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### Title

Sexual Assault Forensic Examiner Recruitment and Retention

### Permalink

<https://escholarship.org/uc/item/19f4c4q6>

### Journal

Journal of Forensic Nursing, 18(1)

### ISSN

1556-3693

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### Publication Date

2022

### DOI

10.1097/jfn.0000000000000358

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Peer reviewed

**Sexual Assault Forensic Examiner Recruitment and Retention (SAFERR): Using  
Simulation to Teach a Trauma Informed Interview**

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We have no conflicts of interest to disclose

Statement of funding: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number T96HP32507 Advanced Nursing Education and Workforce.

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## **Abstract**

Traditionally, sexual assault nurse examiner training focuses on exam skills and evidence collection. Gathering history and supporting the patient in a trauma informed approach are equally important components of post-assault care. Simulation is an established tool in healthcare education, however, there is limited research on applying simulation to the training of sexual assault nurse examiners. The Sexual Assault Forensic Examiner Recruitment and Retention (SAFERR) program developed and delivered standardized patient simulated scenarios to teach elements of trauma-informed sexual assault interviews. Simulation allowed trainees the opportunity to practice interviews and receive direct feedback from the standardized patient actor and experienced examiners. Evaluation results demonstrated that learners valued this opportunity, endorsing that it improved their ability to conduct a forensic interview. This innovative program introduced a framework for training new examiners on trauma informed interview techniques, using standardized patients.

## [Title]

Across the United States there is a need for more sexual assault examiners (Government Accountability Office, 2016). When trained forensic examiners care for survivors of sexual assault, patient outcomes are improved and prosecution rates are increased (Campbell et al., 2012). Training of new sexual assault nurse examiners (SANEs) is fundamental to ensuring there are ample providers to care for survivors of sexual assault. Training and onboarding new examiners poses challenges. Cases of sexual assault present at unpredictable times in healthcare settings, making it difficult to provide ample and consistent opportunities for new examiners. In some settings there are few opportunities to practice the skills of the forensic interview and exam (Gonnering, 2015).

Due to a lack of clinical experience opportunities, there may be significant lag time between when new examiners complete their didactic training and when they are prepared to begin practicing (Witt et al., 2015). Simulation, in nursing education, has been used to increase learners' confidence in situations that have not been encountered frequently in training (Goodman & Winter, 2017). Simulation can take many forms, with varying levels of fidelity, from realistic plastic models to live human actors. Simulation training provides the opportunity for learners to practice patient encounters in a realistic environment.

Forensic simulation experiences build confidence (Blumling et al., 2018; Drake et al., 2020), resulting in high satisfaction for participants (Blumling et al., 2018; Witt et al., 2015). Most of the studies examining the use of simulation to enhance forensic nursing practice have focused on enhancing the psychomotor skills necessary for conducting the medical forensic exam. Previous research has analyzed skill development for intimate partner violence examinations (Blumling et al., 2018; Drake et al., 2020), gunshot wounds (Drake et al., 2020),

and sexual assault exams (Baker et al., 2016; Chandramani et al., 2020; Scannell et al., 2015). However, research is lacking in the use of simulation to strengthen the skills of the forensic interview.

Use of actors or standardized patients (SPs), have been used in nursing education to develop communication skills (Kaplonyi et al., 2017). However, the use of simulation with SPs, to teach interview skills has not been fully explored in the literature. To address this gap, the [X] program was developed to provide learners an opportunity to gain skills in interviewing techniques, using SPs. This unique training program leveraged the known benefits of simulation to improve upon existing training for SANEs. Innovative training programs are essential to facilitate new SANEs entering the workforce. Increasing confidence in SANEs' ability to conduct a sexual assault forensic interview is an important part of this process.

### **Trauma Informed Sexual Assault Forensic Interview**

After a sexual assault, both the forensic medical exam and interview can be a difficult experience for the patient. The invasive nature of the exam as well as the detailed questions in the interview have a potential to re-traumatize a patient. Experiencing trauma can have long-term effects on the individual's physical and mental state (Substance Abuse and Mental Health Services Administration, 2014). Changes in brain structure have been observed in patients with post-traumatic stress disorder (Bremner, 2006). Immediate and long-term health effects of trauma can include physical injury, sexually transmitted infections, unwanted pregnancy, premature death, chronic illness, psychiatric illness, substance use, homelessness, and learning or behavior problems (Campbell et al., 2018; Paterno & Draughon, 2016). It is therefore important that examiners understand trauma and avoid re-traumatization of the patient.

Trauma-informed care is a framework that highlights the importance of empowering

patients and avoiding re-traumatization. The Substance Abuse and Mental Health Services Administration (SAMHSA) (2014) described four key pillars of trauma informed care, understanding of the effects of trauma on the brain, recognizing trauma, providing extensive training, and resisting re-traumatization. A trauma-informed approach is important in delivering patient-centered, high quality care to survivors of sexual assault (Reeves & Humphreys, 2018).

Training programs often do not include information on how to implement these techniques during the forensic interview. New examiners often are not able to rehearse interviews before having to conduct one on a patient. Integration of trauma informed principles into preparing examiners for the interview is needed in the field. This paper will specifically discuss the simulation component of the Sexual Assault Forensic Examiner Recruitment and Retention (SAFERR) program and its contribution to existing training programs for SANEs.

### **Background of Simulation Exercises for SAFERR Program**

The use of simulation in nursing training has been shown to be effective as a tool to evaluate clinical skills and the interaction between the provider and patient (Aronowitz et al., 2017). Use of simulation, specifically for training learners on how to perform a forensic interview, is a novel approach. The SAFERR program used simulated experiences between a patient and forensic examiner to allow learners to practice in a safe, predictable environment. This enabled trainees to rehearse the encounter before interacting with a real patient. As was previously discussed, avoiding re-traumatization is a core element of providing this type of care (Substance Abuse and Mental Health Services Administration, 2014). After a sexual assault, the forensic exam and interview may be re-traumatizing to the patient, highlighting the need to use a trauma informed approach.

Incorporating a trauma informed approach, the SAFERR program trained learners how to

use these techniques in forensic interviews. By creating an environment to practice simulations, learners are better prepared to address the needs of their patients. In the SAFERR program, learners received feedback from experienced sexual assault forensic examiners and from the SP actor. This unique opportunity allowed learners to receive constructive feedback, from the patient perspective, on how to improve communication.

### **Development of Simulation Exercises for SAFERR Program**

The simulation cases for the SAFERR program were developed in partnership with community sexual assault response teams (SARTs). A male and female case were selected among actual cases from SARTs. In choosing cases to include, it is important to consider the level of difficulty or complexity. The SAFERR training was designed for beginning learners that have little or no experience working as SANEs. Less complex cases were chosen, as is appropriate for less experienced learners, however, subsequent trainings could include various levels of difficulty. Training materials were created by using a template developed for Objective Standardized Clinical Examinations (standardized patient encounters used to test examination and clinical reasoning skills). Modifications appropriate for the sexual assault forensic interview were made to this existing template.

For learners to have similar experiences, standardization is a key part of simulation. Every experience will not be identical, as standardized patient actors and learners are real people with varying styles. However, a level of consistency can be achieved by creating detailed background materials and by training the SP actors. In preparation for the simulation exercises, the SAFERR Project Director conducted a four-hour training with the actors to review the scenario, role play the interview, and answer any questions. Included in this training for the actors was information on vicarious trauma. Hearing stories of trauma can trigger people and

permission is given to the actors to stop the simulation if needed. By rehearsing the scenario actors will be able to anticipate any feelings that come up for them before they participate in the actual exercise with the learners. The actors were trained that if a learner is triggered during the exercise the experienced examiner, who is observing, will step in to end the simulation.

The training materials for each case included: patient profile, presentation/emotional tone, educational objectives, opening line and history of present illness. The patient profile was a short description of the patient. The presentation or emotional tone was a description of the emotional state of the patient, so that the SP understood the tone with which they should answer questions. The educational objectives for the SP were as follows, to accurately reveal the facts about the patient's story, complete the learner's evaluation, and give the learner feedback from the perspective of the patient. The opening line is a way to set the stage for the encounter. For example, in one case the opening line was "I want to do it all. I want this guy to go to jail for what he did to me." Providing this opening line to the SP helped create a similar tone for all the interactions.

Lastly, the history of present illness section included a detailed account of the patient's story and a detailed answer to all the questions that the learner may ask the SP. In California, where the [X] training is based, there is a standardized form that is required for all sexual assault forensic interviews and exams. It is important to train examiners to ask the specific questions on this form. The training material included all the questions and responses of the SP. The SP is prepared that the learner may not ask all the questions listed, but with the use of these training materials, the SP is prepared with the information that is relevant to acting out the case.

### **Standardized Patient Feedback**

After the encounter with the SP, the learner was given feedback. The learner received



comments about how their body language, tone of voice, phrasing of questions, and the flow of the interview impacted the interaction. To reinforce strengths, the SPs began the feedback session by asking the learner what they thought went well. Sensitive to creating a supportive environment for novice learners, the positive elements of the interaction were highlighted.

### **Experienced Examiner Feedback**

In addition to receiving feedback from the SP, the learner had an individual debrief session with an experienced sexual assault forensic examiner. The experienced examiner observed the entire interview and feedback session between the learner and the SP. A standardized feedback tool was created for these simulation exercises, focusing on the use of a trauma informed approach and the organization of the interview. The organization or flow of the interview was emphasized because developing a structured method helps to ensure that all questions were asked. If the forensic examiner testifies in court, it is helpful to state confidently that they always conduct the interview and exam in the same way. To further promote confidence in novice examiners, the session ended with reinforcing what the learner did well.

### **Program Outcomes**

Over the course of the SAFERR program four cohorts totaling 79 learners were trained. The training for the first cohort was in-person with both didactic and simulation portions offered in real time. Between the first and second cohort the didactic content of the course was professionally video recorded. Creating online modules with this content, allowed for distribution to remote learners and a resource for enduring material. The second cohort completed their trainings in a hybrid model of on-demand didactic content and in-person simulation experiences.

Due to COVID-19 restrictions on in-person gatherings, the remaining two cohort trainings were shifted completely online. Participants viewed the didactic lectures at their own pacing before the course. Then participants completed a live one-day course via Zoom that included additional didactic lectures, community building, and virtual SP simulation encounters. The SP actors were trained in the same manner as was done for the in-person simulation exercises. The format for the simulation exercises was the same as before the pandemic. Importantly, this pivot to an online, remote training is a model for future course offerings. Providing a teleconference format, so participants do not have to travel, is appealing to many learners who come from rural or more remote areas. Facilitating training for learners across a larger geographic area, will help to increase examiners in communities that traditionally lack access to providers.

## **Evaluation**

Following the trainings, an evaluation survey was sent to all participants. Items were measured on a 5-point Likert-scale ranging from Strongly Disagree to Strongly Agree. Frequencies are presented by cohort on the evaluation items specifically related to the value of the simulation experiences and their impact on knowledge of conducting a sexual assault interview (see Table 1 and 2). Due to small sample size, further statistical testing was not possible to examine differences between cohorts, or differences between pre-COVID (cohorts 1 and 2) and during COVID (cohorts 3 and 4) groups. Across all four cohorts, learners valued the simulation experience. In the post-course evaluation, 97% (n=72) of the respondents indicated that they strongly agreed or agreed that the simulations added value to the overall training (see Table 1). Similarly, the majority of learners strongly agreed or agreed that both the male (n=73, 96%) and female (n=72, 94%) cases increased their knowledge of how to conduct a sexual assault

interview (see Table 2). The overwhelmingly positive endorsement of the inclusion of simulation and its benefit to overall knowledge, demonstrated the importance of using this modality in teaching the forensic interview.

Participants also were given the opportunity to give narrative comments about their experience with the simulations. “I really enjoyed the simulation. I think that even with it being over Zoom it was great. I liked the numerous opportunities to have all questions answered. It was a very safe setting to have my first time using the examiner form.” Another commented, “such a realistic simulation. Felt incredibly real and the feedback from the actors and instructors was wonderful.” A third participant highlighted the impact on future practice, “Mark Jones [SP case] provided me with the opportunity to refine my ability to provide trauma-informed care. I feel this case strengthened my ability to provide a higher level of quality of care to patients who have experienced sexual assault.”

Positive ratings of the simulation experiences were similar for learners in the pre-COVID cohorts compared to those trained during the COVID pandemic. Despite the pivot to a virtual format, the participants valued the simulation experiences. Virtual simulations are a viable option for increasing knowledge of forensic nursing topics.

### **Implications for Clinical Forensic Nursing Practice**

The SAFERR program thus far has trained 79 people in trauma informed interviewing practices. The use of simulations with SPs was an innovative approach that received overwhelmingly positive evaluations from participants. Additionally, the program demonstrated that virtual SP encounters are effective and considered valuable by learners, which has long-term implications for training forensic examiners in rural areas.

The model for this program can be replicated in SANE training programs across the

country. Using SP actors, programs can develop cases to be acted out with SANE learners. The learners should be provided with the basics of trauma informed care and its importance in the forensic interview. Using this framework, learners will be given the tools to practice a trauma-informed interview in the simulation environment. Importantly, learners should receive feedback from experienced examiners as well as the SP actors. This training can be done in person or remotely with the use of a video conferencing platform. The clinical implications, as demonstrated in the SAFERR program, include a streamlined training that instills self-confidence and teaches a trauma informed approach to the interview. Providing an opportunity for novice sexual assault examiners to practice interview skills in a low-stakes setting, increased their knowledge of conducting interviews. Increasing examiners' knowledge improves confidence in practice, which in turn leads to staying in the field longer.

The goal of the program was to both recruit new forensic examiners and provide a comprehensive, trauma focused training that will encourage them to remain in the field of sexual assault care. By including simulations of the forensic interview, participants were given an opportunity to practice essentials skills that had previously been left out of forensic examiners trainings. The development of an innovative, comprehensive, and effective approach to sexual assault forensic examiner training has lasting implications. The model implemented and tested in this training is a building block for continuing the exemplary care that is delivered by SANEs across the country.

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Table 1. Learner endorsement of simulation training value

Statement	Cohort	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Responses (n)
		n (%)	n (%)	n (%)	n (%)	n (%)	
The simulation experience added value to the training	1	0	0	1 (4.8)	1 (4.8)	19 (90.5%)	21
	2	0	0	1 (5.9)	3 (17.6)	13 (76.5)	17
	3	0	0	0	0	15 (100)	15
	4	0	0	0	1 (4.8)	20 (95.2)	21
	Total	0	0	2 (2.7)	5 (6.7)	67 (90.5)	74



Table 2. Learner endorsement of impact of simulation cases on increased knowledge of conducting a sexual assault interview

Statement	Cohort	Strongly Disagree n (%)	Disagree n (%)	Neutral n (%)	Agree n (%)	Strongly Agree n (%)	Responses (n)
The male simulation case increased my knowledge of how to conduct a sexual assault interview	1	1 (5)	0	0	3 (15)	16 (80)	20
	2	0	0	1 (5)	5 (25)	14 (70)	20
	3	0	0	0	2 (13.3)	13 (86.7)	15
	4	1 (4.5)	0	0	3 (14.3)	17 (81)	21
	Total	2 (2.6)	0	1 (1.3)	13 (17.1)	60 (78.9)	76
The female simulation case increased my knowledge of how to conduct a sexual assault interview	1	0	1(4.8)	0	5 (23.8)	15 (71.4)	21
	2	1 (5)	0	2 (10)	4 (20)	13 (65)	20
	3	0	0	0	2 (13.3)	13 (86.7)	15
	4	1 (4.8)	0	0	4 (19)	16 (76.2)	21
	Total	2 (2.6)	1(1.3)	2 (2.6)	15 (19.5)	57 (74)	77