



TEXAS A&M HEALTH

Center of Excellence
in Forensic Nursing

Sexual Assault Exams in Rural EDs

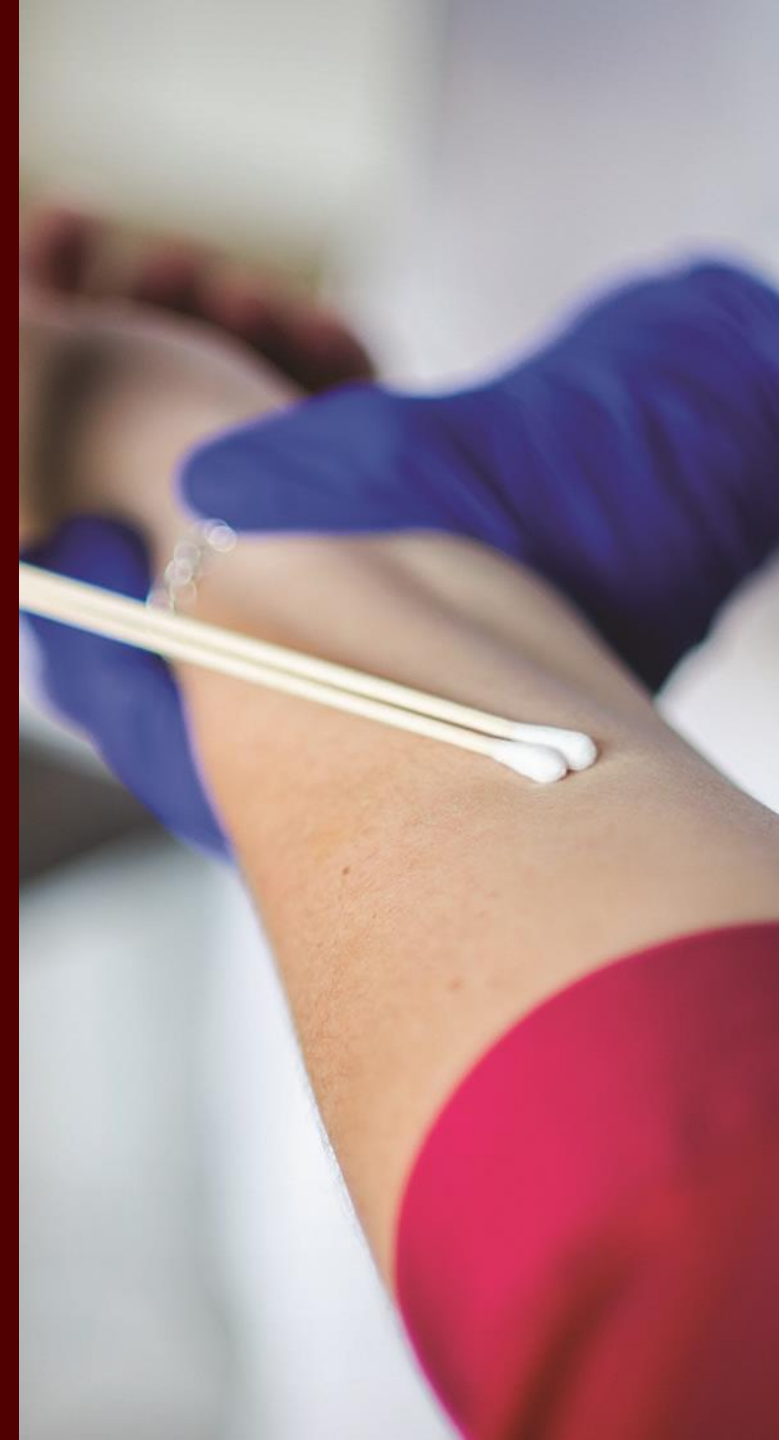
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DF-AFN, FAAN
Clinical Professor and Director

January 22, 2024

Objectives

At the end of the presentation, you will be able to:

1. Describe the role of the forensic health care provider.
2. Identify the steps in the medical-forensic examination for sexual assault.
3. Discuss benefits of consulting forensic health care providers.

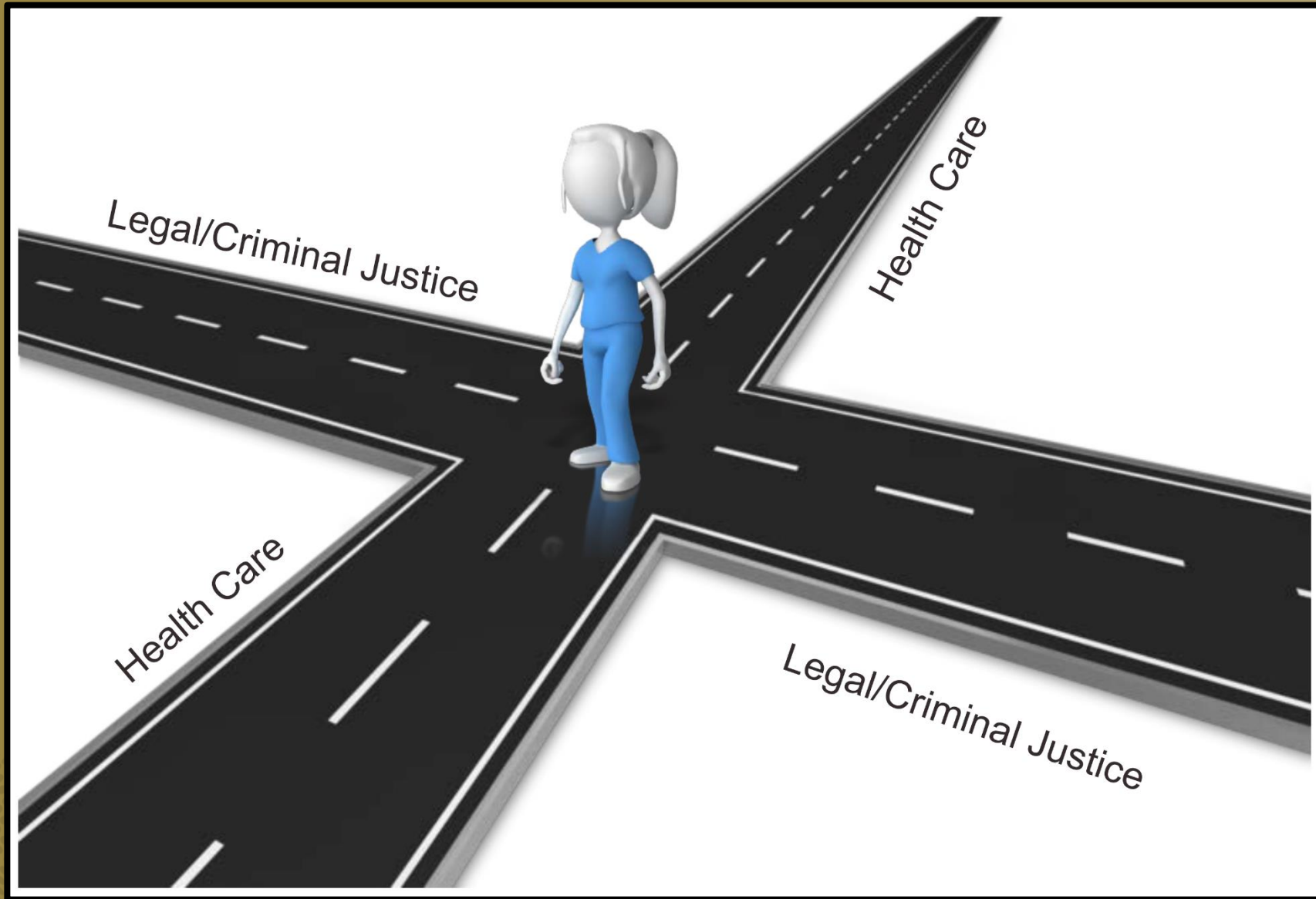


Forensic Health Care

- “...Field of practice that includes assessment, treatment, and diagnosis of patients who have experienced violent crimes (e.g., sexual assault, sexual abuse, domestic violence, intimate partner violence, human trafficking, strangulation, etc.).”
- “Specialized knowledge and training in trauma-informed care, head-to-toe assessments, injury identification, evidence collection, and medical management.”
- Offer testimony in court.

Forensic Nursing is...

- “Specialized nursing care that focuses on patient populations affected by violence and trauma-across the lifespan and in diverse practice settings.”
- “Includes education, prevention, and detection and treatment of the effects of violence in individuals, families, communities and populations.”
- Registered nurses and advanced practice nurses who receive specialized education.



Forensic Nursing is...

- “Specialized nursing care that focuses on patient populations affected by violence and trauma-across the lifespan and in diverse practice settings.”
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Elements of Three Professions

- Nursing Science
- Forensic Science
- Criminal Justice

Benefits of Collaborating with a Forensic Health Care Provider

- Forensically trained professional.
- Health care provider dedicated to the forensic patient.
- Expertise in evidence collection.
- Better maintenance of chain of custody.
- Consistency in responding personnel.
- Improved information sharing among agencies.
- Able to provide educational and expert testimony for the benefit of the judicial system.

Sexual Assault Response Team (SART)

- A SART is a coordinated team response to sexual assault, hold offenders accountable, and promote public safety
- Allows for a compassionate, streamlined response because service providers understand and respect each team members' role and responsibility

Members of the SART

- Sexual assault advocates
- Law enforcement
 - Patrol
 - Detectives
- Victim/Witness liaisons
- Attorneys
- Community workers
- Tribal leaders/representatives
- Health care providers
 - Forensic Nurses (SANE)
 - APRNs
 - PAs
 - MDs
- EMTs
- Forensic Scientists

Forensic Health Care Education

- Foundational training (SANE/ SAFE)
 - Adult/Adolescent
 - Pediatric

Hands-On Skills Development

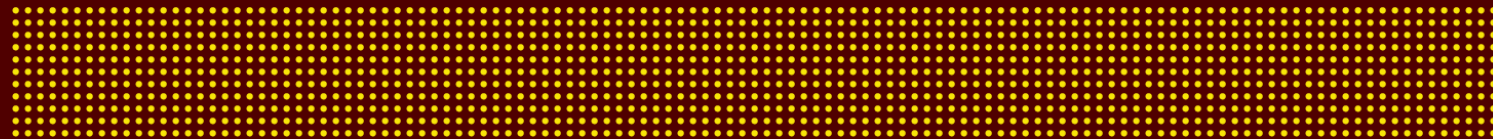
- Sexual assault medical-forensic examination
- Mock testimony
- Other
 - Forensic Photography
 - Strangulation Assessment





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Medical-Forensic Examination





Emergency Medical Treatment & Labor Act (EMTALA)

Trauma-Informed Care (TIC) Principles

- Trauma and violence are common; both affect individuals anytime during their life.
- Trauma impacts:
 - Brain development,
 - Memory,
 - Cognition,
 - Ability to learn,
 - Individual and family coping, and
 - Overall health and disease processes.

A photograph of an elderly woman with short, light-colored hair, wearing a colorful, patterned cardigan. She is standing by a large window, looking out thoughtfully. Her hands are clasped in front of her. The window shows a view of a building and some greenery outside.

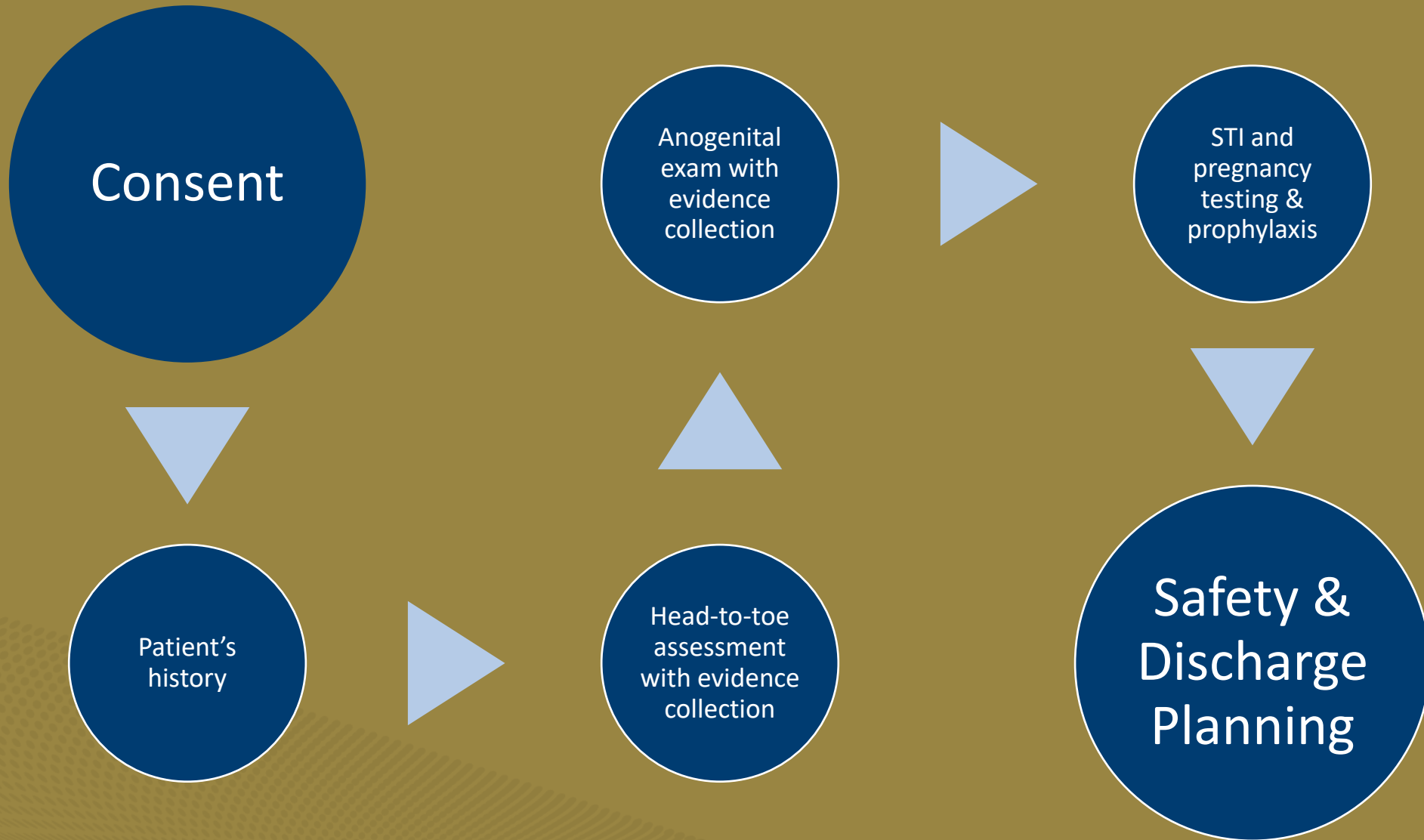
(Felitti et al., 1998; SAMSHA, 2014; Speck et al., 2023)

Trauma-Informed Care

- Patients may not be able to recall assault in chronological order.
- Those with intellectual or developmental delays may not be able to verbalize what or how events occurred but may be able to “show” you.
- Encourage patients to take their time disclosing.
- Neurobiology of sexual assault:
 - Hormones released during stressful events affect patient’s behavior, cognition, recall, and thoughts.
 - Hormones impact patient’s memory and physical response.
 - Effects last up to 72 hr.
 - Sleep helps.

(Campbell, 2012)

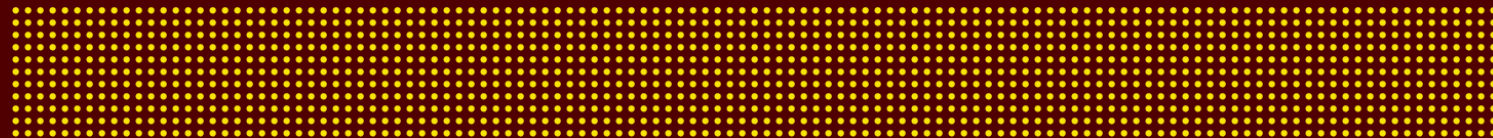
Examination Process





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Consent



Consent



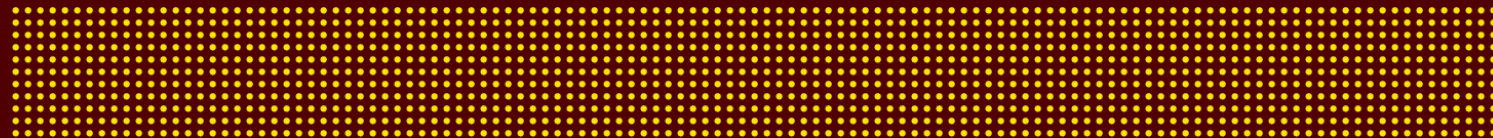
- Consent for medical treatment must be voluntary and informed.
- Consent for sexual activity must be enthusiastically voluntary and not just represent acquiescence.
- The consenting individual must have the rational, competent intellect to consent.

(RAINN, 2023)



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Examination Challenges & Considerations



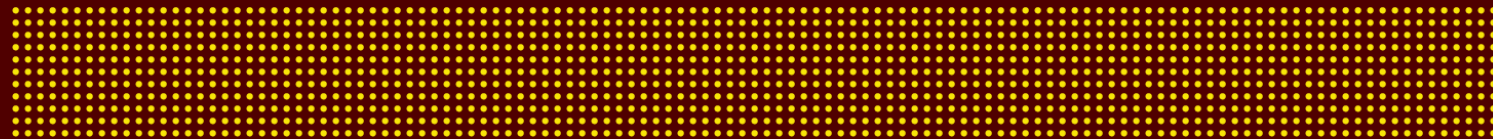
Potential Challenges

- Patients with intellectual or developmental disabilities (IDD)
- Psychiatric emergencies
- Patients in custody
- Inpatients
- Anxiety
- Language barriers
- Severe injuries
- Non-SANE personnel may not have experience with impact of violence on patients or themselves.



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History

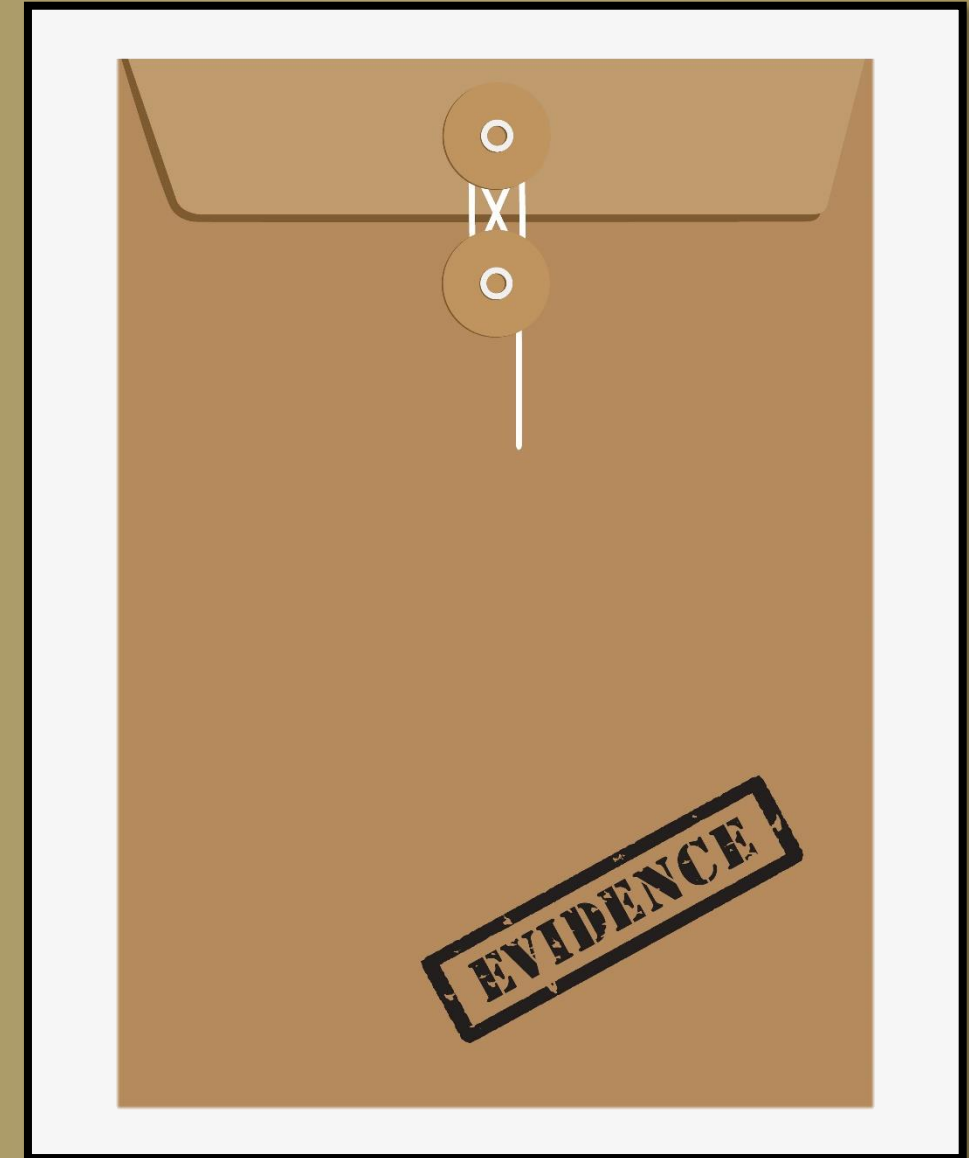


History

- Obtain patient's medical history.
- Obtain patient's history of the assault.
- Consider obtaining other's history of the assault - Sometimes there is a witness to the sexual assault.
- What is the patient's emotional appearance?

Obtaining A History

- Document as much as possible in direct quotes.
- Key statements must be in quotations. “She bit my arm.” “He put a knife to my throat.”
- Federal Rules of Evidence: Rule 803. Exceptions to Hearsay:
 - Statements made for medical diagnosis or treatment are admissible in court.
 - History of sexual assault is commonly admissible as evidence but may be challenged in court.
 - This is one reason why your documentation of the patient’s history of the assault is so important.



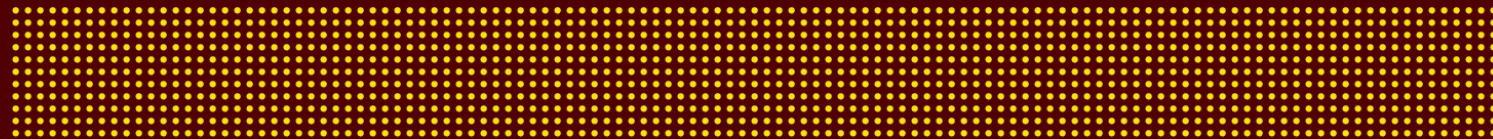
Obtaining A History

- Recommendations:
 - Do not be in a dominant position
 - Be patient
 - Be flexible with your technique
 - Verify unclear statements; you may need to rephrase unclear questions
- Consider having patients write their own history; examiner and patient both sign.
- Consider potential barriers that may prevent patient from discussing full account of what occurred:
 - Presence of others; if others are present during history, ensure you document
 - Fear
 - Trauma



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Detailed Physical Examination



ABCs – Comfort Measure

- Airway
- Breathing
- Circulation
- Disability (neurological)
- Expose (for complete assessment while keeping patient warm)
- Full set of vital signs, family and forensics (evidence)
- Give comfort measures
- Head to toe exam
- Inspect posterior surfaces



Head

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Neck



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Back

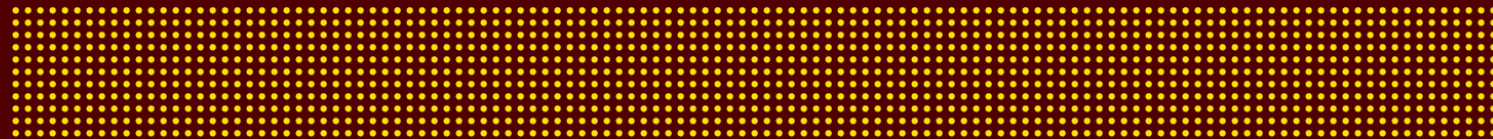
- Inspect and palpate
- Provider may consider labs and radiological studies if injuries noted on chest, abdomen or flank

Published with permission of standardized patient, Texas A&M University Clinical Learning Center, January 7, 2019



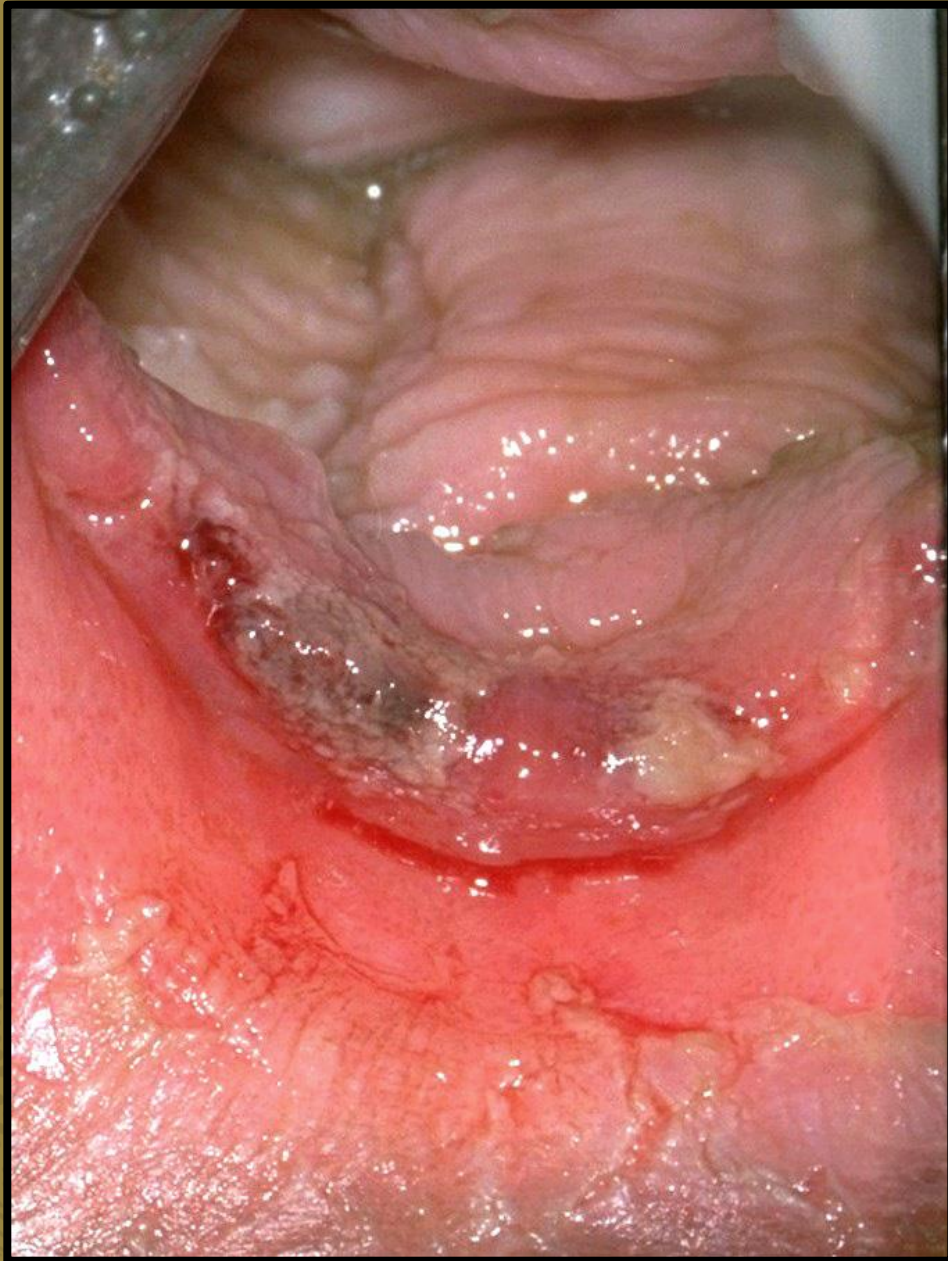
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Anogenital Examination



Trauma Findings Anogenital

- Acute lacerations, bruises, petechiae, or abrasions
- Residual (healing) injuries of genital or anal tissue
- Healed hymenal transection or complete hymenal cleft – defect in hymen below 3 and 9 that extends through the base of the hymen with no discernible hymenal tissue at that location



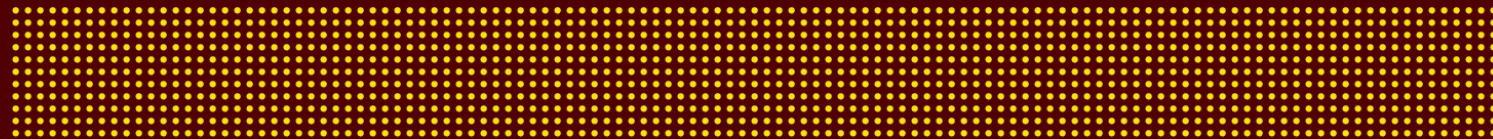
What Do You See?

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Importance Of Evidence



Importance of Evidence

- Connect otherwise unconnected assaults through Combined DNA Index System (CODIS)
- National DNA Index System (NDIS) Profile Composition (as of August 2019):
 - Forensic Profiles: 966,782
 - Offender Profiles: 13,941,134
 - Over 479,847 hits assisting in over 469,534 investigations

EVIDENCE

Evidence: Patient

- Statements regarding what occurred
- Clothing worn at time of assault, or immediately after assault
- Body fluids:
 - Emesis or stomach contents (suspected overdose, DFSA)
 - Saliva (DNA standard)
 - Blood
 - Ejaculate
 - Vaginal fluids
 - Hair
 - Urine
- Foreign fluids or debris on patient's body
- Foreign objects in body
- Injuries patient received during the assault

Evidence: Perpetrator

- Statements made about what occurred
- Clothing worn at time of assault, or immediately after assault
- Body fluids:
 - Saliva (DNA standard)
 - Blood
 - Ejaculate
 - Vaginal fluids
 - Hair
 - Urine
- Foreign secretions or debris on perpetrator's body
- Foreign objects in body
- Injuries, tattoos and scars

Evidence: Scene

- Condom
- Linens
- Any body fluids
- Weapons or spent bullets
- Debris
- Photos, recordings, electronics, emails, or text messages

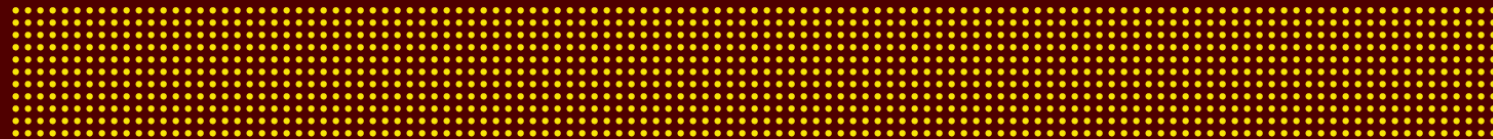
Evidence Collection Window

- Likelihood of biochemical evidence present
- Patient reports sexual contact within 120 hr
 - Time frame may be extended in event of patient death, check with medical examiner
- Unconscious pediatric patient with suspicious injury
- Assault involves type of contact that is likely to yield biochemical evidence
- There is only one chance to collect evidence
- Use prudent judgment



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Evidence Collection



Evidence Collection

- Wear gloves and change them often
- Label, seal & initial everything
- Prevent cross-contamination
- Air dry samples, as heat and moisture degrade DNA



Documentation

- Measure all injuries
- Document scars, tattoos and piercings
- Document type of injury, size, shape, location & color
- Consider documenting all procedures
 - IV/IO attempts
 - Intubation attempts/any subsequent oral trauma
 - Temperature route
- Chain of Custody/Release of Evidence
- Release of body

Documentation

- Direct quotations from patient and family re: cause(s) of injury
- Photo documentation by:
 - Police crime scene investigation unit
 - DFPS
 - Hospital personnel/forensic nurses
- Do not use personal phones/camera for photo documentation (no chain of custody and no secure storage of images)


Presence During Exam

Document:

- FNE, advocate or other support person, interpreter, or medical/nursing students
- Consider patient's need for support with limiting the number of people present to prevent evidence contamination
- Anyone present may be considered a witness and required to testify

Chain Of Custody

- From moment of collection until introduced in court as evidence, custody of SAEK and associated specimens must be accounted (Charles et al., 2019)
- Anyone who handles any of the items should label evidence with:
 - Initials
 - Date
 - Source
 - Name of patient

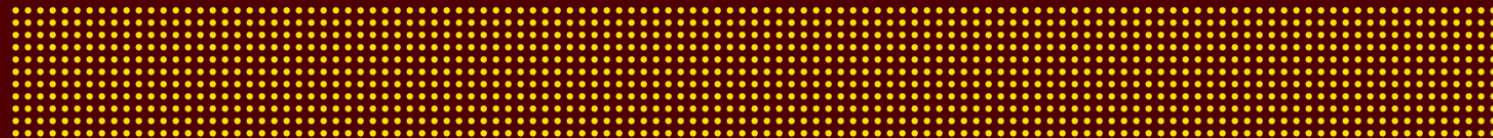


Evidence



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Sexual Assault Evidence Collection Kit



TX100A

SEXUAL ASSAULT EVIDENCE COLLECTION KIT

AFFIX
BIOHAZARD
SEAL HERE

Patient's Label

Patient's Name: _____

MRN #: _____

Track - Kit



TX0000001

MEDICAL PERSONNEL

Date of Examination: _____ Time: _____ am/pm

Attending Examiner: _____
PLEASE PRINT

Signature: _____

Attending Examiner: _____
PLEASE PRINT

Signature: _____

POLICE PERSONNEL

Law Enforcement Agency: _____

Officer's Name: _____ Badge No.: _____

Case No.: _____ Date/Time of Incident: _____

CHAIN OF CUSTODY

Received from: _____

Date: _____ Time: _____ am/pm

Received by: _____

Received from: _____

Date: _____ Time: _____ am/pm

Received by: _____

Deliver to the Crime Laboratory Immediately

FORENSIC LABORATORY PERSONNEL

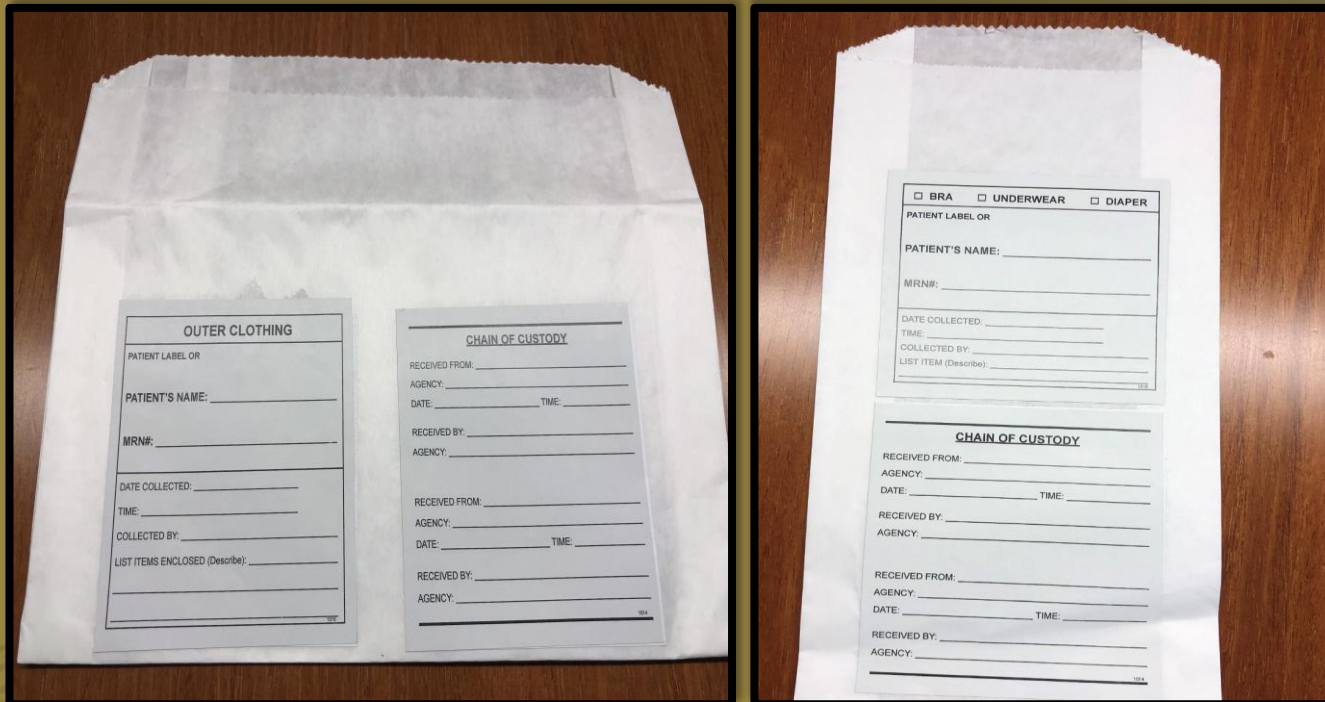
Laboratory Number: _____

Date Received: _____

Investigator: _____

Sirchie

Clothing



- Debris may be transferred onto clothing
- Law enforcement may need to consider furniture, linens or other surfaces where assault occurred
- Evidence drainage onto undergarments is especially important to consider in children
- Torn or damaged clothing may be evidence
- Recommend always collecting undergarments, if patient consents.



Head Hair Combing

Consider collecting head hair combings if:

- Debris or secretions noted in the patient's hair
- If stranger/unknown assailant

Head Hair Clippings/Pulled

Consider collecting head hair clippings or pulled standards if:

- Debris or secretions noted in patient's hair
- If stranger/unknown assailant
- Only if patient consents

PATIENT'S NAME: _____

MEDICAL RECORD NUMBER: _____

PATIENT'S CLIPPED HEAD HAIRS

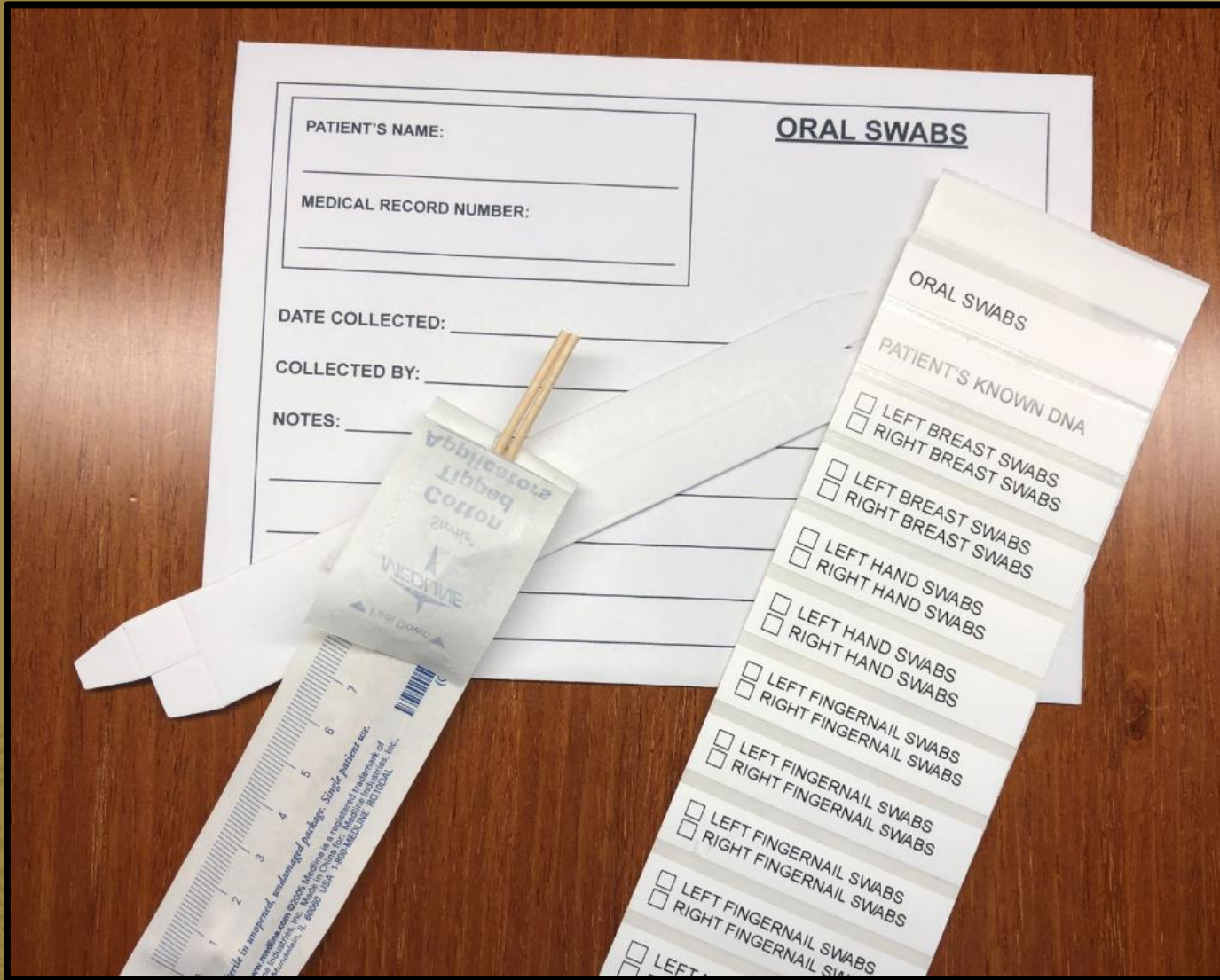
PATIENT'S PULLED HEAD HAIRS

DATE COLLECTED: _____ **TIME:** _____

COLLECTED BY: _____

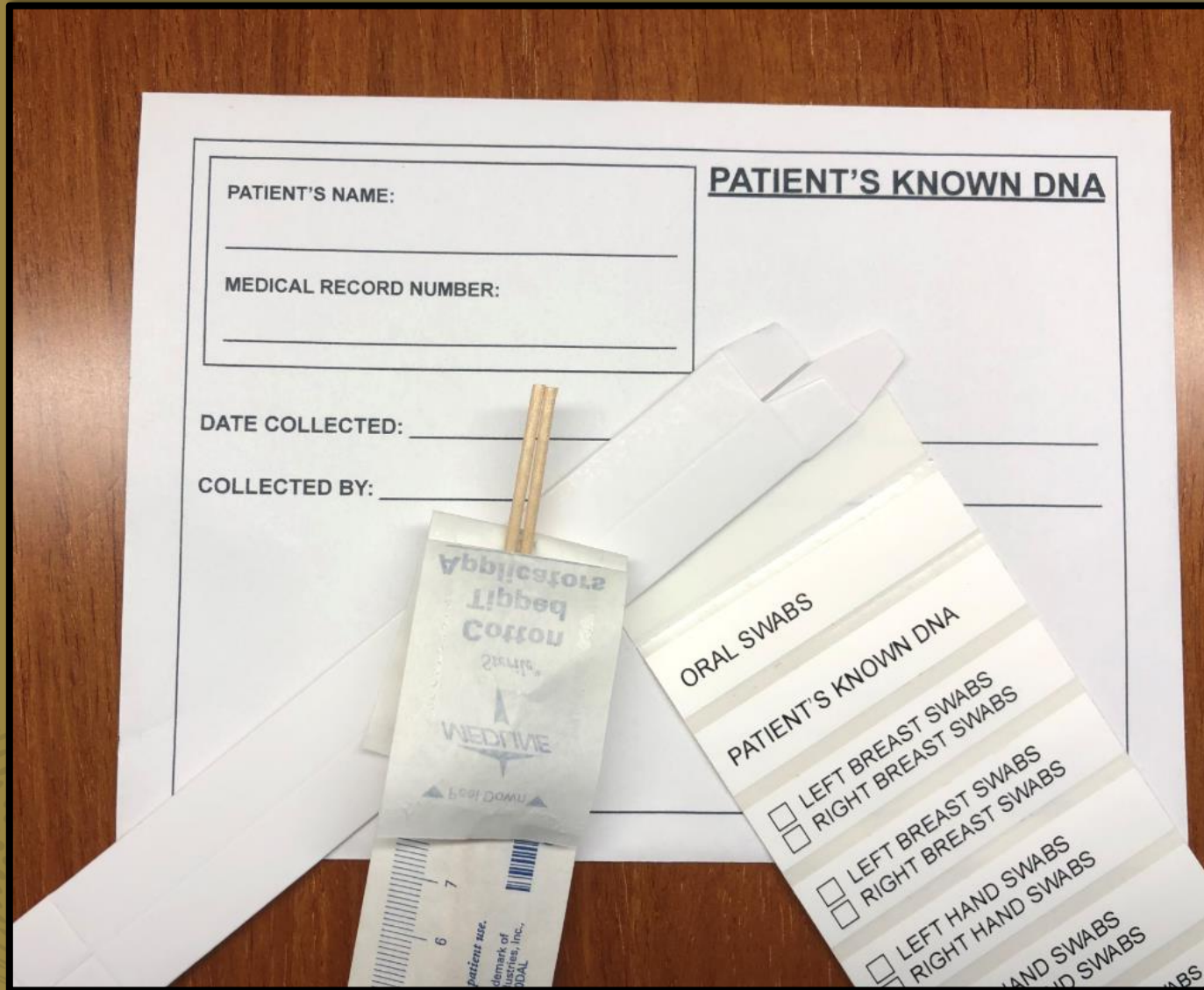
NOTES: _____

RE1TX:CPHH.1 6/19



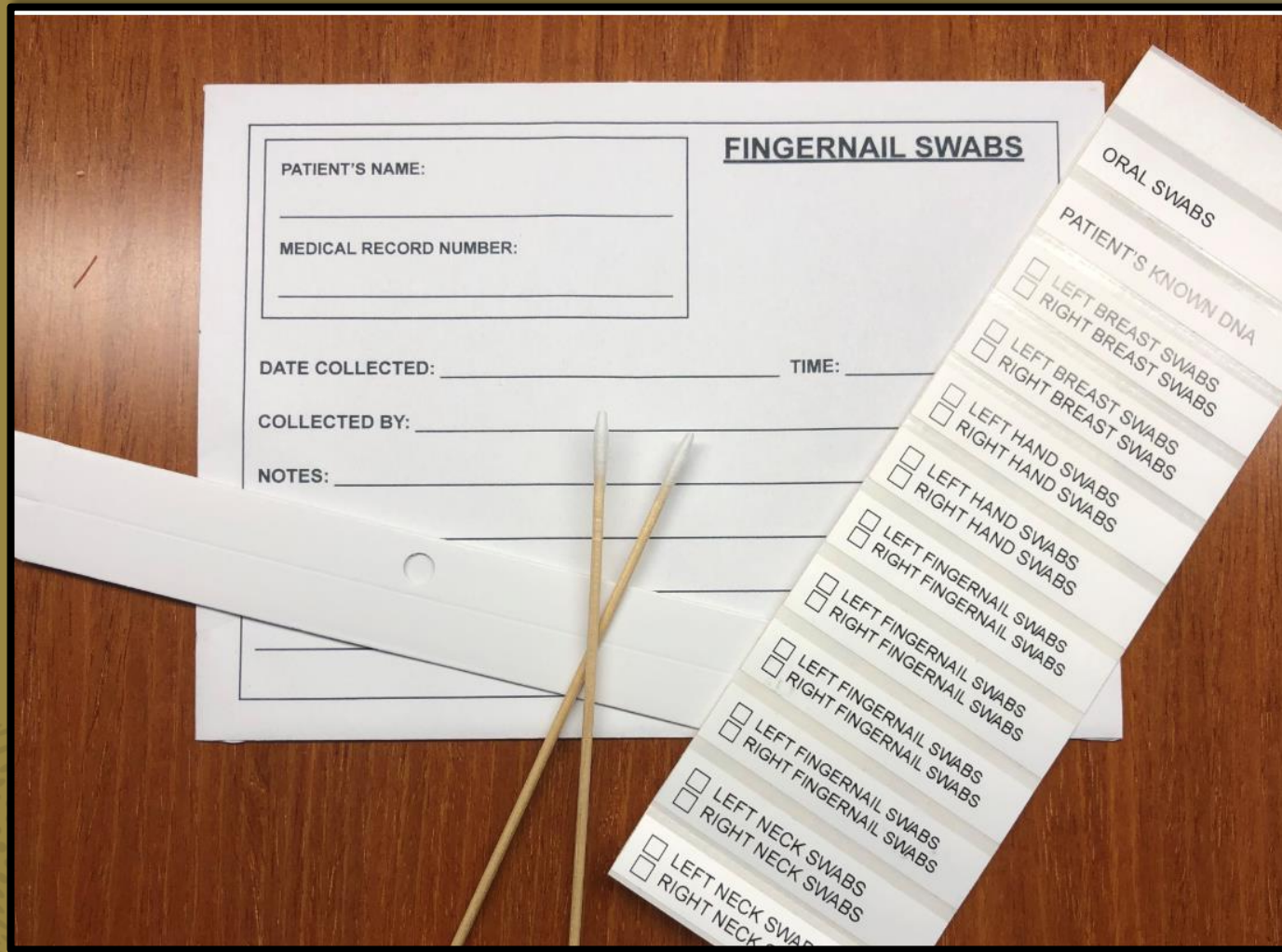
Oral Swabs

- Reason for collection :
- Oral assault occurred
 - Patient cannot provide history
 - Exam indication
 - Concentrate samples on two swabs
- Collect ASAP if oral assault, before any other evidence collection steps



Patient's Known DNA

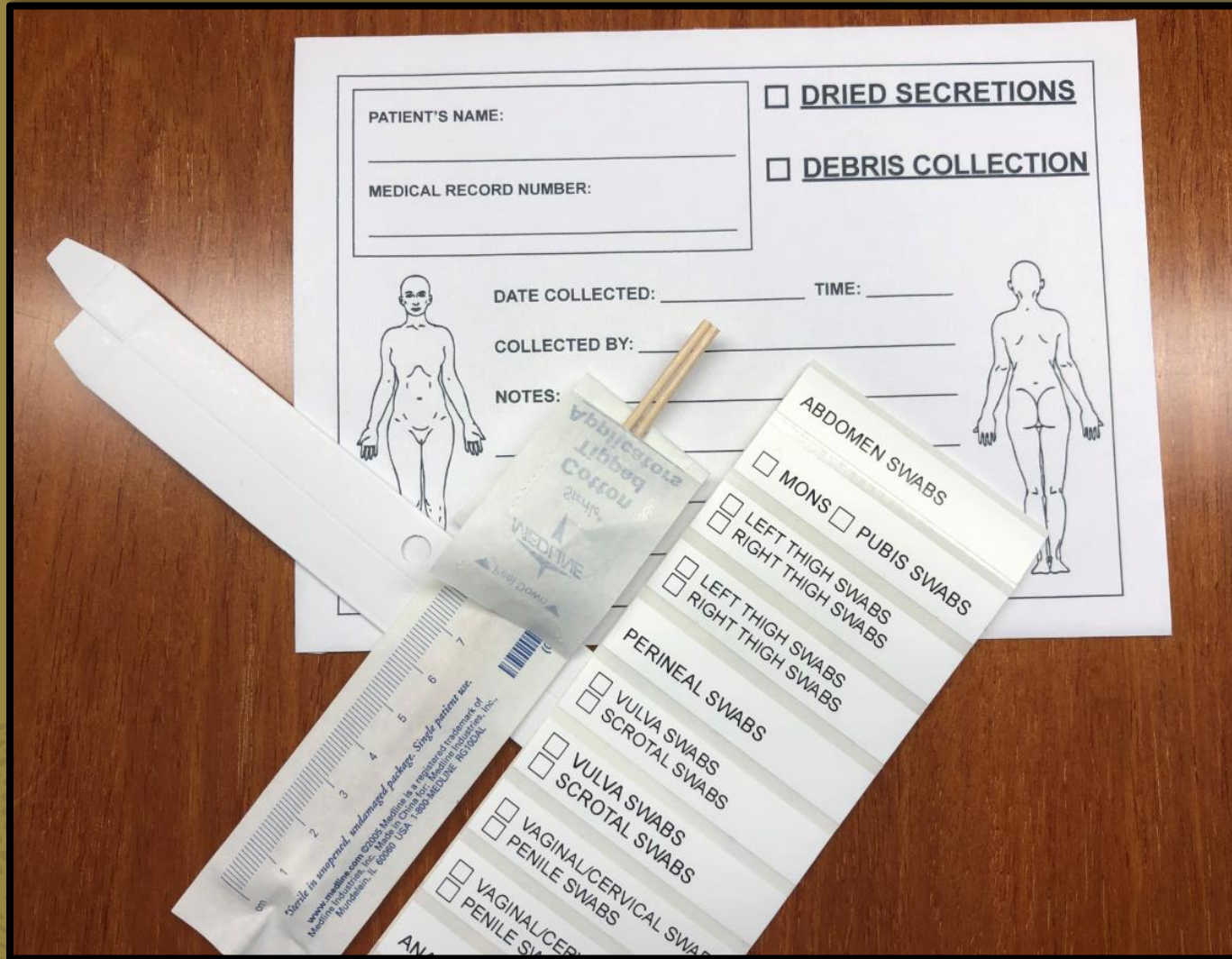
- Reason for collection – Patient's DNA
- Collect every time patient allows
- Scrub inside of the patient's cheek



Fingernail Swabs

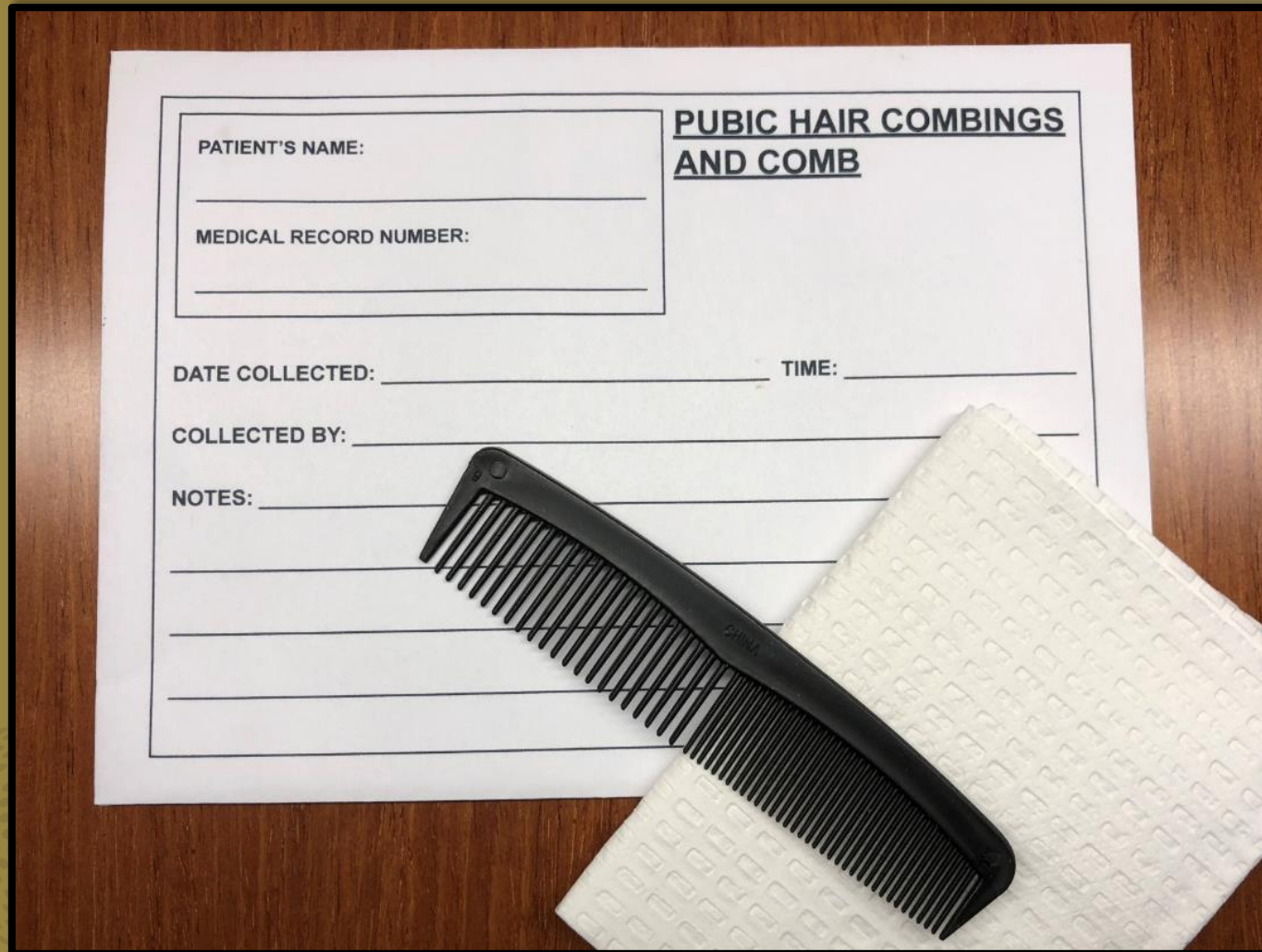
- Reason for collection – possible perpetrator DNA under patient's nails
- Swabs are recommended over scrapings (TXECP, 2022)
- Scrapings can cause micro-tears
- Concentrate sample on at least two swabs
- Most programs collect two swabs for left hand and two swabs for right hand

Debris/Dried Secretions



- Reason for collection – debris, dried secretions, ejaculate, or perpetrator DNA on patient’s body
- Label on diagram where evidence was collected and what patient states it could be
- Three envelopes in TX kits
- Example:
- “Possible perpetrator’s saliva on patient’s left breast swab.”

Pubic Hair Combing



**PUBIC HAIR COMBINGS
AND COMB**

PATIENT'S NAME: _____

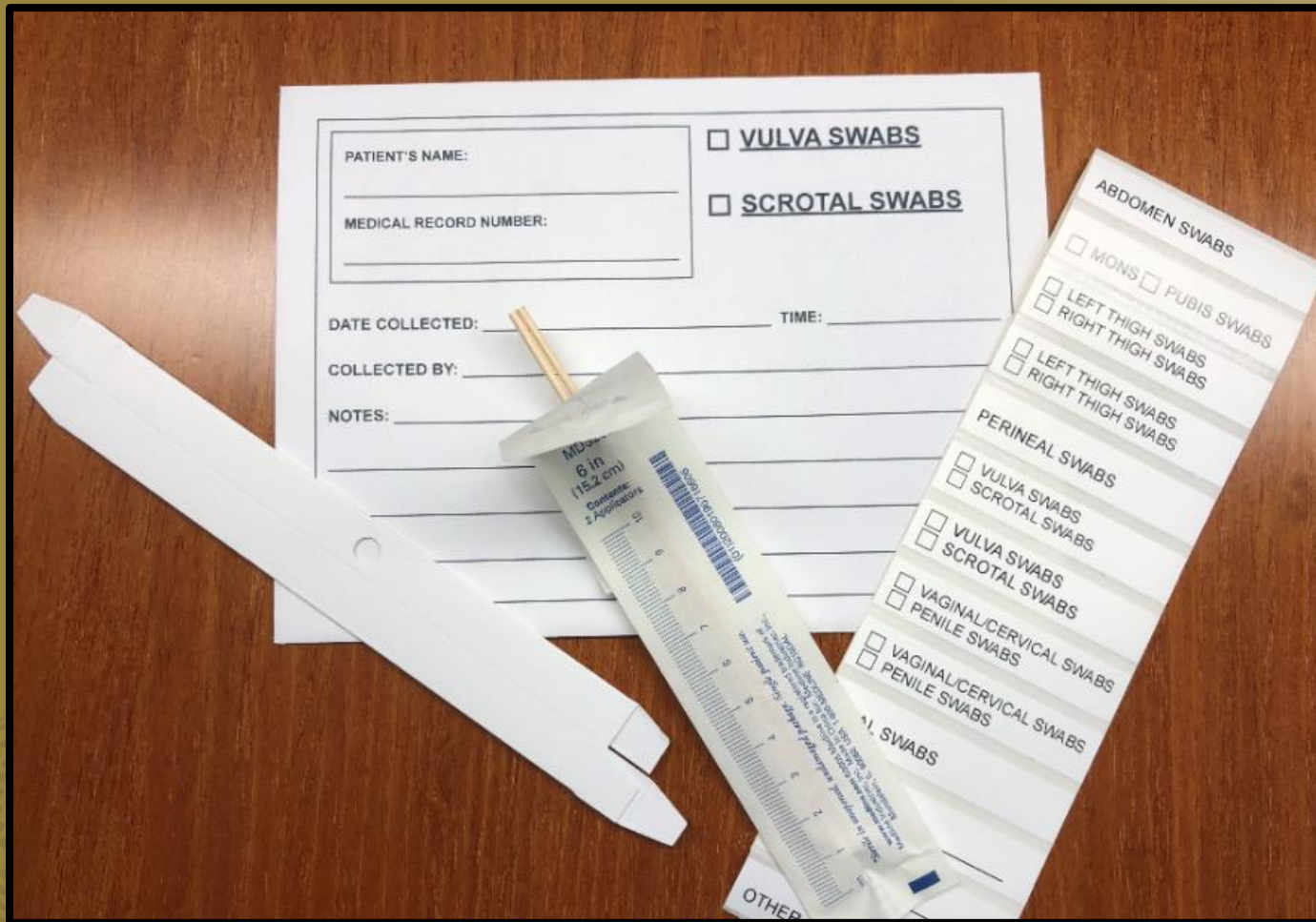
MEDICAL RECORD NUMBER: _____

DATE COLLECTED: _____ TIME: _____

COLLECTED BY: _____

NOTES: _____

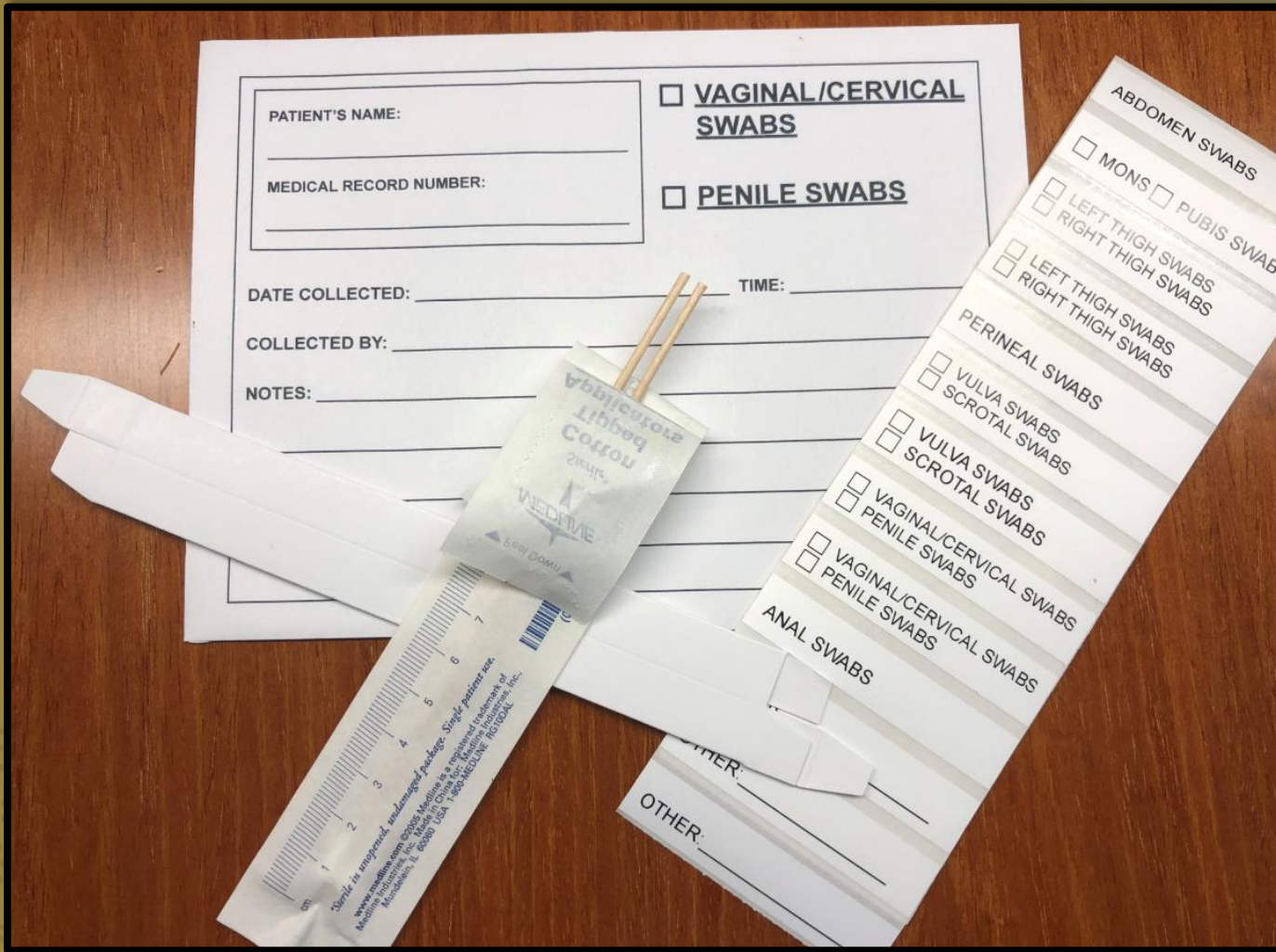
- Reason for collection – debris or foreign DNA in patient's pubic hair
- If patient prepubertal document such
- Package comb inside paper to retain possible evidence



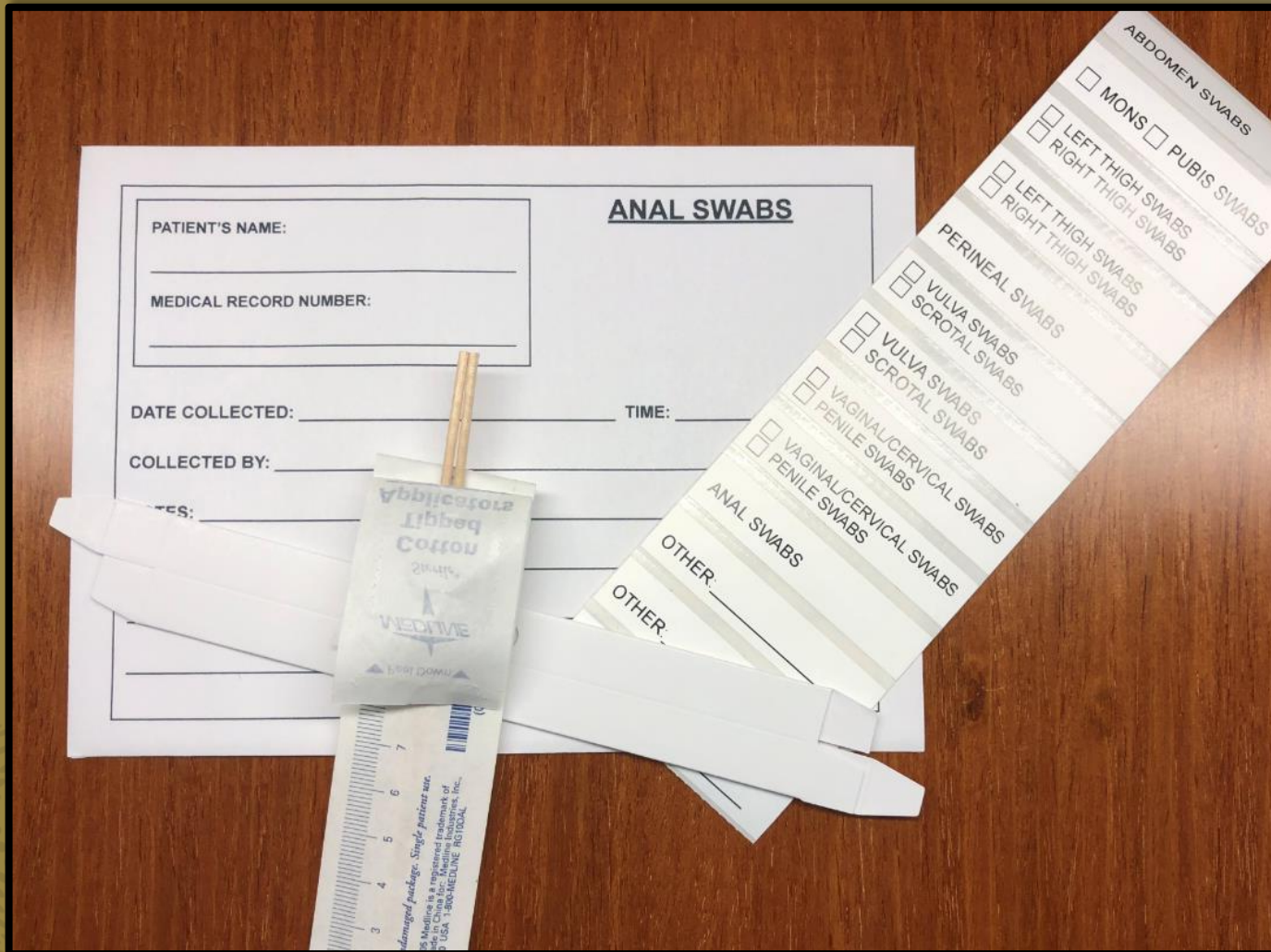
Vulva Swabs

- Reason for collection – suspected perpetrator DNA
- Label swab box and the envelope correctly.
- Vulva:
 - Consider moistening swabs
 - Two swabs for inner majora, minora, posterior fourchette and fossa navicularis
 - Avoid urethra

Vaginal/Penile Swabs



- Reason for collection – suspected perpetrator DNA
- Vaginal:
 - Two swabs for posterior fornix & cervix
- Penile:
 - Consider moistening swabs
 - Two swabs for glans, under foreskin and shaft
 - Avoid urethra



Anal Swabs

- Reason for collection – foreign DNA
- Consider moistening the two swabs with sterile water prior to collection
- Swab anal folds

Closing The Kit

- Complete examination, documentation, seal evidence in bags, then seal all evidence and one copy of documentation in the kit
- Sign across evidence seals
- Place one copy of documentation in envelope on the back of the kit
- Complete front of kit
- Release kit to law enforcement or place in lock box (per facility protocol)
- Original documentation stays with FNE program where evidence was collected





Track-Kit - Sign In

Please enter your Track-Kit login credentials below.

Email Address * ?

Password * ?

[Contact Support](#)

[Forgot your password?](#)

[How do I get an account?](#)

Sign In

NOTICE: You are accessing a Texas Department of Public Safety system for tracking evidence related to a sexual assault. System usage may be monitored, recorded, and audited. Any unauthorized use is prohibited and subject to criminal or civil penalties. By using this system, you consent to these actions.

Final Thoughts

- Complete Track-Kit:
 - <https://tx.track-kit.us/Login>
- Documentation will be covered in another lecture

Discharge

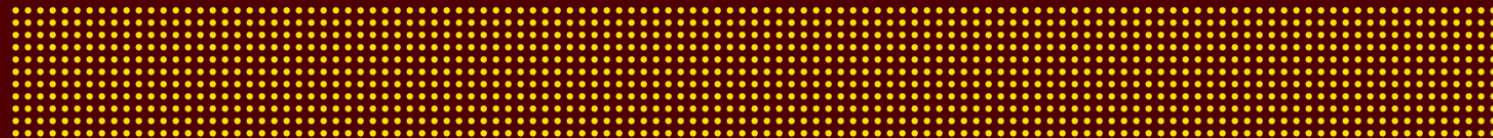
- Safety of everyone is of upmost importance.
- Follow-up appointments/referrals:
 - Injury healing
 - Mental health
 - STI re-testing
 - HIV testing
 - Pregnancy testing
- Information on the medications received
- Kit tracking
- Safety planning
- Social work/ advocate





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Questions?





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