This excerpt is intended for use by medical, legal, social service, and law enforcement professionals. It contains graphic images that some may find disturbing or offensive. Minors and/or nonprofessionals should not be allowed to access this material.
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Saint Louis University School of Medicine and School of Nursing will review this activity’s disclosures and resolve all identified conflicts of interest if applicable.
Entry-Level
Adolescent and Adult Sexual Assault Assessment

SANE/SAFE Forensic Learning Series

Endorsed by:

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

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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.

A portion of our profit is contributed to nonprofit organizations dedicated to the prevention of child abuse and the care of victims of abuse and other children and family charities.
FOREWORD

After completing the basic sexual assault examiner education requirements, many healthcare 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 Entry-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 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
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, WHINPs, PNPcs, 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.

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INTRODUCTION

With entry-level, intermediate, and advanced components, the SANE/SAFE Forensic Learning Series appeals to 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 books allow 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 nursing education (CNE) contact hours through successful completion of this book. Successful completion consists of reading the text in its entirety and filling out the chapter activities, posttests, credits/contact hours form, and evaluation form. The SANE/SAFE Forensic Learning Series is a valuable resource to trainees, early stage practitioners, and managers and supervisors responsible for the ongoing evaluation of examiners.

SELF-STUDY USE

Using case studies and attendant color photographs, the SANE/SAFE Forensic Learning Series simulates the environment of a clinic.

The Entry-Level Adolescent and Adult Sexual Assault Assessment is the first in a series of books that provides continuing education to examiners who assess and treat patients reporting a history of sexual assault or abuse.

GROUP INSTRUCTIONAL USE

The Entry-Level 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. Approval to teach this material for CME credits or CNE contact hours must be obtained through the appropriate channels. Please refer to the section titled “Teaching a Class for CME Credits/CNE Contact Hours” on page xv.

Students should purchase their own copies of the Entry-Level Adolescent and Adult Sexual Assault Assessment when learning in a classroom setting. The registration number printed on the inside cover of the book is required to apply for CME credits or CNE contact hours. Students should register and pay for CME credits or CNE contact hours as outlined in the section titled “Obtaining Continuing Education Certificate of Completion” on page xiv.

USE FOR MEDICAL PROFESSIONALS

Professionals seeking CME credits or CNE contact hours can obtain them through the successful completion of this book. Three CME credits or CNE contact hours can be earned.
The best training for the best medical professionals

Authors:
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SANE/SAFE Forensic Learning Series
Offering Lifelong Learning for Medical Professionals

STM Learning’s SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment is designed to challenge the critical thinking skills of sexual assault examiners responsible for identifying injuries, collecting evidence, and treating patients reporting a history of sexual assault or abuse.

This highly anticipated series gives students an opportunity to learn, apply, and demonstrate competency in sexual assault evaluations of adolescents and adults. The Entry-Level, Intermediate-Level, and Advanced-Level books include an anatomical review for oral, genital, and anal anatomy; case studies with identification, documentation, and treatment activities; comprehensive answer keys; and questions that test the comprehension of overall content.

Materials and activities in the SANE/SAFE Forensic Learning Series have been accredited through the Saint Louis University School of Medicine and the Saint Louis University School of Nursing. Medical professionals can earn 3.0 AMA PRA Category 1 Credits™ or 3.0 Nursing Contact Hours.

Features and Benefits
— Accredited through the Saint Louis University School of Medicine and the Saint Louis University School of Nursing for 3.0 AMA PRA Category 1 Credits™ or 3.0 Nursing Contact Hours
— Authored by internationally known SANE/SAFE experts
— Endorsed by the International Association of Forensic Nurses
— Formatted for self-study and group instruction
— Written for a broad audience to capture the diversity and scope of practice of sexual assault examiners
— Portable size and affordable price

INSTRUCTIONS

OVERVIEW
The SANE/SAFE Forensic Learning Series was developed to be used in conjunction with, or after, an official SANE training course that meets the International Association of Forensic Nurses Educational Guidelines.

Application of clinical reasoning is hard for all learners. The authors of this book believe that repetition improves deconstruction of the relevant educational information needed in critical thinking, but more importantly, it improves the clinical reasoning necessary for quality evidenced-based practice. In the SANE/SAFE Forensic Learning Series, participants will read and analyze many cases and their unique components and then critically think about the most appropriate application of clinical reasoning based on the patient history, identification of anatomical locations, and specific injury, whether intentional or unintentional. These cases focus on evaluation and documentation from case histories and physical findings, but with each book in the series, cases include increasingly complex social situations that present in many SANE/SAFE programs. The authors assume the SANE/SAFE provider has collected or demonstrates collection of a locally approved Sexual Assault Examination Kit. Throughout the SANE/SAFE Forensic Learning Series, peer-reviewed answers reflect the students’ efforts to gather knowledge from a variety of areas to achieve clinical reasoning about each case study, including what, if any, additional evidence should be collected and which medical treatment interventions are necessary. For instance, what should be collected if the patient shaves his or her external genital area or was grabbed forcefully? A basic premise for the SANE/SAFE Forensic Learning Series is that providers learn by doing and through repetition that includes the use of correct anatomical descriptions, injury identification, and medical treatment. With repetition, the SANE/SAFE will master the knowledge, skills, abilities, and understanding required for a quality, peer-reviewed practice.

EDUCATIONAL OBJECTIVES
At the conclusion of this book, students will be able to:

— Locate and describe structures of the oral, genital, and anal anatomy for adolescent and adult patients reporting a history of sexual assault.

— List recommendations for preventing and treating sexually transmitted infections as recommended by the Centers for Disease Control and Prevention, the World Health Organization, and the student’s local protocol.

— Identify injuries to the oral, genital, and anal anatomy for adolescent and adult patients reporting a history of sexual assault.

— Document oral, genital, and anal injuries in adolescent and adult patients reporting a history of sexual assault.

— List items to be collected for evidentiary purposes for adolescent and adult patients reporting a history of sexual assault.

— Use standard terminology for documenting the medical forensic evaluation, including photodocumentation.

— Use standard terminology for describing items collected for evidentiary purposes, including photodocumentation.
— Define drug-facilitated sexual assault and describe the evidence to be collected.
— Demonstrate use of photodocumentation in case reviews of adolescent and adult patients reporting a history of sexual assault.

EXPECTED OUTCOMES
The SANE/SAFE Forensic Learning Series provides continuing education to forensic nurses who assess and treat patients reporting a history of sexual assault or abuse. Physicians and physicians’ assistants will qualify for AMA PRA Category 1 Credit™ and nurses will qualify for ANA continuing education contact hours.

COURSE FORMAT AND IMPLEMENTATION
For optimal results, we suggest you read the text in its entirety and complete the chapter activities and posttests. The entire course takes 2 to 3 hours to complete.

Chapters and credits designated for this book are as follows:
Chapter 1 – Sexual Assault: 41-year-old Female Patient with Down’s Syndrome
Chapter 2 – Sexual Assault: 32-year-old Male Patient
Chapter 3 – Incapacitated Sexual Assault: 24-year-old Female Patient
Chapter 4 – Sexual Assault: 21-year-old Female College Student
Chapter 5 – Drug-Facilitated Sexual Assault: 15-year-old Female Patient
Chapter 6 – Sexual Assault: 17-year-old Female Patient
Chapter 7 – Incapacitated Sexual Assault: 24-year-old Female Patient in a Psychiatric Facility
Chapter 8 – Sexual Assault and Intimate Partner Violence: 32-year-old Female Patient
Chapter 9 – Sexual Assault: 20-year-old Female Patient
Chapter 10 – Documenting a History and Reviewing a Case

Total: 3.0 credits

OBTAINING CONTINUING EDUCATION CERTIFICATE OF COMPLETION
Physicians, physicians’ assistants, and nurses wishing to obtain CME credits or CNE contact hours must complete and return the posttest, credits/contact hours form, and evaluation form for the book for which they are seeking credit. Posttests with a score of 80 percent or better will be considered passing. Participants will be awarded a certificate of completion for the completed book purchased for CME credits or CNE contact hours. In order to receive your completion certificate, the posttest, credits/contact hours form, and evaluation form must be filled out completely and returned to the appropriate department at Saint Louis University.

All documents required to receive American Medical Association (AMA) certificate of completion can be accessed through the Saint Louis University CME website. Please visit: http://www.slu.edu/x54431.xml. Once the site has loaded, click the title and ISBN number that matches the book you have completed and follow the online instructions. If you are unable to submit all required forms through the Saint Louis University CME website, photocopy the posttest, evaluation form, and credits/contact hours form; complete; and return by post or electronic mail. The book registration number must be written on all forms to receive CME credits or CNE contact hours. The registration number can be used only once and is printed on the inside front cover of this book.
Participants will be assessed a fee for each certificate of completion issued. Certificates are available for $45 for CME or $25 for CNE participants. Payment must accompany the return of the posttest and evaluation form. Acceptable methods of payment are money order, personal check, and credit/debit card. Please make all checks payable to Saint Louis University.

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314-977-7401
cme@slu.edu

For CNE:  Saint Louis University School of Nursing
Coordinator of Continuing Nursing Education
Saint Louis University
3525 Caroline Mall
St. Louis, MO 63104
314-977-8919

You will receive the certificate of completion within 4 weeks after receipt of your test and evaluation form. In the event you fail the test, you will be notified regarding a retake examination of the same concepts. Participants can attempt to pass each test no more than 3 times.

PHYSICIANS ONLY
Rush processing of your certificate is available. An additional processing fee of $25 applies. You must contact the Saint Louis University Continuing Medical Education office at (314) 977-7401 for application instructions. Your request will be processed and a certificate will be e-mailed to the address provided during registration within 3 to 4 business days after receipt of your test (pending pass/fail results). Mail requests do not qualify for rush processing.

TEACHING A CLASS FOR CME CREDITS/CNE CONTACT HOURS
If you wish to teach a class and have participants receive CME credits or CNE contact hours for attending, please contact the appropriate department at Saint Louis University.

For CME:  Saint Louis University School of Medicine
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3839 Lindell Boulevard
St. Louis, MO 63108
314-977-7401
cme@slu.edu

For CNE:  Saint Louis University School of Nursing
Coordinator of Continuing Nursing Education
Saint Louis University
3525 Caroline Mall
St. Louis, MO 63104
314-977-8919
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ACCREDITATION MATERIAL
Saint Louis University School of Nursing

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The essential mission of the Continuing Medical Education program at Saint Louis University School of Medicine is to facilitate educational activities that maintain and increase the knowledge, technical skill, and competence of the practicing physician to deliver optimal health care consistent with the mission of the School of Medicine and the University. This includes, but is not limited to: updating knowledge and technical skills, providing clinical and practice management instruction, defining the functions of various health professionals and the role of the interdisciplinary team, certifying/affirming basic and advanced medical skills, and developing appropriate physician-patient relationships. The Continuing Medical Education program at Saint Louis University School of Medicine strives to initiate and encourage lifelong learning habits in its graduate, postgraduate, faculty, and community physicians.

ACCREDITATION
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education through the joint providership of Saint Louis University School of Medicine, Saint Louis University School of Nursing, and STM Learning, Inc.

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2. Their intention to discuss a product that is not labeled for the use under discussion.

3. Their intention to discuss preliminary research data.

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FACULTY DISCLOSURES
Saint Louis University School of Medicine has collected and reviewed the disclosure statements of the authors and contributors for this educational series and has determined that none of them disclosed any relevant financial relationships.

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Sexual Assault 2-Volume Set is the most comprehensive resource on sexual victimization!

Sexual Assault

Sexual Assault: Victimization Across the Life Span is an essential 2-volume set for professionals who may come into contact with someone who has been sexually assaulted. Professionals will find critical information on how to perform a physical exam, properly document the patient's history, collect forensic evidence (including DNA analysis), and address legal and prosecution issues. Sexual Assault: Victimization Across the Life Span examines the theory and practice of working with sexually abused or assaulted individuals. Also, the volumes help physicians to recognize the different experiences and presentations of adults and children, providing specific approaches to each. Individual sections are devoted to the unique problems of sexual victimization for children, adolescents, and adults. Other invaluable chapters on domestic violence, acquaintance rape, male sexual assault, sexual assault in correctional settings, assault of the elderly, and victimization of people with disabilities are included.

Angelo P. Giardino, MD, PhD; Elizabeth M. Datner, MD; Janice B. Aher, MD; Barbara W. Girardin, RN, PhD; Diana K. Faugno, RN, BSN, CPN, FAAFS, SANE-A; Mary J. Spencer, MD

576 pages, 163 images, with 69 contributors

Sexual Assault and Supplementary CD-ROM ISBN 978-1-878060-47-1 $326.00

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Sexual Assault Quick Reference highlights assault and nonassault findings to aid in the formation of a diagnosis. Topics unique to the sexual victimization of children, adolescents, and adults are presented. Other valuable information on domestic violence, acquaintance rape, male sexual assault, sexual assault in correctional settings, assault of the elderly, and victimization of people with disabilities is included. In addition, guidelines for providing much-needed emotional and social support are addressed, including the involvement of mental health and other practitioners. Difficulties and special concerns faced by parents are also touched upon.

Angelo P. Giardino, MD, PhD; Elizabeth M. Datner, MD; Janice B. Aher, MD; Barbara W. Girardin, RN, PhD; Diana K. Faugno, RN, BSN, CPN, FAAFS, SANE-A; Mary J. Spencer, MD

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Saint Louis University School of Medicine  Saint Louis University School of Nursing
Program Director, Continuing Medical Education  Coordinator of Continuing Nursing Education
Saint Louis University – Young Hall  Saint Louis University
3839 Lindell Boulevard  3525 Caroline Mall
St. Louis, MO 63108  St. Louis, MO 63104
314-977-7401  314-977-8919
cme@slu.edu

If you have any questions about receiving CME credit, call (314) 977-7401; questions about CNE contact hours, call (314) 977-8919.

Form for Entry-Level Adolescent and Adult Sexual Assault Assessment  ISBN: 978-1-936590-00-1
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After finishing the course, please take a few minutes to respond to these questions. If you are applying for CME credits or CNE contact hours, a certificate of completion will not be issued until the posttest and evaluation form are returned.

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Title: ___________________________________ Specialty: _______________________________
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Rate your answers to the following statements on a scale of 1 to 5.
1=Strongly Agree   2=Agree   3=Undecided   4=Disagree   5=Strongly Disagree

1. The course was well organized. ___
2. Learning objectives and assignments were clear. ___
3. The lessons were practical and applicable to actual situations. ___
4. The activities fit well within the time allotted. ___
5. I will be able to put the information learned into practice. ___
6. This course encouraged me to think. ___
7. I would recommend this course to others in my field. ___

Briefly answer the following questions.

1. What suggestions would you make to improve this course?

2. Was the content biased in any way? If yes, please explain.

3. May we contact you in 3 months with a short questionnaire to gauge the effectiveness of the program? Please list how you would prefer to be contacted.

If you have any questions about receiving CME credit, call (314) 977-7401; questions about CNE contact hours, call (314) 977-8919.

Evaluation form for Entry-Level Adolescent and Adult Sexual Assault Assessment ISBN: 978-1-936590-00-1
The distinguished authors of the Entry-Level Adolescent and Adult Sexual Assault Assessment provide entry-level forensic practitioners with a comprehensive resource that defines explicit circumstances related to caring for the sexually assaulted patient. The book uses photographs and an anatomical review to engage the forensic care provider, includes detailed case studies and injury identification exercises, and concludes with activities involving documentation and implementation. These activities emulate the nursing process brilliantly and encourage further reading to advance to a superior level of care.

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In the Entry-Level Adolescent and Adult Sexual Assault Assessment, the Contents in Detail provide the reader with a well-defined outline of the chapter and activities to be implemented as they relate to specifics of the sexual assault case. The sequential order of anatomical locations, injury identification, evidence collection, and treatment teaches the exam protocol. The case aids the reader or SANE with specifics of other disorders that may present with the victim in addition to the assault. The comprehensiveness of the chapter provides the reader or SANE the knowledge and skill set to conduct a thorough medical-legal sexual assault examination.

Cynthia Cook, RN, BS, SANE-A
SAFE Coordinator
Community SAFE Team
Boise, Idaho

The authors of the Entry-Level Adolescent and Adult Sexual Assault Assessment have provided a valuable resource for entry-level forensic nurses, as well as advance-practice forensic nurses working in the specialty area of sexual assault and sexual abuse. The book provides a demonstration of the various types of case scenarios that forensic nurses will encounter in their practice of sexual assault. The expert knowledge base presented in this book is excellent. This resource provides forensic nurses with a challenge to improve their use of critical thinking, encouraging them to seek more education in the field of sexual assault. The use of this resource from the experts in this specialty area will aid forensic nurses in the development and improvement of their clinical performance when dealing with sexual assault survivors. This resource will aid nurses in improving the care for better patient outcomes in their nursing practice.

Caroline Long, RN, BSN, CNOR, SANE-A
Registered Nurse
Intensive Care at St. Joseph’s Hospital
Buckhannon, West Virginia

For the educator, the book provides examples that can be used in a variety of venues including basic education, continuing education, and multidisciplinary discussions.

Sheila Early RN, BScN, SANE-A
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Forensic Science and Technology
British Columbia Institute of Technology
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The newest publications from STM Learning!

Medical Response to Child Sexual Abuse & Adult Sexual Assault

Medical Response to Child Sexual Abuse

Rich Kaplan, MSW, MD, FAAP; Joyce A. Adams, MD; Suzanne P. Starling, MD, FAAP; Angelo P. Giardino, MD, PhD, MPH, FAAP

Medical Response to Child Sexual Abuse: A Resource for Professionals Working with Children and Families

This text builds on the academic foundation of the original Sexual Assault by expanding the amount of pediatric-specific content and adding written and video “how-to” components. Including chapters with a dedicated focus on aspects, such as basic anogenital anatomy, the medical approach to evaluating victims of abuse, sexually transmitted infections, and many more, this text examines the technical and practical elements of working with abused, assaulted, and exploited children.

Medical Response to Adult Sexual Assault

Linda E. Ledray, RN, SANE-A, PhD, FAAN; Ann Wolbert Burgess, DNSc, APRN, BC, FAAN; Angelo P. Giardino, MD, PhD, MPH, FAAP

Medical Response to Adult Sexual Assault: A Resource for Clinicians and Related Professionals

Sexual assault remains one of the most problematic and controversial issues in law, medicine, and society. Following the outcry against recent scandals, it has become even more important that medical, law enforcement, legal, social service, and other professionals possess comprehensive knowledge on all issues pertaining to rape, assault, sexual exploitation, and the exam findings of each. Covering topics ranging from date rape and drug-facilitated assault to sexual homicide, Medical Response to Adult Sexual Assault: A Resource for Clinicians and Related Professionals is part of the new Sexual Assault line from STM Learning. Expanding on the information in the original Sexual Assault and including multimedia resources, this volume contains all new information by experts in the field.

The Medical Response to Adult Sexual Assault: A Resource for Clinicians and Related Professionals—Supplementary CD-ROM

Combines relevant data and practical solutions to identifying and treating the sexual abuse and exploitation of adults in an accessible format, comprised of forensic images and easy-to-use PowerPoint presentations.

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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 Entry-Level 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, overstretched, 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**

— **Frenum** (original term: frenulum): A small fold of mucous membrane that limits the movements of an organ or anatomical structure (e.g., 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.

— **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; it is of uncertain function, but believed to help protect the body from respiratory infections. 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.
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.

— **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.

— **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.

— **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 non-keratinized 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.

— **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.
DEFINITIONS (continued)

— **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 fornice**: The protrusion of the cervix into the upper vagina creates vault-like recesses known as the anterior fornx 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.
ANO-RECTAL

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 pectin, 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.

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Figure AR-9

Labeled Anatomical Structures of the Anus

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Figure AR-10

Labeled Anatomical Structures of the Anus
SEXUAL ASSAULT:
41-YEAR-OLD FEMALE
PATIENT WITH DOWN’S
SYNDROME

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

1. Correctly identify the anogenital anatomy of a 41-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
Mary is a 41-year-old woman with Down’s syndrome. Her sister and a law enforcement officer accompany her to the hospital-based SART for a medical forensic examination. Mary is morbidly obese, has the cognitive skills of a child 11 to 12 years of age, and lives with her aunt at her aunt’s home. Mary’s sister, Lisa, is her legal guardian. Lisa sits next to Mary during the medical forensic interview and examination. During the history, Mary tells the forensic nurse that Bob, a family friend, came to visit her at her aunt’s home. She said she was in her bedroom when Bob came in, tied her up, and got on top of her. She says, “He put his t-t in my mouth and y place” and points to the area between her legs when saying “y place.” Mary becomes agitated and repeatedly mumbles, “He tied me up.” Her motions become increasingly demonstrative and include standing, putting her hands on her waist, and thrusting her hips forward repeatedly, while saying “this is what Bob did.” Lisa tries to calm Mary but is unsuccessful. Lisa believes Mary thinks she’s in trouble. The forensic nurse reassures Mary she is not in any trouble, and Mary begins to calm and returns to her chair. Each part of the medical forensic examination is explained to Mary, and the nurse answers her questions. Mary is curious about how the nurse will swab her “y place” and what the Toluidine Blue Dye looks like. The nurse shows Mary the cotton-tipped applicators and blue liquid and explains further. Mary says “yes,” and her sister signs the consent paperwork. The nurse proceeds with the medical forensic examination and continues to communicate with Mary in a manner she can understand.
ANATOMICAL SKILLS 1-1
Refer to Figure 1-1. Name the corresponding anatomical locations.

Arrow A: __________________________________________________________

Arrow B: __________________________________________________________

Arrow C: _________________________________________________________

Arrow D: _________________________________________________________

Arrow E: __________________________________________________________
ACTIVITIES 1-1, 1-2, AND 1-3

ACTIVITY 1-1. INJURY IDENTIFICATION
Refer to Figure 1-2. Identify any injuries in respect to their anatomical location. Give objective descriptions when documenting findings.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Figure 1-2
ACTIVITY 1-2. EVIDENCE COLLECTION
Using the history and photographs provided, list the evidence you will collect from the patient. Please list the 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.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
SEXUAL ASSAULT: 32-YEAR-OLD MALE PATIENT

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

1. Correctly identify the anogenital anatomy of a 32-year-old male 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
Jason is a 32-year-old man who works in the entertainment industry. He shuffles into the emergency department and is taken to the triage desk. He tells the triage nurse, “I have a washcloth up my ass” and explains it is to stop the bleeding. When the triage nurse asks what happened, Jason says, “I was assaulted by this guy I met over the Internet.” For several months, he and this man had been having conversations over the Internet. They decided to get together in person for the first time this night. Jason says they were drinking rum and cokes at the bar and the man was getting “rather drunk.” After a while, they decided to go out to the man’s car. While in the backseat of the car, the two men engaged in consensual heavy petting, including performing and receiving fellatio. When Jason refused to let the man anally penetrate him with his fingers, the man became aggressive and “fisted” him. Jason drove to the emergency department unaccompanied to seek care.
A N A T O M I C A L  S K I L L S  2 - 1
Refer to Figure 2-1. Name the corresponding anatomical locations.

Arrow A: __________________________________________________________

Arrow B: __________________________________________________________

Arrow C: _________________________________________________________

Arrow D: _________________________________________________________
ANATOMICAL SKILLS 2-2
Refer to Figure 2-2. Name the corresponding anatomical locations.

Arrow A: __________________________________________________________

Arrow B: __________________________________________________________

Arrow C: __________________________________________________________

Arrow D: __________________________________________________________
ACTIVITIES 2-1, 2-2, AND 2-3

ACTIVITY 2-1. INJURY IDENTIFICATION
Refer to Figures 2-3 and 2-4. Identify any injuries in respect to their anatomical location. Give objective descriptions when documenting findings.

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ACTIVITY 2-2. EVIDENCE COLLECTION
Using the history and photographs provided, list the evidence you will collect from the patient. Please list the evidence in the order it will be collected.

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ACTIVITY 2-3. TREATMENT
Describe the treatment you will offer the patient based on his history and your findings.

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