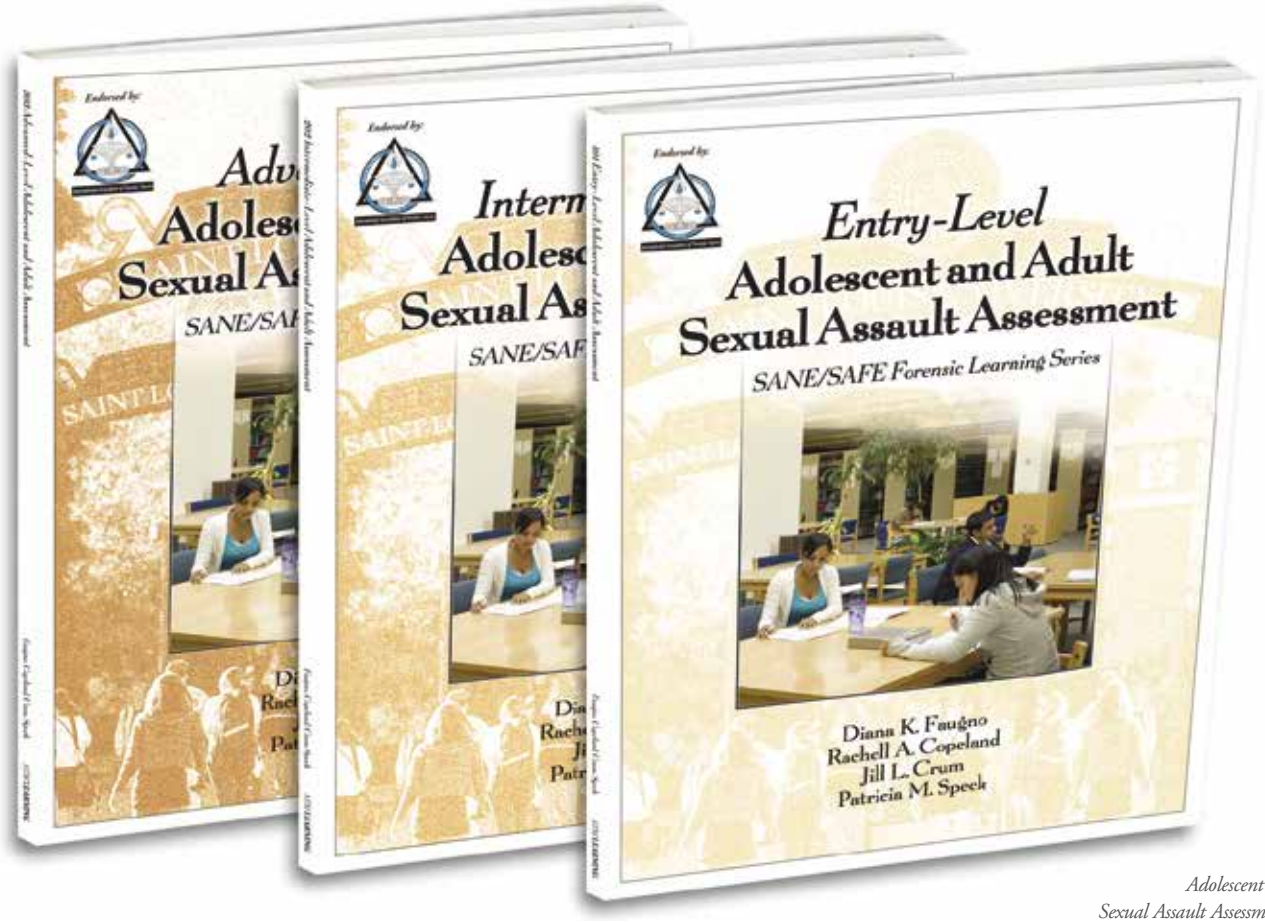

Adolescent and Adult Sexual Assault Assessment Shown

SANE/SAFE Forensic Learning Series

Diana K. Faugno, MSN, RN, CPN, SANE-A, SANE-P, DF-IAFN, FAAFS;
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372 pages, 156 images, with 18 contributors

STM Learning's ***SANE/SAFE Forensic Learning Series: Adolescent and Adult Sexual Assault Assessment*** is designed to challenge the critical thinking skills of sexual assault examiners responsible for identifying injuries, collecting evidence, and treating patients reporting a history of sexual assault or abuse.

This highly anticipated series gives students an opportunity to learn, apply, and demonstrate competency in sexual assault evaluations of adolescents and adults. The Entry-Level, Intermediate-Level, and Advanced-Level books include an anatomical review for oral, genital, and anal anatomy; case studies with identification, documentation, and treatment activities; comprehensive answer keys; and questions that test the comprehension of overall content.

Upon completion of the ***SANE/SAFE Forensic Learning Series,*** sexual assault examiners will have demonstrated their ability to accurately analyze increasingly complex abuse and assault cases that span a wide range of scenarios, patient histories, and medical and cultural considerations. This progressive learning approach makes the series a valuable resource for trainees, early stage practitioners, seasoned sexual assault examiners, and instructors who need tools to evaluate competency in
adolescent and adult sexual assault care.

Features and Benefits

— Authored by internationally known SANE/SAFE experts

— Endorsed by the International Association of Forensic Nurses

— Formatted for self-study and group instruction

— Written for a broad audience to capture the diversity and scope of practice of sexual assault examiners

— Portable size and affordable price

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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Mercer County SANE/SART Program
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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
SAFE Coordinator
Community SAFE Team
Boise, Idaho

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.*

Olga Craine-Carmichael, BSN, RN, MA
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SANE-A, SANE-C/A, SANE-C/P
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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.

Sheila Early RN, BScN, SANE-A
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Forensic Science and Technology
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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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United Hospital Center
Clarksburg, West Virginia

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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

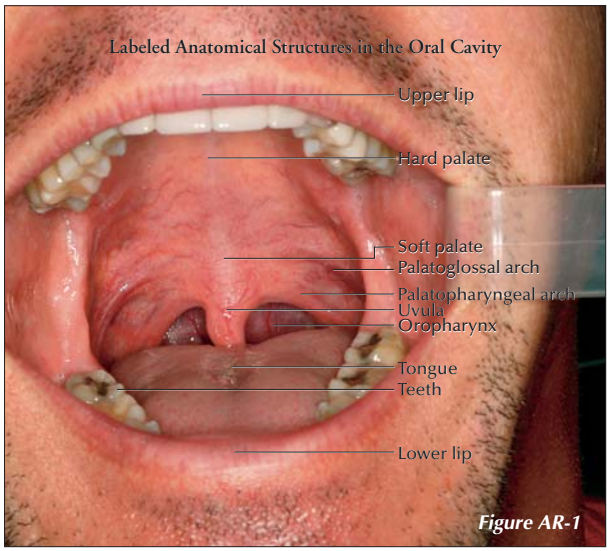

Figure AR-1

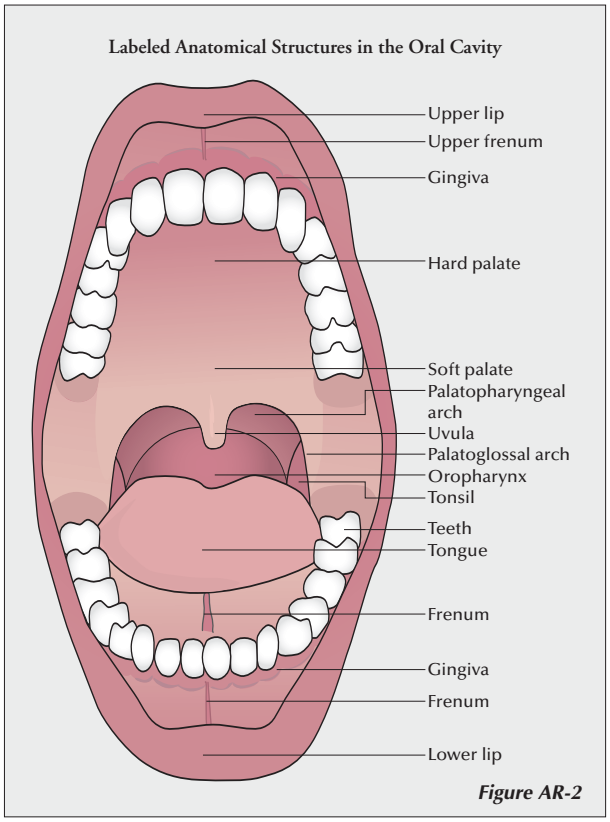

Figure AR-2

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.

Chapter 1

28-year-old Female Patient with Limited Memory

Objectives

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

1. *Correctly identify the anogenital anatomy of a 28-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

Patricia is 28 years old, married, and has had one pregnancy resulting in a miscarriage 3 years ago. Her medical history includes Depo-Provera quarterly for the past year and a severe allergy to penicillin. Last night, Patricia and her husband attended a New Year's Eve party at their friend Joan's house. Patricia recalls everyone at the party was drinking, including her and her husband. She remembers going into the kitchen and "taking a shot of whiskey" when one of Joan's neighbor's approached her and invited her to smoke marijuana with him at his house across the street. She says she accompanied him to his house but became alarmed when he closed and locked the gate behind them. Patricia adds, "I remember telling him to unlock the gate. The next thing I remember he was asking if he could kiss me. I don't remember if I said yes or no. That's all I remember until I heard Ronnie screaming my name." Ronnie is a friend of Patricia and her husband. She adds that his scream woke her, and she realized she was naked and began getting dressed, as did the man who invited her to his house. Patricia continued, "Ronnie yelling must have woken me up. Then my husband barged in and started beating up on the guy. I was scared. I didn't know what was going on. Ronnie got my husband and we left. He (husband) told me he had been looking for me all night. He was so mad and wanted to know what happened, but I couldn't remember. I kept trying to remember, but nothing. When he realized I really couldn't remember anything, that's when he called the police." Patricia remembers her husband calling the police, but is unable to recall the time he made the call or any details about what he said during the call.

Activity 1-2. Evidence Collection

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

Activity 1-3. Treatment

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

Chapter 2

23-year-old Female Patient from the Military Base

Objectives

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

1. *Correctly identify the anogenital anatomy of a 23-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

Jean is 23 years old and a member of the military. Last night, she and several other people from her military base were drinking beer and playing video games in a room at one of the barracks. She remembers consuming 2 beers at the barracks before the group decided they needed to leave the base because they were being too loud. They decided to get a room at the Motel 6 about 2 miles from the base entrance. Once at the room, Jean remembers they continued drinking beer and "were just having a good time." Jean's next memory is of waking up in the barracks wearing only her bra. She remembers Joe helping her get dressed and saying he was sorry he had left her and would help her back to her room. Jean says she remembers getting dressed, but does not remember going to Joe's truck or the drive to the barracks where she is rooming. Jean thinks about an hour had passed when she decided to call her brother who lives several states away. Her brother proceeds to call her sergeant, who alerts the Sexual Assault Response Coordinator (SARC) on base. Jean is counseled about her rights by the SARC and elects to go to the local SANE program at the emergency department.

Activity 2-3. Treatment

Describe a treatment plan that lists referrals based on her history and your findings.

Chapter 3

16-year-old Female Patient with a 25-year-old Male Partner

Objectives

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

1. *Correctly identify the anogenital anatomy of a 16-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

Sixteen-year-old Melanie reports she and her 25-year-old boyfriend, Eric, have "only kissed, we've never done anything else except him touching me here (Melanie points to her chest) but with my shirt on." This afternoon they were in her bedroom, lying on her bed and talking. She says they were kissing and Eric was trying to touch her between her legs, and "I told him it wasn't right and asked him stop." Melanie tells the forensic nurse, "He's never tried to touch me there (pointing between her legs) until today and I told him to stop, but he didn't listen. He just kept doing it and put his hand under my skirt and in my panties. Then he stuck his fingers in me (clarified as vagina). Then he climbed on top of me and I told him to let me up. He didn't say anything, he just unzipped his pants, took them off, and tossed them on the floor." Melanie continues, describing Eric rubbing his penis on her genitalia and when he began to insert his penis into her vagina, "I tried to put my hand down there to stop him and told him I didn't want to do this. But he did it anyway." Melanie does not know if Eric ejaculated. She says, "He got up and started putting on his pants and said, 'I want to leave before your mom gets home.'" Melanie says they began arguing inside the house and continued outside. "I was yelling at him. I was surprised he did that and sad too. I didn't think he'd ever do something like that. Then I just sat down on the porch and started crying again. He didn't say anything. I had told him to stop. I did not want him to do this. He said he had not done this in a long time and needed to 'bust a nut' and then he left." Her mother came home a few minutes after Eric left, and Melanie adds, "I didn't tell her what happened. I called my friend Alex and I guess she told her mom and her mom called my mom. I tried calling Eric and asking him why he did that when he knew I didn't want to. That's when he came back to the house. My mom told him she was calling the police, and he said he didn't know I didn't want to have sex and begged her not to call the police because he didn't want to go to jail again."

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

Chapter 6: 33-year-old Female Patient and Intimate Partner Violence

In this case, the history implies both sexual and physical assault by an intimate partner who has abused the patient in the past. Domestic violence by an intimate partner who uses drugs creates an intermediate complexity in the evaluation by the SANE/SAFE, and special knowledge and skill sets are needed to provide emotional support, critical intervention, and assessment and planning to protect the patient from her drug-using intimate partner. Toxicology screening, depending on local protocol, may not be necessary due to the circumstance of the assault and rape. However, the SANE/SAFE should note the voluntary ingestion of illegal substances, as this may indicate an addiction or trafficking by a pimp. Either way, evaluation and intervention recommendations should be documented.

Anatomical Skills 6-1

A. Superior labial frenum

B. Inferior labial frenum

C. Lower gingival tissue

Anatomical Skills 6-2

A. Palatine raphe

B. Hard palate

C. Uvula

Activity 6-1. Injury Identification

— Hard palate: Purple coloration bilaterally

— NOTE: This may be a normal pigmentation variation for this patient, recommend follow-up to confirm otherwise (**Figure 6-3**)

— Tongue: Brownish-purple pigmentation right side of tongue (**Figure 6-4**)

— NOTE: This cannot be confirmed as a bruise based on this single image; in addition, will need to rule out normal variant in pigmentation (eg, ask patient, follow-up exam) or underlying medical process (eg, hairy tongue).

Activity 6-2. Injury Identification

— Buttocks: Multiple purple/blue/red circular, oblong, and irregular-shaped bruises bilaterally (**Figures 6-5** and **6-6**); large patchy areas of redness with irregular borders bilaterally

— As noted in the introduction section of the Answer Key, measurements cannot be given based on the figures provided. However, during clinical practice, it is recommended that documentation of bruises include location, shape, color, size, and the presence of overlapping bruises. In clinical situations where bruises are too numerous to count, or if it is not feasible to measure all bruises, a measurement of the smallest and largest bruises can be obtained and the range documented.

Activity 6-3. Injury Identification

— Posterior fourchette/perinuem: Multiple lacerations with positive dye uptake (**Figures 6-7** and **6-8**)

Activity 6-4. 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 blanket patient arrived in and inform law enforcement that original items of clothing are not with patient and may still be at the hotel room.
3. Alternate Light Source: If community standard, examine patient with Wood's Lamp/ALS.
   — 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 for touch DNA including patient's hands, areas where she was hit, and any areas where she reports being grabbed during the assault.
6. 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.
      — If used, document use of lubrication on medical forensic record.
   — Collect specimens from perianal skin, anus, and rectum.
      — 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 report.
   — If drainage observed from any genital orifice, collect specimen of drainage.
7. Throughout exam, collect additional specimens such as foreign debris, loose hairs, or samples of dried substances that are observed.
8. Collect blood and toxicology screens per community standard or agency protocol.
9. DNA standard:
   — NOTE: 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 the 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 6-5. Treatment

— Patient's history includes blunt force trauma to head, face, and ribs; refer to emergency department provider per protocol and/or findings during examination needing additional evaluation.

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Chapter 1

19-year-old Female Patient Assaulted by an Acquaintance

Objectives

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

1. *Correctly identify the anogenital anatomy of a 19-year-old female patient.*
2. *Identify and document injuries, normal variants, or medical conditions 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

Tammy is a 19-year-old female who works out at the gym several times a week. About a month ago, she met Eric, the 28-year-old gym owner, and they became friends. Last night, Tammy agreed to visit Eric at his place to look at his new workout equipment. While showing her the new equipment, Tammy said Eric "started touching and rubbing on me. I told him to 'stop it' and he did for a while, but then he started doing it again. I got really uncomfortable and told him I had to go. But he said, 'No, no, stay. I'm sorry. I'll leave you alone. I promise.' I told him I'd only stay if he really stopped. Then a few minutes later he grabbed my shirt and the buttons busted off." Tammy said her bra and chest were exposed and she grabbed her shirt and ran toward the bathroom. Before she could get there, Eric pushed her onto the living room carpet. Tammy was "trying to get away" from Eric when he put his forearm over her chest, pinned her down, and proceeded to pull her shorts and underwear to the side. He then inserted his fingers into her vagina. Tammy said she attempted to "get loose again" when Eric pulled her shorts and underwear off of her. "I was yelling at him to 'stop' and he put his hand over my mouth and told me to 'Shut up. You knew what you were coming here for.'" Tammy described Eric pushing her knees up to her chest, spitting on her genital area, and then "he shoved it (penis) in me (vagina) and thrusted in and out a few times and then stopped. I was crying and kept yelling, 'You're hurting me!' Then he let my legs down and started kissing me (mouth and neck). He pulled my bra up and licked and sucked my breasts. I just wanted it to be over and for him to stop. Then he went back in me (vagina) and tried to kiss me. I think he came and that's why he finally stopped." Tammy's medical history included an 18-month history of Depo-Provera for contraception, with her last injection approximately 4 weeks ago.

Activity 1-2. Evidence Collection

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

Activity 1-3. Treatment

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

Chapter 2

25-year-old Male Patient from a Correctional Facility

Objectives

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

1. *Correctly identify the anogenital anatomy of a 25-year-old male patient.*
2. *Identify and document injuries, normal variants, or medical conditions 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

Thomas, a 25-year-old inmate from a correctional unit specializing in the treatment of sex offenders, was recently convicted for a felony sex offense. This is the first time Thomas has ever been incarcerated in this type of facility. Earlier this week he was moved to a new cell that he shares with Juan, who has a history of multiple felony sex offenses. Thomas told the SAFE, "He asked me what I liked, and I told him I really like putting things like bottles up my ass. I also told him about how my girlfriend lets me stick soda bottles and things like that up her ass, too. He acted like he wanted to know more." Thomas said he continued to tell Juan about activities that he found sexually pleasurable as well as the reason for his incarceration. Thomas said Juan was quiet and listened to the "sex stories."

Thomas continued to tell the SAFE what happened. He said after telling Juan a few more stories, he got up to urinate and then explained how his back was to Juan, at which time Juan came up behind him and "held a shank to my neck and pushed my head against the wall. I didn't move because the shank was still on my neck. He could have sliced right through my neck with that thing." Thomas then described how Juan pulled his jumpsuit the rest of the way down, made him bend over, and sodomized him, first with his penis, then with "some sort of bottle." Thomas said he tried to push away from the wall, but Juan moved the shank next to his penis and began to cut him. Thomas continued, "When he was done, he turned me around and said, 'You're my bitch now.'" Thomas said he was afraid of Juan and did not report the sexual assault at that time.

Later that day when they were out in the "yard," Thomas said he tried to approach one of the correctional officers, but Juan followed him. When it was time to go back indoors, they were all standing single file in line when a different officer noticed blood on the front of Thomas' jumpsuit and pulled him to the side to question him about the blood. Thomas told the officer about the incident and was subsequently taken to the infirmary. Thomas was then transported to a local hospital where a forensic exam was conducted.

Activity 2-2. Injury, Normal Variant, or Medical Condition Identification

Refer to **Figures 2-3** and **2-4**. Identify injuries, normal variants, or medical conditions based on an analysis of case photographs. Give objective descriptions when documenting findings.

Activity 2-3. Evidence Collection

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

ACTIVITY 2-4. TREATMENT

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

Chapter 3

76-year-old Female Patient from an Assisted Living Apartment Complex

Objectives

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

1. *Correctly identify the anogenital anatomy of a 76-year-old female patient.*
2. *Identify and document injuries, normal variants, or medical conditions 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

Pearl is a 76-year-old female whose husband died 2 years ago. After his death, Pearl moved into the assisted living apartments, where she currently lives. Her son said his mother's apartment is on the ground floor and her door is adjacent to the fire exit door. He was visibly upset and shared with the forensic examiner that he always felt the location of his mom's apartment would make it safer for her if there were ever a problem in the building. Now he feels "horrible" and believes "this wouldn't have happened to her if her apartment wasn't that close to the fire door." Pearl's son went on to explain that the police told him the 2 men entered and left through the fire exit door that had been "rigged not to lock when it closed."

During the medical forensic interview, Pearl told the forensic examiner that it was late in the evening when she heard a knock at her door. When she opened the door, 2 men entered her apartment. She described how the first man grabbed her and the second man started going through the apartment. The first man then took her into the bedroom, pushed her down on the bed, and yelled at her as he "waved a knife" in front of her face. Pearl told the examiner, "I was so afraid. I begged him not to hurt me and told him to take what he needed. I kept saying, 'Take what you need, but please don't hurt me.'" Pearl was upset and unable to describe the events other than saying, "He kept trying to have sex with me. At first, well, at first, he wasn't ready. Then he was ready and had sex with me." Pearl clarified that "wasn't ready" meant the first man had a semi-erect penis. She continued by saying, "Finally it was over. He told me to roll over and keep my face down on the bed, and not to come out of the room for an hour. He said if I came out before the hour, he would come back and kill me. I was scared they would come back, but I only waited a few minutes after I heard the door shut before I went out and called the person in the office to help me."

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Answer Key

Note to students

Students should read and consider the following items before reviewing the answer key.

Community standards and agency protocols for sexually transmitted infection (STI) screenings, prophylactic treatment, follow-up, patient referrals, and specimens collected for an evidence kit vary across the United States and internationally. It is the SANE/SAFE's responsibility to know his or her community standards and agency protocols AND the rationale surrounding any variations where national or international standards or recommendations exist.

Although collection of specimens for an evidence kit occurs throughout the forensic medical encounter, it is assumed for the purpose of these case studies that all urgent or emergent needs of the patient have been met, informed consent has been obtained, and a medical forensic history has been fully documented. All of these items, coupled with the physical evaluation, assist in guiding the forensic medical examination, treatment, referrals, recommended follow-up, photodocumentation, and specimen collection for the evidence kit.

When documenting findings in the medical forensic record, documentation should include the approximate length, width, shape, and color of each injury. This level of documentation is not possible when reviewing photodocumentation such as that presented in these case studies. Limitations to the assessment of injury through photodocumentation are related to several variables including scale, angle, lighting, equipment settings, picture quality, and provider technique (eg, separation, traction).

The case studies in the *Advanced-Level Adolescent and Adult Sexual Assault Assessment* are brief summaries of complex patient encounters. The figures provided with each case study represent a sample of the photodocumentation collected during the medical forensic examination. Please note the detail and extent of evidence collection, prophylactic treatment, referrals, and recommended follow-up are based on the information in these brief summaries, not on the additional details that would be available during an actual patient examination.

Chapter 1: 19-year-old Female Patient Assaulted by an Acquaintance

Case History Evaluation

This case is complex because it involves the owner of a business who uses his position to befriend the victim and as a ploy to lure her to an isolated area where he could sexually assault her. Like other acquaintance rapists, it is likely that this scenario has worked for him on other occasions. He will escalate the level of physical control and violence until the victim surrenders to avoid harm. His defense is likely to claim the intercourse was consensual, since she voluntarily went to his home. His DNA will be on her, contained in saliva, touch, and seminal products. Her DNA will likely be on his hands, under his fingernails, on the genitals, and around his mouth. There may be psychological outcomes for the victim that are based in self blame and betrayal of trust. While Tammy sought professional care after the sexual assault, in most cases, victims do not seek care from the SANE/SAFE professional. Positive criminal prosecutorial outcomes in cases with consent defense can be vindicating and therapeutic for the victim. In the event that the criminal justice system fails to validate the sexual assault, the civil courts only need a preponderance of the evidence to confirm the patient's history. It is essential to empower the patient with complete information in order for her to make decisions about participating in the judicial process. This complex case requires the SANE/SAFE to understand the system's approaches, policies, and procedures that should be utilized in the planning of sexual assault programs.

Anatomical Skills 1-1

A. Left labia minora

B. Left labia majora

C. Vulva

Anatomical Skills 1-2

A. Periurethral bands

B. Urethral meatus

C. Hymen

D. Posterior fourchette

Activity 1-1. Injury, Normal Variant, or Medical Condition Identification

— Prolapsed urethra: A prolapsed urethra is an incidental medical finding during the sexual assault evaluation. There are several possible causes associated with this condition, including the use of Depo-Provera for contraception, estrogen depletion from illness/medications, and low body fat (**Figure 1-3**).

Activity 1-2. Evidence Collection

1. Photodocumentation: In many communities, photodocumentation will also be used as evidence in the investigative and judicial processes. Photodocumentation using the Rule of Thirds, Fourths, and Fifths 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

   — All injuries

   — Normal variants and medical conditions

2. Clothing: Collect all clothing. If applicable, collect the 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 the patient.

3. Alternate Light Source (ALS): If community standard, examine patient with Wood's Lamp or an ALS.

   — Collect specimens from all areas based on history regardless if negative or positive fluorescence. Be sure to examine any areas of positive fluorescence, even if unsupported by the patient's history, because post-trauma memory is initially focused on the most traumatic events.

4. Oral specimens: History includes "kissing" on the mouth. Collect specimens from lips, around mouth, and corners of mouth.

5. Collect specimens from neck.

6. Collect specimens from both breasts.

7. Anogenital specimens:

   — Collect vulvar specimens and fluids in the hymenal folds. Inspect the tissue and photograph before collection.

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

   — After the vulva inspection and evidence collection—which includes the visible portions of the vagina—insert the speculum slightly, open the speculum, and inspect the vagina. As you open the vaginal tube, collect specimens distal from the speculum if visible in the vaginal vault. When the cervix is visible, collect samples distal from the speculum from the posterior fornix and then from the cervical os. Document on the medical forensic record the use of any lubrication by the collector or the assailant (if known). If there is a variation from routine procedure, such as the use of lubrication or blind specimen collection from the vaginal tract (no speculum used), document the variation on the medical forensic record.