

State of Indiana

Indiana Guidelines for Medical and Forensic Examination of Adult and Adolescent Sexual Assault Patients

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Developed by:

Indiana Coalition Against Sexual Assault
Indiana State Police
Indiana Criminal Justice Institute—Violent Crime Compensation
Governor Orr’s Task Force for the Indiana Sex Crime Victim
Examination Protocol
Fort Wayne Sexual Assault Treatment Center
Indiana Chapter of the International Association of Forensic Nurses

For copies of this manual or more information contact:

INCASA at 317-423-0233 or 800-691-2272

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Acknowledgments

This manual represents years of hard work by many individuals throughout Indiana who recognize the need to address the evidentiary, medical, and emotional needs of the victims of sexual assault/abuse. Under Governor Orr, a task force was formed to develop a statewide protocol for the medical and forensic examination of sex crime patients. Governor Orr's Task Force for Indiana Sex Crime Victim Protocol disbanded in 1990 having produced a complete manual, but without funding for implementation or distribution.

In 1994, the Indiana Coalition Against Sexual Assault and the Indiana Criminal Justice Institute convened another task force to update, revise, and complete the manual developed by Governor Orr's Task Force. This group was similar to the first task force in that its members represented the medical, legal, law enforcement, forensic science, and victim advocacy professions. Members had extensive experience in working with sexually assaulted/abused adults and children.

Both task forces are to be commended for the hours of discussion and research they contributed to develop and update the protocol. Listed below are the members of both task forces and the organizations they represented while on a task force. In 2010 a committee of experts convened to update the manual and changed the name to the Indiana Guidelines for Medical and Forensic Examination of Adult and Adolescent Sexual Assault Patients. Special thanks to the members of this committee who dedicated precious time out of their busy work schedules to update this document.

Thanks are also due to individuals from other states who shared their uniform protocols as the Indiana protocol was developed. In particular, Judi Moseley, of the Ohio Department of Health and Debra Seltzer of the Ohio Coalition Against Sexual Assault were invaluable resources.

2011 Revision Task Force

*Megan Brown BSN, RN, SANE-A, SANE-P
St. Vincent Hospital
Indianapolis, Indiana*

*Leslie Cook RN, MDI, SANE-A, SANE-P
Fort Wayne Sexual Assault Treatment Center
Fort Wayne, Indiana*

*Michelle Ditton RN, SANE- A, SANE-P
Fort Wayne Sexual Assault Treatment Center
Fort Wayne, Indiana*

*Caroline Fisher RN, SANE- A,
Franciscan Alliance~ St. Francis Hospital
Indianapolis, Indiana*

*Anita Carpenter, MA
Indiana Coalition Against Sexual Assault
Indianapolis, Indiana*

*Rebecca Navarro MSN, RN, CEN, SANE-A
Wishard Health Services
Indianapolis, Indiana*

*Holly Renz RN, SANE- A
Madison County Sexual Assault Treatment Center
Anderson, Indiana*

*Paula Reiss MSN, RN, SANE- A,
Clarian Health
Indianapolis, Indiana*

*Diana Moore
Indiana Coalition Against Sexual Assault
Indianapolis, Indiana*

Original Task Force Members:

Gwen Allen, Violent Crime Compensation
Indiana Criminal Justice Institute

Michael P. Barnes, Prosecutor
St. Joseph County

Michael D. Bishop, MD
American College of Emergency
Physicians, Indiana Chapter

Margaret Blythe, MD, Pediatrics/Adolescents
Wishard Memorial Hospital

Det. Brent Brown
Indianapolis Police Department

Barbara Crim-Swanson
Marion County Forensic Services

Lt. Teresa Deal
Indianapolis Police Department

Rogelio "Roy" Dominguez
Worker's Compensation Board

Pamela Froncek, MSN, RN, SANE
Ft. Wayne Sexual Assault Treatment Center

Beth Gelhausen, Executive Director
Prevail

Martha Goddard
Consultant

Patricia Hamby
Marion County Forensic Services

Roberta A. Hibbard, MD, Pediatrics
Wishard Memorial Hospital

Cindy J. Hudnall
Worker's Compensation Board

Christine Jacobson, Deputy Prosecutor
Marion County

Sgt. Larry Jahnke
Marion County Sheriff's Department

Judy Kline, Therapist
The Julian Center

Sarah Meadow, Social Work
Wishard Memorial Hospital

Carol Kohlman
Marion County Forensic Services

Don Kramer
Indiana Hospital Association

John M. Marnocha, Deputy Prosecutor
St. Joseph County

Phil Merk, MD, Pediatrics
Wishard Memorial Hospital

Paul Misner
Indiana State Police Lab

Jeff Modisett, Prosecutor
Marion County

Catherine O'Connor, Executive Director
Indiana Criminal Justice Institute

Stephanie Good, RN, SANE
Ft. Wayne Sexual Assault Treatment Center

Dawn Rice, RN, BSN, SANE
Ft. Wayne Sexual Assault Treatment Center

Tom Richardson, MD
American College of Emergency
Physicians, Indiana Chapter

Claire Roembke, RN
St. Francis Hospital

John Shanks, II
Worker's Compensation Board

Patricia Smallwood, Victim Assistance
Fort Wayne Police Department

Alexandra Walker, Executive Director
Indiana Coalition Against Sexual Assault

Captain William Kuhn
Indiana State Police

Janice Lacey
Indiana State Police

Sharon B. McManus
Prosecuting Attorney's Office
St. Joseph County

PREFACE –

Reports of sexual assaults against adults and adolescents have continued to increase throughout the past decade, though no one knows how many actual assaults actually take place each year. National victimization surveys from the Bureau of Justice Statistics indicate that less than 25% of victims of sex crimes report to law enforcement. Some victims choose not to report the assault because of embarrassment, fear, and/or trauma. Others lack faith in the follow-up treatment and the investigative and prosecutorial systems. Additionally, there is a wide, jurisdictional variance in legal definitions of what constitutes sexual assault and rape.

With child sexual abuse, many children are too young to understand that certain kinds of physical contact by adults or older children are inappropriate. Others may realize something is wrong but are unable to articulate their feelings or are dependent upon their abuser for care. When children do report the abuse to a third party, their story may be dismissed as fantasy or even as a lie. Further complicating the situation is the fact that threats, however, subtle, may be made, which discourage reporting by children. Children can be led to believe something terrible will happen to them or to their family if anyone finds out, or that they are responsible for the abuse.

Traditionally, the successful prosecution of adult and child assault/abuse cases has been difficult. Since the patient often is the only witness to the crime, the collection and documentation of physical evidence, as well as the patient's history is essential in order to provide solid evidence to aid in prosecution. Evidence from the assailant and the crime scene often may be found on the body and the clothing of the patient. When immediate medical attention is received, the chances increase that some type of physical evidence will be found. Conversely, the chances of finding physical evidence decrease in direct proportion to the length of time that elapses between the assault and the examination. The role of providing care and collection of evidence in sexual assault cases has fallen to the physicians and nurses in hospital emergency rooms and sexual assault treatment centers. It is the hope that this document will assist healthcare professionals to:

- Minimize the physical and psychological trauma to the patient of a sex crime;
- Maximize the probability of collecting and preserving the physical evidence for potential use in the legal system; and,
- Address important issues surrounding the medical forensic examination.

Indiana has maintained medical evidence collection guidelines for over a decade. Some states around the country still lack standardized guidelines due to a lack of resources to formulate guidelines or to update current procedures to reflect changes that have taken place in the fields of scientific forensic evidence collection and analysis along with engaging support services.

Under Governor Orr, a Task Force for the Indiana Sex Crime Patient Examination Protocol was formed to address the evidentiary, medical, and emotional needs of the patients of sexual assault/abuse. The Governor's Task Force based much of its work on a protocol developed by a National Advisory Committee.

In 1990, the Governor's Task Force disbanded. Four years later, the Indiana Coalition Against Sexual Assault and the Violent Crime Compensation Fund assembled a new task force, similar in composition to the original task force, in order to update and complete the protocol developed by the Governor's Task Force. The members of the new task force represented the medical, legal, law enforcement, victim advocacy, and forensic science professions, and had extensive experience and expertise in working with adults and children who had been sexually assaulted. Recommendations were based upon the physical and emotional needs of the sexual assault victim, reasonably balanced with the basic requirements of the legal system.

Although evidence collection is the primary focus of the document, basic medical, psychological, and support issues also have been included as much as possible throughout the revised guidelines. However, for more detailed information on the medical, psychological, investigative, and legal aspects surrounding sexual assault treatment, topic-specific literature should be consulted.

For the purpose of these guidelines, the term 'sexual assault' will be used to refer to all sex crimes perpetrated against adults and adolescents, and the term 'sexual abuse' will refer to all sex crimes perpetrated against children, both terms being defined in a broad context as follows: any act of sexual contact or intimacy performed upon one person by another without mutual consent, or without an ability of the patient to give consent due to age, mental or physical incapacity or impairment.

GENERAL INFORMATION

SENSITIVITY TO PATIENT'S NEEDS

While most patients do not, some sexual assault patients suffer severe physical injuries, contract a sexually transmitted infection or other communicable disease, or become pregnant as a result of the incident. In each situation, however, patients will experience varying degrees of psychological trauma, although the effects of this trauma may be more difficult to recognize than physical trauma. An individual's perception of how sexual assault patients should look, dress, or act, and the way those perceptions are conveyed can have a significant affect upon the patient's recovery process in the weeks and months following the crime. Each person has his or her own method of coping with sudden stress/crisis. When severely traumatized, patients can appear to be calm, indifferent, submissive, jocular, angry, or even uncooperative and hostile toward those who are trying to help. All of the responses to the information concerning the circumstances surrounding the assault or a misinterpretation of a patient's reaction to the assault may lead to further traumatization and hinder the interview or evidence gathering process.

For some patients, the problems of poverty and discrimination already have resulted in a high incidence of victimization, as well as inadequate access to quality hospital treatment. There may be a mistrust of medical and law enforcement personnel who can play a vital role in the aftermath of sexual assault, particularly if there has been a history of unpleasant or disappointing experiences with these professionals. It is recommended, therefore, that hospitals serving specific populations seek assistance of reliable community victim advocacy programs and consultants to help develop procedures and counseling resources which will reflect the special needs of those populations.

SPECIAL POPULATIONS

Cultural Considerations

In certain cultures, the 'loss of virginity' is an issue of paramount importance which may render the patient unacceptable for an honorable marriage; in other cultures, the loss of virginity may not be as great an issue as that of the assault itself. Religious doctrines may prohibit a female from being disrobed in the presence of a male who is not her husband, or forbid a genital examination by a male physician. Such practices are considered a further violation. In such instances, a female physician should be made available for patients who request them.

The Elderly Patient

Age is also an important factor to consider when responding to any patient of a sexual assault and when determining the proper method of administering an interview, conducting a medical examination, and providing psychological support.

As with most patients, the elderly patient experiences extreme humiliation, shock, disbelief, and denial. However, the full emotional impact of the assault may not be felt until after initial contact with health care providers, police, legal, and advocacy groups, or even later, when the patient is alone. It is at this time that the older patients must deal with having been violated and possibly diseased, as well as becoming more acutely aware of their physical vulnerability, reduced resilience and mortality. Fear, anger, or depression can be especially severe in older patients, some of whom are isolated, have no confidant and live on fixed incomes.

In general, the elderly are physically more fragile than the young, and injuries from an assault are more likely to be life threatening. In addition to possible pelvic injury and sexually transmitted infections, the older patient may be more at risk for other tissue or skeletal damage and exacerbation of existing illnesses and vulnerabilities. The physical recovery process for elderly patients also tends to be far lengthier than for younger patients.

Hearing impairment and other physical challenges which may be present with advancing age, coupled with the initial reaction to the crime, often renders the elderly patient unable to make his or her needs known, which may result in prolonged or inappropriate treatment. It also is not unusual for the responder to mistake this confusion and distress as senility.

Medical and social follow-up services must be made easily accessible to older patients, or they may not be willing or able to seek or receive assistance. Without encouragement and assistance in locating services, many older patients may be reluctant to proceed with the prosecution of their assailants.

It should be noted that in Indiana there is a mandatory reporting requirement to Adult Protective Services when patients are over the age of 65.

The Disabled Patient

Criminal and sexual acts committed against the disabled (physically, mentally, or communicatively) generally are unreported and seldom are successfully prosecuted. Assailants often are family members, caretakers, or friends who repeat their abuse because their victims are not able to report the crimes against them.

The difficulty of providing adequate communication and treatment to the sexual assault patient is compounded when the patient is disabled. Some have limited mobility, cognitive defects that impair perceptual abilities, impaired and/or reduced mental capacity to comprehend questions, or limited language/communication skills to tell what happened. They may be confused or frightened, unsure of what has occurred, or they may not be able to understand they have been exploited and are victims of a crime.

Additional time should be allotted for evaluation, medical examination, and the collection of evidence. The physically disabled patient may be more vulnerable to a brutalizing assault and may need special assistance to assume the positions necessary for a complete examination

and collection of evidence. Improvisation from normal protocol may be indicated in some instances.

In sexual assault cases involving the communicatively disabled patient the use of anatomically correct dolls have proved to be a successful method of communication. Also under Section 504 of the Federal Rehabilitation Act of 1973, any agency (including hospital and police departments) that directly receives federal assistance or indirectly benefits from such assistance must be prepared to offer a full variety of communication options in order to ensure that hearing-impaired persons are provided effective health care services. This variety of options, which must be provided at no cost to the patient, also includes an arrangement to provide interpreters who can accurately and fluently communicate information in sign language.

Finally, referrals to specialized support services and reports to law enforcement agencies are particularly necessary for the developmentally and physically disabled, who may need protection, physical assistance, and transportation for follow-up treatment and counseling. In Indiana there is a mandatory reporting requirement to Adult Protective Services for individuals with disabilities who present as victims of a crime for care and treatment.

The Male Patient

It is believed that the number of male victims of sexual assault who report the crime or seek medical care or counseling represents only a very small percentage of those actually victimized. Although many adult males do not seek medical care unless they also have been seriously injured, male child victims are now being seen at hospitals in increasing numbers.

There has been significant progress in educating the public toward understanding the concept of sexual assault of both sexes as being an act of violence; however, there still remains a great reluctance on the part of most males to report sexual assault. Present societal and cultural values can make the trauma of the reporting experience by males equal to or greater than that of females.

The male patient may have serious problems concerning his inability to resist the assault or confusion about the nature of his role as a victim/participant because of a possible involuntary physiological response to the assault, such as stimulation or ejaculation. It is just as important for males, as it is for females, to be reassured that they were victims of a violent crime which was not their fault, and that other sexually assaulted males survive to function normally in every way. Referrals to available therapists or advocacy groups with expertise in the area of sexual assault of males are vital to assist in the recovery process.

The Child Patient

Do not use this adult guideline for children who have been sexually assaulted. A children's guideline differs from the adult guideline in many important ways.

The Deceased Patient

Death investigations sometimes indicate the possibility of an associated sexual assault. When such a case exists, it is then appropriate to collect specimens and standards from the patient's body during the postmortem examination (autopsy). The evidence collection kit described in this protocol can be used for deceased persons. The basic collection instructions are modified to require the collection of *all* necessary and obtainable standards such as the whole blood sample, oral, anal, and genital swabbing, combed and pulled head and pubic hairs. It is important that *all* standards are adequate and representative, as the autopsy is the last opportunity to obtain those standards from a deceased patient.

INITIAL LAW ENFORCEMENT RESPONSE*

- A. At this stage the major considerations of the responding officer should be:
 - 1. The safety of the patient and considerations for immediate medical forensic treatment.
 - 2. Preservation of potential forensic evidence and evidence collection, with consideration of multiple scenes.
 - 3. Conduct initial interview.

- B. The responding officer should convey the following information to the sexual assault patient:
 - 1. All interviews are important. The responding officer should explain the information may be vital to the apprehension of the assailant. The officer will relay pertinent information to investigators and also to medical personnel present, although intimate details of the sexual assault itself are not necessarily needed at this point in the investigation.
 - 2. An initial interview should elicit the following information:
 - a. The extent of injuries, if any, to the patient and to the assailant (i.e. was the assailant scratched by the victim?)
 - b. A brief description of what happened (i.e. vaginal, oral, or anal contact, attempted contact, etc.)
 - c. How and where the incident began.
 - d. Where the assault took place (i.e. residence, open area, vehicle, etc.)
 - e. The identity (name) and/or description of the assailant(s), if known or other persons known who may be able to identify the assailant.
 - f. Where the assailant(s) lives and/or works, vehicles used, or areas frequented, if known.
 - g. The direction in which the assailant(s) left and by what means (i.e. if by vehicle, obtain description.)

- h. Were there any threats or use of force employed by assailant?
 - i. Was a weapon used?
 - j. Was the patient strangled?
 - k. Were any children present when the assault took place?
 - l. Items taken from or left at the scene by the patient and/or assailant(s).
 - m. Items used by the assailant to conceal identity or biological evidence (e.g. condom, mask, gloves, items used to wash).
- C. For optimal evidence collection if the assault occurred within the past 72 hours for prepubescent children, 96 - 120 hours for adults/adolescents, or if there are any lingering physical injuries or complaints, the investigating officer should convey:
- 1. The importance of seeking an immediate comprehensive medical forensic examination to assess for injuries, to provide prophylaxis for sexually transmitted infections, to address pregnancy concerns, and to provide information for immediate crisis intervention and follow up with advocacy and counseling.
 - 2. The importance of preserving evidence prior to the hospital examination. The officer should instruct the patient that such evidence could be inadvertently destroyed by activities such as washing/showering, brushing teeth/using mouthwash, eating, drinking, smoking, urinating, genital wiping, and defecating, douching, and changing clothing.
 - 3. The importance of preserving evidence that may be present on clothing worn during the assault, as well as, on bedding or other materials involved at the crime scene. The officer should inform the patient to bring a change of clothes to the hospital as it is likely that clothing will be collected for evidentiary purposes.
- D. If the assault occurred more than 72 hours ago for prepubertal children, or 96 - 120 hours ago for adults/adolescents, the investigating officer should convey:
- 1. The importance of seeking medical attention for overall emotional and physical well being. Injuries can persist and the presence of evidence may still be present, as well as sexually transmitted infections (STI's) can go unnoticed or appear at a later time and may lead to more serious health problems and require medical treatment.
 - 2. How to go about filing a report and obtaining information about legal and advocacy services.

- E. Additional information for the responding officer:
1. In all cases involving children (under the age of 18 years), notify Department of Child Services at 1-800-800-5556.
 2. Advise the treating facility you are coming unless the medical condition warrants immediate transfer.
 3. In all cases involving endangered adults (18 years and older), notify Adult Protective Services at 1-800-992-6978 or your local APS office.

While interviewing of the patient is acceptable, interrogation is not. At the hospital or treatment facility, the responding officer and the medical staff should share with each other the available information about the assault that may assist in the examination, evidence collection procedures, and criminal investigation.

* Please note that following the passage of the Violence Against Women Act in 2005 Indiana passed conforming statutes that provides for a patient to seek medical treatment and forensic evidence collection without having to report to law enforcement.

ADULT/ ADOLESCENT GUIDELINE

TREATMENT PLAN

Facility

It is advantageous for all patients of sexual assault to seek both medical forensic treatment and evidence collection from a specially trained healthcare provider. Medical personnel who work primarily in private office-based facilities or local clinics typically do not have evidence collection kits on hand, and may not be as familiar as hospital-based personnel with the specific medical forensic examination and evidence collection procedures relevant to sexual assault patients.

Facilities providing sexual assault treatment should have 24-hour emergency department access with a staff trained in medical forensic examination, comprehensive treatment, and evidence collection. The ideal situation would also include the on-call availability of a SANE (see note) or specially trained physician for consultation and the services of a local sexual assault victim advocate.

(NOTE; in some areas of the state of Indiana, specially trained nurses are responsible for the medical forensic examination, evidence collection, follow-up medical care, advising on community referrals, and providing expert testimony. These Sexual Assault Nurse Examiners (SANE) are working with hospitals, law enforcement, and advocacy groups 24 hours a day/ seven days a week.)

The Sex Crime Victim Services Fund was designed to reimburse Indiana hospitals for the emergency care and treatment they provide to sexual assault patients (P.L. 131-1985) For more information on the fund please contact the Indiana Criminal Justice Institute. www.in.gov/cji

Transfer

If a patient of sexual assault arrives at a hospital that is not equipped to provide a sexual assault examination, a medical screening examination should be completed and then proper arrangements should be made to transfer the patient to the nearest designated treatment facility. However, if there are acute medical or psychological concerns which must be treated immediately, this should be done at the initial receiving facility. A copy of all records, including any X-rays taken, should be transported with the patient to the designated treatment facility.

Transfer plans should be developed in conjunction with other treatment facilities in the immediate and surrounding community, and the list of designated facilities should be provided to all local law enforcement agencies and victim advocacy organizations. This action will greatly reduce the amount of confusion and additional trauma incurred by those patients who are initially taken or referred to a non-treatment facility, as well as reduce the loss of potential evidence. It should be noted that ambulatory services are not traditionally covered under the sex crimes compensation program, patients should be notified in the event that ambulance services are identified as the mode of transport.

Intake

The treatment of patients of sexual assault should be considered a medical emergency. Although many patients may not have visible signs of physical injury, they will, at the very least, be suffering from emotional trauma. Every minute spent waiting may cause valuable forensic evidence to be lost and undue stress to the patient. A private location should be utilized, if at all possible, for the preliminary consultation with the patient. This could be a room adjacent to the emergency department or a private office located nearby. In order to provide privacy, it is recommended that this same space be used for the follow-up law enforcement interview at the conclusion of the examination. NOTE: Many jurisdictions use the Sexual Assault Response Team (SART) method. Sexual Assault Nurse Examiners (SANE), often obtain the medical forensic history from the patient simultaneously while law enforcement asks his/her individual questions. This method can reduce the need for patients to repeat the events several times just following the assault, and as such would be recommended if acceptable by the participating health care and law enforcement professionals.

Over the past several years, many hospitals have developed code plans, such as ‘Code R’ or ‘SA’ which they refer to sexual assault patients. This minimizes potential embarrassment to patients and/or their families being identified in public areas of the emergency department as the ‘rape’ or ‘sexual assault’ patient. Other methods can be considered to avoid inappropriate references to sexual assault patients

If it appears that the patient is waiting due to other emergencies, it would be appropriate for the responding officer, with the patient’s consent, to begin gathering pertinent information in a safe and secluded area of the hospital or treatment facility. While the patient is being treated at the hospital, the responding officer should wait in the designated waiting area. In some jurisdictions, police protocols call for the officer who accompanies the patient to the hospital to also conduct the follow-up investigation. Those officers typically remain at the hospital until the examination is finished, before completing the initial interview or making arrangements to conduct the more in-depth interview with the patient.

Support Personnel

The importance of having a support person available to sexual assault patients cannot be overemphasized. Whenever possible, one person should be assigned to stay with the patient throughout the entire emergency department or health care facility visit.

Well-trained support persons can provide the crisis intervention necessary when patients first arrive for treatment; they counsel family members or friends of the patient who may be at the hospital. A support person can help provide counseling referrals and other information, such as the existence and availability of victim compensation programs or other types of assistance and can address issues concerning follow-up testing for possible sexually transmitted infections and other medical concerns. They can also answer additional questions patients may have.

Some hospitals throughout the country are fortunate enough to have in-house staff who are specially trained to treat trauma, and who can provide crisis intervention for sexual assault

patients and their families. Many of these staff members also are qualified to provide follow-up counseling to patients on a short or long-term basis.

Most communities throughout Indiana draw upon the expertise of advocates through the community sexual assault service provider network. When an advocate is available from the community service provider a call should be placed when the patient presents at the hospital to dispatch an advocate. These additional resources for hospitals provide crisis intervention services for the patient and the family throughout the medical exam, investigation, and criminal justice process, as well as other follow-up services.

Reporting

Adult patients of sexual assault should be encouraged to report and cooperate in the police investigation. However a patient who is 18 year of age or older may choose NOT to report the assault to law enforcement. S/he may still opt to have the medical forensic examination performed and a sexual assault kit completed (see Indiana Code 16-21-8 on anonymous reporting). Other patients of sexual assault may only wish to receive medical treatment with no forensic examination, no evidence collection and no report to law enforcement. These patients will still qualify for payments for forensic evidence collection and additional forensic services through the sex crimes compensation program.

If the patient is under the age of 18, healthcare providers must mandatorily report the sexual assault to the Indiana Department of Child Services. Patients over the age of 65 or considered an endangered adult require a mandatory report to Adult Protective Services.

Patient Consent

Obtaining a patient's written consent prior to conducting a medical forensic examination or administering treatment is standard hospital practice. Informed consent should be a continuing process that involves more than obtaining a signature on a form. When under stress, many patients may not always understand or remember the reason for, or significance of unfamiliar, embarrassing, and sometimes intimidating procedures. Therefore, all procedures should be explained as much as possible, so that the patient can understand what is being done and why. Although the support person can explain much of the examination and evidence collection process, this function is ultimately the responsibility of the healthcare provider.

When written consent is obtained, it should not be interpreted as a 'blank check' for performing tests or pursuing questions. If a patient expresses resistance or non-cooperation, the healthcare provider should discontinue that portion of the process and consider going back to it at a later time in the examination if the patient then agrees. The healthcare provider should explain why that portion of the process is needed. In either event, the patient always has the right to decline any tests or to decline to answer any question. Having a sense of control is an important part of the healing process for the patients, especially during the early stages of the examination and initial medical forensic history.

It is also important to remember that consent to have a support person present during the exam must be given by the patient prior to the introduction of that person. Also, at any time

throughout the treatment and evidence collection process, the patient should be able to decline further interaction with the designated support person and/or request that the support person leave.

Hospitals should follow their usual procedures for obtaining consent in extraordinary cases, e.g., for severely injured, incoherent, or unconscious patients.

Drug Facilitated Sexual Assault

The use of drugs to commit a sexual assault is not a new problem, it is an old problem brought into new light in recent years as more and more cases have been seen throughout the country. The drugs are used to render the patient helpless to the assailant. Every year new drugs or modifications to current drugs are used to facilitate sexual assault. While alcohol is still the drug of choice for most assailants some of the other drugs used are, but not limited to: marijuana, cocaine, crack, Rohypnol, Gamma Hydroxybutyrate (GHB), Ketamine, PCP, Valium, Ecstasy, and Haldol. These drugs can leave a patient completely incapacitated. When combined with alcohol the effects are multiplied and can even be deadly. Many of the drugs are ‘homegrown’ or produced in clandestine labs, therefore, the dosages are not well measured or the ingredients are not pure, leaving much room for over-dosing or inaccurate ingredients. Assailants can end up giving deadly doses of these drugs, especially when mixed with alcohol, since alcohol may potentiate the effects of these drugs.

Be very cautious when a patient states they cannot remember the events, or feels like they are really hung over and only have a perceived small amount of alcohol, or maybe were not even drinking alcohol and yet feel ‘hung over.’ This should be a red flag to healthcare providers that further evaluation is necessary. The onset of these drugs can be very rapid, as quickly as 15 minutes. Because of how these drugs clear the body, detection can be very difficult and the need to identify the possibility of their use is critical. Optimally, a urine specimen should be collected within 12 hours (maximum of 96 hours) to ascertain possible covert drug ingestion and sent for testing to a specialized laboratory with equipment able to identify the drug or substance ingested. Not all laboratories have the equipment needed to identify these substances, so it is recommended that healthcare facilities establish policies and procedures before the situation arises. AIT Laboratories in Indianapolis (www.aitlabs.com) is set up to test for drugs associated with Drug Facilitated Sexual Assault (DFSA), and is one possibility for those healthcare facilities looking for DFSA testing.

THE MEDICAL FORENSIC EXAMINATION

Forensic evidence should be collected:

- A. Recognizing the importance of examining the patient promptly to minimize the loss of evidence.
- B. Recognize evidence may be collected 72-120 hours after the assault.
- C. Recognize certain extenuating circumstances may warrant that evidence collection could extend beyond 72-120 hours and should be made on a case-by-case basis and vary due to factors of the situation.
- D. Prior to any evidence collection, the area should be documented and photographed.

A medical examination should be performed in all cases of sexual assault, regardless of the length of time that may have elapsed between the time of the assault and the examination. The purpose of this examination is to look for any physical injuries that may have occurred as a result of the assault. Some patients may ignore symptoms that would ordinarily indicate serious physical trauma, such as internal injuries sustained by blunt force trauma or foreign objects inserted into the body's orifices. Also, there may be areas of tenderness which will later develop into bruises but which are not apparent at the time of initial examination.

Sexual assault patients are trauma patients and a complete head to toe assessment should be conducted. The medical forensic exam and the evidence collection procedures should be integrated at all times. For example, in order to minimize patient trauma, blood drawn for medical purposes (i.e. testing for syphilis) should be done at the same time as blood drawn for evidence collection purposes. Also, when evidence specimens are collected from the oral, vaginal, or anal orifices, if considering cultures for sexually transmitted infections, these specimens should be taken immediately following the forensic collection procedures. It is important to obtain forensic samples first, before medical samples, unless the patient is medically unstable. **If the patient consents to prophylactic antibiotic treatment, cultures for Gonorrhea, Chlamydia and Trichomonas vaginalis do not need to be obtained.**

All supplies needed for a standard evidentiary examination, as described in this manual, are generally contained within the Indiana State Police Sexual Assault Evidence Collection Kit. Supplies for additional evidence collection may be obtained from hospital stock or if necessary by opening another evidence kit. All potential forensic evidence should be collected, and all materials should be sealed in one kit if possible. **Non-Latex powder-less gloves should be worn at all times when coming in contact with the patient and/or evidence and the gloves should be changed frequently throughout the exam to prevent cross-contamination.**

Attending Personnel

The only people who should be with the adult patient in the examining room are the healthcare provider and, with the consent of the patient, a trained support person. Although every effort should be made to limit the number of people in attendance during the examination, there may be instances when a patient requests the presence of a close friend or family member. If at all possible, these requests should be honored.

There is no medical or legal reason for a law enforcement representative, male or female, to observe these procedures. The healthcare provider can maintain the chain of evidence or custody during the examination. Subjecting patients to the observation by law enforcement personnel during this process, as well as having the law enforcement representative privy to the private communications between the patient and the health care provider, is an invasion of the patient's privacy and is an unnecessary practice.

Collection Guidelines

Clothing Evidence

Prior to the clothing collection, the attending healthcare provider should determine if the patient is wearing the same clothing s/ he wore during or immediately following the assault. If so, all clothing should be collected.

If it is determined that the patient is not wearing the same clothing, the attending healthcare provider should inquire as to the location of the original clothing, such as the patient's home or at the laundry for cleaning. **HOWEVER THE UNDERWEAR THE PATIENT IS WEARING SHOULD ALWAYS BE COLLECTED.** This information should then be given to the investigating officer so that he or she can make arrangements to retrieve the clothing before any potential evidence is destroyed.

Frequently, clothing contains the most important evidence in a case of sexual assault. The reasons for this are twofold:

- Clothing provides a surface upon which traces of foreign matter may be found, such as the assailant's semen, saliva, blood, hairs, and fibers, as well as debris from the crime scene. While foreign matter can be washed off or worn off by the body of the patient, the same substances often can be found intact on clothing for a considerable length of time following the assault
- Damaged or torn clothing may be significant. It may be evidence of force and can also provide laboratory standards for comparing trace evidence from the clothing of the victim with the trace evidence collected from the assailant and/or the crime scene. Consider photography.

The most common items of clothing collected from patients and submitted to crime laboratories for analysis are underwear, hosiery, blouses, shirts, and slacks (If the patient is not wearing underwear collect item of clothing next to patient's skin.). There also are instances when coats and even shoes may be collected.

To minimize loss of evidence, the patient should disrobe over a sheet of paper (contained in the sexual assault evidence collection kit) that has been laid over a cloth or paper sheet. If patients cannot undress on their own, or if it is necessary to cut off items of clothing, be sure not to cut through existing rips, tears, or stains. If the patient has been transported to

the treatment facility in an emergency vehicle and has been wrapped in or was resting on a sheet, this sheet should be collected also.

Prior consent should be obtained from the patient before collecting relevant clothing as it is unlikely that the clothing will be returned.

If the patient consents, the clothing should then be collected and packaged in accordance with the following procedures:

1. Any wet stains should be allowed to air dry before being placed into paper bags.
2. After air drying items, such as underwear, hosiery, slips or bras, they should be placed into smaller bags. Items such as slacks, dresses, blouses or shirts should be put into larger paper bags

During the assault, different garments may have contact with different surfaces and debris from both the crime scene and the assailant. Keeping the garments separated from one another permits the forensic scientist to reach certain pertinent conclusions regarding reconstruction of criminal actions. For example, if semen in the female patient's underpants is accidentally transferred to her bra or scarf during packaging, the finding of semen on those garments might appear contradictory to the patient's own testimony in court of exactly what events occurred in the assault.

Therefore, each garment should be placed separately in its own paper bag to prevent cross-contamination from occurring. (This includes items such as socks).

Oral Collection Guidelines (collect if within 24 hours of assault)

The oral samples can be as important as vaginal or anal samples. The purpose of this test is to recover potential seminal fluid from recesses in the oral cavity where traces of semen could survive.

- Collect two (2) cotton swabs together and swab the mouth. Attention should be paid to those areas of the mouth, such as between the upper and lower lip and gum, where seminal material might remain for the longest amount of time.
- Another tool in collecting possible evidence from the patient's mouth is the use of dental floss. A 6-8 inch piece of unwaxed dental floss, provided in the evidence kit, should be used and either the patient or health care provider should gently floss between all teeth, being careful to not touch or remove any potential evidence by touching the floss that has already been used. Once air dried, the floss should be placed in a piece of paper, folded and placed into the appropriate envelope labeled "floss." Seal and label the envelope with the collector's initials, date and time. Hair Evidence

Head Hair Combing Collection Guidelines

Comb the top, back, front, and sides of the patient's head hair over a piece of paper to collect all loose hair and debris. Patients may prefer to do the combing themselves to reduce embarrassment and increase their sense of control. The combings and the comb are to be placed in a piece of paper, folded, and then inserted into the envelope marked 'head hair combings.' Seal and label the envelope with the collector's initials, date and time.

Pubic Hair Combing Collection Guidelines

A comb is used to collect any loose hair or fibers from the pubic area. This is done over a piece of paper. Patients may prefer to do the combing themselves to reduce embarrassment and increase their sense of control. The pubic hair combings and the comb are to be folded within the paper and placed in the envelope marked 'pubic hair combings.' Seal and label the envelope with the collector's initials, date and time.

The absence of head and/or pubic hair should be documented.

Fingernail Scraping/Swabbing Collection Guidelines

The purpose of collecting fingernail scrapings is to collect potentially useful evidence of cross-transfer. During the course of a physical crime, the patient will be in contact with the environment as well as with the assailant. Trace materials, such as skin, blood, hair, soil and fibers (from upholstering, carpeting, blankets, etc.) can collect under the fingernails of the patient.

Collect if fibers or other materials are observed under the patient's fingernails. The nails should be scraped with scraper provided in the evidence kit. If damage is present, the nail should first be photographed, and then the nail should be clipped proximally to the damage, placed in paper and packaged in an envelope. Seal and label the envelope with the collector's initials, date and time.

This is a function which patients may want to perform themselves using swabs, scrapers, papers and envelopes that are provided in the kit. It is important that scrapings be made for each hand over a separate piece of paper. Each paper holding scraper and scrapings should then be folded and placed in the envelope labeled 'fingernail scrapings.' If swabs were obtained, air dry and package.

The healthcare provider should complete the labeling information making certain to differentiate between 'left' and 'right' hand. The labeled and sealed paper folds should then be placed in an envelope labeled 'fingernail scrapings'. Seal and label the envelope with the collector's initials, date and time.

Female Sex Organ Evidence Collection Guidelines (collect within 72-120 hours of the assault)

- Swab labia majora using 2 swabs simultaneously. Allow to air dry then package in the envelope labeled ‘external genitalia.’ Seal and label the envelope with the collector’s initials, date and time.
- Consider: swabbing perineum, inner thighs and/or behind knees with two (2) moistened swabs (using preservative free sterile water). Allow to air dry then package in an envelope and label the location from where specimen was obtained, seal and label with collector’s initials, date and time.
- Swab labia minora using two (2) swabs simultaneously. Allow to air dry then package in a blank envelope and **manually** label the envelope “labia minora.” Seal and label with the collector’s initials, date and time.
- Swab anal folds using two (2) swabs simultaneously (using preservative free sterile water) even if anal penetration did NOT occur during the assault. Allow to air dry then package in an envelope labeled “anal swab.” Seal and label with the collector’s initials, date and time.

Vaginal/Cervical Exam

- **Speculum insertions should be used with *pubertal* patients only**, with exception to severe vaginal bleeding and then should consider conscious sedation.
- When collecting the vaginal specimens, it is important not to aspirate the vaginal vault or to dilute the secretions in any way prior to the vaginal swab collection. When inserting a speculum, use preservative free sterile water, not a lubricant if at all possible. While a lubricant should not distort evidence that may be present, it can be confused with lubricants that may have been used during the assault, and as such should be used very judiciously.
- Use the 4 swabs (two at a time) to collect additional material from the vaginal vault (2 swabs) and cervix (2 swabs), making sure to collect from the cervical os.
- The cotton swabs must be allowed to air dry before placed into the envelope labeled ‘vaginal/cervical swabs.’ Seal and label the envelope with the collector’s initials, date and time.
- Immediately following this procedure, any medical cultures should be taken if prophylactic treatment is not intended or for other reasons deemed necessary by the healthcare professional. All cultures are to be processed by the hospital and not included in the evidence collection kit.

- After completion of the above, the vaginal wash should be collected. Use 5-10cc of preservative free sterile water and a pipette, syringe or catheter to aspirate the fluid, and then place it in the red-topped collection tube.
- The red-topped collection tube of vaginal washings should be labeled, placed in the bubble wrap (provided in the Evidence Kit) and plastic bag labeled 'vaginal washing'. Seal and label with the collector's initials, date and time.
- After removing the vaginal speculum, the healthcare provider should swab the speculum with two (2) sterile cotton tipped applicators. The cotton swabs must be allowed to air dry before placed into the envelope labeled 'speculum swabs.' Seal and label the envelope with the collector's initials, date and time.

Collection of Tampon, Sanitary Pad or Condom

- Tampons and sanitary pads can absorb the assailant's semen, as well as any menstrual blood present. Additionally, the presence of blood on the vaginal swab could either be from trauma or as a result of menstruation.
- These must be thoroughly dried, which may take days. During this time the drying evidence must be in a secured area. Contact your local crime lab if you do not have this ability.
- Once dried these items may be placed into an envelope or bag provided in the kit.

Male Sex Organ Evidence Collection Guidelines (collect within 24 hours of assault)-External

Penile Collection Guidelines

For the male victim (both adult and child), the presence of saliva on the penis or scrotum could indicate that oral-genital contact was made; the presence of vaginal secretions could help corroborate that the penis was introduced into a vaginal orifice; and feces or lubricants might be found if anal penetration occurred.

- The proper method of collection for penile collection is to slightly moisten four (4) cotton swabs two (2) at a time with preservative free sterile water and thoroughly swab the external surface of the penile shaft and glans (do not swab urethra).
- After the penile swabs are air dried, they should be placed in a paper envelope and marked 'penile.' Seal and label with the collector's initials, date and time.
- Immediately following this procedure, any medical cultures should be taken if prophylactic treatment is not intended or for other reasons deemed necessary by the healthcare professional. All medical cultures are to be processed by the hospital and not included in the evidence collection kit.

Anal Penetration and Collection Guidelines (Collect if within 24 hours of assault)

- Swab anal areas by using two (2) sterile cotton swabs, one at a time, swabbing just inside the anal opening and around the anal folds. To minimize discomfort for the patient, these swabs should be moistened slightly with preservative free sterile water.
- After the anal swabs have air dried, they should be placed in the paper envelope labeled ‘Anal Swab.’ Seal and label with the collector’s initials, date and time
- At this time, any additional medical examinations or hospital tests involving the rectum or anus should be conducted.

Dried Specimen Collection Guidelines

It is important that the healthcare provider examine the patient’s body for evidence of foreign matter, and that a swab be taken for each separate specimen. A hand-held UV or alternative light source (i.e. Wood’s Lamp or Blue Maxx) may be used at this time to scan the patient’s body to locate any possible specimens. Certain specimens such as saliva and semen can demonstrate DNA profiles characteristic of their donor and should be collected. If specimens such as dried blood, seminal fluid, or saliva are observed on the patient’s body during the examination (such as on limbs or hair), the material should be collected by gently swabbing over the area. A different swab should be used for every specimen collected from each location on the body. Since not all foreign substances may fluoresce, it is always recommended that swabs be taken of areas the patient states potentially had contact with fluids from the assailant, such as areas that were kissed, licked, bitten or sucked.

Collection Guidelines

- Moisten the swab slightly with preservative free sterile water and swab the indicated area by gently rolling the swab over the surface of the skin to collect dried specimens. Place air-dried swab in an envelope. Seal and label with the collector’s initials, date and time.
- The healthcare provider must be sure to indicate on the envelope the location on the patient’s body from which the specimen was collected (i.e. right lateral neck).

Bite Mark Collection Guidelines

Bite marks may be found on patients as a result of sexual assault and other violent crimes, and should not be overlooked. Bitemarks may be difficult to distinguish as they may vary in shape, size or appear as an incomplete bite. Bite mark impressions can be compared with the teeth of an assailant and can sometimes become as important, for identification purposes, as fingerprint evidence. The taking of a photograph and collection of potential saliva from the affected area are the minimum procedures that should be followed in cases where a bite mark is present.

The photography of and collection of saliva from the bite mark should be made prior to the cleansing or dressing of any wound.

It is important that photographs of bite marks be taken properly. It is recommended that a representative of the local law enforcement agency or a forensic odontologist be contacted when the hospital protocol is developed, to provide the proper instructions on how to take photographs of bite mark evidence. To demonstrate the size of the bite mark, a ruler should be placed adjacent to, but not covering, the bite mark, and then photographed. Photographs should be released to the police investigator, not placed in the evidence kit.

Whole Blood Standard Collection Guidelines

The purpose of collecting whole blood is for subsequent comparison with stains and the assailant's blood standard. The nurse should check the expiration date on the blood tube. If the tube has expired s/he may replace with the hospital equivalent. For adults, 5-7 milliliters of blood should be collected in a purple top EDTA blood tube, labeled with the identifying information. Label the blood tube with the collector's name, date and time. It is important that collected whole blood samples be sealed in bubble wrap (provided in the Evidence Kit) and placed in the provided zip lock bag, then placed in the kit. The entire kit should be refrigerated but not frozen. **Do not collect from children or adolescents unless blood samples are also needed for medical purposes.**

Information and referrals for testing of STI's should be provided to the patient as part of their discharge instructions. Additional testing should be done according to the policy of the individual healthcare facility.

Evidence Collection and Handling

Packaging

In order to prevent the degradation of the biological evidence collected, specimens must be air dried and then sealed in paper bags or paper envelopes as provided within the evidence collection kit. **Do not package in plastic.** If the containers are plastic, the remaining moisture will be sealed in, making it possible for mold to grow and quickly destroy biological evidence. Unlike plastic, paper ‘breathes,’ and allows moisture to escape.

Evidence Integrity (Sealing and Labeling)

The custody of any evidence collection kit and the specimens it contains must be accounted for from the moment of collection until the moment it is introduced in court as evidence. This is necessary in order to maintain the legally necessary ‘chain of evidence,’ sometimes called ‘chain of custody,’ or ‘chain of possession.’ Therefore, anyone who handles evidence items should label them with their initials, the date, and time, source of specimen, and the name of the patient. **Each envelope should be labeled and sealed with patient labels or tape. Do not lick or use tap water.**

MEDICAL/FORENSIC DOCUMENTATION

Documentation Guide

Findings from the physical examination should be documented as completely as possible on the medical records. Sexual assault prosecutions may not always require the presence or testimony of the attending healthcare provider; however, there will be times when it is necessary. If testimony is needed, a thoroughly completed and legible medical record and accompanying body diagram will assist healthcare personnel in recalling the case.

When obtaining the medical history, the attending healthcare provider must be careful not to include any subjective opinions or conclusions as to whether or not a crime occurred. The indiscriminate use of the term ‘rape’ or ‘sexual assault’ on the medical documents is a legal conclusion to be determined by a jury. The medical chart should reflect that a sexual assault examination was conducted and should include any medical and forensic findings. Additionally, the term “alleged” should be avoided. An acceptable diagnosis is ‘Reported sexual assault’ or ‘Sexual assault by history’.

Healthcare providers should not be expected to further expand their role to act as an ‘investigator’ for law enforcement. They should not ask for details beyond those necessary to perform the medical forensic examination and evidence collection procedure; it is the responsibility of the investigator to ask the more detailed questions.

Use of the Indiana Sex Crime Victim's Application Form

Throughout the evaluation and medical examination, the attending healthcare provider should explain to the patient why questions are being asked, why certain medical and evidentiary tests may need to be performed and what treatment, if any, may be necessary.

The following pertinent information should be included on the patient's medical records and the Indiana Sex Crime Victim's Application Form.

Date and Time of Collection/Date and Time of Assault

It is essential to know the period of time which has elapsed between the assault and the collection of evidence.

Assailants

Forensic serologists seek evidence of cross-transfer of trace materials among the patient, assailants and scene of the crime. These trace materials may include hair and the deposit of body fluids from the assailant to the patient.

Post Assault History

The quality of evidence is affected both physically and chemically by actions taken by the patient and by the passage of time. For example, the length of time which elapses between the assault and the collection of evidence, as well as self-cleansing efforts by the patient, can alter the quality of evidence collected. Trace evidence such as hair, fibers, plant material or other microscopic debris deposited on the patient by the assailant or transferred to the patient at the crime scene also can be lost over time.

It is important to document what, if any, activities were performed after the assault occurred but prior to the examination, including bathing, urination, brushing teeth, and changing of clothes, etc.

Post-assault hygiene should not be used to determine if an evidence collection kit should be completed. If the patient presents for care within 96-120 hours (adult) or 72 hours (child) an examination and evidence collection should be done. Potential for evidence exists, as well as the need to conduct a detailed examination and documentation.

Contraceptive/Menstruation Information

Certain contraceptive preparations can interfere with accurate interpretation of the preliminary chemical tests frequently used by crime laboratories in the analysis of potential seminal stains. In addition, contraceptive foams or creams can destroy spermatozoa. Lubricants of any kind, including oil or grease, are trace evidence and may be compared with potential sources left at the crime scene or recovered from the body of the assailant. Knowing whether or not a condom was used also may be helpful in explaining the absence of semen.

Tampons and sanitary napkins can absorb the assailant's semen, as well as any menstrual blood present. Additionally, the presence of blood in the vaginal swab could either be from trauma or as a result of menstruation.

History of Assault

An accurate, but brief description of the assault is essential and maybe helpful in the collection of physical evidence. This includes information regarding oral contact, vaginal and/or anal penetration of the patient by the assailant, ejaculation (if known by the patient), use of contraceptives and/or lubricants, and vaginal and/or anal penetration digitally or with a foreign object(s).

Geographical Location of Assault

Information regarding the geographical location of the assault should be recorded (i.e. car, rug, grass, alley, etc.). This information will assist the healthcare provider with an indication of where to look for evidence or injury, as well as what evidence to collect such as hair, fibers, or other trace material.

Physical Examination Details

During the examination, record all observations, providing a description of bruises, abrasions, lacerations, bite marks, blood, etc., with particular attention paid to the genital and anal areas of both male and female patients.

Common sites and types of injury, even if not yet visible, include the breasts, neck, the upper portion of inner thighs, grab or restraining marks on the arms, wrists, or legs, and injuries or soreness to the scalp area, back, or buttocks. The healthcare provider should carefully palpate these areas for tenderness.

A body map/trauma-gram may be used to show the location, size, and color of the injury. The body map/trauma gram may be used to pinpoint painful areas with or without palpation. A written description of the trauma should also be included.

Photographs of sexual assault patients should be taken on a routine basis and should be done with the written consent of the patient.

If a camera is available consider taking a photograph of the patient clothed or as seen upon arrival noting any evidence of damage to the clothing and/or trace evidence findings. All photographs of injuries should be taken with and without a ruler or a coin.

The use of an alternative light source (i.e. Wood's lamp, Blue Maxx, Crime Lite, etc.) in a darkened examination room may assist in locating the presence of specimens on the patient's body, however not all dried secretions or bodily fluids will fluoresce. The possibility still exists of locating specimens, so swabs should always be collected per the history of the patient.

Date of Last Consensual Sexual Activity

It is recommended to document whether the patient engaged in any consensual sexual activities including oral, vaginal and/ or anal penetration **within the past 72 -120 hours.**

Documentation of Other Medical Information

Medical History

Medical history of the patient should be recorded. This would include vital signs, allergies, current medications, acute or chronic illnesses, surgeries, and any post-assault symptoms such as bleeding, pain, loss of consciousness, nausea, vomiting, or diarrhea.

Gynecological History

Gynecological history information including menstrual history (last menstrual period, date and duration of menstrual cycle), pregnancy history, (including evaluation of possible current pregnancy), and contraceptive history should be documented. In patients at risk for pregnancy, a urine or serum pregnancy test should be done to establish a baseline for possible pre-existing pregnancy.

Sexually Transmitted Infections

Due to continuing research and discussion of the most effective treatment of sexually transmitted infections specific to sexual assault victims, treatment regimens have not been included in this report. Instead, it is suggested that the reader consult the latest publication of the U.S. Department of Health and Human Services, Centers for Disease Control, for their latest treatment recommendations: "Sexually Transmitted Diseases Treatment Guidelines," 2010. (www.cdc.gov/STD/treatment)

Appropriate prophylaxis should be considered.

Follow-up testing for STIs and pregnancy should be strongly recommended.

HIV Testing

Baseline HIV testing should be considered. If a patient does have a negative HICV testing result, and it is determined the patient is at high risk for HIV as a result of the sexual assault, prophylaxis must begin as soon as it is determined. For treatment options follow your hospital policy on body fluid exposure.

Discharge instructions should include information regarding HIV follow up testing and local resources.

Distribution of Specimens

All forensic specimens and medical specimens collected during the sexual assault examination must be kept separate both in terms of collection and processing.

- Those specimens required strictly for forensic analysis should be collected using the sexual assault evidence collection kit and protocol.
- Those specimens required only for medical purposes should be kept and processed at the examining hospital. Medical specimens may include urine and/or an additional blood sample for toxicological analysis, various cultures or other specimens required by the hospital for other clinical analysis.

Preliminary Procedures for Release of Evidence

When all evidence specimens have been collected, they should be placed back into the kit, making certain that everything is properly labeled and sealed. In addition, clothing should be sealed in properly labeled paper bags.

A copy of the Indiana Sex Crime Victim Compensation Form should accompany the sealed kit. **No documentation should be included within the kit.**

All required information should then be filled out on the top of the kit just prior to sealing it with evidence tape at the indicated area. The completed kit, at minimum, should be kept in a locked, secure refrigerator. Any bagged clothing items should be kept together and also stored in a locked, secure area. **Refrigeration is necessary.**

Release of Evidence

The sealed evidence collection kit, any bagged clothing items and the Indiana Sex Crimes Victims Services Application should be released to the jurisdictional law enforcement agency (LEA) representative. The LEA representative should date, time, and sign the form, as well as complete the information on the top of the evidence collection box. The yellow copy of the Indiana Sex Crimes Victims Services Application form should then be given to LEA, and the hospital or SATC should retain the white and pink copies of the form. Note that with adult patients (18 years of age or older) evidence collection and law enforcement notification should only take place with the patient's written consent.

Transportation of Evidence

Only a law enforcement official or duly authorized agent should transfer physical evidence from hospitals to crime laboratories for analysis. Under no circumstances should the patient be allowed to handle evidence after it has been collected.

Anonymous Reporting

Although the vast majority of sexual assault patients consent to have their evidence specimens released to law enforcement subsequent to the medical forensic examination and evidence collection process, there may be instances when a patient will not authorize such a release. Healthcare personnel should not react negatively to a patient's decision not to release evidence.

In 2007 the Indiana General Assembly amended the current sexual assault statute (IC 16-21-8), to allow victims of sexual assault *who are at least 18 years of age* to be able to seek medical treatment and forensic evidence collection at a hospital or sexual assault treatment center while *not* pursuing a formal police investigation. Under the terms of the statute, victims of sexual assault may request that a forensic evidence collection kit be obtained, and at the same time they may request that their identity remain anonymous with the jurisdictional law enforcement agency. The victim has one year in which to decide if she/he would like to formally report the crime to the jurisdictional law enforcement agency. According to the statute, law enforcement is charged with storing (**and refrigerating**) the kit for the specified period of time, and it is each county's responsibility to determine how to correctly identify an anonymously reported evidence collection kit (i.e. "Jane Doe, your hospital's name, medical record's # 12345") should the victim choose to report the crime to law enforcement within the one year time period.

Post-Examination Information

Patient Discharge Information Form

The discussion of follow-up services for both medical and counseling purposes is an important treatment aspect for sexual assault victims. Before the patient leaves the hospital, a patient discharge form should be completed in accordance to your hospital or treatment facility's policy. Many hospitals report the majority of sexual assault patients who are told a follow up examination is necessary do not return to the facility for follow-up testing. Denial of the assault or of the need for follow-up testing, especially if no unusual symptoms are experienced, as well as, incomplete information provided by some hospitals concerning the necessity for follow-up treatment are common reasons for a failure to return.

Patients should be encouraged to obtain follow-up tests for possible pregnancy, and to seek treatment for symptoms of sexually transmitted infections (i.e. vaginal discharge, lower abdominal pain, fever), and any unusual urinary symptoms. It is vital that both written and verbal information be provided, including the locations of public health clinics or referrals to private physicians for medical follow-up if the patient does not wish to return to the treating facility. Victim advocates can be quite helpful in explaining the need for a return visit and what types of tests should be performed.

While the patient should be encouraged to seek follow-up counseling, the decision to do so must be voluntary. Some patients may be reluctant to talk with a counselor; however, they are more likely to participate if counseling has been coordinated with the examination process. Referral information for a victim advocate, social worker, counselor, and/or psychologist should be provided to the patient.

Follow-Up Contact

Any further contact with sexual assault patient must be carried out in a very discreet manner. In an effort to avoid any breach of confidentiality or unnecessary embarrassment, it is recommended that patients be asked, prior to leaving the hospital or treatment facility, whether or not they can be contacted about follow-up services. If so, they should be asked to provide appropriate contact information on how they wish to be reached.

Informational Brochures

Many victim advocacy agencies and individual healthcare facilities have developed informational brochures about sexual assault and its aftermath. These brochures can be helpful in explaining to patients some of the common problems they may encounter, such as disturbances in sleeping or eating patterns, flashbacks of the assault, and post traumatic stress disorder. They also can provide reassurance to the patient that they are not responsible for the assault.

In addition, brochures should contain information about local or state resources such as victim compensation programs, counseling services, women's shelters, and information on home security and personal safety. If at all possible, arrangements should be made to provide a copy of such publications to sexual assault patients and their families when they leave the facility.

Patient Comfort Considerations

Many patients would like to wash or shower after the examination and evidence collection process. If possible, the healthcare facility should offer to provide to the patient soap, wash cloths, tooth brush, tooth paste, etc.

If the patient's clothing has been collected for evidence purposes and no additional clothing is available, arrangements should be made to ensure that no patient has to leave the hospital in an examination gown. In those instances where police officers transport patients from their homes to the hospital, officers should be instructed to advise patients to bring an additional set of clothing with them in the event any garments are collected. Some patients may wish to have a family member or friend contacted to provide substitute clothing. When the patient has no available personal clothing, hospital volunteer organizations and/or local victim assistance agencies could supply necessary items.

Hospitals can address this issue by developing a community plan with local law enforcement agencies and victim advocacy organizations.

The Deceased Patient

Special Notes: For deceased patients, complete the ENTIRE evidence collection kit including pulling head and pubic hair.

Pulled Hair Standards

Pulled hair samples are used to compare hair found on the patient's/assailant's clothing, at the crime scene or in hair combings taken from the patient.

Standard head and pubic hair samples are taken by using only the procedures of pulling out the hair at the root. This technique obtains full-length hairs, including roots, and is the best method to obtain an adequate sampling of hair.

Hair standards should not be cut or pulled with tweezers. To ensure an adequate standard for comparison purposes and forensic analysis, the collection of approximately 50 head hairs and approximately 25 pubic hairs is required.

The absence of head and/or pubic hair should be documented.

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