Uniqueness of A Sexual Assault Victim

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• WHAT HAPPENS WHEN IT HAPPENS!!!!
Law enforcement
• Law enforcement will get a brief statement to assist them in evidence collection at the scene.
• The EMS personnel are trained to get a brief history.
• Treat any life threatening emergencies.
• Their early role is very important in the victim’s recovery.
The Hospital
SEXUAL ASSAULT NURSE EXAMINER (SANE)

Meet the needs of the sexual assault victim by providing immediate, compassionate, culturally sensitive, and comprehensive forensic evaluation and treatment.
UAMS SANE Program

- Committed to providing comprehensive and compassionate care to adult and adolescent victims of sexual assault—24 hours/day, 7 days/week, 365 days/year.

Located in UAMS Emergency Department with continuous emergency physician backup.
• First things first:
  - Life support and stabilization
  - Triage
  - Private room
  - SANE

  • Assaulted within past 72 hours
  • **Exceptions:** Children, excessive trauma or kidnapping
Patient consent needed for:

• Medical legal examination for evidence related to the sexual assault
• Consent for release of the information to authorities and qualified persons
Patient consent needed for:

- Consent for patient advocate to attend.
- And any other procedures as directed by local needs such as emergency contraceptive or photographs.
Patient history:

- Name of the patient or person giving the information
- Document the relationship and why they are giving the information rather than the patient.
• Was there an interpreter present? If so who and what language.
Victim’s demographic information

- Victims name
- Hospital ID number
- Address
- City, state
- Phone number
- Age, gender, ethnicity, date of birth, race
- Date/time of arrival, examination and discharge
Forensic Interview

• Professional and empathetic approach to helping the victim overcome her feelings of fear, guilt and anger.

• Dealing with 3 personalities: the victim, perpetrator and self.

• Must express regret that the victim was assaulted.
Forensic Interview

• Assure the victim that they were a victim of a crime and that it is not their fault.
• Reassure them that they are safe.
• Bad choices are not illegal: Rape is
Victim’s Demeanor

• Controlled (guarded): Appear composed and able to calmly discuss the assault.
• State of shock or physically exhausted.
• Tearful, agitated, angry and/or just quiet.
Pertinent medical history:

- Last normal menstrual period. The use of tampons, sponges, diapers and sanitary napkins can absorb all the offender’s semen as well the menstrual blood present. This may also help explain if blood is present on the swabs obtained.
Pertinent medical history:

- Document if the victim has had any recent anogential injuries, operations, or medical treatment that may affect the physical findings.
Actions of victims before assault:

- Actions before the assault can sometimes destroy the evidence that is left: for example a recent douche could destroy the sperm.
Pertinent history related to encounter:

• Last consensual sexual encounter. This becomes important if it has been in the last week. The crime lab may find two different blood types, so this could help clear up any discrepancies in court.

• Was there any drug or alcohol use before or after the assault.
• This will take about 2-5 minutes.
Think of your best sexual encounter?
Where were you and who else was there?
What did you hear?
What did you smell?
Who said what and in what order?
What acts occurred and in what order oral, vaginal or rectal?
Did ejaculation occur and if so how many times?
How did it end? Who said what?
Who wants to share their story first?
Assault history:

- Date of assault and time of assault
- Any physical surrounds of the assault the victim can recall such as a building or landmarks.
- Need a brief description of the event that is accurate. This is crucial to the proper collection, detection and analysis of physical evidence.
Assault history:

- Lapse of consciousness during or after the assault.
- Nongenital injuries, pain or bleeding.
- Genital injury, pain or bleeding
- Verbal coercion such as fear of injury.
Assault history:

• Whenever possible, directly quote the victim’s statement, ex: “He pointed a gun and said suck this or I will kill you.”

• Slang and certain “words” may be hard to, but it may convey the state of mind of the victim and attacker.
Excited Utterance

- Statements made while being treated in an urgent setting such as emergency room may be interpreted as “excited utterance.”
- In most states these statements are allowed within the court and are not considered medical hearsay.
Description of acts:

• On all acts document whether penis, finger or foreign object was used.
• Document the following:
• Penetration of the labia
Description of acts:

- Penetration of the anus
- Oral copulation of genitals or anus
- Nongenital injuries such as biting, licking or kissing
Description of the Acts

• Did ejaculation occur? If yes note location vulva, anus, body surface, clothing, bedding, mouth or other.

• There are certain contraceptives that can interfere with accurate interpretation of the preliminary chemical lab test.
• Lubricants of any kind including oil or grease are trace evidence and may be compared to potential sources left at the crime scene or recovered from the offender’s body.
Description of the Acts

• Knowing whether a condom was used may be helpful in explaining the lack of sperm.
• Any injuries by the victim to the offender
Actions of victims after the assault:

• The quality of the evidence is greatly affected by the events taking place after the assault. Events such as bathing, washing or even brushing their hair.

• Trace evidence such as foreign hair, plant material or other fiber may be lost.
Physical finding:

- Vital signs
- Date and time of examination
- General appearance
- Description of clothing on arrival
- Document findings using body surface maps.
Physical Exam

• May find bite marks.
• There may be other injuries.
Lab

• Urine dip and UPT are the only that will done in the emergency dept. unless there are reasons to add further lab.
General Assessment
Evidence Collection Kit
STEP 1

PATIENT’S NAME: ________________________________

DATE COLLECTED: _______________ TIME: ______ am pm

COLLECTED BY: _________________________

WAS SAMPLE COLLECTED? YES [ ] NO [ ]

IF NO, WHY NOT? ___________________________
STEP 6

KNOWN BLOOD SAMPLE

PATIENT’S NAME: __________________________

DATE COLLECTED: ___________________________ TIME: ____________________ am

COLLECTED BY: ____________________________

WAS SAMPLE COLLECTED? □ YES □ NO

IF NO, WHY NOT? ____________________________

NOTE

Do not touch the enclosed Blood Stain Card unless you are wearing gloves.

DNA BLOOD STAIN CARD

Patient’s Name ____________________________
STEP 5

ORAL SWABS AND SMEAR

PATIENT’S NAME: ____________________________

DATE COLLECTED: ____________________________

TIME: ____________________ am ____________ pm

COLLECTED BY: ____________________________

WAS SAMPLE COLLECTED? □ YES □ NO

IF NO, WHY NOT? ____________________________
STEP 2

PUBLIC HAIR COMBINGS

PATIENT'S NAME: ____________________________
DATE COLLECTED: ____________________________
TIME: ____________________________ am
__________________________ pm
COLLECTED BY: ____________________________

WAS SAMPLE COLLECTED? □ YES □ NO

IF NO, WHY NOT?
__________________________
STEP 3 VAGINAL/PENILE SWABS AND SMEAR

PATIENT’S NAME: ________________________________

DATE COLLECTED: ________________ TIME: __________ am

COLECTED BY: ________________________________

WAS SAMPLE COLLECTED? □ YES □ NO

IF NO, WHY NOT? ________________________________
STEP 4

RECTAL SWABS AND SMEAR

PATIENT'S NAME: ____________________________

DATE COLLECTED:___________________________ TIME: ____________________________ am

COLLECTED BY: ____________________________ pm

WAS SAMPLE COLLECTED? □ YES □ NO

IF NO, WHY NOT? ____________________________
Wood’s Lamp
Swab Dryer
Prophylaxis Treatment for STDs (2003 CDC Standards)

- Metronidazole 2 gm po
  Trichomoniasis (Trich) and Bacterial Vaginosis
- Rocephin 125 mg IM
  Gonorrhea
- Azithromax 1 gm po
  Chlamydia and Syphilis
• Emergency Contraception 2 tab oval po now and 2 in 12 hours
Finishing the Examination

- Discharge Instructions
  - Counseling
  - HIV and Hepatitis testing
  - Warning signs and symptoms
  - Follow up care
Law enforcement information:

• The information needed may be different for different agencies.
• Name of the officer taking the report.
• The agency’s name.
• The officers ID number.
• The agency’s phone number.
• The incident number.
Medical Report

- The medical report needs to be available to law enforcement and the forensic laboratory.
- These reports need to have very limited and controlled access.
Post Exam:

• Document all materials sent to forensic lab, including the clothing.
• Document all methods of exam used such as toluidine blue dye.
• Document all personnel involved in taking the history, performing the exam and handling the specimens at all times.
• Victims are discharged with follow up with counseling services at Family Service Center.
• Victims are assisted with taxi to a safe place if needed.
Messages to our Youth