

Vermont Recommended Guidelines

Caring for patients that have experienced a sexual assault

Purpose: The purpose of this document is to guide forensic nurses to provide evidence-based medical forensic care to patients who have experienced a sexual assault. The forensic nurse should use these guidelines as a reference and refer to their hospital policy and procedures for specific recommendations. While steps are provided to help you through the process, each hospital program should incorporate aspects of care that reflect the unique needs of the survivors they serve. Each case is unique; it is, therefore, essential that the forensic nurse apply critical thinking skills with each patient encounter. Throughout the process, the forensic nurse must maintain a nursing focus that recognizes the importance of care for the patient and their family, their community, other members of the multidisciplinary team.

Triage

- Consider sexual assault patients a priority ESL triage level 2 or 3
- Patients with significant injury should be medically evaluated before the medical-forensic exam. This includes patients who have possible fractures, blunt trauma to the abdomen, altered mental status, facial injury, active bleeding, loss of consciousness, strangulation, and psychiatric emergencies
- 72-120 hours is the general time frame for evidence collection and post-exposure prophylaxis.
- At 120 hours evidence collection may be limited to vaginal/cervical swabs and DNA probe
- If a patient presents after 120 hours, medical care, STI testing, and referrals should be provided to the patient.
- Pregnant patients, especially over 20 weeks, should be evaluated by OB and fetal health assessed.
- Safety for the patient and medical providers always comes first. Notify the security of your concerns for safety.
- A medical interpreter is required for limited English proficiency patients. Family members may not be used as interpreters for sexual assault.

Advocate Support

- Advocates should be called as soon as the patient arrives at your facility. A patient can decline the services of the advocate once they have arrived at the hospital. See www.vtnetwork.org for a list of Vermont agencies.
- The advocate can provide support and resources. Advocates can provide follow up calls to the patient.
- The patient has the option to have the advocate present during the exam.

Consent for care

- The forensic exam is not a medical emergency; therefore, consent is needed for all parts of the medical forensic examination. See Vermont Informed Consent Guidelines on www.vermontsane.org /[See Consent guidelines](#)
- The patient should provide informed consent for the collection of evidence. It is the responsibility of the forensic nurse to review the risks and benefits of consent or refusal of the forensic collection.
- If the sexual assault occurred in another state, the biological samples might not be tested if the crime is unreported to law enforcement.
- The patient should be informed of the consequences of declining evidence collection procedures, specifically that this may impede a criminal prosecution.
- Options for care: Head to toe exam, evidence collection, STI, or HIV prophylaxis. Follow up referrals with Planned Parenthood
- A patient of any age may choose to decline all or part of the examination and evidence collection. For example, they may consent to the physical exam but not the forensic collection or may decline part of the evidence collection. **They may stop or refuse any part of the exam at any time during the evaluation.**
- In Vermont, there is not a statute of limitations so a patient may report to law enforcement at any time Options for care:
- **The patient can have a medical forensic exam regardless of whether the sexual assault is reported to the police.** They can consent to a non-reported exam and then decide to report the assault at a later date.
- Incapacitated consent- if the patient is intoxicated, the sexual assault exam should be delayed until the patient is capable of meaningful consent. The ability to consent should be made by the SANE or provider. See the consent guidelines for more information.
- For incapacitated or unconscious patients, you must use your best judgment as to whether it is in the best interest of the patient to collect evidence. Such as if the evidence will be lost before the patient is conscious and can consent.
- Without informed patient consent, the evidence should be stored at the hospital until specific consent from the patient or legally authorized decision-maker is obtained.
- The examination can be terminated at any point if the patient decline to continue or if the SANE feels unsafe with the patient.

Minors <18

- In Vermont, a patient under 18 can consent for a sexual assault exam and treatment. They can also refuse to have an exam.
- Mandatory reporting- you are a mandatory reporter and must report the sexual assault of a minor to DCF. You do not have to report to the police unless you feel there is a safety risk, or if the patient wants to report the assault. DCF is required to make a report of the sexual assault of a minor to the police. Call DCF (800) 479-6151

- It is not possible to guarantee confidentiality from the parents or legal guardians. The patient should be counseled and assisted in informing their parents. DCF is required to contact the patient's parents if the patient is under the age of 18 years old.

Vulnerable Adults

- When there is suspicion of sexual abuse or assault of a vulnerable adult, a report must be made the Adult Protective Services. Call (800) 564-1612.
- If there is a concern for the patient's safety, the police should be contacted.

Male Patients

- Sexual assault evidence should be collected as for females, with only a few differences in collection details. The penile shaft is swabbed, wet, followed by dry. **The urethral meatus is not swabbed.**
- Special issues include a higher risk of STIs, including syphilis and HIV, when males assault males.
- HIV Post-exposure prophylaxis (PEP) should be considered and offered for male patients that have been sexually assaulted by male perpetrators.

LBGTQ

- Gender identity pronouns should be asked of all patients. Consider pregnancy testing for trans males who still have reproductive organs.

Billing

- **The patient should never have to pay for the exam** and the follow-up care related to sexual assault, including deductibles, copays, or any of the out of pocket expenses associated with the assault. If you hear that a patient has been billed for their care, contact Crime Victim Services at 802 241-1250.
- The sexual assault billing forms must be filled out in every sexual assault.
- If the assault occurred outside of Vermont, you could use the billing forms from other states, which can be found on www.vermontsane.org Forms tab
- Make sure the patient signs and dates the release and provides contact information
- Please explain to the patient that their insurance will be billed first, and the CVS (Vermont Crime Victim Services) will pay any outstanding balance.
- **If the patient has a concern for safety**, does not want their parents or partner to receive an EOB explanation of benefits, fill out the PHI form and fax it to the insurance carrier and the center.

- If there is a safety concern the patient needs to provide an alternative address
- The patient must call the center to set up the 20 free counseling visits

Medical Forensic Examination

Medical History

- The forensic exam is patient-centered and will be tailored to the patient's report of events and elements that they want to be included. Interviewing the patient is the responsibility of law enforcement.
- Provide privacy for the initial history and be sure to use an interpreter for all non-English speaking or deal with patients. It is not best practice to use a nonmedical interpreter.
- Obtain and document information regarding the assault events to provide appropriate medical care and guide evidence collection. **Use quotes when appropriate.** Quotes will be helpful for judicial proceedings
- Date and time- determine whether the assault was within the collection time frame- **120 hours.**
- It is essential to record recent consensual sexual activity because DNA from the consensual partner may need to be collected to differentiate between perpetrator.
- Post-assault activities: the quality and quantity of evidence can be affected by activities such as showering, urinating, defecating, use of tampons or sanitary napkins, consensual intercourse, and other activities. **However, regardless of the above activities, you should still collect appropriate evidence according to the assault history.**
- Assault-related patient history: document the location of all genital and nongenital injuries, tenderness, pain, and bleeding. All patients should be asked about strangulation. If a patient has been strangled during a sexual assault, refer to the strangulation protocol on the website- www.vermontsane.org.
- History of the events: an accurate but brief description is crucial to collecting and analyzing physical evidence. It is vital to document penetration, oral contact, nongenital oral contact, other acts including objects, weapons, whether ejaculation occurred and the location of ejaculation, use of contraception, or lubricants. This information will guide the Vermont Forensic Lab when testing kits
- Past Medical History and Review of Systems
- Active medical problems, current medications, ob-gyn history, surgeries, menstrual history, contraception, immunization- HPV Hepatitis B, Tetanus vaccines and allergies,
- Include active medical problems, current medications, ob-gyn history, surgeries, menstrual history, contraception, immunization- HPV Hepatitis B, Tetanus vaccines and allergies,
- Include medical history that may affect the physical findings such as menstruation, recent anal-genital injuries, surgeries, or diagnostic procedures, blood- clotting history.

- Document pain, tenderness, ROM limitation, bleeding, nausea, vomiting, LOC, altered mental status, dysuria, rectal discomfort.

Medical Exam

- Each patient should have a complete head to toe exam, with attention to signs of trauma.
- A medical exam may be conducted before or at the same time as evidence collection
- Injury signs, bruising, abrasions, lacerations, should be noted in writing as well as photo-documented with the patient's consent)
- **TEARS is an acronym some uses** for injuries documentation: T- tears/Lacerations E- Ecchymosis/Bruises A- abrasions R- redness S-swelling
- If a patient is complaining of pelvic pain, bleeding, or acute injuries, an MD, PA, or NP should be present for the pelvic exam.
- Every patient needs a medical screening exam completed by an MD, PA, or NP, before discharge.
- Medical injuries always take precedence over evidence collection.

Evidence Collection

Use the evidence collection steps provided in the kit

- In general, use all steps of the evidence collection kit. A patient may not recall all aspects of the assault, and therefore all steps should be completed and evidence collection from all orifices (mouth, vagina/ penile, anal).
- Follow the steps of the collection in the kit and use the instructions on the back of each envelope on how to collect the evidence.
- **DNA probe swabs must be collected to determine the patient's DNA**
- Use the patient's narrative of the events of the assault to guide which evidence to collect
- The patient may decline any aspect of the exam or evidence collection, and best practice includes checking in with the patient between each step.
- The patient should not eat or drink before the exam. However, the patient's comfort should not be compromised; you can collect oral swabs and then provide a beverage to the patient. The exam should be patient-centered.
- A urine specimen may be collected before initiating the exam.
- Maintain the patient's privacy when examining the patient and collecting evidence- drape appropriately.
- Offer clear explanation or the reason for each procedure, offer the patient some control over the exam process.

Evidence packaging, storage, and transfer

- Clothing worn at the time of the assault should be placed in a paper bag, taped closed, and evidence label when reported. **If a patient is not reporting the assault to law enforcement, use the Kit # do not include the patient identifies on the bag.** Inform patients that they will not have their clothes returned. Only collect what is necessary for the investigation. Clothes that are torn have debris or have other evidence on them. You can swab the clothing- wet to dry. Using an alternative light source (if available) will illuminate bodily fluids.
- Underwear should be placed in the white underwear bag in the kit
- Wet clothing and underwear should be dried, and law enforcement should be notified as soon as possible. Mark the bag, **WET**.
- Tampons, sanitary napkins, and diapers should be dried and placed in a separate underwear bag (within the kit). Save extra items not used from other kits.
- Forensic specimens are not processed within the hospital, but stored separately and transferred to law enforcement who transfer the kits to the Vermont Forensic Lab
- Law enforcement in the jurisdiction where the assault occurred is responsible for transporting the evidence kit to the Vermont Forensic Lab within 72 hours of the examination. Example: if the assault occurred in Boston, MA, and the patient was seen at UVMHC, the SANE would need to call the police in Boston, MA, where the assault occurred.
- **In Vermont, all evidence is tested at the Vermont Forensic Lab, both nonreported and reported assaults. All kits are tested within six months.** The patient can contact Raenetta@vtnetwork.org for the results of the kit.
- Evidence kits must be transported to VFL within 72 hours.
- Maintain chain of custody- the person who collected the evidence must be responsible for maintaining the chain of evidence. One person must maintain continuous physical possession of the specimen and items of evidence or keep evidence in a locked cabinet until transferred to law enforcement.
- Maintain chain of custody while drying. Swabs may be in a locked room, cabinet, or drying box to dry.

Assaults that have occurred in another state:

- If the assault occurred in another state, the kit must be transferred to that state. You can call the law enforcement agency in that jurisdiction and ask how they would like you to send the kit.

Photography

- A patient must consent to have photos taken
- If visible injuries are present, hand drawing on the body diagram as well as photography is highly recommended for documentation
- Photos are not included in the evidence collection kit

- Document the photo in the patient chart. Example Photo #1 Right forearm red circular bruise measuring 2.1 cm x 2.0.
- Injuries should be photographed far (identify the body part) mid-range, and close (with a measure)
- Avoid photographing the patient face unless there are injuries. Never photograph the patient's total body.
- **Genital photos are kept in a secure location in your hospital or agency** and are not released to law enforcement, patient, or prosecutors.
- Work with the IT department at your facility to create a secure file with limited access to your hospital's computer system.

Drug Facilitated Sexual Assault-Refer to the attached DFSA Procedure

- If a patient presents to the medical facilities after a period of memory loss, or intoxication out of proportion to what the patient recalls ingesting- consider a DFSA urine test.
- Urine can be collected up to 72 hours after the suspected ingestion.
- Explain the process of collecting a sample for toxicology testing, including reviewing the details of the patient information sheet
 - Obtain consent **Form 1**
 - Use NMS lab Kit box
 - Have the patient provide at least 12 cc. of urine in the sample cup from the box
 - Label the urine with a patient label or at least a name and birthdate include **form 1** in the kit box.
 - Ship sealed box to the Vermont Forensic Lab (via FED EX) address:
 - Vermont Forensic Lab 45 State Drive, Waterbury, Vt 05671 Att: Trisha Conti
 - If there is a delay in sending, the sample should be secured in a refrigerator.
 - Provide the patient with Form 2 patient instructions
 - The patient must send Form 3 to the VFL in order for the sample to be tested.
 - The sample will be kept at the VFL for 90 days
- Chain of custody is maintained if the sample is sealed, and custody is documented on the shipping paperwork.
- The sample is held at the VFL for 90 days
- If the patient wants the sample analyzed, they must notify the VFL using the letter provided
- The results of the analysis will be sent to the patient at the address provided.

Lab Tests

- Obtain a pregnancy test on all females under 60, except if the history of hysterectomy.
- **Unless the patient is symptomatic, STI testing at the time of the exam is not recommended.** STI tests are not useful for forensic purposes; positive tests usually indicated preexisting infection.
- The protocol is to provide routine post-exposure STI prophylaxis and not to test before treatment routinely.
- If the patient is complaining of pelvic pain and there is a concern for an STI- consider testing and treating appropriately. Otherwise, it is not necessary to test for STI at the time of the exam.
- Vulnerable adults with no prior consensual sexual intercourse, STI tests may be legally relevant.
- Follow your hospital policy for obtaining urine, or cultures for STI testing

STI Prophylaxis Treatments

- Follow the protocol for post-assault medications in the kit documentation.
- See CDC recommendations They have a great app
- Inform each patient of their option to be provided with the medication.
- Emergency contraception will reduce the chances of pregnancy when taken up to five days of unprotected intercourse.
- Women who are using reliable contraception (depo, patch, IUD, pill, and tubal ligation) may still choose emergency contraception to reduce the chance of pregnancy after sexual assault.
- Single-dose post-exposure prophylaxis is practical for the prevention of gonorrhea and chlamydia.
- Metronidazole PO 2 grams single dose is recommended to treat or prevent trichomonas.
- Patients should be advised to not drink alcohol 24 hours before or 24 hours after taking metronidazole due to Antabuse like effect.

HIV Post Exposure Prophylaxis (PEP).

- Discuss with the patient the risk of HIV and medication available to decrease that risk.
- **Medication must be given within 72 hours of the sexual assault to be effective.**
- Medication must be taken for 28 days, and follow up must be arranged.
 - Criteria for recommending HIV PEP.
 - Significant mucosal exposure- unprotective intercourse.
 - Perpetrator's HIV status.
 - The patient has breaks in the skin.
 - The assailant has SWM, recent prison stay, IV drug use.
- Blood for CBC, HIV Rapid antibody, LFT's is drawn before giving PEP.

- HIV risk assessment consultation with the on-call ID team for initiation of HIV prophylaxis medication.
- Provide a **3-7-day starter pack** of HIV medication or an RX for 3-7. DO NOT PROVIDE A 28 Day RX. The medication is expensive, and the patient needs close follow-up.
- Provide an HIV PEP voucher with discharge papers.

Hepatitis B Vaccine

- Patients who have completed a full hepatitis B vaccination regime before the assault are protected from HBV infection and do not need further doses.
- If not fully vaccinated before the assault, the vaccine should be considered.
- Patients unvaccinated or unsure of status should receive post-exposure prophylaxis (Hep B vaccine alone) Follow up doses should be given 1-2 and 4-6 months after the first dose.
- HBIG (hepatitis B immune globulin) is given if the suspect is Hep B positive.
- Follow up is essential.

Discharge

- Review medication side effects
- Explain to the patient what tests were obtain and how to get the results:
 - **Kit results go to law enforcement**
 - **Results can be obtained after six months by emailing Raenetta@vtnetwrok.org**
 - **DFSA toxicology report is sent to the patient**
- Explain follow up in 2 -4 weeks for STI testing at planned parenthood or their PMD or OB.
- Explain that if a police report has been made, the police will contact the patient for an interview.
- If the patient would like to report, you or the advocate can assist them with the process.
- Explain that you will follow up with the patient in 3 days.
- Provide written instructions and referral information
- Provide a voucher for follow up counseling care. A patient has 20 free visits paid for by crime victim services.
- Provide discharge paperwork (found on www.vermontsane.org website).

Documentation in the patient's chart

- Documentation is guided by your hospital's policies. It is recommended that you provide a clear, unbiased timeline of your care. Consistent chart documentation will help if you need to refer to the case in the future legal case, and for quality assurance.

SANE Care Documentation:

- **Time:** I met the patient, along with an advocate from **(name)** in **(where)**. I introduced myself as a forensic nurse examiner and explained my role. I reviewed the options for care today in the ED. After a thorough discussion, the patient consented to the following:
 - Forensic medical examination with evidence collection reported non-reported
 - STI education and prophylaxis medication
 - Pregnancy education and prophylaxis medication
 - HIV education and prophylaxis medication
 - DFSA specimen
 - Photo documentation of injuries
 - Other (**Hep B, Syphilis HPV**)
- **Time:** Crime Victim Services billing forms completed and signed by the patient and safety concerns addressed.
- **Time:** Consent for State of Vermont Sexual Assault Evidence **Kit #___**. Pt was moved to room 42 for a medical forensic examination, evidence collection, and medication administration.
- **Time:** Urine sample collected for POCT pregnancy, and (**DFSA**)
- **Time:** Examination completed with evidence collection and documentation (see scanned documents for exam details).
- Photos #1 (**photos can be documented on the kit documentation form or in patients' medical record**)
- **Time:** Medical screening exam completed by **(name of the provider)**.
- **Time:** Reviewed patient's immunizations. The patient is **(UTD or needs...)**.
- **Time:** Medications are given
- **Time:** Safety evaluation complete (**i.e., patient denies SI and feels safe to go home**)
- **Time:** Referrals made to ID clinic Planned Parenthood (fax sent), other
- **Time:** Discharge packet and discharge information given to the patient and follow-up plan reviewed. The patient verbalized understanding of discharge instructions and planned to follow up. The patient agrees to a follow-up call/text.
- **Time:** Patient discharged home with **(name)**

- **Your name FNE**

Refer to the website www.vermontsane.org for updated information and forms.

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References

- Department of Justice of Justice Office on Violence Against Women. (2013). A national protocol for sexual assault medical forensic examination adult/adolescent's 2nd edition NCJ 241903 Retrieved from <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>
- International Association of Forensic Nursing (n.d). About. Retrieved from <https://www.forensicnurses.org/>
- Office of Justice Programs. Office of Victims of Crime. (n.d.). SANE Program Development and Operation Guide Retrieved from <https://www.ovcttac.gov/saneguide/introduction/>
- US Department of Justice Office on Violence Against Women. (2018). National training standards for sexual assault medical forensic examiners. 2nd edition. Retrieved from https://cdn.ymaws.com/www.safeta.org/resource/resmgr/docs/training_sexualassaultforens.pdf