Contributors

Evangeline Barefoot RN, BSN, CEN, SANE-A, SANE-P, CFN, CMI-II, CA-CP SANE
Sexual Assault and Forensic Nursing Program Coordinator
Scott & White Hospital Taylor
Taylor, Texas

Toyetta L. Beukes, RN, MSN, NP, CSANE-A, CSANE-P
Director of the Sexual Assault Response Team
San Gabriel Valley Medical Center
San Gabriel, California

Jacqueline Callari-Robinson, RN
SANE Coordinator/Director of Health Services
Wisconsin Coalition Against Sexual Assault (WCASA)
Madison, Wisconsin

Amy Carney, NP, PhD
Assistant Professor
School of Nursing
California State University, San Marcos
San Marcos, California

Kim Day, RN, FNE, SANE-A, SANE-P
SAFE Technical Assistance Coordinator
International Association of Forensic Nurses
Arnold, Maryland

Merle M. Endo, RN, SANE-A, SANE-P
Hilo, Hawaii

E. J. Ernst, DNP, MBA, APRN, FNP-BC, CEN
Lecturer
California State University, Dominguez Hills
Carson, California
Nursing Service
Geriatrics and Rehabilitative Care
Veterans Administration, Greater Los Angeles
Los Angeles, California

Janean Fossum, BSN, RN, CDDN
Forensic Nurse Consultant
Certified Developmental Disabilities Nurse
Eugene, Oregon

Shannon Liew, RN, BSN, SANE-A
SANE Coordinator
Crime Victim Services Division
Office of the Illinois Attorney General
Chicago, Illinois

Stacey A. Mitchell, DNP, MBA, RN, SANE-A, SANE-P
Director
Forensic Nursing Services
Harris County Hospital District
Houston, Texas

Claire Nelli, RN, SANE-A
CEO
Independent Forensic Services
San Diego, California

Mary Reina, RN, MSN, SANE-A, SANE-P
Forensic Services Unit (FSU) Director
Antelope Valley Hospital
Lancaster, California

Sharon M. Robison, RN, SANE-A, SANE-P, MLDI
Chief Administrative Officer
Forensic Nursing Specialties
Fort Wayne Sexual Assault Treatment Center
Fort Wayne, Indiana

FOREWORD

After completing the intermediate 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.

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

The *SANE/SAFE Forensic Learning Series* is a valuable tool that supplements teaching materials during the initial educational experience as well as 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.

The *Intermediate-Level Adolescent and Adult Sexual Assault Assessment* provides the material newly 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 series 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 *SANE/SAFE Forensic Learning Series*. I strongly recommend this series as an essential addition to every training curriculum and forensic nursing library.

Eileen Allen, MSN, RN, FN-CSA, SANE-A, SANE-P
President (2011)
International Association of Forensic Nurses

Preface

Collectively, the authors of the *SANE/SAFE Forensic Learning Series: 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 a genital structure and an area (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 a 35mm camera 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 *SANE/SAFE Forensic Learning Series: 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; medical residents and physicians; nurse practitioners, including nurse midwives, WHNPs, PNPs, and FNPs; 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. The set also will 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 *SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment* will present adolescent or adult peer-reviewed cases that have 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 protocol. 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 peer-reviewed, 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. Since half of all sexual assault cases have no or nonspecific findings, the *SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment* will focus on correct anatomical terms, evaluation, and treatment as well as evidence collection from normal and injured anogenital structures. It is the authors' hope that you will find the *SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment* helpful to you, your practice, and Sexual Assault Response/Resource Team programs.

Diana K. Faugno, MSN, RN, CPN, SANE-A, SANE-P, DF-IAFN, FAAFS
Rachell A. Copeland, PhC, MSN, ARNP-BC
Jill L. Crum, BSN, RN, SANE-A
Patricia M. Speck, DNSc, APN, FNP-BC, DF-IAFN, FAAFS, FAAN

REVIEWS

The Intermediate-Level 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. The information presented is supplemented and supported by the inclusion of the section containing a list of additional, recommended readings. CME/CNE is available following completion of the book. This exceptional resource will help forensic examiners and other clinicians become proficient in order to provide the best possible care for victims of sexual assault.*

Elisabeth Bilden, MD, FACEP
Staff Physician
Department of Emergency Medicine
Essentia Health, Duluth Clinic
Duluth, Minnesota

The SANE/SAFE Forensic Learning Series *is an example of a tool that is of value to forensic nurses at all levels. The learning activities demonstrate sound educational precepts and build on existing knowledge. The* Intermediate-Level Adolescent and Adult Sexual Assault Assessment *presents advanced cases that challenge the reader's critical thinking. The forensic clinician is engaged in slightly more complex patient management throughout the learning process. The case study format in this series is a great adjunct to support classroom learning and allows for discussions with colleagues and mentors with peer review or in actual practice. Progressive practice promotes efficiency that affects clinical thinking and improves patient outcomes while building clinician confidence from the start of a forensic career. Sound forensic nurse leaders and experts are more likely to develop the expertise and knowledge that leads to collaborative interprofessional relationships that are built on trust—all of which lead to improved justice outcomes. I would highly recommend the use of the series in a classroom or clinical setting, or for personal growth.*

Patricia A. Crane, PhD, MSN, RN, WHNP-BC, DF-IAFN
President
Alpha Delta Chapter of Sigma Theta Tau
International Nursing Honor Society
Assistant Professor, School of Nursing
University of Texas Medical Branch
Galveston, Texas

The Intermediate-Level 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
Forensic Nursing Administrator
SANE-A, SANE-P
Tulsa Police Department
Tulsa, Oklahoma

The Intermediate-Level 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 their assessment skills and evidence collection considerations. The types of cases provided are realistic and allow examiners to apply their knowledge and skills. The use of color photographs rather than drawings further enhances the reality of this experience. It has been written by experts with extensive experience in both practice and education in this area. I am pleased to recommend this excellent resource.*

Cathy Carter-Snell, RN, PhD, SANE-A
Associate Professor
Coordinator-Forensic Studies Program
Mount Royal University, Calgary Alberta
Canada

The Intermediate-Level Adult and Adolescent 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 initially provide an anatomic review that identifies the important structures of the oral cavity, male genitalia, female genitalia, anus, and rectum that may be involved in sexual assault cases. This is smartly accomplished by displaying excellent actual photographs adjacent to similar anatomic diagrams, so that the student can clearly identify and compare key structures. Also provided are definitions for these areas in addition to important frequently utilized forensic terms, which are essential for optimal SANE/SAFE documentation. A variety of sexual assault case histories are presented, which allow the key components of injury identification, evidence collection, and treatment to be identified and assessed.

This versatile book provides important elements for a SANE/SAFE intermediate assessment, and as such should be one of the essential tools utilized in every adult and adolescent sexual assault program.

Michael L. Weaver, MD, FACEP
Associate Clinical Professor
University of Missouri at Kansas City
School of Medicine
Medical Director
Forensic Care Program
Saint Luke's Health System
Kansas City, Missouri

Chapter 1

28-year-old Female Patient with Limited Memory

Objectives

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

1. *Correctly identify the anogenital anatomy of a 28-year-old female patient.*
2. *Identify and document injuries based on an analysis of case photographs.*
3. *List at least 3 items of evidence that should be collected.*
4. *Discuss treatment options based on the patient's history.*

Case History

Patricia is 28 years old, married, and has had one pregnancy resulting in a miscarriage 3 years ago. Her medical history includes Depo-Provera quarterly for the past year and a severe allergy to penicillin. Last night, Patricia and her husband attended a New Year's Eve party at their friend Joan's house. Patricia recalls everyone at the party was drinking, including her and her husband. She remembers going into the kitchen and "taking a shot of whiskey" when one of Joan's neighbor's approached her and invited her to smoke marijuana with him at his house across the street. She says she accompanied him to his house but became alarmed when he closed and locked the gate behind them. Patricia adds, "I remember telling him to unlock the gate. The next thing I remember he was asking if he could kiss me. I don't remember if I said yes or no. That's all I remember until I heard Ronnie screaming my name." Ronnie is a friend of Patricia and her husband. She adds that his scream woke her, and she realized she was naked and began getting dressed, as did the man who invited her to his house. Patricia continued, "Ronnie yelling must have woken me up. Then my husband barged in and started beating up on the guy. I was scared. I didn't know what was going on. Ronnie got my husband and we left. He (husband) told me he had been looking for me all night. He was so mad and wanted to know what happened, but I couldn't remember. I kept trying to remember, but nothing. When he realized I really couldn't remember anything, that's when he called the police." Patricia remembers her husband calling the police, but is unable to recall the time he made the call or any details about what he said during the call.

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.

Chapter 2

23-year-old Female Patient from the Military Base

Objectives

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

1. *Correctly identify the anogenital anatomy of a 23-year-old female patient.*
2. *Identify and document injuries based on an analysis of case photographs.*
3. *List at least 3 items of evidence that should be collected.*
4. *Discuss treatment options based on the patient's history.*

Case History

Jean is 23 years old and a member of the military. Last night, she and several other people from her military base were drinking beer and playing video games in a room at one of the barracks. She remembers consuming 2 beers at the barracks before the group decided they needed to leave the base because they were being too loud. They decided to get a room at the Motel 6 about 2 miles from the base entrance. Once at the room, Jean remembers they continued drinking beer and "were just having a good time." Jean's next memory is of waking up in the barracks wearing only her bra. She remembers Joe helping her get dressed and saying he was sorry he had left her and would help her back to her room. Jean says she remembers getting dressed, but does not remember going to Joe's truck or the drive to the barracks where she is rooming. Jean thinks about an hour had passed when she decided to call her brother who lives several states away. Her brother proceeds to call her sergeant, who alerts the Sexual Assault Response Coordinator (SARC) on base. Jean is counseled about her rights by the SARC and elects to go to the local SANE program at the emergency department.

Activity 2-3. Treatment

Describe a treatment plan that lists referrals based on her history and your findings.

Chapter 3

16-year-old Female Patient with a 25-year-old Male Partner

Objectives

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

1. *Correctly identify the anogenital anatomy of a 16-year-old female patient.*
2. *Identify and document injuries based on an analysis of case photographs.*
3. *List at least 3 items of evidence that should be collected.*
4. *Discuss treatment options based on the patient's history.*

Case History

Sixteen-year-old Melanie reports she and her 25-year-old boyfriend, Eric, have "only kissed, we've never done anything else except him touching me here (Melanie points to her chest) but with my shirt on." This afternoon they were in her bedroom, lying on her bed and talking. She says they were kissing and Eric was trying to touch her between her legs, and "I told him it wasn't right and asked him stop." Melanie tells the forensic nurse, "He's never tried to touch me there (pointing between her legs) until today and I told him to stop, but he didn't listen. He just kept doing it and put his hand under my skirt and in my panties. Then he stuck his fingers in me (clarified as vagina). Then he climbed on top of me and I told him to let me up. He didn't say anything, he just unzipped his pants, took them off, and tossed them on the floor." Melanie continues, describing Eric rubbing his penis on her genitalia and when he began to insert his penis into her vagina, "I tried to put my hand down there to stop him and told him I didn't want to do this. But he did it anyway." Melanie does not know if Eric ejaculated. She says, "He got up and started putting on his pants and said, 'I want to leave before your mom gets home.'" Melanie says they began arguing inside the house and continued outside. "I was yelling at him. I was surprised he did that and sad too. I didn't think he'd ever do something like that. Then I just sat down on the porch and started crying again. He didn't say anything. I had told him to stop. I did not want him to do this. He said he had not done this in a long time and needed to 'bust a nut' and then he left." Her mother came home a few minutes after Eric left, and Melanie adds, "I didn't tell her what happened. I called my friend Alex and I guess she told her mom and her mom called my mom. I tried calling Eric and asking him why he did that when he knew I didn't want to. That's when he came back to the house. My mom told him she was calling the police, and he said he didn't know I didn't want to have sex and begged her not to call the police because he didn't want to go to jail again."

— Provide discharge instructions for care of injury, including a reminder of the presence of Toluidine Blue Dye and provide anticipatory guidance as needed based on patient history, verbal/nonverbal communication during examination, and patient questions.

Chapter 6: 33-year-old Female Patient and Intimate Partner Violence

In this case, the history implies both sexual and physical assault by an intimate partner who has abused the patient in the past. Domestic violence by an intimate partner who uses drugs creates an intermediate complexity in the evaluation by the SANE/SAFE, and special knowledge and skill sets are needed to provide emotional support, critical intervention, and assessment and planning to protect the patient from her drug-using intimate partner. Toxicology screening, depending on local protocol, may not be necessary due to the circumstance of the assault and rape. However, the SANE/SAFE should note the voluntary ingestion of illegal substances, as this may indicate an addiction or trafficking by a pimp. Either way, evaluation and intervention recommendations should be documented.

Anatomical Skills 6-1

A. Superior labial frenum

B. Inferior labial frenum

C. Lower gingival tissue

Anatomical Skills 6-2

A. Palatine raphe

B. Hard palate

C. Uvula

Activity 6-1. Injury Identification

— Hard palate: Purple coloration bilaterally

  — NOTE: This may be a normal pigmentation variation for this patient, recommend follow-up to confirm otherwise (**Figure 6-3**)

— Tongue: Brownish-purple pigmentation right side of tongue (**Figure 6-4**)

  — NOTE: This cannot be confirmed as a bruise based on this single image; in addition, will need to rule out normal variant in pigmentation (eg, ask patient, follow-up exam) or underlying medical process (eg, hairy tongue).

Activity 6-2. Injury Identification

— Buttocks: Multiple purple/blue/red circular, oblong, and irregular-shaped bruises bilaterally (**Figures 6-5** and **6-6**); large patchy areas of redness with irregular borders bilaterally

  — As noted in the introduction section of the Answer Key, measurements cannot be given based on the figures provided. However, during clinical practice, it is recommended that documentation of bruises include location, shape, color, size, and the presence of overlapping bruises. In clinical situations where bruises are too numerous to count, or if it is not feasible to measure all bruises, a measurement of the smallest and largest bruises can be obtained and the range documented.

Activity 6-3. Injury Identification

— Posterior fourchette/perinuem: Multiple lacerations with positive dye uptake (**Figures 6-7** and **6-8**)

Activity 6-4. Evidence Collection

1. Photodocumentation: In many communities, photodocumentation will also be used as evidence in the investigative and judicial processes. Photodocumentation should occur throughout the medical forensic examination/evaluation and may include the following:

  — Patient upon initial presentation

  — Anterior and posterior hands

  — Foreign debris or substances on patient or clothing

— Injuries

2. Clothing: Collect blanket patient arrived in and inform law enforcement that original items of clothing are not with patient and may still be at the hotel room.
3. Alternate Light Source: If community standard, examine patient with Wood's Lamp/ALS.

— Collect specimens from all areas based on history regardless if negative or positive fluorescence PLUS any areas of positive fluorescence.

4. Oral specimens: When history includes oral assault or is unknown for oral assault, consider collecting oral specimens as soon as possible and allowing patient to complete oral hygiene.

— Collect specimens from lips, around mouth, and corners of mouth.

— Collect specimens from oral cavity.

— NOTE: These are NOT buccal swabs for DNA standard. Specimens collected for evidence and buccal swabs for DNA standard are collected from different anatomical locations. Additionally, there should be an oral hygiene protocol between collection of specimens for evidence and collection of buccal swabs for DNA standard. Document oral hygiene in medical forensic record.

5. Collect specimens for touch DNA including patient's hands, areas where she was hit, and any areas where she reports being grabbed during the assault.
6. Anogenital specimens:

— NOTE: Order of specimen collection varies depending on community standards and agency protocols.

— Collect vulvar specimens.

— If practice includes use of Toluidine Blue Dye, apply and assess for injury.

— Insert speculum and collect specimens from vaginal vault and cervical os.

— If used, document use of lubrication on medical forensic record.

— Collect specimens from perianal skin, anus, and rectum.

— If practice includes use of anoscope, collect specimens from tissue distal to the tip of anoscope; type of lubrication used should be documented in the medical forensic report.

— If drainage observed from any genital orifice, collect specimen of drainage.

7. Throughout exam, collect additional specimens such as foreign debris, loose hairs, or samples of dried substances that are observed.
8. Collect blood and toxicology screens per community standard or agency protocol.
9. DNA standard:

— NOTE: Method and time of collection will vary based on community standards and agency protocols.

— If practice is to collect buccal specimens for DNA standard, this may be completed following oral assessment or at the end of the exam if history does not warrant assessment of the oral cavity.

— If practice is to collect blood specimens for DNA standard (eg, blood standard card, tube of blood), this may be completed when other lab specimens are collected; if other lab specimens are not collected during the exam, this may be completed at the end of the exam.

10. If patient must urinate prior to exam, give 4x4 gauze pad to wipe vulva prior to urination and another 4x4 gauze pad to wipe vulva following urination. Collect both 4x4 gauze pads and add these items to the evidence kit.

Activity 6-5. Treatment

— Patient's history includes blunt force trauma to head, face, and ribs; refer to emergency department provider per protocol and/or findings during examination needing additional evaluation.