Sexual Assault Nurse Examiner (SANE) Online Course

Welcome!

The SANE Online Course represents twenty hours of a 40-hour New York State Department of Health (NYSDOH) certified Sexual Assault Forensic Examiner (SAFE) Training Program. The SANE Online Course will only focus on the patient population aged 12 and older and will not cover Pediatric Sexual Assault topics (a separate training). NYSDOH-certified SAFE Training Programs prepare the learner to be eligible to sit for the International Association of Forensic Nursing (IAFN) certification exam to become a SANE-A (adult and adolescent).

This SANE Online Course is a collaborative effort between the New York State Nurses Association and four certified NYSDOH Sexual Assault Nurse Examiners who provided the curriculum for the online course. The requirements to complete the comprehensive NYSDOH-certified SAFE Training Program are:

- SANE Online Course (20 hours)
- Live clinical course with a certified SANE educator (20 hours)
- Clinical preceptorship (arranged with a SANE educator)

Upon completion of the online course, you must finish the *remaining* twenty hours of coursework in person with one of the certified educators. In addition to the 40 hours of content from the online and in-person courses, you must also complete a **clinical preceptorship**. The preceptorship must be arranged prior to completing the 40-hour coursework. You will not receive a certificate if you do not satisfy all three requirements of the training program. Therefore, you will not be eligible for NYSDOH certification and/or you will not be eligible to sit for the IAFN certification exam. Note: independent of the 40-hour coursework, a separate clinical preceptorship is required to be eligible for either certification.

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Introduction to the Online Modules

The SANE Online Course provides an overview of sexual assault concepts over five separate modules. The development of these five online modules was funded in part through a grant from the New State Division of Criminal Justice Services (DCJS).

Each module builds on previous content and contains discussion forum activities. The modules are:

- SANE Module 1: Sexual Assault and Community Response
- SANE Module 2: Assessment and Evaluation
- SANE Module 3: Forensic Evidence Collection
- SANE Module 4: Post-Exposure Prophylaxis for STDs or STIs, and HIV
- SANE Module 5: Tips from a SANE Expert about Ethical and Legal Issues

Note: If you have any questions while you are completing the online modules, please refer to your assigned educator.

You will have 5-6 weeks to complete the online modules prior to your live clinical course. You may complete the online modules at your own pace, but **we urge you to space out the material in order to fully comprehend the content**.

All five online modules and discussion forum activities must be completed in order to be eligible for the live clinical course. You will receive a certificate of completion for each online module when the following is met:

- ✓ Participation in the discussion forums
- ✓ Passing an online examination
- ✓ Submitting an online evaluation

You will need to provide a copy of all five certificates to your SANE educator as proof of completion of the 20 hours of online content.

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NYSNA Continuing Education

The New York State Nurses Association is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This module has been awarded 4 contact hours and contains two components: online didactic content and an online discussion forum. **Participants must read the online material, contribute to the discussion forum, pass an online exam with at least 80%, and complete an evaluation in order to receive a certificate of completion.**

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How to Take This Module

Please take a look at the steps below these will help you to progress through the module.

1. **REVIEW THE OBJECTIVES**

   The objectives provide an overview of the entire module and identify what information will be the focus of the module. Objectives are stated in terms of what you, the participant, will know or be able to do upon successful completion of the module.

2. **STUDY EACH SECTION OF THE MODULE <u>IN ORDER</u>**

   Keep your learning "programmed" by reviewing the content in order. This will help you understand the sections that follow.

   You will need to enter the online discussion forum as directed throughout the module. When you see the rotating stop sign, you are expected to enter the online forum to answer questions or engage in discussion with your SANE educator and other participants in the online course. **Participation in the online forum is required and will be monitored by your SANE educator.**

3. **COMPLETE THE MODULE EXAM**

   After studying the module and completing the requested activities in the forum, click on the "Course Exam" option located on the module navigation toolbar. Answer each question by clicking on the button corresponding to the correct answer. All questions must be answered before the exam can be graded; there is only one correct answer per question. You may refer back to the module material by minimizing the exam window.

4. **GRADE THE MODULE EXAM**

   Next, click on "Submit Test." You will know immediately whether you passed or failed. If you do not successfully complete the exam on the first attempt, you may take the exam again. It is highly recommended to review the material for the questions missed **BEFORE** attempting the exam again. If you are unsuccessful on your second attempt, you will need to contact your SANE educator.

5. **COMPLETE THE EVALUATION FORM**

   Upon passing the course exam you will be prompted to complete a course evaluation. You will have access to the certificate of completion **after you have passed the discussion forum, passed the exam, and completed the evaluation**. At this point, you should print the certificate and keep it for your records. You will need to provide a copy of all five certificates to your SANE educator as proof of completion of the 20 hours of online content.

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SANE Module 1: Objectives

Upon completion of this course, the learner will be able to:

- Examine the dynamics of sexual assault.
- Identify four psychosocial responses following sexual assault.
- Differentiate the role of the SANE from the roles of other members of the multidisciplinary team.
- Identify crisis intervention techniques.
- Contrast the special needs of specific patient populations.
- Identify the unique needs of the adolescent populations.

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SANE Module 1: Introduction

The basics of sexual assault and forensic nursing will be introduced. We will discuss the history of forensic nursing, the dynamics of sexual assault, the psychosocial responses following sexual assault, the multidisciplinary team, crisis intervention techniques, special needs of specific patient populations, and focus specifically on the adolescent population.

A Word about the Activities of this Module

There will be several videos for you to watch during this module. The videos are embedded within the course, but in instances where this is not possible, you will be provided a direct link to watch the video on the Web.

A private, online discussion forum has been set-up for your region of New York State. Throughout this online module you will be asked to read articles, watch videos, and provide feedback on presented questions. You should complete the discussion board postings **in sequence** as you come across them in the module content. It may be helpful to keep the course window and discussion forum window open at the same time so you can move more quickly between the module and the forum. When you enter the discussion forum, the first topic provides instructions on how to post your responses.

When you see the rotating stop sign you will have access to a link that directs you to the discussion forum entrance page, where you will be prompted for a username and password. Enter the username and password assigned to you. Next, click on your region-specific forum and enter the appropriate password. As a reminder, your SANE educator e-mailed username and password information at the time of your course enrollment.

We encourage you to read each other's postings and respond. **Reminder!** Your participation in the discussion forum will be monitored by your educator.

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SANE Module 1: About the Author

Janice Ceccucci, RN, FNP, SANE-A, NYSAFE, SANE-P

Ms. Ceccucci is formerly the Forensic Nurse Examiner Coordinator for Samaritan Hospital, SANE program in Troy, New York and Albany Memorial Hospital in Albany, New York. Ms. Ceccucci is currently employed by Saratoga Hospital's Emergency Department, Saratoga, New York as a Family Nurse Practitioner. She also works as a consultant and performs Pediatric Forensic exams for Ellis Hospital in Schenectady, New York.

She completed the Adult/Adolescent Sexual Assault Nurse Examiner 40-hour training in October 2005, and joined the SANE program at Samaritan Hospital as an on-call SANE examiner. She revised the curriculum of the Adult/Adolescent SANE training and the new curriculum received certification from the New York State Department of Health as an Official Training Program, only the sixth training program in New York. Additionally, she has completed the 40-hour Pediatric SANE program training in 2007. Ms. Ceccucci received her associate's in nursing from the Samaritan Hospital School of Nursing in 2003. She received a Master's of Science degree in December 2009 from the State University of New York Institute of Technology, and in 2010 became a certified Family Nurse Practitioner.

This course was updated in December 2011 by **Laurieann Speanburg, RN, CEN, SANE-A, SANE-P**. Ms. Speanburg is the Forensic Nurse Coordinator for the Sexual Assault & Victims Assistance Program at Samaritan Hospital in Troy, New York. Ms. Speanburg has been a SANE since 1997 and has worked with many multi-disciplinary teams over the years including, but not limited to, Domestic Violence Task Force, SART in Rensselaer and Albany counties, and Children Advocacy groups in Rensselaer and Albany counties. To date Ms. Speanburg has served 153 patients in both Albany and Rensselaer counties this year alone.

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History of Forensic Nursing

Sexual Assault Nurse Examiners (SANE) are a subsection of the larger specialty of forensic nursing. The first SANE program was developed in 1976 in Memphis, Tennessee (Speck & Aiken, 1995 as cited in Ledray, 2001). At around the same time, programs in Minneapolis, Minnesota and Austin, Texas were also developed. These programs were developed in response to nurses recognizing the difficulty within the emergency departments in their care of sexual assault patients. Patients were often made to wait hours alone in the waiting room without being allowed to eat, drink, smoke, or use the bathroom (Thomas & Zachritz, 1993 as cited in Ledray, 2001). The nurses decided to create a better way to care for patients and assisted in the development of specialized multidisciplinary teams to care for sexual assault patients.

The International Association of Forensic Nurses (IAFN) was formed in 1992. In 1995, forensic nursing was recognized as a sub-specialty of nursing by the American Nurses Association (ANA). Take some time now to explore the IAFN Web site: http://www.forensicnurse.org/.

Activity #1

Before we delve deeper into the content, let's get to know one another a little bit. Please go to the discussion forum and post your responses to the following:

- Tell me a little about yourself.
- Why did you choose to do this program?

In the early to mid 1990s, federal funding became available to cover start-up costs for SANE programs. Hospitals became more aware of the need for the programs. Currently, the Division of Criminal Justice Services (DCJS) oversees the funding and data collection of sexual assault programs across the country with the Violence Against Women Act (VAWA). However, there continues to be a discrepancy among areas in the country in terms of availability of the programs. Not all hospitals and regions have SANE programs or have trained examiners. Recently, with the budget crunches across the nation, many programs are losing their government funding which, for many programs, is their only source of funding.

Currently, there are more than 500 Sexual Assault Nurse Examiner programs in the United States. However, this number changes frequently as programs close, new programs open, or programs consolidate services.

In New York State, the Department of Health (NYSDOH) provides guidelines and data reporting. They also provide New York State certification to SAFE hospital programs, individual SAFE examiners, and SAFE training programs that meet certain criteria. The New York State protocol will serve as a guide for you in performing sexual assault examinations, so ensure that there is a copy of the protocol in your department.

Please take a few minutes now to review the New York State and national protocols for performing sexual assault examinations.

Protocol for the Acute Care of the Adult Patient Reporting Sexual Assault (New York)
http://www.health.state.ny.us/professionals/protocols_and_guidelines/sexual_assault/index.htm

Sexual Assault Medical Forensic Examinations (national protocol)
http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf

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Forensic Nursing – More than Just Sexual Assault

While the care of sexual assault victims is the most common practice within forensic nursing, other practices are becoming more common. Also included are:

- Death investigation
- Legal nurse consulting
- Psychiatric nursing
- Interpersonal violence
- Forensic mental health
- Correctional nursing
- Emergency or trauma nursing

The forensic nurse provides direct services to individual clients, as well as consultation services to nursing, medical, and law-related agencies.

According to Lynch (2006), forensic nursing is defined as:

> the application of the forensic aspects of healthcare combined with the bio/psycho/social/spiritual education of the registered nurse in the scientific investigation and treatment of trauma and/or death of victims and perpetrators of violence, criminal activity, and traumatic accidents. (p. 3)

In New York State, the acronym SAFE (Sexual Assault Forensic Examiner) is used to describe all forensic examiners. Examiners may include not just nurses, but also physicians, nurse practitioners, and physician assistants. Therefore, throughout the modules, we will refer to examiners as either SAFE or SANE providers. The terms are interchangeable and you may hear both terms used, as well as some others, including: SAE (Sexual Assault Examiner), FN (Forensic Nurse), FNE (Forensic Nurse Examiner), and FE (Forensic Examiner).

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New York State Requirements for Certification

New York State offers a state certification for all examiners. We encourage **all** students to apply for New York State certification. There are many benefits to holding this certification, two of which are:

- There is no cost to apply and no test to take for the certification.
- This certification will assist you when you are required to testify because it will show that you hold a higher degree of knowledge than the average healthcare provider in sexual assault care, and that you are committed to providing quality sexual assault care.

Please be aware that this certification is currently **not** mandatory, which means anyone can perform a sexual assault exam in New York State without being certified. However, it may become mandatory in the future, so we recommend that you get your certification now! Additionally, this certification is **not** transferrable to another state, as each state has its own requirements.

<u>Specific NYS Requirements</u>

To become New York State certified as a SAFE, you must complete the application, collect the appropriate attachments, and mail it to the state for review at:

NYS Department of Health Rape Crisis Program
Bureau of Women's Health
Corning Tower, Room 1805
Empire State Plaza
Albany, NY 12237-0621

For further information call: 518-474-3664

The requirements include:

- Send in a completed application along with a copy of your current registration and a letter from your institution on hospital letterhead. The letter needs to be signed by a physician, listing the applicant by name and attesting that he or she is providing you with qualified medical oversight. The name and credentials of the physician should be typed below their signature. You will also need to send in a copy of your training certificate and proof of preceptorship.

  <u>And</u>

- Completion of a 40-hour NYSDOH certified training course (Note: this course has been submitted for NYSDOH approval).

- Completion of a forensic exam preceptorship with a DOH approved preceptor (the preceptor must be approved through the NYSDOH certified training program).

  <u>Or</u>

- IAFN Certification and a signed letter (of agreement) from the SAFE Program or other provider or institution that will provide qualified medical oversight.

Please review the NYSDOH Individual Application and Standards of Practice at: http://www.health.state.ny.us/nysdoh/safe/examiner.htm.

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SAFE Centers of Excellence

Healthcare facilities may be certified as SAFE centers upon application and review by the Department of Health (DOH). There are approximately 37 DOH SAFE Centers of Excellence in New York currently (NYSDOH, n.d.). Facilities must meet standards set by DOH and complete an intensive application. This designation reflects the facility's ability to offer an advanced level of care for sexual assault patients. While all hospitals are required to provide basic sexual assault care, including evidence collection, Centers of Excellence meet standards above and beyond the basic requirements.

Please take time now to review information about the SAFE Centers of Excellence:

- **SAFE Versus Non-SAFE Hospital** Requirements http://www.health.state.ny.us/nysdoh/safe/hospital_requirements.htm and

- **SAFE Hospital Application** (for more information) http://www.health.state.ny.us/nysdoh/safe/hospital_application.htm

Facilities may also be certified as a training program site by the DOH. There are currently **six** certified training programs in New York. They are located in Rochester, Syracuse, Troy, Poughkeepsie, and two in New York City. Please refer to http://www.health.state.ny.us/nysdoh/safe/training.htm for additional information.

IAFN Certification

The IAFN also offers international certification to nurses and nurse practitioners. They offer certification in Adult and Adolescent patients (the course you are currently taking) and Pediatrics (an additional course). To become internationally certified as a SANE-A, you must pass an exam offered by IAFN. This is the gold standard for Sexual Assault certifications. You must complete a 40-hour training which bears continuing education credit and complete a separate clinical preceptorship. You need to send proof of training, preceptorship, and your nursing license to sit for the exam. The exam is offered three times a year (October, May, and at the IAFN annual conference) and costs between $225 and $350. Visit the IAFN Web site for additional information regarding IAFN certification: http://www.iafn.org/displaycommon.cfm?an=4.

Following completion of this course **and** preceptorship, you will be eligible to apply for NYSDOH certification as a NYSAFE and IAFN certification as a SANE-A. It is important to note that until you have obtained either or both certifications, you cannot use the designation of SAFE or SANE after your name. However, you may place the initials under your name to describe your role. Visit the IAFN Web site for additional information regarding certification titles: http://www.iafn.org/displaycommon.cfm?an=1&subarticlenbr=209.

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Important Definitions

The National Institute of Justice (NIJ) defines **sexual assault** as (NIJ, n.d.):

> a wide range of unwanted behaviors—up to but not including penetration—that are attempted or completed against a victim's will or when a victim cannot consent because of age, disability, or the influence of alcohol or drugs. Sexual assault may involve actual or threatened physical force, use of weapons, coercion, intimidation, or pressure and may include:

- Intentional touching of the victim's genitals, anus, groin, or breasts.
- Voyeurism.
- Exposure to exhibitionism.
- Undesired exposure to pornography.
- Public display of images that were taken in a private context or when the victim was unaware.

According to the NIJ (n.d.):

> **Rape** definitions vary by State and in response to legislative advocacy. Most statutes currently define rape as nonconsensual oral, anal, or vaginal penetration of the victim by body parts or objects using force, threats of bodily harm, or by taking advantage of a victim who is incapacitated or otherwise incapable of giving consent. Incapacitation may include mental or cognitive disability, self-induced or forced intoxication, status as minor, or any other condition defined by law that voids an individual's ability to give consent.

While the above definition describes the national definition of rape, “rape” is a term that is determined by state statutes so the actual wording may differ from state-to-state. In New York State, rape is defined as “penetration, however slight” in Article 130 of the New York State Penal Law. There are multiple subsections of the penal code addressing sexually related crimes and will be further covered in module five.

It is generally acceptable to use the term “sexual assault” to refer to all sexually related crimes, including sexual assault and rape. We will use the term interchangeably throughout the training.

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Statistics about Sexual Assault (and the problem with statistics)

You are able to find sexual assault statistics from many different sources on the Web. The government publishes reports on reported crimes, and research studies have examined rates across the country. Rape crisis advocates also publish their own statistics. Numbers and percentages can vary widely depending on the agency collecting the data and criteria for collection. **Be wary when looking at statistics**.

Each agency collecting statistics defines sexual assault patients differently. Some agencies only look at certain age groups, or only those who report to the police. At times, statistics are only estimates and do not truly reflect the actual number of sexual assaults/rapes. Agencies collect data from different sources including SANE/SAFE programs, law enforcement, and rape crisis programs. Many patients are not counted, as not all areas have SANE/SAFE programs. The U.S. Department of Justice (2010) states that approximately 41% or less than half of all sexual assault patients report to law enforcement. However, there is no way to substantiate this statistic because this does not include patients who may never tell anyone or seek any type of service.

National and Regional Reporting Statistics

Statistics also vary regionally, within the state, and across the country. This is due to the variation in the number of services and the quality of services in the region. It is a generally accepted fact that regions with SANE programs have a higher reporting rate to law enforcement, due to the support patients receive at the time of their medical examination. Patient's who choose to work with rape crisis advocates, also tend to have a higher reporting rate.

United States

According to the FBI's Preliminary Annual Uniform Crime Report released May 23, 2011, the nation experienced a 5.5 percent decrease in the number of violent crimes and a 2.8 percent decline in the number of property crimes in 2010 when compared with data from 2009. The report is based on information the FBI gathered from 13,007 law enforcement agencies that submitted six to 12 comparable months of data for both 2009 and 2010.

Violent Crime

- In 2010, all four of the violent crime offense categories—murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault—declined nationwide compared with data from 2009. Murder and non-negligent manslaughter declined 4.4 percent, forcible rape decreased 4.2 percent, robbery declined 9.5 percent, and aggravated assault was down 3.6 percent.
- Violent crime declined in all city groups. Cities with populations of 250,000 to 499,999 saw the greatest decline in violent crime (6.9 percent). Violent crime in non-metropolitan counties decreased 6.4 percent, and in metropolitan counties, it declined 6.0 percent.
- Murder and non-negligent manslaughter offenses dropped 25.2 percent in the nation's smallest cities (under 10,000 in population). However, in cities with populations of 250,000 to 499,999, murder and non-negligent manslaughter offenses increased 3.0 percent.
- All city and county groupings experienced a decline in forcible rapes except in cities with 500,000 to 999,999 inhabitants, which showed the only rise in forcible rapes (1.9 percent).
- Robbery offenses decreased in all city and county groupings, with the largest decrease (10.9 percent) reported in cities with 500,000 to 999,999 inhabitants.
- Aggravated assaults decreased in all city groups. Cities with 250,000 to 499,999 inhabitants experienced the greatest decrease (5.5 percent). Aggravated assaults declined in both county groups, with the largest decrease (5.8 percent) reported in non-metropolitan counties.

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- Violent crime decreased in all four regions of the country in 2010. There was a 7.5 percent decrease in violent crime in the South, a 5.9 decline in the Midwest, a 5.8 percent decrease in the West, and a 0.4 percent decline in the Northeast.
- There were an estimated at 84,767 forcible rapes reported to law enforcement in 2010. This estimate was 5.0 percent lower than the 2009 estimate and 10.3 percent and 6.7 percent lower than the 2006 and 2001 estimates, respectively.
- The rate of forcible rapes in 2010 was estimated at 54.2 per 100,000 female inhabitants.

Rapes by force comprised 93.0 percent of reported rape offenses in 2010, and attempts or assaults to commit rape accounted for 7.0 percent of reported rapes.

New York State

While the population of New York State has increased in the past 10 years, the overall rate of Index crimes per 100,000 residents declined 21 percent; the rate of violent crimes (murder, rape, robbery, and aggravated assault) fell 25% and property crimes (burglary, larceny, and motor vehicle theft). Whether this is due to an actual decrease in the number of crimes, or whether this is due to a lack of reporting among victims is unclear.

Regionally, crime has decreased in New York City, but has increased in other areas of the State. New York State has reported a 30% decrease in the rate of rape from 1998 to 2007. However, in upstate New York, the rate has increased by 7.6%. In New York City, the rate has decreased by 18.3%. It is unknown why the discrepancy exists between New York City and upstate New York. However, it has been theorized that crime is moving out of the city and into the suburbs across the nation as more people move out of the city (NYS Division of Criminal Justice Services [DCJS], 2008).

The current rate of rape in New York State is 14.2 per 100,000 of the population. In 2010, there were 2,758 reported rapes in New York State. New York City had 1,036 reported rapes in 2010, while other areas in New York had 1,722 reported rapes (DCJS, 2011).

Reported Rapes by New York Counties (2010)

Note: The statistics in Table 1 include only **reported rapes** by a certain patient demographic. It is not representative of the actual number of total sex crimes in the area for a given year. Numbers may be higher due to an increase in education within the community, presence of SANE programs, and law enforcement response to sex crimes.

Table 1. *Reported rapes by county in New York State, 2010*

• Albany 62	• Franklin 16	• Oneida 45	• Seneca 14
• Allegany 11	• Fulton 17	• Onondaga 105	• St. Lawrence 23
• Bronx 191	• Genesee 17	• Ontario 28	• Steuben 18
• Broome 45	• Greene 8	• Orange 51	• Suffolk 68
• Cattaraugus 22	• Hamilton 1	• Orleans 6	• Sullivan 23
• Cayuga 23	• Herkimer 15	• Oswego 29	• Tioga 4
• Chautauqua 42	• Jefferson 20	• Otsego 14	• Tompkins 16
• Chemung 11	• Kings 323	• Putnam 6	• Ulster 31
• Chenango 16	• Lewis 3	• Queens 196	• Warren 17
• Clinton 21	• Livingston 10	• Rensselaer 38	• Washington 17
• Columbia 10	• Madison 10	• Richmond 44	• Wayne 21
• Cortland 10	• Monroe 161	• Rockland 20	• Westchester 75
• Delaware 7	• Montgomery 2	• Saratoga 22	• Wyoming 4
• Dutchess 41	• Nassau 79	• Schenectady 55	• Yates 5
• Erie 234	• New York 282	• Schoharie 2	
• Essex 9	• Niagara 54	• Schuyler 1	

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Note. Adapted from DCJS, April, 2011

Key Points to Remember

- ✓ Each agency collecting statistics defines sexual assault patients differently.
- ✓ Approximately 41% or less than half of all sexual assault patients report to law enforcement.

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Myths and Realities

There are many strongly held myths in our society surrounding sexual assault. Let's discuss these myths.

Watch out for strangers! They're out to get us!

Many people believe they will at some time be attacked or assaulted by a stranger. Children are taught not to talk to strangers and to be careful while playing outside. However, the large majority of sexual assaults are committed by someone known to the patient. Stranger assaults are in fact, quite rare. We need to be more aware of those close to us, including friends, acquaintances, family members, and other people in close contact as they are the ones more likely to assault us.

Did you know?

Approximately 73% of sexual assault patients know their assailants.
38% were a friend or acquaintance.
28% were an intimate (boyfriend/partner/husband).
7% were a relative

(Rape, Abuse, & Incest National Network [RAINN], n.d.)

Only women get raped.

The truth is:

- One in six women will be sexually assaulted in their lifetime.
- One in 33 men will be sexually assaulted in their lifetime
- 17.7 million American women have been sexually assaulted.
- 2.78 million American men have been sexually assaulted.
- 80% of all sexual assault patients are Caucasian.

(RAINN, n.d.)

The lifetime rate of rape/sexual assault for women by race is illustrated by Figure 1.

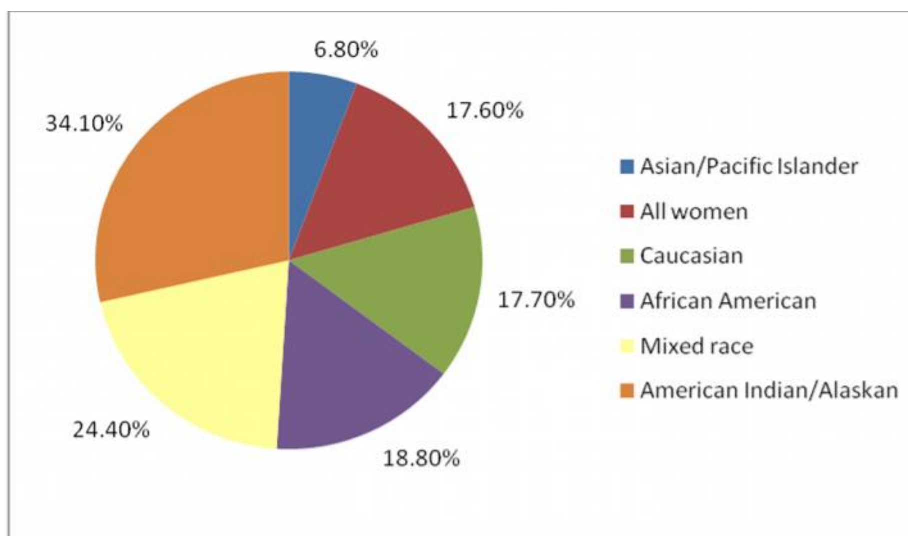

Figure 1. *Lifetime Rate of Sexual Assault for Women by Race.* Adapted from RAINN, n.d.

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When it comes to children and sexual assault:

- 15% of sexual assault patients are under age 12
- 29% are between age 12 and 17
- 44% are under age 18
- 80% are under age 30

(RAINN, n.d.)

People are at the highest risk of sexual assault between the ages of 12 and 34, with girls aged 16 to 19 having a fourfold risk from the general population of being sexually assaulted.

- 93% of patients under age 18 knew the assailant:
    - 34.2% were family members
    - 58.7% were acquaintances
    - 7% were strangers

(RAINN, n.d.)

Women can never be rapists.

While male assailants are more common, women can assault both men and other women.

Women always have injuries if they have been sexually assaulted.

Percentages of patients with injuries vary depending on the factors used to determine whether injuries are present. This includes the skill of the examiner, the time that has lapsed since the assault, the type of sexual assault, and the equipment used to examine the patient. It is generally accepted that approximately 25% of patients have any type of injury, with bodily injuries (e.g., bruises, etc.) more common than genital injuries (RAINN, n.d.). However, this may vary and will be discussed further in an upcoming module.

Many women falsely accuse men of rape.

Studies conducted by the FBI have determined that on average about 2% of all unfounded sexual assault crimes reported are as a result of false reporting (RAINN, n.d.).

False reporting rates by sexual assault patients are no higher than for any other type of crime. There are various reasons someone may make a false accusation of sexual assault. Through counseling it may be revealed that there is a seed of truth or a past experience that led to the false report. This is why it is important for all patients to receive follow up services.

Men rape women because they need sex.

Men rape women due to an underlying need for **power and control**. A majority of sexual assaults are planned in advance. Therefore, the way a woman looks or dresses is` irrelevant. Assailants often attack people when they are vulnerable.

I'm going to be raped in a dark alleyway at night!

The majority of rapes/sexual assaults happened within 1 mile of the patient's home or at their home:

- 40% happen at the patient's home

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- 20% happen at the home of a friend, neighbor, or relative
- 8% happen in a parking garage

(RAINN, n.d.)

The majority of rapes/sexual assaults happen between 6 pm and 6 am:

- 43% occur between 6 pm and midnight
- 24% occur between midnight and 6 am
- 33% occur between 6 am and 6 pm

(RAINN, n.d.)

Why doesn't the victim just run away or stop the assault?

Many patients are threatened or even beaten and feel that if they just comply, it will end sooner. Some patients may also be so intoxicated or incapacitated that they are unable to defend themselves.

The assailant is always the same type of person.

No two assailants are exactly alike. Some characteristics of the assailant reported by the Rape, Abuse, and Incest National Network (RAINN) (n.d.) are:

- Average age = 31
- 52% are Caucasian
- 22% of imprisoned rapists report they are married
- 16% of forcible rapes were committed by those < age 18 and 17% of those were arrested for other sex offenses
- Approximately 1/3 of assailants were intoxicated at the time of the assault, including 30% with alcohol and 4% with drugs
- Only 11% of rapes included use of a weapon:
  - Knife the most common (6%)
  - Guns (3%)
  - Another form of weapon (2%)

There are no long-term effects of sexual assault on patients

Victims of sexual assault are:

- 3 times more likely to suffer from depression
- 6 times more likely to suffer from PTSD
- 13 times more likely to abuse alcohol
- 26 times more likely to abuse drugs
- 4 times more likely to contemplate suicide

(RAINN, n.d.)

Rapists always go to jail!

Unfortunately, 60% of sexual assaults are unreported, which means the assailant walks away from the crime. If a male is a victim of sexual assault, they are the least likely to report a sexual assault.

According to RAINN (n.d.):

- If a rape is reported, there is a 50.8% chance of an arrest.

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- If an arrest is made, there is an 80% chance of prosecution.
- If there is a prosecution, there is a 58% chance of a conviction.
- If there is a felony conviction, there is a 69% chance the convict will spend time in jail.
- If unreported rapes are factored in – only about 6% of rapists ever spend 1 day in jail.

Key Points to Remember

- ✓ About 2% of all unfounded sexual assault crimes reported are a result of false reporting.
- ✓ Approximately 1/3 of assailants are intoxicated at the time of the assault.
- ✓ If a rape is reported, there is about a 50% chance of an arrest.

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Types of Sexual Assault

There are multiple types of sexual assault that have been identified. It is important to have an understanding of the different types of sexual assault in order to address the special needs each may have.

1. Acquaintance/Date

    This type of sexual assault is a crime of opportunity. The patient and offender have similar activities, friends or are in the same place at the same time. This tends to be the most common form of sexual assault and involves a need for power and control by the offender. The patient may be unable to make consensual choices for themselves as a result of drugs, alcohol, or fear of physical harm. Or, the offender is their only way home.

2. Stranger

    This is what society tends to recognize as a sexual assault due to preconceived notions, television dramas (thank you Law & Order and CSI), and other crime related media programs. It involves nonconsensual or forced sexual contact between a patient and an unknown offender. Stranger Rape tends to be a more aggressive life threatening situation that can occur anywhere and deals with the offenders need to have power and control over their victim.

3. Gang

    The definition of gang rape includes when a patient is forced to engage in or perform sexual acts on more than one offender. This may be partially consensual, but mostly nonconsensual. This type of rape most commonly occurs in gang initiation or fraternity pledging. The group uses the “gang bang” as a way of introduction into the group to a new member or several new members. Females may be forced into being gang raped as an initiation into a gang. Prisoners may be gang raped to show power of the group over the patient while incarcerated, or as a form of payment for the group’s protection. This crime tends to be punished more heavily then other forms of sexual assault if it is reported.

    Patients who have experienced this type of sexual assault may be unwilling to report their crime since their membership with the gang or group may be something they want or need. The nurse may find it difficult to relate to this type of patient, as the patient may seem aloof and disinterested in participating in their care. The patient may have been attacked by multiple perpetrators and may have been humiliated by a group mentality.

4. Drug-facilitated sexual assault (DFSA)

    A drug-facilitated sexual assault is when a substance (drugs or alcohol) is used to impair a patient’s ability to make decisions. The patient may willingly consume alcohol or drugs and the offender may use the patient’s level of impairment to their advantage. The patient may have been drugged, or drinks may contain excessive amounts of alcohol without the patient’s knowledge. Typically the assaults occur while the patient is in a minimally conscious-to-unconscious state which enables the assailant to control the patient. The patient may arouse during or after the assault with their clothing off or placed abnormally, feel like they had sex or that something happened, the act may be interrupted, or the patient may hear about it after the fact.

    Commonly in DFSA exams, patients may be unsure they have been assaulted and just want to know for sure if something has happened to them. They may want answers that the SANE nurse is unable to provide to them. The SANE nurse can never say one way or the other if an assault has occurred. However, many times patients who may have been drugged only want to know what they were drugged with and if they were assaulted. It is important to educate your patient that they may never know what really happened, or memories may return in flashes. Patients will

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need to make a police report and turn the kit over to the police to be analyzed. Even after the kit is analyzed, a patient may not get any answers. The assailant may have worn a condom and not left behind any DNA evidence. Drugs also leave the body at different rates, so the drug may be unable to be detected.

Activity #2

Please watch this clip from the Dateline episode “Watch Your Back” available from: http://www.youtube.com/watch?v=2udrpuNxcmM. When you are finished watching the video, go to the discussion forum and post your feelings about what you saw.

5. Statutory

This type of sexual assault occurs when the patient is under the age of consent and the assailant is over the age of consent or significantly older than the patient. This can be a willing or unwilling act on behalf of both parties but because of laws designed to protect minors it is addressed as sexual assault and can be prosecuted. Laws are based on a presumption that persons under a certain age are unable to give informed consent. The age of consent varies from state to state.

A

Activity #3

Use the Internet as your search tool and research the age of consent in New York State. When you find this, go to the discussion forum and post your responses to the following:

- What is the age of consent is in New York State?
- Do you feel this is an appropriate age to consent to sexual activity? Why or why not?

Even if a minor patient willingly chooses to have sexual activity with someone significantly older, it is still considered statutory rape. However in this situation, the minor must still consent to the sexual assault exam and no one can force an exam on them. Minor patients also have the choice to report to the police or not. A parent can make a police report, but the minor can choose to not participate in the investigation.

6. Marital

This type of sexual assault occurs when nonconsensual sexual acts occur between intimate or married partners. It is very common in domestic violence. These assaults are very difficult to prosecute and even more difficult for the patient to report because of issues of proof and safety. This type of assault tends to have more long term psychological trauma, and can be as violent or more violent then a stranger rape due to its personal and emotional attachments between the patient and assailant.

7. Familial/Juvenile Offenders

This type includes sexual assault and abuse of children by their parents, of elders by their children, by a sibling or half or step sibling, or by another family member, such as a cousin, uncle, aunt or grandparent. This type of assault or abuse is more common that many people think. Many times patients may not report the abuse until later in life or may never tell anyone at all.

Juvenile offenders are those who are under age and commit crimes. They may have problems with authority (school or police), or use crime as an outlet for anger. These types of offenders are on the rise in many communities. They may assault younger children, those their own age, those who are older, or family members. Juvenile offenders may have been abused themselves.

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8. Caregiver/Person of Authority

   Abuse/assault by someone who provides care or has authority over them. This could be a priest, a physician, or a therapist. It may also include a daycare provider or medical service representative. This type of sexual assault may be both consensual and nonconsensual.

9. Wartime/Disaster

   This type of rape is used as a form of psychological warfare. It is a form of humiliation or threat to the enemy which delivers a violent message of terror during times of warfare. This type of assault is greatly influenced by power and control.

10. Homosexual/Transgender

    This may be used as a form of punishment to a homosexual or transgender person. It is a hate crime derivative, commonly seen in prisons. The offender may have an identity issue and need for control, or may have been previously abused or assaulted. This type of assault can be violent in nature with many physical and psychological injuries.

11. Prison

    This type of assault is more common than many people think. Prisoners may be assaulted by guards or other prisoners. You may or may not encounter this depending on the geographic region you live in. Any sexual activity between a prisoner and prison staff is illegal and considered sexual assault.

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Psychosocial Responses

There are numerous human responses that can develop as a result of experiencing a sexual assault. Let's take a look at these next.

Acute Stress Disorder

According to the American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) (2000), acute stress disorder develops within one month of experiencing psychological trauma. For diagnosis, a person must have symptoms for a minimum of two days and a maximum of 4 weeks, within one month of the traumatic experience. If a patient is symptomatic for greater than four weeks, the condition may develop into Posttraumatic Stress Disorder (PTSD).

Symptoms include:

- Lack of emotional responsiveness
- Sense of numbing or detachment
- Reduced sense of surroundings
- Sense of not being real
- Depersonalization or sense of being dissociated from self
- Persistent re-experience of traumatic event
- Purposeful avoidance of exposure to thoughts, emotions, conversations, places, or people that remind them of the trauma
- Inability to remember parts of the trauma
- Increased state of anxiety and arousal
- Difficulty sleeping
- Trouble experiencing pleasure
- Recurring images, thoughts, dreams, or illusions of trauma
- Flashbacks
- Feelings of stress significant enough to interfere with normal functioning (social and/or work)

(*DSM-IV-TR*, 2000)

Posttraumatic Stress Disorder (PTSD)

PTSD is the development of psychological symptoms that result from exposure to an extremely traumatic event either from direct personal experience, witnessing a traumatic event, or learning of such an event experienced by a family member or other close individual. An individual's response to the traumatic stressor must include intense helplessness, fear, or horror (*DSM-IV-TR*, 2000). A PTSD response is influenced by the intensity of the traumatic experience, its duration, and individuals involved.

PTSD is mostly manifested by anxiety and typically lasts several months in duration, but can be chronic lasting years. Symptoms must be present for more than one month and be significant enough to impair basic social or occupational functioning (*DSM-IV-TR*, 2000).

Symptoms include:

- Persistent re-experience of traumatic event
- Dissociation
- Flashbacks
- Persistent avoidance of stimuli associated with the trauma
- Avoidance of thoughts, feelings, or conversations about the traumatic event
- Amnesia for an important aspect of the trauma

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- Emotional detachment
- Diminished interest in previously enjoyed activities
- Estrangement from others
- Reduced ability to feel emotions
- Sense of foreshortened future (e.g., not expecting a career, marriage, etc.)
- Persistent symptoms of anxiety or increased arousal
- Difficulty sleeping due to recurrent nightmares
- Irritability or outbursts of anger
- Difficulty concentrating
- Hypervigilance (i.e., persistent caution/detection of real or perceived threats)
- Exaggerated startle responses
- Self-destructive and impulsive behavior

(*DSM-IV-TR*, 2000)

Rape Trauma Syndrome (RTS)

Rape Trauma Syndrome is the terminology brought forth by the medical field to describe common psychological and physical characteristics noted in patients after a sexual assault. This syndrome is best defined by the Rape, Abuse, and Incest National Network (RAINN, n.d., *Rape trauma*…) and is divided into three phases.

The first phase is called **The Acute Phase**. This begins immediately following a sexual assault. A patient may experience various emotions as a result of the assault. An **expressive** response is the obvious outward expression of emotions most commonly identified through crying, shaking, restlessness, and tension. A controlled response is when a patient appears quiet, calm, and in control of their emotions.

In the first month or so after an assault has occurred, the patient may experience the following physical symptoms:

- Soreness from the attack and injuries
- Outward signs of injury including bruises
- Abrasions
- Cuts
- Gynecological symptoms such as:
    - Abnormal bleeding
    - Discharge
    - Itching
    - Tenderness and or burning sensations
- Headaches
- Stomachaches
- Sleep disturbances

The second phase is called **Outward Adjustment**. In this phase, the patient begins to resume their normal activities, the physical signs of the assault begin to fade away, and some of the anxiety decreases. During this phase the patient may choose to not discuss details of the assault and may begin making decisions in regard to moving on in life like where to live, who to socialize with, and what activities to be involved in.

The third phase is called **Long Term Reorganization**. The patient must accept the event of the assault realistically. The patient's response during this phase is greatly dependent on several factors, including how the assault was addressed by all involved (e.g., medical, legal, law enforcement), the amount of support the patient received during phase one, the patient's prior self concept, the original circumstances of the assault, and the patient's relationship to the offender.

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Secondary Trauma

Secondary trauma is also called **vicarious trauma**. It affects those caring for patients experiencing a sexual assault (McKenna, 2006), including medical staff, advocates, counselors, police, attorneys, child protective services workers, family members, and friends. Secondary trauma is very similar to PTSD. However, you as the caregiver are affected by the patient's trauma.

According to McKenna (2006) symptoms include:

- Anger
- Anxiety
- Depression
- Low self-esteem
- Emotional exhaustion
- Trouble making decisions
- Difficulty concentrating
- Difficulty remembering things
- Fatigue
- Headaches
- Body aches
- Changes in sleeping and eating habits
- Increase in addictive behaviors
- Withdrawing from others

This is a **NORMAL REACTION**! What can you do to prevent secondary trauma? There are several things you can do to prevent or manage secondary trauma. These include:

- Talking with others in your profession
- Developing a network to vent
- Making time for yourself
- Knowing your limits and seek professional help if needed

(McKenna, 2006)

People with a stressful home life are more at risk of developing secondary trauma.

Crisis Intervention

Initial management of a patient in crisis includes assessment of their physical safety upon discharge. Safety is of upmost importance with sexual assault patients. The assailant may live with the patient or may know where the patient lives. The assailant may have made verbal threats to the patient, causing the patient to have concerns for returning home. Assess for the patient's safety.

- Does the patient feel safe to go home?
- Does the patient have a friend or family member they would like to stay with?
- Is the assailant with the patient at the hospital?

It is important to assess all sexual assault patients for safety, especially while the patient is alone – to ensure the patient is not being influenced by others in the room. Make plans to ensure for the patient's safety and do not assume the assailant will be jailed. Patients may need referral for specialized domestic violence services for assaults involving intimate partners. Also address a patient's specialized medical needs. Assess the need for immediate medical attention for potentially life-threatening or serious injuries. **Medical needs always come before forensics.**

Therapeutic Communication

The sexual assault patients you will encounter are in crisis. They have just encountered a trauma, both physically and mentally. They may have a good support system, a poor support system, or no support system in place. The patient's family members, friends, or significant other may also be in a state of crisis. Depending on your practice setting and community – you may have expansive or limited resources to

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assist your patient in crisis. Know your resources prior to practice, so you do not waste time investigating resources while your patient remains in crisis.

It is important to assist your patient in crisis, but it is also important to note that **the forensic examiner's main focus is on the patient and the assessment.** Most times there will be other trained professionals to assist in crisis intervention. HOWEVER – there may be times when you are the only one with your patient. Therefore, it is also important for the examiner to maintain these important skills.
Every patient reacts differently – reactions depend on severity of assault, existing coping skills, and support system. Reactions include:

- Diminished self-esteem
- Feelings of shame, humiliation, guilt, anger, or powerlessness
- Negative body image
- Self abuse (e.g., drug/alcohol abuse, overeating, self-mutilation, etc.)
- Inability to trust or be intimate with others
- May not want to engage in sexual activity or may engage in risky sexual behaviors
- Flashbacks
- Fear of being alone or being attacked again
- Nightmares
- Sleep disturbances
- Inability to concentrate or focus (affects academic and/or job performance)

Patients may respond immediately after the assault in a variety of ways, including crying, laughing, joking, nervousness, or by showing no emotion. Patients may be able to discuss all the details of the assault or they may not want to talk at all.

Some people may be unsure of what the "right" thing is to do or say to a patient in crisis. The best way to respond to a sexual assault patient is to talk, listen, and respect the patient. Accept what the patient tells you – without doubt. It is not the role of the SAFE to determine what did or did not happen. Understand that it is not the patient's fault – and say this to the patient. Listen non-judgmentally to the patient and offer them choices. Allow the patient to explain the events in his or her own words.

Therapeutic communication is something that all of us have learned in our basic medical training. We will review the basics again now.

- **Active listening** is a technique in which one maintains eye contact and shows interest in what the other person has to say.

- **Open-ended questions** include questions that provoke an answer needing explanation. An example of this is, "What brought you here today?"

- **Restating** includes taking a phrase the patient has just said and restating it in the form of a question. An example of this is, "He pushed you on the ground?"

- **Clarification** is used when the examiner is unsure what the patient is trying to explain. For example, "I'm not sure what you mean. Could you tell me about it again?"

- **Reflection** causes the patient to think about themselves in order to answer the question. For example, "You look sad and tense. Is it related to what you have told me?"

- **Focusing** allows the examiner to direct the conversation to a specific detail. For example, "I would like to hear more about the house you were in."

- Other techniques include, **silence**, **humor**, **informing**, and **confrontation**.

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(Therapeutic communication techniques, n.d.)

You can learn more about effective communication techniques by visiting Nursing Planet (http://nursingplanet.com/pn/therapeutic_communication.html) and the Counseling Center of the University of Illinois at Urbana-Champaign (http://www.counselingcenter.uiuc.edu/?page_id=183).

Key Points to Remember

- ✓ Medical needs always come before forensics.
- ✓ It is important to assist your patient in crisis, but the SANE's main focus is on the patient and the assessment.
- ✓ Accept what the patient tells you – without doubt. It is not the role of the SANE to determine what did or did not happen.

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The Multidisciplinary Team (MDT)

Historically, the needs of sexual assault patients have not been met by the healthcare system. Physicians, nurses, and other practitioners received little or no training on the care of sexual assault patients. Many patients would wait hours in emergency departments before being evaluated because patients were considered non-urgent, since most had little to no injuries.

Use of the multidisciplinary team (MDT) has been used in healthcare to care for patients in and out of the hospital setting. It has been shown to increase quality of care and increase communication by team members. MDTs generally only consisted of members of the healthcare team, including physicians, nurses, therapists, dieticians, etc. This concept has expanded to the care of sexual assault patients within the community by involving all disciplines working with sexual assault patients or offenders. The development of MDTs is ongoing and not all communities have an MDT. Sometimes there is a decreased interest if another issue is more pressing.

MDTs may be described and named in a variety of different ways based upon the goals and needs of the community. An MDT generally refers to teams made up of members with focus on a variety of topics. Classically, this includes the medical provider, the advocate, law enforcement, and the prosecutor. Also, the term MDT is generally used in child abuse and child sexual abuse.

A sexual assault response team or SART is generally used to refer to teams that respond specifically to sexual assault. Sometimes these teams respond immediately after a patient reports (either to law enforcement or to the hospital). The team is still considered a multidisciplinary team, but is specific to sexual assault and consists of the same members (U.S. Department of Justice, 2004).

The main purpose of the SART is to improve the care given to all sexual assault patients. Teams provide education to other members, increase communication among members, and review cases to improve upon care. Awareness for other member’s roles is also crucial (U.S. Department of Justice, 2004). Involvement in a SART introduces members of the team to one another. It facilitates communication among members and assists in forming good working relationships. Working as a team benefits the patient by providing comprehensive and efficient care.

Team Players

Members of the team serve in different roles and have different responsibilities. Let’s examine the roles and responsibilities of different members of the team.

Note: the following information regarding the roles of SART members was adapted from U.S. Department of Justice (2004).

The SAFE

The SAFE’s responsibilities are:

- Provide a comprehensive, objective physical examination
- Collect medical and assault history
- Thoroughly document any findings
- Collect and package forensic evidence
- Maintains chain of custody
- Provide appropriate testing and treatment
- Take photographs of injuries
- Ensure adequate follow up care
- Give referrals for counseling and other services
- Testify as a fact or an expert witness

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They also provide one-on-one specialized services to patients of sexual assault and are trained in techniques of history taking and documenting the events and findings of sexual assault.

SAFEs are trained in appropriate evidence collection, preservation, handling, and chain of custody. They are skilled in photo documentation of injuries, along with use of the colposcope and injury recognition techniques. SAFEs are able to provide appropriate medical screening and treatments to patients of sexual assault (depending on practice level and hospital regulations).

Not all hospitals have trained SAFE examiners and even in hospitals that have trained SAFE examiners, one may not be available 24 hours a day. Therefore, many patients receive a sexual assault examination from a clinician in the emergency department with little to no training in sexual assault examinations. In hospitals with SAFE examiners, hospital personnel also have varying roles. In some facilities, staff may have little to no involvement with sexual assault patients, and in others they may retain primary responsibility for the patient. The main role of other healthcare providers is the recognition of the need for specialized services and the activation of the examiner or the SART.

Advocate

The role of the advocate is unique and vital. The advocate provides:

- Short and long-term counseling
- Support for the patient at each step in the process
- Assistance in helping patient feel comfortable
- Information and referrals,
- Follow up counseling and resources
- A voice for the patient's needs and concerns

Law Enforcement

Law enforcement's role is to determine whether a crime has occurred, ensure the safety of the patient, preserve the crime scene, and identify and apprehend the suspect. Law enforcement is also responsible for all forensic evidence, conducting investigative interviews, and will cross-report to child protective services.

District Attorney

The District Attorney serves as a resource for all team members, is responsible for moving cases through the judicial system, eventually prosecutes the case, trains staff and other members of the team, and keeps members aware of new legislation.

Defense Attorney

The Defense Attorney is not technically a team member. However, the defense attorney still plays a role. She or he represents the assailant and the SAFE examiner may have contact with him in the courtroom.

Child Protective Services

Child Protective Services (CPS) ensures the safety of the child or other children in the household, performs an investigation on each report of suspected abuse or neglect, and places children in a safe environment (if necessary).

Probation

Probation ensures released offenders are abiding by the rules of their probation, keeps tabs on offenders within their environment, and may perform drug and alcohol screenings on offenders.

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Crime Lab

The crime lab is primarily responsible for:

- Analyzing evidence that is collected by both the forensic examiner and the police
- Providing expert testimony at trial
- Providing training to other team members

Important note: Crime labs may be private or governmental. Not all crime labs are the same and many utilize different types of DNA technology. Please learn the specifics of the crime lab you will be working with.

Other members of the team may include: mental health professionals, social workers, community based organizations, domestic violence shelters, local colleges and universities, and local public and private schools.

Take some time now to watch these two videos:

S.A.R.T. Sexual Assault Response Team
http://www.youtube.com/watch?v=_mMsijxqWJw

Sexual Assault Response Teams: Partnering for Success
Department of Justice, Office of Justice Programs, Office for Victims of Crime (2006, April)
http://www.youtube.com/watch?v=PauAx9foNk0

Patient-Centered Care

Patient-Centered Care is an important concept in sexual assault patients. The goals of the sexual assault examination and the SAFE include the following:

- To respond to patients of assault in the most compassionate, competent, and understanding manner possible.
- To provide a thorough medical and forensic screening with appropriate evidence collection and treatment for patients.
- To assist our law enforcement officers and district attorney with tools and advice needed to prosecute sexual assault crimes.
- To help minimize future trauma and aid in the healing of sexual assault patients.
- To provide appropriate referrals for follow up services needed by the patient.
- Focus care around the patient.
- Allow the patient to make choices.
- Give them back their power.
- Be sensitive to their needs.
- Don’t judge or make conclusions.

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Individuals with Special Needs

We will review certain categories for special needs patients and the issues you should be aware of when handling different populations. In your practice, you may see certain populations more than others depending on the demographics within your community. Please be aware of specific populations and address issues as needed.

Patients experiencing domestic or interpersonal violence may exhibit fear or may be less likely to report due to the relationship the patient has with the offender. A pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner is considered interpersonal violence. Abuse that influences another person may be:

- Physical
- Sexual
- Emotional
- Economic
- Psychological (including threats of actions)

This includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone.

According to a fact sheet published by the National Coalition Against Domestic Violence (n.d.) between one-third and one-half of all battered women are raped by their partners at least once during their relationship. Approximately 62% of women raped more than once by the same partner reported that the abuse lasted one year or more. Marital rape accounts for 25% of all rapes, affecting well over 75,000 women each year. Between 10% and 14% of married women will be raped at some time during their marriages. Women who are disabled, pregnant, or attempting to leave their abusers are at an increased risk of intimate partner rape. Youth are particularly impacted by intimate partner violence. Women ages 16 to 24 experience the highest per capita rates of violence.

There are many different religious, ethnic, and cultural groups throughout the United States. Since we are unable to address all the different types of groups, we will address the most common beliefs within the majority of groups. All patients should be assessed for their religious and cultural beliefs, as it may change your plan of care. Some religions and cultures may view the patient as “unclean” or “no longer a virgin” following an assault. The group may also view Plan B as a sin: in their eyes it may be similar to an abortion or any type of birth control may be unacceptable.

<u>Genital Mutilation</u>

On occasion you may encounter a patient with genital mutilation. An estimated 100 to 140 million women and girls worldwide have had genital mutilation (World Health Organization [WHO], 2008). The patient may have had the procedure in the United States or overseas. Many patients have had this procedure without anesthesia, and the procedure may have included the use of knives, scissors, glass, or teeth during the ritual. Complications include:

- Sepsis
- Tetanus
- Hemorrhage
- Dysuria
- Dysmenorrhea

There are four distinct types of genital mutilation identified by WHO (2008).

1. **Type 1** includes the removal of the clitoral hood and all or part of the clitoris (clitoridectomy).

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2. **Type 2** includes the removal of the clitoris and all or part of the labia minora (excision).
3. **Type 3** includes the removal of all of the clitoris, labia minora, and most of the labia majora (infibulation). The vulva is stitched together with silk, catgut, or thorns with a small opening left for urination and menstruation.
4. **Type 4** includes all other types of genital mutilations (e.g., pricking, piercing, incising, scraping, and cauterizing).

When examining these patients, remember that these women value privacy and modesty. Patients should be draped carefully. A woman may need permission from her husband or male family member for the exam, and the male family member may insist on being present during the exam. The culture may promote stoicism as a response to pain, and patients may not respond to pain. You may need to use a small speculum, if you can use one at all. You may also see a greater incidence of injury.

Latinos/Latinas

Another group you may encounter is the Latin American population, including Mexicans, Cubans, Puerto Ricans, Dominicans, and those from Central and South America. Each ethnic group may be very different and have individual cultural practices and beliefs. However, most groups are very male-dominated and highly value virginity. A rape, incest, or molestation may make the women appear promiscuous to those in her community (University at Albany, n.d., Women…). In this community, use a professional interpreter if the patient does not speak English. A staff member or family member should **not** be used.

Explain to the patient that virginity is given, not taken. Remember that the family may influence a patient's decisions. Patients may be uncomfortable speaking about personal issues with someone outside of the family. Patients and family members may also have a fear of deportation if they are living in the country illegally. Identify religious and community supports that may be useful to patients.

African Americans

African Americans and African immigrants have a long history of victimization in the United States. This population is less likely than other cultures to report and may lack community support. Many patients have a fear of being viewed as not credible and may not disclose assaults by African American men (Women of Color Network, 2006). The SAFE should create a supportive environment for the patient.

Asians

Asian and Pacific Islanders are a very diverse population. They speak a variety of languages and practice a variety of religions. It may be difficult to find an interpreter for patients in this population, especially if patients speak a specific dialect. The patient may face very limited community resources and may be discriminated against within the community. Members of this population may fear western medicine and choose to treat illness with alternative therapies (Asian & Pacific Islander Institute on Domestic Violence [APIDV], 2005). If you are unsure, ask "Which ethnic group do you most identify with?"

Most groups are male dominated and highly honor virginity and purity of women. Some cultures feel uncomfortable with direct eye contact, personal space, and undressing in front of others (APIDV, 2005).

Middle Eastern Patients

Middle Eastern people can be greatly discriminated against in society. This population is among the least likely to report a sexual assault. Patients have a fear of disgracing their family within their cultural community, and may also fear retribution from their family (honor killings). Patients may speak little or no English, and may have limited community support.

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GLBTQ

Gay, lesbian, bisexual, transgender, and questioning (GLBTQ) patients also have specific issues relating to their care. Assaults on GLBTQ patients may be random, but may have been targeted due to their sexual orientation. Reporting may be even more difficult if the perpetrator is the same sex. Patients may be untrusting of the judicial system, especially if they have had difficult encounters in the past (University at Albany, n.d., Lesbian, gay…). Many assaults may have occurred through a domestic violence relationship.

During the exam, the examiner should:

- Remain completely objective
- Use supportive community resources
- Include the patient's significant other if the patient chooses (if they are not the perpetrator)
- Respect their choices and give patients dignity

In addition, the SAFE should examine oral, vaginal, penile, and anal areas very carefully as there may be an increased risk for trauma and injury.

Elderly

The elderly population is especially vulnerable for a variety of reasons. It is estimated that between one and two million people over age 65 have experienced some type of elder abuse (National Center on Elder Abuse, 2005). Many elderly patients live alone and may experience intense fear following an assault. They may be unable to move due to financial limitations. Patients may feel a loss of identity and they may find it difficult to discuss the assault with others. Family members may feel guilty and be unsure how to handle the situation.

The SAFE examiner should be aware of several things regarding the care of the elderly patient:

- Memory loss is common due to age or trauma.
- Patients may have poor vision and may not have seen assailant.
- Patients may have dementia or Alzheimer's.
- Patients may experience depression as a result of events.

The SAFE should give the patient more time to answer questions, and provide rest breaks as needed. You may need to modify the position during the vaginal exam as the patient may not be able to lay supine in stirrups. You should use a small speculum for comfort and lubricate the speculum with tap water for comfort. **Do not lubricate with KY jelly or surgilube**.

Men

Sexual assault has nothing to do with sexual orientation. An offender may be gay or bisexual, although most of the men who rape other men are heterosexual. Many times rape is used to humiliate the patient. Sexual assault does not make anyone "gay." It is common for the patient to have an involuntary or forced erection or ejaculation: this is a normal reaction to trauma (University at Albany, n.d., Male survivor).

Males report far less than females. Males may feel less masculine after an assault and may present for other injuries. There are many societal barriers faced by male victims of sexual assault. These include the belief that a man can defend himself or that he may be viewed as homosexual (RAINN, n.d., Male sexual…; University at Albany, n.d., Male survivor).

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Men have an increased chance of multiple assailants and increased brutality in non-genital injuries. Male sexual assault patients have a higher rate of non-genital injuries resulting from sexual assault when compared to females. Males also have an increase in genital trauma, with a greater risk of trauma from anal penetrations when compared to females (The National Center for Victims of Crime, n.d.).

Physical and Developmental Disabilities

People with disabilities are another group at an increased risk of being sexually abused or assaulted. Patients with any type of disability are at risk, including both physical and developmental disabilities. Those with disabilities may not be able to get away from the offender, or the patient may be dependent on the offender. Patients may not understand that what is happening to them is abuse and they may be unable to call for help.

A study by Sigler (as cited in Wisconsin Coalition Against Sexual Assault, 2003) estimated that 83% of women and 32% of men with a developmental disability have been abused in her or his lifetime. There is a high rate of repeat victimization, but a low rate of reporting to law enforcement. Patients may not be allowed to testify because they are assumed to be unreliable by the judicial system. The disabled population account for 18 percent of the United States population (U.S. Census Bureau, 2006).

Patients with disabilities are also at risk for other types of crime. During the examination, the SAFE should speak directly to the patient (instead of to her aide, counselor, interpreter, etc.). Prior to discharge, the SAFE should ensure the patient has a safe place to go and provide sexual education if necessary. The SAFE should seek assistance if needed to accommodate any special needs.

Military

Sexual assault in the military has recently been discussed publicly. Please explore the following Web site that details sexual assault in the military: http://www.preventsexualassault.army.mil/.

College Students

College students are yet another population at high risk for sexual assault. Acquaintance rape is much higher in this population. A study by Fisher, Cullen, and Turner (2000) found that 90% of college women in their sample population (N = 4,446) knew the sexual assailant. In the same study, fewer than 5% of the college students reported the sexual assault to law enforcement. Students may be fearful to report for several reasons such as:

- Losing a scholarship
- Having their parents find out
- Being expelled for illegal activities (if drugs were involved)
- Not being believed
- Being ostracized by friends or sorority/fraternity members

Sexual assault is most likely to occur in residence halls. Fisher et al. (2000) found that almost 60% of completed rapes took place in the victim's dorm room, 31% occurred in other residence halls on campus, and approximately 10% took place in a fraternity. There are numerous risk factors that contribute to the high rate of sexual victimization in this population. Some considerations from Fisher et al. (2000) include:

- Increased incidence of drinking to intoxication
- Drug or alcohol use by both victim and perpetrator
- Prior sexual victimization
- Being unmarried

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- Less conservative attitudes about sexual behavior
- Lack of sexual knowledge and/or experience

The following video from One in Four, Inc. provides an excellent example of a college community response to help prevent sexual assault: http://www.youtube.com/watch?v=j0g14GUARh0. Please note: The video is an abbreviated version of the full project that this group of college students produced.

American Indians

American Indians have an average annual rate of sexual assault that is 3.5 times higher than for all other races, with 70% of sexual assaults committed by individuals outside this ethnicity (National Sexual Violence Resource Center [NSVRC], 2000). There are currently approximately 1.5 to 2 million in the United States with approximately 550 federally recognized tribes and groups and approximately 250 different languages spoken. According to Greenfeld, Lawrence, Smith, and Steven (as cited in NSVRC, 2000) nearly 70% of sexual assaults in this population are not reported. Approximately 90% of those in substance abuse programs have a history of sexual assault or abuse (Henry as cited in NSVRC, 2000). Patients may fear being ostracized from a family or tribe and may distrust services from non-Native Americans.

Homeless

Homeless patients and patients who are prostitutes are another population at a high risk of victimization. Please review the following documents on sexual assault within these populations by visiting:

No Safe Place: Sexual Assault in the Lives of Homeless Women
Violence Against Women (VAWnet)
http://new.vawnet.org/category/Main_Doc.php?docid=558

Sexual and Physical Assault are Common Experiences for the Homeless
Science Blog
http://www.scienceblog.com/community/older/2003/A/20036136.html

Chemically Dependent and Mentally Ill

Chemically dependent and mentally ill patients are another group at a very high risk for victimization. Patients may not be believed when seeking help and many providers may believe “It’s all in their head.” Medications these patients take may make them more vulnerable to victimization due to common side effects.

Patients may or may not need a crisis evaluation for their mental health concerns following the examination. Please remember that even the most “crazy” story should be believed. Those addicted to drugs or alcohol may be incapacitated due to their substance abuse and may be afraid to report due to fear of prosecution for their own crimes. If the perpetrator is a drug dealer or gang member, patients may be fearful of retribution from other dealers or gang members. The SAFE examiner should not blame them or interrogate them about drug use, but it is important to know what, when, and how much they were using in order to provide proper medical care.

To wrap up, all patients should be assessed for special cultural beliefs, special religious beliefs, and special needs. Each patient should receive the same quality of care, regardless of age, sex, race, sexual orientation, social class, ability, or religion. **All patients should be treated with respect.**

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Unique Needs of Adolescents

Adolescents have unique needs that must be addressed. This patient population will frequently be encountered by the SAFE examiner, with the highest rate of sexual victimization occurring between ages 16 and 24 (U.S. Department of Justice, 2007). Each sexual assault examination program will define adolescents differently and will set the age at which an Adult/Adolescent SAFE may perform an examination. The most generally accepted age for SAFE examiners to examine a patient is age 12 (please note: this does vary across the state).

The definition of adolescence is "to grow up." It is a period of time between childhood and adulthood, also known as the "The Teenage Years" (Giardino, Datner, & Asher, 2003). Adolescents have a need for a unique identity. Patients may have unstable emotions and a lack of emotional intelligence. Piaget describes adolescence as a time of increased cognitive ability to reason, dispute and theorize.

During this time, sexuality starts to develop. Physical maturation of puberty leads to an interest in sexual activities. Increasingly, teenage sexual encounters do not occur in the context of a romantic relationship, but in an impersonal way such as a sexual "hook up." More recent studies have found that the sexual interactions between adolescents are harmful, dehumanizing, and risky as a result of mechanical, impersonal, and non-emotional sexual relations (Giardino et al., 2003).

Adolescents also hold many fears and false beliefs surrounding sexual assault. These include:

- "A girl can't rape a boy."
- "I am a homosexual now because I was a victim of same gender sexual assault."
- "If we have had sex before the offender has a right to have sex with me again."
- "I owe sex because they took me out and paid for everything on the date."
- "We have been dating for a long time so I have to give in and have sex."

  (Giardino et al., 2003)

<u>Methods for Handling Adolescent Patients</u>

When faced with an adolescent patient, the author's clinical experience has uncovered important methods of care.

- Be honest and frank; use words they understand
- Understand the power of peer pressure
- Educate about risks and safety measures
- Stay within their attention span
- Provide competent and compassionate care
- Give them options as often as possible to let them feel in control and make choices
- Do not lecture
- Let them make their own choices
  - NEVER force anyone to have an exam
- Allow time for questions, appreciate their concerns, explain all procedures
- Understand that they may cope in a different way such as being humorous or defiant
- Address fears, myths, and concerns - EDUCATE

When performing a sexual assault exam on an adolescent, keep a few things in mind. First, begin with all noninvasive parts of the exam and allow time for the patient to cover up. Explain each step with words they know and understand. Avoid technical words and use the same words they use. Reassure them that the assault is not their fault. Allow appropriate time for a question to be answered; don't prompt the patient for a response.

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Use a small speculum if needed but do not do an internal exam if the patient has not yet began her period. A speculum exam is not a necessity unless the patient is having vaginal bleeding or discharge. The purpose of the speculum exam is to assess for injury to the cervix and vaginal walls, and to allow collection of specimens from the cervix. This step may be avoided and specimens may be collected just by inserting the swabs if necessary.

Most times it is necessary to separate parent and adolescent during history since the patient may be unable to speak about sensitive topics in front of a parent. Ensure the adolescent that all information will be kept confidential (unless required by CPS to report). Reassurance should be provided to an adolescent that the exam will not injure or make her "not a virgin." Finally, praise them for helping out with the exam and for seeking out medical attention. **This may be the most important thing you can say to them.**

Another important topic is minors' rights. Please take a few minutes now to review the following documents.

Reference Card: Minors And Rape Crisis Treatment (2006)
New York Civil Liberties Union
http://www.nyclu.org/rapecrisistreatment

RRP: Minors and Rape Crisis Treatment Q&A
New York Civil Liberties Union
http://www.nyclu.org/rrp_minors_rptreat_042602.html

Activity #4

Review the New York State Office of Children and Family Services' *Summary Guide for Mandated Reporters in New York* State and the frequently asked questions. These are available from: http://www.ocfs.state.ny.us/main/prevention/faqs_mandatedreporter.asp.

Which of the following situations is *reportable* under mandatory reporting requirements? Why? Go to the discussion forum and post your response.

1. A 15-year-old female and a 16-year-old male having sexual activity in the backseat of a car in a parking lot.
2. A 15-year-old female and a 16-year-old male who had sexual activity at a party where the 15-year-old female was highly intoxicated and did not consent to sexual activity.
3. A 16-year-old female and a 25-year-old male having sexual activity in the backseat of a car in a parking lot.
4. A 16-year-old female and a 25-year-old male: the two were dating and the male held the female down and sexually assaulted her.
5. A 14-year-old female and a 32-year-old male. The 14-year-old's mother picked up the male at the bus station and brought him back to the home and allowed the two to participate in sexual activity.
6. A 12-year-old female and a 40-year-old male. The two met online and the female left the home to meet the man and have sex (without knowledge of the parent).
7. A 13-year-old female who has been assaulted by her step-father.

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8. A 16-year-old female who has been assaulted by her grandfather.

9. A 12-year-old female who has been assaulted by her 15-year-old brother. The parent was unaware of the assault until the female told her. The parent immediately removed the brother from the home and brought child to ER.

10. A 13-year-old male assaulted by a 28-year-old family friend at a Christmas party.

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Conclusion

Sexual assault is a broad and extensive topic and the incidence of sexual assault continues to evolve and change. Each patient that you see will be unique and every examination you perform will need to be individualized to meet the needs of that patient. Remember that as a sexual assault nurse examiner you will be expected to work closely and in conjunction with all the members that comprise the multidisciplinary team. It is important to keep the goal of "Patient-Centered Care" while performing your examination and strive to meet this goal with each patient.

Reminder! If you have not already completed the required activities for the discussion forum please post your responses **BEFORE** attempting the examination.

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Additional Resources

Culture Handbook (2005)
Family Violence Prevention Fund
Written by: Sujata Warrier
http://www.endabuse.org/userfiles/file/ImmigrantWomen/Culture%20Handbook.pdf

MaleSurvivor

A Web site for men who were sexually victimized as children, adolescents, or adults.
www.malesurvivor.org

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References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (text revision). Washington, DC: Author.

Asian & Pacific Islander Institute on Domestic Violence. (2005). *Domestic violence in Asian communities*. [Fact Sheet]. Retrieved from http://www.apiidv.org/files/Violence.against.API.Women-FactSheet-APIIDV-2.2011.pdf

Current Nursing. (2007). *Therapeutic communication techniques.* Retrieved from the Nursing Reviews Web site: http://nursingplanet.com/pn/therapeutic_communication.html

Federal Bureau of Investigation. (2011). Forcible rape. Retrieved from http://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2010/crime-in-the-u.s.-2010/violent-crime/rapemain

Fisher, B. S., Cullen, F. T., & Turner, M. G. (2000). *The sexual victimization of college women*. U.S. Department of Justice. Retrieved from http://www.ncjrs.gov/pdffiles1/nij/182369.pdf

Giardino, A., Datner, E., & Asher, J. (Eds.). (2003). *Sexual assault victimization across the life span: A clinical guide.* St. Louis, MO: G.W. Medical Publishing, Inc.

Ledray, L. E. (2001). *Evidence collection and care of the sexual assault survivor: The SANE-SART response*. Violence Against Women Online Resources. Retrieved from http://www.mincava.umn.edu/documents/commissioned/2forensicevidence/2forensicevidence.html

McKenna, C. (2006). *Understanding secondary trauma*. Retrieved from http://www.buzzle.com/editorials/6-27-2006-100635.asp

National Center on Elder Abuse. (2005). *Elder abuse prevalence and incidence*. [Fact Sheet]. Retrieved from http://www.ncea.aoa.gov/ncearoot/Main_Site/pdf/publication/FinalStatistics050331.pdf

National Coalition Against Domestic Violence. (n.d.). *Sexual assault*. Retrieved from http://www.uncfsp.org/projects/userfiles/File/DCE-STOP_NOW/NCADV_Sexual_Assault_Fact_Sheet.pdf

National Sexual Violence Resource Center. (2000). *Sexual assault in Indian country confronting sexual violence*. Retrieved from http://www.nsvrc.org/publications/nsvrc-publications/sexual-assault-indian-country-confronting-sexual-violence

New York State Department of Health. (2011). *New York State hospital profile*. Retrieved from http://hospitals.nyhealth.gov/

New York State Division of Criminal Justice Services. (2011). *Crime in New York State, 2010 final data*. Retrieved from http://www.criminaljustice.state.ny.us/crimnet/ojsa/NYSCrimeReport2010.pdf

National Institute of Justice. (n.d.). *Rape and sexual violence*. U.S. Department of Justice, Office of Justice Programs. Retrieved from http://www.ojp.gov/nij/topics/crime/rape-sexual-violence/welcome.htm

Rape, Abuse, & Incest National Network. (n.d). *Male sexual assault*. Retrieved from http://www.rainn.org/get-information/types-of-sexual-assault/male-sexual-assault

Rape, Abuse, & Incest National Network. (n.d). *Effects of sexual assault*. Retrieved from http://www.rainn.org/get-information/effects-of-sexual-assault

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Rape, Abuse, & Incest National Network. (n.d). *The offenders*. Retrieved from http://www.rainn.org/get-information/statistics/sexual-assault-offenders

Reymond, L., Mohamud, A., & Ali, N. (n.d.). Female genital mutilation – The facts. Retrieved from http://www.path.org/files/FGM-The-Facts.htm

The National Center for Victims of Crime. (n.d.). *Male rape*. Retrieved from http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentID=32361

Therapeutic communication techniques. (n.d.) Retrieved from the Nursing Planet Web site: http://www.nursingplanet.com/pn/therapeutic_communication_techniques.htm

University at Albany. (n.d.). *Lesbian, gay, bisexual, and transgender survivors*. Sexual Assault Resource Center. Retrieved from http://www.albany.edu/studentaffairs/sarc/lgbtq.shtml

University at Albany. (n.d.). *Male survivor*. Sexual Assault Resource Center. Retrieved from http://www.albany.edu/studentaffairs/sarc/male.shtml

University at Albany. (n.d.). *Women of color*. Sexual Assault Resource Center. Retrieved from http://www.albany.edu/studentaffairs/sarc/woc.shtml

U.S. Census Bureau. (2006). *Facts for features: Americans with Disabilities Act: July 19*. Retrieved from http://www.census.gov/Press-Release/www/releases/archives/facts_for_features_special_editions/index.html

U.S. Department of Justice. (2004*). A national protocol for sexual assault medical forensic examinations. Adults/adolescents.* Retrieved from http://www.ncjrs.gov/pdffiles1/ovw/206554.pdf

U.S. Department of Justice. (2007). *Focus group on public law 280 and the sexual assault of native women: Final report table of contents, 2007*. Retrieved from http://www.ovw.usdoj.gov/280-fg-finalreport.pdf

U.S. Department of Justice. (2010). *Criminal victimization, 2009*. Retrieved from http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=2217

Wisconsin Coalition Against Sexual Assault. (2003). *People with disabilities and sexual assault*. Retrieved from http://www.wcasa.org/docs/disabfact.pdf

Women of Color Network. (2006). *Sexual violence in communities of color*. [Fact Sheet]. Retrieved from http://womenofcolornetwork.org/docs/factsheets/fs_sexual-violence.pdf

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SANE Module 1: Sexual Assault and Community Response

Module Exam

After studying the downloaded version of the module, posting responses in the discussion forum, and completing the exam, you need to enter your answers online. **Answers cannot be graded from this downloadable version of the module.** To enter your answers online, go to e-leaRN's Web site, www.elearnonline.net and click on the Login/My Account button. As a returning student, login using the username and password you created, click on the "Go to Course" link, and proceed to the exam.

1. In New York State, the following governmental agency provides guidelines for the care of sexual assault patients:

    a. NYS Division of Criminal Justice Services (DCJS)
    b. NYS Department of Health (DOH)
    c. NYS Office of Children and Family Services (CFS)
    d. NYS Department of Correctional Services (DCS)

2. Which of the following is **not** a recognized subsection of forensic nursing?

    a. Death Investigation
    b. Legal Nurse Consulting
    c. Animal Abuse Specialist
    d. Sexual Assault Nurse Examiner

3. Which of the following documents do you need to obtain NYS SAFE certification?

    a. A copy of your professional licensure registration.
    b. A letter from your institution providing you with qualified medical oversight.
    c. Proof of completion of a preceptorship.
    d. All of the above.

4. Rape is defined:

    a. Depending on state statutes
    b. By the national government
    c. Depending on what the police need to arrest a suspect
    d. By the District Attorney

5. Which of the following types of sexual assault is the most common?

    a. Stranger rape
    b. Acquaintance rape
    c. Drug-facilitated rape
    d. Gang rape

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6. You are discussing the exam you performed on Sally Smith with Officer Jones. The patient, a 32-year-old female, stated she was sexually assaulted last night while on a date. She is unsure of specific details because she had a significant amount to drink. You find no injuries on physical examination. Officer Jones asks you, “So was she raped? The most appropriate response is:

    a. I don’t know, what do you think?
    b. She’s pretty inconsistent, so I don’t think she was raped.
    c. I didn’t find any physical evidence of rape.
    d. She stated she was assaulted. It is not my role to make a determination.

7. Men sexually assault women due to:

    a. A need for power and control.
    b. An overwhelming desire to have sex.
    c. Incorrect interpretation of the woman’s wishes.
    d. The power of peer pressure.

8. The age of consent for sexual activity in New York State is:

    a. 16
    b. 17
    c. 18
    d. 21

9. Which of the following syndromes would you most commonly encounter 24 hours following a sexual assault?

    a. Posttraumatic stress disorder (PTSD)
    b. Phase Two of Rape Trauma Syndrome (RTS)
    c. Secondary Trauma
    d. Acute Stress Disorder

10. Which of the following is a way to cope with Secondary Trauma?

    a. Talking with others in your profession
    b. Making time for yourself
    c. Seeking professional help
    d. All of the above

11. Which of the following would be described as a controlled response?

    a. Crying softly throughout the examination process
    b. Slowly and calmly discussing the details of the assault
    c. Yelling out – “Leave me alone!”
    d. Laughing when discussing genital body parts

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12. A patient is discussing her assault; specifically that she was forced to perform oral sex on the assailant. Choose the response that would be inappropriate:

    a. I can't believe he made you do that!
    b. That must have been difficult.
    c. Tell me more about what he said to you.
    d. Do you have any pain or injury?

13. The purpose of the Multidisciplinary Team is:

    a. To facilitate communication among team members.
    b. To form good working relationships among team members.
    c. To provide education to other members of the team.
    d. All of the above.

14. The following is a role of the Forensic Nurse Examiner:

    a. Collect forensic evidence from the patient's home
    b. Determine whether a crime has occurred
    c. Provide a medical/forensic physical examination
    d. Push prosecution of the crime

15. The following is not a role of the advocate:

    a. Provide detailed documentation of the assault
    b. Provide short and long-term counseling
    c. Provide information and referrals
    d. Support the patient at each step in the process

16. Domestic violence includes all of the following except:

    a. Physical abuse
    b. Sexual abuse
    c. Emotional abuse
    d. Ignoring your partner

17. Men typically report their sexual assault less than women for all of the following reasons except:

    a. They do not know their assailant.
    b. They feel that they wanted it because they had an erection.
    c. They feel less masculine.
    d. They fear they may be viewed as homosexual.

18. College students are at an increased risk for sexual assault due to:

    a. Increased incidence of drinking to intoxication
    b. Prior sexual victimization
    c. Being unmarried
    d. All of the above

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19. A 14-year-old female patient presents to the emergency department after being sexually assaulted by a teenage friend at a party. She is alone and does not want her parents or law enforcement to be contacted. Your best response is to:

    a. Discuss options for examination and treatment.
    b. Call the patient’s mother.
    c. Call law enforcement.
    d. Call child protective services.

20. The SANE in the emergency department writes “ineffective coping” as the problem for a client who has been sexually assaulted. Which intervention should the nurse implement?

    a. Encourage the patient to take emergency contraception.
    b. Provide the patient with a list of rape counselors.
    c. Allow the patient to express her guilt about the rape.
    d. Discuss with the patient reporting the case to the police.

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