

# Step by Step Medical Forensic Exam

| Step One - Before the patient arrives:  | Rationale  |
|---|--|
| <p>A. <b>Assemble a bin or drawer of all the equipment needed</b></p> <ul style="list-style-type: none"> <li>Sexual Assault Kit</li> <li>Legal Blood Kit</li> <li>Blood drawing supplies</li> <li>Legal Urine kit</li> <li>Paper bags various sizes</li> <li>Evidence tape</li> <li>Sterile water or saline</li> <li>Measuring device – L Square, paper ruler etc.</li> <li>Paperwork needed for documentation</li> <li>Speculum</li> <li>Anoscope</li> <li>Camera</li> </ul> <p>B. <b>Find out if there are trained sexual assault advocates available to respond to the hospital</b></p> <p>C. <b>Patient is not required to report to Law Enforcement</b> –do not automatically call law enforcement when patient presents</p> | <p>Being prepared will decrease stress for the staff when a sexual assault patient presents in the ED</p> <p><a href="http://rapehelpmn.org/find-help/">http://rapehelpmn.org/find-help/</a> to find advocacy in your area</p> <p><i>Minn. Stat. 609.35 (c)</i><br/>         “By providing victims with the opportunity to gather information, solidify their support system, and establish rapport with first responders, we hope to create an environment that encourages reporting, even for those victims who initially feel unable, unwilling, or unsure about doing so.” EVAWI</p> |
| Step Two  |  |
| <ul style="list-style-type: none"> <li>Conduct Sexual Assault Exam up to 120 hours (5 days) following a sexual assault even if the patient has showered, is menstruating or intoxicated – but able to give consent and stay awake for exam.</li> <li>Contact advocacy if available</li> <li>Obtain consent for the exam – consent for the physical exam and consent for the forensic evidentiary portion of the exam.</li> </ul>  |  |

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| <b>Step Three</b>  |   |
| <b>Acknowledge the trauma of sexual assault</b> <ul style="list-style-type: none"> <li>• “I’m so sorry this happened to you.” “</li> <li>• This shouldn’t have happened to you.”</li> <li>• “Thank you for trusting me with this information.”</li> <li>• “I’m happy you decided to come in and learn about your options today.”</li> <li>• “What are you most worried about at this moment?”</li> <li>• “I can’t promise what will happen in your case, but I can promise to do my very best for you.”</li> </ul> | Demonstrates genuine concern for patients’ physical and mental health                       |
| <b>Step Four</b>   |   |
| <b>Obtain:</b> <ul style="list-style-type: none"> <li>• General demographic information</li> <li>• Medical history</li> <li>• Current medications</li> <li>• Menstrual status if applicable</li> <li>• Last consensual sex in the 120 hours prior to the assault or post assault</li> <li>• </li> </ul>  | Explain to patient that last consensual sex is to be able to eliminate a consensual partner |
| <b>Step Five</b>   |   |
| <b>Document:</b> <ul style="list-style-type: none"> <li>• General appearance</li> <li>• Demeanor – don’t label behavior, be descriptive</li> </ul>   | See demeanor and behavior documentation Appendix I  |
| <b>Step Six</b>  |   |
| <b>Obtain an account of the sexual assault:</b> <ul style="list-style-type: none"> <li>• During the account the only people present should be the nurse, patient and advocate, if available</li> <li>• Ask “What are you able to tell me about your experience?”</li> <li>• Document the account in the patient’s words and using quotes</li> <li>• For clarification use “tell me more about....”</li> <li>• No “<b>Why</b>” questions</li> </ul>   | Advocate has judicial privileged and cannot be subpoenaed                                   |
| <b>Step Seven</b>  |   |



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| <p><b>B. Examine the oral cavity</b></p> <ul style="list-style-type: none"> <li>• Describe oral penetration, no matter how slight or brief</li> <li>• Was patient orally penetrated by penis? Finger? Object?</li> <li>• Did ejaculation occur?</li> <li>• Did oral assault occur within the last 24 hours?</li> <li>• If yes, use 4 dry swabs held together</li> <li>• Gently roll swabs from one side of the mouth to the other side along the upper gum line, lower gum line and under tongue</li> <li>• Allow swabs to dry in Oral swab envelope</li> <li>• Change gloves</li> </ul> <p><b>C. Examine entire body</b></p> <ul style="list-style-type: none"> <li>• Did assailant(s) have <b>oral contact</b> with patient's breasts or other body area?</li> <li>• Describe - Kissing, licking, biting or sucking?</li> <li>• If yes, collect up to 72 hours (3 days) collect even if patient has showered once or twice</li> <li>• Collect 2 saline moistened swabs held together and gently roll over skin where contact occurred</li> <li>• Allow swabs to air dry in swab envelope, label location</li> <li>• Change gloves</li> <li>• Collect up to 72 hours</li> <li>• Did assailant(s) <b>ejaculate</b> on patient's body?</li> <li>• If yes, collect up to 72 hours (3 days) collect even if patient has showered once or twice</li> <li>• Collect 2 saline moistened swabs held together and gently roll over skin where ejaculation occurred</li> <li>• Allow swabs to air dry in swab envelope, label location</li> <li>• Change gloves</li> <li>• Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling)</li> <li>• Record pain and tenderness using 1-10 pain scale</li> <li>• If camera available, photograph injury</li> </ul> <p><b>D. Did patient scratch assailant?</b></p> <ul style="list-style-type: none"> <li>• If yes, use 1 saline moistened swab to collect under fingernails from each hand separately</li> <li>• Place in envelopes labeled "<i>right hand</i>" and "<i>left hand</i>"</li> <li>• Allow swabs to air dry in swab envelope</li> <li>• Change gloves</li> </ul> <p><b>E. Collect patient's DNA sample</b></p> <ul style="list-style-type: none"> <li>• Place 4-6 drops of patient's blood on the paper inside the blood card</li> <li>• Blood may be obtained by blood draw or finger stick</li> <li>• Allow to air dry</li> <li>• Place card in envelope</li> </ul> | <p>Note that the ever-increasing sensitivity of DNA analysis creates a greater chance that accidental contamination and dilution by foreign DNA may be detected.</p> <p>See <b>Appendix III</b> for more information on Evidence collection.</p> <p>Changing gloves between different collection points prevents possible contamination of specimens and exposure to blood/body fluids, as well as cross contamination.</p> |
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## Step Ten

### Genital Exam – Female:

#### A. Did vaginal assault occur within the last 120 hours? (5 days)

- Describe vaginal penetration no matter how slight or brief
- Was patient assaulted by penis? Fingers? Object?
- Did ejaculation occur?
- Did assailant(s) use condom?

#### B. Pubic hair combing

- Has patient taken a bath or shower since assault?
- If no, then **collect pubic hair combing** – place paper under buttocks, use comb provided to comb pubic hair, fold comb in paper and place back in envelope
- If patient has showered or bathed since assault – do not collect

#### C. If patient shaves pubic hair

- Use 2 saline moistened swabs, held together and gently roll the swabs over **mons pubis** (pubic area)
- Collect even if patient has showered once or twice
- Allow swabs to air dry in the envelope, label swabs “*mons pubis*”
- Change gloves

#### D. Examine external genitalia and perineum

- Use 4 saline moistened swabs, held together and gently roll the swabs over **perineum and area around vaginal opening**
- Collect even if patient has showered once or twice
- Collect even if patient is menstruating
- Allow swabs to air dry in the perineal envelope
- Change gloves
- Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling)
- Record pain and tenderness using 1-10 pain scale

**E. Examine vagina and cervix**

- If patient declines speculum exam, offer to collect vaginal swabs by gently inserting 4 dry swabs into vagina
- If using a speculum, do not use lube, moisten the speculum with saline prior to insertion
- Use 4 dry swabs held together and collect from **vaginal walls and vault**
- Collect even if patient is menstruating
- Allow swabs to air dry in the vaginal envelope
- Use 2 dry swabs (one at a time) to collect from the **cervix**, leave in cervix 10-15 seconds
- Allow swabs to air dry in the cervix envelope
- Change gloves
- Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling)
- Record pain and tenderness using 1-10 pain scale

**Genital Exam – Male**

**F. Pubic hair combing**

- Has patient taken a bath or shower since assault?
- If no, then **collect pubic hair combing** – place paper under buttocks, use comb provided to comb pubic hair, fold comb in paper and place back in envelope
- If patient has showered or bathed since assault – do not collect

**G. Examine genitalia and perineum**

- Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling)
- Record pain and tenderness using 1-10 pain scale

**H. Examine penis**

- Use 2 saline moistened swabs held together and gently roll the swabs on penis (if indicated by history)
- Collect swabs even if patient has showered one or two times
- Allow swabs to air dry in penile envelope
- Change gloves

**I. Examine scrotum**

- Use 2 saline moistened swabs held together and gently roll the swabs on scrotum (if indicated by history)
- Collect swabs even if patient has showered one or two times
- Allow swabs to air dry in envelope, label “*scrotum*”
- Change gloves

| Step Eleven   |  |
|---|--|
| <p><b>Examine buttocks and anus</b></p> <ul style="list-style-type: none"> <li>• Did anal assault occur in the last 48 hours?</li> <li>• Describe anal penetration no matter how slight or brief</li> <li>• Was patient assaulted by penis? Fingers? Object?</li> <li>• Did ejaculation occur?</li> <li>• Did assailant(s) use condom?</li> <li>• Collect up to 48 hours following anal assault</li> <li>• If yes, collect 2 saline moistened swabs 2-4 cm into <b>anal canal</b>, gently rotate</li> <li>• Repeat to collect total of 4 swabs</li> <li>• Allow swabs to air dry in rectal envelope</li> <li>• Change gloves</li> <li>• Record size and appearance of injuries (abrasion, bruises, redness, tears, petechiae, swelling)</li> <li>• Record pain and tenderness using 1-10 pain scale</li> </ul>  |  |
| Step Twelve   |  |
| <p><b>Evidence collection</b></p> <p><b>A. Clothing</b></p> <ul style="list-style-type: none"> <li>• Collect underwear worn after the assault and other clothing if indicated</li> <li>• Place each item of clothing in a separate paper bag</li> <li>• Label each bag with patient's name, MRN, date and time of exam</li> <li>• Brief description of the article of clothing</li> <li>• Case number (if reported) and Jurisdiction</li> <li>• Moist or damp clothing needs to dry prior to packaging</li> </ul> <p><b>B. Tampon or condom</b></p> <ul style="list-style-type: none"> <li>• Place in sterile urine cup with holes punched in cover for ventilation</li> <li>• Label cup</li> <li>• Place in paper bag</li> <li>• Seal paper bag with evidence tape</li> <li>• Label bag with patient's name, MRN, date and time of exam, Case number (if reported) and Jurisdiction</li> <li>• Store in refrigerator</li> </ul> <p><b>C. Foreign hair(s) or other biological evidence from assailant</b></p> <ul style="list-style-type: none"> <li>• Place inside the paper provided in the <b>foreign matter</b> envelope</li> </ul> |  |

| Step Thirteen   |  |
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| <p><b>Stated alcohol/drug use by patient and/or assailant:</b></p> <ul style="list-style-type: none"> <li>• Loss of memory – describe</li> <li>• Indications of memory loss – woke up in a strange location, articles of clothing missing?<br/>Period of time unaccounted for?</li> <li>• Loss of consciousness – describe</li> </ul> <p>A. Use Legal Blood collection kit to obtain blood for alcohol and toxicology</p> <ul style="list-style-type: none"> <li>• Collect up to 48 hours post assault</li> <li>• Label tubes with exact time</li> <li>• Label kit and place in locked refrigerator</li> </ul> <p>B. Use Legal Urine collection kit to obtain urine for toxicology</p> <ul style="list-style-type: none"> <li>• Collect up to 120 hours post assault</li> <li>• Label container with exact time of collection</li> <li>• Label kit and place in locked refrigerator</li> </ul>  | <p>Drugs stay in the urine longer than blood.</p>  |
| Step Fourteen   |  |
| <p><b>Medication recommendations for medical provider</b></p> <p><b>A. Obtain UPT</b></p> <ul style="list-style-type: none"> <li>• Pregnancy test negative – administer emergency contraception</li> <li>• Levonorgestrel (Plan B) 1.5 mg orally once</li> <li>• Document if patient declines Emergency Contraception and reason for declining</li> </ul> <p><b>B. Antibiotics</b></p> <ul style="list-style-type: none"> <li>• Trichomonas – <b>Metronidazole 2 grams</b> orally in a single dose (no alcohol 48 hours before or after)</li> <li>• Chlamydia – <b>Azithromycin 1 gram</b> orally in a single dose</li> <li>• Gonorrhea – <b>Ceftriaxone 250 mg</b> IM in a single dose</li> <li>• Document if patient declines antibiotics</li> </ul> <p><b>C. HIV non-occupational Post Exposure Prophylaxis (nPEP)</b></p> <ul style="list-style-type: none"> <li>• Start within 72 hours of sexual assault</li> <li>• Contact National Clinician’s Post-Exposure Prophylaxis Hotline 1-888-448-4911 for recommendations</li> <li>• <b>Truvada</b> (Tenofovir/emtricitabine) orally once a day for 28 days<br/>PLUS</li> <li>• <b>Raltegravir</b> (Isentress) 400 mg orally twice a day for 28 days<br/>or <b>Tivicay</b> (Dolutegravir) 50 mg orally once a day</li> <li>• Document if nPEP indicated and patient declines</li> </ul> | <p>Follow CDC Guidelines:</p> <p><a href="http://www.cdc.gov/std/tg2015/sexual-assault.htm">http://www.cdc.gov/std/tg2015/sexual-assault.htm</a></p> <p><a href="http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf">http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf</a></p> <p><a href="http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/">http://nccc.ucsf.edu/clinician-consultation/pep-post-exposure-prophylaxis/</a></p> |



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| <b>Step Fifteen</b>  |   |
| <p>A. If patient made report to Law Enforcement - call to pick up evidence</p> <p>B. If patient would like to make report to Law Enforcement – call to have them come to the hospital</p> <p>C. If patient did not make report to Law Enforcement – store evidence in a locked area/refrigerator</p> <p>D. Mandated Reports</p> <ul style="list-style-type: none"> <li>Healthcare professionals in Minnesota are NOT mandated reporters of the sexual assault of a competent adult victim. Minn. Stat. § 626.52 (2007)</li> <li>Minor victims of sexual assault may consent to their own medical care. Minn. Stat. §§ 144.343, 144.344 <ul style="list-style-type: none"> <li>“Medical care” is interpreted to include medical forensic examination.</li> <li>“Minor” is interpreted to mean 13 and older.</li> </ul> </li> <li>Not every sexual assault of a minor requires a mandatory report to law enforcement and or Child Protection <ul style="list-style-type: none"> <li>Minn. Stat. § 626.556 subd. 2(d)</li> <li>Only when sexual assault is perpetrated by someone with a “significant relationship” or in a “position of authority” over the minor is it a mandatory report.</li> </ul> </li> </ul> | <p><i>Mandated Reporting of Maltreatment of Vulnerable Adults</i><br/> <a href="http://www.mncasa.org/assets/PDFs/svji_facts_20_1922465376.pdf">http://www.mncasa.org/assets/PDFs/svji_facts_20_1922465376.pdf</a></p> <p><i>Mandated Reporting of Sexual and Physical Abuse or Neglect of a Child</i><br/> <a href="http://www.mncasa.org/assets/PDFs/svji_facts_31_558548673.pdf">http://www.mncasa.org/assets/PDFs/svji_facts_31_558548673.pdf</a></p> |
| <b>Step Sixteen</b>  |   |
| <p>A. Establish and document the security and chain of custody of forensic specimens throughout the exam process</p> <p>B. Seal specimen packages to prevent tampering. However, do not lick envelopes.</p> <p>C. Document the examiner’s signature, date, and time across the seal.</p> <p>D. For forensic evidence to withstand judicial scrutiny, the chain of custody must be documented from the time the specimens are collected to their release to the investigating agency</p> <p>E. Limit the number of people who handle any forensic evidence.</p> <p>F. Use Chain of Custody Form</p> <p>G. Store forensic specimens at the hospital until released to law enforcement</p> <ul style="list-style-type: none"> <li>Store evidence in a locked refrigerator</li> <li>If a locked refrigerator is not immediately available, samples can be kept at room temperature for no longer than 24 hours.</li> </ul>   | <p>See Appendix IV for Chain of Custody Form</p>  |

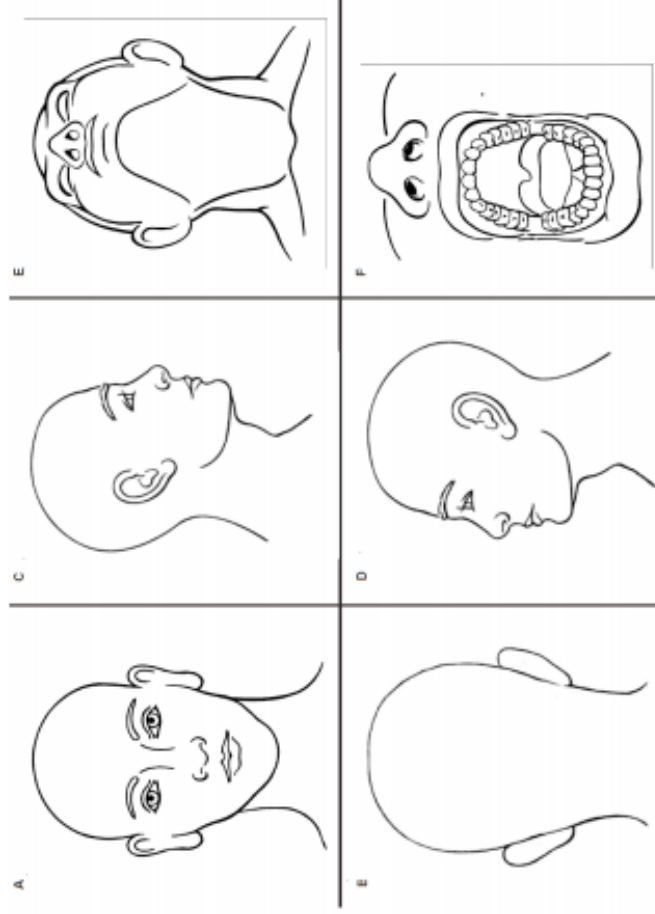
Appendix I

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|---|--|--|---|
| <b><i>Quantify behaviors:</i></b><br>Number of times<br>Amount of time<br>Intensity loud, soft          | <b><i>Qualify behaviors:</i></b><br>Manner measured, halting, abruptly, tentatively  | <b><i>Do not use:</i></b><br>Cool, composed, controlled<br>Flat affect | <b><i>Use:</i></b><br>Describe behaviors  |
| <b><i>Eye contact</i></b><br>(do not use good or poor)  | Maintained eye contact, Avoided or averted<br>Fixed Stare<br>Glare, Looked at....<br>Closed eyes (when, how long)<br>Looked only when addressed  | Indifferent or disinterested<br>Afraid, fearful, scared                | Startled, stunned, cower, cringe, flinch  |
| <b><i>Speech</i></b><br>(always use quotes, do not paraphrase)  | Responded in one or two word answers<br>Responded when only asked a question<br>Whispered, Hoarse, Slow<br>Talked and cried at the same time<br>Mumble, Shout, Stammer, Stutter<br>Hesitated, hesitant | Angry or enraged   | Agitated, irritated   |
| <b><i>Responsiveness to SANE</i></b><br>(do not use cooperative)  | Followed direction<br>Answered questions when asked<br>Paused before answering, Unresponsive<br>Volunteered information, Alert, oriented   | <b><i>Body posture and muscle tension</i></b>                          | Slouched, Slumped<br>Arms crossed across body, Fetal position<br>Stooped, Clenched fists, Wringing hands<br>Restless, Shudder, Shake tremor<br>Tremble, Cower, Stun, Startle<br>Feet pulled up under her as she sat |
| <b><i>Nonverbal expressions</i></b>   | Cry, Wail, Sob, Weep<br>Sniffle, Moan, Whimper<br>Sigh   | <b><i>Behaviors and actions</i></b>                                    | Blew nose, Wiped at eyes with tissues,<br>Clutching clothes<br>Pacing, Rocking, agitated<br>Pulling at sheets, Pulling away   |
| <b><i>Facial expressions</i></b>  | Frown, Scowl, Grimace, Flinch<br>Wince, Biting lips, Clenched jaw<br>Pursed lips, Grinding teeth   | <b><i>Behavior descriptors</i></b>                                     | Serious, Sluggish, Silent<br>Somber, Solemn<br>Listless, quiet  |
| <b><i>Describe anxiety</i></b><br>(state patient is anxious and then support with observable behaviors) | Wringing hands, Tapping foot<br>Sweating profusely, Dilated pupils<br>Feels nauseated, States has a knot in stomach  | <b><i>Appearance</i></b>   | Bruised, Red-eyed, Dirty<br>Wet, Clothes inside out<br>Covered with debris<br>Scratched, Bloody, smells<br>Clothes disheveled, Hair disheveled  |

# Documentation Chart for Non-Fatal Strangulation

| Breathing Changes  | Voice or Vision Changes   | Swallowing Changes  | Behavioral Changes   | OTHER  |
|--|---|---|--|--|
| <input type="checkbox"/> Difficulty Breathing<br><input type="checkbox"/> Hyperventilation<br><input type="checkbox"/> Unable to breathe<br>Other: | <input type="checkbox"/> Raspy voice<br><input type="checkbox"/> Hoarse voice<br><input type="checkbox"/> Coughing<br><input type="checkbox"/> Unable to speak<br><input type="checkbox"/> vision changes | <input type="checkbox"/> Trouble swallowing<br><input type="checkbox"/> Painful to swallow<br><input type="checkbox"/> Pain to throat<br><input type="checkbox"/> Nausea /Vomiting<br><input type="checkbox"/> Drooling | <input type="checkbox"/> Agitation<br><input type="checkbox"/> Amnesia<br><input type="checkbox"/> PTSD<br><input type="checkbox"/> Hallucinations<br><input type="checkbox"/> Combativeness | <input type="checkbox"/> Dizzy or faint<br><input type="checkbox"/> Headaches<br><input type="checkbox"/> Urination<br><input type="checkbox"/> Defecation<br><input type="checkbox"/> Hearing changes |

Use diagrams to mark visible injuries



| Face   | Eyes & Eyelids  | Nose   | Ear  | Mouth   |
|--|---|--|--|---|
| <input type="checkbox"/> Red or flushed<br><input type="checkbox"/> Pinpoint red spots (petechiae)<br><input type="checkbox"/> Scratch marks | <input type="checkbox"/> Petechiae to R and/or L eyeball (circle one)<br><input type="checkbox"/> Petechiae to R and/or L eyelid (circle one)<br><input type="checkbox"/> Bloody red eyeball(s) | <input type="checkbox"/> Bloody nose<br><input type="checkbox"/> Broken nose (ancillary finding)<br><input type="checkbox"/> Petechiae                 | <input type="checkbox"/> Petechiae (external and/or ear canal)<br><input type="checkbox"/> Bleeding from ear canal   | <input type="checkbox"/> Bruising<br><input type="checkbox"/> Swollen tongue<br><input type="checkbox"/> Swollen lips<br><input type="checkbox"/> Cuts/abrasions (ancillary finding)          |
| Under Chin   | Chest   | Shoulders  | Neck   | Head  |
| Redness<br><input type="checkbox"/> Scratch marks<br><input type="checkbox"/> Bruise(s)<br><input type="checkbox"/> Abrasions                | <input type="checkbox"/> Redness<br><input type="checkbox"/> Scratch marks<br><input type="checkbox"/> Bruise(s)<br><input type="checkbox"/> Abrasions  | <input type="checkbox"/> Redness<br><input type="checkbox"/> Scratch marks<br><input type="checkbox"/> Bruise(s)<br><input type="checkbox"/> Abrasions | <input type="checkbox"/> Redness<br><input type="checkbox"/> Scratch marks<br><input type="checkbox"/> Fingernail marks<br><input type="checkbox"/> Bruise(s)<br><input type="checkbox"/> Swelling<br><input type="checkbox"/> Ligature mark | <input type="checkbox"/> Petechiae<br><input type="checkbox"/> Hair pulled<br><input type="checkbox"/> Bump<br><input type="checkbox"/> Skull fracture<br><input type="checkbox"/> Concussion |

To All Health Care Providers: Having been advised of my right to refuse, I hereby consent to the release of my medical/dental records related to this incident to local law enforcement, my attorney, my advocate, the District Attorney's Office and/or the City Attorney's Office.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Training Institute on Strangulation Prevention at [www.strangulationtraininginstitute.com](http://www.strangulationtraininginstitute.com)

## Questions to ASK: Method and/or Manner:

How was the victim strangled?

☐ One Hand (R or L)      ☐ Two hands      ☐ Forearm (R or L)      ☐ Knee/Foot

☐ Ligature (Describe): \_\_\_\_\_

☐ How long? \_\_\_\_\_ seconds \_\_\_\_\_ minutes or Can't remember?

☐ From 1 to 10, how hard was the suspect's grip? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

☐ Continuous pressure?      Increased pressure?

☐ From 1 to 10, how painful was it? (Low): 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 (high)

☐ Multiple attempts: \_\_\_\_\_ ☐ Multiple methods: \_\_\_\_\_

Could the victim breathe, talk and/or scream?

Is the suspect **RIGHT** or **LEFT** handed? (Circle one)

What did the suspect say while he was strangling the victim, before and/or after?

Was she simultaneously smothered while being strangled? Shaken? Straddled? Restrained?

Head pounded against wall, floor or ground? (Possible concussion)

Where did the incident occur (Any corroborating evidence/possible sexual assault)?

Any visual changes (describe)?

Any hearing changes (describe)?

Any breathing changes (describe)?

Any changes in consciousness (describe)?

What did the victim think was going to happen?

How or why did the suspect stop strangling her?

Any witnesses?

What was the suspect's demeanor? Describe suspect's facial expression during strangulation?

Describe Prior strangulation? Prior domestic violence? Prior threats? Prior intimidation?

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## Evidence Collection Guidelines\*



| Specimen                | Number of Swabs                 | How to Collect   | When to Collect   |  |
|-------------------------|---------------------------------|--|---|--|
| <b>Known Samples</b>    | Blood card in BCA Kit           | Several drops of blood is preferred  | Always collect  | No pulled hairs needed   |
| <b>Buccal Swabs</b>     | Four swabs                      | Swab inside of cheek for Buccal known sample   | <ul style="list-style-type: none"> <li>• If no oral assault Buccal swab is acceptable for known sample</li> <li>• <b>Blood is preferred</b></li> </ul>                            | Oral rinse before collecting not necessary   |
| <b>Oral Swabs</b>       | Four swabs                      | Swab along the upper and lower gum line and under tongue   | Collect up to 24 hours after oral assault   | Collect even if patient has brushed teeth, eaten or drank fluids<br>Swabs collected from around the mouth even if patient has not showered will be patient's own saliva  |
| <b>Fingernail Swabs</b> | One swab per hand               | <ul style="list-style-type: none"> <li>• Lightly moistened swab with either sterile water or saline</li> <li>• Package each hand separately</li> </ul>   | <ul style="list-style-type: none"> <li>• Collect only if patient reports scratching assailant</li> <li>• Do not collect if patient has no memory of scratching suspect</li> </ul> | Swabs better than cuttings or scraping fingernails   |
| <b>Skin Swabs</b>       | Two swabs per area <sup>1</sup> | <ul style="list-style-type: none"> <li>• Lightly moistened swab with either sterile water or saline</li> <li>• Package right and left together (more potential for DNA on 2 than 4 swabs)</li> </ul> | <ul style="list-style-type: none"> <li>• Swab even after showering (one-two times)</li> <li>• Collect up to 48- 72 hours</li> </ul>   | Swab areas for touch DNA if assailant forcefully touched victims skin i.e. held wrists for extended period of time or neck with manual strangulation<br><ul style="list-style-type: none"> <li>• BCA research shows better collection of evidence with two moist swabs (no need to follow with dry swabs)</li> <li>• Swab areas of fluorescence</li> </ul> |
| <b>Bite marks</b>       | Two swabs                       | <ul style="list-style-type: none"> <li>• Photograph first</li> <li>• Lightly moistened swabs with either sterile water or saline</li> </ul>  | <ul style="list-style-type: none"> <li>• Swab even after showering (one-two times)</li> <li>• Collect up to 48-72 hours</li> </ul>  |  |

<sup>1</sup> (V Corum, 2014)



## Evidence Collection Guidelines



| Specimen                  | Number of Swabs    | How to Collect   | When to Collect  |
|---------------------------|--------------------|--|--|
| <b>Pubic Hair Combing</b> |                    | <ul style="list-style-type: none"> <li>• Comb pubic hair</li> <li>• Fold comb in paper</li> <li>• Place in envelope</li> </ul> | If patient has not showered  |
| <b>Perineal Swabs</b>     | Collect four swabs | Lightly moistened swab with either sterile water or saline   | <ul style="list-style-type: none"> <li>• Swab even after showering (one-two times)</li> <li>• Collect even while patient is menstruating</li> </ul> <p><b>Digital penetration:</b><br/>collect perineal swabs only when the victim is a child</p> <ul style="list-style-type: none"> <li>• Document why swabs collected from area other than perineum, i.e. mons pubis, labia majora</li> <li>• Sterile 4x4's pre and post void, BCA would test only if swabs were negative</li> </ul> |
| <b>Penile Swabs</b>       | Collect two swabs  | Lightly moistened swab with either sterile water or saline   | <ul style="list-style-type: none"> <li>• Swab even after showering (one-two times)</li> </ul>  |
| <b>Scrotum Swabs</b>      | Collect two swabs  | Lightly moistened swab with either sterile water or saline   | <ul style="list-style-type: none"> <li>• Swab even after showering (one-two times)</li> </ul>  |
| <b>Vaginal Swabs</b>      | Collect four swabs | Blind swab collection if patient unable to tolerate speculum exam  | Collect up to 120 hours<br>Collect even while patient is menstruating<br><ul style="list-style-type: none"> <li>• BCA prefers no Lube with speculum</li> <li>• No need to document it if you do use lube</li> </ul>  |
| <b>Cervical Os Swabs</b>  | Collect two swabs  | Place one swab in cervical os then collect second swab   | <ul style="list-style-type: none"> <li>• Collect with vaginal assault more than 72 hours</li> <li>• Collect up to 2 weeks after vaginal assault</li> </ul> Collect even while patient is menstruating<br>Recommended to collect with every vaginal assault <sup>2</sup>  |

<sup>2</sup> (Morgan, 2008)



## Evidence Collection Guidelines



|                     |   |  |  |   |   |
|---------------------|---|--|--|---|---|
| <b>Rectal Swabs</b> | Collect four at one time<br>-or-<br>Collect two swabs then two more for total of four | <ul style="list-style-type: none"> <li>• Lightly moistened swab with either sterile water or saline</li> <li>• Insert swabs into anus 2 cm, rotate gently</li> </ul>                   | Collect up to 48 hours after assault   | Anoscopy <ul style="list-style-type: none"> <li>• Collect 4 anal swabs prior to anoscope insertion</li> <li>• Collect 4 swabs past end of anoscope</li> </ul> | <ul style="list-style-type: none"> <li>• Perianal swabs = potential drainage from vagina</li> <li>• Little research on viability of sperm in rectum</li> </ul>  |
| <b>Tampons</b>      |   | Put tampon in sterile specimen cup with holes punched in the top   | <ul style="list-style-type: none"> <li>• Place cup in paper bag</li> <li>• Seal bag</li> <li>• Place in refrigerator</li> </ul>  |   |   |
| <b>Condoms</b>      |   | Put condom in sterile specimen cup with holes punched in the top   | <ul style="list-style-type: none"> <li>• Place cup in paper bag</li> <li>• Seal bag</li> <li>• Place in refrigerator</li> </ul>  | Do not tie condom off   |   |
| <b>Vomit</b>        |   | Put in sterile specimen cup  | <ul style="list-style-type: none"> <li>• BCA will test</li> <li>• Last to test</li> </ul>  | <ul style="list-style-type: none"> <li>• Needs to be fresh</li> <li>• Only collect obvious pill fragments in the vomit</li> </ul>                             |   |
| <b>Trace</b>        |   | <ul style="list-style-type: none"> <li>• Collect items with potential for suspects DNA, i.e. cigarette butt smoked by assailant</li> <li>• Place in Foreign Matter envelope</li> </ul> | <ul style="list-style-type: none"> <li>• Hair collected for trace evidence may need to have pulled head and pubic hairs from victim</li> <li>• Can be obtained at a later time, hair would be tested last</li> </ul> | <ul style="list-style-type: none"> <li>• No underwear in kit</li> <li>• Only put <b>swabs</b> in kit</li> </ul>   | <ul style="list-style-type: none"> <li>• Document and photograph trace evidence</li> <li>• Collect trace evidence i.e. leaves, dirt etc. and package in paper bags or envelopes following protocol for clothing.</li> </ul> |
| <b>Clothing</b>     |   | Package each item separately in paper bags <sup>3</sup>  | Collect clothing worn after assault even if laundered <sup>4, 5</sup>  | Seal with evidence tape, label with patient name, time, date, case number, jurisdiction, person collecting  |   |

<sup>3</sup> (V Corum, 2014)

<sup>4</sup> (Petricevic, 2006)

<sup>5</sup> (E Kafarowski, 1996)



## Evidence Collection Guidelines



| <b>Interesting information</b>   | <ul style="list-style-type: none"><li>• Sexual Assault kit costs the BCA \$8.61 • BCA cost to process kit is about \$1,000</li><li>• Individual Swab boxes hard to open and increase chance of contamination</li><li>• BCA makes their own slides</li><li>• Fluorescence: Sweat, urine, seminal fluid and saliva fluoresce with Alternate Light Source. Many foods fluoresce (dairy products)</li><li>• Blood does not fluoresce</li></ul>  |
|----------------------------------|---|
| <b>Turnaround time</b>           | <ul style="list-style-type: none"><li>• Children and/or Vulnerable adult = immediately Adults = 3 months</li><li>• Kits are returned to Law Enforcement after processing is completed</li><li>• Most probative swabs processed first</li></ul>  |
| <b>Documentation<sup>6</sup></b> | <ul style="list-style-type: none"><li>• Seal each envelope with patient label and initials over the seal</li><li>• Mark <b>Yes Specimen Collected</b> on the front of the envelope and initial</li><li>• Copy of SANE report placed in the Sexual Assault Kit is OK, no need to fill out BCA form in addition</li><li>• Must document reason swabs were collected for the BCA to process them</li></ul>   |
| <b>Procedural</b>                | <ul style="list-style-type: none"><li>• Only put the envelopes used back into Sexual Assault kit</li><li>• Do not touch envelopes or the inside of the Sexual Assault kit without gloves</li><li>• Phantom profiles: use gloves and mask while collecting swabs</li><li>• BCA kit, Blood and Urine kits need to be refrigerated</li><li>• 2 skin swabs yields more concentrated sample<sup>7</sup></li><li>• Allow wet swabs to dry before packaging<sup>8</sup></li><li>• Swabs should be done simultaneously to ensure equal amount of DNA on all swabs<sup>9</sup></li></ul> |
|                                  | *2014 Guidelines only, Always refer to local jurisdiction and SANE Program protocols  |

<sup>6</sup> (V Corum, 2014)

<sup>7</sup> (V Corum, 2014)

<sup>8</sup> (V Corum, 2014)

<sup>9</sup> (A Burg, 2011 )





## Evidence Collection Guidelines



| Specimen                       | How to Collect  | When to Collect                                      |                              |               |
|--------------------------------|---|--|------------------------------|---------------|
|                                |   | 24 Hours   | 48 Hours                     | 120 Hours     |
| <b>Blood</b>                   | <ul style="list-style-type: none"> <li>• <b>Ideal</b> volume 10 mls in <b>both</b> grey top tubes</li> <li>• 5 mls in both in grey top tubes is better than 1 full tube</li> <li>• One tube is saved for the defense</li> <li>• Can use purple top tube if no grey top available</li> </ul>   | Collect  | >48 hours don't collect      | Don't collect |
| <b>Urine</b>                   | <ul style="list-style-type: none"> <li>• <b>Ideal</b> volume is 50-100 mls</li> </ul>   | After 24 hours the alcohol in a sample will be gone* | Only test for drugs in urine | No testing    |
|                                | *No algorithm to go backwards to obtain a urine alcohol level<br>Urine is collected in bladder and the value could only be an average of the urine in the bladder since the last void   |  |                              |               |
| <b>Collect Blood and urine</b> | <ul style="list-style-type: none"> <li>• Time of the SANE exam is the one time we are able to collect samples</li> <li>• Both blood and urine is best for testing</li> <li>• Collect even without a report to Law Enforcement</li> <li>• Blood and urine collected, urine will be tested first (stays in the urine longer than blood) if they are positive BCA will do a confirmation</li> <li>• Blood and urine for alcohol level the specimens need to be refrigerated</li> <li>• Blood and urine for drug testing the specimens need to be frozen</li> </ul>   |  |                              |               |
| <b>Documentation</b>           | <ul style="list-style-type: none"> <li>• BCA Toxicologists generally do not see the SANE report</li> <li>• Document patient's prescribed medications, date and time of last dose on Toxicology forms</li> <li>• Document date and time of medications given to the patient in the Emergency Department on Toxicology forms</li> <li>• Document drugs and alcohol consumed before and after the assault on the Toxicology forms</li> </ul>   |  |                              |               |
| <b>Drugs</b>                   | <ul style="list-style-type: none"> <li>• Victims wake-up because the drugs are leaving the system</li> <li>• GHB: Found by the BCA only 4 times in 15 years. GHB moves thru the body faster than alcohol, 8-10 hours for clearance. GHB is a biological compound found in urine. GHB is an endogenous compound that everyone's body produces. Stays 8-10 hours in urine and 4-6 hours in the blood. No screening test for GHB, it is a confirmation process, not an easy or quick test.</li> <li>• Rohypnol more common in Southwestern US, never found by the BCA in MN</li> <li>• Benzodiazepines most common drug found (Ativan, Xanax)</li> <li>• Methamphetamine and cocaine are next most common drugs found</li> </ul> |  |                              |               |
| <b>Alcohol Formulas</b>        | <ul style="list-style-type: none"> <li>• Burn Off Formula: Simple multiplication formula = 0.015 X the hours since consumption</li> <li>• Widmark Formula: Takes into consideration body weight, gender, variables of eating, drinking and the kind of alcohol, victim/witnesses accounts and SANE report</li> </ul>  |  |                              |               |

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## Chain of Evidence Form:

Hospital Label

|   |               |   |
|---|---------------|---|
| Patient Label   |               | Collection Date: _____ Time: _____<br>Case Number: _____ Jurisdiction: _____<br><input type="checkbox"/> BCA Sexual Assault Kit<br><input type="checkbox"/> DVD<br><input type="checkbox"/> SANE Report<br><input type="checkbox"/> BCA Blood Kit for Toxicology <input type="checkbox"/> BCA Urine Kit for Toxicology<br><input type="checkbox"/> _____ Bags of clothing<br><input type="checkbox"/> Other _____ |
| Placed in secure storage by:  |               |   |
| SANE Signature  | Printed name  | Date/Time placed in storage   |
| Evidence Released to Law Enforcement by SANE  |               |   |
| <input type="checkbox"/> BCA Sexual Assault Kit <input type="checkbox"/> BCA Blood Kit for Toxicology <input type="checkbox"/> BCA Urine Kit for Toxicology <input type="checkbox"/> DVD <input type="checkbox"/> _____ Bags of clothing <input type="checkbox"/> Other _____ |               |   |
|   |               |   |
| Police Officer signature  | Badge number  | Printed name  |
|   |               | Date/Time   |
|   |               |   |
| SANE Signature  | Printed name: | Date/Time placed in storage   |
| Evidence Released to Law Enforcement by Security or other authorized personnel  |               |   |
| <input type="checkbox"/> BCA Sexual Assault Kit <input type="checkbox"/> BCA Blood Kit for Toxicology <input type="checkbox"/> BCA Urine Kit for Toxicology <input type="checkbox"/> DVD <input type="checkbox"/> _____ Bags of clothing <input type="checkbox"/> Other _____ |               |   |
|   |               |   |
| Police Officer signature  | Badge number  | Printed name  |
|   |               | Date/Time   |
|   |               |   |
| Released by: Signature  | Title         | Printed name  |
|   |               | Date/Time placed in storage   |