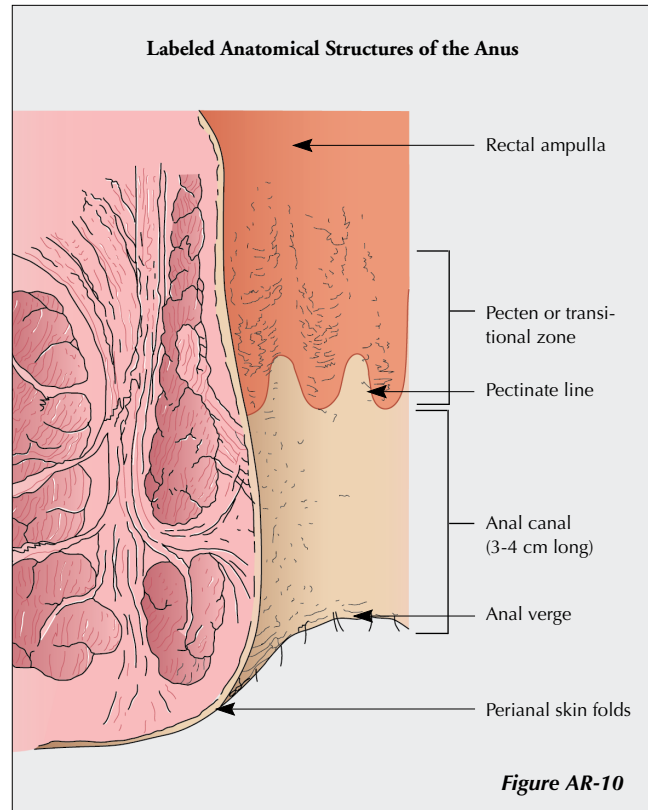
- **Vaginal vestibule:** An anatomical area containing the openings of the vagina, urethra, and Bartholin's glands. Anatomical boundaries include the clitoris anteriorly, the labia laterally, and the posterior fourchette posteriorly.
- **Vestibular papillae:** Multiple, tiny, filiform, rosy papules symmetrically distributed on the inner sides of the vestibular tissue.
- **Vulva:** An area of the female genitalia lying posterior to the mons pubis that includes the labia majora, labia minora, clitoris, vaginal vestibule, vaginal introitus, and Bartholin's glands.

ANORECTAL ANATOMY



DEFINITIONS

- **Anal canal:** Terminal part of the large intestine, 3 to 4 cm. in length, sensitive to pain, surrounded by sphincter muscles, and without lubricating glands.
- **Anal verge:** The distal end of the anal canal, overlies the subcutaneous tissue of the external anal sphincter and extends exteriorly to the margin of anal skin.
- **Anus:** The opening of the anal canal, lying between the buttocks, viewed as a linear, slit-like opening, visible with retraction of the buttocks.
- **Median raphe:** A visible line of tissue extending from the anus to the perineum. The median raphe is located between the vestibule and the anus in the female and the scrotum and the anus in the male.
- **Pectinate line** (also known as dentate line): The saw-toothed line of demarcation between the lower portion of the anal verge and the pecten, a smooth zone of stratified squamous epithelium extending to the anal verge.



- **Perianal skin folds:** Wrinkles of perianal skin created by the contraction of the anal sphincter.
- **Perianal venous engorgement:** The pooling of venous blood in the circumferential veins of the anus, marked by a bulging of the veins and flat, purple discoloration of the perianal tissues.
- **Rectal ampulla:** The proximal portion of the rectum that dilates when the anus opens.
- **Rectum:** The distal portion of the large intestine, beginning anterior to the third sacral vertebra.

Section



CASE STUDY CHAPTERS

14-YEAR-OLD FEMALE PATIENT ASSAULTED BY HER MOTHER'S INTIMATE PARTNER

OBJECTIVES

After completing the exercises presented in this chapter, the student will be able to:

1. *Correctly identify the anogenital anatomy of a 14-year-old female patient.*
2. *Identify and document injuries, normal variants, or medical conditions based on an analysis of case photographs.*
3. *List at least 3 items of evidence that should be collected.*
4. *Discuss and provide treatment options based on the patient's history.*

CASE HISTORY

Katia, a 14-year-old female, presents to a children's advocacy center (CAC) with her 30-year-old mother, Lee. Lee noticed that Katia was gaining weight and began to suspect her daughter was pregnant. After the clinic's nurse practitioner confirms that Katia is pregnant, Lee persistently chides Katia to tell her who the father is. Katia does not respond to her mother and requests to speak to the nurse practitioner alone. Lee agrees, so long as she "gets answers at the end of the examination."

After moving to a private office, Katia reports that she does not have a boyfriend. When asked about how she got pregnant, she hangs her head and says that "Damen, my mom's boyfriend, came in my room one night when my mother was working and made me freak all over him [later clarified as penile-vaginal penetration]. It hurt, but there wasn't blood and I haven't had my period yet so I didn't care about pregnancy. I didn't tell my mother. I don't know what to do now. He said it was my fault because I am 'freakin' sexy'. Is it my fault? My mother will freak out when she hears." When questioned further, she also reports penile-oral and penile-anal penetration prior to the event in question. She says this began "in first grade, when Damen moved in" and continued to present (over an 8-year period). Having documented Katia's report, the nurse practitioner notifies Child Protective Services (CPS) and law enforcement. The police escort Katia and her mother to the emergency department, where the physician orders a sonogram, confirming a 34-week pregnancy, albeit slightly small for gestational age.

ANATOMICAL SKILLS 1-1

Refer to **Figure 1-1**. Name the corresponding anatomical locations.

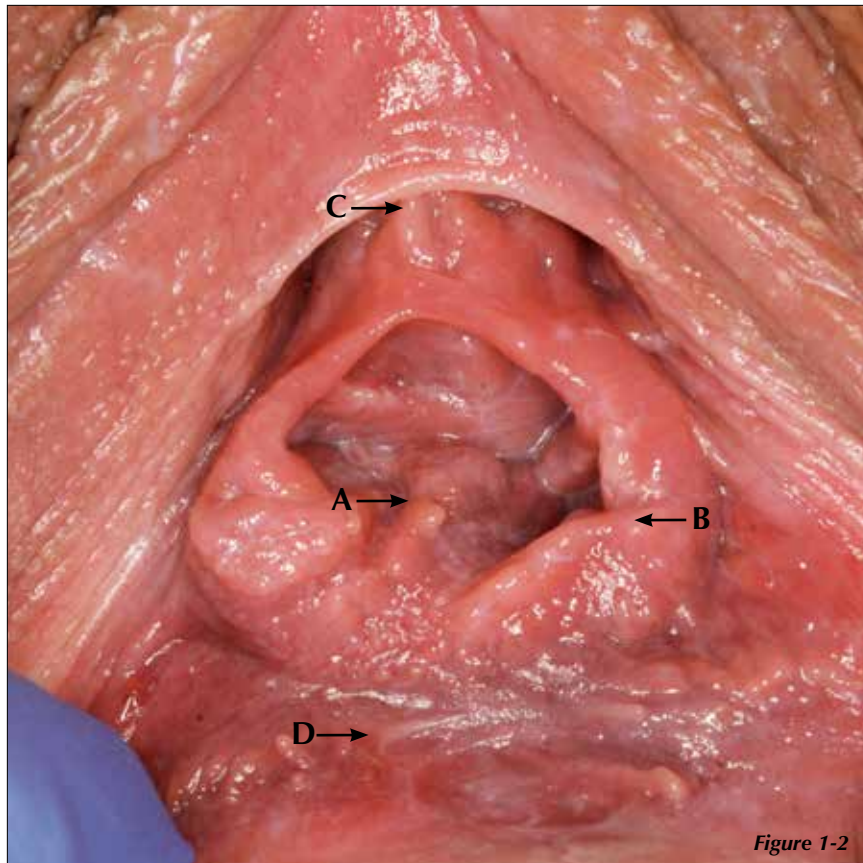
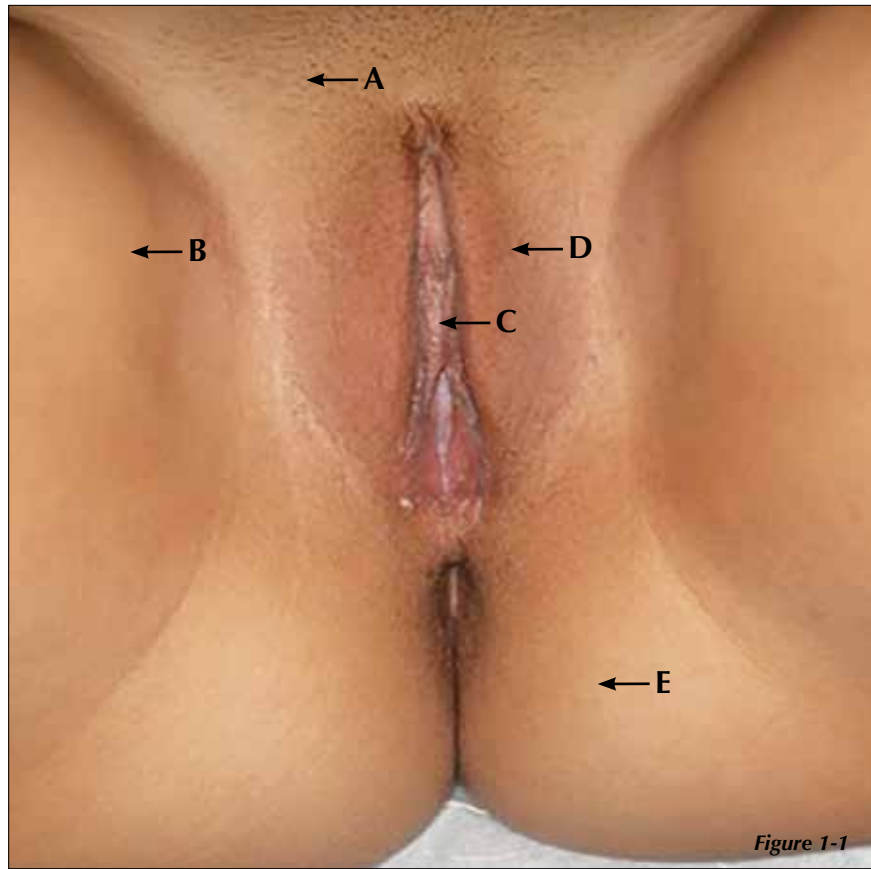
Arrow A: _____

Arrow B: _____

Arrow C: _____

Arrow D: _____

Arrow E: _____



ANATOMICAL SKILLS 1-2

Refer to **Figure 1-2**. Name the corresponding anatomical locations.

Arrow A: _____

Arrow B: _____

Arrow C: _____

Arrow D: _____



Figure 1-3

ACTIVITIES

ACTIVITY 1-1. INJURY, NORMAL VARIANT, OR MEDICAL CONDITION

Refer to **Figures 1-3, 1-4, and 1-5.**

Identify injuries, normal variants, or medical conditions based on an analysis of case photographs. Give objective descriptions when documenting findings.



Figure 1-4

ACTIVITY 1-2.

EVIDENCE COLLECTION

Using the history and photographs provided, list the evidence you will collect from the patient. Please list evidence in the order it will be collected.

ACTIVITY 1-3. TREATMENT

Describe the treatment you will offer the patient based on her history and your findings.

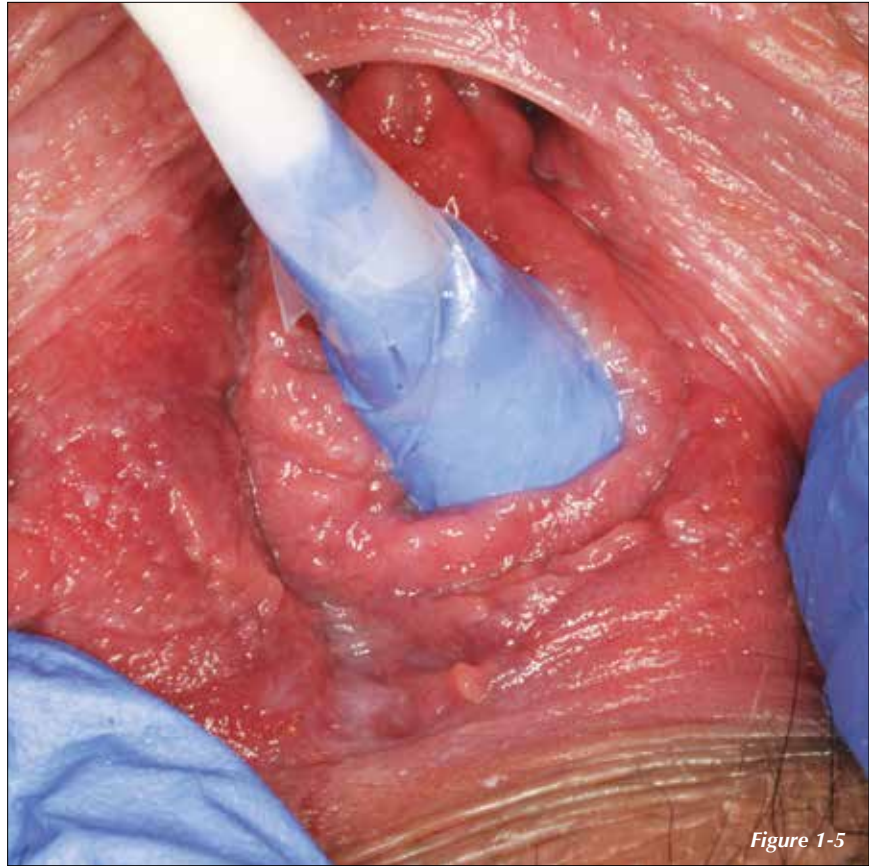


Figure 1-5



Figure 1-6

RECOMMENDED READING

Adams JA, Kellogg ND, Farst KJ, Harper NS, Palusci VJ, Frasier LD, Levitt CJ, Shapiro RA, Moles RL. Updated guidelines for the medical assessment and care of children who may have been sexually abused. *Journal of Pediatric and Adolescent Gynecology*. 2016; 29(2): 81-87.

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Astrup BS, Ravn P, Lauritsen J, Thomsen JL. Nature, frequency, and duration of genital lesions after consensual intercourse: Implications for legal proceedings. *Forensic Science International*. 2012; 219: 50-56.

Baker J, Kelly PJ, Carlson K, Colbert S, Cordie C, Witt JS. SANE-A-Palooza: Logistical development and implementation of a clinical immersion course for sexual assault nurse examiners. *Journal of Forensic Nursing*. 2016; 12(4): 176-182.

Ballantyne KN, Edmond G, Found B. Peer Review in Forensic Science. *Forensic Sci Int*. 2017 May 25;277:66-76.

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Budd KM, Rocque M, Bierie DM. Deconstructing incidents of campus sexual assault: Comparing male and female victimization. *Sexual Abuse: A Journal of Research and Treatment*. 2017: 1-22.

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ANSWER KEY*

NOTE TO STUDENTS

STUDENTS SHOULD READ AND CONSIDER THE FOLLOWING ITEMS BEFORE REVIEWING THE ANSWER KEY.

Community standards and agency protocols for sexually transmitted infection (STI) screenings, prophylactic treatment, follow-up, patient referrals, and specimens collected for an evidence kit vary across the United States and internationally. It is the SANE/SAFE's responsibility to know his or her community standards and agency protocols AND the rationale surrounding any variations where national or international standards or recommendations exist.

Although collection of specimens for an evidence kit occurs throughout the forensic medical encounter, it is assumed for the purpose of these case studies that all urgent or emergent needs of the patient have been met, informed consent has been obtained, and a medical forensic history has been fully documented. All of these items, coupled with the physical evaluation, assist in guiding the forensic medical examination, treatment, referrals, recommended follow-up, photodocumentation, and specimen collection for the evidence kit.

When documenting findings in the medical forensic record, documentation should include the approximate length, width, shape, and color of each injury. This level of documentation is not possible when reviewing photodocumentation such as that presented in these case studies. Limitations to the assessment of injury through photodocumentation are related to several variables including scale, angle, lighting, equipment settings, picture quality, and provider technique (eg, separation, traction).

The case studies in the *Adolescent and Adult Sexual Assault Assessment* are brief summaries of complex patient encounters. The figures provided with each case study represent a sample of the photodocumentation collected during the medical forensic examination. Please note the detail and extent of evidence collection, prophylactic treatment, referrals, and recommended follow-up are based on the information in these brief summaries, not on the additional details that would be available during an actual patient examination.

CHAPTER 1: 14-YEAR-OLD FEMALE PATIENT ASSAULTED BY HER MOTHER'S INTIMATE PARTNER

CASE HISTORY EVALUATION

Chronic intrafamilial sexual assault of adolescents is a serious and underreported crime resulting in a number of maladaptive behaviors that increase risk for disease and poor long-term mental and physical health.¹⁻⁵ In this case, the discovery of pregnancy could potentially disrupt the patient's family, particularly if the patient's mother blames her for the abuse. Offenders with a preference for children seek trusting, dependent partners and may plan assaults around their partners' schedules (eg, when the nonoffending partner is at work). However, offender modus operandi is difficult to predict on an individual basis.⁶

In this case, the forensic examiner might introduce the topic of emancipation for decision-making purposes related to Katia's pregnancy and her overall health. Once emancipated, either by reaching the age of majority or by judicial order, an individual may grant consent for medical treatment (eg, for treatment related to pregnancy). Ideally, the patient's mother will be included in this discussion, because it presents an opportunity to assess the mother's supportiveness for her daughter. Bear in mind that Katia is concerned that her mother will "freak out" over the abuse and pregnancy, and it is likely that Katia will remain dependent on her mother for housing, food, school, and health care.⁷

Katia's pregnancy should be considered high risk due to her age and her fetus being documented as small for gestational age. At 34 weeks, the option for elective abortion is not available; however, the newborn could be placed with an adoption agency. Regardless, the complexities of childhood sexual abuse and assault combined with adolescent pregnancy predict social and emotional stressors that result in poor health outcomes and depression.⁸ Pregnant adolescents often experience early deliveries, including maternal-fetal death, creating financial and emotional burdens on the individual and society.^{9,10} In adolescents, pregnancy can cause stress-induced diseases such as depression, diabetes, and/or hypertension, which complicate care and increase expenditures.¹¹ Long-term effects include vulnerability for the mother and infant through the critical first three years of the child's life.¹² Increased risk for preterm birth and the development of maternal and infant disease patterns increase risks for sequelae persisting long after delivery. For example, mothers with childhood trauma report significant change in their children at 36 months, including anxiety, depression, aggressive behavior, attention problems, and internalizing and externalizing behaviors.¹² As such, Katia's case requires anticipatory guidance and referral to long-term medical and psychological management.¹³ Furthermore, because chronic sexual abuse can alter overall development, brain architecture, and the ability to trust, Katia's care providers should employ collaborative planning, motivation and empowerment coaching methods, and self-esteem promotion via health literacy and behavioral risk prevention to foster trust with their patient.^{4,14,15}

ANATOMICAL SKILLS 1-1

- A. Shaved mons
- B. Right inner thigh
- C. Right labium minus
- D. Left labium majus
- E. Left buttock

ANATOMICAL SKILLS 1-2

- A. Intervaginal ridge
- B. Hymen
- C. Urethra
- D. Fossa Navicularis

ACTIVITY 1-1. INJURY, NORMAL VARIANT, OR MEDICAL CONDITION

- Intervaginal ridge at 7 o'clock
- No acute or old injury noted
- Intervaginal ridge attached high to the anterior hymen pulling the hymen down (**Figure 1-3**)
- Hymen present at 3 o'clock to 9 o'clock using a Big Blue Swab; no transactions to the hymen noted (**Figure 1-4**)

— Hymen is present. No acute or old injury noted. Big blue swab inserted behind the hymen, lifting the hymen tissue for complete visualization of hymen edges (**Figure 1-5**).

— Venous pooling present at 7 o'clock (**Figure 1-6**).

ACTIVITY 1-2. EVIDENCE COLLECTION

1. Photodocumentation: In many communities, photodocumentation will also be used as evidence in the investigative and judicial processes. In this particular case, any evidence of scarring or potential evidence of old injury, normal variants, and medical conditions should be photographed.
2. No specimen collection is indicated in this case because it is not a case of acute sexual assault.
3. DNA can be obtained from cord blood at delivery.

ACTIVITY 1-3. TREATMENT

- The safety and well-being of the patient is paramount. Child Protective Services (CPS) must be notified if they have not already.
- Because the patient is 34 weeks pregnancy, emergency hormonal contraception is not applicable.
- Recommend immediate consultation with and provide referral to obstetrics.
- After consultation with obstetrics, taking into consideration potential contraindications and making appropriate adjustments, recommend and/or provide prophylactic medications based on CDC guidelines or local/community protocols and provide related patient education and referrals. Follow agency prophylactic medication protocol for patients who are pregnant. Recommend immediate consultation with obstetrics prior to providing any prophylactic treatment.
- Offer screening for STIs based on CDC guidelines or local/community protocols, and provide related patient education. Recommend consultation with obstetrics prior to testing to ensure appropriate testing methods. Examiner should not insert a vaginal speculum into the patient nor should any specimens be collected from her cervix. Consider:
 - Urine NAATs for *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, and *Trichomonas vaginalis*
 - Wet mount presence of bacterial vaginosis and candidiasis if recommended by obstetrics
 - A serum sample for evaluation for HIV infection, hepatitis B, and syphilis
- Offer HIV-related patient education. Patient's positive pregnancy status is a contraindication to standard postexposure prophylaxis protocols. Speak with patient regarding the need for serial testing.
- Follow-up examinations may or may not be part of agency protocol or community standard. If not, provide appropriate and comprehensive referrals to community agencies for all follow-up needs. Referral to obstetrics should be a top priority for this patient.
- Refer the patient for counseling services via rape crisis centers, advocacy programs, or other local service providers or counseling centers. Due pregnancy and delivery/postpartum, this patient will need close follow-up.
- Refer the patient to Victim Witness Assistance Program for assistance with medical expenses unrelated to the medical forensic examination.
- Provide discharge instructions emphasizing the importance of proper and timely follow-up with obstetrics. Provide anticipatory guidance based on the patient's history, verbal and nonverbal communication during the examination, and questions.

CHAPTER 2: 16-YEAR-OLD FEMALE PATIENT ASSAULTED BY HER GUARDIAN

CASE HISTORY EVALUATION

Adolescent victims of sexual assault in foster care face hardship, and immigrant children face additional difficulties. In this case, Ricardo's constant access and threats placed a tremendous burden on Maria to perform sexually for her sponsor/adoptive parent. US immigration law protects victims of such crimes. Community programs develop policies and procedures to reflect established laws. The SANE/SAFE should be familiar with resources available to victims in the immigrant community and understand the laws that protect them when they report sexual assault or domestic violence.

The complexities of cases like Maria's include language barriers and immigration laws that serve to protect her rights while she is in the United States. Despite controversy about immigration to the United States, all states must follow federal law that preserves Maria's right to report the crime without federal, state, or local immigration repercussion. The investigation will be complex because there are other victims and a potential pregnancy. It will be essential for Maria to have advocates who can effectively communicate and explain the medical and legal procedures she will encounter. Many communities now have nongovernmental organizations (NGOs) that are specifically funded to provide direct services to both documented and undocumented foreign nationals, including adults and children.

According to the US Immigration Office, "Victims are not required to be in legal immigration status, but they must be a victim of a severe form of trafficking in persons, be physically present in the US on account of the trafficking, comply with any reasonable requests for assistance in the investigation or prosecution (or be under the age of 18), and suffer extreme hardship involving unusual and severe harm if removed from the US."¹ US law provides multiple protections for documented and undocumented immigrants who have been victims of a crime. Often victims are unaware of such protections, thus frontline workers serve as a critical link for immigrant victims. There are specific protections for victims of domestic violence and victims of certain crimes through the US Citizenship and Immigration Services (USCIS). Fearing deportation, some immigrants may be hesitant to report acts of violence to the police or seek other forms of assistance.

ANATOMICAL SKILLS 2-1

- A. Clitoral hood
- B. Clitoris
- C. Right and left intralabial sulci

ANATOMICAL SKILLS 2-2

- A. Anterior cervix
- B. Cervical os
- C. Posterior cervix
- D. Vaginal rugae
- E. Posterior fornix

ACTIVITY 2-1. INJURY, NORMAL VARIANT, OR MEDICAL CONDITION

— Vaginal vestibule: Right side, abrasion extending medially across sulcus and onto hymen; fordyce spots and vestibular papillae (both normal variants) (**Figure 2-3**).

— Hymen: Abrasion and focal redness between 6 o'clock and 9 o'clock (**Figures 2-3 and 2-4**).