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.

Advanced-Level
Adolescent and Adult
Sexual Assault Assessment

SANE/SAFE Forensic Learning Series

Endorsed by:

International Association of Forensic Nurses

SAINT LOUIS UNIVERSITY

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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.
Advanced-Level
Adolescent and Adult
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Endorsed by:

International Association of Forensic Nurses

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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 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
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 FNP; and nursing students. Standardization of the language of sexual assault helps
create consistency among the forms developed by programs within agencies, where checklists have been demonstrated to improve objectivity. 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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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 Advanced-Level Adolescent and Adult Sexual Assault Assessment is the third 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 Advanced-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 Advanced-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

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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 and potential normal variants of the oral, genital, and anal anatomy for adolescent/adult patients reporting a history of sexual assault.

— Identify potential prophylactic medication contraindications and adverse interactions based on patient case history.

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

— Differentiate normal variants and potential normal variants from injury or incidental findings related to medical conditions.

— List items to be collected for evidentiary purposes for adolescent/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.
Identify patient-specific interventions for a patient reporting a history of sexual assault (eg, patient-specific resources, referrals).

**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 – 19-year-old Female Patient Assaulted by an Acquaintance
- Chapter 2 – 25-year-old Male Patient from a Correctional Facility
- Chapter 3 – 76-year-old Female Patient from an Assisted Living Apartment Complex
- Chapter 4 – 27-year-old Female Patient Assaulted by a Former Intimate Partner
- Chapter 5 – 25-year-old Female Patient Assaulted by an Acquaintance
- Chapter 6 – 34-year-old Female Patient Assaulted by a Stranger
- Chapter 7 – 22-year-old Male Patient Assaulted by an Acquaintance and Three Strangers
- Chapter 8 – 24-year-old Female Patient Assaulted by a Former Intimate Partner
- Chapter 9 – 16-year-old Female Patient Assaulted by Her Guardian
- Chapter 10 – Consensual Coitus and Injury

**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](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.

**SUBMIT BY DIGITAL FORM:**
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**SUBMIT BY POST OR ELECTRONIC MAIL:**
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

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  
Program Director, Continuing Medical Education  
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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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SAINT LOUIS UNIVERSITY SCHOOL OF MEDICINE

ESSENTIAL MISSION STATEMENT
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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— All scientific research referred to, reported, or used in CME in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, and analysis.
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3. Their intention to discuss preliminary research data.

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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.

Sexual Assault

*Sexual Assault and Supplementary CD-ROM* is the most comprehensive resource on sexual victimization!

Sexual Assault

*Sexual Assault: A Clinical Guide, Color Atlas, and Supplementary CD-ROM*

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

576 pages, 163 images, with 69 contributors

Sexual Assault Quick Reference

*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.

Sexual Assault Quick Reference

For Healthcare, Social Service, and Law Enforcement Professionals

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

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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 Advanced-Level Adolescent and Adult Sexual Assault Assessment ISBN: 978-1-936590-18-6
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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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Evaluation form for Advanced-Level Adolescent and Adult Sexual Assault Assessment  ISBN: 978-1-936590-18-6

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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.

Angela Mann, RN, BSN, SANE-A
Coordinator-Sexual Assault Nurse Examiner Program
Lakeland HealthCare
St. Joseph, Michigan

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.

Karyn Rasile, RN, BSN, MAEd, SANE-A, CFN
Supervisor
Forensic Nurse Examiner Program
Scottsdale Healthcare
Scottsdale, Arizona

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 throughout 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.

Valerie Sievers MSN, RN, CNS, CEN, SANE-A, SANE-P
Forensic Clinical Nurse Specialist
Director—Colorado SANE Project
Beth-El College of Nursing & Health Sciences
Colorado Springs, Colorado

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 lead 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.

Tracy Scott, RN, BScN
Nurse clinician SCAN (Suspected Child Abuse and Neglect) team
Royal Inland Hospital
Kamloops, B.C. Canada

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.

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

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 augment mentoring, to further the clinician’s knowledge base, to challenge the novice forensic nurse examiner, and raise the bar for more experienced practitioners.

Debra Holbrook RN, BSN, SANE-A, FNE A/P
Director Forensic Nursing
National Consultant OVC TTAC
Baltimore, Maryland
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
440 pages, 603 images, with 31 contributors

Medical Response to Child Sexual Abuse: A Resource for Professionals Working with Children and Families features a completely pediatric focus as part of the new Sexual Assault line and adds an illustrative multimedia component. 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.

The Medical Response to Child Sexual Abuse: A Resource for Professionals Working with Children and Families—Supplementary CD-ROM combines relevant data and practical solutions to identifying and treating the sexual abuse and exploitation of children in an accessible format, comprised of forensic images and easy-to-use PowerPoint presentations.

Medical Response to Adult Sexual Assault
Linda E. Ledray, RN, SANE-A, PhD, FAAN;
Ann Wolbert Burgess, DNP, APRN, BC, FAAN;
Angelo P. Giardino, MD, PhD, MPH, FAAP
512 pages, 460 images, with 24 contributors

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, assault, and exploitation of adults in an accessible format, comprised of forensic images and easy-to-use PowerPoint presentations.

Medical Response to Child Sexual Abuse 978-1-878060-12-9 . . . $85.00
Medical Response to Adult Sexual Assault 978-1-878060-11-2 . . . $85.00

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Advanced-Level
Adolescent and Adult Sexual Assault Assessment

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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 Advanced-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, medical, lateral, proximal, and distal.

— Abrasions: Superficial injuries representing the removal of the outermost layers of the skin; usually caused by lateral rubbing, sliding, or compressive forces.

— Avulsion: A forceful separation or detachment that may occur traumatically or surgically; tearing away of a body part or structure.

— Bruises (contusions): Injuries that lie below the intact epidermis and result from extravascular collection of blood that has leaked from ruptured capillaries or blood vessels after sufficient force has been applied to distort the soft tissues and tear one or more vessels.

— Cut: An opening in the skin that occurs when a sharp object comes into contact with skin or tissue with enough pressure to divide it; cuts have even, regular edges.

— Drug-facilitated sexual assault (DFSA): Generic term for all types of sexual assault when drugs, alcohol, or other intoxicants are deliberately given to the victim by the perpetrator.

— Lacerations: Injuries that occur when the continuity of the skin is broken and disrupted by blunt force such as tearing, ripping, crushing, overstretching, pulling apart, over-bending, or shearing of tissue.

— Incapacitated rape: Self-induced intoxication creating self-vulnerability and lack of consent prior to rape.

— Petechiae: Multiple hemorrhagic spots, pinpoint to pinhead in size.
**ORAL CAVITY**

**DEFINITIONS**

— *Fordyce spots*: Enlarged ectopic sebaceous glands in the mucosa of the mouth and genitals, appearing as small yellow spots.

— *Frenum* (historical term: frenulum): A small fold of mucous membrane that limits the movements of an organ or anatomical structure (eg, lingual frenum, maxillary labial frenum, mandibular labial frenum).

— *Gingiva*: The soft tissue overlying the crowns of unerupted teeth and encircling the necks of those that have erupted. Wisdom teeth are the last set of molars to erupt, usually at age 18 to 25 years.

— *Hard palate*: The anterior part of the palate, covered above by the mucous membrane of the nose and below by the mucoperiosteum of the roof of the mouth.

— *Lips*: The soft external structures that form the boundaries of the mouth, the opening to the oral cavity.

— *Oropharynx*: The area of the pharynx between the soft palate and the upper aspect of the epiglottis; area of the throat in the back of the mouth.

— *Palatine raphe*: A ridge or line along the median line of the palate that sometimes turns into a slight groove at its posterior end.

— *Palatoglossal arch*: The anterior of the 2 folds of mucous membrane on either side of the oropharynx, enclosing the palatoglossal muscle.

— *Palatopharyngeal arch*: The posterior of the 2 folds of mucous membrane on either side of the oropharynx, enclosing the palatopharyngeal muscle.

— *Soft palate*: A movable fold consisting of muscular fibers enclosed in mucous membrane. The soft palate is suspended from the rear of the hard palate and separates the nasal cavity from the oral cavity during swallowing or sucking.

— *Teeth*: The hardest bone in the body. Deciduous teeth are commonly called baby teeth or primary teeth; the first set usually consists of 20 teeth. For most, there are a total of 32 permanent, or adult, teeth.

— *Tongue*: A mobile mass of muscular tissue that is covered with mucous membrane; occupies much of the cavity of the mouth; forms part of its floor; is the organ of taste; and assists in chewing, swallowing, and speech.

— *Tonsil*: A small oral mass of lymphoid tissue, especially either of 2 such masses embedded in the lateral walls of the opening between the mouth and the pharynx. Also called faucial tonsil or palatine tonsil.

— *Uvula*: A small, soft structure hanging from the free edge of the soft palate in the midline above the root of the tongue. The uvula is composed of muscle, connective tissue, and mucous membrane.
DEFINITIONS

— **Corona of glans penis**: The rounded, prominent border of the glans on the distal portion of the penile shaft.

— **Coronal sulcus**: The rounded border of the glans penis, separated from the corpora cavernosa penis by the neck of the glans.

— **Dorsal vein**: Tributaries spanning the dorsal surface of the penile shaft.

— **Fordyce spots**: Enlarged ectopic sebaceous glands in the mucosa of the mouth and genitals, appearing as small yellow spots.

— **Glans** (also called glans penis or balanus): The cap-shaped expansion of corpus spongiosum at the distal end of the penis, which is covered by loose skin (foreskin or prepuce), enabling it to expand during an erection.

— **Median raphe**: A visible line of tissue extending from the anus to the perineum. The median raphe is located between the scrotum and the anus in the male and the vestibule and the anus in the female.

— **Pearly penile papules** (Hirsuties coronae glandis): Range from small dome-shaped to filiform skin-colored papules, commonly appearing circumferentially in one or several rows, most often found on the sulcus or corona of the glans penis. These should be considered a normal anatomical variant and are not related to sexually transmitted infections.

— **Perineum**: The external surface or base of the perineal body, lying between the scrotum and anus. This network of muscles, located between and around the scrotum and anus, supports the pelvic cavity and maintains the structure of the pelvic floor by keeping the organs in place.

— **Scrotum**: The pouch containing the testicles and their accessory organs. The scrotum is located inferiorly to the penis and is covered with hair in males of reproductive age.

— **Shaft**: The part of the penis between the glans and the body.

— **Urethral meatus**: A slit-like opening located at the tip of the glans. Urine and seminal products, including spermatozoa, exit the body through the urethral meatus.
FEMALE GENITALIA

DEFINITIONS
— **Cervical os:** The opening in the cervix that leads to the endometrial cavity of the uterus. This area consists of unstratified columnar epithelium cells.

— **Cervix:** The portion of the uterus between the isthmus and the vagina.

— **Clitoral hood:** A fold of skin covering the clitoris.

— **Clitoris:** A small, cylindrical erectile body at the anterior portion of the vulva, covered by the clitoral hood.

— **Fordyce spots:** Enlarged ectopic sebaceous glands in the mucosa of the mouth and genitals, appearing as small yellow spots.

— **Fossa navicularis:** The concavity of the lower part of the vestibule, posterior and inferior to the hymen corona.

— **Hymen:** A collar or semicollar of tissue surrounding the vaginal orifice.

— **Interlabial sulci:** Grooves between the labia majora and the labia minora.

— **Labia majora:** Two folds of skin on either side of the labia minora. This area usually is covered with hair that appears during puberty.

— **Labia minora:** The longitudinal thin folds of 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.

— **Perihymenal bands:** Bands of tissue lateral to the hymen that form a connection between the hymenal structures and the wall of the vestibule.

— **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.
**DEFINITIONS (continued)**

— **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.

— **Squamocolumnar junction:** A clinically visible line demarcating nonkeratinized squamous epithelium from simple columnar cells in the cervical canal.

— **Urethral meatus:** A location on the urethra that encircles the lumen of the external opening of the urethral tube. The urethra connects the urinary bladder to the urethral meatus for the purpose of releasing urine.

— **Vagina:** The muscular canal, usually 6 to 7 inches in length, extending from the cervix to the hymen. Its walls are lined with squamous cells, creating a mucous membrane with a pH range of 3.8 to 4.5.

— **Vaginal fornix:** The protrusion of the cervix into the upper vagina creates vault-like recesses known as the anterior fornix and posterior fornix.

— **Vaginal introitus:** Opening of the vagina.

— **Vaginal vault:** The enlargement of the internal end of the vagina.

— **Vaginal vestibule:** An anatomical area containing the openings of the vagina, urethra, and Bartholin’s glands. Anatomical boundaries include the clitoris anteriorly, the labia laterally, and the posterior fourchette posteriorly.

— **Vestibular papillae:** Multiple, tiny, filiform, rosy papules symmetrically distributed on the inner sides of the vestibular tissue.

— **Vulva:** An area of the female genitalia lying posterior to the mons pubis that includes the labia majora, labia minora, clitoris, vaginal vestibule, vaginal introitus, and Bartholin’s glands.
**DEFINITIONS**

— **Anal canal**: Terminal part of the large intestine, 3 to 4 cm in length, sensitive to pain, surrounded by sphincter muscles, and without lubricating glands.

— **Anal verge**: The distal end of the anal canal, overlies the subcutaneous tissue of the external anal sphincter and extends exteriorly to the margin of anal skin.

— **Anus**: The opening of the anal canal, lying between the buttocks, viewed as a linear, slit-like opening, visible with retraction of the buttocks.

— **Median raphe**: A visible line of tissue extending from the anus to the perineum. The median raphe is located between the vestibule and the anus in the female and the scrotum and the anus in the male.

— **Pectinate line** (also known as dentate line): The saw-toothed line of demarcation between the lower portion of the anal verge and the pecten, a smooth zone of stratified squamous epithelium extending to the anal verge.

— **Perianal skin folds**: Wrinkles of perianal skin created by the contraction of the anal sphincter.

— **Perianal venous engorgement**: The pooling of venous blood in the circumferential veins of the anus, marked by a bulging of the veins and flat, purple discoloration of the perianal tissues.

— **Rectal ampulla**: The proximal portion of the rectum that dilates when the anus opens.

— **Rectum**: The distal portion of the large intestine, beginning anterior to the third sacral vertebra.
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 thrusted 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.
ANATOMICAL SKILLS 1-1
Refer to Figure 1-1. Name the corresponding anatomical locations.

Arrow A: ____________________________

Arrow B: ____________________________

Arrow C: ____________________________
ANATOMICAL SKILLS 1-2
Refer to Figure 1-2. Name the corresponding anatomical locations.

Arrow A: ________________________________

Arrow B: ________________________________

Arrow C: ________________________________

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

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

Refer to Figure 1-3. Identify injuries, normal variants, or medical conditions based on an analysis of case photographs. Give objective descriptions when documenting findings.

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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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.
_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________
_________________________________________________________________

ACTIVITY 1-3. TREATMENT
Describe the treatment you will offer the patient based on her history and your findings.
_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________
_________________________________________________________________
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.
ANATOMICAL SKILLS 2-1

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

Arrow A: __________________________________________________________

Arrow B: __________________________________________________________

Arrow C: __________________________________________________________

Arrow D: __________________________________________________________
ACTIVITIES 2-1, 2-2, 2-3, AND 2-4

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

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

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
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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.

_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________
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_________________________________________________________________
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_________________________________________________________________
ACTIVITY 2-4. TREATMENT
Describe the treatment you will offer the patient based on his history and your findings.