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dedicated to the prevention of child abuse and the care of victims
of abuse and other children and family charities.*



The authors would like to thank the many forensic nurses who continue to care for
patients affected by violence worldwide.

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FOREWORD

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.

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 *Advanced-Level 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 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 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 *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; physicians and medical residents; nurse practitioners, including nurse midwives, WHNPs, PNP, 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 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 *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.

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REVIEWS

The SANE/SAFE Forensic Learning Series: Advanced-Level Adolescent and Adult Sexual Assault Assessment gives professionals the opportunity to grow in the forensic field. SANE/SAFE is a profession that 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 apply and increase their current skill level. The book offers a variety of cases and photos, and includes practice activities that initial training doesn't offer.

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The SANE/SAFE Forensic Learning Series is an ideal education tool that reinforces what has been learned in the SANE-A course as well as an excellent review for forensic examiners of all levels. The case studies, along with the color photos, challenge the examiner's evidence-based critical thinking and assessment skills. The use of photos rather than drawings further aids the examiner in developing their knowledge and skills related to the medical-forensic examination. Additionally, the inclusion of normal anatomical variations, evidence collection, recommended treatments, and patient education further enhances 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 Advanced-Level Adolescent and Adult Sexual Assault Assessment is a unique resource and an evidence-based tool that will be valuable to use in both traditional and online forensic nursing education courses. The case study format that is utilized through-out the SANE/SAFE Forensic Learning Series creates the opportunity for a progressive learning curriculum with a focus on the review of anatomy, injury identification, forensic documentation, and treatment of patients impacted by sexual assault and abuse.

This foundational workbook series includes the Advanced-Level Adolescent and Adult Sexual Assault Assessment and is authored by forensic nurse experts who provide real-life scenarios and images that can enhance development of essential skills and evolving clinical competencies. This is certainly a resource that is a 'must have' for both novice and experienced forensic nurses.

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In a case perspective format, this book facilitates learning that challenges advanced practitioners to apply their knowledge and identify further learning needs. With the potential for diversity, and the ongoing challenges in an ever-evolving practice, the authors wisely chose their content. This format for learning may lend to unity, consistency, standardization, and best practice when caring for victims of sexual assault. For those practitioners who work in isolated or rural settings where there are limited resources and where the potential for peer review, consensus, and evidence feedback is limited, this learning support is vital and much welcomed.

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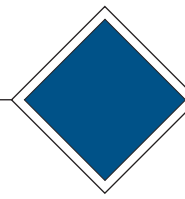
The SANE/SAFE Forensic Learning Series: Advanced-Level Adolescent and Adult Sexual Assault Assessment is an invaluable tool in forensic education. Useful in both classrooms and workshops, it builds on previous knowledge to offer the learner complex cases to evaluate. Using a case study format across the lifespan, 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 resourceful book offers an excellent tool for those seeking to enhance their knowledge of adolescent and adult sexual assault examination and documentation.

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The Advanced-Level Adolescent and Adult Sexual Assault Assessment is an excellent resource for forensic medical practitioners ready to challenge their clinical practice and instill confidence. This book builds on core theory, affords injury identification, and lists components of an appropriate evidentiary examination based on a detailed forensic medical history. Through history and stellar photography, the advanced practitioner is engaged and challenged to define an appropriate treatment regimen. As an educator, I will utilize this workbook as a "leave behind" resource to adjunct mentoring, to further the clinician's knowledge base, to challenge the novice forensic nurse examiner, and raise the bar for more experienced practitioners.

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19-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE

OBJECTIVES

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

- 1. Correctly identify the anogenital anatomy of a 19-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 treatment options based on the patient's history.*

CASE HISTORY

Tammy is a 19-year-old female who works out at the gym several times a week. About a month ago, she met Eric, the 28-year-old gym owner, and they became friends. Last night, Tammy agreed to visit Eric at his place to look at his new workout equipment. While showing her the new equipment, Tammy said Eric “started touching and rubbing on me. I told him to ‘stop it’ and he did for a while, but then he started doing it again. I got really uncomfortable and told him I had to go. But he said, ‘No, no, stay. I’m sorry. I’ll leave you alone. I promise.’ I told him I’d only stay if he really stopped. Then a few minutes later he grabbed my shirt and the buttons busted off.” Tammy said her bra and chest were exposed and she grabbed her shirt and ran toward the bathroom. Before she could get there, Eric pushed her onto the living room carpet. Tammy was “trying to get away” from Eric when he put his forearm over her chest, pinned her down, and proceeded to pull her shorts and underwear to the side. He then inserted his fingers into her vagina. Tammy said she attempted to “get loose again” when Eric pulled her shorts and underwear off of her. “I was yelling at him to ‘stop’ and he put his hand over my mouth and told me to ‘Shut up. You knew what you were coming here for.’” Tammy described Eric pushing her knees up to her chest, spitting on her genital area, and then “he shoved it (penis) in me (vagina) and thrust in and out a few times and then stopped. I was crying and kept yelling, ‘You’re hurting me!’ Then he let my legs down and started kissing me (mouth and neck). He pulled my bra up and licked and sucked my breasts. I just wanted it to be over and for him to stop. Then he went back in me (vagina) and tried to kiss me. I think he came and that’s why he finally stopped.” Tammy’s medical history included an 18-month history of Depo-Provera for contraception, with her last injection approximately 4 weeks ago.

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.

25-YEAR-OLD MALE PATIENT FROM A CORRECTIONAL FACILITY

OBJECTIVES

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

- 1. Correctly identify the anogenital anatomy of a 25-year-old male 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 treatment options based on the patient's history.*

CASE HISTORY

Thomas, a 25-year-old inmate from a correctional unit specializing in the treatment of sex offenders, was recently convicted for a felony sex offense. This is the first time Thomas has ever been incarcerated in this type of facility. Earlier this week he was moved to a new cell that he shares with Juan, who has a history of multiple felony sex offenses. Thomas told the SAFE, "He asked me what I liked, and I told him I really like putting things like bottles up my ass. I also told him about how my girlfriend lets me stick soda bottles and things like that up her ass, too. He acted like he wanted to know more." Thomas said he continued to tell Juan about activities that he found sexually pleasurable as well as the reason for his incarceration. Thomas said Juan was quiet and listened to the "sex stories."

Thomas continued to tell the SAFE what happened. He said after telling Juan a few more stories, he got up to urinate and then explained how his back was to Juan, at which time Juan came up behind him and "held a shank to my neck and pushed my head against the wall. I didn't move because the shank was still on my neck. He could have sliced right through my neck with that thing." Thomas then described how Juan pulled his jumpsuit the rest of the way down, made him bend over, and sodomized him, first with his penis, then with "some sort of bottle." Thomas said he tried to push away from the wall, but Juan moved the shank next to his penis and began to cut him. Thomas continued, "When he was done, he turned me around and said, 'You're my bitch now.'" Thomas said he was afraid of Juan and did not report the sexual assault at that time.

Later that day when they were out in the "yard," Thomas said he tried to approach one of the correctional officers, but Juan followed him. When it was time to go back indoors, they were all standing single file in line when a different officer noticed blood on the front of Thomas' jumpsuit and pulled him to the side to question him about the blood. Thomas told the officer about the incident and was subsequently taken to the infirmary. Thomas was then transported to a local hospital where a forensic exam was conducted.

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

Refer to **Figures 2-3** and **2-4**. Identify injuries, normal variants, or medical conditions based on an analysis of case photographs. Give objective descriptions when documenting findings.

ACTIVITY 2-3. 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.

76-YEAR-OLD FEMALE PATIENT FROM AN ASSISTED LIVING APARTMENT COMPLEX

OBJECTIVES

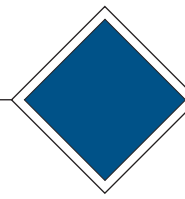
After completing the exercises presented in this chapter, the student will be able to:

- 1. Correctly identify the anogenital anatomy of a 76-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 treatment options based on the patient's history.*

CASE HISTORY

Pearl is a 76-year-old female whose husband died 2 years ago. After his death, Pearl moved into the assisted living apartments, where she currently lives. Her son said his mother's apartment is on the ground floor and her door is adjacent to the fire exit door. He was visibly upset and shared with the forensic examiner that he always felt the location of his mom's apartment would make it safer for her if there were ever a problem in the building. Now he feels "horrible" and believes "this wouldn't have happened to her if her apartment wasn't that close to the fire door." Pearl's son went on to explain that the police told him the 2 men entered and left through the fire exit door that had been "rigged not to lock when it closed."

During the medical forensic interview, Pearl told the forensic examiner that it was late in the evening when she heard a knock at her door. When she opened the door, 2 men entered her apartment. She described how the first man grabbed her and the second man started going through the apartment. The first man then took her into the bedroom, pushed her down on the bed, and yelled at her as he "waved a knife" in front of her face. Pearl told the examiner, "I was so afraid. I begged him not to hurt me and told him to take what he needed. I kept saying, 'Take what you need, but please don't hurt me.'" Pearl was upset and unable to describe the events other than saying, "He kept trying to have sex with me. At first, well, at first, he wasn't ready. Then he was ready and had sex with me." Pearl clarified that "wasn't ready" meant the first man had a semi-erect penis. She continued by saying, "Finally it was over. He told me to roll over and keep my face down on the bed, and not to come out of the room for an hour. He said if I came out before the hour, he would come back and kill me. I was scared they would come back, but I only waited a few minutes after I heard the door shut before I went out and called the person in the office to help me."



RECOMMENDED READING

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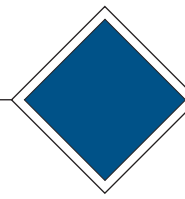
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ANSWER KEY

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 *Advanced-Level 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: 19-YEAR-OLD FEMALE PATIENT ASSAULTED BY AN ACQUAINTANCE

CASE HISTORY EVALUATION

This case is complex because it involves the owner of a business who uses his position to befriend the victim and as a ploy to lure her to an isolated area where he could sexually assault her. Like other acquaintance rapists, it is likely that this scenario has worked for him on other occasions. He will escalate the level of physical control and violence until the victim surrenders to avoid harm. His defense is likely to claim the intercourse was consensual, since she voluntarily went to his home. His DNA will be on her, contained in saliva, touch, and seminal products. Her DNA will likely be on his hands, under his fingernails, on the genitals, and around his mouth. There may be psychological outcomes for the victim that are based in self blame and betrayal of trust. While Tammy sought professional care after the sexual assault, in most cases, victims do not seek care from the SANE/SAFE professional. Positive criminal prosecutorial outcomes in cases with consent defense can be vindicating and therapeutic for the victim. In the event that the criminal justice system fails to validate the sexual assault, the civil courts only need a preponderance of the evidence to confirm the patient's history. It is essential to empower the patient with complete information in order for her to make decisions about participating in the judicial process. This complex case requires the SANE/SAFE to understand the system's approaches, policies, and procedures that should be utilized in the planning of sexual assault programs.

ANATOMICAL SKILLS 1-1

- A. Left labia minora
- B. Left labia majora
- C. Vulva

ANATOMICAL SKILLS 1-2

- A. Periurethral bands
- B. Urethral meatus
- C. Hymen
- D. Posterior fourchette

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

— Prolapsed urethra: A prolapsed urethra is an incidental medical finding during the sexual assault evaluation. There are several possible causes associated with this condition, including the use of Depo-Provera for contraception, estrogen depletion from illness/medications, and low body fat (**Figure 1-3**).

ACTIVITY 1-2. EVIDENCE COLLECTION

1. Photodocumentation: In many communities, photodocumentation will also be used as evidence in the investigative and judicial processes. Photodocumentation using the Rule of Thirds, Fourths, and Fifths 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
 - All injuries
 - Normal variants and medical conditions
2. Clothing: Collect all clothing. If applicable, collect the second pair of underwear worn.
 - If clothing changed prior to arrival and law enforcement is involved, notify law enforcement that original items of clothing are not with the patient.
3. Alternate Light Source (ALS): If community standard, examine patient with Wood's Lamp or an ALS.
 - Collect specimens from all areas based on history regardless if negative or positive fluorescence. Be sure to examine any areas of positive fluorescence, even if unsupported by the patient's history, because post-trauma memory is initially focused on the most traumatic events.
4. Oral specimens: History includes "kissing" on the mouth. Collect specimens from lips, around mouth, and corners of mouth.
5. Collect specimens from neck.
6. Collect specimens from both breasts.
7. Anogenital specimens:
 - Collect vulvar specimens and fluids in the hymenal folds. Inspect the tissue and photograph before collection.
 - If practice includes use of Toluidine Blue Dye, apply it and assess for injury.
 - After the vulva inspection and evidence collection—which includes the visible portions of the vagina—insert the speculum slightly, open the speculum, and inspect the vagina. As you open the vaginal tube, collect specimens distal from the speculum if visible in the vaginal vault. When the cervix is visible, collect samples distal from the speculum from the posterior fornix and then from the cervical os. Document on the medical forensic record the use of any lubrication by the collector or the assailant (if known). If there is a variation from routine procedure, such as the use of lubrication or blind specimen collection from the vaginal tract (no speculum used), document the variation on the medical forensic record.

- If there is drainage from any genital orifice, collect a drainage specimen.
- 8. Throughout the exam, collect additional specimens such as foreign debris, loose hairs, or samples of dried substances.
- 9. Collect blood and toxicology screens per community standards or agency protocol.
- 10. DNA standard
 - NOTE: The 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 the 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.
- 11. If the patient must urinate prior to the exam, provide a sterile 4x4 gauze pad to wipe the vulva prior to urination and another sterile 4x4 gauze pad to wipe the vulva following urination. Collect both 4x4 gauze pads and add these items to the evidence kit.

ACTIVITY 1-3. TREATMENT

- Patient uses Depo-Provera for contraception management.
- After taking into consideration potential contraindications and making appropriate adjustments, recommend and/or provide prophylactic medications based on Centers for Disease Control (CDC) guidelines or local/community protocol, and provide related patient education.
- Offer screening for sexually transmitted infections (STIs) based on CDC guidelines or local/community protocol, and provide related patient education. Consider:
 - NAATs for *C. trachomatis* and *N. gonorrhoeae*
 - Wet mount presence of BV and candidiasis
 - Point-of-care testing of a vaginal-swab specimen for *Trichomonas vaginalis* infection
 - A serum sample for evaluation for HIV infection, hepatitis B, and syphilis
- Provide referral information for follow-up of prolapsed urethra: The SAFE who is a registered nurse (RN) should notify the emergency department medical doctor (MD), nurse practitioner (NP), or physician assistant (PA). The SAFE who is an MD, NP, or PA may proceed with identification and treatment of the condition, with possible referral for follow up with a primary care provider who has a women's health specialty (eg, OB/GYN, WHNP, FNP).
- Offer HIV screening, referral, and post-exposure prophylaxis (PEP) per CDC guidelines or local/community protocols, and provide related patient education.
- Refer the patient for counseling services via rape crisis centers, advocacy programs, or other local service providers or counseling centers.
- Refer the patient to Victim Witness program for assistance with medical expenses not related to the medical forensic examination.
- Provide discharge instructions for injury care, including a reminder of the presence of Toluidine Blue Dye (if used). Provide anticipatory guidance based on the patient's history, verbal/nonverbal communication during examination, and questions.

CHAPTER 2: 25-YEAR-OLD MALE PATIENT FROM A CORRECTIONAL FACILITY

CASE HISTORY EVALUATION

In this case, the history is less straightforward and atypical for most SANE/SAFE practices due to a lack of reporting by the authorities in the institution for incarceration. This case reveals the vulnerability of a newly