

Sexual Assault Examination: Assisting and Performing

One of the main purposes of the sexual assault examination is to provide the physical and psychosocial assessment and management for the survivor of sexual assault. Request the assistance of a Sexual Assault Nurse Examiner (SANE), this is a nurse who has been trained in documenting and collecting evidence.

From the Kit:

1. Unfold the paper sheet on the floor and have the patient remove all clothing.
2. Provide the patient with a gown for cover and have the patient sit on the stretcher and collect all pertinent clothing worn during or immediately after the assault. Seal with evidence tape and label.
3. Assess the victim for signs of injury, such as bruising, bleeding, swelling, redness, or bite marks.
4. Collect oral swabs regardless of the history given.
 - a. Make a smear with a swab on a slide.
 - b. Allow the swabs to air dry or place in a swab dryer. When the swab is dry, place it in an envelope, seal with evidence tape, and label.
5. Collect hair stands.
 - a. Allow the patient to pull 10-15 strands of hair from various spots on the head with gloved hands.
 - b. Place the hairs in an envelope, seal with evidence tape, and label.
6. Scrape/swab under the patient's fingernails. If there are broken nails, cut a piece of the nail and place in the envelope, seal with evidence tape, and label.
7. Scan the patient's body with the Wood's lamp to identify any dried semen or saliva stains.
8. Dry the swabs and place them in an envelope, seal with evidence tape, and label.
9. Swab injured areas only after a photograph has been taken.
10. Place the patient in the lithotomy position. Comb through the patient's pubic hair several times with an envelope or paper towel under the patient's buttocks. If there is an area of matted hair, cut the area out with scissors and place it in the envelope. Place comb in the envelope with the hair. Seal with evidence tape and label. If there is no pubic hair, document that on the envelope.
11. With a gloved hand, instruct the patient to pull 10-15 stands of pubic hair. Place these in an envelope, seal with evidence tape, and label.
12. *For female patients:* If a SANE is not available, the physician or advanced practice nurse inspects the genital area, photographs all injuries, and explains the speculum examination. Colposcopic photography may be performed at this time.
 - a. If a SANE is not available, the physician or advanced practice nurse inserts the plastic speculum.
 - b. If a SANE is not available, the physician or advanced practice nurse collects four swabs from the vaginal vault and cervix and collects any foreign objects. If a tampon/pad is present it is collected, dried, and sealed in the kit. A slide should be made from one of the swabs, dried, and sealed in a labeled envelope.
 - c. The speculum should be air dried, placed in the evidence envelope, and labeled.
13. *For male patients:* If a SANE is not available, the physician or advanced practice nurse inspects the genital area and photographs all injuries using the colposcope.
 - a. If a SANE is not available, the physician or advanced practice nurse moistens four swabs with saline or water. The glans and shaft of the penis are swabbed. A slide should be made, dried, and placed in a labeled evidence envelope.

14. If a SANE is not available, the physician or advanced practice nurse examines the anal area for injury and photographs all injuries. Four anal swabs should be collected, regardless of the assault history. A smear with one of the swabs should be made on a slide. The swab should be placed in a labeled evidence envelope.
15. Collect blood standard on filter paper provided in the kit. Wear gloves, label the filter paper, wipe patient's finger with alcohol, and place a drop of blood on each circle. Dry and place in a labeled evidence envelope.
16. If a SANE is not available, the physician or advanced practice nurse completes the assault history form, documenting sites of injury and the examination findings. One set of photographs should be given to law enforcement with the kit. One set of photographs should be kept with the medical record.

Reference:

1. Excerpted and adapted from *Emergency Nursing Procedures*, Third Edition, by Jean A. Proehl, RN, MN, CEN, CCRN, St. Louis: Saunders, 2004.

Reviewed: Jun 2012, Jul 2015

Check list

<p>Performed a primary and secondary assessment to identify any life-threatening injuries.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<p>2.</p>	<p>Placed patient in a private room.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<p>3.</p>	<p>Called a patient advocate to talk to the survivor.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<p>4.</p>	<p>Took photographs of injuries before collecting evidence.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<p>5.</p>	<p>Performed examination by:</p> <ul style="list-style-type: none"> a. Placing paper sheet on floor and collecting all of the patient's clothing b. Collecting evidence using a protocol c. Performing or assisting with a pelvic examination d. Performing or assisting with rectal examination. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
<p>6.</p>	<p>Prepared evidence properly by:</p> <ul style="list-style-type: none"> a. Drying evidence as directed b. Placing 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

	<p>evidence such as clothing in paper bags and other evidence such as slides and swabs in an envelope.</p> <p>c. Sealing all evidence with tape.</p>						
7.	<p>Labeled evidence with:</p> <p>a. Patient's name.</p> <p>b. Time of collection.</p> <p>c. Date of collection.</p> <p>d. Location from which evidenced was collected.</p> <p>e. Name of the person who collected the evidence.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Edit	Delete
8.	<p>Maintained chain of custody and released evidence to the appropriate authorities.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Edit	Delete
9.	<p>Provided postcoital contraception if requested, as well as STD treatment, according to protocol.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Edit	Delete
10.	<p>Provided discharge instructions.</p>						

Supplies

- Sexual assault kit. Where available, use the kit specific to your jurisdiction.
- The following contents are in the State of Ohio Rape Kit:⁷
 - History and consent forms
 - Swabs
 - Glass slides and slide holders
 - Fingernail scraper
 - Paper sheet
 - Paper bags for evidence storage
 - Sterile saline or sterile water
 - Comb
 - Tweezers
 - Scissors
 - Filter paper
 - Envelopes
 - Labels
 - Evidence tape
 - Blood tubes
 - Urine tubes
- Speculum
- Wood's lamp (black light)
- Camera
- Colposcope
- Toiletries
- Change of clothing

Excerpted and adapted from *Emergency Nursing Procedures*, Third Edition, by Jean A. Proehl, RN, MN, CEN, CCRN, St. Louis: Saunders, 2004.

Test

Question	Answer		
1.	MC	<u>A 32-year-old woman was beaten and sexually assaulted by an unknown attacker. She is brought to the emergency department intubated, hypotensive, and with tachycardia. She has a ruptured spleen and is to go to surgery right away. What should the sexual assault nurse examiner (SANE) do about evidence collection?</u>	B
2.	MC	<u>A patient who was sexually assaulted has multiple abrasions and lacerations on her face and arms. There is also body fluid on her upper chest. The SANE should document this evidence by:</u>	B
3.	MC	<u>Which of the following statements indicates that a sexually assaulted patient understands her discharge instructions?</u>	B

Extended text

PATIENT ALERT

Survivors of sexual assault are best served by a sexual assault nurse examiner (SANE).^{2,6} SANEs are specially trained in evidence collection and management as well as in documentation and testimony related to sexual assault. Emergency care providers should receive additional training approved by the International Association of Forensic Nurses (IAFN) before performing pediatric sexual assault examinations.^{2,4}

OVERVIEW

Consult state laws and regulations. In some states, sexual assault is a felony and must be reported to law enforcement authorities even if the victim decides he or she is not interested in talking to the police. Also, some states have procedures that allow evidence to be collected and held anonymously by the state crime laboratory for a period of time while the victim decides whether or not to report the assault.

A protocol should be developed and approved jointly by the medical and sexual assault nurse examiner (SANE) staff for the management of these patients. Research has demonstrated that the standardized collection of evidence contributes to easier identification of the perpetrator, improved testimony in court, and eventual conviction. Each state has its own legal definitions of sexual assault, and evidence should be collected according to state protocol. State protocols should comply with International Association of Forensic Nurses (IAFN) guidelines.

One of the main purposes of the sexual assault examination is to provide the physical and psychosocial assessment and management for the survivor of sexual assault.² Other purposes for the sexual assault examination include:

1. Providing nonjudgmental documentation of the history of the crime
2. Collecting, preserving, and documenting forensic evidence
3. Preventing some of the physical and psychological health risks that may be associated with the sexual assault
4. Preparing documentation so that expert testimony can be given in a court of law.³

SUPPLIES AND EQUIPMENT

[Click here for a list of supplies and equipment.](#)

PATIENT ASSESSMENT AND PREPARATION

Assessment

1. Survivors of sexual assault should be triaged as emergent and taken to a private area for assessment as soon as they present to the emergency department.
2. Perform a primary assessment and a secondary assessment to identify any life-threatening injuries that must be managed before evidence collection can begin.

In critical situations, the forensic evidence may need to be collected in the operating room or critical care unit.

Male survivors of sexual assault tend to suffer more physical injuries and should be carefully examined so a life-threatening injury is not missed.¹

Preparation

1. Place the patient in a private room. The sexual assault examination should be carried out in a private area. Many emergency departments have specific rooms [See **Figure 1 in Illustrations**] used only for sexual assault patients.
2. Call a patient advocate to talk to the survivor.
3. Inquire as to whether the patient requests that a family member or friend accompany him or her during the examination. This request should be honored to encourage the patient's attempts to regain control.
4. Explain the procedures to the patient and have the victim sign the consent forms for evidence collection and photographs.
5. Have the victim sign consent for release of evidence to law enforcement.
6. Document the history of the assault using a standard form [See **Figure 2 in Illustrations**]. If the patient has showered or changed clothing since the assault, document this and collect evidence regardless. It is suggested that the history be taken with law enforcement present if they have not already interviewed the patient to decrease the need to repeat the history of the assault multiple times. Take pictures of obvious injury at this time. Also take an orientation picture of the victim at this time. Label all pictures per protocol.

PROCEDURE

1. Unfold the paper sheet on the floor and have the patient remove all clothing.
2. Provide the patient with a gown for cover and have the patient sit on the stretcher and collect all pertinent clothing worn during or immediately after the assault. Seal with evidence tape and label.

Do not shake the clothing, and place each item in a separate paper bag.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

3. Assess the victim for signs of injury, such as bruising, bleeding, swelling, redness, or bite marks.
4. Collect oral swabs regardless of the history given.
 - a. Make a smear with a swab on a slide.
 - b. Allow the swabs to air dry or place in a swab dryer. When the swab is dry, place it in an envelope, seal with evidence tape, and label.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

5. Collect hair stands.
 - a. Allow the patient to pull 10-15 strands of hair from various spots on the head with gloved hands.
 - b. Place the hairs in an envelope, seal with evidence tape, and label.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

6. Scrape/swab under the patient's fingernails. If there are broken nails, cut a piece of the nail and place in the envelope, seal with evidence tape, and label.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

7. Scan the patient's body with the Wood's lamp to identify any dried semen or saliva stains.

Rationale: Different fluids fluoresce under black light.

Any areas that fluoresce should be swabbed. If the area is dry, use a moistened swab (water or saline) to sample. If the area is moist, use a dry swab.

8. Dry the swabs and place them in an envelope, seal with evidence tape, and label.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

9. Swab injured areas only after a photograph has been taken.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

10. Place the patient in the lithotomy position. Comb through the patient's pubic hair several times with an envelope or paper towel under the patient's buttocks. If there is an area of matted hair, cut the area out with scissors and place it in the envelope. Place comb in the envelope with the hair. Seal with evidence tape and label. If there is no pubic hair, document that on the envelope.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

11. With a gloved hand, instruct the patient to pull 10-15 strands of pubic hair. Place these in an envelope, seal with evidence tape, and label.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

Refer to your state protocol for the required amount.

12. *For female patients:* If a SANE is not available, the physician or advanced practice nurse inspects the genital area, photographs all injuries, and explains the speculum examination. Colposcopic photography may be performed at this time.
 - a. If a SANE is not available, the physician or advanced practice nurse inserts the plastic speculum.

Rationale: Plastic is recommended to provide better photography.

- b. If a SANE is not available, the physician or advanced practice nurse collects four swabs from the vaginal vault and cervix and collects any foreign objects. If a tampon/pad is present it is collected, dried, and sealed in the kit. A slide should be made from one of the swabs, dried, and sealed in a labeled envelope.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

- c. The speculum should be air dried, placed in the evidence envelope, and labeled.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

13. *For male patients:* If a SANE is not available, the physician or advanced practice nurse inspects the genital area and photographs all injuries using the colposcope.
 - a. If a SANE is not available, the physician or advanced practice nurse moistens four swabs with saline or water. The glans and shaft of the penis are swabbed. A slide should be made, dried, and placed in a labeled evidence envelope.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

14. If a SANE is not available, the physician or advanced practice nurse examines the anal area for injury and photographs all injuries. Four anal swabs should be collected, regardless of the assault history. A smear with one of the swabs should be made on a slide. The slides should be placed in a labeled evidence envelope.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

15. Collect blood standard on filter paper provided in the kit. Wear gloves, label the filter paper, wipe patient's finger with alcohol, and place a drop of blood on each circle. Dry and place in a labeled evidence envelope.

Rationale: Improper interventions may destroy or alter potential evidence. Improper or incomplete evidence collection and preservation may result in evidence that is inadmissible in a court of law.

Alternatively, some jurisdictions require a tube of blood be drawn from the patient.

16. If a SANE is not available, the physician or advanced practice nurse completes the assault history form, documenting sites of injury and the examination findings [See **Figure 2 in Illustrations**]. One set of photographs should be given to law enforcement with the kit. One set of photographs should be kept with the medical record.

POST PROCEDURE

1. Ensure that all evidence is sealed correctly according to protocol. The sealed, completed kit should be immediately surrendered to law enforcement to maintain chain of custody.

If unable to give the kit to law enforcement immediately, store the sealed and labeled kit in a locked, secured cabinet until law enforcement retrieves the kit. It is critical to maintain the chain of custody with all evidence.

2. Test for "date rape" or other drugs as needed, according to local laboratory/crime laboratory procedures.
3. Administer sexually transmitted disease (STD) prophylaxis and pregnancy prophylaxis as prescribed and indicated.

EXPECTED OUTCOMES

- Evidence collected and kept secure according to procedure

UNEXPECTED OUTCOMES

- The patient may decline specific parts of the sexual assault examination.
- Improper collection or handling of the evidence or a break in the chain of custody could cause the evidence to be inadmissible in a court of law.
- STD and pregnancy prophylaxis may not be effective. It is imperative that the patient be instructed about follow-up care.

PATIENT EDUCATION

- Provide the patient/family with clear instructions about the side effects of any medications given or prescribed. Antiemetics should be offered if pregnancy prophylaxis ("morning after" therapy) is prescribed.
- Offer suggestions for successful completion of the medication regimen because patients may experience nausea and vomiting from the STD and/or pregnancy prophylaxis.
- Instruct the patient/family about the importance of follow-up medical care. Give information about repeat STD testing and pregnancy testing because the specimens collected during this examination can diagnose preexisting conditions only, not infection or pregnancy that result from the assault.
- Provide information regarding local HIV and hepatitis testing and risks to the victim.
- Give written discharge instructions to the victim so that the victim or a family member can review it at a later time. Because of the traumatic circumstances of the assault, victims may not comprehend the instructions at the time of discharge.
- Provide information about sexual assault survivor advocacy groups and counseling opportunities.

- Provide a phone number for any follow-up questions.

DOCUMENTATION

- Document the history of the assault using a standard form.
 - If the patient has showered or changed clothing since the assault, document this and collect evidence regardless.
 - It is suggested that the history be taken with law enforcement present if they have not already interviewed the patient to decrease the need to repeat the history of the assault multiple times.
- Document "the patient declines" as indicated for any portion of the examination.
- Photograph any obvious injury.
 - Also take an orientation picture of the victim at this time.
 - Label all pictures per protocol.
 - One set of photographs should be given to law enforcement with the kit and one set of photographs should be kept with the medical record.
- If a SANE is not available, the physician or advanced practice nurse should complete the assault history form according to protocol, documenting sites of injury and findings during the examination.

Rationale: Improper or incomplete documentation may result in evidence that is inadmissible in a court of law.

- Immediately surrender documentation to law enforcement to maintain chain of custody.

If unable to give documentation to law enforcement immediately, store the documentation with the sealed and labeled kit in a locked, secured cabinet until law enforcement retrieves the kit. It is critical to maintain the chain of custody with all documentation.

AGE-SPECIFIC CONSIDERATIONS

Pediatrics

- Pediatric sexual assault survivors should be evaluated only by those trained to care for pediatric patients.^{2,5}

Geriatrics

- Postmenopausal women may incur vaginal tears and lacerations because of thinner skin due to hormonal changes.

REFERENCES

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3. Hutson, L. (2002). Development of sexual assault nurse examiner programs. *NursingClinics of North America*, 37,79-88.
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5. Johnson, M. (2003). Child sexual abuse (pp. 585-592). In Thomas, D., Bernardo, L., & Herman, B. (Eds). *Core curriculum for pediatric emergency nursing*. Boston: Jones & Bartlett Publishers.
6. Ledray, L., Faugno, D., & Speck, P. (1997). Sexual assault: clinical issues. Efficacy of SANE evidence collection: a Minnesota study. *Journal of Emergency Nursing* 23,182-186.
7. Ohio Chapter of the International Association of Forensic Nurses. (2002). *The Ohioadolescent and adult sexual assault nurse examiner training manual*. Columbus: Author.

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