Foreword

After completing the basic sexual assault examiner education requirements, many health care providers face challenges maintaining current knowledge and clinical competence. There are several reasons examiners struggle:

— They have limited contact with the patient population.

— They lack access to experienced clinicians qualified to provide ongoing evaluation and peer review.

— They experience professional demands that limit the time available to maintain and improve the highly specialized skills needed to care for this patient population.

In addition, much of the literature useful for SANE/SAFE continuing education and skill building is not readily accessible to practicing examiners.

The *SANE/SAFE Forensic Learning Series* is a valuable tool that supplements teaching materials during the initial educational experience as well as beyond the basic training environment. The format and content are suited for inclusion in the curriculum of any adolescent/adult sexual assault examiner course. The design is equally useful as part of an annual competency evaluation or an independent study guide for individuals wishing to sharpen their skills.

The *Entry-Level Adolescent and Adult Sexual Assault Assessment* provides the material newly trained examiners need to become more familiar with identification and analysis of case findings. Using this book allows both new and experienced examiners an opportunity to build their skills in anatomy identification, documentation, and treatment.

As an educator of forensic nurses who care for sexually victimized patients, I am heartened to know a well-developed, peer-reviewed teaching tool is now available. Comprised of realistic, clinical scenarios, this series is designed to challenge the critical-thinking skills of both novice examiners and experienced sexual assault nurse examiners looking for a review of general practice information, anatomy, and injury. The material is also valuable for managers and supervisors seeking effective methods for objective evaluation of clinical competence in experienced examiners.

Continuing professional education is a critical aspect of ensuring competent care for this unique patient population. It is now easily accessible in the *SANE/SAFE Forensic Learning Series*. I strongly recommend this series as an essential addition to every training curriculum and forensic nursing library.

Eileen Allen, MSN, RN, FN-CSA, SANE-A, SANE-P
President (2011)
International Association of Forensic Nurses

Preface

Collectively, the authors of the *SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment* have more than 70 years of forensic nursing experience. In addition to direct-care services, they provide education, training, and consultation services nationally and internationally as experts in forensic nursing practice and the evaluation and management of patients with a history of sexual assault or abuse. Like other SANE/SAFE pioneers, the authors noticed an absence of evidence for practice among the early SANE/SAFE educators. Based on existing activities, there was inference about the management of patients during the early 1990s. The published literature was comprised of primarily descriptive articles explaining the role and activities of sexual assault examiners. The language used in the literature was not standardized, and providers invented their own ways to use the descriptions to explain why an injury was present or not (eg, mounting injury). Additionally there was poor understanding about historical medical nomenclature describing a genital structure and an area (eg, labia minora [structure], fossa navicularis [area]). Consequently, published materials were inconsistent, and communities adopted and promoted their own materials.

Before the 1990s, the student population was generally inexperienced and had little collective knowledge about the variety of victim presentations in need of evaluation by a sexual assault examiner. The challenge for early educators was to confirm that interpretation and description of their findings were accurate. Also, many of the photos were taken with a 35mm camera and were of poor quality, which made attaining consensus among the experts increasingly difficult. In fact, consensus as a method to bring differing camps together was not used. That began to change in the 1990s when teachers of basic sexual assault examiner education programs shared photographs from existing cases. The process of seeking confirmation was called peer review. By attending peer-review meetings, new sexual assault examiners were able to listen to and internalize the language used by the experts to interpret similar cases in their own practices.

Despite this overall progress for sexual assault examiners, many new SANEs are unsupervised and still do not experience structured peer-review processes by expert practitioners. Criminal justice professionals put incredible pressure on examiners to report a positive or negative examination, creating a potential for the over- or undercalling or misinterpretation of findings. The authors are often consulted by attorneys and hospitals after administrators realize their programs lack checks and balances to ensure consistent, evidence-based opinions through peer review with experts. To date, the authors have reviewed hundreds of cases completed by SANE providers that have been challenged because of minimal supervision and suspected bias (eg, over- or undercalling the results). Cases suspected of bias are overwhelmingly evaluated by undergraduate nurses (eg, diploma, AD, BSN) who practice without oversight and have incorrectly identified anatomical areas or misinterpreted findings. Consistently, they fail to use the evidence-based peer-review consensus process to correct variance in their opinions. It is the standard of practice for forensic nurses to participate in peer review and quality improvement. Consequently, the authors believe that all forensic cases should receive the scrutiny of a peer-review process with experts before opinions about findings are revealed. In the meantime, the problem of incorrect identification of anatomical locations, as well as misinterpretation of findings, continues in many communities, and justice is not being served for the victim or the perpetrator.

The *SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment* is designed to standardize the nomenclature for anatomy as it relates to the genital, anal, and rectal areas for new and reviewing SANEs/SAFEs; medical residents and physicians; nurse practitioners, including nurse midwives, WHNPs, PNPs, and FNPs; and nursing students. Standardization of the language of sexual assault helps

create consistency among the forms developed by programs within agencies, where checklists have been demonstrated to improve objectivity. The set also will teach beginning SANE/SAFE practitioners, medical residents, and nursing students the language of evidence-based evaluative methods used when caring for adolescent and adult patients reporting a history of sexual assault and the rationale for opinions formed by health care providers. The *SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment* will present adolescent or adult peer-reviewed cases that have a clear history, photographic representation, and confirmation of anatomical landmarks and injury; discussions about existing conditions and their influence; identification of injuries; evidence-based collection techniques; and treatment based on recommendations made by the Centers for Disease Control and Prevention, the World Health Organization, and local protocol. Offering this resource to new SANEs/SAFEs and resident or nursing students, as well as the reviewing practitioner needing to demonstrate competency, will fulfill the need for peer-reviewed, basic information and will contribute to continuing competence among practicing health care providers.

The SANE/SAFE should use this series for basic and continuing education; reinforcing identification of anatomy, injury, and illness or conditions; interpretation of findings; and the evidence-collection process. Since half of all sexual assault cases have no or nonspecific findings, the *SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment* will focus on correct anatomical terms, evaluation, and treatment as well as evidence collection from normal and injured anogenital structures. It is the authors' hope that you will find the *SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment* helpful to you, your practice, and Sexual Assault Response/Resource Team programs.

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REVIEWS

The distinguished authors of the Entry-Level Adolescent and Adult Sexual Assault Assessment *provide entry-level forensic practitioners with a comprehensive resource that defines explicit circumstances related to caring for the sexually assaulted patient. The book uses photographs and an anatomical review to engage the forensic care provider, includes detailed case studies and injury identification exercises, and concludes with activities involving documentation and implementation. These activities emulate the nursing process brilliantly and encourage further reading to advance to a superior level of care.*

Jane A. Reynolds, BSN, RN, FN, CSA, SANE-P
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Using the Entry-Level Adolescent and Adult Sexual Assault Assessment *as a resource for new SANEs will enhance their ability to develop critical-thinking skills as they work through different case scenarios. The case presentations are succinct and thorough, and the photographs are excellent. The questions are structured to help develop the learner's ability to recognize basic anatomical genital structures, identify injury and what evidence should be collected, and develop a plan of care for the patient, including medications. Completing this book will make new forensic nurses feel more confident as they develop their own expertise.*

Cynthia Cook, RN, BS, SANE-A
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In the Entry-Level Adolescent and Adult Sexual Assault Assessment*, the Contents in Detail provide the reader with a well-defined outline of the chapter and activities to be implemented as they relate to specifics of the sexual assault case. The sequential order of anatomical locations, injury identification, evidence collection, and treatment teaches the exam protocol. The case aids the reader or SANE with specifics of other disorders that may present with the victim in addition to the assault. The comprehensiveness of the chapter provides the reader or SANE the knowledge and skill set to conduct a thorough medical-legal sexual assault examination.*

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The Entry-Level Adolescent and Adult Sexual Assault Assessment *is going to be a "must have" addition to the forensic nursing education "tool kit" for not only practicing examiners, but forensic educators as well. The content outlines the most common case examples that examiners will encounter in their clinical work. The case studies will test the entry-level skills of examiners, thus enabling practitioners to increase their skill and knowledge in "real life" scenarios.*

For the educator, the book provides examples that can be used in a variety of venues including basic education, continuing education, and multidisciplinary discussions.

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The authors of the Entry-Level Adolescent and Adult Sexual Assault Assessment *have provided a valuable resource for entry-level forensic nurses, as well as advance-practice forensic nurses working in the specialty area of sexual assault and sexual abuse. The book provides a demonstration of the various types of case scenarios that forensic nurses will encounter in their practice of sexual assault. The expert knowledge base presented in this book is excellent. This resource provides forensic nurses with a challenge to improve their use of critical thinking, encouraging them to seek more education in the field of sexual assault. The use of this resource from the experts in this specialty area will aid forensic nurses in the development and improvement of their clinical performance when dealing with sexual assault survivors. This resource will aid nurses in improving the care for better patient outcomes in their nursing practice.*

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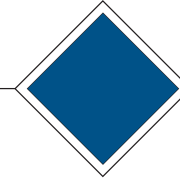

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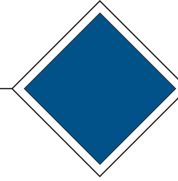

Anatomical Review

Objectives

After reviewing the figures presented in this section, the student will be able to:

1. *Correctly identify oral, genital, and anal anatomy.*
2. *Accurately define structures of the oral, genital, and anal anatomy.*

Instructions

Anatomical diagrams and photographs have been provided to assist the student with correctly identifying anatomical landmarks. These diagrams and photos should be used when documenting normal anatomy, injuries, and any other variant conditions or findings throughout the *Entry-Level Adolescent and Adult Sexual Assault Assessment*.

Additional Definitions

The student may find reviewing the following definitions useful in completing the activities within this book. Terminology for indicators of direction when documenting findings during a medical forensic examinaion include anterior, posterior, inferior, superior, medical, lateral, proximal, and distal.

— ***Abrasions:*** Superficial injuries representing the removal of the outermost layers of the skin; usually caused by lateral rubbing, sliding, or compressive forces.

— ***Avulsion:*** A forceful separation or detachment that may occur traumatically or surgically; tearing away of a body part or structure.

— ***Bruises*** (contusions): Injuries that lie below the intact epidermis and result from extravascular collection of blood that has leaked from ruptured capillaries or blood vessels after sufficient force has been applied to distort the soft tissues and tear one or more vessels.

— ***Cut:*** An opening in the skin that occurs when a sharp object comes into contact with skin or tissue with enough pressure to divide it; cuts have even, regular edges.

— ***Drug-facilitated sexual assault*** (DFSA): Generic term for all types of sexual assault when drugs, alcohol, or other intoxicants are deliberately given to the victim by the perpetrator.

— ***Lacerations:*** Injuries that occur when the continuity of the skin is broken and disrupted by blunt force such as tearing, ripping, crushing, overstretching, pulling apart, over-bending, or shearing of tissue.

— ***Incapacitated rape:*** Self-induced intoxication creating self-vulnerability and lack of consent prior to rape.

— ***Petechiae:*** Multiple hemorrhagic spots, pinpoint to pinhead in size.

ORAL CAVITY

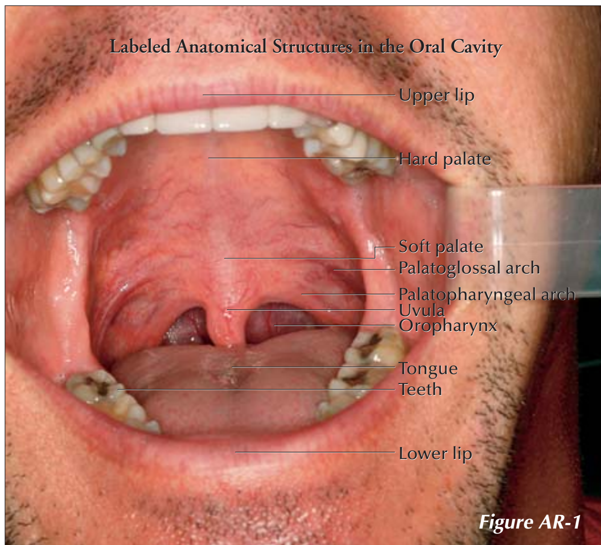

Figure AR-1

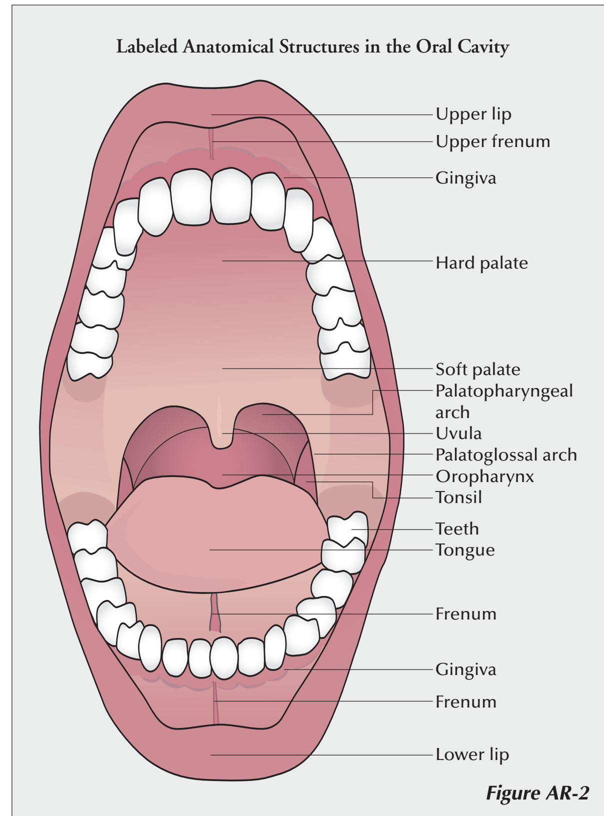

Figure AR-2

DEFINITIONS

— ***Frenum*** (original term: frenulum): A small fold of mucous membrane that limits the movements of an organ or anatomical structure (eg, lingual frenum, maxillary labial frenum, mandibular labial frenum).

— ***Gingiva:*** The soft tissue overlying the crowns of unerupted teeth and encircling the necks of those that have erupted. Wisdom teeth are the last set of molars to erupt, usually at age 18 to 25 years.

— ***Hard palate:*** The anterior part of the palate, covered above by the mucous membrane of the nose and below by the mucoperiosteum of the roof of the mouth.

— ***Lips:*** The soft external structures that form the boundaries of the mouth, the opening to the oral cavity.

— ***Oropharynx:*** The area of the pharynx between the soft palate and the upper aspect of the epiglottis; area of the throat in the back of the mouth.

— ***Palatoglossal arch:*** The anterior of the 2 folds of mucous membrane on either side of the oropharynx, enclosing the palatoglossal muscle.

— ***Palatopharyngeal arch:*** The posterior of the 2 folds of mucous membrane on either side of the oropharynx, enclosing the palatopharyngeal muscle.

— ***Soft palate:*** A movable fold consisting of muscular fibers enclosed in mucous membrane. The soft palate is suspended from the rear of the hard palate and separates the nasal cavity from the oral cavity during swallowing or sucking.

— ***Teeth:*** The hardest bone in the body. Deciduous teeth are commonly called baby teeth or primary teeth; the first set usually consists of 20 teeth. For most, there are a total of 32 permanent, or adult, teeth.

— ***Tongue:*** A mobile mass of muscular tissue that is covered with mucous membrane; occupies much of the cavity of the mouth; forms part of its floor; is the organ of taste; and assists in chewing, swallowing, and speech.

— ***Tonsil:*** A small oral mass of lymphoid tissue, especially either of 2 such masses embedded in the lateral walls of the opening between the mouth and the pharynx; it is of uncertain function, but believed to help protect the body from respiratory infections. Also called faucial tonsil or palatine tonsil.

— ***Uvula:*** A small, soft structure hanging from the free edge of the soft palate in the midline above the root of the tongue. The uvula is composed of muscle, connective tissue, and mucous membrane.

Chapter 2

Sexual Assault: 32-year-old Male Patient

Objectives

After completing the exercises presented in this chapter, the student will be able to:

1. *Correctly identify the anogenital anatomy of a 32-year-old male patient.*
2. *Identify and document injuries based on an analysis of case photographs.*
3. *List at least 3 items of evidence that should be collected.*
4. *Discuss treatment options based on the patient's history.*

Case History

Jason is a 32-year-old man who works in the entertainment industry. He shuffles into the emergency department and is taken to the triage desk. He tells the triage nurse, "I have a washcloth up my ass" and explains it is to stop the bleeding. When the triage nurse asks what happened, Jason says, "I was assaulted by this guy I met over the Internet." For several months, he and this man had been having conversations over the Internet. They decided to get together in person for the first time this night. Jason says they were drinking rum and cokes at the bar and the man was getting "rather drunk." After a while, they decided to go out to the man's car. While in the backseat of the car, the two men engaged in consensual heavy petting, including performing and receiving fellatio. When Jason refused to let the man anally penetrate him with his fingers, the man became aggressive and "fisted" him. Jason drove to the emergency department unaccompanied to seek care.

Activities 2-1, 2-2, and 2-3

Activity 2-1. Injury Identification

Refer to **Figures 2-3** and **2-4**. Identify any injuries in respect to their anatomical location. Give objective descriptions when documenting findings.

Activity 2-2. Evidence Collection

Using the history and photographs provided, list the evidence you will collect from the patient. Please list the evidence in the order it will be collected.

Activity 2-3. Treatment

Describe the treatment you will offer the patient based on his history and your findings.

Chapter 3

Incapacitated Sexual Assault: 24-year-old Female Patient

Objectives

After completing the exercises presented in this chapter, the student will be able to:

1. *Correctly identify the anogenital anatomy of a 24-year-old female patient.*
2. *Identify and document injuries based on an analysis of case photographs.*
3. *List at least 3 items of evidence that should be collected.*
4. *Discuss treatment options based on the patient's history.*

Case History

Rebecca is a 24-year-old woman who works as an interior designer for a large company. She has never been pregnant, and her last sexual activity was almost two months ago. When asked about alcohol intake, Rebecca says, "I like to party just like any other girl my age. I drink a lot, but only when I go out with my friends." Rebecca says she was with her coworkers last night and remembers accepting a drink from her boss. She cannot recall anything that happened between the time she accepted the drink and waking up early this morning sitting up on her boss's couch. Her boss told her she got drunk at the party and he took her to his apartment where she "would be safe to sleep it off." Rebecca told her boss, "I feel like something happened down there," and he assured her nothing happened. She then accepted his offer to take her home. Rebecca says, "My mother was frantic when I got home because I never stay out all night. I told her I thought something happened, and she said I should come here to see if he raped me."

Activity 3-4. Evidence Collection

Using the history and photographs provided, list the evidence you will collect from the patient. Please list the evidence in the order it will be collected.

Activity 3-5. Treatment

Describe the treatment you will offer the patient based on her history and your findings.

Chapter 4

SEXUAL ASSAULT: 21-YEAR-OLD FEMALE COLLEGE STUDENT

OBJECTIVES

After completing the exercises presented in this chapter, the student will be able to:

1. *Correctly identify the anogenital and oral anatomy of a 21-year-old female patient.*
2. *Identify and document injuries based on an analysis of case photographs.*
3. *List at least 3 items of evidence that should be collected.*
4. *Discuss treatment options based on the patient's history.*

CASE HISTORY

Jenny is a 21-year-old college student who lives off campus. Her apartment air conditioner does not work, and the temperatures have been hovering around 100 degrees during the day. To stay cool at night, Jenny has been opening her window, turning on the fan, and falling asleep. This morning around 3:00AM she woke up and saw a man crawling on the floor of her bedroom. When the man saw she had awakened, he stood and put a gun to her head and told her not to scream. He told her to turn over onto her stomach and proceeded to penetrate her vaginally with his penis. After multiple thrusts he withdrew his penis, rolled her over onto her back, and yelled, "Open your mouth bitch." Jenny tells the forensic nurse she was scared and then says, "I did what he told me to do, and I opened my mouth. Then he shoved it [penis] in my mouth and told me to do it right. When he came, he put the gun to my head and said, 'Swallow it bitch.'" The man then told her not to move, and he quietly left her apartment. Jenny grabbed her phone and ran to the bathroom but was unable to make it to the toilet and vomited on the floor. She then called 911. The police arrived and brought Jenny to the emergency department for a medical forensic evaluation by the forensic nurse.

6. Anogenital specimens:
   - Collect specimens from penis, corona, frenulum, and base of penis.
   - Collect specimens from scrotal area adjacent to penis.
   - Collect specimens from perianal skin, anus, and rectum; if anal dilation occurs, swab rectum if possible, taking care to avoid blood fluids to prevent dilution of the sample.
   - NOTE: If practice includes use of anoscope, collect specimens from tissue distal to the tip of anoscope; type of lubrication used should be documented in the medical forensic record.
7. Collect blood and toxicology screens per community standard or agency protocol. If history includes concern for drug-facilitated sexual assault, collect blood and urine as soon as possible.
8. DNA standard: Method and time of collection will vary based on community standards and agency protocols.
   - If practice is to collect buccal specimens for DNA standard, this may be completed following oral assessment or at the end of the exam if history does not warrant assessment of the oral cavity.
   - If practice is to collect blood specimens for DNA standard (eg, blood standard card, tube of blood), this may be completed when other lab specimens are collected; if other lab specimens are not collected during the exam, this may be completed at end of the exam.

Activity 2-3. Treatment

- Recommend patient see emergency department provider (eg, MD, NP, PA) for evaluation of actively bleeding ano-rectal laceration.
- Recommend and/or provide medications based on Centers for Disease Control (CDC) guidelines or local/community protocol and provide related patient education.
- Offer STI screenings including HIV screening, referral, and post-exposure prophylaxis (PEP) per CDC guidelines or local/community protocols and provide related patient education.
- Refer for counseling services via rape crisis center, advocacy program, or other local service provider or counseling center.
- Refer to Victim Witness program for assistance with medical expenses not related to the medical forensic examination.
- Provide discharge instructions for care of injury and recommended follow-up and anticipatory guidance based on patient history, verbal/nonverbal communication during examination, and patient questions.

Chapter 3: Incapacitated Sexual Assault: 24-year-old Female Patient

Anatomical Skills 3-1

A. Urethral meatus

B. Vaginal introitus

C. Hymen

D. Fossa navicularis

E. Vaginal vestibule

Anatomical Skills 3-2

A. Anterior cervix

B. Cervical os

C. Left vaginal wall rugae

D. Posterior cervix

E. Posterior vaginal fornix

Anatomical Skills 3-3

A. Perineum

B. Anus

C. Perianal skin folds

D. Perianal venous engorgement

Activity 3-1. Injury Identification

— Vaginal vestibule: Generalized vestibular redness (**Figure 3-4**)

— Fossa navicularis: Abrasion from 4 to 7 o'clock with positive dye uptake (**Figure 3-4**)

— Posterior fourchette: Laceration extending onto fossa navicularis at 6 o'clock with positive dye uptake (**Figure 3-4**)

Activity 3-2. Injury Identification

— No visible injury (**Figure 3-5**)

Activity 3-3. Injury Identification

— Perianal tissue/anus: Perianal swelling from 4 to 7 o'clock extending onto anal verge; multiple lacerations from 5 to 7 o'clock and 11 to 12 o'clock; strands of mucoid-like substance bridging across anal opening (**Figure 3-6**).

Activity 3-4. Evidence Collection

1. Photodocumentation: In many communities, photodocumentation will also be used as evidence in the investigative and judicial processes. Photodocumentation should occur throughout the medical forensic examination/evaluation and may include the following:

   — Patient upon initial presentation

   — Anterior and posterior hands

   — Foreign debris or substances on patient or clothing

   — Injuries

2. Clothing: Collect clothing; if applicable, collect second pair of underwear worn.

   — If clothing changed prior to arrival and law enforcement is involved, notify law enforcement that original items of clothing are not with patient.

3. Alternate Light Source: If community standard, examine patient with Wood's Lamp/ALS.

   — NOTE: Collect specimens from all areas based on history regardless if negative or positive fluorescence PLUS any areas of positive fluorescence.

4. Oral specimens: When history includes oral assault or is unknown for oral assault, consider collecting oral specimens as soon as possible and allowing patient to complete oral hygiene.

   — Collect specimens from lips, around mouth, and corners of mouth.

   — Collect specimens from oral cavity.

   — NOTE: These are NOT buccal swabs for DNA standard. Specimens collected for evidence and buccal swabs for DNA standard are collected from different anatomical locations. Additionally, there should be an oral hygiene protocol between collection of specimens for evidence and collection of buccal swabs for DNA standard. Document oral hygiene in medical forensic record.

5. Collect specimens from both sides of neck.

6. Collect specimens from both breasts.

7. Anogenital specimens:

   — NOTE: Order of specimen collection varies depending on community standards and agency protocols.

— Collect vulvar specimens.

— If practice includes use of Toluidine Blue Dye, apply and assess for injury.

— Insert speculum and collect specimens from vaginal vault and cervical os.

— NOTE: If used, document use of lubrication on medical forensic record.

— Collect specimens from perianal skin, anus, and rectum.

— NOTE: If practice includes use of anoscope, collect specimens from tissue distal to the tip of anoscope; type of lubrication used should be documented in the medical forensic record.

— If drainage observed from any genital orifice, collect specimen of drainage.

8. Collect blood and toxicology screens per community standard or agency protocol. If history includes concern for drug-facilitated sexual assault, collect blood and urine as soon as possible.

9. DNA standard: Method and time of collection will vary based on community standards and agency protocols.

— If practice is to collect buccal specimens for DNA standard, this may be completed following oral assessment or at the end of the exam if history does not warrant assessment of the oral cavity.

— If practice is to collect blood specimens for DNA standard (eg, blood standard card, tube of blood), this may be completed when other lab specimens are collected; if other lab specimens are not collected during the exam, this may be completed at end of the exam.

10. If patient must urinate prior to exam, give 4x4 gauze pad to wipe vulva prior to urination and another 4x4 gauze pad to wipe vulva following urination. Collect both 4x4 gauze pads and add these items to the evidence kit.

Activity 3-5 Treatment

— If applicable or desired by patient, offer pregnancy testing and Emergency Hormonal Contraception and provide related patient education.

— Recommend and/or provide medications based on Centers for Disease Control (CDC) guidelines or local/community protocol and provide related patient education.

— Offer STI screenings including HIV screening, referral, and post-exposure prophylaxis (PEP) per CDC guidelines or local/community protocols and provide related patient education.

— Refer for counseling services via rape crisis center, advocacy program, or other local service provider or counseling center.

— Refer to Victim Witness program for assistance with medical expenses not related to the medical forensic examination.

— Provide discharge instructions for care of injury, including a reminder of the presence of Toluidine Blue Dye, and provide anticipatory guidance based on patient history, verbal/nonverbal communication during examination, and patient questions.

Chapter 4: Sexual Assault: 21-year-old Female College Student

Anatomical Skills 4-1

A. Clitoral hood

B. Right and left labia minora

C. Hymen

D. Fossa navicularis

E. Posterior fourchette

Anatomical Skills 4-2

A. Soft palate

B. Right palatopharyngeal arch

C. Posterior oropharynx

D. Right and left palatoglossal arch

E. Tongue

Activity 4-1. Injury Identification

— Palatoglossal arch: Bilateral redness and injection extending onto to soft palate (**Figure 4-3**)

— Uvula: Multiple petechiae (**Figure 4-3**)

— Palatopharyngeal arch: Bilateral redness and injection (**Figure 4-3**)

— Posterior oropharynx: Generalized redness and inflammation (**Figure 4-3**)

— Fossa navicularis: Abrasion from 4 to 8 o'clock (**Figure 4-4**)

Activity 4-2. Evidence Collection

1. Photodocumentation: In many communities, photodocumentation will also be used as evidence in the investigative and judicial processes. Photodocumentation should occur throughout the medical forensic examination/evaluation and may include the following:

   — Patient upon initial presentation

   — Anterior and posterior hands

   — Foreign debris or substances on patient or clothing

   — Injuries

2. Clothing: Collect clothing; if applicable, collect second pair of underwear worn.

   — If clothing changed prior to arrival and law enforcement is involved, notify law enforcement that original items of clothing are not with patient.

3. Alternate Light Source: If community standard, examine patient with Wood's Lamp/ALS.

   — NOTE: Collect specimens from all areas based on history regardless if negative or positive fluorescence PLUS any areas of positive fluorescence.

4. Oral specimens: When history includes oral assault or is unknown for oral assault, consider collecting oral specimens as soon as possible and allowing patient to complete oral hygiene.

   — Collect specimens from lips, around mouth, and corners of mouth.

   — Collect specimens from oral cavity.

   — NOTE: These are NOT buccal swabs for DNA standard. Specimens collected for evidence and buccal swabs for DNA standard are collected from different anatomical locations. Additionally, there should be an oral hygiene protocol between collection of specimens for evidence and collection of buccal swabs for DNA standard. Document oral hygiene in medical forensic record.

5. Anogenital specimens:

   — Collect vulvar specimens.

   — If practice includes use of Toluidine Blue Dye, apply and assess for injury.

   — Insert speculum and collect specimens from vaginal vault and cervical os.

      — NOTE: If used, document use of lubrication on medical forensic record.

   — If drainage observed from any genital orifice, collect specimen of drainage.