

## SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) COMPETENCY ASSESSMENT

Directions: To be completed following initial training and verified annually for all non-licensed independent practitioner (non-licensed independent providers) health care providers who perform Sexual Assault Forensic Examinations (SAFEs).

**Purpose:** To facilitate high quality, consistent, safe, and effective professional practice.

**Competency Statement:** This competency will be used to assess and document abilities and skills for all non-licensed independent providers who perform Sexual Assault and Forensic Examinations (SAFE) for patients ages 18 years and older. Each applicable component of the competency must be completed satisfactorily in order to independently perform SAFEs. Licensed Independent Practitioners who already have privileges in physical examinations of male and female patients, and pelvic exams for female patients, will follow the credentialing and privileging process.

**Prerequisite Competency:** None

**Prerequisite Criteria:** Sexual Assault Forensic Examiner (SAFE) duty assignment

**Method of Instruction:** Sexual Assault Forensic Examiner Training/review of protocol/demonstration by preceptor

**Method of Evaluation:** (1) Demonstration (2) Direct Observation (3) Interaction (4) Verbal

**Preceptor Qualifications:** SAFE Preceptors will be assigned by command.

### Completion Instructions:

- Health care provider must complete the prerequisite educational training, perform the required clinical examinations, and be evaluated on the skills listed below:
- Preceptor must make a determination that the named individual can or cannot properly demonstrate SAFE examiner competency and record a final determination of competency of either met or not met on the Sexual Assault Forensic Examiner (SAFE) Core Competency Summary Page. Competency in total is met/not met.
- Preceptor must file SAFE Competency Assessment in the preceptee's training record per command protocol.

SAFE Examiner's Name: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Medical Treatment Facility: \_\_\_\_\_

Competency Start Date: \_\_\_\_\_

Competency Completion Date: \_\_\_\_\_

Perceptee's Name: \_\_\_\_\_

Prerequisite Training	Method of Assessment	Met / Not Met (check one)	Comments
Successful completion of the following training:			
<p>1. Sexual Assault Forensic Examiner Training to include:</p> <ul style="list-style-type: none"> <li>• Completion of Sexual Assault Forensic and Clinical Management- A Virtual Practicum</li> <li>• Completion of Sexual Assault Forensic Examinations in Navy Medicine</li> </ul>	<p>Verification of completion of:</p> <ul style="list-style-type: none"> <li>• Sexual Assault Forensic and Clinical Management- A Virtual Practicum</li> <li>• Sexual Assault Forensic Examinations in Navy Medicine</li> </ul>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>2. Review of Instructions, Forms and local Command Sexual Assault Policy:</p> <ul style="list-style-type: none"> <li>• Review Sexual Assault Prevention and Response (SAPR) Program- BUMEDINST 6310.A</li> <li>• Review Department of Defense Instruction: Sexual Assault Prevention and Response Program Procedures, NUMBER 6495.02. Available online: <a href="http://sapr.mil/media/pdf/directives/649502p.pdf">http://sapr.mil/media/pdf/directives/649502p.pdf</a></li> <li>• DD Form 2911 (Sep 2011). Forensic Medical Report: Sexual Assault Examination               <ul style="list-style-type: none"> <li>* DD Form 2911 Instructions (Victim)</li> <li>* DD Form 2911 Instructions (Suspect)</li> </ul> </li> <li>• A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents. Second Edition. U. S. Department of Justice. April, 2013.</li> </ul>	<p>(1) Demonstration (2) Direct Observation (3) Interaction (4) Verbal</p>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Perceptee's Name: \_\_\_\_\_

<b>Competency (Knowledge, Skill and Ability)</b>	<b>Method of Assessment</b>	<b>Met / Not Met (check one)</b>	<b>Comments</b>
<b>Sexual Assault Prevention and Response (SAPR) Team</b>	Demonstrates an understanding of the roles and responsibilities of SAPR team members.		
1. Knowledge and understanding of the Sexual Assault Response Team process and the roles of all first responders. (SARC, Victim Advocate, Chaplain, Law Enforcement, Behavioral Health, Legal)		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<b>Consent</b>	Performs proper consent procedures to conduct a SAFE.		
1. Obtains signed consent prior to performing a SAFE.	(1) Demonstration (2) Direct Observation (3) Interaction (4) Verbal	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<b>History</b>	Performs interview of the patient (victim) to obtain detailed history.		
1. Obtains appropriate comprehensive history of sexual assault events including pre and post assault.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. Properly and legibly documents on required DD Forms and medical record.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Perceptee's Name: \_\_\_\_\_

<b>Competency (Knowledge, Skill and Ability)</b>	<b>Method of Assessment</b>	<b>Met / Not Met (check one)</b>	<b>Comments</b>
<b><u>Patient Assessment.</u></b>	Performs detailed assessment related to appropriateness of the level of care and collection of evidence.		
1. Knowledge and demonstration of forensic sexual assault examination per DD Form 2911 and the Sexual Assault Evidence Collection kit.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. Assessment of physical, psychological, and social needs of patient.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. Identification of cultural, religious, and gender relationships and the influences on illness or injury of sexual assault victims.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
4. Knowledge of psychosocial dynamics in sexual assault cases to include military specific considerations.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Perceptee's Name: \_\_\_\_\_

<b>Competency (Knowledge, Skill and Ability)</b>	<b>Method of Assessment</b>	<b>Met / Not Met (check one)</b>	<b>Comments</b>
<p><b>Physical Examination Practicum.</b></p> <p>Examinations listed below will be documented in Appendix B: Sexual Assault Forensic Examination Clinical Competencies Examination Record.</p>	<p>Performs detailed assessment related to appropriateness of the level of care and collection of evidence.</p>		
<p>1. Performs a minimum of 6 actual or simulated female physical assessments, to include a speculum and pelvic exams, with a qualified medical provider. ( 3 with assistance and 3 independently)</p>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<p>2. Performs a minimum of 6 actual or simulated male physical assessments with a qualified medical provider. ( 3 with assistance and 3 independently)</p>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<p>3. Performs a minimum of 4 victim sexual assault forensic examinations, actual or simulation, according to established protocol for forensic sexual assault examinations including anoscope (if applicable), colposcope (if applicable) or digital camera, with macrolens if available. ( 2 with assistance and 2 independently, 1 of each gender)</p>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<p>4. Understands the difference between documentation for medical care in AHLTA/ESSENTRIS and documentation of the forensic examination.</p>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	

Perceptee's Name: \_\_\_\_\_

<b>Competency (Knowledge, Skill and Ability)</b>	<b>Method of Assessment</b>	<b>Met / Not Met (check one)</b>	<b>Comments</b>
<p><b>Physical examination and evidence collection competencies.</b></p> <p>1. Demonstrates an understanding of the need to be objective when performing victim and/or suspect examinations, and perform all examinations in an unbiased manner.</p>	<p>Performs a detailed head to toe examination from external to internal identifying signs of trauma and collects appropriate evidence based on the interview of the patient and/or family, medical record review, and other accessible, objective information related to sexual assault.</p>		
<p>2. Explains procedures to patient.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>3. Demonstrates proper technique for wearing and changing gloves during exam.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>4. Demonstrates knowledge and understanding of genital anatomy and ability to identify trauma for male and female patients.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>5. Obtains lab and toxicology samples (blood, urine, etc), if not already completed.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>6. Demonstrates knowledge of proper collection of forensic specimens, and an understanding of DNA and trace evidence.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>7. Demonstrates knowledge and appropriate use of the DoD Sexual Assault Evidence Collection Kit.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>8. Performs head to toe physical examination for forensic evidence collection (external to internal).</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>9. Demonstrates proper handling and collection of all clothing needed to preserve evidence and label appropriately.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>10. Identifies any signs of trauma (genital and non-genital) and foreign material.</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<p>11. Shows proper use of alternate light source (Wood's Lamp or Illumicam).</p>		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Perceptee's Name: \_\_\_\_\_

<b>Competency (Knowledge, Skill and Ability)</b>	<b>Method of Assessment</b>	<b>Met / Not Met (check one)</b>	<b>Comments</b>
12. Demonstrates proper oral evaluation and collection of evidence for oral assault or injury based on examination and history obtained.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
13. Demonstrates proper use of toluidine blue dye to highlight injuries and understands proper situations to use.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
14. Demonstrates proper female genital examination including vaginal speculum exam and collection of evidence.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
15. Demonstrates proper handling of all evidence to include labeling and chain of custody.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
16. Demonstrates proper male genital examination and collection of evidence.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
17. For anal penetration and/or rectal assault, demonstrates proper perianal exam anoscope (if applicable/authorized) examination and collection of evidence.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
18. Demonstrates proper procedure to obtain STI cultures.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<b>Photographic evidence.</b>	Properly collects, labels, and maintains chain of custody of all forensic photography collected during a sexual assault examination.		
1. . Demonstrates proper use of forensic digital and/or standard camera photography techniques.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Perceptee's Name: \_\_\_\_\_

<b>Competency (Knowledge, Skill and Ability)</b>	<b>Method of Assessment</b>	<b>Met / Not Met (check one)</b>	<b>Comments</b>
2. Demonstrates proper techniques used to photograph injury using a ruler to verify size in one photograph.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. Demonstrates proper documentation and forensic photography skills as related to sexual assault with the use of colposcope or digital camera.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
4. Photographs victim ID card and face at the beginning and end of digital card/film for identification purposes.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
5. Properly photographs distinguishable markings.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
6. Properly labels photographs.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
7. Demonstrates proper storage of photographic evidence.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
8. Demonstrates understanding that patient should return within 24-48 hours if there are points of tenderness to assess for bruising and to photograph any injury stages of healing.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Perceptee's Name: \_\_\_\_\_



<b>Competency (Knowledge, Skill and Ability)</b>	<b>Method of Assessment</b>	<b>Met / Not Met (check one)</b>	<b>Comments</b>
<p><b><u>Treatment and Evaluation</u></b></p> <p>1. Demonstrates knowledge of prophylactic treatment of sexual transmitted infections (STIs) using current CDC and DOJ treatment recommendations to include follow-up. (Or refers to qualified medical provider.)</p>	<p>Provides crisis intervention and latest medical treatment protocols for STIs, emergency contraception, and coordinated team referrals for patients and their families families involved in sexual assault.</p>	<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<p>2. Demonstrates knowledge of treatment of emergency contraception per current CDC and DOJ recommendations to include antimetics. (Or refers to qualified medical provider.)</p>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<p>3. Identifies high risk factors for HIV transmission and provides prophylaxis treatment per current CDC and DOJ recommendations to include follow-up. (Or refers to qualified medical provider.)</p>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<p>4. Identifies high risk factors for Hepatitis B transmission, determines immunization status of victim and prevention per current CDC and DOJ recommendations to include follow-up. (Or refers to qualified medical provider.)</p>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<p>5. Provides appropriate medical evaluation, treatment, documentation and photography of injuries sustained during sexual assault. (Or refers to qualified medical provider.)</p>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<p>6. Provides coordinated team approach for follow- up including:</p>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<ul style="list-style-type: none"> <li>• Provides referrals to Behavioral Health, Social Services, and other services as indicated.</li> </ul>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<ul style="list-style-type: none"> <li>• Provides follow up medical appointments for STI, pregnancy, assessment of injury healing phases/follow-up photography (with same SAFE provider if possible) and re-examination as indicated.</li> </ul>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	
<ul style="list-style-type: none"> <li>• Verifies the patient has a change of clothes and that the victim has an escort to a safe location. SARC or VA may offer assistance with these items.</li> </ul>		<p><input type="checkbox"/> Met    <input type="checkbox"/> Not Met</p>	

Perceptee's Name: \_\_\_\_\_

<b>Competency (Knowledge, Skill and Ability)</b>	<b>Method of Assessment</b>	<b>Met / Not Met (check one)</b>	<b>Comments</b>
<b>Specific Populations.</b>	Able to identify special population needs and perform necessary examinations and procedures.		
1. Demonstrates knowledge and performance of suspect examination and collection of evidence.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. Demonstrates basic knowledge and understanding of drug facilitated "acquaintance rape" sexual assault and toxicology procedures for collection of blood and urine specimens using the Drug Facilitated Sexual Assault Blood and Urine Specimen Collection Kit.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. Demonstrates knowledge of current drugs and alcohol ingestion associated with sexual assaults.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
<b>Documentation.</b>	Identifies required DoD forms. Creates accurate and legible documentation.		
1. Demonstrates knowledge of proper Sexual Assault care medical codes.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. Demonstrates understanding of chain of custody, including documentation.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. Demonstrates knowledge of proper procedure to secure evidence cannot be immediately handed over to investigative services or mailed to the storage facility.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Perceptee's Name: \_\_\_\_\_

<b>Competency (Knowledge, Skill and Ability)</b>	<b>Method of Assessment</b>	<b>Met / Not Met (check one)</b>	<b>Comments</b>
<b>Legal Practice.</b>	Demonstrates an understanding of legal implications.		
1. Demonstrates an understanding of reporting laws for DoD and local jurisdiction.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
2. Demonstrates knowledge and understanding of the victim reporting options (restricted and unrestricted).		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	
3. Demonstrates knowledge and understanding of the victim preference statement obtained by the SARC or VA.		<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

Perceptee's Name: \_\_\_\_\_

## Appendix A: Sexual Assault Forensic Examination (SAFE) Core Competency Summary

This professional competency includes the comprehensive assessment and evaluation of care to perform Sexual Assault Forensic Examinations (SAFE) to include:

- Ability to provide care that is victim-centered, gender sensitive , compassionate, an non-judgmental.
- Ability to identify special populations and perform SAFE examinations in a supportive manner.
- Knowledge and understanding of the roles of the Sexual Assault Prevention and and Response (SAPR) team members.
- Knowledge and understanding of victim reporting options.
- Knowledge and understanding of victim and suspect exams.
- Knowledge and understanding of maintaining objectivity in relation to victim and suspect in sexual assault cases.
- Knowledge and understanding of proper documentation and required DoD Forms.
- Performs proper consent procedures necessary to adhere to reporting laws related to appropriateness of the level of care and procedures performed.
- Performs a detailed head to toe examination from external to internal identifying signs of trauma and collecting appropriate evidence based on the interview of the patient and/or family, medical record review and other accessible objective information related to sexual assault .
- Properly collects, packages, labels and maintains chain of custody of all evidence collected during a sexual assault examination
- Ensures that emergency contraception and prophylaxis for sexually transmitted infections (STIs) including HIV have been offered to the victim if clinically indicated per Centers for Disease Control and Prevention (CDC) recommendations.
- Ensures appropriate services have been consulted (e.g. Behavioral Health, Preventive Medicine).
- Ensures victim has follow-up appointment(s) with primary care manager including follow-up testing for STIs and pregnancy.
- Understanding of legal implications and accountability for professional development as a health care provider who performs Sexual Assault Forensic Examinations.

I consider myself competent to perform Sexual Assault Forensic Examinations (SAFE) as indicated above.

Preceptee's Printed Name: \_\_\_\_\_ Preceptee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Preceptor:** Make a final determination that the named individual can or cannot properly demonstrate competency to perform SAFE examinations. Competency in total is either met or not met. Document the determination of competency below by circling either can or cannot demonstrate SAFE examinations competency and either met or not met competency determination.

**Frequency of Competency Monitoring:** Annually

**Determination of Competency:**

The above named individual can/cannot properly demonstrate SAFE examination competency.

Competency in total is **met/not met**; each applicable component of the competency assessment must be completed satisfactorily in order to independently perform Sexual Assault Forensic Examinations.

Preceptor's Printed Name: \_\_\_\_\_ Preceptor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor's Title/Rank: \_\_\_\_\_ Treatment Facility: \_\_\_\_\_

**Appendix B: Sexual Assault Forensic Examination (SAFE) Clinical Competencies Examination Record**

Examinations do not need to be completed the same day.

<b>Task</b>	<b>Type</b>	<b>Date</b>	<b>MTF/Facility</b>	<b>Preceptor</b>	<b>Signature</b>
<b>1. Examinations: Female</b> Performs a minimum of 6 actual or simulated initial female physical assessments, speculum and pelvic, with a qualified medical provider.					
<b>1A. Examination: Female</b>	with Assistance				
<b>1B. Examination: Female</b>	with Assistance				
<b>1C. Examination: Female</b>	with Assistance				
<b>1D. Examination: Female</b>	Independent				
<b>1E. Examination: Female</b>	Independent				
<b>1F. Examination: Female</b>	Independent				

Perceptee's Name: \_\_\_\_\_

**Appendix B: Sexual Assault Forensic Examination (SAFE) Clinical Competencies Examination Record**

Examinations do not need to be completed the same day.

<b>Task</b>	<b>Type</b>	<b>Date</b>	<b>MTF/Facility</b>	<b>Preceptor</b>	<b>Signature</b>
<b>2. Examinations: Male</b> Performs a minimum of 6 actual or simulated male examinations with a qualified medical provider.					
<b>2A. Examination: Male</b>	with Assistance				
<b>2B. Examination: Male</b>	with Assistance				
<b>2C. Examination: Male</b>	Independent				
<b>2D. Examination: Male</b>	Independent				
<b>2E. Examination: Male</b>	Independent				
<b>2F. Examination: Male</b>	Independent				

Perceptee's Name: \_\_\_\_\_

**Appendix B: Sexual Assault Forensic Examination (SAFE) Clinical Competencies Examination Record**

Examinations do not need to be completed the same day.

<u>Task</u>	<u>Type</u>	<u>Date</u>	<u>MTF/Facility</u>	<u>Preceptor</u>	<u>Signature</u>
<b>3. Victim Sexual Assault Forensic Exam (SAFE):</b> Performs a minimum of 4 victim sexual assault forensic examinations, actual or simulation, according to established protocol for forensic sexual assault examinations including anoscope (if applicable), colposcope (if applicable) or digital camera, with macrolens if available.					
<b>3A. SAFE Examination: Female (Victim)</b>	with Assistance				
<b>3B. SAFE Examination: Female (Victim)</b>	Independent				
<b>3C. SAFE Examination: Male (Victim)</b>	with Assistance				
<b>3D. SAFE Examination: Male (Victim)</b>	Independent				

Perceptee's Name: \_\_\_\_\_

**Appendix B: Sexual Assault Forensic Examination (SAFE) Clinical Competencies Examination Record**

Examinations do not need to be completed the same day.

<b>Task</b>	<b>Type</b>	<b>Date</b>	<b>MTF/Facility</b>	<b>Preceptor</b>	<b>Signature</b>
<b>4. Suspect Sexual Assault Forensic Exam (SAFE) Performs a minimum of 4 suspect sexual assault forensic examinations, actual or simulated according to established protocol.</b>					
<b>4A. SAFE Examination: Female (Suspect)</b>	with Assistance				
<b>4B. SAFE Examination: Female (Suspect)</b>	Independent				
<b>4C. SAFE Examination: Male (Suspect)</b>	with Assistance				
<b>4D. SAFE Examination: Male (Suspect)</b>	Independent				

Perceptee's Name: \_\_\_\_\_