

Sexual Assault: A Protocol for Adult Forensic and Medical Examination



Iowa Department of Public Health

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PREFACE

This protocol updates “Sexual Assault: a Protocol for Forensic and Medical Examination” last published in March 1998. It outlines the recommended procedure to be followed by emergency departments, physicians and sexual assault nurse examiners in Iowa when conducting a forensic examination following a reported sexual assault of anyone age 13 or over.

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INTRODUCTION

Sexual assault is a medical emergency and has serious health implications. It is important to encourage sexual assault victims to be examined for the purpose of obtaining medical treatment and to collect forensic evidence in the event the patient decides to pursue legal options. Receiving medical treatment links the victim to multiple other services and support available to victims of sexual assault.

This document provides information to help guide Iowa health care providers in offering a forensic medical examination to victims of sexual assault. The protocol is intended to address issues that are routinely involved in a sexual assault examination. Additional information is available through comprehensive training courses for Sexual Assault Forensic Examiner (SAFE) / Sexual Assault Nurse Examiner (SANE) (See Appendix E). A more detailed protocol is also available through the U.S. Department of Justice, at <https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>.

VICTIM ISSUES

Victim Advocates

Iowa law states that a victim advocate cannot be denied access to a sexual assault victim if the victim has specifically requested an advocate be present. While it is the victim's choice whether or not s/he wants the advocate present or wants to utilize victim advocate services, it is strongly recommended that health care facilities and clinics conducting sexual assault examinations have a procedure in place to notify their local victim service agency when a victim appears for examination. Trained victim advocates play a crucial support role to victims of sexual assault. The victim advocate can legally be present throughout the victim's involvement with the medical and criminal justice systems, and is the only continuous community contact that the victim may encounter following an assault. Trained victim advocates provide crisis intervention, ongoing counseling, and support services. They can provide referrals for other community services, offer legal advocacy, be present during criminal justice proceedings, assist with application for crime victim compensation, and encourage follow up for medical concerns/STI testing. (Refer to Appendix A for Iowa Code sections relating to victim advocates.)

Mandatory Reporting

Iowa law mandates reporting to the Department of Human Services (DHS) incidents of abuse and neglect for two specific populations: children and dependent adults (which may include persons with disabilities who have legal guardians). Specific to sexual assault, it is a mandatory report to DHS only if the caretaker of a child under the age of 18 is the perpetrator of the abuse. (Appendix A)

Reporting to Law Enforcement

The decision to report a sexual assault to law enforcement rests with the victim. Victims are encouraged to report and cooperate with law enforcement; however the victim has the right to refuse to talk with law enforcement, except under mandatory reporting situations. Iowa law requires hospitals to report sexual assault to law enforcement only if the victim is under the age of 12, if a victim suffers a gunshot wound or knife wound, or if a victim sustains serious bodily injury as defined in the Iowa Code section 702.8 (Refer to Appendix A). All other circumstances are considered permissive for reporting purposes, and should only be made with the consent and knowledge of the victim.

Payment for Sexual Assault Exams

The Iowa Attorney General's Crime Victim Assistance Division (CVAD) pays for all sexual abuse examinations through the Sexual Assault Examination (SAE) Program. A police report is not necessary for a forensic exam to be reimbursed by the SAE Program. The fees for the examiner and for the agency are established separately by the Iowa Legislature and are detailed in the Iowa Administrative Code. Each service, including laboratory tests and pharmacy charges, must be itemized on the billing form. The SAE program pays for the initial visit and unlimited follow up visits for the purpose of testing/prevention of diseases. The rules prohibit medical providers from billing the sexual abuse victim for the cost of the exam. The patient's insurance *cannot* be billed unless the patient gives permission to bill the insurance carrier (Appendix C).

SPECIAL VICTIM CONSIDERATIONS

Cultural/Religious

Cultural and religious doctrines have profound impact on individuals and must be considered when treating the sexual assault victim. There may be a general distrust of medical and law enforcement personnel who play vital roles in the aftermath of a sexual assault. In some cultures, the loss of virginity is an issue of extreme importance because it impacts the victim's future honorable marriage. Religious doctrines may prohibit a female from disrobing in the presence of a male who is not her husband. Law enforcement, medical and support professionals must be sensitive to these issues, and have a basic level of cultural competence regarding those who live in their communities.

Elderly Victims

As with most other sexual assault victims, the older victim may experience humiliation, shock, disbelief, and denial. In addition, there is fear of losing independence if they disclose the sexual assault. Fear, anger, or depression can be severe in an older victim, who is often more isolated and may live on a limited income. In general, older persons are physically more fragile than the young. Injuries from an assault are more likely to be serious and possibly life-threatening. In

addition to exposure to sexually-transmitted disease, the older victim may be more at risk for other tissue or skeletal damage and exacerbation of existing illnesses. The recovery process for an older victim is often lengthier than for someone younger. Hearing impairment and other physical conditions attributed to advancing age, coupled with the initial reaction to the crime, may render the older patient unable to make his or her needs known. Medical and social follow-up services must be made easily accessible to an older victim. Without encouragement and assistance in locating services, many may have difficulty with emotional and physical recovery from the crime and will be reluctant to proceed with the prosecution of their offenders.

Victims with Disabilities

A victim who has one or more disabilities is often targeted by perpetrators of sexual assault because of their perceived vulnerability or ease of access. Sexual assaults committed against those who are emotionally, physically, cognitively or communicatively disabled are often unreported and seldom successfully prosecuted. Offenders are typically caretakers, family members or acquaintances who can repeatedly abuse the victim because s/he is not able or will not report the crime. A victim with a disability may require additional time and accommodation during the interview process with law enforcement and during the forensic exam with medical personnel. If the victim is designated as a dependent adult, a mandatory report to DHS will need to be initiated. Providers need to inform the victim about specialized support services that may be available to them (Appendix D).

Victims of Domestic Violence

Sexual assault by a spouse is a grave indicator of the danger a victim of domestic abuse faces and must be taken seriously. A woman who is raped by her partner is more likely to die from his subsequent actions. Providers must determine whether the assault occurred in the context of a domestic abuse incident so that proper legal referrals and services can be provided. A victim who has been sexually assaulted by a partner most likely has experienced other forms of physical and emotional abuse from that partner. Providers should have a procedure in place for contacting the local domestic violence crisis center when victims of domestic violence are seen in the hospital or clinic. Consider arranging with the center to offer safe options before the victim leaves the facility following the exam. At minimum, a referral to the local service program or hotline should be offered after the initial sexual assault report and examination.

Male Victims

There is great reluctance on the part of most male victims to report sexual assault. Multiple cultural and societal beliefs impact a male victim's decision to seek services. He may have serious concerns about his inability to prevent the assault. As with most other sexual assault victims, he needs reassurance that this violent crime was not his fault. Males who may have been assaulted by other males and do not identify as homosexual may also have serious worries about their gender identity.

Gay, Lesbian, Bisexual, Transgendered, Inquiring or Queer (GLBTIQ) Victims

The GLBTIQ sexual assault victim is often reluctant to seek services for multiple reasons. There is a concern of encountering barriers of prejudice and ridicule as a result of reporting sexual assault. Another consideration may include that the victim's family/friends are not aware of the victim's sexual orientation. Fears of being "outed" and ostracized may be more traumatizing for the victim than the assault.

Incarcerated Victims

As in the general population, sexual assault is unreported and underreported in the prison system. Multiple factors may inhibit or preclude the incarcerated victim from reporting a sexual assault. The Prison Rape Elimination Act of 2003 (PREA) was enacted to address problems of sexual assault in correctional agencies. Development of standards for prevention, detection, reduction and punishment of prison rape is a major provision of the act. PREA initiated discussions between prison officials and local care providers to establish best practices for incarcerated victims of sexual assault. In order to ensure the same standards of care for the incarcerated victim, sexual assault victims are transported to local facilities for forensic examinations. It is recommended that community health facilities serving prisoners in Iowa have a procedure in place for conducting and documenting sexual assault of an incarcerated prisoner.

Child Sexual Assault Victims

The Iowa Code states that minors (under 18 years) who are victims of sexual assault can receive immediate medical and mental health services without prior consent of a parent or guardian. In addition, minors can consent to STI testing, treatment, and prevention (vaccination) without parental consent. The Iowa Codes specifies definitions of sexual abuse, mandatory reporting situations and age guidelines regarding sexual assault of a minor. In Iowa, those aged 16 and older are of legal age to *give consent* to have sex. If a sexual assault victim is under 12 years of age, it is a mandatory report to law enforcement or DHS (refer to Appendix A). Depending on the institutional policies and the sexual maturation of the victim, some victims may be referred to the closest Child Protection Center (CPC) for evaluation (refer to Appendix F). The CPCs have multi-disciplinary staffs that are uniquely trained to provide services to children and their families. Forensic physical examinations and histories of children are uniquely different than adults. Children are not small adults either physiologically or emotionally.

Pregnancy and STI Issues

It is recommended that all victims of sexual assault who seek medical forensic care be offered emergency medical treatment. Counseling about pregnancy prevention and the importance of timely action is a necessary part of the emergency treatment. Ideally, emergency contraception should be initiated as soon as possible and within 72 hours after the sexual assault. Health care facilities or physicians who do not offer these services must have an established, timely procedure to assist the victim who wishes to take emergency contraception.

Information regarding the risks of Sexually Transmitted Infections (STIs), including HIV, after a sexual assault must be provided to the victim. Offer victims prophylaxis against STIs at the time of the initial exam. Consider the need for testing victims for STIs on a case-by-case basis. Post exposure prophylaxis for HIV must be discussed with victims, including the necessity to begin prophylactic medication within 72 hours of the sexual assault. Health care facilities or physicians who do not offer these services must have an established timely procedure to assist the victim who chooses to take HIV prophylaxis medications.

Medications to Prevent Sexually Transmitted Infections (STI)

The most recent CDC Treatment Guidelines (2015) for sexual assault and STI preventive therapy recommend:

- Postexposure hepatitis B vaccination (without HBIG) should adequately protect against HBV infection. Hepatitis B vaccination should be administered to sexual assault victims at the time of the initial examination if they have not been previously vaccinated. Follow-up doses of vaccine should be administered 1–2 and 4–6 months after the first dose.
- An empiric antimicrobial regimen for chlamydia, gonorrhea, trichomonas, and bacterial vaginosis.

Recommended Regimens

Ceftriaxone 250 mg IM in a single dose (GC)

PLUS

Azithromycin 1 gm orally in a single dose (GC & Chlamydia)

PLUS

Metronidazole 2 gm orally in a single dose (Trichomoniasis)

Summary of CDC 2015 STD Treatment guidelines with alternatives:

<http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf>

- HIV Prophylaxis

The CDC recommends that patients who have been sexually assaulted are offered HIV prophylaxis. The National AIDS/HIV Consultation Center PEpline can be reached at (888) 448-4911. See Appendix B and the following website for specific guidelines regarding risks and current medication recommendations.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm>.

COORDINATED RESPONSE

Coordinated response occurs when several community agencies work together for the benefit of victims. Successful sexual assault programs do not operate independently of other disciplines. Typically, the community agencies that work together to respond to sexual assault

are local law enforcement, county attorney offices, victim service agencies, and emergency departments or Sexual Assault Nurse Examiner (SANE) programs. Agencies can assist one another by building a collective capacity for coordinated response and interventions. This can be accomplished by offering multidisciplinary trainings and technical assistance; sharing personnel, expertise, equipment and information; meeting face to face to develop relationships among disciplines; and developing policies and protocols that facilitate mutual goals in victims' services across systems. Overcoming barriers in individual communities requires willingness on the part of agencies to individually and collectively understand the unique needs of victims in their community and to identify solutions. For more information, go to the Office of Victims of Crime (OVC) SART tool kit: <http://ovc.ncjrs.gov/sartkit/>. In addition, contact the [Iowa Coalition Against Sexual Assault](#) for a current list of SART-SANE programs in Iowa.

Victim Advocates

The importance of having a victim advocate available to survivors of sexual assault cannot be over-emphasized. Advocates are critical to containing the aftermath of the trauma and to begin the healing process. Advocates can assist emergency department staff to explain the purpose and value of medical and forensic evidence collection procedures, provide emotional support during the examination, counsel family members or friends of the survivor, and be present during the law enforcement interview. Hospitals need to have a protocol that includes contacting the nearest sexual assault service center to notify them when a patient has presented to the emergency department. When the advocate arrives, he or she should be introduced to the patient as part of the sexual assault team and be given an opportunity to explain the services available. The patient can exercise a choice to have an advocate. Under Iowa Code section 910A.20 (2), a victim advocate cannot be denied access to a victim if that victim has specifically requested the advocate to be present. To identify sexual assault advocacy services in your community, refer to Appendix D.

Health Care

An important member of the health care team includes emergency department staff. The victim's medical status is the priority. The role of emergency department staff is to assess, evaluate, and stabilize the victim; and identify and treat injuries prior to discharging the victim to the care of the Sexual Assault Nurse Examiner (SANE). SANEs are nurses who are specially trained to perform the evidentiary examination. They offer many advantages because time and competency are critical for preservation of forensic evidence. The availability of a SANE frees other emergency room staff that may have to interrupt an exam to attend to more critical cases. SANEs attend to survivors expediently which decreases the wait time before survivors are allowed to bathe, void, eat, and drink. Lastly, SANEs have the specialized expertise and sensitivity necessary for a thorough examination and preservation of evidence. Depending upon local administrative arrangements, SANEs may be able to travel to hospitals or facilities to examine a survivor, which is particularly important in rural areas of the state that do not have sexual assault resource teams. For more information, go to <http://www.forensicnurses.org/>.

Law Enforcement

The primary responsibilities of the responding officer are to ensure the immediate safety and security of the victim and to obtain basic information about the assault in order to apprehend the assailant. The responding officer should convey the following information to the sexual assault victim if she or he is the first professional contact the victim makes:

- The importance of a medical and evidentiary examination. The officer should explain the value of preserving potential physical evidence. Additionally, the importance of preserving potentially valuable evidence which may be present on clothing worn during the assault or on bedding or other materials involved at the crime scene. The officer should recommend that a change of clothes be brought to the hospital in the event clothing is collected for evidentiary purposes.
- The name and phone number of the nearest rape crisis center and the importance of the support and services they offer. If appropriate, give information about the Sexual Assault Examination Payment Program and provide a brochure (available from the Crime Victim Assistance Division).

Prosecution

The prosecutor plays a key role in the criminal justice system. She or he decides who will be charged, what charge will be filed, who will be offered a plea bargain, and the type of bargain that will be offered. The prosecutor also may recommend the offender's sentence. Although each of these decisions is important, none is more critical than the initial decision to prosecute or not to prosecute. Prosecutors have broad discretion at this stage in the process. There are no legislative or judicial guidelines about charging, and a decision not to file charges ordinarily is immune from review. According to the Supreme Court, "So long as the prosecutor has probable cause to believe that the accused committed an offense defined by statute, the decision whether or not to prosecute, and what charge to file or bring before a grand jury generally rests entirely in his discretion" (*Bordenkircher v. Hayes*, 434 U.S. 357, 364 [1978]).

In most cases, a prosecutor will not file charges if the sexual assault victim is unwilling to cooperate with law enforcement or prosecution; however, there are exceptions to this and decisions are made on a case-by-case basis. For more information, see: Spohn C & Holleran D. *Prosecuting Sexual Assault: A Comparison of Charging Decisions in Sexual Assault Cases Involving Strangers, Acquaintances, and Intimate Partners*. US Dept of Justice, 2004. (available at <http://www.ncjrs.gov/pdffiles1/nij/199720.pdf>)

Forensic Scientists

Forensic scientists analyze collected evidence and provide results to the investigators and/or prosecutors. In Iowa, the Division of Criminal Investigation (DCI) of the Iowa Department of Public Safety processes sexual assault examination kits that are submitted by local law enforcement. Typically, these kits are not submitted for analysis until after charges are filed in a sexual assault. Kits that are collected by health care facilities or SANEs are turned over to law

enforcement who are responsible to properly log and store them until they are released for processing. The DCI also distributes new exam kits to facilities so they can keep them on hand when a sexual assault victim appears for examination. To request a supply of kits or for more information, contact (515) 725-1500 or go to: <http://www.dps.state.ia.us/DCI/lab/index.shtml>.

Crime Victim Assistance Division

The Crime Victim Assistance Division's Sexual Assault Examination Payment Program covers the costs of the medical and evidentiary examination. This program pays for the costs of other health care needs of the sexual assault victim such as prophylaxis medication and follow up examination. For more information, go to: <https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examination-payment-program/>. In some cases, victims of sexual assault may be eligible for compensation of other expenses related to the crime. For information about the crime victim compensation program, which requires separate application, refer to Appendix C.

ADULT SEXUAL ASSAULT PROTOCOL: INITIAL MEDICAL AND FORENSIC EXAMINATION

This protocol is written as a brief guideline for an initial forensic examination of a sexual assault patient. The examiner may modify, omit or add to this protocol based on the history, age of the patient, and physical findings. The 2004 “National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescent” (listed in Appendix E) is highly recommended for a more thorough and detailed protocol with documented rationale.

The State of Iowa Sexual Assault Evidence Collection Kit is the “tool” used to collect sexual assault forensic materials/evidence from patients. It is available from the State of Iowa Crime Lab, Division of Criminal Investigation (Appendix E). Step by step instructions are included in the kit explaining what evidence to collect and how to collect each specimen. The instructions will guide the examiner through the evidence collection process. The guidelines that follow are additional information regarding many of the items outlined in the evidence collection kit instructions. The examiner should “think outside the box” in regard to evidence collection. Evidence collection is not limited to items included in the guidelines but rather is directed by the patient’s history. All items contained in the sexual assault evidence kit do not have to be collected from every victim. The specific items used in the evidence kit will be dependent on the case scenario.

GENERAL CONSIDERATIONS

The documentation of injuries and the collection of evidence are enhanced by performing a forensic medical examination as soon as possible following the assault. Time guidelines vary from jurisdiction to jurisdiction and state to state with recommendations of 72-120 hours post assault. The best biological evidence is collected within the first 12 hours and by 72 hours evidence may tend to disappear. However, depending on multiple factors, examinations up to 120 hours may still yield good results. Recognize that decisions about whether to collect evidence on a case-by-case basis are guided by knowledge that outside time limits vary due to multiple factors. These may include the location of evidence, if the victim has bathed type of sample collected and additional factors.

The collection of the majority of the forensic evidence from the patient’s body utilizes cotton tipped swabs. Guidelines for using the cotton tip swabs include:

- 1) Always collect 2 swabs at the same time.
- 2) If the area is dry from which you are swabbing, lightly moisten the applicators with either sterile water, tap water OR normal saline.
- 3) After swabs are collected, allow swabs to air dry (no dripping) before placing them in paper or individual boxes.
- 4) Use separate swabs for each body location from which a sample is taken (ie, neck, breast, abdomen, etc).
- 5) Label the package with patient’s name and the location of the material collected.

The examiner must always wear gloves during the exam and the collection of evidence from the patient. Avoid examiner DNA contamination of the evidence collection kit by not talking, coughing, or sneezing over the open evidence collection kit.

The medical history is collected after the initial introduction of available services and consent has been obtained from the patient. Persons present in the exam room should be limited to the examiner and trained advocate, with the patient's consent. If the patient requests the presence of a family member or friend in the exam room, the patient is strongly encouraged to complete the history portion of the exam prior to having someone else in the room. There is a legal basis for this as well as the ease for the patient of recounting details of a horrific event in front of friends/family. It is however always the patient's choice to participate in as much or as little of the process as s/he chooses. Informed decision making is crucial.

If the patient has no memory of what type of assault occurred, best practice dictates collecting specimens from all three orifices (mouth, vagina, anus). Additional evidence specimens may be obtained based on the physical exam.

The patient medical record may include current medications and pertinent past medical problems, contraception/menstrual history, GYN history, brief physical exam, written description of injuries/trauma, body diagrams and photographs, history of the event, date of last consensual intercourse, documentation of contraceptive and STI information and treatment, list of evidence collected including clothing and urine for pregnancy/DFSA/HIV testing.

1. Patient Consent Form

The purpose of the Patient Consent Form is to obtain the "informed" written consent of the patient for medical evaluation and treatment, and for forensic exam and evidence collection. Additional consent items may be obtained based on hospital policies or legal statutes. Examples of this include consent for 1) medical personnel to speak to law enforcement about the assault at the time the evidence kit is picked up by law enforcement; 2) writing patient's name vs. "Jane Doe" or other numbering system on the evidence collection kit in order to turn it over to law enforcement; or 3) taking photographs.

The consent process should be completed prior to beginning the patient history and examination. The patient should be informed of the right to decline all or parts of the forensic evidence exam. In the case that an adult patient lacks the capacity to give consent, the patient's legal representative should sign the consent form. (In addition, hospitals may have specific guidelines for this scenario.) In rare cases, the County Attorney's office may be contacted for guidance regarding consent.

2. General physical exam

The primary responsibility of the medical provider is to address the physical and emotional needs of the victim of sexual assault. Reassure the victim that s/he is in a safe place. A brief physical exam is necessary to identify physical injuries. Often the traumatized victim is unaware of any injuries sustained during a sexual assault. Documentation of the general appearance and demeanor of the victim is important. Was the victim disheveled in appearance? What was the speech pattern, demeanor, or eye contact exhibited? The breasts and neck are often sites for bruising. Documentation of all bruises, cuts, scrapes, etc. is important. A description of size and location of the injury should be noted. Victims may have been choked or strangled. Examining the neck, behind the ears, and sclera for petechia are important. Injuries to the head and limbs may occur during a sexual assault. Body diagrams/maps are useful in accurately documenting findings from a physical exam.

3. Clothing Evidence

Clothing is retained for evaluation of the presence of hairs, fibers, and body fluids. In addition, ripped/torn/stained clothing may corroborate the patient's history of the event. Gloves should be worn by the provider when handling the clothing. Each article of clothing should be labeled with the patient's name and separately placed into a paper bag. Plastic bags encourage the growth of mold and bacteria. Do not write on or cut through existing rips/tears/stains in clothing. A paper bag for underwear is present in the Iowa Evidence Collection kit. The bag should be secured with tape and the examiner's initials and date of exam should cover both the tape and the bag. If the clothing is damp/wet, the law enforcement officer picking up the evidence should be alerted to remove the clothing in the police station's secured evidence room to allow the articles of clothing to dry. Moisture degrades biological evidence by encouraging mold to grow.

4. Oral Swabs

Oral swabs are collected when it is believed that a penis penetrated the mouth. This specimen should be collected as soon as possible in the exam process to avoid the disappearance of the evidence. Food and liquids should be avoided prior to the oral swab collection. Using two (2) sterile cotton tipped applicators, swab inside the mouth along the inner cheek, gum line, and under the tongue. Allow swabs to air dry and then place into the labeled envelope. In the case of an oral assault many hours prior to the examination or in the case where the patient has eaten/drank multiple times prior to the exam, dental floss can be used to collect evidence between the teeth. If there is a risk of exposure to HIV/AIDS, the examiner should not push the dental floss all the way into the gums where it could cause bleeding. Floss the teeth prior to the oral swab collection and package the floss in a sealed/labeled envelope. The "miscellaneous" envelope can be used (or any other envelope) as long as the envelope is appropriately labeled with the accurate source of the specimen.

5. Vaginal Swabs

Vaginal swabs are collected when it is believed that a penis penetrated the vagina. Inspect the external genitalia and surrounding skin for trauma and possible evidence before the speculum exam. The patient with no prior intercourse or speculum experience may decline a speculum examination. The rationale for a speculum exam should be discussed with the patient; however it is the victim's choice to proceed unless medically indicated by factors such as obvious injury/bleeding. Vaginal swabs can still be collected from the patient.

The collection of perineal skin swabs often yields evidence and if indicated, should be obtained prior to the vaginal exam. Lightly moisten two (2) cotton applicators and gently roll over the perineum. After air drying, place swabs in properly labeled paper sleeve/box.

To collect the vaginal swabs, insert two (2) cotton tipped applicators in the vaginal fornix. If there is a pool of fluid, specimens can be obtained from the pool. Additional specimens can be obtained from the cervix and vaginal walls behind the cervix. These are especially good areas to swab if the amount of time passed since the assault is long or the patient has douched. Air dry the swabs before placing in paper sleeve/box. When more than one sample is obtained from the vagina, label the specimens in order of obtainment along with the source of the specimen. For example: #1 peri-vaginal perineum, #2 cervix, #3 vaginal walls.

6. Anal Swabs

Anal swabs are collected when it is believed that a penis penetrated the anus. They are collected prior to the anal exam. Look for the presence of fluid and, if present, swab it with two (2) cotton tipped applicators. This specimen would be labeled "peri-anal" swab. If fluid is not present, moisten two (2) applicators and gently roll on and just inside the anus. Allow to air dry and place in paper sleeve/box.

7. Dried Secretions Swab

Collect dried/foreign material from the body surface. Carefully inspect the body for dried or wet secretions on the skin. Use of an alternative light source (ALS) might be helpful in identifying evidence. Any area that fluoresces with the long-wave ultraviolet light/ALS or that the patient identifies as an area where there may be body fluid transference (i.e. kissing, licking, biting, splashed semen) should be swabbed. High yield areas for positive findings (with or without fluorescence) include the neck and breasts.

For dried secretions, use two (2) moistened cotton tip applicators to swab the area. Next, gently roll two (2) dry cotton applicators over the same area. Separate swabs should be collected from each site and properly labeled. Maintain the separation of the moist swabs and the dry swabs from each other. Bite mark specimens are collected in the same manner. If there are dried secretions matted in any of the body hair, they may be cut out and placed in the

debris envelope. Fingernail swabbing/scrapings can also be obtained if the patient's history supports the need to collect this evidence. Moistened cotton applicators can be used for collection of evidence under the nails or nail cuttings or scrapings are an alternative. A separate clean envelope or sheet of paper for each hand should be used to secure the evidence. Label with the appropriate source of the evidence.

8. Buccal Swab

Buccal swab collection is obtained to positively identify the patient. If an oral specimen was obtained, the patient should rinse the mouth and wait 15 minutes to obtain the buccal swab. Use two (2) cotton tipped applicators and rub the inside of the both cheeks with an "up and down" motion. If an oral assault occurred, DNA other than the patient's may also be present in the oral cavity. In this case, the patient's blood sample must be obtained to definitively identify the patient's DNA. A "FTA" blood collection card is used to collect the patient's blood sample. Whole blood is not obtained.

9. Toxicology Screening

Urine is the specimen of choice for toxicology screening in a sexual assault victim. Drug-facilitated sexual assault (DFSA) is the term used if substances, including alcohol, were used at the time of the assault. Urine is obtained for the purpose of toxicology screening when the examiner believes the patient exhibits symptoms of being drugged or when the patient or accompanying person states the patient was drugged. Immediately collect the urine from a suspected DFSA patient. The State of Iowa Crime Lab performs toxicology screenings. For toxicology testing, the lab tests only urine. Urine can be collected in any appropriately labeled urine specimen container. The urine sample should be refrigerated in a bag rather than the evidence collection kit until delivered to the forensic lab by law enforcement.

Specific collection kits are needed for alcohol testing and can usually be obtained from law enforcement. The specific kit (Tritech Corporation catalog number BU3) may also be ordered by any agency. In the event that both alcohol and toxicology testing is needed, urine would be collected in both the Trittech kit and a urine specimen container for toxicology testing.

Specimens may also be sent to private FORENSIC laboratories when prior arrangements have been made. Because drugs disintegrate quickly in the body, do not collect urine for toxicology if more than 72 hours has passed since the suspected ingestion of the drugs.

10. Securing Evidence

All specimens must be identified with the patient's name, date of collection, source of the specimen and the examiner's initials/name. Each item should be securely closed without contamination by the examiner (i.e., licking of an envelope, ungloved hand). Each envelope is

placed inside the evidence collection kit. The kit is sealed closed with the evidence labels. The examiner initials the seals and completes the “Hospital Personnel” section on the outside of the evidence collection kit.

The evidence collection kit should not be refrigerated as this will compromise the biological evidence. If urine is collected for DFSA, the urine may be refrigerated in a separate container inside a sealed paper bag. It is NOT put inside the evidence kit due to possible contamination of the evidence if fluid leaks. (In addition, the urine will go to a separate section of the laboratory for analysis than the evidence kit.) Chain of custody of the evidence is maintained by the examiner until the evidence is SIGNED over to law enforcement or stored according to legal guidelines of the institution.

11. Information for Crime Lab

A “victim information” sheet is inside each evidence kit. Hospital or SART forms are not a substitution for this form and should not be included. This report form guides the criminalist in performing the analysis of the evidence. The form should be completed by responding to the written questions. The “victim’s description of the assault” is written by the examiner based on what the patient reported in the medical history. It should give a brief overview of the type of assault, items of clothing included in the kit, injuries pertinent to the evidence collection, and other helpful information for the criminalist to complete the analysis of the evidence.

12. Post Examination Recommendations

The discussion of follow up services for both medical and counseling needs is an important treatment aspect for sexual assault victims. It is essential that they receive pertinent information regarding any recommended follow up medical procedures or appointments concerning treatment for sexually transmitted infection, healing of injuries, etc.

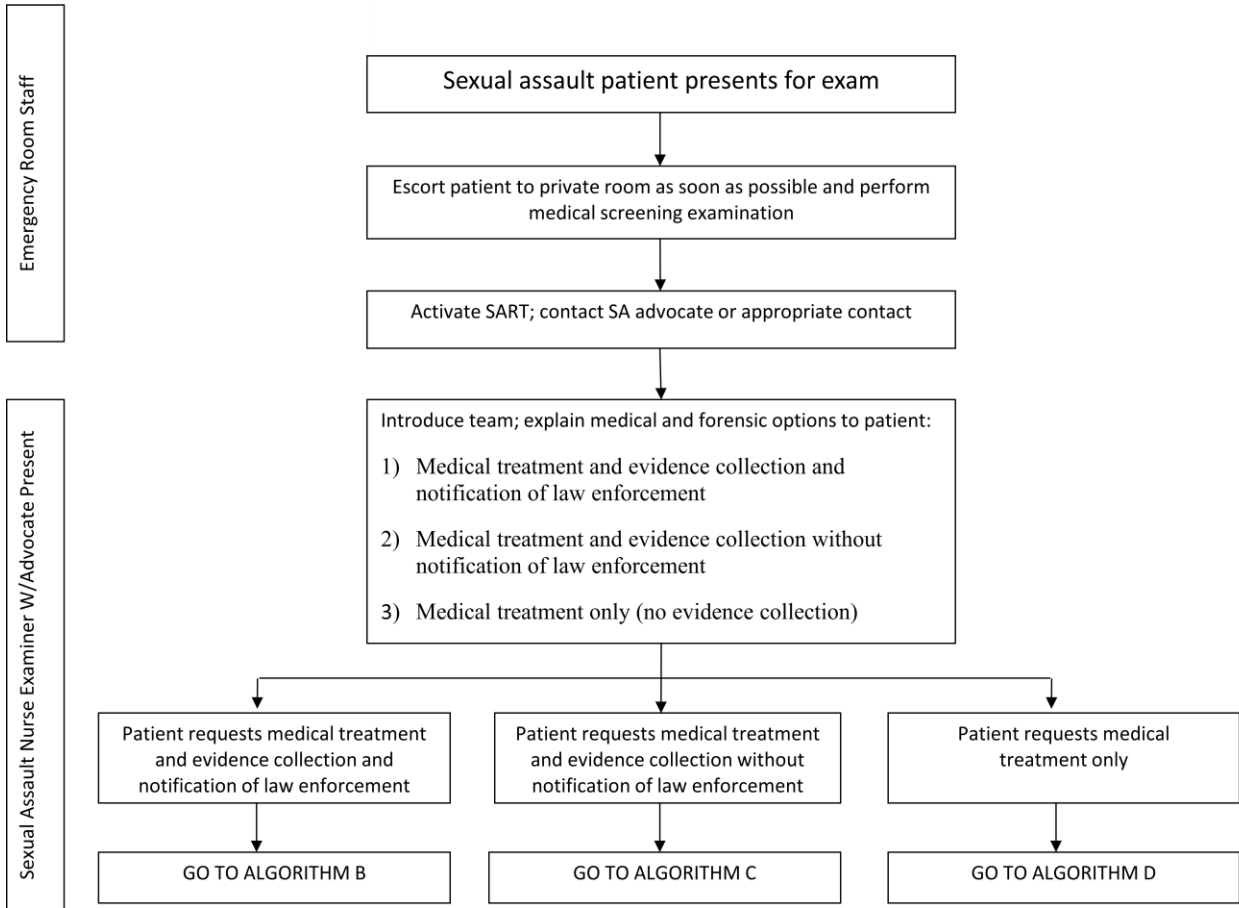
Patients should be encouraged to obtain follow up tests for possible pregnancy or sexually transmitted infection including HIV within four (4) weeks after the initial examination. Patients should be encouraged to self-monitor symptoms and seek health care with any concerns. Written and verbal information should be provided to patients, including the locations of clinics or referrals. Patients should be informed that the costs for these follow up tests are also covered by the Sexual Assault Examination Payment Program.

Post-assault counseling information should also be given to patients, and they should be encouraged to seek such services. Most victims will be more likely to participate with follow-up services if they have had the opportunity to meet with a sexual assault advocate/counselor during the examination process.

Additional patient information is included in the Sexual Assault Evidence Collection Kit. This includes payment of sexual assault exams, coverage for additional crime-related expenses, information about HIV/AIDS and test sites, and a list of Sexual Assault Service Programs in Iowa.

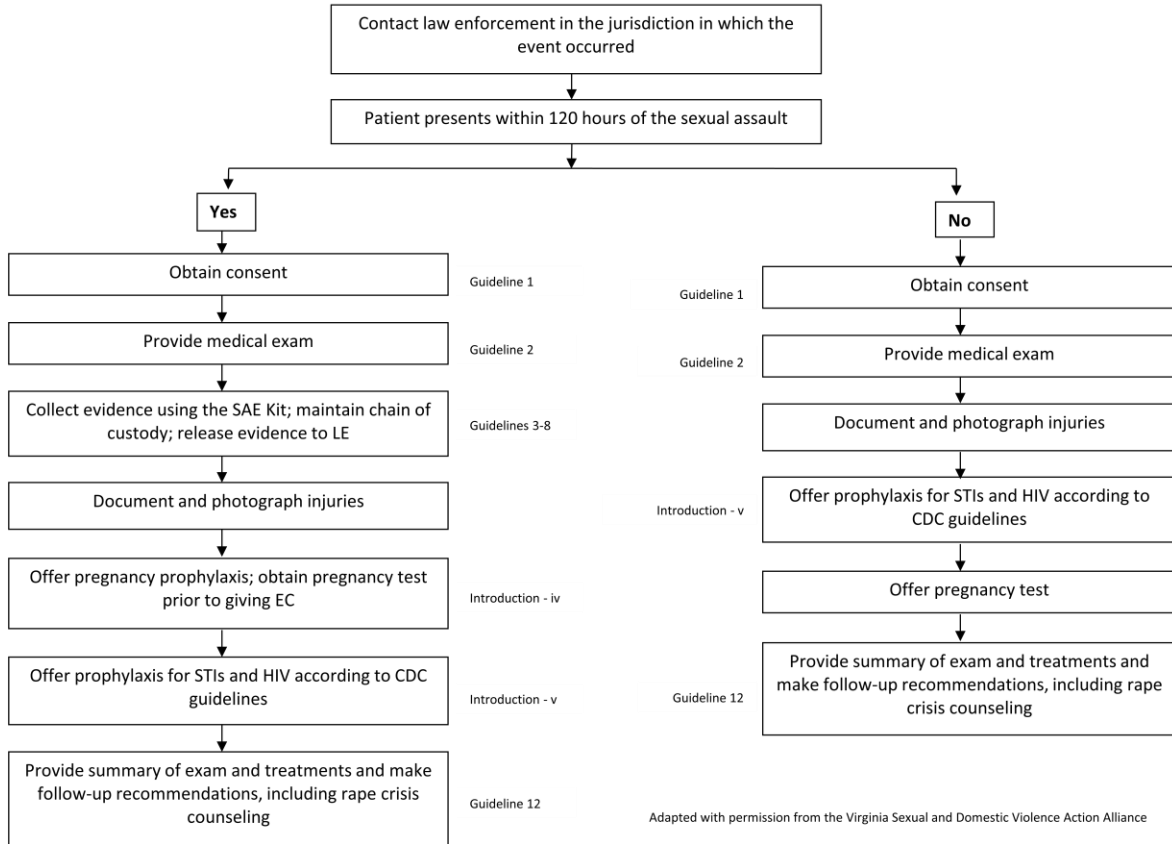
ALGORITHMS

ALGORITHM A - PATIENT SEEKS CARE

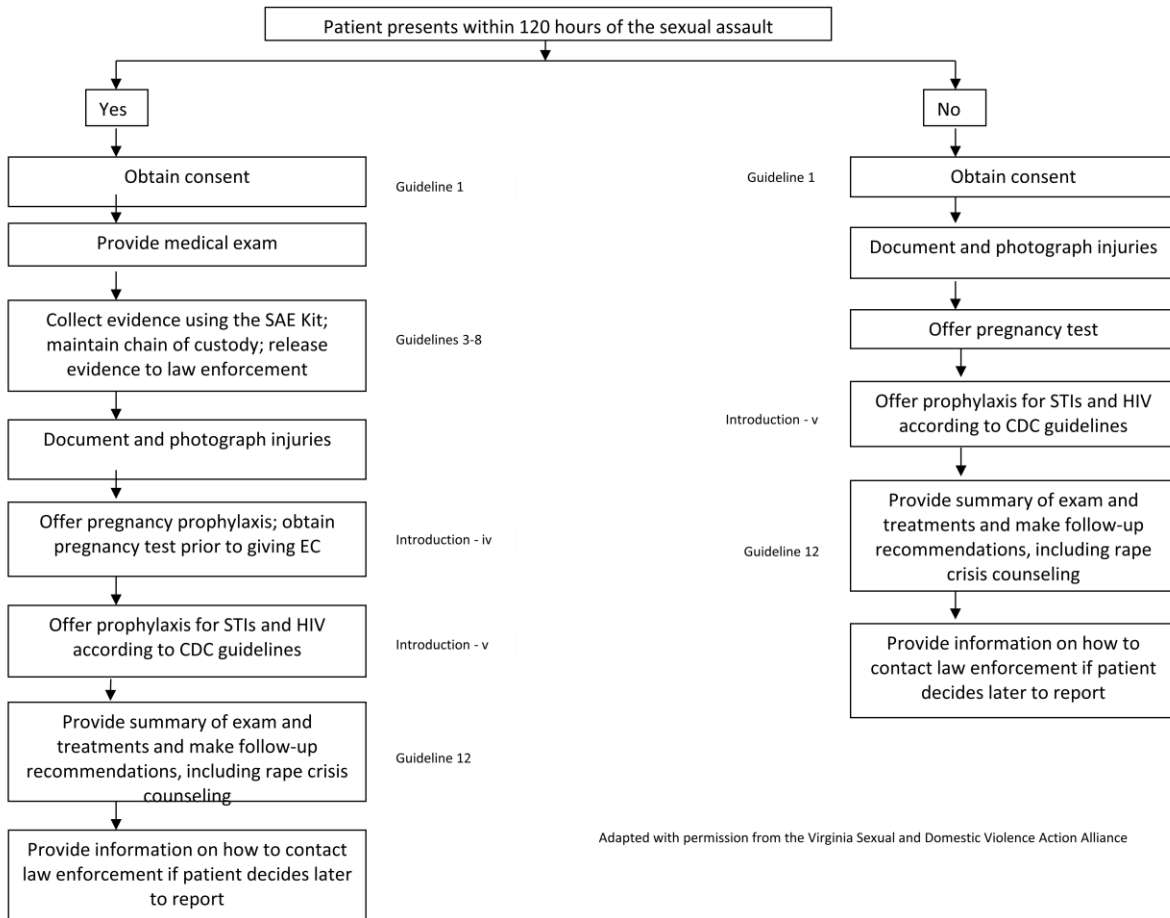


Adapted with permission from the Virginia Sexual and Domestic Violence Action Alliance

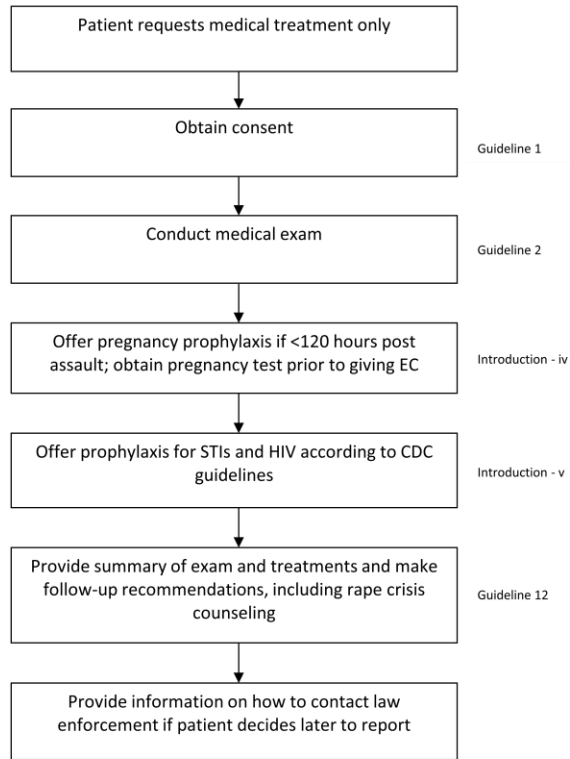
ALGORITHM B - MEDICAL TREATMENT & EVIDENCE COLLECTION WITH LAW ENFORCEMENT NOTIFICATION



**ALGORITHM C - MEDICAL TREATMENT AND EVIDENCE COLLECTION
WITHOUT LAW ENFORCEMENT NOTIFICATION**



ALGORITHM D - MEDICAL TREATMENT ONLY



Adapted with permission from the Virginia Sexual and Domestic Violence Action Alliance

APPENDICES

APPENDIX A - RELEVANT IOWA CODE PROVISIONS

Sexual Abuse

Any sex act between persons is sexual abuse if the act is done by force or against the will of the other. If consent or acquiescence of the other is procured by violence or threats of violence or if the act is done when the other is under the influence of a drug inducing sleep or is otherwise in a state of unconsciousness. Acts committed under the aforementioned circumstances are deemed to be done against the will of the other. Additionally, if a person is suffering from a mental defect or incapacity which precludes giving consent, or lacks the mental capacity to know the right and wrong of conduct in sexual matters the person engaging in sex acts with that individual has committed sexual abuse.

Iowa Code § [709.1](#). See generally Chapter [709](#), § [702.17](#)

Age of Majority

Generally, the age of majority in Iowa is eighteen years old. A minor is said to have reached the age of majority upon marriage, or when they have been tried, convicted and sentenced as an adult.

Iowa Code §§ [702.5](#), [232.68\(1\)](#). See also [599.1](#), [709.8](#), [709.4](#), [709.12](#).

Age of Consent

Under Iowa law, the age of consent is generally sixteen years of age. However, it should be noted that a specific age of consent is not codified. For the purposes of sex crimes, criminal acts are determined based on the ages of the individuals involved in the sex act.

Iowa Code §§ [709.4](#), [702.5](#)

Consent

A sexual act is said to be committed without consent if the act is done by force or against the will of the other or if acquiescence of the other is procured by violence, or threats of violence toward any person. To be able to give consent to a sex act an individual must be free from the influence of a drug inducing sleep, conscious, and of a sufficient mental capacity to know the right and wrong conduct in sexual matters.

Iowa Code § [709.1](#). See also §§ [709.1A](#), [702.17](#), [709.5](#).

Serious Injury Reporting

Serious injuries include disability, mental illness and bodily injury which creates a substantial risk of death, causes permanent disfigurement or causes protracted loss or impairment of the function of any bodily member or organ. Serious injuries include but are not limited to skull fractures, rib fractures, and metaphyseal fractures of the long bones of children under the age of four.

Under Iowa law, any person licensed to administer treatment to any person suffering from a gunshot, stab wound or other serious injury which appears to have been received in connection with the commission of a criminal offense, or to whom an application is made for treatment of any nature because of the serious injury, shall at once report that fact to the law enforcement agency within whose jurisdiction the treatment was administered or an application thereof was made no later than 12 hour thereafter. Any provision of law or rule of evidence relative to confidential communications is suspended insofar as reporting of the serious injury is concerned.

Iowa Code §§ [147.111](#), [702.18](#)

Advocates

A victim is entitled to a victim counselor at any proceeding commenced by a law enforcement agency, judicial district department or correctional services, or a court pertaining to the commission of a public offense against the victim at which the victim is present. The victim is also entitled to counselor services during examinations of the victim in an emergency medical facility due to injuries from the public offense. A counselor who is present at the request of the victim shall not be denied access to any proceeding related to the offense. Communications shared between the counselor and crime victim are confidential and cannot be disclosed to a third party with the exception of a person present in the consultation for the purpose of furthering the interest of the victim, a person whom disclosure is reasonably necessary for the transmission of the information, or a person with whom disclosure is necessary for accomplishment of the purpose for which the counselor is consulted by the victim.

Iowa Code §§ [915.20](#), [915.20A](#)

Sex Act

Generally means contact between two or more persons involving penetration of the penis into the vagina or anus; contact between the mouth and genitalia or by contact between the genitalia of one person and the genitalia or anus of another person; contact by an artificial sexual organ or substitutes there for in contact with the genitalia or anus; contact between the finger or hand of one person and the genitalia or anus of another person. A sex act does not include contact by a licensed professional.

Iowa Code § [702.17](#). See also Chapter [148](#), [148C](#), [152](#).

Child Abuse

The Department of Human Services has the legal authority to conduct an assessment of child abuse when it is alleged that the victim is a child and the child is subjected to one or more of the nine categories of child abuse defined in Iowa; physical abuse, mental injury, sexual abuse, denial of critical care, child prostitution, presence of illegal drugs, manufacturing or possession of a dangerous substance, bestiality or access to a registered sex offender.

Iowa Code § [232.68](#). See also §§ [702.5](#), [709.4](#), [709.8](#), [709.12](#), [709.13](#), [709.14](#).

Mandatory Reporting

Under Iowa law, a person who, in the scope of professional practice or in their employment responsibilities, examines, attends, counsels, or treats a child and reasonably believes that a child has suffered sexual abuse, physical abuse, mental injury, child prostitution, denial of critical care, bestiality in the presence of a child, manufactures a dangerous substance or is in possession of a dangerous substance *by someone who is a caretaker* shall immediately report the suspected abuse directly to the Department of Human Services. In addition, a report of abuse must be made of a child under twelve whose sexual abuse results from anyone (regardless of their caretaker status). For a child twelve or older, when the sexual abuse occurs from someone who is NOT a caretaker, the report is permissive (at the discretion of the reporter).

Reports made by a mandatory reporter must be made both orally and in writing. In cases involving sexual abuse by persons who are not caretakers, the report can be made to local law enforcement or to the department (who is responsible to refer the report to law enforcement if received).

If the person making the report has reason to believe that immediate protection of the child is advisable, that person must also make an oral report to an appropriate law enforcement agency. A mandatory reporter who knowingly and willfully fails to report a suspected case of child abuse is guilty of a simple misdemeanor, and may also be civilly liable for damages proximately caused by such failure. A mandatory reporter must make all reports in good faith.

Iowa Code § [232.69](#). See also §§ [232.70](#), [232.73](#), [232.75](#). Note: For complete list of mandatory reporters please see § [232.69\(1\)\(b\)](#).

Treatment of Minors

Under general common law, a health care provider must obtain the consent of a minor's parent or guardian in order to render medical care, treatment or services to a minor. Courts have recognized limited exceptions to the general rule of parental consent. In addition, the Iowa legislature has enacted several statutory provisions which expressly authorize minors to provide independent consent to receive medical care, treatment, and services. The purpose behind these minor consent statutes is to encourage minors to receive medical care they might not otherwise receive if they had to obtain consent from a parent or guardian. Every state legislature including Iowa's has enacted statutory exceptions to override the common law parental consent rule and give minors the legal authority to consent to some types of medical care for certain diseases, conditions, and situations.

A minor may consent to the following health care services without the permission or consent of his or her parents or guardians:

Contraceptive Services

In Iowa minors are expressly authorized to consent to receive contraceptive services. A health care provider is not required to obtain consent from a parent or guardian prior to providing contraceptive services to a minor. The relevant portion of the text of the law provides as follows:

A person may apply for...contraceptive services...directly to a licensed physician and surgeon, an osteopathic physician and surgeon, or a family planning clinic.The minor shall give written consent to ...receive the services[.] Such consent is not subject to later disaffirmance by reason of minority.¹

Iowa Code § [141A.7](#)(3). See also Carey v. Population Services, International, 431 U.S. 678 (1977); Title X Family Planning Program.

Victim Medical and Mental Health Services

A minor who is the victim of sexual abuse or assault may receive medical and mental health services without the prior consent or knowledge of the minor's parent or guardian under certain circumstances. The text of the law provides as follows:

“Victim” means a child under the age of eighteen who has been sexually abused or subjected to any other unlawful sexual conduct under chapter 709 [sexual abuse statute] or 726 [incest and child endangerment statute] or who has been the subject of a forcible felony.

¹ This sentence means that a minor's consent may not be later subject to challenge or repudiation by the minor or any other person on the ground that the person was a minor at the time he or she consented to the service.

A professional licensed or certified by the state to provide immediate or short-term medical services or mental health services to a victim may provide the services without the prior consent or knowledge of the victim's parents or guardians.

Such a professional shall notify the victim if the professional is required to report an incidence of child abuse involving the victim pursuant to section 232.69.

Iowa Code § [915.35](#)(1), (2) & (3).

Sexually Transmitted Diseases – Prevention, Diagnosis and Treatment

Iowa law authorizes a minor to provide consent for medical services related to the prevention, diagnosis, or treatment of a sexually transmitted disease. Minors are able to provide consent for prevention services, such as the hepatitis B vaccine, and for treatment for STD's, including chlamydia, gonorrhea, hepatitis B and hepatitis C, human papillomavirus (HPV), and syphilis. A health care provider is not required to obtain consent from a parent or guardian prior to providing these services to a minor.

The text of the law provides as follows:

A minor shall have the legal capacity to act and give consent to provision of medical care or services to the minor for the prevention, diagnosis, or treatment of a sexually transmitted disease or infection by a hospital, clinic, or health care provider. Such medical care or services shall be provided by or under the supervision of a physician licensed to practice medicine and surgery or osteopathic medicine and surgery, a physician assistant, or an advanced registered nurse practitioner. Consent shall not be subject to later disaffirmance by reason of such minority. The consent of another person, including but not limited to the consent of a spouse, parent, custodian, or guardian, shall not be necessary.

Iowa Code § [139A.35](#).

HIV/AIDS Care

Iowa law authorizes a minor to give consent to receive services, screening, testing, and treatment for HIV/AIDS, and provides that the consent of a parent or guardian is not required to provide these services. However, the law does require that a minor must be informed prior to testing that if the test result is positive the minor's legal guardian shall be informed by the testing facility.

The text of the law provides as follows:

Notwithstanding any other provision of law, however, a minor shall be informed prior to testing that, upon confirmation according to prevailing medical technology of a positive HIV-related test result, the minor's legal guardian is required to be informed

by the testing facility. Testing facilities where minors are tested shall have available a program to assist minors and legal guardians with the notification process which emphasizes the need for family support and assists in making available the resources necessary to accomplish that goal. However, a testing facility which is precluded by federal statute, regulation, or centers for disease control and prevention guidelines from informing the legal guardian is exempt from the notification requirement. The minor shall give written consent to these procedures and to receive the services, screening, or treatment. Such consent is not subject to later disaffirmance by reason of minority.

Iowa Code § [141A.7](#)(3).

APPENDIX B - HEALTH PROVISION RESOURCES

Sexually Transmitted Infections

For current treatment guidelines: [Centers for Disease Control & Prevention](#)

Sexually Transmitted Diseases Treatment Guidelines 2015:

<http://www.cdc.gov/std/tg2015/tg-2015-print.pdf> or, the Pocket Guide can be downloaded at: <http://www.cdc.gov/std/tg2015/2015-pocket-guide.pdf>).

For information on HIV prophylaxis in adults/adolescents, see: Centers for Disease Control & Prevention, Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clinical Practice Guidelines. <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>

See also [Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States](#). *MMWR*, January 21, 2005 / 54(RR02); 1-20.

Centers for Disease Control & Prevention homepage: <http://www.cdc.gov/>

New York Health Department HIV Clinical Resources: <http://www.hivguidelines.org/clinical-guidelines/post-exposure-prophylaxis/hiv-prophylaxis-following-non-occupational-exposure-including-sexual-assault/>

National Clinician's HIV/AIDS Consultation Center for warm/hot lines: <http://www.nccc.ucsf.edu/>

For STD clinic sites in Iowa see the [Iowa STD Clinics](#) website: <http://yourstdhelp.com/iowa.html>

For Iowa STD program information/statistics: <http://idph.iowa.gov/hivstdhep/std/resources>

For information on HIV testing and treatment sites and HIV/AIDS information/stats in Iowa see Iowa Department of Public Health website: <http://idph.iowa.gov/hivstdhep/hiv>

Emergency Contraception

The Emergency Contraception Website. Operated by Princeton University and the Association of Reproductive Health Professionals (it has no connection with pharmaceutical companies). <http://ec.princeton.edu/>.

APPENDIX C - PAYMENT FOR SEXUAL ASSAULT EXAMS

The State of Iowa pays for a sexual assault examination regardless of whether the victim reports the crime to law enforcement. This is done to ensure that prosecutors and law enforcement officers will have evidence efficiently and effectively collected if the victim later reports that crime. Funds for the Sexual Abuse Examination Payment Program come from the Crime Victim Compensation Fund. That fund is comprised entirely of fines and penalties paid by convicted criminals. Iowa Code 709§10, states that “The cost of a medical examination for the purpose of gathering evidence and the cost of treatment for the purpose of preventing venereal disease shall be paid from the fund established in section [915.94](#).”

Hospitals, physicians and other medical providers who collect and process evidence of sexual abuse submit bills directly to the Sexual Abuse Examination Payment Program. In the event that a victim is erroneously billed and pays for the cost of the evidence collection, the program will reimburse that victim. Bills should be sent to:

Sexual Assault Examination Program
Iowa Attorney General’s Office
Lucas Building, Ground Floor
321 E. 12th St.
Des Moines IA 50319

For questions, contact (515) 281-5044 or Toll Free: (800) 373-5044

See also the Iowa Attorney General’s Office website, “[Sexual Assault Examination Payment Program](#):”

(<https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examination-payment-program/>)

For more information regarding how to apply for payment for sexual assault exams in your institution, see the [Iowa Administrative Rules website](#), section 61-9.82(915), “[Application for Sexual Abuse Examination Payment](#).”

In some cases, particularly when the victim does choose to report the crime to law enforcement, additional expenses for medical treatment, counseling, lost wages due to the crime, or reimbursement for clothing may be covered by the [Iowa Crime Victim Compensation Program](#). For more information, go to: <https://www.iowaattorneygeneral.gov/for-crime-victims/crime-victim-compensation-program/>.

APPENDIX D - VICTIM RESOURCES

Domestic Violence

For victim support and resources, and to locate advocates or shelters in your area, see the website at Iowa Coalition Against Domestic Violence (ICADV): <http://www.icadv.org>.

For a list of programs in your area: <http://www.icadv.org/#!services-in-iowa/cktc>.

Iowa Domestic Violence Helpline: 1-800-770-1650 or <http://www.survivorshelpline.org/>

Sexual Abuse/Assault

For victim support and resources, and to locate advocates in your area, see the website at Iowa Coalition Against Sexual Assault (IowaCASA): <http://www.iowacasa.org/>.

For resource information for victims, go to: <http://www.iowacasa.org/#!resources/ccae>

For a list of [IowaCASA Member Centers](#) see the directory at: <http://www.iowacasa.org/#!ia-sa-programs/cpvl>

Iowa Sexual Abuse Hotline: 1-800-284-7821 or <https://rvap.uiowa.edu/isah/>

To find a STI testing center near you: <http://www.hivtest.org>

Victim Assistance

Iowa Attorney General Crime Victim Assistance Division – Funded Victim Services Program: https://www.iowaattorneygeneral.gov/media/cms/DACShelterSAC_SFY2015_Map_Final_OC6C04126ED10.pdf

Other resources for crime victims: <https://www.iowaattorneygeneral.gov/for-crime-victims>

National Center for Victims of Crime, Resources:
http://www.ncvc.org/ncvc/main.aspx?dbID=DB_HelpfulContacts859

APPENDIX E - SANE PROGRAM RESOURCES

A National Protocol for Sexual Assault Medical Forensic Examinations (Adult/Adolescents),
Second edition. April 2013, US Department of Justice, Office on Violence Against Women.
<https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf>

International Association of Forensic Nurses (IAFN): <http://www.forensicnurses.org/>

Sane-SART Online + Clinical: www.sane-sart.com

State of Iowa Crime Lab, Division of Criminal Investigation (DCI), Iowa Department of Public
Safety: (515) 725-1500 or general email address to dcinfo@dps.state.ia.us.

To order Sexual Assault Evidence Collection Kits:

Amy Pollpeter, Criminalist; apollpet@dps.state.ia.us or phone (515) 559-7091
DNA Supervisor/Technical Leader (515) 725-1500

Iowa Department of Public Health, Health Care Response to Violence Against Women
(Resources for health care providers regarding domestic violence and sexual assault):
<https://idph.iowa.gov/disability-injury-violence-prevention/violence-against-women>

Sexual Assault Examination Program – Iowa Dept of Justice, Office of the Attorney General:
<https://www.iowaattorneygeneral.gov/for-crime-victims/sexual-assault-examination-payment-program/>

Crime Victims Assistance Program – Iowa Dept of Justice, Office of the Attorney General:
<https://www.iowaattorneygeneral.gov/for-crime-victims/>

Crime Victim Compensation Program – Iowa Dept of Justice, Office of the Attorney General:
<https://www.iowaattorneygeneral.gov/for-crime-victims/crime-victim-compensation-program/>

APPENDIX F - IOWA'S CHILD PROTECTION CENTERS

Children's Advocacy/Protection Centers (CPCs) support and coordinate multidisciplinary teams that manage child abuse investigations and interviews and coordinate needed medical and mental health services. The CPCs have multi-disciplinary staffs that are uniquely trained to provide services to children and their families. Children in Iowa are served by four accredited centers in Iowa and one in Nebraska. For more information, visit the Iowa Chapter of Children's Advocacy Centers website (<http://www.iowacacs.org>).

[Mercy Child Advocacy Center](#) (serving NW Iowa, NE Nebraska, So. Dakota)

801 Fifth Street
Sioux City Iowa 51102
712-279-2548 or 800-582-0684

[Project Harmony Child Advocacy Center](#) (serving SW Iowa, E Nebraska)

11949 Q Street
Omaha, NE 68137
(402) 595-1326

[Blank Children's Hospital Regional Child Protection Center](#) (serving central/south central Iowa)

1215 Pleasant Street, Suite 303
Des Moines, IA 50309
515-241-4311 or 866-972-4433

[St. Luke's Child Protection Center](#) (serving E. central and southern Iowa)

Hiawatha Children's Campus
1095 N. Center Point Rd.
Hiawatha, IA 52233
800-444-0224 ext. 7908 or 319/369-7908

[Allen Child Protection Center](#) (serving NE Iowa) – *accreditation pending*

3316 Cedar Heights Drive
Cedar Falls, Iowa
319- 277-7463

[Mississippi Valley Child Protection Center](#) (serving SE Iowa, W Illinois)

1600 Mulberry Lane
Muscatine IA 52761
563-264-0580