Recommended Guidelines

Sexual Assault Emergency Medical Evaluation

Washington State

Adult and Adolescent

Revised 2026

Return to Table of Contents

Table of Contents

Return to Table of Contents

Return to Table of Contents

Return to Table of Contents

Acknowledgements

The following are updated guidelines for conducting the medical-legal examination and collecting forensic evidence for adult and adolescent patients of all genders when there is a report or concern of sexual assault.

These guidelines are not intended to include all the medical evaluations and tests that may be necessary for an individual patient's care. Likewise, not all the steps outlined here will be appropriate for every patient. The TriTech Sexual Assault Evidence Kit RE-3WA is designed to work with these guidelines and meets the requirements of the Washington State Patrol Crime Lab.

These guidelines were developed and updated by a committee that included representatives from medical specialists, sexual assault nurse examiners, attorneys, forensic scientists, and law enforcement in Washington State. Development was sponsored by Harborview Abuse & Trauma Center with support from the Department of Social and Health Services.

Recommendations at a glance are for health care providers and other responders to facilitate patient-centered, trauma-informed care during the exam process.

These guidelines are based on the principles and recommendations included in the National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents, Third Edition, U.S. Department of Justice, September 2024 (A National Protocol for Sexual Assault Medical Forensic Examinations - Adults/Adolescents Second Edition)

Summary of Critical Changes from 2017 Guidelines:

- The urine toxicology window has been extended from 72H to 120H.
- The blood toxicology window has been extended from 24H to 48H.
- The age of consent for forensic medical exams is now 13.
- Information about the Sexual Assault Kit (SAK) Tracking System has been added.

Return to Table of Contents

General Considerations

Coordinated Response

The purpose of the medical forensic exam is to address the healthcare needs of patients while collecting evidence that may be used in the criminal justice process. Through a collaborative approach, victims receive prompt and comprehensive care, helping to minimize the trauma they experience and facilitate their connection to vital community resources. This approach not only provides crucial support to victims but also contributes to public safety by assisting in investigations and legal proceedings, ultimately enhancing the likelihood that offenders will be held responsible for their actions.

Patient-Centered Trauma-Informed Care

Patient-centered trauma-informed care is an approach to healthcare that prioritizes understanding and addressing the effects of trauma on patients while providing care that is sensitive, respectful, and empowering. The goal of patient-centered, trauma-informed care is to create a compassionate and supportive environment that helps patients heal, feel respected, and regain a sense of control over their care and recovery.

Key principles include:

- **Safety:** Ensuring that patients feel physically and emotionally safe throughout their care.
- **Trustworthiness and Transparency:** Building trust through open, clear communication and consistent actions.
- **Choice and Empowerment:** Involving patients in decisions about their care and giving them control over their treatment options.
- **Collaboration:** Encouraging shared decision-making and creating opportunities for patients to connect with appropriate resources.
- **Cultural, Historical, and Gender Sensitivity:** Recognizing and respecting the diverse backgrounds and experiences of patients, including their cultural, gender, and historical contexts.

Social/Psychological

To ensure patient-centered care, address the patient's immediate emotional needs and concerns, assess their safety, and provide appropriate interventions.

- Offer information on typical reactions to trauma and coping strategies.
- Explain the reporting process and their options.
- Provide information regarding Crime Victims Compensation benefits.
- Provide culturally and linguistically responsive care, recognizing the unique challenges faced by specific populations, including immigrants, racial and ethnic minorities, LGBTQIA+ individuals, elderly patients, and those with disabilities.

Return to Table of Contents

- Before the exam, explain what the patient can expect and the purpose behind it in clear, understandable language.
- Provide written materials in the patient's language that are easy to understand and can be reviewed at their convenience.

Medical

Any patient may decline any aspect of the exam or evidence collection. The medical forensic exam is done by the healthcare provider for the benefit of the patient.

- Give sexual assault patients priority as emergency cases.
- Identify and treat injuries.
- Document the assault history and medical findings.
- Assess the risk of pregnancy and sexually transmitted infections.
- Provide prophylactic medication when indicated.
- Adapt the exam process as needed to address the unique needs and circumstances of each patient.
- Accommodate patients' requests for responders of a specific gender throughout the exam as much as possible.
- Address their physical comfort needs before discharge.

Forensic and Legal

- Collect forensic evidence, preserve the integrity of the evidence, maintain the chain of custody, and transfer to law enforcement with appropriate consent (without consent, remove patient identifiers before transferring to law enforcement).
- Provide the necessary means to ensure patient privacy.
- The patient has a right to have a friend, relative, or advocate present at the medical center or clinic (RCW 70.125.060).

Refer/Report

- Refer to follow-up medical care, advocacy, and counseling.
- Assist with reporting to law enforcement as requested by the patient. In the case of minors or vulnerable adults, report to authorities as required by law (RCW 20.44.030).

Triage

Telephone Triage

When a patient calls to inquire about care after a sexual assault, it is important to know when the assault occurred. Exams are considered acute or non-acute depending on the timeline. Acute exams occur within the evidence collection timeframe, while non-acute exams rarely involve evidentiary collection but may require an immediate evaluation.

The evidence collection kit may be collected **up to 120 hours** after the assault in all patient populations. Because each patient is unique, evidence collection outside the defined timeframes may be considered on a case-by-case basis.

If, within 120 hours, an acute medical forensic exam is appropriate.

- Advise patients not to bathe or shower before the exam.
- Encourage patients to bring a support person (family member or friend) if possible.
- Explain that the exam may take several hours.
- If wearing clothes worn at the time of the assault, bring a change of clothing.

If greater than 120 hours, an acute medical forensic exam is likely not needed. This timeframe applies to evidence collection, not the physical exam or treatment. Patients may seek care weeks or months after an assault for issues like STIs or pregnancy and should receive appropriate care when needed. If there are no medical concerns, refer the patient to a community advocacy or crisis center for support and ongoing services. Inform patients about their reporting options.

The 120-hour evidence collection timeframe may be extended for patients who have been non-ambulatory or have been abducted and may have an unclear timeline. The decision to collect DNA evidence swabs for the sexual assault evidence collection kit and what samples to collect should be made with the understanding that the presence of DNA significantly decreases over time.

Evaluation of Injury and Acute Medical Needs

Acute medical needs take precedence over forensic evidence collection**.**

- Assess the need for acute medical and mental health intervention before the medical forensic examination. Patients with acute medical needs or significant injuries should be medically cleared before the medical forensic exam.
- If apparent psychiatric illness complicates the assessment of the report of sexual assault, both psychiatric assessment and medical forensic exam will often be necessary. Proceed according to patient needs and tolerance.
- Pregnant patients, especially those over 20 weeks of gestation, may need assessment for fetal health. Providers should follow their trauma pregnancy hospital protocols.
- The safety of the patient and medical provider always comes first and may require modification of procedures (e.g., private room may not be safe).

Limited English Proficiency

A medical interpreter must be provided for patients with limited English proficiency. Family members are not appropriate interpreters in this situation. Professional phone/video interpreters are acceptable. Patients may be reluctant to ask for an interpreter, so always assess if an interpreter is needed, even if the patient initially declines one.

Return to Table of Contents

Consent for Care

Regular Consent

The forensic exam *is not a medical emergency*. All patients must give informed consent for a forensic exam. Informed consent includes:

- **Detailed explanation:** The provider must clearly explain the exam process, including the collection of evidence like swabs, photographs, and medical history.
- **Disclosure of information sharing:** Patients must be informed about how their information will be shared, including potential disclosure to law enforcement agencies if they choose to report the assault.
- **Right to refuse:** Patients can decline any part of the exam or the entire exam at any time.
- **Understandable language**: The information must be provided in a language the patient understands, and they should be allowed opportunities to ask questions.
- **Documentation:** Informed consent is usually documented through a signed consent form.
- **Toxicology:** Patients must understand that collecting urine or blood specimens for toxicology will identify substances the patient may have been given or have taken voluntarily.

When the Patient is Unable to Consent

Due to short-term concern (e.g., Intoxication) The forensic exam should be delayed until the patient can provide meaningful consent. This judgment should be made by the healthcare provider team. Clinical assessment is more useful than laboratory numbers of alcohol levels.

Due to long-term (e.g., intubation) concern or potential evidence loss (e.g., surgery)

The healthcare provider team determines whether, in their professional opinion, evidence collection is in the patient's best interest or the interest of public health and safety (by allowing the option of investigation for sexual assault). With this assessment, it is legally permissible to collect forensic evidence**,** including clothing, hair, urine, and swabs from skin and orifices. Pelvic exams may be performed on an anesthetized or unconscious patient if sexual assault is suspected and there is concern that evidence may be lost (RCW 18.130.430).

Evidence

Evidence cannot be transferred to law enforcement without authorization from the patient or their legally authorized surrogate decision-maker (for patients 18 years of age and older). Evidence must be dried and stored in a manner that will preserve the chain of custody and evidence integrity until consent from the patient or legally authorized surrogate decision-maker is obtained or if a court order is obtained.

Refusal of Care

Any patient may choose to decline all or part of the examination and evidence collection. For example, a patient may consent to the physical exam but not forensic evidence collection or may decline

photographs while consenting to skin swabs. The patient should be informed of the consequences of declining evidence collection procedures, specifically that this may impede criminal prosecution.

The provider is not obliged to complete an exam or forensic evidence collection if, in their medical opinion, doing so will cause physical or psychological harm to the patient.

Minors

Consent for Care

As of July 1, 2024, **minors aged 13 and older may consent to their sexual assault medical forensic exam** in Washington State (RCW 70.125.120). This includes medical testing and/or treatment of any sexually transmitted disease or suspected sexually transmitted disease related to a sexual assault.

- All patients under the age of 18 are still subject to mandatory reporting rules, and providers should ensure appropriate legal reports are completed.
- If the child is aged 12 or younger, the parent or legal guardian must provide consent for a medical forensic exam.
- If a child aged 12 or younger is brought in for care by someone other than their parent or legal guardian, their parent or guardian must be contacted to give consent for a medical forensic exam.

Mandatory Reporting

Healthcare providers and other mandated reporters must report to law enforcement when they have reasonable cause to believe that a child (person under 18 years of age) has experienced sexual abuse, assault, or sexual exploitation by any person. Mandatory reporting applies even when the minor has consented to care. HIPAA privacy regulations are overridden by child protection requirements. Sexual abuse includes consensual sexual contact when there is a specific age difference.

Age of victim	**Age of offender**
Less than 12 years	24 months or more older than victim
12 or 13 years	36 months or more older than victim
14 or 15 years	48 months or more older than victim
16 years	60 months or more older AND in a supervisory position OR an employee at a student's school

The report must be made to law enforcement or Child Protective Services at the first opportunity and no longer than 48 hours.

To report: https://www.dcyf.wa.gov/safety/report-abuse or call 1-800-562-5624 or 1-866-END-HARM (866-363-4276).

Sharing information

Upon receiving a report, DSHS and law enforcement shall have access to all relevant records of the child in the possession of mandated reporters and their employees (RCW 26.44.030).

Confidentiality

It is not possible to guarantee a minor patient's confidentiality from the parents or legal guardians. In the event of a sexual assault, parents **will** become aware of the investigation. Mandatory reporting for minors still applies, and confidentiality cannot be promised. The patient should be informed of the limitations of confidentiality and that a police report will be made. Healthcare providers should offer to assist the patient in informing the parent or guardian about the assault event. If the patient feels it would be unsafe to tell the parent or guardian, then law enforcement should be contacted to assess if this child should be placed in Protective Custody.

Vulnerable Adults

When there is suspicion of sexual abuse or assault of a vulnerable adult, a report must be made immediately to law enforcement and the appropriate agency.

A vulnerable adult has a specific legal definition in Washington State. "Vulnerable adult" (RCW 74.34.020) includes a person who is:

a) Sixty years of age or older who has the functional, mental, or physical inability to care for themselves; or
b) Found incapacitated under chapter (RCW 11.88); or
c) Who has a developmental disability as defined under (RCW 71A.10.020); or
d) Admitted to any facility; or
e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter (RCW 70.127); or
f) Receiving services from an individual provider.

Mandatory Reporting

To report suspected abuse or assault of a vulnerable adult:

- Both law enforcement and Adult Protective Services must be notified.
- Reports to APS can be made online here: Report Online.
- Specific county contacts can be found here: ALTSA webpage.

Medical Forensic Examination

The medical forensic exam is **not** a legal forensic interview. The forensic medical examiner should not obtain investigative forensic details such as a description of the assailant, the exact address of the assault, etc. This information should be obtained by police investigators outside the presence of the forensic provider to preserve the medical hearsay rule. See: State v. Hurtado, 2013, and State v Burke, 2021.

Return to Table of Contents

Obtain and document the information regarding the assault necessary to provide appropriate medical care and evidence collection. Provide privacy for the initial interview and use specific language when asking questions. It is helpful to use a structured form or question list.

Document the following:

- Person(s) accompanying the patient and relationship with the patient.
- Source of information (e.g., patient, police, or accompanying person).
- Police report, if filed, including the police department and case number.
- Current symptoms: pain, bleeding, respiratory distress, nausea, anxiety, etc.
- Brief patient narrative of assault.

For salient statements, document the patient's own words in quotations.

Date and time of sexual assault

It is essential to know when the assault occurred since there are time-limited or time-sensitive considerations, including some medication administration (e.g., HIV prophylaxis, emergency contraception) and types of evidence collection (e.g., blood vs. urine for toxicology screening).

Location of assault

Information about the physical surroundings of the assault (e.g., indoors, outdoors, vehicle, hotel) is useful in guiding evidence collection. Documenting the location of the assault is also used to identify the law enforcement agency that will receive the evidence.

Medical history

A patient's medical history, including known allergies, current medications, acute and chronic health conditions, pregnancy history (if applicable), and immunization status, may impact the plan of care.

Recent consensual sexual activity

The sensitivity of DNA analysis makes it important to obtain information about recent consensual intercourse, type of contact, natal gender of consensual partner, and whether a condom was used.

Trace amounts of semen or other bodily fluids may be associated with a consensual partner. This information is useful for elimination purposes to aid in interpreting evidence.

Post-assault activities

The patients' post-assault activities may affect the presence of DNA evidence. Document the patient's activity since the assault (including, but not limited to eating/drinking, urination, defecation, showering or bathing, removal/insertion of a tampon, and changing of clothes).

Offender information (if known)

Information about the gender and number of suspected offenders may guide the exam and evidence collection. The information can assist the forensic nurse in assessing post assault medication needs and

considering potential for patient injury. This information is also important for forensic scientists to interpret DNA results.

Concern for drug-facilitated sexual assault (DFSA)

Assess the patient for complete or partial memory loss, loss of consciousness, or vomiting. Determine whether the patient was given food or drink by the suspect or whether the patient voluntarily ingested drugs or alcohol.

Narrative of assault, type of contact, and other mechanisms of injury

Details of the assault are essential in guiding the examination and evidence collection. Carefully document any report of:

- Vaginal penetration, however slight, including what was used for penetration (e.g., finger, penis, or another object)
- Anal penetration, however slight, including what was used for penetration (e.g., finger, penis, or another object)
- Oral contact with patient's genitals by suspect(s), or of suspects by patient
- Other contact with patient's genitals by suspect(s), or of suspects by patient
- Oral contact with the patient's anus by suspect(s), or of suspects by patient
- Non-genital act(s) (e.g., licking, kissing, suction injury, and biting)
- If known, whether ejaculation occurred and the location(s) of ejaculate
- Use of contraception or lubricants
- Use of weapon/threat of weapon
- Verbal threats (document in quotations)
- Physical force (e.g., restraining, hitting, punching, kicking, and throwing)
- Strangulation or suffocation

Providers should offer context as to why each question is being asked and remind patients that "I don't know" is an acceptable and appropriate response if they are unable to recall.

Review of Systems

A thorough review of systems provides context for appropriate health care decisions and is part of the medical forensic history examination. Review the following:

- Active medical problems
- Current medications
- Contraception use
    - If a patient uses oral contraceptives, clarify how long they have taken them and if any pills were missed in their cycle. If using other contraception products such as an injectable contraceptive, contraceptive implant, vaginal ring, contraceptive patch, or IUD, clarify when it was placed/replaced.
- Ob-gyn history (hysterectomy, tubal ligation, etc.)
- Date of last menstrual period

- Time since last consensual intercourse – within 10 days, specify the number of days ago and the gender of the sexual partner. *Note if there is no prior intercourse*.
- History of hepatitis B vaccine or illness
- Last Tetanus immunization
- Allergies to medications
- Review of trauma-related symptoms: pain, limitation of motion, nausea or vomiting, loss of consciousness, skin symptoms, bleeding, dysuria, and genital or rectal discomfort.
- Psychiatric and mental health history
- Cognitive or developmental delays
- Prior trauma history, suicide assessment

Medical Exam

Each patient should have a complete head-to-toe exam, with careful attention to signs of trauma. The medical exam may be conducted before or at the same time as evidence collection. Because a patient may not recall or may be reluctant to report all aspects of their assault, the exam should be complete, and evidence should be collected from all orifices (mouth, vagina, rectum). If oral assault only is reported, the genital-anal exam may be omitted.

The order of exam and evidence collection can vary. It is usually best to begin with less sensitive areas (e.g., hands, face). Injury signs such as bruises, abrasions, and lacerations should be documented in writing and photographed. Charting is incomplete without a documented trauma gram/body gram.

Head-to-Toe Assessment

Skin: Examine skin for tenderness, bruises, abrasions, lacerations, cuts and bite marks. Injury documentation should include a description of the injury type, size, color, pattern, and associated pain. As much as possible, each injury should be individually documented.

HEENT: (Head, Ears, Eyes, Nose, Throat)

Head: Palpate scalp for areas of tenderness or swelling, assess for loss of hair and sponginess.

Ears: Assess the ear canals for bleeding and examine the pinna or behind the ear for bruising.

Eyes: Assess for conjunctival hemorrhage and petechiae, including assessment of sclera and inner eyelids, periorbital petechiae, and bruising. In cases involving intoxication or drugging, assess the pupil size and reactivity. Document reports of vision changes related to injuries.

Nose: Document any injuries or noted fractures.

Throat/Mouth: Examine soft and hard palate for petechiae or exudate. Assess the inner lips and tongue for bruising, lacerations, bites, or torn frenulum. Note any broken, missing, or loose teeth.

Neck: Examine for bruises, oral suction injuries, scratches, or ligature marks. Assess ROM and tenderness. Note if the voice is hoarse.

Return to Table of Contents

Chest: Auscultate lung sounds, and examine the chest for tenderness, bruises, oral suction injuries, or bite marks.

Heart: Auscultate heart sounds.

Abdomen: Palpate for tenderness and masses. Auscultate for bowel tones.

Extremities: Note any bruises, ligature marks, abrasions, or patterned injuries. Evaluate pain, tenderness, ROM of arms and legs, and any visible deformities.

Neuro/Mental: Assess orientation to person, place, and time.

Genital Exam

Assigned Female at Birth (AFAB)

Generally performed in dorsal lithotomy position but should be modified for patients with limited mobility. During the genital exam, assess the inner thighs for bruises, abrasions, and patterned injuries. Genital injuries should be documented using the clock to identify the location. Avoid using “Left” or “Right” to describe location.

Vulva: Examine the clitoral hood, clitoris, labia majora, and labia minora. Assess for bruises, lacerations, abrasions, redness, swelling, and tenderness. Note any active bleeding.

Posterior fourchette/fossa navicularis: Assess for lacerations, abrasions, contusions. Consider the application of Toluidine Blue for better evaluation of possible injuries. Use only after forensic swabs have been collected. Note any active bleeding.

Hymen: Assess all edges of the hymen for tears, bruises, swelling, or abrasions. If tears are noted, document whether the tear is a full hymenal transection (meaning to the base of the hymen) or partial transection and if any active bleeding is present. A swab may be used to better visualize all edges of the hymen.

Vagina: Examination of the cervix and vagina is not always necessary as trauma/injuries to these structures are uncommon. Speculum use is recommended *only in specific circumstances* and is contraindicated in adolescents who are not previously consensually sexually active or are not post-menarche.

If assessing the vagina and cervix using a speculum, document abrasions, lacerations or bruising to the vaginal wall, vaginal floor, and endocervix. Document the source of any bleeding and distinguish menstrual blood from the cervical os from an acute injury.

A bimanual exam is generally *not indicated* in a forensic medical exam.

Perineum: Assess for abrasions or lacerations in the perineal area.

Anus: Assess for perianal abrasions, lacerations, bruising, or loss of anal folds due to swelling. Separate anal folds to fully visualize lacerations. A digital exam is *not indicated* except when there is a concern for foreign body retention. An anoscope exam may be appropriate if there is rectal bleeding by history or exam, but this should only be performed by an experienced provider.

Return to Table of Contents

Assigned Male at Birth (AMAB)

Typically performed with patients lying on their back or side on the exam table. During the genital exam, assess the inner thighs for bruises, abrasions, and/or patterned injuries. Documentation of the perineal and anal exam should be done using the clock to identify the location of the injury, but the clock is typically not used to describe injuries to the scrotum or penis. Injuries to the scrotum or penis should be described as anterior, posterior, or lateral and/or glans, corona, foreskin.

Scrotum: Assess all surfaces of the scrotum for bruising, abrasions, tenderness, or swelling. Careful assessment of the posterior surfaces of the scrotum is important so that dependent bruising is not missed.

Penis: Assess and document whether patient is circumcised. Assess the foreskin, glans, corona, and the anterior, posterior, and lateral aspects of the penile shaft for bruises, abrasions, lacerations, tenderness, or swelling.

Anus: Assess for perianal abrasions, lacerations, bruising, or loss of anal folds due to swelling. Separate anal folds to fully visualize lacerations. A digital exam is *not indicated* except when there is a concern for foreign body retention. An anoscope exam may be appropriate if there is rectal bleeding by history or exam, but this should only be performed by an experienced provider.

Post Gender-Affirming Surgery

For patients who have undergone gender-affirming surgeries, it can be helpful to complete an anatomical inventory (also called an organ inventory) as part of medical forensic history. The purpose of an anatomical inventory is to ensure an efficient and complete examination and discharge planning process and to avoid any assumptions about what type of care may or may not be needed. Sample language for raising the issue in a way that is both trauma-informed and sensitive to patients' concerns about potential negative experiences with healthcare providers includes, "To provide you with the best clinical care, I need to know if you have certain body parts. Is it okay if we talk through a list of body parts, and you can let me know whether you have these? If you use different words for parts of your body, please let me know." Additionally, some electronic health records already include an integrated anatomical inventory.

Considerations:

- If a transgender female has been exposed to testosterone or had a vagina created surgically, the tissue will be more fragile than the vaginas of most natal females and may sustain more injury in an assault.
- A transgender female's surgically constructed vagina is generally created from the skin of her inverted penis and will be less elastic (and less deep) than a ciswoman's vagina. Because of these factors, there is an increased likelihood of tearing and other physical damage during an assault, raising the risk of STIs and HIV.
- For transgender male patients, testosterone may cause vaginal atrophy and decreased elasticity.
- Transgender males who still have ovaries and a uterus can become pregnant even when they are using testosterone and/or have not been menstruating.

Return to Table of Contents

(See Addenda for Anatomical Inventory).

Forensic Evidence Collection

Precautions should be taken to reduce the contamination of evidence. Providers should always wear gloves and masks while the examination is completed, and evidence is collected.

An alternate light source (ALS) can aid in examining patients' bodies, hair, and clothing. ALS may fluoresce both biological (e.g., semen) and non-biological substances (e.g., lubricants, oils). Emerging research also provides evidence that ALS may be useful in detecting and documenting potential injury, although at this time there is no consensus for using it for this purpose.

Washington State Sexual Assault Kit (SAK)

The instructions below are for collecting evidence from a victim. For collecting evidence from a suspect, go to the Suspect Evidence Guidelines. Specific instructions for evidence collection are printed on each envelope in the Washington State SAK RE-3WA (Tri-Tech USA). The Washington State SAK RE-3WA is only to be used to collect forensic evidence for victims of sexual assault due to state statute. Evidence collected in domestic violence cases involving non-fatal strangulation and suspect evidence collection requires a separate evidence collection kit.

Forensic Toxicology

Forensic toxicology testing is done separately at the Washington State Toxicology laboratory. Hospital toxicology should be done for medical care only and is not used for evidentiary purposes. Providers should avoid basing decisions about whether to collect toxicology samples for the sexual assault evidence collection kit on how they think patients' characteristics or circumstances will affect the investigation and prosecution. For example, the fact that a patient was intoxicated should in no way influence the decision of the provider to collect samples or document the medical forensic examination objectively and fully.

Step 1: Urine Toxicology

Collect when the patient reports any drug or alcohol use (voluntary or involuntary) or any concern for drug-facilitated sexual assault DFSA and <120 hours since the event.

- Collect 30 ml of urine in a standard specimen cup or (2) Vacutainer urine collection tubes.
- Place the patient ID label on the specimen cup or collection tubes.
- Place the sample in a biohazard bag with 1 paper towel.
- Place the STEP 1 Urine Toxicology label on the biohazard bag.
- Place the patient's ID label on the outside of the bag.
- Urine samples can be refrigerated, frozen, or left at room temperature until transfer.
- Write the WA SAK Tracking System number on the bag.

Step 1A: Blood Toxicology

Collect when any concern for drug-facilitated sexual assault (DFSA) within the past 48 hours.

Return to Table of Contents

ALSO, collect urine a specimen for forensic toxicology.

- Collect 2 gray top tubes of blood.
- Gray top tubes must be glass and contain the preservatives of sodium fluoride and potassium oxalate.
- Place patient ID labels on each tube.
- Package in a biohazard bag with 1 paper towel.
- Place the STEP 1A Blood Toxicology label on the biohazard bag.
- Place the patient's ID label on the outside of the bag.
- **DO NOT freeze.** Refrigerate or leave at room temperature until transfer.
- Place on top of kit for pick up and transfer to law enforcement.
- Write the WA SAK Tracking System number on the bag.

DO NOT place blood or urine specimens inside the sexual assault kit.

Step 2: Trace Debris

Collect when the assault occurred outside the patient's own home or outdoors and the patient has not changed clothes. The purpose is to collect forensic evidence that ties the patient to the scene of the assault.

- Place a clean bed sheet (or paper sheet) on the floor.
- Place the paper sheet from the "Trace Debris" envelope over the bed sheet.
- Have the patient undress while standing on paper.
- Refold the paper inward to retain any debris.
- Place folded paper in the "Trace Debris" envelope.
- Seal with evidence seal, initial, and date over the seal and onto the envelope.
- Complete the information on the back of the envelope and return it to the box.
- Have the patient dress in an examination gown.

Step 3: Outer Clothing

Collect when the patient brings in or is wearing clothing worn at the time of the assault. The purpose of collection is to link the patient to the suspect, scene, or both. Use discretion when considering taking clothing as evidence. If clothing is ripped, torn, or stained, consider taking photographs before packaging. Pants worn without underwear either at the time of the assault or immediately after the assault would also be important to collect. Outer clothing or clothing not likely to have come into contact with the suspect or scene is not as important to collect. Explain to the patient that they will likely not have their clothing items returned.

- Place each item of clothing in a separate brown paper bag.
- Write contents on the outside of each bag (e.g., jeans).
- Place the "Outer Clothing" label and a patient label on each bag.
- Wet items – place in a double paper bag, place in an open plastic container, or in an open plastic bag for transport. Label "WET" on the bag.
- Fold the paper bag closed and seal it with evidence seal. Sign/date evidence seal, then seal the bag with clear packing tape.

Return to Table of Contents

- Indicate the number ___ of ___ bags collected and what item is inside the bag (i.e., jeans, shirt, etc.).
- Do not cut through any existing holes, rips, or stains.
- Do not shake out the patient's clothing, or trace evidence may be lost.

Step 4: Transport Bag

- Place smaller clothing bags in one large paper bag.
- Place the "Transport Bag" sticker on a large paper bag with a patient label.
- Seal the bag with an evidence seal (sign/date) and tape the bag closed with clear packing tape.
- On the outside, indicate how many bags are inside the transport bag and what is in each bag.
- Write the WA SAK Tracking System number on the bag.

Step 5: Underwear

Collect in all cases. The purpose is to collect potential suspect DNA from the surface of the underwear. If the patient brings underwear worn at the time of the assault, those should be collected as clothing and labeled "worn at the time of assault" to distinguish it from underwear collected during the exam. Underwear worn at the time of the exam should be collected in the underwear envelope found inside the kit. If collecting both, clearly label and place both pairs in SAK.

- Place in the "underpants" envelope from the evidence kit.
- Seal, label, and place in the Evidence Kit.

Note: Do not attempt to dry wet underpants or incontinence pads. If wet, label "WET" and refrigerate or freeze until transfer. Place the sealed paper bag in an open plastic container (basin) or open plastic bag.

DO NOT place wet underpants or pads inside the kit.

Step 6: Oral Swabs

Collect in all cases. The purpose is to obtain suspect DNA from the oral area. If the patient was orally assaulted by the offender, a separate skin swab of the perioral skin should be obtained (see skin swab section below).

- Use 4 cotton swabs in total. Do not moisten.
- Using 2 swabs simultaneously, swab around the gingival border, at the margins of teeth, buccal, and lingual surfaces.
- Repeat with the remaining 2 swabs.
- Allow swabs to thoroughly air dry
- Place 2 swabs in a swab box (2 swabs per box)
- Write "Oral" on swab boxes and put a patient label on each box.
- Place both swab boxes in the "Oral Swab" envelope and complete the information on the back of the envelope.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Return to Table of Contents

Step 7: Fingertip Swabs

The purpose is to obtain suspect DNA that may be present under the patient's fingernails. If the patient was forced to touch the genitals of the offender, a separate skin swab of the hand surfaces should be obtained (see skin swab section below).

- Use 4 swabs total - 2 swabs per hand.
- Moisten 1 swab with distilled water, and swab all 5 fingertips on one hand, concentrating on the area under the nails. Repeat with 1 dry swab on the same hand.
- Repeat the process on the other hand.
- Allow the swabs to thoroughly dry.
- Both swabs from one hand may be packaged in the same box. Label the box as "R hand" or "L hand".
- Label each box with a patient label.
- Return both swab boxes to the "Fingertip Swabs" envelope and complete the information on the back of the envelope.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Step 8: Reference Blood or Buccal Swabs

Collect either sample in all cases. The purpose is to obtain a sample of the patient's DNA profile to compare it with the suspect's DNA profile. Use either the lancet from the kit or blood from a peripheral blood draw to minimize discomfort.

Reference Blood:

- Place blood on the designated blood collection card and fill in at least one circle.
- Place patient label on outside blood card.
- Allow the blood collection card to thoroughly air dry.
- Place the dried card in the "Reference Blood" envelope and complete the information on the back of the envelope.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

DO NOT touch the filter paper with ungloved hands.

Buccal swabs:

- Oral swabs for suspect DNA must be collected prior to collecting buccal reference swabs.
- Have the patient rinse their mouth before collecting the buccal samples.
- Swab the inner aspects of both cheeks with both swabs until moistened.
- Allow both swabs to dry thoroughly.
- Place swabs in swab boxes and then place them in the "Reference Blood" envelope.
- Complete the back of the envelope indicating "buccal swabs" collected.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope

Return to Table of Contents

Step 9: Debris on Skin

Collect if the patient presents with visible debris on the skin or in the hair, especially if the assault was outside of the patient's home or occurred outdoors. The purpose is to connect the patient to the crime scene.

- Use the cotton swabs provided in the kit.
- Unfold the paper sheet found in the "Debris on Skin" envelope and ideally place it on a flat surface.
- Use either a swab moistened with distilled water or the wooden end of the swab to remove debris and place it on the paper sheet.
- If debris adheres to the swab, dry it thoroughly and place the swab in a swab box marked "Debris on Skin."
- Refold the paper sheet inward to retain debris and return it to the "Debris on Skin" envelope.
- Complete the information on the back of the envelope. Note on the anatomical drawing where on the body the debris was collected.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Step 10: Skin Swabs

Collect when the patient reports possible semen, saliva, or lubricant deposits on the body from the assault. The purpose is to collect suspect DNA from the patient's body. Collect even if the patient has bathed or showered. Particularly important are any bite marks or oral suction injury areas. Consider skin swabs for "Touch DNA" on any area of the body where there may have been forceful grabbing or manual strangulation. Touch DNA samples can be collected if the patient has NOT bathed or showered.

- Use 2 swabs total for each site, one moistened with 1 drop of distilled water and one dry.
- Swab the area of the suspected DNA in an outwardly expanding circular motion.
- Repeat with a second, dry swab.
- Repeat the 2-swab wet/dry techniques for each site.
- Number each collection site (i.e., Skin Swab #1).
- Indicate the suspected type of evidence (i.e., semen, saliva, lubricant, or touch DNA) on the swab box as well as on the body gram on the back of the envelope.
- Allow the swabs to dry thoroughly.
- Both wet and dry swabs for each site can be placed in one swab box.
- Label each box with the patient label and write SS#1, SS#2, etc., on the box.
- Return swab boxes to the "Skin Swabs" envelope and complete the information on the back of the envelope.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Return to Table of Contents

Step 11: Pubic Hair Combing

Omit if pubic hair has been shaved, is absent, or if the patient has bathed or showered. The purpose is to collect suspect hair that may have been deposited in the patient's pubic hair.

- With the patient in dorsal lithotomy position, place the paper sheet from the "Pubic Hair Combing" envelope under the patient's buttocks.
- Using the comb supplied, comb downward through the patient's pubic hair to collect any loose hairs onto the paper sheet.
- Fold the paper sheet inward to retain both evidence hairs and the comb used.
- Return the paper sheet to the "Pubic Hair Combing" envelope and complete the information on the back of the envelope.
- If matted pubic hair is noted, use clean scissors to clip the matted area out, place it on a paper sheet, and fold it to retain it. It is not necessary to retain the scissors used for clipping.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Step 12: Perineal/Vulvar Swabs

For patients with female anatomy

Collect on all patients reporting contact with the vagina, perineum, or anus by any part of the suspect's body or when the provider deems collection is appropriate, even if the patient has bathed or showered. The purpose is to collect suspect DNA from deposits of semen or saliva.

- Moisten 2 swabs with 1 drop of distilled water each.
- Using both swabs simultaneously, thoroughly swab the external genital folds and perineum.
- Repeat with 2 dry swabs covering the same areas.
- Allow both sets of swabs to dry thoroughly.
- Place 2 dried swabs per box and place a patient label on the box.
- Label the boxes "perineal/vulvar" and place both boxes in the "Perineal/Vulvar Swabs" envelope, completing the information on the back of the envelope.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

For patients with male anatomy

Use this envelope for scrotum and perineal swabs.

- Moisten 2 swabs with 1 drop of distilled water each.
- Using both swabs simultaneously, thoroughly swab the scrotum and perineum.
- Repeat with 2 dry swabs covering the same areas.
- Allow both sets of swabs to dry thoroughly.
- Place 2 dried swabs per box and place a patient label on the box.
- Label the boxes "Perineum" and place both boxes in the "Perineal/Vulvar Swabs" envelope, completing the information on the back of the envelope.

Return to Table of Contents

- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Step 13: Vaginal/Endocervical Swabs

For patients with female anatomy

Collect on all patients reporting contact with the vagina, perineum, or anus by any part of the suspect's body or when the provider deems collection is appropriate, even if the patient has bathed or showered. The purpose is to collect suspect DNA from the vaginal vault. Collect even if the patient has bathed or showered.

- Use 4 cotton swabs in total.
- Allow both sets of swabs to dry thoroughly.
- Place 2 dried swabs per box and place a patient label on the box.
- Label the boxes either "vaginal" or "endocervical" depending on the collection technique and place both boxes in the "Vaginal/Endocervical" envelope, completing the information on the back of the envelope.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Postpubescent patients

If using a speculum:

- Use water only to lubricate before evidence collection is done.
- Collect two swabs together from the posterior vaginal pool.
- Collect two dry swabs (one at a time) from the endocervix

If not using a speculum:

- Using two swabs at a time, insert in the posterior direction (approximately 4 inches) and swab in the posterior vaginal pool.
- Repeat the process with two more swabs.
- It is not necessary to moisten swabs, but they may be moistened for patient comfort.

Prepubescent patients

- Swab inner labia only
- ***Note: A speculum exam is recommended only in specific circumstances and contraindicated in premenarchal patients or patients not previously sexually active.***

For patients with male anatomy

Collect penile swabs on all patients reporting contact with the suspect's saliva or other body fluids. Collect even if the patient has bathed or showered. The purpose is to obtain potential suspect DNA from the penis.

- Collect 4 swabs total from the penile shaft.

Return to Table of Contents

- Moisten 2 swabs with distilled water.
- Use both swabs simultaneously, and swab the penile shaft (anterior, posterior, lateral, glans, penis, and under the foreskin with moistened swabs). Repeat with 2 dry swabs.
- Allow both sets of swabs to dry thoroughly
- Place 2 dried swabs per box marked “Penis” and place a patient label on the box. Complete the information on the back of the envelope.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Step 14: Anal Swabs

Collect when the patient reports contact to the vagina, perineum, or anus by any part of the suspect’s body or when the provider deems collection is appropriate, even if the patient has bathed or showered. The purpose is to obtain potential suspect DNA from either outside or inside the anus.

- Collect a total of 4 swabs.
- Moisten two swabs with distilled water and swab along the peri-anal folds, using one swab at a time. Repeat with the second moistened swab.
- Moisten 2 swabs with distilled water and slowly insert 1 swab into the anus, just beyond the sphincter (approx. 1.5 cm or the length of the cotton tip) and repeat with the second moistened swab.
- Allow both sets of swabs to dry thoroughly.
- Place in swab boxes labeled “external anal” or “anal folds” and “internal anal” or “anal.”
- Place the patient label on the box and return swab boxes to the “Anal Swabs” envelope, completing the information on the back of the envelope.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Step 15: Distilled Water Control Swabs

Collect any swabs that were moistened with distilled water provided in the kit. The purpose is to obtain a control sample for DNA testing.

- Moisten two swabs with distilled water provided in the kit.
- Allow both swabs to thoroughly dry.
- Place both swabs in one swab box labeled “control,” and place a patient label on the box
- Return the swab box to the “Distilled Water Control Swabs” envelope and complete the information on the back of the envelope.
- Seal the envelope with evidence seal, then initial and date, signing on the seal and onto the envelope.

Additional Evidence

Collect other evidence as appropriate. The purpose is to obtain potential suspect DNA. Additional evidence collected does not go inside the SAK.

Return to Table of Contents

Items such as condoms, diapers, tampons, pads, or liners may also be collected. Condoms and tampons can be placed in a sterile urine specimen collection container and placed inside a biohazard bag. Items such as pads and liners can be air-dried as much as possible and then placed in a separate paper bag. For wet evidence that cannot be dried thoroughly at the exam site (e.g., wet clothing, diapers), ensure that it is packaged in paper bags and then placed in leak-proof containers and separated from other evidence when transported. It is critical to alert law enforcement representatives receiving evidence about the presence of wet evidence and the need for further drying. Write the evidence content and SAK tracking number on the bag. Seal the bag as you would for outer clothing.

Evidence Tracking

Washington State Sexual Assault Kit (SAK) Tracking System

Per RCW 43.43.545, all Washington State sexual assault kits MUST be entered into the SAK Tracking System. Suspect Kits *are not* entered or tracked in the SAK Tracking System. All SAKs collected in Washington State are entered into the tracking system, regardless of their reporting status. For unreported kits, indicate the law enforcement agency *that would* have jurisdiction *if* the crime were reported.

- "Reported sexual assault kit" means a sexual assault kit where a law enforcement agency has received a related report or complaint alleging a sexual assault or other crime has occurred.
- "Sexual assault kit" includes all evidence collected during a sexual assault medical forensic examination.
- "Unreported sexual assault kit" means a sexual assault kit where a law enforcement agency has not received a related report or complaint alleging a sexual assault or other crime has occurred.

All Forensic Nursing Programs and/or hospitals that care for sexual assault survivors should have a protocol in place to ensure all kits are entered into the tracking system and patients are provided the tracking card found inside their kit. Patients who have not made a report to law enforcement should be given information on what to do if they change their mind and how to contact law enforcement. They should also be given information on where the kit will be stored and how it will be tracked. If the kit is transferred to law enforcement as unreported, they should be provided with information on how they can identify themselves and their kit. The SAK Tracking System is intended to be anonymous. The tracking number should not be included in the patient's medical records.

Note: The SAK Tracking System only tracks evidence from crimes that occurred in Washington State. Cases under military, federal, or some tribal jurisdiction, as well as cases involving crimes that occurred outside of Washington State, are entered into the tracking system but not tracked in the SAK Tracking System beyond collection at the medical facility.

The SAK Tracking System can be accessed here: https://wa.track-kit.us/

Evidence Packaging, Storage, and Transfer

Forensic Evidence Packaging

Specifics of evidence packaging may be obtained from the "Sexual Assault Evidence Packaging Handbook" for Washington State.

- The sexual assault exam report should not be placed inside the evidence kit. This report is for law enforcement officers investigating the case, not for the state crime lab personnel.
- Even though photographs are a form of forensic evidence, they are not part of the SAK and should never be packaged inside the kit.
- Always wear powder-free gloves and a mask when collecting and packaging evidence.
- Change gloves frequently while collecting evidence to avoid cross-contamination.
- Clothing worn at the time of the assault should be placed in separate paper bags, taped closed, and labeled. Write the kit tracking number on the outside of the bag.
- Whenever possible, all wet evidence should be dried before packaging.
- If the evidence is wet, the items may be first placed in paper bags and then into plastic bags. If the plastic bag is not sealed, it allows for ventilation.
- All evidence should be sealed with evidence tape and signed, overlapping the tape and the bag/container holding the evidence with the collector's initials.
- Urine and blood samples obtained should be collected/placed in a patient-labeled specimen cup. The specimens should be sealed in biohazard bags with a paper towel around the specimen. The specimens do not go inside the SAK.
- Underpants should be placed in the paper bag from inside the kit. Additional underwear can be placed in a separate small brown paper bag sealed with an evidence sticker and placed in the kit.

For specific evidence collection order and techniques, see Medical Exam and Evidence Collection Steps.

Forensic Evidence Storage and Transfer

Forensic specimens are not processed within the hospital but stored separately and transferred to law enforcement. All reported kits will be tested by the Washington State Patrol Crime Lab, though not all evidence is necessarily processed. Unreported kits are not tested but are transferred to law enforcement for long term storage. Unreported kits need all identifying information redacted from the outside of the kit prior to transfer to law enforcement.

The hospital or clinic should transfer the SAK to the law enforcement agency as soon as possible after collection. The hospital or clinic should notify law enforcement when evidence is available for retrieval. SAKs should be received by the local law enforcement agency from the hospital or clinic as soon as

possible, ideally, no later than three (3) business days from the collection of the kit, or as specified by statute.

Chain of Custody of Evidence

Providers must maintain the chain of custody of evidence collected from collection to transfer to law enforcement. Document all people who have had custody of the evidence and track the location of that evidence in chronological order from collection to transfer. The chain of custody is essential in preserving evidence integrity and the admissibility of the evidence in court.

To maintain the chain of custody, one staff member must be responsible for maintaining the chain of custody of evidence. That staff member maintains continuous physical possession of specimens and items of evidence or designates another staff member to maintain possession of evidence or locks up specimens in a closed area (room, cabinet, refrigerator, or freezer).

To maintain the chain of custody:

- Swabs may be locked in a room, cabinet, or drying box while they dry.

If a plexiglass drying box is used:

- Place swabs from only one patient at a time in the drying box.
- Use the plastic “crash cart” lock to close the box or lock box in a cabinet or room.
- Do not use heat or a fan to dry swabs.

- When drying is complete, place the used plastic lock into the evidence kit to demonstrate the chain of custody of evidence.
- Clean the drying box between uses with a hospital-approved disinfectant.

A swab moistened with 1 drop of water will take 1 approximately one hour to dry.

Items unable to be dried (e.g., tampons, condoms, diapers, pads, etc.):

- Place in a locked freezer or refrigerator if available or transfer directly to law enforcement.

Medical Forensic Photography

If visible injuries are present, documentation of findings with photography is an important component of the medical forensic examination process and is highly recommended. Hospitals and clinics should have a standard protocol in place for taking, storing, and transferring photographs. Photographs can supplement medical forensic documentation and provide a mechanism for peer review after the fact.

Medical Forensic Photography Consent

Obtain separate consent for forensic photography that clearly outlines all the information regarding how photographs will be used (e.g., medical documentation, legal evidence). For programs taking genital photographs, consent should be obtained to acknowledge that the patient agrees to both body and genital photographs.

Return to Table of Contents

RCW 9A.44.025 prohibits genital photos from being shown in open court proceedings, but patients should be aware that law enforcement, prosecutors, and potentially defense attorneys may be able to view them if the case is reported.

Photography considerations

- Be familiar with the equipment before the examination is initiated.
- Ensure patient comfort, privacy, and modesty as much as possible.
- If the date function on the camera is being used, verify that the date and time are correct.
- Experiment with taking photographs either with or without flash to get the best quality photo due to lighting and skin color.
- If blood or debris is present, take a photograph before and after cleaning the area.
- If using toluidine blue dye, photograph before and after application (see page 31)

Equipment needed

Providers should be familiar with their cameras and trained in using photography to document findings correctly. Each camera type has advantages and limitations. If a video camera is used, the video should have no sound recording unless all parties have consented to being recorded. When choosing a camera, 12 megapixels is the minimum recommendation for photos that provide clarity with magnification.

Patient comfort and privacy

Providers should minimize patients' discomfort while they are being photographed and respect their need for modesty and privacy by draping them appropriately. If a full body image is required for identification, the patient should be clothed or appropriately gowned. When photographing injuries, the patient should be strategically draped to allow for maximum modesty.

Initial and follow-up photographs

The purpose of obtaining forensic photographs is to document any findings assessed by the provider at the time of the examination. The extent of photography necessary will depend on examination findings, program protocols, and patient consent. Photographs may be used for legal proceedings should they occur. Follow-up photographs should be taken to document new or changing findings following the examination (e.g., bruising may appear days later). Follow-up photographs also provide documentation of normal variants in anatomy and nonspecific findings like redness or swelling that could be confused with acute injuries. Patients should be informed about how to access services for follow-up care, including obtaining additional photographs.

Photography technique

Always document the name of the photographer and the date of the photos. This may be done by documentation in the chart, in a photo log, or by writing the photographer's name and date on the patient identification label which is then photographed.

Patient identification

- The first photograph taken is of the patient's identification label.

- The second photograph taken is of the patient in situ, including the patient's face.

Injury orientation

Photograph each injury three times.

- The first photo is taken from about 3 feet away to show the injury in the context of the body.
- The second photo is taken close-up to show the details of the injury.
- The third photo is taken close-up using a measuring device such as a forensic scale or ruler.
- Keep the camera perpendicular (at a 90-degree angle) to the plane of skin while photographing to reduce distortion of scale.

Photographing skin

If upon examination, the patient's body has traces of blood, dirt, or debris, it should be photographed before samples are obtained and the patient cleaned up. Experiment with lighting and use of camera flash to capture the best photograph.

Photographing clothing

If the patient's clothing is torn or blood-stained from the assault, or there is visible debris or other unknown substances on it, the clothing should be photographed before packaging, particularly if the patient declines to have the clothing collected as evidence.

Photographing bite marks

Providers should swab and photograph bite marks using an American Board of Forensic Odontologists (ABFO) scale whenever possible. Proper technique (camera perpendicular to the plane of skin) is particularly important to capture accurate measurements.

Colposcopy

Magnified photos of the genital or anal area can document injury findings.

- Use a photo or video colposcope or camera with a macro function.
- A measuring device is not needed in these photos.
- If blood or debris is present, photograph it first, then clean the area and photograph it again.
- If toluidine blue is used, photograph before and after dye application.

Genital photos should only be taken if stored outside the medical record and secured.

RCW 9A.44.025 prohibits genital photos from being shown in open court proceedings, but patients should be aware that law enforcement, prosecutors, and potentially defense attorneys may be able to view them if the case is reported.

Photography by law enforcement

Any photographs taken by law enforcement should include only the head and extremities and should not document findings on the torso or genital region. Providers should not offer or agree to use law enforcement cameras to capture any photos on their behalf.

Return to Table of Contents

Photography Storage and Release

Photographs are considered part of the medical record and are protected by HIPAA. Organizations should establish policies and procedures related to digital imaging, including image security, authorization for access, storage, retention, and release. Digital images should be preserved in the original file format. If an image is to be enhanced, a copy should be made, leaving the original image unchanged. Lawfully released photos should be encrypted. Follow HIPAA compliance policies for the release of all medical records, including photographs.

Photographs may be released to law enforcement with proper authorization EXCEPT colposcopy photos (anogenital photos). Due to the extremely confidential nature of colposcopy photos, these are released only in response to a subpoena and released directly to the medical expert who will review the photos.

STI and HIV Testing

STI (sexually transmitted infection) testing at the time of the initial examination does not typically have forensic value if patients are sexually active, and an STI may indicate a pre-existing infection. Vulnerable adults and young adolescents are exceptions. In these populations, if there has been no prior consensual sexual activity, STI testing may be legally significant. Patients should be informed that these tests are related to health care and not forensic evidence. If patients decline prophylaxis during the initial exam, providers should test as appropriate and make appropriate follow-up recommendations.

Considerations

For patients requesting STI testing instead of post-exposure prophylactic medications, before testing, inform patients that:

- Patients receiving STI prophylaxis at the time of the examination are not routinely tested unless there are specific clinical indicators.
- A positive test result is more likely to be the result of a prior sexual encounter and not the recent sexual assault.
- Certain positive STI test results in Washington state require mandatory reporting to the local Health Department and/or the Washington State Infectious Disease Office.
- Patients who test positive for chlamydia, gonorrhea, syphilis, hepatitis B, and HIV will be advised to notify their recent sexual partners.
- Despite rape shield laws, a positive STI test result could potentially be used against patients in a legal case.

STI Testing

- Informed consent is required.
- NAATs for chlamydia and gonorrhea at the sites of penetration or attempted penetration should be performed. These tests are preferred for diagnostic evaluation.
- Conventional culture tests for gonorrhea and chlamydia are necessary for testing of the pharynx or rectum.
- A serum sample should be performed for HIV, HBV, and syphilis infection.

Return to Table of Contents

- A positive non-culture test should be verified by another method before treatment.
- RPR (syphilis) test is not routinely recommended but may be done in follow-up

HIV Testing

- Informed consent is required.
- Baseline HIV testing may be performed up to 2 weeks after assault and may be performed at a follow-up visit.
- If HIV prophylaxis is prescribed, baseline HIV serology is recommended.
- Patients must exhibit understanding that the acute test will not reflect the acquisition of HIV from the recent assault but relates to possible exposure 2 months or more prior.
- Arrangements must be made to inform the patient of the results.

See the CDC Guidelines for initial and follow-up lab and testing recommendations. CDC Guidelines for Post-Exposure Prophylaxis

Medical Treatment

STI Post-Exposure Prophylaxis

- Current CDC Guidelines for Post-Exposure Prophylaxis for the prevention of gonorrhea, trichomonas, and chlamydia should be followed when logistically feasible for the patient.
- Single-dose post-exposure prophylaxis is appropriate if the patient is unable or unlikely to complete a longer course of antibiotics.
- An alternative plan is to not provide STI prophylaxis at the time of the acute visit and instead offer a 2-week follow-up with STI testing at that time. This approach is preferred for patients such as vulnerable adults or young people who are not sexually active, and when the presence of an STI might be legally significant.

HIV Post-Exposure Prophylaxis (PEP)

Specific factors of the suspect (e.g., known IV drug use, HIV positive) and the assault (e.g., anal assault, genital-anal tissue injury, multiple assailants) increase the risk of HIV transmission. Discuss the risk of HIV transmission and medications available to the patient.

- Consider community incidence and prevalence of HIV before administering HIV PEP.
- **HIV PEP must be started within 72 hours** of the assault.
- HIV PEP must be taken for 28 days to be fully effective, and follow-up testing should be arranged.

As of January 1, 2025, all Washington State Hospitals must “dispense or deliver” a 28-course of HIV prophylactic medication to sexual assault patients when requested and when not otherwise medically contraindicated (RCW 70.41.495).

Return to Table of Contents

Pregnancy Testing and Emergency Contraception

Pregnancy testing

Administer a pregnancy test for all patients with the potential of becoming pregnant from the assault (with their consent).

Emergency Contraception

Providing emergency contraception is the standard of care for patients who present following a sexual assault. Provide emergency contraception for any patient who wants it unless they are confirmed to be pregnant, or the assault was greater than 5 days ago.

Washington State law (RCW 70.41.350 and WAC 246.320.286) requires that every hospital or clinic providing emergency care for sexual assault victims must:

- Provide information about emergency contraception.
- Inform each patient of their option to receive this medication, (and)
- If not medically contraindicated, provide emergency contraception immediately.
- It is *not legally permissible* to provide a patient with a written prescription only.

See: **Post Assault Prophylaxis**

Population-Specific Considerations

Cultural Considerations

Culture can shape beliefs about sexual assault, its victims, offenders, and healthcare professionals. These beliefs can affect how healthcare providers approach the treatment of assault victims, influencing both medical outcomes and emotional healing. Additionally, cultural attitudes can influence views on justice after an assault, the response of the criminal justice system, and the willingness of victims to engage with the system. Some patients may be apprehensive about interacting with responders from ethnic and racial backgrounds different from their own.

- Be aware that cultural beliefs may preclude a member of the opposite sex from being present when patients disrobe.
- Be aware that beliefs about women, men, sexuality, sexual orientation, gender identity or expression, race, ethnicity, and religion may vary widely among patients of different cultural backgrounds. Also, understand that what helps one person deal with a traumatic situation like sexual assault may not be the same for another person.
- Help patients obtain culturally specific assistance and/or provide referrals where they exist.

Disabilities

Understand that patients with disabilities may have physical, sensory, cognitive, developmental, mental health, or a combination of disabilities. Consider how disabilities may impact their care and provide reasonable accommodations.

- People with disabilities are often victimized repeatedly by the same offender. Caretakers, family members, or friends may be responsible for the sexual assault.
- Whenever possible, speak directly to patients with disabilities, even when interpreters, caregivers, or guardians are present.
- Recognize that patients may have some degree of cognitive or intellectual disabilities, such as traumatic brain injury, neurodegenerative conditions like Alzheimer's disease, or stroke.
- Assess a patient's ability level and the need for assistance during the exam process.
- Ask permission before touching them, handling an assistive communication device, or interacting with a service animal.
- Keep in mind that victims with disabilities may be reluctant to report the crime or consent to the exam for a variety of reasons, including fear of not being believed, fear of getting in trouble, and fear of losing their independence. The perpetrator may also be their caregiver and the only person they rely on for daily living assistance.
- Recognize that the exam may take longer for patients with disabilities. Avoid rushing through the exam—such action may distress patients and lead to missed evidence and information.
- Recognize that it may be the first time a patient with disabilities has an internal exam. The procedure should be explained in detail in a language the patient can understand. The patient may have a limited understanding of reproductive health and be unable to describe what happened to them. They may not know how they feel about the assault or understand that a crime was committed against them.

Incarcerated Victims

Forensic medical providers should understand that prison culture is unique and influenced by inmate characteristics, prison as a segregated society, and the policies and practices of the prison itself. Prison culture is based on assumptions about a person's physical and mental weaknesses. Prisoners most likely to be victimized are those who are less experienced in prison culture, young, smaller in stature, physically or developmentally disabled, and inmates who identify as LGBTQIA+. Male inmates are more likely to be assaulted by other inmates, more likely to be threatened with harm, have greater use of physical force, or have a weapon used in the assault. They are likely to have more physical injuries and to experience more sexual acts. Female inmates are as just as likely to be assaulted by other inmates as they are by prison staff.

PREA

In 2003, Congress passed the Prison Rape Elimination Act (PREA), the first federal law to address the sexual assault of prisoners. PREA has several provisions related to sexual assault care of those incarcerated including:

- The agency shall offer all victims of sexual assault access to forensic medical examinations, whether on-site or at an outside facility
- Inmate/resident victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services, and timely access to medications to prevent sexually transmitted infections and emergency contraception.
- Treatment shall be provided at no cost to the victim regardless of whether the offender is named, or if the victim cooperates with an investigation.
- Sexual Assault Forensic Examiners (SAFEs), Forensic Nurse Examiners (FNEs) or Sexual Assault Nurse Examiners (SANEs) shall perform the exams when possible.

Return to Table of Contents

- The facility shall provide victims with access to outside victim advocates for emotional support and shall attempt to make available a victim advocate from the local rape crisis center.

Reporting

Under-reporting is common due to poor handling of complaints, lack of criminal charging of offenders, and fear of retaliation. When prison staff members are the assailants, victims are even less likely to report as they have no escape from the assailant. They often have even more to fear as the assailant who is a staff member has absolute power over the victims.

The Exam

- It is not appropriate to inquire about the reason for incarceration.
- Sexual assault examiners should provide culturally relevant trauma-informed care to all victims.
- Care should be taken to ensure the safety of the examiner.
- Before caring for incarcerated patients, examiners should create a memo of understanding and be aware of policies around the presence of guards at exams, restraint of patients at exams, and appropriate communication between examiners, patients, and prison staff.

Male Victims

Men and adolescent boys can be victims of sexual assault by any gender. It is essential to help male victims understand that male sexual assault is not uncommon and that the assault is not their fault. Many male victims tend to focus on the sexual aspect of the assault and overlook other elements such as coercion, power differences, and emotional abuse. Broadening their understanding of sexual assault may reduce their self-blame.

- Because some male victims may fear public disclosure of the assault and/or the stigma associated with male sexual victimization, emphasis may need to be placed on the scope of confidentiality of patient information during the exam process.
- Assist male victims in considering how friends and family members will react to the fact that they were sexually assaulted (e.g., by a male offender or a female offender).
- Male victims may be less likely than females to seek and receive support from family members and friends, as well as from advocacy and counseling services.

Military

Sexual assault victims who are in the military or are family members of active-duty military should be referred to the sexual assault advocacy services for their base or duty station to ensure comprehensive support.

Reporting

The military offers victims the option of Restricted Reporting or Unrestricted Reporting. Restricted Reporting allows a sexual assault victim to confidentially disclose the details of their assault to specified individuals and receive medical treatment and counseling without triggering the official investigative process or command notification. Victims maintain their Restricted Reporting option even if the medical

facility notifies law enforcement or other professionals. Victims lose their Restricted Reporting option only if they directly disclose the sexual assault to law enforcement, either military or civilian.

Exam sites that provide exams for military installations are encouraged to draft "Memoranda of Understanding" to collaborate on issues such as confidentiality, reporting, and evidence management.

For more information on military reporting options: US DOD Sexual Assault Prevention and Response

Multiple Victims

Victims of sexual assault may reside in residential group homes, assisted living homes, skilled care facilities, adult family homes, or inpatient hospitals. Reporting to Adult Protective Services (APS) is mandated for all vulnerable adults.

A vulnerable adult has a specific legal definition in Washington State. "Vulnerable adult" (RCW 74.34.020) includes a person who is:

a) Sixty years of age or older who has the functional, mental, or physical inability to care for themselves; or
b) Found incapacitated under chapter (RCW 11.88); or
c) Who has a developmental disability as defined under (RCW 71A.10.020); or
d) Admitted to any facility; or
e) Receiving services from home health, hospice, or home care agencies licensed or required to be licensed under chapter (RCW 70.127); or
f) Receiving services from an individual provider.

A medical examination and forensic evidence collection can be done even outside of the standard 120-hour time frame, as mobility and cognitive impairment may be present. Appropriate triage and planning are essential for a patient-centered, coordinated response.

Considerations should include:

- Timing of exams
- Transportation to exams
- Location of the exam (clinic vs. ED)
- Collaboration/coordination between multiple healthcare facilities to provide exams for multiple victims
- Which patients need exams (anyone with possible exposure to an offender should have an exam)
- Multiple examiners may be needed to prevent possible cross-contamination of evidence

Exam/examiner considerations should include:

- Multiple victims needing exams at the same time
- Need for multidisciplinary collaboration (health care, social work, APS, facility staff)
- Availability of multiple facilities and multiple examiners to care for victims
- Availability of appropriate, private exam location/facility

Return to Table of Contents

- Ability to ensure no cross-contamination of evidence
- Discharge planning, which may include the possible need for relocation/change in housing
- Inclusion of a support person for the exam
- Access to medical records from home or facility
- Past medical history, including records from the facility
- Older and/or vulnerable adult victims may experience humiliation, shock, disbelief, and denial. The total emotional impact of the assault may not be felt until the victim is alone, after initial contact with health care professionals, law enforcement, and legal advocates.
- Fear, anger, or depression can be common responses in these victims. Fear of losing independence if family members learn about the assault can be a strong deterrent to reporting.
- Healthcare professionals must consider that the offender may be a family member, friend, or caregiver.

American Indian/Alaska Native

Nativa Americans/Alsakan Natives experience sexual abuse and domestic violence at rates higher than any other racial group in the United States. As in many cultures, American Indian/Alaska Native women are of central and primary importance to the family and the community. Be mindful that sexual violence against a Native woman may be seen as an assault on both the individual and their community. Some victims may be slow to engage with non-natives due to historical trauma.

American Indian and Alaska Native Tribes may have their own laws and regulations, as well as their police, prosecutors, advocates, courts, and service providers to address sexual assault. Providers should be familiar with procedures for coordinating services and interventions for patients from these communities and collaborate with community groups to develop plans for providing examinations to members of Tribes. Providers should inquire if the patient's assault occurred on tribal land, in an Alaska Native village, or an urban area.

Older Victims

The emotional impact of a sexual assault may not be felt by older victims until after they are alone in the days, weeks, and months following an assault. Older victims may feel common trauma reactions such as being physically vulnerable, reduced resiliency, and mortality. Fear, anger, and depression can be especially severe in older victims who are isolated, have little support, and live on a fixed or limited income.

- Be aware that caretakers may sexually assault older adults. Older adults may be dependent on these sexual offenders for emotional or financial support or housing. Offenders may bring victims to the exam site.
- Note that older victims may be more physically fragile than younger victims and thus may be at risk for tissue or skeletal damage and the exacerbation of existing illnesses and vulnerabilities.

Return to Table of Contents

- Hearing impairment and other physical conditions attendant to advancing age, coupled with the initial trauma reaction to the assault, may render some older victims unable to make their needs known, which could result in prolonged or inappropriate treatment.
- Do not mistake disabilities (such as hearing loss or aphasia) or acute stress reaction following assault for senility.
- If a forensic exam has been requested by law enforcement, a guardian, or other authorities due to the patient's inability to consent, assent for care is still required.
- Some older victims may be reluctant to report the crime or seek treatment because they fear losing their independence.

Sex Trafficked/Commercial Sexually Exploited Victims

Human trafficking is considered an especially egregious form of exploitation of vulnerable persons and an emerging healthcare priority. Victims of sex trafficking can come from all countries and walks of life, though most victims are women and girls. Some risk factors for sex trafficking include young age, history of abuse, poverty, lack of education, conflict with family of origin, and lack of economic opportunity.

- Traffickers may include females who are respected in communities, males who present as "boyfriends," or even family members.
- It is important for providers to recognize the varied experiences and reactions of victims and to demonstrate consistent, culturally aware, trauma-informed care when working with sexually trafficked people.

Disclosures can be both emotionally difficult and potentially dangerous for the victim. Victims may not disclose even in a supportive medical environment due to fear for their safety, loyalty to traffickers, or lack of understanding of their situation.

Red flags for trafficking include:

- Recurrent STIs
- Multiple or frequent pregnancies or terminations
- Delayed presentation for medical care
- Companion who speaks for the patient and controls the encounter and refuses to leave
- Discrepancy between stated history and clinical presentation or pattern of injury
- Tattoos or other marks that may indicate "ownership" by another person

Trafficking of Children/Adolescents

- Presentation to health care with non-guardians or unrelated adults
- Access to material possessions outside their financial means
- Over-familiarity with sexual terms and practices
- Excessive number of sexual partners

Return to Table of Contents

- School truancy
- Fearful attachment to cell phones (as a monitoring/tracking device) and multiple cell phones

Providers should:

- Provide culturally sensitive, trauma-informed care to all patients regardless of whether trafficking or other abuse has been disclosed.
- Partner with advocates, social service providers, and case managers to ensure all needs are met.
- Educate self on the dynamics of trafficking and resources within their community.

See the Trafficking Questionnaire and Charting for a sample charting aid.

Transgender and Gender Diverse Patients

Many transgender and gender diverse patients have had negative and even violent experiences with the health care system. Providers should be cognizant of best practices in providing care for transgender and gender diverse patients, including using the correct gender identification, avoiding unnecessary, invasive questions unrelated to the sexual assault medical forensic examination, and ensuring equal access to care.

- Intake forms, billing forms, and other documents that ask about gender or sex should be accurate and beyond the binary.
- Ensure questions appropriately distinguish between sexual orientation (the gender(s) someone is attracted to), gender identity (a person's internal sense of self as being male, female, both, neither, or another gender), and their sex assigned at birth (male, female, or intersex).
- Providers should clarify what name the patient uses versus what name may be listed on official documents (e.g., insurance card, driver's license, or other legal documents) and should be consulted as to what name they are comfortable having reflected in their medical forensic record.
- The knowledge that the person is LGBTQIA+ is protected medical information subject to all confidentiality and privacy rules.
- A transgender or gender diverse patient may be accompanied by someone who does not know their identity or history. In these cases, ask the patient privately how they would like you to refer to them in that person's presence.

Caring for Victims Who Are Transgender or Gender Non-Conforming

Understand that many transgender people have been subject to others' curiosity, prejudice, and violence. Transgender victims may be reluctant to report the crime or consent to the exam for fear of being exposed to inappropriate questions or abuse. If the victim does consent to an exam, be especially careful to explain what you want to do and why before each step and respect their right to decline any part of the exam. Be aware that transgender individuals may experience shame or dissociation from their body or parts of their body. Some use nonstandard labels for body parts, and others are unable to discuss sex-related body parts at all.

Advocacy and Support

Many hospitals have a partnership with the local Community Sexual Assault Advocacy Program (CSAP). If this partnership is not in place, provide information regarding local Community Sexual Assault Advocacy Programs before discharge.

- This partnership may include calling an advocate before the patient arrives. The advocate can provide support and resources. In some communities, an advocate is available to be present during medical exams.
- If a medical advocate is available, it is preferable to call them as soon as the patient presents for care. If personal identifiers are not provided initially, it is not a HIPAA violation to contact an advocate.
- The patient has the choice to have an advocate or support person present at the medical facility RCW 70.125.060. In the absence of an advocate, a social worker, sexual assault nurse examiner, or health care provider can stand in as a support person. The patient and provider together decide who will be present during the examination.
- Medical information cannot be shared without the patient's authorization (except for minors and vulnerable adults). With a patient's written authorization, medical information can be shared with the CSAP for follow-up and advocacy support.

Coordination with Law Enforcement and Reporting Requirements

The non-vulnerable adult patient may have difficulty deciding immediately whether to report the assault to law enforcement. For vulnerable adults/persons less than 18 years of age, a police report is mandatory. The patient should be supported in their decision whether they choose to report their assault or not.

- Procedures should be in place to transfer evidence to be saved by the medical facility for the police for a limited time (30 days is recommended) to allow this decision.

- The medical evaluation and exam may be done before or after a police report is made or when a report will not be made.

- In general, the police officer or detective should not be present in the room during the exam, as this may impact the patient's comfort is disclosing the assaultive events. The presence of an investigating law enforcement officer may also impact the medical hearsay rule for SANE testimony.

    - If there are significant safety concerns, prioritize staff safety and allow the officer to remain in the room.

    - Patients who are currently incarcerated with DOC will likely require an officer to remain with them. It is important to know and understand the rules around officer presence for incarcerated individuals that programs may serve.

    - Provide patient privacy to the best of your ability.

Return to Table of Contents

Authorization to Release Confidential Health Information

Protected health information includes:

- PHI (Patient Health Information)
- Medical records
- Photographs obtained by medical personnel
- Any evidence, including clothing and evidence kit obtained in the hospital

These are protected health information and are subject to HIPAA regulations

Information obtained by medical personnel cannot be shared with anyone, including law enforcement, without authorization from the patient or legally authorized decision maker. Children and vulnerable adults are exceptions.

This authorization may be by:

- The patient
- Legally authorized surrogate decision maker
- Court order or warrant

Even if the patient is brought in by law enforcement, consent from the patient or legally authorized surrogate decision maker must be obtained before releasing information to law enforcement.

Without this consent, only the following information can be released:

- Name
- Address
- Age
- Gender
- Type of injury of the patient

To disclose further information, another exception must apply such as children under age 18, vulnerable adults, or to minimize an imminent and serious threat to health or safety. If there are concerns about authorization for release, hospital risk management and legal counsel should be involved.

Discharge

The provider must explain to the patient:

- Forensic evidence will not be tested at the hospital. Evidence is analyzed at the Washington State Crime Lab.

Return to Table of Contents

- Sexual assault kits (SAKs) will NOT be tested unless a report to law enforcement is made. Unreported kits will be stored by the law enforcement agency of jurisdiction for a minimum of twenty years.
- If a law enforcement report has been made, forensic evidence will be transferred to the police, and a detective may be contacting the patient in the upcoming weeks.
- Review medications and potential side effects.
- Provide written information regarding local sexual assault advocacy organizations and other crisis services. See Sexual Assault and Crisis Support Services.
- Provide written discharge instructions. See Discharge Instructions sample.
- Provide follow-up testing schedule for STIs and pregnancy
- Encourage plans for follow-up.

Follow-up Medical Care

A follow-up medical visit by a primary or specialized medical provider is recommended 1-3 weeks after the initial exam. This visit is typically not covered by CVC, unless it is done to complete the initial acute exam.

Review with patient:

- Acute exam findings
- Medical lab results, if any (crime lab results will not be available)
- Current physical symptoms
- Emotional reactions (sleep disorders, anxiety, depressive symptoms, flashbacks)
- Concerns for safety and legal issues
- Concerns regarding STIs and HIV
- Medical exam
- Individualized exam, depending on history and symptoms
- Check for resolution of injury
    - Evaluate any new symptoms
    - Refer to ongoing medical care, if needed
- Lab tests

Depending on risks and patient concerns:

- Pregnancy test
- Test for gonorrhea and chlamydia if prophylaxis was not given at initial evaluation, or prophylaxis course was not completed as prescribed
- Syphilis test (RPR) 6 weeks after possible exposure
- Saline wet mount and KOH prep to evaluate vaginitis if symptoms are present.
- HIV testing: Baseline, 6 weeks, 12 weeks after exposure

Return to Table of Contents

- Hepatitis B vaccine. If series initiated at acute examination, continue to complete 3-vaccine series

Assess social support (family, friends)

Refer for follow-up medical care, counseling and advocacy

Billing

By law, the initial medical forensic exam for sexual assault for the purpose of gathering evidence for possible prosecution must be billed only to Washington State Crime Victims Compensation (CVC). The victim is not required to make a police report and does not need a "positive finding" of sexual assault for CVC to cover the initial exam.

Crime Victims' Compensation (CVC) Program Paperwork

- The 1-page CVC Sexual Assault Forensic Exam (SAFE) form should be filled out and signed by the forensic nurse. This form allows the hospital to bill the Washington State Crime Victims' Compensation program for the cost of the acute care exam.

- The longer CVC application for additional benefits may be provided at the hospital or later by an advocate. This form does not need to be completed at the initial medical visit.

Coverage and Billing

- Treatment, including antibiotics, emergency contraception, hepatitis B vaccine, tetanus vaccine, HIV prophylaxis, as well as all labs associated with the exam are covered by CVC.
- Assessment and treatment of injury (e.g., broken arm during the assault) is billed to the patient or their insurance. If a patient applies to Crime Victims Compensation and a claim is approved, CVC becomes the secondary payer.
    - CVC secondary payer benefits can only be accessed if the patient reports the assault to law enforcement.
- Billing requires the use of specific local codes and the completion of a SAFE form. See CVC Information for Providers.

For further information, see Washington State Crime Victims' Compensation. Phone: 800-762-3716.

Addenda

Sample Discharge Instructions

INFORMATION FOR ADULTS AND TEENS

What happens next?

If you have made a police report, a detective will call you within several days. If evidence such as clothing and swabs were collected during the exam, and you have signed a release of information form, the evidence will then be transferred to the police.

Here are some helpful things that you can do:

- ♦ Take good care of yourself by paying attention to your basic needs for rest, food, and exercise.
- ♦ Talk with a friend, family member, or someone you trust about what has happened.
- ♦ Be moderate in your use of alcohol and other non-prescription drugs.
- ♦ Talk with a counselor about your concerns and questions.
- ♦ Call our office if you have any questions or concerns

Can I talk to a counselor or advocate?

If you have signed an authorization, an advocate will call you within a few days. Or you can call.

Agency: _____ Tel: _____

[Provide information about local agencies]

The following was done today as part of your exam:

☐ Tests for legal evidence.

If you have made a police report and signed a release, these tests are transferred to the police who will have it tested at the Washington State Patrol Crime Lab. Per Washington State law, Sexual Assault Kits will be tested within 75 days of being transferred to law enforcement.

The results of these tests are not normally available to you or the medical provider. Please contact the detective if you have questions regarding these tests.

If you have not decided to make a police report or are not sure, the evidence we collected today will be transferred anonymously to law enforcement and stored for a minimum of 20 years.

Return to Table of Contents

☐ Lab tests to find out if you have any STI's (diseases you can get from sexual contact). There is a risk of HIV from sexual assault. If you have questions about this, please contact your medical provider.

☐ Pregnancy test. Result: _____

☐ Digital photographs of injuries

If photos were taken of general body injuries (bruises, etc.) they will be provided to the police department if you have made a report. Photos of intimate areas are not normally provided to law enforcement.

The following medicines were prescribed or given

☐ **Plan B (levonorgestrel)** 1 pill **OR Ella (Ulipristal)** 1 pill

This is to decrease the chance of getting pregnant**.**

You may have some bleeding like a menstrual period a few days after taking the medicine, or you may not. If you do not have your next period at the expected time, you should take a pregnancy test. We will counsel you on how to resume your usual birth control after taking these. Plan B (levonorgestrel) may be less effective if taken again in your current menstrual cycle.

☐ **Azithromycin** 1 gm (4 tablets) OR **Doxycycline** 100 mg, take twice a day for 7 days

This medicine will treat Chlamydia if you have it or prevent it if you were exposed to it during the assault.

If you were given Azithromycin, take all 4 tablets at the same time. It often helps to take this with food.

☐ **Ceftriaxone** 500 mg injection (or 1 gram injection if weight > 150 kg)

This medicine will treat Gonorrhea if you have it or prevent it if you were exposed to it during the assault.

☐ **Metronidazole** 2 gm once **OR** 500 mg twice a day for 7 days

This medicine will treat or prevent Trichomonas.

☐ **Hepatitis B vaccination # ____**

This vaccine helps protect you from a virus which can cause severe liver problems. If this was your first vaccination, you must have a repeat dose in one month and again in six months. These can be obtained at _____

☐ **Other medications:** _____

If someone needs a copy of these medical records, they can call

_____

Records will be released only with your authorization

If you are having any emergency problems related to the assault, call _____

Date: _____ Clinician: _____

Post-Assault Medications

Emergency Contraception	Levonorgestrel (Plan B) 1.5 mg PO x 1 **OR** Ulipristal (Ella) 30 mg PO x1	Take medicine as soon as possible within 5 days of genital-genital contact when pregnancy is a concern AND pregnancy would be undesired. Ulipristal can be taken up to 120 hours post assault and is the preferred medication for patients presenting > 72 hours post assault. It is also more effective than Levonorgestrel for patients with a BMI >30. Ulipristal, when taken with combined hormonal contraceptives (OCP, patch, ring or use of levonorgestrel in the past 7 days) may reduce the effectiveness of **both** medications in preventing pregnancy. Counsel patients to wait 5 days post Ella to restart combined hormonal contraceptives and use a barrier birth control method in the interim. Confirm negative pregnancy test before administration.
STI prophylaxis	Ceftriaxone* 500 mg x1 OR 1 gm if > 150 kg **PLUS** Doxycycline** 100 mg BID x 7 days	For gonorrhea prophylaxis For chlamydia prophylaxis.

[Sexual Assault and Abuse and STIs - STI Treatment Guidelines]	Alternative: 1 gm Azithromycin PO **PLUS** Metronidazole 500 mg BID x 7 days or 2 gm in a single dose **And consider** Hepatitis B Vaccine Tetanus Vaccine	Alternative regimen: Consult with prescriber about patients that may not be able to take the full week of BID medication Trichomonas prophylaxis recommended for patients assigned female at birth. If not fully immunized, or in select circumstances with increased risk of transmission. Refer to their PCP for completion of three dose series. Even if fully vaccinated, consider if > 5 years since last vaccine and possibly contaminated wound
* For penicillin allergic patients, there is a 5-10% incidence of concurrent cephalosporin allergy If history of allergy: Gentamicin 240 mg IM x 1 **PLUS** Azithromycin 2 gm po x1. This may cause nausea.		
** For pregnant patients, doxycycline is not advised later in pregnancy. Azithromycin 1 gm PO x 1 can be used instead. The CDC recommends test-of-cure for gonorrhea and chlamydia in this population.		
HIV prophylaxis [Clinical Guidance for PEP | HIV Nexus | CDC]	Dolutegravir 50mg daily x 28 days OR Raltegravir 400 mg twice daily x 28 days PLUS Truvada (tenofavir 300mg and emtricitiabine 200 mg) daily x 28 days	**Must be initiated within 72 hours of sexual contact** Contraindicated in patients with recent previous sexual relationships with the assailant Must have semen to mucosal contact Pre HIV Labs: CMP, HIV, Hep B, Hep C, Syphilis, Pregnancy test, GC, CT, Trich

Sample Trafficked Victims Charting Aid

Gender of patient: Female Male Other: _____

Age of patient: _____ Date of birth: _____ Country of birth: _____

Number of years of schooling completed: _____

Patient's preferred language: _____

Who all does patient live with and relationship: _____

_____

1. Has anyone ever (check all that apply)

- __ Withheld payment from you
- __ Given your payment to someone else
- __ Control the payment that you have been paid
- __ None of the above

2. Have you ever worked (or done other activities) that were different from what you promised or told?

__ No

__ Yes → What were you promised or told that you would do?

_____
_____

_____
_____

→What did you end up doing?

Return to Table of Contents

_____
_____

_____
_____

3. Did anyone where you lived or worked (or did other activities) ever make you feel scared or unsafe?

__ No

__ Yes → What made you feel scared or unsafe?

_____
_____

_____
_____

4. Did anyone where you lived or worked (or did other activities) ever hurt you or threatened to hurt you?

__ No

__ Yes →What did they do or say?

_____
_____
_____

5. Were you ever injured, or did you ever get sick in a place where you lived or worked (or did other activities)?

__ No

__ Yes →Were you ever stopped from getting medical care? Y N

→What happened?

_____
_____

_____
_____

6. Have you ever felt you could not leave the place where you lived or worked (or did other activities)?

Return to Table of Contents

__ No

__Yes →Why couldn't you leave?

_____
_____

_____
_____

→What do you think would have happened if you did try to leave?

_____
_____
_____
_____

7. Did anyone where you lived or worked (or did other activities) tell you to lie about your age or what you did?

__ No

__Yes →Why did they tell you to lie?

_____
_____
_____
_____

8. Did anyone where you lived or worked (or did other activities) ever trick or pressure you into doing anything you did not want to do?

9. __ No

__ Yes →Examples?

_____
_____
_____
_____

10. Did anyone ever pressure you to touch someone or have any unwanted physical or sexual contact?

__ No

__ Yes →What happened?

_____
_____
_____

11. Did anyone ever take a photo of you that you were uncomfortable with? __ No

__ Yes →Who took the photo?

_____
_____

→What did they want to do with the photo, if you know?

_____

_____

_____

→Did you agree to this? Y N

12. Did you ever have sex for things of value (for example: money, housing, food, gifts, or favors)?

__ No

__ Yes →Were you pressured to do this? Y N

→Were you under the age of 18 when this occurred? Y N

13. Did anyone take and keep your identification (for example: your passport or driver's license)?

__ No

__ Yes →Could you get them back if you wanted, explain?

_____
_____
_____
_____

14. Did anyone where you worked (or did other activities) ever take your money for things (for example: for transportation, food, or rent)?

__ No

__ Yes →Did you agree to this person taking your money? Y N

→Describe:

_____
_____
_____

Sample Trafficked Victims Charting Aid

	Partner 1	Partner 2	Partner 3
Male or Female			
Force			
Threat to harm			
Restrained			
Hit			
Kicked			
Choked/Strangled			
Pattern Injury			
Substance Use			
Voluntary (type/amount)			
Forced (type/amount)			
DFSA (Y/N)			
Type of Contact	**Check all that apply**		
Penis to: Vagina			
Anal			
Mouth			
Other			
Hand to: Vagina			
Anal			

Return to Table of Contents

Mouth			
Other			
Mouth to: Vagina			
Anal			
Mouth			
Other			
Condom Used (Y/N)			
Ejaculation and Location			

Human Trafficking Resources

"Human Trafficking Guidebook on Identification, Assessment and Response in the Health care Setting"

Massachusetts Medical Society: Human Trafficking

Sexual Orientation, Gender Identity and Expression

SOGIESC

Acronym for sexual orientation, gender identity and gender expression, and sex characteristics, more commonly used in countries outside the United States. Inclusive of all sexual orientations, gender identities, gender expressions, and sex characteristics, including intersex traits. Some also use SOGI (sexual orientation, gender identity) or SOGIE (sexual orientation, gender identity, and gender expression). The acronym refers to all humans with sexual orientations and gender identities, including cisgender and straight people. When talking about people with marginalized identities, it is important to also use words that specify the marginalized groups you are referring to (e.g., transgender, nonbinary, lesbian, etc.).

These terms are to help you understand a little bit more about LGBTQIA+ populations.

Bisexual | A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way, or to the same degree.

Cisgender | A term used to describe a person whose gender identity aligns with those typically associated with the sex assigned to them at birth.

Gay | A person who is emotionally, romantically or sexually attracted to members of the same gender.

Gender dysphoria | Clinically significant distress caused when a person's assigned birth gender is not the same as the one with which they identify.

Return to Table of Contents

Gender expression | External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice, and which may or may not conform to socially defined behaviors and characteristics typically associated with being either masculine or feminine.

Gender-fluid | A person who does not identify with a single fixed gender.

Gender identity | One's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Genderqueer | Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. They may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

Gender transition | The process by which some people strive to more closely align their internal knowledge of gender with its outward appearance. Some people socially transition, whereby they might begin dressing, using names and pronouns and/or be socially recognized as another gender. Others undergo physical transitions in which they modify their bodies through medical interventions.

Lesbian | A woman who is emotionally, romantically or sexually attracted to other women.

Pansexual | Describes people who are capable of being attracted to multiple sexes or gender identities.

Queer | A term people often use to express fluid identities and orientations. Often used interchangeably with "LGBTQIA+."

Sexual orientation | An inherent or immutable enduring emotional, romantic or sexual attraction to other people.

Transgender | An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being a transgender person does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

Strangulation Addenda

Assessment Card

https://www.strangulationtraininginstitute.com/wp-content/uploads/2021/09/Strangulation-Assessment-Card-v3-12.33.34-PM-1.pdf

Return to Table of Contents

Recommendations for Evaluation

https://urldefense.com/v3/__https://www.allianceforhope.org/training-institute-on-strangulation-prevention/resources/imaging-recommendations-for-the-medicalradiographic-evaluation-of-acute-adult-non-fatal-strangulation__;!!K-Hz7m0Vt54!kFMaJOBvxV5vAFDu52JYR8GCfXD0hrwf1_Yr0-EJgGbIm8dPCXWT99FH2pmDqht3JSTt5cwG1Co$

Strangulation – Checklist SAMPLE

Strangulation Symptom Checklist:	**Details of the Strangulation:**
☐ Breathing changes or difficulty ☐ Raspy or hoarse voice ☐ Cough ☐ Difficulty/pain when swallowing ☐ "Thick" feeling in throat ☐ Cognitive changes (memory loss/confusion/agitation/difficulty with word finding/restlessness ☐ Reported LOC or near LOC ☐ Loss of urine ☐ Loss of bowels ☐ Vision changes ☐ Thought they were going to die ☐ Nausea and /or vomiting ☐ Scratches/red marks (jaw line, clavicles/neck/behind ears) ☐ Bruising (jaw line, clavicles/neck/behind ears) ☐ Bruising and swelling (lips/oral mucosa	☐ One hand ☐ Two hands (Right or Left) ☐ Forearm (Right or Left) ☐ Ligature ☐ Concurrent smothering/suffocation ☐ Duration of strangulation ☐ Was patient shaken by neck ☐ Was patient suspended by neck (lifted off ground)
Noted Injuries:	
☐ Pt evaluated for strangulation by ED MD prior to SANE arrival ☐ Pt referred to ED MD for strangulation evaluation	
Strangulation discharge instructions reviewed with pt including: ☐ Stay with someone for 24 hours after strangulation event ☐ Return to ED for: Difficulty breathing, increased trouble swallowing, swelling of neck or throat, increased hoarseness or voices changes, blurred vision, severe headaches, numbness of arms or legs.	
Examiner name (print)	**Examiner signature** / **Date**

Return to Table of Contents

Anatomical Inventory

Breasts

o Present
o Absent

- ☐ Chest reconstruction
- ☐ Bilateral mastectomy
- ☐ Unilateral mastectomy, R
- ☐ Unilateral mastectomy, L
- ☐ Breast augmentation/implants

Uterus

o Present
o Absent

- ☐ Hysterectomy-cervix removed
- ☐ Hysterectomy-cervix remains

Ovaries

o Present
o Absent

- ☐ Bilateral salpingo-oophorectomy
- ☐ Unilateral salpingo-oophorectomy, R
- ☐ Unilateral salpingo-oophorectomy, L

Vagina

o Present
o Absent

- ☐ Colpocleisis-closure of the vagina
- ☐ Vaginoplasty

Cervix

o Present
o Absent

Penis

o Present
o Absent

- ☐ Phalloplasty/penile implant
- ☐ Metoidioplasty
- ☐ Erectile device
- ☐ Penectomy

Testes

o Present
o Absent

- ☐ Testicular implant(s)
- ☐ Bilateral orchiectomy
- ☐ Unilateral orchiectomy, R
- ☐ Unilateral orchiectomy, L

Urethra

o Present
o Absent

- ☐ Urethral lengthening

Prostate

o Present
o Absent

- ☐ Prostatectomy

(adapted from Grasso et al., 2021)

This appendix is from the U.S. Department of Justice, Office on Violence Against Women, National Protocol for Intimate Partner Violence Medical Forensic Examinations (May 2023) https://www.justice.gov/d9/2023-12/IPVMFEProtocol.pdf

Return to Table of Contents