



Adult and Child Sexual Assault Protocols:

Initial Forensic Physical Examination

April 2015

Revised April 2015 by the Office of the Attorney General, Division of Victim Services and Criminal Justice Programs, pursuant to the release of *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition*, by the U.S. Department of Justice, Office on Violence Against Women. This document was created with the assistance of the Florida Council Against Sexual Violence and the Florida Department of Health.

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INTRODUCTION

During the 1995 legislative session the Office of the Attorney General was mandated by Florida statute to develop and maintain statewide sexual assault protocols for the initial forensic physical examination of adults and children. In response to this mandate, a workgroup was established to review and revise the Sexual Assault Evidence Collection Protocol developed by this office.

As a result of the dedicated efforts of the workgroup members, the Adult and Child Sexual Assault Protocols: Initial Forensic Physical Examination was revised in 2007. In 2013, the U.S. Department of Justice, Office on Violence Against Women published the second edition of A National Protocol for Sexual Assault Medical Forensic Examinations. From a review of that document, Florida's protocols were revised and are presented in this updated, 2015 document. This document has been developed for use throughout the state. These protocols are intended to address issues that are routinely involved in the collection of evidence in sexual battery cases. At the same time, the workgroup was acutely aware that there is no such thing as a routine sexual battery case. Each case and each victim is unique and must be evaluated based on the circumstances and people involved in each situation.

It is the intention of this office that the implementation of sexual assault evidence collection protocols will minimize the trauma to victims of sexual violence, improve the quality and consistency of the evidence that is collected, and increase the successful prosecutions of these crimes.

DUAL PURPOSE OF THE FORENSIC MEDICAL EXAM

The forensic medical exam serves two purposes. The first purpose is to address the medical needs of individuals disclosing sexual assault. This is accomplished (with their permission) by:

- Evaluating and treating injuries;
- Conducting prompt examinations;
- Providing support, crisis intervention, and advocacy;
- Providing prophylaxis against sexually transmitted infections;
- Assessing female patients for pregnancy risk and discussing treatment options, including reproductive health services; and
- Providing follow-up care for medical and emotional needs.

The other purpose is to address justice system needs through forensic evidence collection. This is accomplished by:

- Obtaining a history of the assault;
- Documenting exam findings;
- Properly collecting, handling, and preserving evidence;
- Interpreting and analyzing findings (post exam); and
- Subsequently presenting findings and providing factual and expert opinion related to the exam and evidence collection.

MANDATORY REPORTING

Florida law mandates reporting of abuse and neglect as provided. As referenced in s. 39.201, F.S., any person, including but not limited to members of specified occupations, who knows or has reasonable cause to suspect that a child is abused, abandoned or neglected, must immediately make a report to the central

abuse hotline. As referenced in s. 415.1034, F.S., any person who knows or has reasonable suspicion that a vulnerable adult has been or is being abused, neglected or exploited is required to immediately report such knowledge or suspicion to the central abuse hotline. A “vulnerable adult” means a person 18 years of age or older whose ability to perform the normal activities of daily living or to provide for his or her own care or protection is impaired due to a mental, emotional, sensory, long-term physical, or developmental disability or dysfunction, or brain damage, or the infirmities of aging. The number for reporting in each instance is 1-800-962-2873.

VICTIM ISSUES

The impact of sexual assault on a victim is a complex issue. The scope of this protocol is not intended to be a comprehensive presentation of the traumatic and far-reaching consequences these crimes can inflict on victims. This protocol addresses the most basic aspects of victim sensitivity from the perspective of the examination and evidence collection procedure.

It is strongly recommended that any professional working with sexual assault victims or the related evidence have specific training in the impact the trauma and injuries resulting from these crimes may have on victims. Such training can provide a better understanding of the immediate and possible long-term effects of these crimes.

RIGHTS OF SEXUAL BATTERY VICTIMS IN REGARDS TO FORENSIC EXAMINATIONS

Since 1984, the laws of Florida have mandated specific rights for victims of crime. Guidelines for the fair treatment of victims, Florida Statute Chapter 960, were adopted to address the rights of victims within the criminal justice system. The victim’s rights constitutional amendment, adopted in 1988, guarantees victims the right to be notified, present and heard at all relevant stages of criminal justice proceedings.

Many of the rights afforded to crime victims are applicable only when a case is prosecuted. However, the statute requires that law enforcement personnel provide all victims information that identifies available services and resources. This information includes, but is not limited to, victim compensation, crisis intervention services, the right to the presence of a victim advocate from a certified rape crisis program during the forensic physical exam, support counseling, social services and community-based victim treatment programs. It is important that communities identify and remove barriers to the accessibility of these resources.

Per Florida Statute 960.28, payment for a victim’s initial forensic physical examinations is available to a medical provider who performs an initial forensic physical examination. The provider may not bill a victim or the victim’s parent or guardian if the victim is a minor, directly or indirectly for that examination. The Crime Victims’ Services Office of the Department of Legal Affairs shall pay for medical expenses connected with an initial forensic physical examination of a victim of sexual battery as defined in Chapter 794 or a lewd or lascivious offense as defined in Chapter 800. Such payment shall be made regardless of whether the victim is covered by health or disability insurance and whether the victim participates in the criminal justice system or cooperates with law enforcement. The payment shall be made only out of moneys allocated to the Crime Victims’ Services Office for the purposes of this section.

SENSITIVITY TO VICTIM NEEDS/VICTIM CENTERED CARE

Treatment of sexual assault victims must be considered a medical emergency. These victims will suffer varying degrees of physical injury. The nature and severity of any physical injury should be the first

consideration, before initiating the evidence gathering process. Additionally, victims will experience varying degrees of psychological trauma, although the effects of this trauma may be more difficult to recognize than physical trauma.

Recommendations at a glance for health care providers and other responders to facilitate victim-centered care during the exam process:

- Give sexual assault patients priority as emergency cases.
- Provide the necessary means to ensure patient privacy.
- Adapt the exam process as needed to address the unique needs and circumstances of each patient.
- Develop culturally responsive care and be aware of issues commonly faced by victims from specific populations.
- Recognize the importance of victim services within the exam process.
- Accommodate patients' requests to have a relative, friend, or other personal support person (e.g., religious and spiritual counselor/advisor/healer) present during the exam, unless considered harmful by responders.
- Accommodate patients' requests for responders of a specific gender throughout the exam as much as possible.
- Prior to starting the exam and conducting each procedure, explain to patients in a language they understand what is entailed and its purpose.
- Assess and respect patients' priorities.
- Integrate medical and evidentiary procedures where possible.
- Address patients' safety during the exam.
- Provide information that is easy for patients to understand, in the patient's language, and that can be reviewed at their convenience.
- Address physical comfort needs of patients prior to discharge.¹

Every effort should be made to maximize the victim's level of comfort. A victim should never be subjected to routine triage procedures prior to the examination. Whenever possible, the victim should be taken directly to the examination room or to a separate waiting room. The presence of law enforcement personnel during the examination is unnecessary and is an invasion of privacy. Maintaining the chain of custody during the examination is the responsibility of attending medical personnel. If desired by the victim, victim advocates from a certified rape crisis program should be present to provide support and advocacy during the exam. When family members are present, a medical professional or advocate should speak privately with the victim, prior to the examination, regarding accompaniment in the examination room. This facilitates sensitive and tactful communication with family and friends, while aiding in the restoration of control to the victim.

Methods of coping with sudden stress vary from person to person. When severely traumatized, victims may appear to be calm, indifferent, submissive, joking, angry or even uncooperative and hostile toward those trying to help. All of these responses, individually or in combinations, are within the normal range of anticipated reactions. An inappropriate response to information concerning the circumstances surrounding the assault or a misinterpretation of a victim's reaction to the assault may lead to further traumatization, as well as possibly hindering the interview or evidence gathering process.

¹Information adapted in part from: U.S. Department of Justice, Office of Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition* (April 2013), page 29



SPECIAL VICTIM CONSIDERATIONS

While each victim must be evaluated and treated based on the set of circumstances surrounding the individual case, some victims present unique issues that must be considered by everyone involved in the case.

CULTURAL AND RELIGIOUS ISSUES

Issues having the most profound impact on victims may, in part, be attributed to their cultural or religious backgrounds. For some victims, problems associated with poverty and discrimination, as well as inadequate access to quality health care, already may have resulted in a high incidence of victimization. A general distrust of medical and law enforcement personnel, who play vital roles in the aftermath of sexual assault, may exist, particularly if there has been a history of unpleasant or disappointing experiences with these professionals.

In some cultures, the loss of virginity is an issue of paramount importance which may render the victim unacceptable for an honorable marriage. In other cultures, the actual event of the assault may be a more significant issue of concern for the family than is the victim's loss of virginity.

Some religious doctrines prohibit a female from being disrobed in the presence of a male who is not her husband. A genital examination by a male physician also may be forbidden. These practices are often considered a further violation of the victim, the family or both.

Law enforcement and medical and support professionals must be sensitive to these issues. In areas serving specific cultural or religious populations, procedures sensitive to the particular needs of the population should be developed. In-service training addressing these needs should be conducted on a regular basis.

OLDER ADULT VICTIMS

As with most other victims, older adult victims may experience extreme humiliation, shock, disbelief and denial. However, full emotional impact of the assault may not be felt until the victim is alone, well after initial contact with physicians, police, legal and advocacy groups. During this time, a victim who is an older adult must deal with having been violated and possibly infected with sexually transmitted infections. This may also be a time when an older adult victim becomes more acutely aware of their physical vulnerability, reduced resilience and mortality. Fear, anger or depression can be especially severe in victims who are isolated, have no confidant or live on meager incomes. Fear of losing independence as a result of family members learning about the sexual assault can be a strong deterrent to reporting. Recognizing that the offender may be a family member, friend or caretaker is also important.

In general, older adults are more physically fragile than the young, and injuries from an assault are more likely to be life-threatening. In addition to possible pelvic injury and/or Sexually Transmitted Infections (STI), an older adult victim may have higher risk for exacerbation of preexisting illness or injury and for other tissue or skeletal damage. Recovery processes for older adults tend to be more complicated and protracted than for younger victims.

Hearing impairment and other physical conditions often associated with advancing age, coupled with the initial reaction to the crime, often render older adult victims unable to communicate their needs. These factors may contribute to prolonged or inappropriate treatment. It also is not unusual for responders to mistake confusion and distress for senility. Additionally, the acts performed by the assailant may be something an older adult victim has never experienced before, such as oral contact with a penis. It is unlikely that an older adult victim would report an assault component of this type without specific, sensitive questioning.

Medical and social services follow-up must be easily accessible, or older adult victims may be unable or unwilling to seek or receive assistance. Without encouragement and assistance in locating services, many older adult victims may be reluctant to proceed in the prosecution of their offenders.

VICTIMS WITH DISABILITIES

A sexual assault committed against a victim with any physical or mental disability also demands specific consideration. Disability is defined as any impairment that substantially limits a major life activity. Victims with disabilities and their families should receive the highest priority, allotting additional time for evaluation, medical examination and evidence collection. Proper accommodation can be facilitated by identifying the nature and severity of any disability at the earliest possible time. Assessing the individual needs of a victim with a disability can be accomplished by simply asking the victim to identify their specific needs.

Persons having mental or developmental disabilities may be confused or frightened, unsure of what occurred, or they may not even understand that they have been exploited and are victims of a crime. In sexual assault cases involving victims with mental or developmental disabilities, using anatomically detailed dolls has proven to be a successful means of communication. Only those specifically trained in their use should use anatomically detailed dolls. In some cases, offenders may be family members, caretakers or

friends who inflict repeated abuse because their victims are not able to report the crimes against them.

A victim with physical disabilities may be more vulnerable to a brutalizing assault and may require special assistance to assume the positions necessary for a complete examination and collection of evidence. Improvising with portions of the standard protocol may be indicated.

Title II of the Americans with Disabilities Act requires that all state and local government entities comply with all aspects of civil rights legislation and incorporates the earlier federal mandates. Under section 504 of the Federal Rehabilitation Act of 1973, any agency (including hospitals 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 to ensure that persons with a hearing impairment are provided effective health care services. This variety of options, which must be provided at no cost to the patient, also includes arranging to provide non-familial interpreters who can communicate information accurately and fluently in sign language.

Referrals to specialized support services and detailed reports to law enforcement agencies are vital when working with individuals having a physical or mental impairment. This population may require protection, physical assistance and transportation to attend follow-up treatment and counseling.

MALE VICTIMS

It is believed that the number of adult 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. This increase, in large measure, is a direct result of public education and more stringent child abuse reporting laws throughout the nation.

A male victim may have serious concerns regarding his inability to prevent the assault. There also may be confusion about the nature of his role as victim/participant because of a possible involuntary physiological response to the assault, such as stimulation to ejaculation. A male victim needs reassurance that they were the victims of a violent crime which was not their fault, and that other sexually assaulted males have survived to function normally in every way.

Significant progress has been made in furthering the public's understanding that sexual assault against either gender is an act of violence. However, there still remains a great reluctance on the part of most male victims to report sexual assault. Referrals to available therapists or advocacy groups having expertise in the area of sexual assault of males are a vital component in the recovery process.

CHILD AND ADOLESCENT VICTIMS

Children are not small adults either physiologically or emotionally. Just as the physical examination protocol for children is different from the protocol for adults, the emotional needs of the child are also different. Children and adolescents require the services of individuals specifically trained to provide the crisis intervention, medical examination and long-term treatment that will surely be needed as a result of acute sexual assault or chronic sexual abuse. The most ideal setting for care is in a child-friendly environment versus in an Emergency Room or police department.

Adolescents are experiencing a transition from childhood to adulthood and show extremely variable reactions which may be a reflection of their individual developmental stage. There is no typical adolescent

victim, and the approach to each victim and their family members must be individualized and sensitive.

There is not a typical behavioral response to sexual abuse and assault, so examiners must refrain from making judgments about what happened based on an adolescent's demeanor or affect. Acquaintance or "date rape" is an under-reported type of sexual assault, and many victims feel guilty that it was their fault for being in the wrong place at the wrong time. They must be reassured that the assault was not their fault and promptly referred for age-appropriate counseling programs. Access to long-term treatment by specifically trained individuals from multiple disciplines (e.g., social work, psychology and health) is essential for optimal care of child and adolescent victims.

DOMESTIC VIOLENCE VICTIMS

Sexual assault by a spouse or other familial is a grave indicator of the danger a victim faces and must be taken seriously. Sexual violence of any form is a factor in determining the potential for lethality; a man or woman who is raped by a partner is more likely to die at his/her hands. Medical personnel must determine whether the victim is a domestic violence victim so proper services and referrals can be provided.

A victim who has been sexually assaulted by a partner has likely been suffering other forms of violence during the relationship. Many victims keep physical, emotional and sexual abuse hidden from friends and family members for numerous reasons: many religions and cultures prohibit divorce, a victim may believe that the abuse is deserved or does not realize a crime has been committed, a victim has no support system, a victim is financially dependent upon the abuser, or a victim fears the abuser will harm or take the children.

When a victim indicates that domestic violence is occurring, the medical provider should refer the victim to a domestic violence counselor and provide referral numbers for help that a victim can easily memorize, such as the Florida Domestic Violence Hotline, 1-800-500-1119, which will connect a victim with the closest domestic violence shelter in his or her area. Materials which list resources and explain the cycle of violence are available from domestic violence centers, law enforcement, and state attorney's offices. Providing this information is crucial for the safety of the victim.

LESBIAN, GAY, BISEXUAL, OR TRANSGENDER (LGBT) VICTIMS

LGBT victims are often reluctant to seek services for a number of reasons. There is concern of encountering barriers of prejudice or homophobia, as well as fears that the assault will not be taken seriously or even perceived as a crime. Many times the LGBT community in a given area is small; this results in limited access to qualified service providers, and perceived fear that the entire community will find out about the attack. Another consideration is that the victim's family, friends or co-workers may not be aware of the victim's sexual orientation. Often times fear of ostracism by peers and family can be more traumatizing for the victim than the attack.

Bisexual and transgender victims are also at high risk for encountering prejudice and ridicule as a result of reporting sexual assault. Recognizing that sexual assault is always a crime and knowing appropriate referrals for victims who are not heterosexual is essential for all first responders and service providers.

ALCOHOL AND DRUG-FACILITATED SEXUAL ASSAULT

Alcohol is the drug most frequently used to facilitate a sexual assault. Victims often believe that because they voluntarily consumed alcohol, a drug, or some other substance they are to blame for the assault. It is

important for service providers to help victims understand that intoxication and resulting diminished abilities are not causes of sexual assault; they are tools used to aid in the commission of this crime.

Victims who have ingested a drug or combination of drugs may not be aware that they have been sexually assaulted. Victims may experience unexplainable soreness or injuries or a disheveled appearance. Events described as “dreamlike” or that cannot be remembered at all are strong indicators that toxicology screens are warranted and should be discussed. Victims must be informed of the broad scope of screening detection parameters and of the time constraints involved.

PREGNANCY RISK EVALUATION AND CARE

All victims must be offered emergency medical treatment. Offering counseling to female victims about pregnancy prevention and the importance of timely action is also necessary. Recommendations for health care providers to facilitate pregnancy evaluation and care:

- Discuss the probability of pregnancy with patients who have reproductive capability.
- Administer a pregnancy test for all patients with reproductive capability (with their consent).
- Discuss treatment options with patients in their preferred language.

A victim of sexual assault should be offered prophylaxis for pregnancy, subject to informed consent and consistent with current treatment guidelines. Conscience statutes will continue to protect health care providers who have moral or religious objections to providing certain forms of contraception. In a case in which a provider refuses to offer certain forms of contraception for moral or religious reasons, victims of sexual assault must receive information on how to access these services in a timely fashion. The type and dosage of any medication administered or prescribed and any referral arrangements must be recorded in the medical chart and also be provided to the victim.²

SEXUALLY TRANSMITTED INFECTION (STI) EVALUATION AND CARE

Because contracting an STI from an assailant is of significant concern to patients, it should be addressed during the exam. Recommendations for health care providers to facilitate STI evaluation and care:

- Offer patients information in a language they understand.
- Consider the need for STI testing on an individual basis.
- Encourage patients to accept prophylaxis against STIs if indicated.
- Encourage follow-up STI exams, testing, immunizations, counseling, and treatment as directed.
- Address concerns about HIV infection.³

VICTIMS WITH LIMITED ENGLISH PROFICIENCY

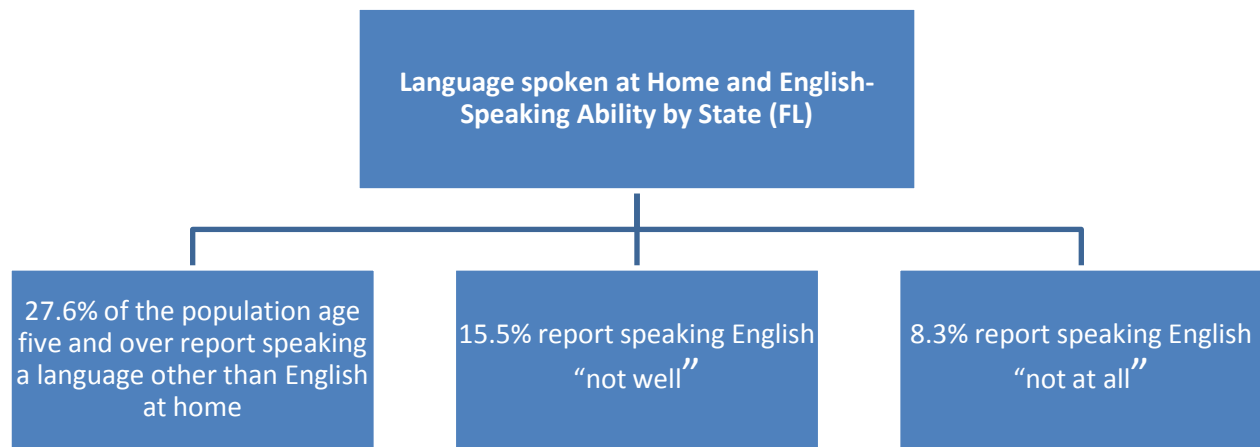
According to the U.S. Census Bureau, 2011 American Community Survey, Florida had **4,959,186** individuals, or **27.6%** of the population age five and over, report speaking a language other than English at home (the

² U.S. Department of Justice, Office of Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition* (April 2013), pages 115-116

³ U.S. Department of Justice, Office of Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition* (April 2013), page 111

national percent was only 20.8). Additionally, **23.8%** of those reported speaking English “not well” or “not at all”.⁴

Be patient and understanding toward victims’ language skills and barriers, which may worsen with the crisis of sexual assault. Develop policies and train responders to be able to identify a victim’s limited English proficiency and primary language spoken and written. Understand that immigrant victims may fear that assisting law enforcement may identify them to immigration authorities for deportation. All sexual assault victims should be provided information regarding U-Visa relief, in the event that this information would be helpful. Even if this information is not helpful to them directly, the information is often passed on to others by word of mouth and can benefit others in the future.⁵



⁴ U.S. Census Bureau, *American Community Survey* (2011)

⁵ U.S. Department of Justice, Office of Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition* (April 2013), page 33

ADULT SEXUAL ASSAULT PROTOCOL: INITIAL FORENSIC PHYSICAL EXAMINATION

The documentation of injuries and collection of evidence is enhanced by performing the examination as quickly as possible following the incident. It is recommended that evidence collection be conducted up to 120 hours post assault for adults. However, cases can be evaluated based upon the individual scenario and may merit collection beyond the recommended time frames. As with any medical procedure, it is important that examiners tailor the exam to suit the circumstances reported by the patient, or in the case of a child, a legal guardian. Important things to consider:

- Medical issues and treatment always take priority over forensic exam evidence collection. If patient needs immediate treatment for physical injury this should be done first.
- If patient reports circumstances that indicate assault could have been drug facilitated, collect blood and urine samples immediately.
- Patient/Guardian has the right to refuse any or all parts of the exam at any time.
- Patient/Guardian has the right to have an advocate present during the exam.
- The exam is free regardless of whether or not the patient is pursuing criminal charges against the offender although the patient may be responsible for medications and additional healthcare costs.
- Document findings clearly using legible handwriting.
- Label all collection bags and envelopes clearly and throw out any unused collection bags and/or envelopes.
- If additional collection envelopes are needed, open another unused kit and add as necessary or use new paper bags and envelopes from facility.
- Maintain chain of custody at all times.
- If at any time the examiner believes that the patient has an injury that requires immediate medical attention, stop the exam and call the attending physician.⁶

In addition, it is recommended that the examiner wear a mask and gloves during the physical examination and during packaging of evidence. It is also recommended that any other individuals present during the examination (such as a victim advocate or personal support person) also wear a mask and gloves to preserve the integrity of the evidence.

As a precautionary measure, it is recommended that medical care and complete forensic services be provided to victims who may not have been vaginally or anally penetrated with a penis or who may be uncertain of the assault details. Forensic labs routinely find DNA evidence from saliva, seminal fluid, sweat, and blood that corroborate the victim's assault history regardless of penetration.

As of July 1, 2007, sexual assault victims are not required to report the assault to law enforcement in order to receive a forensic physical examination at no cost to the victim. Examiners should use this protocol in the same manner, providing a forensic physical exam within the same timeframe and guidelines, for both reporting and initially non-reporting victims of sexual assault.

Important Note Regarding Victims' Rights: Per Florida Statutes, victims of a sexual offense have the right to request the presence of a victim advocate during the forensic medical examination; an advocate from a certified rape crisis center shall be permitted to attend any forensic medical examination. It is recommended that the examiner discuss this right and provide local rape crisis center information at the earliest possible point and prior to the examination. The Florida Council Against Sexual Violence, 1-888-956-7273, can connect a victim to the closest certified rape crisis center in his or her area.

⁶ Information adapted in part from: Florida Department of Law Enforcement, A-Z Index, *Instruction List for Forensic Exam Kit* ([FDLE Instruction List for Forensic Exam Kit](#))

Paperwork: The recommended paperwork should be utilized as it includes all pertinent information needed for all divisions of the medical and criminal justice systems. This paperwork is entitled “Sexual Assault Kit Form for Healthcare Providers” and can be found in the “Publications” section of the FDLE website, www.fdle.state.fl.us. Additional information/sections can be included in the paperwork, but sections should not be omitted or removed. Sections not applicable to particular agencies should be indicated as such by documenting N/A (not applicable), N/I (not indicated), or victim declined.

Regarding Forensic Examination Kits: Contact the Florida Department of Law Enforcement (FDLE), your local crime laboratory, or local law enforcement agency for the availability of a specialized sexual assault evidence collection kit. In the event a kit is not available, it is appropriate for examiners to utilize other suitable collection materials.

The examiner may modify, omit or add to this protocol based on the history, age of the victim, or physical findings. Modifications should be documented. An adult with a developmental disability may be better served by a practitioner who is skilled in working with people with communication or intellectual disabilities.

THE EXAMINATION PROCESS:

1. VICTIM CONSENT FORM

A consent form is applicable for both reporting and non-reporting victims. A Victim Consent Form should explain the examination procedures, give consent to perform the evidence gathering exam, including photographic documentation of injuries, and be dated and signed by the victim and witnessed by a medical professional, as defined in Florida Statute. If the victim chooses to make a report to law enforcement, a separate form authorizing the release of collected evidence and report to law enforcement should be dated and signed by the victim and witnessed by a medical professional as defined by Florida Statute.

The victim should be informed of the right to refuse all or part of the forensic evidence examination at any time. In the event that the victim is an adult who lacks the capacity to give consent, the victim’s legal representative should sign the consent forms. If the victim is unable to consent due to being incapacitated the examiner may not commence with the exam without a court order. An Examiner may sign as a witness on the consent form. The consent form should not be submitted as a part of the forensic examination or forwarded to law enforcement or crime lab. It should be retained by the rape crisis center/medical facility.⁷

A consent form is part of the Sexual Assault Kit Form for Health Care Providers which is available on both the Office of the Attorney General and the Florida Department of Law Enforcement’s websites.⁸

2. TREATMENT

Discuss and provide STI treatment and prophylaxis as well as emergency contraception after thorough explanation and understanding of medical history and per accepted standards of care. If available, schedule follow-up medical treatment appointment and provide appropriate referrals.⁹

⁷ Florida Department of Law Enforcement, A-Z Index, *Instruction List for Forensic Exam Kit* ([FDLE Instruction List for Forensic Exam Kit](#))

⁸ Florida Department of Law Enforcement, A-Z Index, *Sexual Assault Kit Form for Health Care Providers* ([FDLE Sexual Assault Kit Form for Health Care Providers](#))

⁹ Paragraph drawn from: Florida Department of Law Enforcement, A-Z Index, *Instruction List for Forensic Exam Kit* ([FDLE Instruction List for Forensic Exam Kit](#))

Medical history should not be submitted as a part of the forensic examination or forwarded to law enforcement or crime lab. It should be retained by the rape crisis center and/or medical facility.¹⁰ A medical history form is part of the Sexual Assault Kit Form for Health Care Providers which is available on both the Office of the Attorney General and the Florida Department of Law Enforcement's websites.

3. ASSAULT CIRCUMSTANCES

Discuss with the victim their pre-assault history and then the history of the assault. If the patient reports a detail that is not listed as one of the options on the paperwork provided, either note it in the assault circumstances text box on the top of page two or add an additional sheet of paper and document it. Report circumstances regarding the assault in the victim's words and always consider the victim's individual circumstances and be sensitive to them.¹¹

Assault history should be submitted as a part of the forensic examination or forwarded to law enforcement or crime lab. Assault history forms are part of the Sexual Assault Kit Form for Health Care Providers which is available on both the Office of the Attorney General and the Florida Department of Law Enforcement's websites.

4. CLOTHING EVIDENCE

Clothing is retained for the possible presence of hairs, fibers, and body fluids and is one of the most important sources of evidence in a sexual assault case. Disrobing should be done over a sheet of clean, white table paper. A barrier should be placed between the floor and the paper (i.e., a bed sheet or another sheet of clean, white table paper). The paper on which disrobing is done should be collected and packaged with the last item of clothing. If the patient cannot undress, clothing may be cut off. Be sure not to cut through existing rips, tears, or stains. Handle each item as little as possible and only when wearing gloves. Underwear must be packaged separately in a small paper bag. It is recommended that each item of clothing be packaged separately. However, if only one bag is available, clothing items (excluding the underwear) may be packaged together.

Any clothing with wet stains, such as blood or semen, should be allowed to dry, folded inward and then placed into paper bags. Be sure all items are dried as much as possible before packaging. If items are not allowed to fully dry because of time constraints, notify the law enforcement officer retrieving evidence which items are wet and need to be dried.¹² It is the responsibility of law enforcement to dry the item(s) as soon as possible before taking to the crime lab. Labels should be affixed to the outside of the paper bag to alert law enforcement that wet evidence is present. If excessive moisture is present, place it into an unsealed plastic bag or container and then inside a paper bag, sealing and labeling the paper bag appropriately.

Each item, including the paper over which the victim disrobed, is then labeled with the victim's name and date and sealed with evidence tape. A proper seal is made when using evidence tape and where the medical professional initials are placed at the junction of the tape and the bag with a pen or permanent marker, ensuring that it covers both the tape and the bag.

¹⁰ Florida Department of Law Enforcement, A-Z Index, *Instruction List for Forensic Exam Kit* ([FDLE Instruction List for Forensic Exam Kit](#))

¹¹ Florida Department of Law Enforcement, A-Z Index, *Instruction List for Forensic Exam Kit* ([FDLE Instruction List for Forensic Exam Kit](#))

¹² Florida Department of Law Enforcement, A-Z Index, *Instruction List for Forensic Exam Kit* ([FDLE Instruction List for Forensic Exam Kit](#))

5. GENERAL PHYSICAL EXAMINATION

The examiner should carefully inspect the victim's body in a systematic manner (i.e. head to toe, side to side, etc.) including scalp, face, back, chest, legs, and feet, assessing for injuries and potential evidence. The genitalia should be examined last unless the victim condition dictates otherwise (i.e., moderate to severe pain or bleeding). Examiners should provide detailed descriptions of any injuries found including point tenderness. The diagram form from the Sexual Assault Kit Form for Health Care Providers (page 3) should be used to document findings.¹³ Note injuries found on the diagrams provided and include descriptions in notes area. Add additional pages for notes as necessary. Photographic documentation should be completed when possible; the examiner should photograph sensitive body areas with a digital camera.

Each collection site should be packaged into an envelope, labeled and sealed accordingly. Collections from multiple collections sites should not be included in the same envelope.

In addition to the general physical examination, the use of an alternative light source (ALS) is highly recommended to assist in identifying evidence. An ALS can be used to assess for fluorescence. Obtain swabs from any areas that fluoresce and any areas for which victim related a history or suspicion of bodily fluid transfer (e.g., licking, kissing, biting, splashed semen, suction injuries, etc.) or areas of holding/restraint, rubbing, fondling, or prolonged contact.

When injuries underlie secretions, photo documentation should be completed prior to swabbing the site. For areas that fluoresce, but there is not obvious source by which to call it (such as "bite mark"), label it "area of fluorescence" and include the specimen collection location and other required information on the envelope.

In cases of incomplete/unknown patient history (i.e., drug facilitated sexual assault), swabs should always be taken from any areas of fluorescence and high yield areas (such as the neck, breast, genitalia, or fingernails).

A few additional notes:

- Separate swabs should be used for each collection site and packaged separately. Envelopes should be labeled with the location site.
- Bite marks should be photographed with and without an ABFO/L-shaped ruler. The ruler should be adjacent to but not covering the bite mark. Swabs of bite marks should be taken after photo-documentation is completed.
- With victim consent, cut matted head, facial, or public hairs bearing potential evidence (such as crusted material in hair). If the victim declines cutting, swab the area or wipe with moistened, sterile 2x2 gauze.

6. DRIED FLUIDS EVIDENCE COLLECTION

Collect foreign materials and swabs from the surface of the body. Carefully inspect the body, including head, hair, and scalp, for dried or moist secretions and stains (e.g., blood, seminal fluid, sweat, and saliva) and other foreign material. Use an alternate light source to assist in identifying evidence.

¹³ Florida Department of Law Enforcement, A-Z Index, *Instruction List for Forensic Exam Kit* ([FDLE Instruction List for Forensic Exam Kit](#))

- Flake off dried secretions and/or moisten two (2) sterile cotton tipped applicators with sterile saline solution or sterile water. Swab the area. Repeat the process with two (2) dry sterile cotton tipped applicators. Separate swabs should be used for every sample area collected.
- Swab bite marks.
- Cut matted head, facial, or pubic hairs bearing crusted material (or flake off material if possible) and place in an envelope.
- After air drying, the wet applicators are placed in an end wrapper and marked wet. The dry applicators are placed in an end wrapper and marked dry. Both sets may be placed in one envelope. Mark the envelope with title of suspected type of fluid, making sure to include the source of specimen(s).
- If teeth are flossed prior to oral swab collection, package used floss, label, seal, and initial the seal.

Dried Fluids Evidence Collection and Swabbing Technique:

Obtain swabs from any area that may bear a dry secretion or stain, any area that fluoresces with long-wave ultraviolet light such as an Alternative Light Source and any area for which patient relates a history or suspicion of bodily fluid transfer (e.g., licking, kissing, biting, splashed semen, or suction injury).

- Utilize at least two (2) sterile cotton swabs, pre-moistened with sterile water. While swabbing the area, rotate the swabs completely ensuring that all surfaces of the cotton swab make contact with the area.
- Additional swabs may be utilized.
- Do not fully saturate the swabs with sterile water. Use a small amount to begin collection and assess if additional moisture is needed to obtain the evidence.
- Pressure should be firm but not vigorous.

Allow the swabs to air dry. The swabs are placed in the end paper from the applicators and into a small enveloping, labeling the site collection appropriately on the end papers. Swabs taken from separate collection sites should be packaged into separate envelopes, labeled with name of site collection, and sealed.

Note: If swab boxes are available, swabs collected during the examination can be immediately placed into the designated swab box after collection and then into a labeled envelope. Swab boxes are ventilated for drying.

7. WET FLUIDS EVIDENCE COLLECTION

Collect foreign materials and swabs from the surface of the body. Carefully inspect the body, including head, hair, and scalp, for dried or moist secretions and stains (e.g., blood, seminal fluid, sweat, and saliva) and other foreign material. Use an alternate light source to assist in identifying evidence.

Wet Fluids Evidence Collection and Swabbing Technique:

- Utilize at least two (2) sterile cotton tipped applicators for collection of moist secretions. While swabbing, rotate the swabs completely ensuring that all surfaces of the cotton swab make contact with the area.
- Pre-moistening is not needed for areas that are already moist/wet.

Allow the swabs to air dry. The swabs are placed in the end paper from the applicators and into a small

enveloping, labeling the site collection appropriately on the end papers. Swabs taken from separate collection sites should be packaged into separate envelopes, labeled with name of site collection, and sealed.

Note: If swab boxes are available, swabs collected during the examination can be immediately placed into the designated swab box after collection and then into a labeled envelope. Swab boxes are ventilated for drying.

8. PUBIC HAIR EVIDENCE COLLECTION/COMBING

Pubic hair combing is routinely employed to collect evidence. When pubic hair is present, the entire area should be combed over a clean piece of paper using the wide tooth end of comb to collect all loose hairs and any fibers. Comb the entire hair area. If there is no pubic hair, the pubic area should still be examined, and any loose material or hair should be collected into the paper. In either instance, place the comb used for collection on the paper and fold with the comb along with any other evidence obtained inside the paper. Place in a paper envelope and mark "pubic hair combing," label and seal. Absence of pubic hair should be noted. **NOTE: DO NOT Take Pulled Hair Standards.**

9. ORAL SWABS

Oral swabs are collected when the victim reports an oral assault. Oral swabs should be collected before Buccal swab collection. Using two (2) sterile cotton tipped applicators, swab inside the mouth along the gum line, inner cheek and by the tonsils.

Allow swabs to air dry. The swabs are then placed in the end paper from the cotton tipped applicator package and then into a small envelope. Label and seal the envelope.

10. BUCCAL SWAB COLLECTION

A Buccal swab should always be collected as it provides a clean sample of the victim's DNA needed as the reference sample during laboratory processing. Buccal swabs should be collected after oral swabs are collected. When possible, a victim should not eat, drink, or smoke for at least 30 minutes prior to the examination. If oral swabs were collected, have the victim rinse his/her mouth and wait 15 minutes before obtaining this sample. Using two (2) sterile cotton tipped applicators from the envelope, rub the inside of the cheek ten (10) times, with an up and down motion. When dry, place the applicators back in the envelope. Seal and label appropriately.

Buccal and oral swabs are not the same and should not be collected as if they were the same thing. Buccal and oral swabs must be collected separately and packaged separately.

11. VAGINAL SWABS

Inspect external genitalia (perineum and hymen) for trauma, stains, and debris. Collect debris, place in an evidence envelope, label and seal. Use an Alternative Light Source to fluoresce potential evidence. Swab the external genitalia, including the labial folds with two (2) swabs. Then swab the posterior forchette/fossa navicularis and the perineum with two (2) swabs (utilize more if needed). Rotate the swabs to ensure contact is made with the entire surface area. Vaginal swabs are collected when the victim report a vaginal assault (penile, digital, oral, or object insertion). Inspect external genitalia, perineum and hymen, for injury and debris. Document (and photograph if possible) any abnormalities/debris prior to

examination and evidence collection. And debris should be collected in an envelope, labeled and sealed.

Vaginal swabs are collected prior to the bimanual or cervical examination, by utilizing four (4) sterile cotton tipped applicators to swab the vaginal fornix. If there is a pool of fluid, place two (2) swabs in the posterior fornix and allow fluid to absorb while swabbing the vaginal walls and while collecting the cervical swabs. Utilize a minimum of two (2) swabs each for the peri-cervical area and vaginal walls. Additional swabs can be utilized if needed (i.e., instances of excessive fluids, moisture, or substances).

It is important not to aspirate the vaginal orifice or to dilute the secretions in any way before the swabs are taken. Sterile water may be utilized as a lubricant if needed; lubrication jellies should be avoided if possible (if lubrication jelly is needed for victim comfort, utilize sparingly). If the victim has douched, be sure to swab behind the cervix and along the vaginal walls.

Allow swabs to air dry. The swabs are placed in the end paper from the applicators and into a small envelope label each site of collection. The envelope should be labeled as "Vaginal" and sealed.

12. CERVICAL SWABS

Cervical swabs are taken whenever vaginal swabs are taken. Two (2) sterile cotton swabs are separately inserted into the cervical os (opening) and rotated completely. The applicators may be moistened with sterile water prior to swabbing.

Allow the swabs to air dry. The swabs are placed in the end paper from the applicators and into a small envelope. The envelope should be labeled as "Cervical" and sealed.

Note: The vaginal and cervical swabs may be placed in the same small evidence envelope, if only one is available, provided both specimens are well labeled on the end papers as to the source.

Optional: In acute cases, paint the perineum with toluidine blue and wipe area with lubricant jelly to highlight micro lacerations. Use of a magnifying light is helpful in some cases as well. Document any injuries which are shown through the use of toluidine blue. Allergies to dyes should be assessed prior to using toluidine blue.

13. PENILE SWABS

Penile swabs are taken when the victim reports an assault to the male genitalia (i.e., oral, vaginal, object insertion). Slightly moisten two (2) sterile cotton tipped applicators with sterile water and swab the external surface of the penile shaft and corona area. Repeat the process separately for the following areas as indicated by history: glans and urethral opening; scrotum.

Allow swabs to air dry. The swabs are placed in the end paper from the applicators and into a small envelope, labeling the site collection appropriately on the end papers. Swabs taken from these areas can be sealed into one envelope, provided the specimens are well labeled on the end papers as to the source.

Optional: In acute cases, paint the perineum with toluidine blue and wipe area with lubricant jelly to highlight micro lacerations. Use of a magnifying light is helpful in some cases as well. Document any injuries which are shown through the use of toluidine blue. Allergies to dyes should be assessed prior to using toluidine blue.

14. ANAL/RECTAL SWABS

Rectal swabs are collected prior to the rectal examination, when the victim reports an assault to this area (penile, digital, object insertion). First inspect the anal/rectal area for injuries and debris and document any findings (photo document findings when possible). Any debris should be collected in an envelope, labeled, and sealed. Anal/rectal swabs are taken utilizing two (2) sterile cotton tipped applicators, swab the external anus. Utilizing two (2) sterile cotton tipped applicators, swab the rectum while rotating completely; the applicators may be pre-moistened with sterile water to minimize discomfort. Rectal swabs should be inserted beyond the sphincter.

Allow the swabs to air dry. The swabs are placed in the end paper from the applicators and into a small envelope, labeling the site collection appropriately on the end papers. Swabs taken from these areas can be sealed into one envelope, provided the specimens are well labeled on the end papers as to the source.

15. FINGERNAIL SCRAPINGS EVIDENCE COLLECTION

Fingernail scrapings are collected whenever the circumstances warrant, such as when the victim scratched the assailant. Scrapings are not a routine part of evidence collection. Depending on the available resource choose one of the methods below for collection, scrapings or swabbing.

Fingernail scrapings (wooden or plastic pick): A sterile, wooden or plastic pick can be utilized for scraping. Using the tip of the pick, scrape under each individual nail over a clean collection paper. Do not be overly vigorous in scraping as enough DNA may be obtained from the victim to override what is contained in the specimen. Use a separate pick and paper for the right and left hands. When complete the pick is placed in the paper. The paper is folded up and put into an envelope, labeled and sealed.

Fingernail swabbing: Swab under each individual nail of the right hand using (1) swab. Repeat entire process for left hand using (1) swab. Additional swabs may be used if necessary. (See 6: Dried Fluids Evidence Collection and Swabbing Technique.) The swabs are placed into an envelope, labeled and sealed. If paper is utilized under the hands, package with swabs.

Broken or torn fingernails may require cutting with the victim's consent. It is recommended that the examiner photo-document broken or torn fingernails before collection. Fingernail cuttings should be placed within the folder paper of the fingernail scraping within the envelope of the fingernail swabbing.

Nail scrapings or cuttings must be taken using a separate clean sheet of paper for each hand. Each paper should be folded around the specimen, placed in separate envelopes and labeled to identify the source of the evidence.

16. BITE MARKS EVIDENCE COLLECTION

Specimens from bite marks are collected in the same manner as "dried fluids." Bite marks should be photographed or depicted in a drawing, placing a L-shaped ruler adjacent to but not covering the mark.

17. WHOLE BLOOD SPECIMEN

If blood is needed for STD/RPR, pregnancy testing or toxicology, it should be drawn at this time. Collect 5 ml in a red top tube. Refrigerate (DO NOT FREEZE). Blood in the red top tube is not to be included in the kit.

18. TOXICOLOGY SCREENING

All patients should be screened via questions and observations for Drug Facilitated Sexual Assault (DFSA). Where indicated, blood and urine should be obtained as soon as DFSA is suspected. A standardized DFSA collection kit can be obtained through FDLE and/or your local law enforcement agency and is recommended for use. A separate consent should be obtained for the collection of a DFSA kit. The DFSA kit needs to be placed into secured refrigeration as soon as possible after collection.

Toxicology screening is recommended when the patient reports: loss of consciousness, semi-consciousness, memory loss, cameo memory, impaired motor skills, increased drowsiness, rapid onset of intoxication, intoxication not proportionate to amount consumed, and/or report of voluntary use of substances resulting in incapacitation.

If a toxicology screening is requested by the victim, or by the detective with the victim's knowledge that it will be used as evidence and with the victim's consent, obtain the following:

- 20 ml of blood placed in two (2) grey top (sodium fluoride) tubes; and
- At least 30 ml of urine placed in a leak proof container.

Blood is best collected within 48 hours from the time of the assault urine is best collected up to 72 hours from the time of the assault.

If additional blood or urine is needed for medical procedures, those samples should be collected at the same time as the toxicology screening, when possible.

Labels provided in the DFSA kit should be completed and placed over the top of the tubes and urine cup to demonstrate integrity of the evidence. Labels must be completed with the victim's name, date, identifier, and the examiner's name. Upon enclosing the specimens into the DFSA kit, the box should then be sealed with the integrity seal provided and initialed by the examiner. The following information should be on the outside of the kit: victim's name, date, identifier, and examiner. The chain of custody form should be completed by the examiner and the accepting law enforcement officer.

Non-Reporting Victims and DFSA Kits: In cases of non-reporting victims, a DFSA kit should still be collected. Refrigeration and long term storage of the kit varies by county. If law enforcement is responsible for maintaining the storage of non-reporting kits, it should be turned over to law enforcement and marked with an identifier other than the victim's name (i.e., date or birth and patient identification number). Any other agency holding forensic evidence and DFSA kits should establish secure chain of custody procedures for storage of kits.

NOTE: The toxicology kit is separate and should not be placed in the Sexual Assault Evidence Collection Kit.¹⁴ DFSA kits must be stored in secure refrigeration.

19. SEALING OF THE EVIDENCE KIT AND SECURING EVIDENCE

Once you are ready to seal the kit, complete the following:

¹⁴ Florida Department of Law Enforcement, A-Z Index, *Sexual Assault Kit Form for Health Care Providers* ([FDLE Sexual Assault Kit Form for Health Care Providers](#)), Forensic Examination Page 06

- All specimens must be identified with the victim's name, identifier or case number, the date of collection, specimen collection location, and the medical professional's name or initials.
- Each collection envelope should be secured with the integrity seals or evidence tape to demonstrate integrity of the collection.
- Place all of the specimen envelopes into the outer kit envelope.
- Be sure the forms are completed and that a copy of Sexual Assault Kit Form for Healthcare Providers, pages 1-6 is placed in the kit.
- Do not return any unused envelopes to the kit. (These should be discarded.)
- Seal the outer kit by placing evidence tape or integrity seals all the way across the flap of the envelope and along the edges.
- Initials should be placed where the envelope meets the seal.
- If refrigeration is required, mark the item indicating refrigeration is needed. (DFSA kits only.)
- If items are wet, mark the item as wet evidence and advise the officer upon pick up of the wet evidence.
- The evidence must stay with the examiner, until it is picked up by law enforcement.
 - If the kit is not immediately turned over to law enforcement, it can be secured in a locked area with limited access and proper chain of custody procedures. Check with your medical facility to see if such a protocol is in place.
 - For non-reporting kits, check your local area for storage procedures.

A law enforcement agency is recommended for long-term evidence storage.

Retain a copy of the forms for the rape crisis center/ medical facility.¹⁵

Note: Information for Crime Laboratory and Law Enforcement (reporting kits only)

The recommended form is the Sexual Assault Kit Form for Healthcare Providers. If that is not utilized, the following information needs to be included with the kit:

- Date and time of assault
- Name, age, race and gender of the victim
- Number, race, and gender of assailants
- Activity of the victim since the assault
- Injury diagrams
- Date and time of examination
- Date of last voluntary intercourse in the past 120 hours; name/contact information if available
- Areas of contact/penetration and how
- Itemized list of clothing, including documentation of existing stains/cuts/tears or stains/cuts/tears made during removal
- Documentation of any previous contact with the assailant
- Copy of signed chain of custody

20. The patient's medical record should include, if applicable:

- Sexual Assault Kit Form for Healthcare Providers (or similar document if not using this form)
- Contraception/menstruation information

¹⁵ Florida Department of Law Enforcement, A-Z Index, *Sexual Assault Kit Form for Health Care Providers* ([FDLE Sexual Assault Kit Form for Health Care Providers](#)), Forensic Examination Page 06

- Past medical problems
- GYN history (miscarriage, abortion, pregnancy, hysterectomy, tubal ligation)
- Current pregnancy status
- History of battery, intimate partner violence, or other traumas
- Allergies
- Stability assessment, including pain assessment
- Current medications
- Immunization status
- Safety assessment
- Abbreviated neurological assessment
- Physical examination
- Diagrammed Documentation: male/female, adult/child (genitalia for both)
- Photographic documentation
- Written description of trauma
- Date of last voluntary intercourse
- Culture assessment and results
- Toxicology blood/urine screen
- Documentation of contraceptive information/treatment or emergency referral
- Discharge information and disposition (released to care of Emergency Department, home, shelter, etc.)

RECOMMENDATIONS AT A GLANCE TO PHOTOGRAPH EVIDENCE ON PATIENTS

Taking photographs of a patients' anatomy that was involved in the assault should be part of the medical forensic examination process in sexual assault cases. Such photographs can supplement the medical forensic history, evidence documentation, and physical findings. Photographs should not be taken by law enforcement, but injuries may be documented by the forensic examiner using a colposcope or digital camera.

- Consider the extent of forensic photography necessary.
- Consider the equipment.
- Be considerate of patient comfort and privacy.
- Explain forensic photography procedures to patients.
- Take initial and follow-up photographs as appropriate, according to jurisdictional policy.
- Consider policies on storage, transfer, and retention of photographs.¹⁶

Photographic documentation of evidence should be completed before disturbing or collecting the evidence from the collection site. A digital camera is recommended for documentation of injuries or evidence that corroborates victim's history (i.e., torn clothing, trace evidence, injury, or debris). A photo log is recommended for documentation of photographs taken and consent is needed for photo documentation. If photo documentation is not included on the Victim Consent Form, then a separate consent form must be obtained. It is recommended that three to four photographs be taken of each finding. The images should include:

- Overview or orientation with obvious anatomical landmarks.

¹⁶ U.S. Department of Justice, Office of Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition* (April 2013), page 91

- Midrange revealing more details of injury in relation to location (optional).
- Macro without scale.
- Macro with scale (necessary).

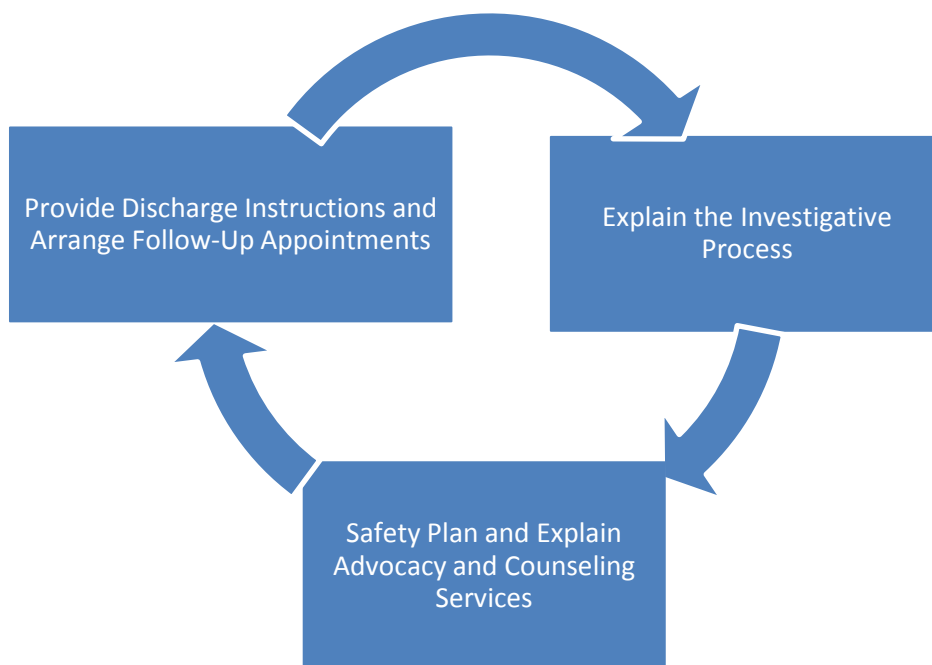
RECOMMENDATIONS AT A GLANCE TO FACILITATE DISCHARGE PLANNING AND FOLLOW-UP WITH PATIENTS

Address issues related to medical discharge and follow-up care:

- Make sure patients’ medical and mental health needs related to the assault have been addressed;
- Provide patients with oral and written medical discharge instructions;
- Arrange follow-up appointments for patients;
- Discuss follow-up medical contact procedures.

Advocates, law enforcement representatives, and other involved responders can coordinate with health care providers to discuss a range of other issues with patients prior to discharge:

- After the exam is finished, address patients’ physical comfort needs;
- Help patients plan for their safety and well-being;
- Explain follow-up contact procedures of all responders involved;
- Explain advocacy and counseling services;
- Explain the investigative process.¹⁷



¹⁷ U.S. Department of Justice, Office of Violence Against Women, *A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition* (April 2013), pages 117-119

CHILD SEXUAL ABUSE PROTOCOL: INITIAL FORENSIC PHYSICAL EXAMINATION

1. PREPARING THE CHILD OR ADOLESCENT FOR THE PHYSICAL EXAM

PARENT/GUARDIAN/CHILD CONSENT FORM AND OBTAINING ASSENT

Child and adolescent victims have different developmental, psychological and health needs compared with adults, and therefore, they need age-appropriate accommodations in their care. One of the first necessary modifications is to prepare children and their parents or guardians for what they can expect from the forensic evaluation in terms they can understand. The use of medical and legal jargon should be avoided, and parents and the child should be encouraged to ask questions at any point in the evaluation. This explanation is best done by professionals with pediatric and child abuse expertise.

The child should be informed at each step of the evaluation about what is going to take place and assent/permission should be sought before proceeding, especially during sensitive aspects of the exam. Children should be given frequent reassurance, and they should be allowed to have a supportive person present with them during the medical exam. Similarly, parents should be provided with a written consent form that explains the examination procedures, gives consent to perform the evidence gathering exam, and that is dated and signed by the guardian and witnessed by a medical professional as defined by Florida Statute. Parents and children should also be informed that photos of the exam may be taken with their consent. Teens often prefer not to have a family member in the room, but they should be asked what they prefer. Note that teens may have areas of patient confidentiality that cannot be reported to the parents without the teen's consent.

THE IMPORTANCE OF THE INTERVIEW

Another difference between the evaluation of children and adults is the importance of an age-appropriate interview of a suspected child victim by a trained child abuse professional. This interview should precede a forensic medical exam in most cases, although there are some exceptions, such as in the case of an injury that needs immediate medical attention. In many cases of child sexual abuse, the disclosure of abuse is not recent and may in fact be quite remote from the date of the crime. Child sexual abuse can also be chronic in nature. Therefore, the timing of the examination and the need for evidence collection in children is determined on a case-by-case basis as deemed appropriate by a trained medical professional who has experience in child sexual abuse.

2. EXAMINING THE CHILD

LIGHTING, POSITIONING AND PRIVACY

External lighting and magnification with special equipment, such as a colposcope or digital camera with a zoom lens, can be helpful to visualize injuries that are difficult to see with the naked eye. Child victims should be positioned in a manner that feels comfortable and secure. They should be well-draped with gowns and blankets to ensure privacy and warmth. Younger children may be examined on the parent's lap. Allowing children to see and handle any equipment can help them feel a greater sense of trust and control. Children should never be held down during an exam or sedated.

Young children may respond well to a head-to-toe approach to the exam. It may be best to examine non-threatening areas of the body first, such as heart, lungs, and skin, to build rapport. The genitourinary exam should be done only after the child is relaxed and comfortable with the examiner.

LABORATORY EVALUATION AND STI PROPHYLAXIS FOR PREPUBESCENT CHILDREN

Acute sexual assaults are rare with prepubescent children and STIs are unusual. Prepubescent children should be screened for STIs as indicated by the history (e.g., high-risk exposure) or physical exam findings. Any suspicious discharge should be cultured, and nucleic acid amplification or PCR testing should be avoided due to the risk of false positive results. Routine prophylaxis for STIs is generally not indicated.

LABORATORY EVALUATION AND STI PROPHYLAXIS FOR ADOLESCENTS

Adolescents should be screened for common STIs, such as gonorrhea (GC), Chlamydia (CT), trichomoniasis, human immunodeficiency virus (HIV), syphilis and hepatitis. Follow-up testing should be offered at regular intervals after the initial exam as deemed appropriate by the medical provider based on the history and type of exposure. Toxicology screening should be conducted and procedures outlined previously should be followed if an adolescent provides a history suggestive of a drug-facilitated assault.

FORENSIC EVALUATION

The forensic evaluation of children and adolescents are similar to adults with modifications based on what the child or adolescent victim discloses during an age-appropriate forensic interview. The evidence collection techniques are also similar as the previously described adult protocol in terms of obtaining, packaging, sealing evidence and maintaining the chain of custody.

Examiners should generally avoid internal exams of female prepubescent children with swabs or speculums, because the non-estrogenized hymen is very tender at this age and the exam will be painful. Vaginal swabs, when indicated, should be collected from the vestibule, labia and external genitalia. Other swabs can be collected as indicated.

(See <http://www.cdc.gov/std/laboratory/2014labrec/default.htm>)

TREATMENT

Prepubescent children who are asymptomatic are not routinely offered STI prophylaxis. Adolescents without allergies or other contraindications are typically given a combination of antibiotics based on current CDC guidelines to prevent common bacterial infections (CT, GC and trichomoniasis). (See <http://www.cdc.gov/std/treatment/2010/sexual-assault.htm>) Address concerns about HIV infection, including making referrals as indicated for HIV-prophylaxis. A teen female victim of sexual assault should be offered prophylaxis for pregnancy, subject to informed consent and consistent with current treatment guidelines.

DOCUMENTATION OF FINDINGS

Documentation of medical findings should follow guidelines as above and consistent with Child Protection Team guidelines.

FOLLOW UP CARE AND REFERRALS

Children and teens should be referred to counselors who specialize in sexual assault with children. Medical follow-up in two weeks is helpful for further STI testing, and especially valuable to evaluate healing in the unlikely event of acute injuries.