

## SANE-A Practice Test

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1. When photographing injuries, at what angle should the camera be to the injury surface for the least distortion?
  - a. 30 degrees.
  - b. 45 degrees.
  - c. 60 degrees.
  - d. 90 degrees.
2. What is the phenolphthalein test used for?
  - a. To differentiate human from non-human blood.
  - b. To detect the presence of blood.
  - c. To detect the presence of semen.
  - d. To detect the presence of saliva.
3. Which of the following is a necessary component of informed consent prior to a procedure?
  - a. Names of assisting staff members.
  - b. Beginning and ending times.
  - c. Risks and benefits of procedure.
  - d. Facility statistics regarding procedure.
4. If using toluidine blue dye to highlight injuries, which of the following should be avoided?
  - a. Labia minora.
  - b. Posterior fourchette.
  - c. Perianal area.
  - d. Mucosal tissue.
5. If a patient has multiple facial bruises, what should the nurse examiner expect to find?
  - a. Buccal injuries.
  - b. Tooth damage.
  - c. Hearing deficit.
  - d. Traumatic brain injury.
6. If a patient were to test negative for HIV after a sexual assault, how frequently should follow-up testing be repeated?
  - a. At 6 weeks.
  - b. At 4, 6, and 8 weeks.
  - c. At 6, 12, and 24 weeks.
  - d. At 4, 8, and 20 weeks.
7. What does "blind reporting" (allowable in some jurisdictions) refer to?
  - a. A patient seeking treatment and reporting an assault but refusing the forensic exam.
  - b. Anonymous reporting of sexual assault by a third party.
  - c. Law enforcement allowing a report under an assumed name.
  - d. A victim reporting to law enforcement only with no physical or forensic exam.

8. If, during the genital exam, the nurse examiner notes that the patient is a transgender female who has had a vaginoplasty, what action should the nurse examiner take?

- a. Continue the exam as before.
- b. Express surprise that the patient withheld the information.
- c. Ask the patient about what other surgery she has had.
- d. Stop the genital exam.

9. How should dried samples of semen be obtained from a patient's skin if they don't flake off?

- a. Scraped off onto a slide.
- b. Swabbed with a moistened swab.
- c. Swabbed with a dry swab.
- d. Swabbed with a moistened swab and then a dry swab.

10. What type of intervention may most benefit a nurse examiner suffering from secondary trauma?

- a. Attending a support group.
- b. Taking antidepressants.
- c. Learning coping and resiliency skills.
- d. Taking time off from work.

11. If, when conducting a physical examination of a 13-year-old girl, the nurse examiner notes that the patient's breasts and areola have begun to enlarge, and there is sparse dark hair evident along the labia majora, what Tanner stage should the nurse examiner classify the patient as?

- a. II.
- b. III.
- c. IV.
- d. V.

12. When carrying out peer review, which of the following is the primary concern?

- a. Determining to what degree outcomes have been satisfactory.
- b. Identifying errors in care procedures or medical treatment.
- c. Assessing whether protocols are followed correctly during the care of patients.
- d. Ensuring that care is based on standards and typical of care provided by like practitioners.

13. If a patient is hysterical after an assault and states repeatedly that she plans to kill herself, and the nurse examiner asks for a psychiatric consultation, what ethical principle is the nurse examiner demonstrating?

- a. Autonomy.
- b. Nonmaleficence.
- c. Beneficence.
- d. Justice.

14. In trauma-informed care, what are the "three E's" about which the nurse examiner should be aware?

- a. Events, experience, and effects.
- b. Evidence, encouragement, and expectation.
- c. Embarrassment, emotion, and escape.
- d. Education, engagement, and expectation.

15. If a victim of sexual assault is brought to the hospital by police officers and the patient tells the nurse examiner that she threw her clothes in the waste basket in her home after the assault, what action should the nurse examiner take regarding the clothes?

- a. No action is necessary.
- b. Tell the police where the clothing is located.
- c. Tell the patient to notify the police.
- d. Ask the patient to take the clothing to the police.

16. Sperm is rarely found in the oral cavity after how many hours?

- a. 96
- b. 72.
- c. 24.
- d. 6.

17. If a patient is administered prophylaxis for sexually transmitted diseases, how long should the patient be advised to refrain from sexual contact?

- a. 2 days.
- b. 4 days.
- c. 7 days.
- d. 14 days.

18. Which of the following sexual assault victims should be advised to have the human papillomavirus vaccinations?

- a. All unvaccinated females up to age 45.
- b. All unvaccinated females.
- c. Vaccinated females 5 years or more post vaccination.
- d. All unvaccinated females who deny a history of consensual sex.

19. Which of the following statements is true regarding a patient refusal to report a sexual assault to the police despite agreeing to a physical and forensic exam?

- a. The chance that the perpetrator will attack again is high if not followed up by law enforcement.
- b. If the patient does not want to file a report than the forensic exam is not necessary.
- c. The patient must provide a reason for not wanting to report the assault to the police.
- d. The assault can be reported later if the patient wants.

20. If a patient appears intoxicated and is extremely sedated, amnesic, bradycardic, and hypotensive, with respiratory rate of 6 per minute, which of the following intoxicants should be suspected?

- a. Methamphetamine.
- b. Flunitrazepam (Rohypnol®).
- c. Cocaine.
- d. Alcohol.



21. With strangulation, how long does pressure need to be applied to the carotid arteries before the victim loses consciousness?

- a. 5 seconds.
- b. 10 seconds.
- c. 20 seconds.
- d. 30 seconds.

22. Which of the following head injuries is often associated with ecchymosis about the eyes (raccoon eyes) and behind the ear (Battle's sign)?

- a. Concussion.
- b. Contusion.
- c. Skull fracture.
- d. Acute epidural hemorrhage.

23. Which of the following wounds should be attended to prior to the formal physical and forensic exam?

- a. Closed bite wound.
- b. Superficial scratches on the hands and arms.
- c. Three-centimeter laceration.
- d. Facial swelling.

24. For which patient are bedrails most indicated?

- a. A patient who is frightened and crying.
- b. A patient who is over 65 years of age.
- c. A patient who is angry and belligerent.
- d. A patient who is restless, confused and agitated.

25. Which of the following is an indication of suicidal ideation in the weeks after a sexual assault?

- a. A patient states that she is constantly afraid of leaving her home.
- b. A patient states she is giving away all of her belongings.
- c. A patient expresses anger at the police for their handling of her case.
- d. A patient asks for a referral to a therapist to help deal with the trauma.

26. How many "yes" answers constitute a positive finding on the Primary Care Post-Traumatic Stress Disorder (PC-PTSD screening tool), which consists of 4-questions?

- a. One.
- b. Two.
- c. Three.
- d. Four.

27. When swabbing for a sexually transmitted disease culture from a female patient, from where should the nurse examiner take the sample?

- a. Inside the urethra.
- b. The walls of the vaginal vault.
- c. The vaginal orifice.
- d. The cervical os.

28. Which of the following is the first step in giving victims of sexual assault victim-centered care?
- Giving patients priority when they come to the emergency department.
  - Telling patients that they don't need to be afraid.
  - Carrying out a thorough physical and forensic exam.
  - Ensuring that the patients feel safe during the exams.
29. If a sexual assault patient states that she can't talk about the assault, which of the following is the best response?
- "I need you to tell me what happened so I can help you."
  - "I understand how you feel, but this is really important."
  - "Can you just point out to me where you were injured?"
  - "Would you like me to leave you alone for a while until you are ready?"
30. Which of the following is an indication that a sexual assault was alcohol or drug-facilitated?
- A patient has vaginal pain, bite marks, and tearing but is unsure if she was assaulted.
  - A patient is confused about the order of events during a sexual assault.
  - A patient refuses to talk about the sexual assault or to cooperate with the exam.
  - A patient can't stop trembling after admission to the emergency department.
31. How long after a sexual assault can a patient be offered pregnancy prophylaxis?
- 24 hours.
  - 48 hours.
  - 3 days.
  - 5 days.
32. Which of the following is part of the Six-Item Cognitive Impairment Test (6CIT) used to assess patients?
- Count backward from 20 to 1.
  - Count backward from 100 by 7's.
  - State the months of the year in order.
  - State your birthdate.
33. According to the CDC, which of the following is a sexually transmitted disease that is one of the most frequently diagnosed STD's associated with sexual assault?
- HIV.
  - Hepatitis B.
  - Gonorrhea.
  - Syphilis.
34. If a patient were to test positive for pregnancy within two hours of a sexual assault, which of the following is the correct response?
- Provide pregnancy prophylaxis.
  - Provide information about abortion services.
  - Withhold pregnancy prophylaxis.
  - Ask the patient if she wants pregnancy prophylaxis.

## Answer Key and Explanations

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**1. D:** When photographing injuries, the camera should be held at a 90-degree angle to the injury surface because this angle causes the least distortion. Pictures should be taken with a forensic scale placed on the same surface level as the injury and then again without the scale because the scale may obscure some of the surrounding tissue, at three different angles (the rule of three's).

**2. B:** The phenolphthalein test is used to detect the presence of blood. Hemoglobin present in blood causes the chemicals in the phenolphthalein to oxidize, resulting in a change of color to pink (a positive finding). HemaTrace™ is another test used to test for blood, but HemaTrace™ is used to differentiate human from non-human blood. Both the phenolphthalein test and HemaTrace™ are considered presumptive tests. DNA testing of a blood sample is often also carried out to determine if it is from the victim or perpetrator.

**3. C:** Patients should be apprised of all reasonable risks and any complications that might be life threatening or increase morbidity as well as benefits. The American Medical Association has established guidelines for informed consent:

- Explanation of diagnosis.
- Nature and reason for treatment or procedure.
- Risks and benefits.
- Alternative options (regardless of cost or insurance coverage).
- Risks and benefits of alternative options.
- Risks and benefits of not having a treatment or procedure.
- Providing informed consent is a requirement of all states.

**4. D:** If using toluidine blue dye to highlight injuries, the mucosal tissue (vaginal vault) should be avoided. The dye (1% aqueous solution) is applied with a cotton swab to the external genitalia, including the labia minora, labia majora, posterior fourchette, and perianal area. Excess may be blotted (avoid rubbing) with 1% acetic acid solution or lubricating jelly. Toluidine is not used for screening but makes existing injuries more visible. Not all jurisdictions approve of the use of toluidine dye.

**5. A:** If a patient has multiple facial bruises, the nurse examiner should expect to find buccal injuries from where the buccal tissue contacts the teeth when a victim is hit in the face. Additionally, buccal injuries, including tears, may occur with forced oral copulation. Tooth damage is less common but may occur, especially if the patient is hit in the mouth. Traumatic brain injury may occur if the patient is struck on the head or falls and hits the head.

**6. C:** If a patient were to test negative for HIV after a sexual assault, the patient should have repeat testing at 6, 12, and 24 weeks to ensure that the patient does not convert to positive. Although the risk of contracting HIV from a sexual assault is relatively low, some factors increase risk: type of assault, trauma, ejaculation internally, viral load of semen, presence of sexually transmitted disease, genital lesions (victim, perpetrator), IV drug use by perpetrator, and multiple perpetrators.

**7. B:** "Blind reporting" (allowable in some jurisdictions) refers to anonymous reporting of sexual assault by a third party, such as the nurse examiner. This provides information about the assault to law enforcement but protects the privacy of the patient who does not want to file a report. This information can alert law enforcement to a perpetrator who may be a risk for others in the community. The patient may later file a report if the patient has a change of mind.



**8. A:** If, during the genital exam, the nurse examiner notes that the patient is a transgender female who has had a vaginoplasty, the nurse examiner should continue the exam as before. The vagina that is created lacks the lubrication of a natural vagina and is at higher risk of injury and tears, so it should be examined carefully. If injuries are severe or the area does not appear well-healed, then asking when the surgery was completed may be appropriate.

**9. D:** Dried samples of semen that won't flake off can be obtained from a patient's skin by swabbing first with a moistened swab and then with a dry swab. Leakage of semen about the perineal area often occurs, and utilizing an alternate light source may help to identify dried secretions. If dried secretions can be flaked off, the flakes should be placed into a special container. Moistened swabs should be air dried and placed in evidence bags.

**10. C:** The type of intervention that may most benefit a nurse examiner suffering from secondary trauma is learning coping and resiliency skills. A formal program, such as the Accelerated Program for Compassion Fatigue has shown benefit for those with compassion fatigue as well as secondary trauma. The program includes training in resiliency skills and helps participants recognize and cope with negative thoughts.

**11. B:** (Stage III). Tanner stages for females:

Stages of breast development	Stages of pubic hair
I. Only nipple raised above chest. II. Breast budding. III. Breast and areola enlarge. IV. Areola enlarges and may form a secondary elevation. V. Full breasts with pigmented areola and projecting nipples.	I. No pubic hair. II. Soft downy hair along labia majora. III. Sparse dark hair along the labia majora. IV. Heavy coarse pubic hair about labia majora. V. Adult distribution of pubic hair extending laterally and superiorly.

**12. D:** When carrying out peer review, the primary concern is ensuring that care is based on standards and typical of care provided by like practitioners. Peer review is a process in which an intensive review is carried out by like practitioners. With peer review, a ranking system may be utilized to indicate compliance with standards or a series of questions may be asked. Peer review may be used to review an individual or a group of individuals, such as those in a specific department.

**13. C:** If a patient is hysterical after an assault and states repeatedly that she plans to kill herself, and the nurse examiner asks for a psychiatric consultation, the ethical principle that the nurse examiner is demonstrating is beneficence. Beneficence requires that the nurse examiner work for the best interests of the patient, and this may include protecting the patient from harm, even if self-inflicted. In this case, beneficence overrides the patient's right to autonomy because the patient is in a situation of severe stress that may impair rational thought.

**14. A:** In trauma-informed care, the “three E’s” about which the nurse examiner should be aware include:

- Events: The events that resulted in trauma, such as the act of violence, and posed a risk of danger or harm to the individual.
- Experience: The person’s perspective on the event and whether the event is viewed as traumatizing.
- Effects: The immediate or long-term response to the events, such as retraumatization and difficulty coping, trusting, interacting with others, and carrying out responsibilities.

**15. B:** If a victim of sexual assault is brought to the hospital by police officers and the patient tells the nurse examiner that she threw her clothes in the waste basket in her home after the assault, the action that the nurse examiner should take regarding the clothes is to tell the police where the clothing is located. It is then the police’s responsibility to secure the clothing as evidence.

**16. D:** Sperm is rarely found in the oral cavity after 6 hours because of the action of bacteria and saliva on the sperm. If the patient brushes the teeth or uses mouthwash, this will effectively shorten the time as well. As evidence, only sperm collected in the mouth is proof of oral sexual assault although finding sperm in the patient’s hair or on the face or neck is consistent with oral sexual assault.

**17. C:** If a patient is administered prophylaxis for sexually transmitted diseases, such as chlamydia and gonorrhea, the patient should be advised to refrain from sexual contact for seven days in order to ensure that the STD, if present, is eradicated. Even without symptoms, a person who is infected may spread the infection to others. A condom may offer some protection, but it is not foolproof, so the partner is at risk.

**18. A:** Sexual assault females who are up to 45 years should receive the human papillomavirus vaccinations. Previously, the CDC and FDA recommended the vaccinations for only those 26 and younger, but they updated their recommendations recently because the vaccinations now guard against a wide range of HPV infections, and even those women exposed to some HPV infections may gain protection against other strains. HPV vaccines include:

- Gardasil: Effective against HPV 6, 11, 16, and 18.
- Gardasil 9: Effective against HPV 6, 11, 16, 18, 31, 33, 45, 52, and 58

**19. D:** If a patient agrees to the physical and forensic exam but refuses to report the sexual assault to the police, the assault can be reported later if the patient wants. If the attack occurred in a jurisdiction that requires that sexual assaults be reported to law enforcement, the nurse examiner should advise the patient of this requirement although the patient is not required to actually discuss the attack with the police.

**20. B:** If a patient appears intoxicated and is extremely sedated, amnesic, bradycardic, and hypotensive, with respiratory rate of 6 per minute, flunitrazepam (Rohypnol) should be suspected. These symptoms may indicate an overdose. An overdose of flunitrazepam is particularly dangerous if combined with alcohol or other drugs. Flumazenil may be administered as an antidote, but it is dangerous if the patient is a habitual user of flunitrazepam or has taken other drugs as well.

**21. B:** With strangulation, a victim loses consciousness after about 10 seconds of pressure to the carotid arteries. Indications may include hoarse throat, dyspnea, difficulty swallowing, coughing, flushed face. Injured nose, petechiae/bleeding of ears, swollen mouth, and bruising and swelling about neck. Ligature or finger/fingernail marks may also be evident about the neck. Some may also



exhibit behavioral changes, such as difficulty concentrating, combative behavior, PTSD, hallucinations, amnesia, loss of memory, headache, and dizziness.

**22. C:** Skull fracture (typically a basal skull fracture) is often associated with ecchymosis about the eyes (raccoon eyes) and behind the ear (Battle's sign) over the mastoid process. Patients may also exhibit leaking of cerebral spinal fluid from the nose or ear. If fractures are undisplaced and the scalp is intact, no surgical intervention is generally indicated. Displaced fractures are the greatest cause of concern because they may result in underlying brain injury.

**23. C:** Open wounds, such as a three-centimeter laceration, should be attended to prior to the formal physical and forensic exam although the size and shape of the wound must be noted so that it can be properly documented, and if bleeding is not severe, photographs may be taken as well before treatment. Emergent wounds also include knife wounds and gunshot wounds because of the danger of internal bleeding and infection.

**24. D:** Bedrails are most indicated for a patient who is restless, confused, and agitated because this patient is most at risk for falling from the examining table. Other patients who may need bedrails include those who are intoxicated or suffer from dementia. If a patient is angry and belligerent, bedrails may be inferred as an act of aggression. Patients should not be left unattended, especially any patient at risk of falling.

**25. B:** An indication of suicidal ideation is when a patient states she is giving away all of her belongings. While there may be other reasons, this should be a red flag and indicates the need for further discussion and referral if indicated to a therapist for counseling. Patients may become withdrawn and depressed although once a patient decides to commit suicide, there may appear to be an improvement in mood, and this can be deceiving.

**26. C:** A positive finding on the Primary Care Post-Traumatic Stress Disorder (PC-PTSD screening tool), which consists of 4-questions, is three "yes" answers. The questions:

- Have you had nightmares about the event or thought about it even when you didn't want to?
- Have you tried hard not to think about the event or gone out of your way to avoid situations that remind you of it?
- Have you been constantly on guard, watchful or easily startled?
- Have you felt numb or detached from others, activities, or your surroundings?

**27. D:** When swabbing for a sexually transmitted disease culture from a female patient, the nurse examiner should take the sample from the cervical os; therefore, a speculum exam is needed for the test. If the sample is taken from a male patient, it is taken from inside the urethra. Because the culture can take up to 72 hours to grow, and follow-up visits are often missed, cultures are often not taken and prophylaxis given instead.

**28. A:** The first step in giving victims of sexual assault victim-centered care is giving the patients priority when they come to the emergency department. Patients should not have to wait for care or be left unattended to cope on their own. Patients must be assured of privacy and safety and the exam adapted to the patients' needs and situations. Patients must be treated empathetically and with respect for their wishes. Each step of the exam process should be explained.

**29. C:** If a sexual assault patient states that she can't talk about the assault, the best response is, "Can you just point out to me where you were injured." This respects the patient's wishes while encouraging the patient to participate in the exam. Once the patient feels more comfortable, she

may be able to talk more about the assault. It's important to avoid exhaustive detailed questioning about the assault as this may be very stressful for the patient.

**30. A:** If a patient has vaginal pain, bite marks, and tearing but is unsure if she was assaulted, this is likely an indication that the sexual assault was alcohol or drug-facilitated. Victims of sexual assault are often confused about the order of events during a sexual assault and may even contradict themselves at times. Additionally, they may later remember details that they didn't recall initially because of the stress of the assault. Trembling is a stress response.

**31. D:** A patient can be offered pregnancy prophylaxis for up to 5 days after a sexual assault. After 5 days, patients should be advised to return for pregnancy testing if the next menstrual period is missed. Pregnancy prophylaxis is contraindicated if the patient is already pregnant, and that may be the case if the patient delays coming for treatment. If the patient is pregnant at a later date, then the patient must make a decision about continuing the pregnancy.

**32. A:** Counting backward from 20 to 1 is part of the Six-Item Cognitive Impairment Test (6CIT) used to assess patients. Items include:

- What is the year?
- What is the month?
- Listen while I tell you a 5-part address and try to remember: ex. Jones, Mary. 17 Birch Place, St. Louis, MO.
- About what is the time? [Estimate should be within an hour.]
- Count backward from 20 to 1.
- Say the months of the year in reverse.
- Repeat the phrase that I asked you to remember.

**33. C:** According to the CDC, gonorrhea, bacterial vaginosis, trichomonas, and chlamydia are the STDs most often associated with sexual assault. Patients are also at risk to a lesser degree of syphilis, chancroid, hepatitis B, and HIV as well as human papillomavirus. Testing is often deferred at the time of the assault in favor of administration of prophylaxis because a positive finding may indicate a previous infection, and infection resulting from the assault may show up later.

**34. C:** If a patient were to test positive for pregnancy within two hours of a sexual assault, the nurse examiner should withhold pregnancy prophylaxis because the patient was already pregnant at the time of the assault. Pregnancy tests are not generally positive until at least 7 days after conception, and some tests aren't accurate until a week after a missed period. The patient should be told about the pregnancy and the fact that it was not associated with the assault.

**35. B:** All victims of sexual assault with breaks in the epidermis/mucosa and no history of tetanus vaccination in 10 years (or unknown status) should receive a tetanus injection (0.5 mL/IM). If the wound is at high risk (penetrating, dirty) and the patient has not received a tetanus immunization previously or had fewer than 3 doses the patient should also receive human tetanus immune globulin (HTIG) (250 IU/IM) in a separate site from the immunization. If the patient has never been vaccinated previously, then the patient should be referred for the additional four injections of the series. At least 2 doses four weeks apart are essential.

**36. D:** If a male patient was sexually assaulted and has a tear on the visible line of tissue that extends from the anus to the scrotum, this tissue is called the median raphe. The distal end of the anal canal is the anal verge. The pectinate (AKA dentate) line separates the upper two thirds of the