

# OHIO PEDIATRIC SEXUAL ABUSE PROTOCOL

(Ohio AAP 2000 Sexual Abuse Protocol)

August 2000

This protocol was developed by the Committee on Child Abuse and Neglect of the Ohio Chapter of the American Academy of Pediatrics, the Ohio Department of Health and the Ohio Attorney General's office.

**A copy of this protocol may be obtained from the Internet in PDF format at the address below:**

<http://www.cincinnatichildrens.org/go/childabuse>.

Click on the "Professionals' Toolkit" link found on the left side of the web page.

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# OHIO PEDIATRIC SEXUAL ABUSE PROTOCOL

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# PROTOCOL FOR THE EVALUTION AND TREATMENT OF SEXUAL ABUSE

## I. INTRODUCTION

In order to provide comprehensive, standardized, non-judgmental, equitable treatment of pediatric victims of sexual abuse, the Ohio American Academy of Pediatrics Committee on Child Abuse and Neglect has written this protocol in collaboration with the Ohio Department of Health and the Ohio Attorney General's office. This protocol is a modification of the Ohio Department of Health Protocol For The Treatment Of Sexual Assault Survivors. This protocol is intended to facilitate the provision of consistent, comprehensive health care treatment to include emotional, social, and crisis intervention as well as provide information about available follow up services in the community. Particular attention has been given to basic requirements of the legal system and evidence collection. The focus of this protocol is on the evaluation and treatment of victims of sexual abuse. It is recommended that, when possible, children be taken to a children's hospital, child abuse clinic or Children's Advocacy Center for an examination related to sexual abuse.

Child sexual abuse is defined as sexual activity, which may include sexual touching and fondling, genital to genital contact, exposing children to pornography or adult sexual activity, exploitation of children, rape, attempted rape, and incest. It can be violent or non-violent in nature. Child sexual abuse can take place within the family or outside of the home. Regardless of the type of sexual abuse, the child victim often develops a variety of distressing feelings and thoughts and the long-term emotional and psychological damage can be devastating.

While the 1980's showed an increase in sexual abuse awareness, current statistics suggest that sexual abuse continues to go under-reported. Because there are often no physical signs of sexual abuse, it is extremely important that parents, social workers, and others allow children to feel comfortable enough to disclose abuse. Children will benefit from repeated assurance that they are believed and will be kept safe.

### *Indicators of Sexual Abuse May Include:*

- New fears of persons or places
- Sexual play beyond what is considered normal
- Unusual interest in or avoidance of all things of sexual nature
- Sleep problems or nightmares
- Depression or withdrawal from friends/family
- Fear that there is something wrong with their genital area
- School refusal/Runaway
- Unusual aggressiveness
- Suicidal behavior
- Other severe behavior changes
- Vaginal or urethral discharge
- Genital or rectal pain, bleeding or trauma
- Sexually transmitted infections

### *Two aspects of child sexual abuse create difficulties in recognition and management:*

1. A relative or acquaintance usually sexually abuses children. Consequently, family ties may be strained to the point where the reported assailant is protected. It is not unusual for the child to be blamed for the incident. His or her caretakers may even deny the child's report. Frequently, parents may find the occurrence of sexual abuse unbelievable or may be unable or unwilling to believe that someone they know and trust could do anything like this to their child.

2. Frequently, little or no physical evidence may be found to corroborate the child's story since a) physical force is usually not used when children are sexually abused and b) children are often brought for evaluation of sexual abuse days to months after the event. This reinforces denial by the family.

Disclosure of abuse may be a process that occurs over time. Be conscious not to "shut the door" when a child begins to disclose abuse. Instead, ask open-ended questions such as, "Can you tell me more about that?" Stress to the child that it is not his/her fault. Report all alleged child sexual abuse to the appropriate Children's Protective Services agency or Law Enforcement.

Sexually abused children and their families need professional evaluation and treatment. An expert forensic evaluation will determine the type and extent of the abuse and mental health treatment can help reduce the risk of low self-esteem, feelings of guilt, and emotional trauma. The identification of child pedophiles can help prevent future episodes of sexual abuse.

Providing services to individuals who have been victims of sexual abuse requires special sensitivity. Social, cultural, ethnic and religious backgrounds must be considered and may be a cause of additional stress for sexual abuse victims. Hospital and clinic staff are encouraged to seek out reliable information and training on practices and beliefs specific to people from culturally diverse backgrounds who may utilize the services of the hospital or clinic. Resources may be obtained by contacting the Rape Prevention Program at the Ohio Department of Health at 614/466-2144 or the Ohio Coalition On Sexual Assault (OCOSA) at 614/268-3322.

Economic status may be a factor with some individuals who already feel victimized and underserved in the community. This may affect their attitude as well as degree of cooperation with hospital staff, police officials, or others they view as authority figures or as representing the system. Emotional and/or psychological trauma may not always be apparent when the patient arrives at the hospital or clinic. Psychological trauma may be evidenced in many different forms, from unusual calm to indifference, to hysteria, to laughter.

It is imperative that evidence is properly collected and analyzed so that, should the assailant be prosecuted, the necessary evidence will be in the hands of appropriate law enforcement officials. Proper collection and handling of evidence is vital. Legal protocol dictates a "chain of evidence" wherein each individual handling the evidence documents receipt and delivery of the specimens. This procedure helps rule out possible improper handling of evidence. Should prosecution occur, proper collection of evidence increases the probability of conviction.

This protocol should facilitate the cooperation and communication among organizations providing services to abuse victims. All communities are encouraged to utilize or establish a specialized service/team where children who allege sexual abuse can receive an expert evaluation. A child sexual abuse team may include representatives from the hospital child abuse program, emergency department, a Pediatric Sexual Assault Nurse Examiner, trained Pediatric Nurse Practitioner, law enforcement, the prosecutor's office and social service agencies. Communities with access to a Children's Advocacy Center should utilize that Center's expertise and support services. Communities that lack medical child abuse expertise are encouraged to establish a Pediatric Sexual Assault Nurse Examiner (PSANE) program. With good information and evidence collection procedures in place and an effective referral network established, the child and family should be able to utilize the available supportive services with a minimum potential for having to reenact the abuse through repetition of the event to service providers.

## II. DEFINITION

Sexual assault and sexual abuse are medical and legal terms. Legally, child sexual abuse includes any sexual activity with a child, including exposure; touching and penetration, defined by the Ohio revised Code 2151.421. Sexual assault includes rape and sexual battery defined by the Ohio revised Code 2907.01 as any sexual penetration, however slight, using force or coercion against the person's will.

## III. THE SEXUAL ABUSE EVALUATION

To assure adequate physical and emotional care of the sexual abuse patient this protocol can be used by hospital emergency department personnel, children's advocacy centers, child abuse clinics, or other child abuse providers when a child or adolescent presents with the complaint of sexual abuse or rape. This protocol must be followed when submitting invoices for payment to the Office of the Ohio Attorney General. To ensure an effective case for prosecution, it is important to protect the integrity of the evidence.

Only a physician trained and experienced in the evaluation and treatment of the sexual abuse patient, or a health professional, who is under the supervision of an experienced physician, such as a Pediatric Sexual Assault Nurse Examiner, resident, or fellow, should perform the examination.

Hospital personnel are responsible for identifying the victim(s) and reporting the incident to the county Department of Human Services or Children Services Board, law enforcement, or the hospital social worker, as designated by your medical center or clinic. Whenever possible, child sexual abuse victims should be referred to the local Child Advocacy Center or Child Abuse Clinic.

### A. INDICATIONS FOR THE EMERGENCY USE OF THIS PROTOCOL

Children must be seen on an emergency basis if trace forensic evidence needs to be collected or if there are other indications requiring an emergency evaluation. Trace forensic evidence must be collected, using the approved evidence box, when either of the conditions listed below are true.

- #1. The last episode of sexual abuse / assault occurred within the past 72 hours **AND**
  - a. The history indicated contact with the alleged perpetrator's genitalia **OR**
  - b. The history indicates contact with the alleged perpetrator's semen, blood or saliva **OR**
  - c. The history indicates a struggle that may have left skin or blood of the alleged perpetrator's to be lodged under the victim's fingernails, on the victim's body or clothing **OR**
  - d. The victim's clothing or body may be covered by trace evidence (debris, fibers, etc) from the alleged crime scene.

*Evidence can be collected up to 72 hours after an assault (in rare cases beyond 72 hours).*

- #2. The history of contact with the alleged perpetrator is unclear (i.e. child too young to provide a history or a history is unavailable) & there is reason to believe that conditions described in #1 above are true.

**This protocol must be followed if submitting invoices for payment to the Ohio Attorney General.**

### B. INDICATIONS FOR THE DEFFERED USE OF THIS PROTOCOL

If there is no indication for an emergency evaluation, the hospital or clinic may elect not to complete this

protocol, use an internal sexual abuse protocol instead, and if indicated, refer the patient to a child abuse clinic or advocacy center for a forensic evaluation. When sexual abuse is suspected, the hospital / clinic is responsible under Ohio law to make a report of suspected sexual abuse to a mandated agency (i.e.: the police, the Department of Human Services or Children's Protective Services). When patients present to a hospital or clinic, it is the responsibility of the hospital or clinic to determine if trace evidence collection is indicated. When doubt exists, it is better to collect trace evidence than not.

All children who allege sexual abuse should be examined by a trained provider in a timely manner. Many sexual abuse victims first present days to months after the sexual abuse event or are assaulted in such a way that trace forensic evidence collection is not necessary. In this situation, the Ohio Sexual Assault/Abuse Evidence Collection Kit is not needed. However, forensic interviews, forensic examination, testing, treatment, referral and reporting will need to be done. These children should be given an appointment for an outpatient forensic evaluation with a Child Advocacy Center or Child Abuse Clinic.

## **IV. PROTOCOL SECTIONS**

### **SECTION 1 Patient triage**

- A. A rape/sexual abuse patient should be viewed as a priority patient and should be given immediate privacy. A physician, the charge nurse, a health care examiner, or professional staff person should see this patient within 15 minutes of arrival or as soon thereafter as possible.
- B. The intake worker elicits sufficient information to complete the registration process as quickly as possible and in private, if possible.
- C. The intake worker informs the designated sexual abuse specialist and/or the primary nurse that a sexual abuse patient has presented for evaluation. A sexual abuse specialist is a staff person who may be designated to be responsible for the coordination and assurance of care for the patient.
- D. If law enforcement or social service personnel do not accompany the patient, they are to be notified by hospital/clinic staff. The hospital/clinic is obligated under Ohio law to report alleged or suspected sexual abuse whether the patient wants to speak with law enforcement or not. It is the responsibility of hospital/clinic personnel to inform the patient that law enforcement and/or social services will be notified that a sexual assault/abuse has been reported to the hospital/clinic. Unlike adult sexual assault, the name of the sexual abuse victim must be reported to the legally mandated authorities even when the patient or family wishes not to report the sexual abuse.
- E. Reporting to the legally mandated agencies (i.e. law enforcement and the county social service agency) is mandatory. Otherwise, information concerning the sexual abuse shall not be given by anyone to the media or any other person(s) seeking information without the written consent of the patient or legal guardian.
- F. When appropriate, the hospital/clinic should inform the patient of the option and benefits of having additional support throughout this process. If a parent or guardian does not accompany the child, hospital/clinic staff should offer to call in social work personnel, local sexual abuse advocates, or suggest to the patient that she/he summon a family member or friend to be present during the process.
- G. Ohio law states that the patient is not to be billed for the collection of forensic evidence in sexual assault cases. See Ohio Revised Code #2907.28. Bills are to be sent to the Ohio Attorney General. This protocol must be followed when evaluating a patient for alleged sexual abuse if a bill is to be submitted to the Ohio Attorney General.

- H Whenever possible the patient should be given priority for a room assignment in a private area.
- I Hospital/clinic personnel should assure that the patient's questions are answered and information is provided and provide support to the patient, family and friends. Give the "Child Sexual Abuse & Assault: What will happen during the evaluation handout", or equivalent, to the patient / family. This handout is printed in Appendix A.
- J Under Ohio law, Ohio Revised Code #2907.29, each patient reporting a sexual assault must be informed of available venereal disease, pregnancy, medical and psychiatric services.
- K The parent or guardian must give consent for the evaluation. In cases of sexual abuse, specific consent is NOT required before obtaining colposcope documentation, photographs and tests which may document injuries from abuse. A signed release of information regarding the collected forensic evidence is **not** required in cases of child sexual abuse. The standard consent to treat is sufficient in sexual abuse cases.
- L A minor who is a victim of sexual abuse or assault does not need to have the written consent of a parent or legal guardian before proceeding with the examination. However, according to Ohio Revised Code #2907.29, parents or guardian must be notified in writing after the exam. In cases of child sexual abuse, safety issues for the child victim need to be considered before notifying a parent or guardian and the issue of safety for the child may override the requirement to notify a parent/guardian if in the opinion of the medical personnel such notification is likely to endanger or cause harm to the child.
- M Hospital personnel must advise the minor patient about the requirement to notify a parent or guardian concerning the treatment. It is recommended that a custodial person (parent or guardian), be notified at the time of the hospital visit, **by the minor**, if this is possible. If the alleged perpetrator is also the parent or guardian who will receive the notification, the county Department of Human Services, the law enforcement agency involved, and the minor child shall all be advised of the nature of the notification letter and the approximate date when it will be mailed. Coordination with the Department of Human Services must be done to insure the safety of the child. The issue of safety for the child may override the requirement to notify a parent/guardian, if in the opinion of medical personnel such notification is likely to endanger or cause harm to the child. When a child is examined at the request of the Department of Human Services, it shall be the responsibility and discretion of the Department, taking into account safety issues, to notify parents/guardians who are the alleged perpetrators.
- N If an unwilling minor is brought in for a sexual abuse exam by a parent or guardian, the minor **must agree** to submit to the exam after discussion with the physician, the nurse, social worker or other health care provider, without the necessity of restraints or sedation. If the patient does not consent to the examination, force should not be used. In this case, the examination should be postponed and scheduled for another time.

## **SECTION 2 Support**

- A. Upcoming steps in the examination, and their rationale must be explained to the patient throughout the medical examination and interviewing processes.
- B. If disagreement arises between service providers and/or with support persons, discussion should be carried on at a later time or away from the patient.

## **SECTION 3 Abuse History, Medical History, Examination & Evidence Collection**

### **A. Assault/Abuse History.**

If collection of trace forensic evidence is indicated, use the “Assault/Abuse History and Examination Form” found in the Ohio Sexual Assault/Abuse Evidence Collection Kit. A copy of this form is also available in appendix K. In cases of sexual abuse beyond 72 hours or when other indications for using the evidence kit are absent, the evidence kit should not be used in the forensic evaluation. The information to be obtained includes:

1. Time, date and place of the abuse
2. Date, time of the exam
3. Sex, number and relationship of assailant(s), if known
4. Type of weapon used, if any
5. Type of penetration, if any
6. Did the patient douche, change clothes, bathe, urinate, defecate, brush teeth, rinse mouth etc. since the last assault?
7. Was patient menstruating at time of assault? At time of exam?
8. Was the assailant injured or bleeding?
9. Was a tampon present at time of assault? At time of exam?
10. Was a condom used?
11. Description and condition of clothing (e.g. torn, dirty, bloody, etc.)
12. Has there been consensual intercourse within 72 hours?
13. Narrative history (as described by the patient). Record the patient’s description of the abuse. When obtaining the history from a child, it is imperative that the interviewer asks only non-leading questions and that the vocabulary used is chosen by and understood by the victim.
14. The Sexual Abuse History must be documented in triplicate on the Assault/Abuse History and Examination Form. The original should be retained with the medical record. One copy goes to the forensic lab with the Sexual Assault/Abuse Evidence Collection Kit. The second copy goes with the report of alleged sexual abuse to law enforcement or the Department of Human Services.

### **B. Patient Medical History:**

An “Optional Medical History & Examination Form” is provided for your convenience. Institutional forms that cover the following items may be used in its place. A copy of this form is also available in appendix K.

1. Patient demographic and personal information
2. Others accompanying the patient
3. Vital signs (as warranted)
4. Allergies
5. Last tetanus
6. Current Medications
7. Acute Illnesses
8. Past Surgeries
9. Last Menstrual Period (or indicate patient is pre-menstrual)
10. Gravida (if adolescent patient)
11. Para (if adolescent patient)
12. Contraception used (if adolescent patient)
13. Approximate weight/height
14. Family physician
15. Gynecologist (if indicated)

### **C. Physical Examination and Evidence Collection**

The “Assault/Abuse History and Examination Form” found in the Ohio Sexual Assault/Abuse Evidence Collection

Kit and already used in “A” above, must be used to document injuries noted during the examination. This form is also available in appendix K. The “Optional Medical History & Examination Form” is provided for your convenience to record complete examination findings. Institutional forms that cover the following items may be used in place of the Optional Medical History & Examination Form.

Examination findings that need to be documented include:

1. General appearance (including description of condition of clothing e.g. torn, dirty, bloody, etc.)
2. Emotional status (objective observation)
3. Pertinent general physical findings (also mark anatomical drawings)
4. Body surface (locate & describe injury, mark findings on anatomical drawings)
5. External genitalia (describe pubertal status and general appearance)
6. Female: perineum, periurethral area, urethra, anus, rectum, labia majora, labia minora, clitoris, vestibule, posterior fourchette, fossa navicularis, vagina, vaginal discharge, hymen, cervix (if visualized). Note: An internal vaginal examination is contra-indicated in the pre-pubertal patient unless internal bleeding/trauma is present. An internal vaginal examination of a pre-pubertal patient usually requires deep sedation.
7. Male: glans penis, foreskin, shaft, testicles, discharge from penis, anus, rectum.

All significant physical findings should be noted. Indicate body areas that were involved in the abuse on the Assault/Abuse History and Examination Form. Indicate on the drawings all marks or evidence of trauma including subjective findings such as pain or tenderness. Record the names of those present during the exam.

A colposcopic exam should be performed to record the genital and rectal examinations. If a colposcope is not available, the use of a high intensity light source along with magnification will often result in a better examination. Consider the use of Toluidine Blue Dye staining techniques to help define injuries.

**When collection of trace forensic evidence is indicated:**

1. Follow carefully all directions provided in the Ohio Sexual Assault/Abuse Evidence Collection Kit and maintain the chain of evidence. Follow the “Procedure for Evidence Collection checklist (20 steps)” which is printed on the inside lid of the evidence box. Refer to the “Detailed Instructions for Ohio Department of Health Sexual Assault/Abuse Evidence Collection Kit” for detailed specimen collection instructions. These instructions can be found in appendix J.
2. An ultraviolet (UV) lamp exam (Wood’s lamp, Blue Max or similar lamp) should be performed in a dark room checking all skin areas likely to be stained by semen or saliva or that may have been subjected to bruises. Early bruising is often evident with use of a UV lamp. Many materials will fluoresce besides semen and saliva. A fluorescent stain is NOT evidence of semen or saliva but these stains should be collected for analysis by the crime lab.
3. The law enforcement agency may ask for additional tests and/or specimens. These requests should be honored if forensically indicated. Tests related to the medical work-up should be done at the discretion of the treating physician or health care provider.

**SECTION 4 Photo documentation**

- A) Still or video photographic documentation of the genital examination is required in order to receive payment for the examination from the Ohio Attorney General. This documentation should be of sufficient quality to allow for expert review of the images. Copies of these photos should be given to the mandated law enforcement or social service agency. There are two exceptions to this photo documentation requirement:
- 1) When trace forensic evidence is collected using the Ohio Sexual Assault/Abuse Evidence Collection

Kit, photo documentation is strongly encouraged but not required.

- 2) If the physical examination is performed and documented by an examiner who is recognized in Ohio as an expert in sexual abuse, photo documentation is strongly encouraged but not required.
- B) Close-up photographs should be taken of all trauma areas. A measuring device to document the size of the trauma area (cut, bruise, scratch, etc.) should be included in the photographic frame. The photos should be identified (labeled) with the patient's name, medical record number and date. A measuring device may not be needed when documenting genital or rectal trauma. Two sets of photos are recommended. Both sets remain with the medical records unless a law enforcement or social services agency requests the trauma photos for their files.

## **SECTION 5 Treatment and Tests**

1. Hospital/clinic personnel must discuss and offer options for post-coital contraception with the female adolescent patient when indicated. Treatment is at the discretion of the treating physician with the permission of the patient. Should an institution or physician be precluded from providing post-coital contraception for religious reasons, referral to another physician, health care institution or agency must be made and information about this option must be provided as an important part of the treatment and healing process for the patient.. Post coital prophylactic treatment should be based on current medical practice. Hospital/clinic personnel should inform the patient that some medications might lessen the effectiveness of post coital contraception and determine if the patient is taking such medication.
2. When indicated, hospital/clinic personnel must discuss and offer prophylactic treatment for sexually transmitted infections including gonorrhea, chlamydia, syphilis and hepatitis. Treatment is at the discretion of the treating physician with the permission of the patient. Prophylactic treatment should be based on current guidelines from the Centers for Disease Control. Prophylactic treatment is usually not indicated for the pre-pubertal child but the treating physician / health care provider should consider obtaining cultures and tests for sexually transmitted infections. The results of these cultures/tests may have legal implications.
3. When indicated, hospital/clinic personnel must discuss HIV/AIDS testing with the patient including the difference between confidential and anonymous testing. Post exposure prophylaxis (PEP) treatment should also be discussed/offered. See Appendix 16 of the adult sexual assault protocol for information about HIV/AIDS, Appendix 17 of the adult sexual assault protocol for a sample HIV/AIDS testing consent form and Appendix 18 of the adult sexual assault protocol for a listing of HIV/AIDS testing sites. Prophylactic treatment should be based on current guidelines from the Centers for Disease Control (CDC).
4. Testing for date rape drugs is discussed in appendices C and D.
5. Document all treatment given and tests completed on the "Child Sexual Abuse After-care Handout" (appendix A).

## **SECTION 6 Referrals and Follow-up**

1. Refer patient to locations for follow-up tests for, gonorrhea, and chlamydia in two weeks if medically indicated. Referral for follow-up serologist tests for syphilis, hepatitis and HIV should be made in 12 weeks. Preferable locations are the local Child Advocacy Center or child abuse clinic.
2. Refer patient to locations for follow-up (anonymous or confidential) HIV/AIDS testing in six months if medically indicated. See Appendix 18 of the adult sexual assault protocol for Ohio locations.

3. Refer patient and family to a local counseling agency(ies) which can provide follow-up services related to the sexual abuse.
4. Give the “Child Sexual Abuse: After-Care Handout” and the “Child Sexual Abuse: Common Reactions & Follow-up Services handout” to the patient and note that they have been given to the patient. These two handouts are in the kit and in appendix A.
5. Note all referrals on the Child Sexual Abuse After-Care Handout.

## **SECTION 7 Written Documentation**

Health professionals should write only objective information relating to the medical findings and treatment needs of the patient and should use patient quotes whenever possible. If the health professional is performing only the medical examination, with or without evidence collection, they should not make legal statements about whether or not rape or sexual abuse occurred. In this situation, the use of terms such as reported sexual abuse or sexual assault, rather than alleged, probable, or possible, is preferable. Child abuse consultants and experts, however, should make a statement about the likelihood or probability of sexual abuse when based on the forensic interview, the examination and the lab findings.

## **SECTION 8 Handling of the Completed Evidence Kit**

The nurse, physician, social worker or forensic nurse completes the documentation and signs the Ohio Sexual Assault/Abuse Evidence Collection Kit chain of evidence forms.

The “Assault/Abuse History and Examination form” and the Ohio Sexual Assault/Abuse Evidence Collection Kit are to be personally handed to the law enforcement officer or locked in a secure storage area where chain of evidence collection can be assured. Each item in the kit is labeled as to best-recommended storage. The Ohio Sexual Assault/Abuse Evidence Collection Kit is to be refrigerated as soon as possible. Even though the kit no longer contains blood tubes, it needs to be refrigerated to preserve the swabs in the event they are not completely dry. The paper bags for clothing should not be refrigerated.

## **SECTION 9 Patient Discharge**

1. The designated sexual abuse specialist, primary nurse or sexual assault nurse examiner checks all forms for completeness of information and signatures. Procedures for handling the paperwork should follow each hospital's / clinic's own policies.
2. The "Child Sexual Abuse: After-Care Handout" (patient discharge information) must be completed and given to the patient along with the " Child Sexual Abuse: Common Reactions and Follow-up Services handout" (appendix A). She/he should also be given a verbal explanation of the aftercare instructions and offered a final opportunity to explore any acute concerns prior to discharge. If the patient is admitted to the hospital, both pages are to remain with her/him.
3. Hospital / clinic staff must coordinate discharge planning with law enforcement, the Children Services Board or the Department of Human Services. The child must be discharged to an environment that is safe from further abuse.

## V. APPENDICES

### A. Handouts

#### **Child Sexual Abuse & Assault: What will happen during the evaluation handout.**

You are here for an evaluation of sexual abuse or sexual assault. The hospital staff is here to help. During the evaluation, you may be asked questions that are difficult and sometimes embarrassing to answer. We will try and be sensitive and understanding of your needs during the evaluation.

The information and specimens obtained will enable us to get a complete medical history, treat and identify any medical problems, and to investigate the allegations of abuse/assault. The specimens will help document circumstances and events in regard to the assault. Doctors, nurses and other medical staff will ask some of these questions so that they can provide the best medical care to ensure your physical health. A law enforcement officer or social worker may ask some of the same and additional or similar questions as part of their investigation.

After the history is collected, you (your child) will be examined. Some of your (your child's) clothes may be retained as a part of evidence collection. If you did not bring additional clothing to wear home, you may call a family member or friend and ask them to bring clothes to the hospital or inform hospital personnel of your need for clothing.

A doctor or qualified nurse examiner will examine you (your child) for physical injury. Because much of the evidence of the assault could be on your (your child's) body, it is important that specimens be taken from various areas, including the fingernails, hair, swabs of the inside of the mouth, genitalia, and rectum. A blood sample may be drawn. Depending upon the kinds of injury, x-rays may be taken. You may want to discuss with the attending physician, nurse or social worker your concerns about pregnancy and sexually transmitted infections, including HIV/AIDS.

We recognize that you have been through a terrible experience. We are here to help. Information about other services that may assist you will be provided before you leave.

**Child Sexual Abuse:  
After-Care Handout**

Page 1 of 2

*ID stamp or label if available*

Patient	Examiner
Hospital	Examiner's Phone
Date of Exam	Hospital Phone

Specimens were collected from you to provide evidence in court should the case be prosecuted. The following additional tests medical were collected to provide information about your health status, as of today. It may be important to compare today's results with follow-up tests in the near future.

- A blood test for syphilis infection
- Test(s) for gonorrhea infection
- Test(s) for chlamydia infection
- other tests \_\_\_\_\_
- Test(s) for HIV antibody
- Test(s) for pre-existing pregnancy

- You were given the following medications to prevent infection
  - Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
  - Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
  - Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

You were not given this preventive treatment because: \_\_\_\_\_

- You were given a post-coital contraceptive to prevent pregnancy
  - Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

You may experience the following side effects: \_\_\_\_\_

- You were not given a post-coital contraceptive because:
  - there is no risk of pregnancy
  - of a pre-existing pregnancy
  - you did not want it
  - too long an interval had elapsed
  - other reasons \_\_\_\_\_

You have been scheduled -- or should make an appointment -- for the following kinds of care:

	Where	Date	Time	Phone
<input type="checkbox"/> Follow-up medical exam				
<input type="checkbox"/> Follow-up check for infection				
<input type="checkbox"/> Follow-up pregnancy testing				
<input type="checkbox"/> Follow-up counseling				
<input type="checkbox"/> Other				

If you wish to get counseling, or follow-up testing and treatment for venereal infection, or pregnancy prevention/management, elsewhere than this hospital / clinic or medical center, call one of these agencies:

1. \_\_\_\_\_ Phone \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_

Other important names and numbers that may be helpful to you:

- Rape Crisis Center: \_\_\_\_\_ Phone \_\_\_\_\_  
Child Advocacy Center or Child Abuse Clinic
  - Detective's name: \_\_\_\_\_ Phone \_\_\_\_\_  
name of Police Department: \_\_\_\_\_
  - Hospital support person \_\_\_\_\_ Phone \_\_\_\_\_  
name of hospital: \_\_\_\_\_
  - Mental Health Center \_\_\_\_\_ Phone \_\_\_\_\_
  - Victim Witness Program \_\_\_\_\_ Phone \_\_\_\_\_
  - Rape Abuse & Incest National Network (a 24-hour computer system that will relay your call to the nearest rape crisis center) Phone: 1-800-656-HOPE (toll-free call)
  - Ohio AIDS Hotline (information about free testing) Phone: 1-800-332-AIDS or 1-800-332-2437 (toll-free call)
  - Crime Victim Compensation
    - a. To apply for compensation, contact the clerk in your County's common pleas court.
    - b. This program is designed to pay expenses that are not covered by insurance or other benefits.  
*If eligible for the program, you may use the money to pay for medical, drug and rehabilitation expenses such as damage to teeth or eyes, replacement of eyeglasses, counseling, transportation, costs of medical exams if not covered elsewhere, etc.; for wages lost as a result of the crime; for replacement services costs (the cost of services the victim can no longer perform); for dependent's economic loss in death claims; and for funeral expenses.*
    - c. For more information about financial compensation for crime victims, call the Ohio Court of Claims at 1-800-824-8263 (toll-free call).
- I have received this Child Sexual Abuse After-Care handout.**
- I have received the "Child Sexual Abuse Common Reactions and Follow-up Services" handout.**
- I do not wish to receive either of these forms**

\_\_\_\_\_  
(Patient/Parent/Guardian signature)

\_\_\_\_\_  
(Date)

*Original to Patient / Carbon to Chart*

## Child Sexual Abuse: Common Reactions and Follow-up Services handout

(Page 1 of 2)

### Common Reactions

Rape or any form of sexual assault or abuse is one of the most painful and upsetting things that can happen to a person. After the assault or abuse, a person may be frightened, angry, experience restlessness, and an inability to concentrate. A person may experience disbelief or denial, depression, mistrust of people and a lack of confidence. Feeling guilty, embarrassed and ashamed are also common reactions. All of these reactions are normal, understandable reactions.

With time and understanding, these feelings and experiences will subside. Sexual assault or abuse causes a great deal of disorganization in your life. Give yourself permission to take as long as you need to heal and recover. It often helps to talk with someone, particularly someone trained in rape issues, about the feelings you are experiencing.

If you are the parent or guardian of a child sexual abuse / assault victim, you may find the following suggested responses to common reactions helpful.

Reaction	Response
<i>Fear</i> A child may not want to separate from you and may need constant reassurance.	Reassure the child that he / she is safe now.
<i>Embarrassed / Guilt</i> A child may be embarrassed to talk about what happened. Older children and boys often feel a sense of guilt.	Tell the child that they are not at fault and or not responsible for what happened.
<i>Anxiety/Loss of Control</i> A child may feel out of control or vulnerable. He/she may develop a low self-image of him/herself.	Create situations in which the child feels in control and empowered.
<i>Withdrawal:</i> A child may refuse to talk, may be emotionally incapable of remembering or talking about the abuse, may develop immature behaviors (i.e. bedwetting, thumb sucking, loss of toilet training).	Help the child feel secure and in control. Explain the purpose of the legal investigation, the medical exam, and treatment.
<i>Difficulty sleeping</i> Not wanting to sleep alone, nightmares, disrupted eating habits (hoarding food or reluctant to eat), reluctance to go to school, stomach-ache or headache.	Allow the child to talk about his/her fears. Show understanding about his/her physical complaints and reassure child that he/she is safe.

Child Sexual Abuse: Common Reactions and Follow-up Services handout  
(Page 2 of 2)

**What to expect from this point on**

**Follow-up investigation**

Whether or not the perpetrator is prosecuted, the law enforcement officer and/or social worker may be back in touch with you. You will probably have an interview with an individual who is trained in sexual abuse and assault investigation. If a child was removed from her/his home for protective reasons, the Juvenile Court will decide if and when it is safe for the child to return home.

**Follow-up medical treatment**

The examining physician or nurse may recommend that you be checked for venereal diseases and AIDS in the near future. This might involve a blood test and another examination. You will then have more information available to you to enable you to make choices about your health and future.

Depending on your age and the type of assault or abuse, you may want to have a pregnancy test conducted at this same time as well.

You may make appointments for these tests with your personal doctor, local city or county health department, women's health center, hospital or neighborhood health clinic. In addition, children may schedule appointments with a Child Advocacy Center, the child's primary care physician or a children's hospital or clinic.

For information about free AIDS testing you may call 1-800-332-2437 (no cost for call). Your doctor can provide you with information about the risk of AIDS infection.

**Support services**

People who have been trained to work with survivors of rape and victims of child sexual abuse are available to talk with you about your feelings and the issues that arise. Crisis counseling after assault or abuse can make a difference. Referrals to support professionals are listed on the "After Care Information and Follow-up Services" form.

**Additional Information On Sexually Transmitted Diseases (STDs) and Pregnancy**

It is virtually impossible to tell immediately after sexual assault or abuse if you have contracted any sexually transmitted diseases or have become pregnant. Any tests you may have been given at the hospital would only determined whether you had any infections or were pregnant at the time of the evaluation. The tests for sexually transmitted diseases may need to be repeated. Your doctor or the follow-up examiner will discuss your risk of infection with you.

## **B. Guidelines For Child Abuse Reporting Of Consensual Sexual Activity**

A report of sexual abuse may be required when minors engage in consensual sexual activity. Under Ohio Law, the need to report is based upon the ages of the participants, any history of force, misuse of authority, as well as other issues. Due to a high risk for abuse, a sensitive assessment for sexual abuse is indicated when evaluating young sexually active adolescents.

When evaluating children for possible sexual abuse, obtain a history of the sexual activity, the age of the child's partner(s), any history of force or coercion, and identify the relationship between the patient and partner(s) (i.e., authority figure, relative, etc.).

The section below is a guideline for reporting sexual abuse when patients describe consensual sexual activity.

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### **Patient Age 12 or younger**

Children under 13 years old cannot legally consent to sexual activity in Ohio. All children under 13 who report consensual sexual activity must be screened for sexual abuse.

File a report of sexual abuse if:

- the sexual partner is 13 years old or older
- the sexual partner used force or coercion
- the sexual partner misused their authority (i.e., baby sitter, etc)
- there is a significant difference in maturity levels between the patient and the sexual partner (i.e., victim is mentally retarded or there is a large difference in ages)
- there are protective issues (i.e., the child lives on the street or there is a significant lack of supervision which puts the child at risk for abuse, injury, etc.)

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### **Age 13, 14, 15 years**

File a report of sexual abuse if:

- the sexual partner is 4 or more years older than the patient
- the sexual partner used force or coercion
- the sexual partner misused their authority (i.e., parent or authority figure)
- there was a significant difference in maturity levels between the patient and sexual partner (i.e., victim is mentally retarded)
- there was mental or cognitive impairment (i.e., developmental delay, intoxication) rendering the person unable to consent
- there are protective issues (i.e., the child lives on the street or there is a significant lack of supervision which puts the child at risk for abuse, injury, etc.)

Consider reporting if:

- the sexual partner is over the age of 18 but less than 4 years older than the patient. In this situation, the police might charge the partner with the corruption of a minor.

The decision NOT to report consensual sexual activity may be considered when:

- there is less than four years age difference, a thorough history eliminates the above criteria, and the parent and child agree not to file a report.

The guidelines above may not prove applicable in all situations. Professional judgment must be used. In 13,

14 and 15 year olds, abuse may be present even when the age difference between partners is only 2-3 years. The professional must carefully assess the situation before deciding against reporting and may want to seek consultation with the child abuse team or with the police jurisdiction.

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### **Age 16 or Older**

Sixteen is the age of consent in Ohio. However, if the girl is 16 and her partner is 18 or older, a parent can file charges with Juvenile Court prosecutors. The misdemeanor charge would be contributing to the unruliness or delinquency of a minor. In this situation, we would not file an abuse report.

When interviewing an adolescent, be alert for issues of force, coercion, deception, identify the relationship of the sexual partner (relative, authority figure, etc.) and history of physical or mental impairment (such as intoxication or drugs). When these factors are present, a report of sexual abuse should be made.

### C. Suspected Drug Facilitated Rape / Sexual Abuse: Evaluation Protocol

- A. Drug facilitated rape refers to an assault in which the perpetrator surreptitiously administers a drug to the victim, most often through adding it to a drink, in order to incapacitate her/him so that she/he is unable to prevent the assault. There are several dozen different drugs that have been used for this purpose.
- B. Reported symptoms experienced by the victim may include:
- a. confusion
  - b. decreased heartbeat
  - c. dizziness
  - d. drowsiness
  - e. impaired judgement
  - f. impaired memory
  - g. lack of muscle control
  - h. loss of consciousness
  - i. nausea
  - j. reduced blood pressure
  - k. reduced inhibition
- C. If the decision is made to test for drugs, follow the following evidence collection procedures:
1. Determine time of the ingestion of the drug.
  2. If ingestion occurred within 96\* hours or less, 100 ml of urine should be collected in sterile urine collection containers. If it is not possible to collect 100 ml of urine, collect as much as possible. Immediately refrigerate; follow chain of custody procedures.
  3. If ingestion occurred within 24\* hours or less, 20 ml of blood should be collected in “gray-topped” blood collection tubes. Two 10 ml gray topped tubes could be used. Immediately refrigerate; follow chain of custody procedures.
  4. When conducting a full drug screen, confirm that the laboratory is testing the urine and blood samples for: Benzodiazepines, Amphetamines, Muscle Relaxants, Sleep Aids, Antihistamines, Cocaine, Marijuana, Barbiturates, Opiates, Ethanol, GHB, Ketamine, Scopolamine, and any other substances that depresses the central nervous system

**These forensic toxicological specimens should be collected in addition to any blood or urine specimens collected for other medical or forensic purposes.** Evidence collection kits specifically for drug testing may be purchased commercially. Contact the ODH Rape Prevention Information for more information about purchasing these kits.

It becomes increasingly unlikely that drugs will be detected as time passes. Some toxicologists recommend shorter time frames within which it is reasonable to test for these drugs. If the laboratory conducting the analysis recommends a different time frame than recommended here, contact the Ohio Department of Health Rape Prevention Program to verify that the change is within current guidelines.

If the victim has vomited, treat the vomit as a supplemental specimen for forensic toxicology purposes. Collect as much of the liquid and solid portions of the vomit as possible by using a spoon, eyedropper-type suction devise, or other tool that is consistent with biohazard procedures. The vomit should be placed in a urine collection container or other appropriate container that has a lid with a tight seal. Then immediately place the container in a freezer; however, if vomit will be submitted to a toxicologist within five days, it is acceptable to refrigerate (rather than freeze) the container containing the vomit. If any vomit is on clothing, sheet, or other objects put the items in an appropriate container to prevent leakage and contamination and then immediately freeze the items while packaged in the container. Follow biohazard procedures when handling any body fluids. Follow chain of custody procedures.

- D. To assist the toxicologist, document the following:

- a. Date and time the drug was probably ingested
  - b. Date and time that the specimen(s) are collected
  - c. All available information about what drugs may have incapacitated or contributed to the incapacitation of the victim.
- D. Specimens collected for the purpose of drug testing **should not be included with the evidence collection kit**. Only send specimens to labs approved for this type of drug testing. Contact ODH (614-466-2144) for information about qualified labs.

#### **D. Drug Facilitated Sexual Assault: The Facts**

There are a number of ways in which the use of alcohol or drugs may contribute to an act of sexual assault. The substance most frequently involved in sexual assaults is alcohol, which the victim may consume voluntarily. Providing alcohol to a minor is a criminal offense. Increasingly, cases have been reported in which offenders, to further impair the ability of the victim to prevent the assault, use a variety of drugs. Rohypnol and GHB (gamma hydroxybutyrate) are the drugs most frequently referred to in this context but there are several dozen drugs that could be used for this purpose, many readily available in this country. The drug may be added to the victims drink without her knowledge or administered in a variety of other ways.

The decision to test for drug-facilitated rape is complicated by the effects of the drugs that may mimic severe inebriation. Hospital/medical personnel will be in the position of evaluating whether or not substance-related sexual assault is a probability, given the known factors of the situation. The victim's memory of events may be substantially impaired, complicating the assessment of the situation. Effects may be similar to the effects of a surgery patient coming out of anesthesia. See the list in the OHIO AAP protocol (Section VI) for likely symptoms. Some of these symptoms are also typical posttraumatic stress symptoms that may be present regardless of the use of substances.

The drugs can be very difficult to detect. Reasons for this include the speed with which the drug leaves the body and the fact that for multiple reasons a victim may not be tested within the ideal timeframe. For all sexual assaults, reporting may be delayed as victims struggle with issues of self blame resulting from stereotypes and misconceptions about sexual assault and with discomfort and embarrassment with going through the evidence collection process. Where alcohol and drugs are involved, the victim may be unconscious or disoriented during the majority of the time that the drug is still in their system, or need time to piece together what happened to them or recover from the effects of the experience. Because of these difficulties in detecting the drug, there is a high probability that even if a drug was used the test will come back negative. This can be emotionally difficult for the victim to hear and could potentially undermine the investigation

The period of time date rape drugs will remain in the urine or blood depends on a number of variables, including the type of drug, amount ingested, the victim's body size and rate of metabolism, whether the victim has a full stomach, and whether she previously urinated. A urine specimen is preferable to a blood specimen because the drugs and their metabolites can be detected in urine for a longer period of time. GHB may only remain in blood for 4- 8 hours and in urine for up to 12 hours. Benzodiazepines, which include Rohypnol, may be detected in blood only within 4 - 12 hours and in urine, typically only within 48 hours.<sup>1,2</sup>

When conducting a full drug screen, confirm that the laboratory is testing the urine and blood samples for: Benzodiazepines, Amphetamines, Muscle Relaxants, Sleep Aids, Antihistamines, Cocaine, Marijuana, Barbiturates, Opiates, Ethanol, GHB, Ketamine, Scopolamine, and any other substances that depresses the central nervous system.

Not every crime lab will have the capability of testing the samples at the adequate levels to detect the drug administered. Contact the Rape Prevention Program at ODH at (614) 466-2144 for information to be used in assessing the capability of your local lab or for information regarding qualified labs.

References: Copies of both articles are available by calling the ODH Rape Prevention Program @ 614/466-2144.

1. Marc LeBeau, et al, Recommendations for Toxicological investigations of Drug Facilitated Sexual Assaults, 44 J. Forensic sci. 227-230 (1999)
2. Marc LeBeau, Toxicological Investigations of Drug-Facilitated Sexual Assaults, 1 Forensic Science Communications (April 1999).

E. **Billing B Payment for the sexual abuse examination**



**Attorney General  
Betty D. Montgomery**

June 26, 2000

Dear Hospital Administrator or Medical Professional:

Our crime victim's bill has now been signed by Governor Taft. As you know, it will allow the Ohio Attorney General to reimburse your facility for the cost incurred in conducting a medical examination of a victim of sexual assault for the purpose of gathering physical evidence for a possible prosecution. Any examination conducted on or after July 1, 2000 should be submitted to the Ohio Attorney General for reimbursement if the following criteria are met:

1. Your facility conducted the examination in accordance with proper protocols adopted by the Ohio Department of Health, or the Committee on Child Abuse and Neglect of the Ohio Chapter of the American Academy of Pediatrics if the patient is a child or young adolescent; and
2. Your facility properly used a state-approved sexual assault collection kit in compliance with the above protocols (with some exceptions).

**Municipalities, counties and other political subdivisions will no longer be responsible for paying these costs.**

The goals of this legislation are to provide better services to victims of sexual assault, to improve the accuracy of forensic evidence collection and analysis, and to fairly compensate those providing these services. Following a universal protocol and using a standard sexual assault evidence collection kit should help us reach these goals. We want to thank you for your help in developing these protocols. **Your facility will be promptly reimbursed at the flat rate of \$500.00 per examination only if an approved kit is used and the proper protocols are followed.** However, the program is allowing a 60-day grace period for medical facilities to obtain the approved protocols and sexual assault examination kits. It is unlawful to bill the victim or the victim's insurer for the cost of a sexual assault examination conducted to collect evidence. For information about available training in forensic evidence collection, please contact Dr. Liz Benzinger at 1-740-845-2508.

Enclosed are billing instructions, two master Reimbursement Request Forms (one for examinations conducted during the grace period, and one for examinations conducted on or after September 1, 2000), and an instruction sheet for sexual assault survivors. Please make several copies of the Reimbursement Request Forms for your monthly billing activity. Also, each sexual assault survivor treated at your facility should receive a copy of the instruction sheet that provides information about the new Ohio Victims of Crime Compensation Program. Please note that medical providers will receive direct payment from the new compensation program if the patient meets eligibility requirements.

Thank you in advance for your participation in the Attorney General's Sexual Assault Forensic Examination (SAFE) Program.

Sincerely,

Brian C. Cook, Chief  
Crime Victims Services Section

Crime Victims Services / 65 East State Street, 8th Floor / Columbus, Ohio 43215-4231  
Phone: (614) 466-5610 1-800-582-2877 Fax: (614) 752-2732

[www.ag.state.oh.us](http://www.ag.state.oh.us)  
*An Equal Opportunity Employer*

**OHIO ATTORNEY GENERAL  
SEXUAL ABUSE FORENSIC EXAMINATION (SAFE) PROGRAM  
BILLING PROCEDURES**

1. The SAFE Program will reimburse a hospital or other emergency medical facility for costs incurred in conducting a medical examination of a victim of sexual assault for the purpose of gathering physical evidence for a possible prosecution, including the cost of any antibiotics administered as part of the examination. *Ohio Revised Code 2907? 28(A)*
2. A hospital or other emergency medical facility must follow the Ohio Department of Health 1999 Protocol for the Treatment of Sexual Assault Survivors when conducting a medical examination of an adult or older adolescent victim of sexual assault to qualify for reimbursement from the SAFE Program.
3. A hospital or other emergency medical facility must follow the protocol adopted by the Ohio Chapter of the American Academy of Pediatrics when conducting a medical examination of a child or younger adolescent victim of sexual assault to qualify for reimbursement from the SAFE Program.
4. A hospital or other emergency medical facility must use a sexual assault examination kit that meets the protocol as specified above to qualify for reimbursement from the SAFE Program. Furthermore, the kit must be completed without omissions, according to the directions supplied in the kit. However, examinations conducted from July 1, 2000 through August 31, 2000 are exempt from this requirement. If the victim is a child or younger adolescent, and the most recent abuse is outside the time period for collecting forensic evidence, the SAFE Program can provide payment if physical evidence is gathered by procedures such as colposcopic documentation of injuries and collection of cultures to detect pre-existing sexually transmitted diseases.
5. A hospital or other emergency medical facility should bill the SAFE Program on a monthly basis by submitting a Reimbursement Request form (enclosed) for each examination conducted during that particular month. This form should be photocopied so that an ample supply is available. A hospital or other emergency facility must certify that all required protocols were followed in conducting the examination and that a sexual assault evidence collection kit was used that meets the required protocol (with the exception noted in #4).
6. An itemized statement of all services provided during the sexual assault examination must be attached to each Reimbursement Request form for verification that emergency services were in fact provided.
7. The Reimbursement Request form must include the first six digits of the patient's social security number. The patient's name and last three digits of the social security number may be redacted from the attached itemized statement. However, the Attorney General may request more complete information during its annual audit of SAFE Program reimbursements.
8. Administrative Rule 109:7-1-02 states that a hospital or emergency medical facility shall accept a flat fee payment of \$500.00 as payment in full for any cost incurred in conducting a medical examination of a victim of sexual assault for the purpose of gathering evidence for a possible prosecution including the cost of any antibiotics administered as part of the examination.
9. A hospital or other emergency medical facility may not bill a victim or victim's insurer for any cost incurred in conducting a medical examination of a victim of sexual assault for the purpose of gathering evidence for a possible prosecution, including the cost of any antibiotics administered as part of the examination. *Ohio Revised Code 290 7.28(B)*
10. The Attorney General's SAFE Program will reimburse a hospital or other emergency medical facility within 30 days of receiving a monthly packet of completed Reimbursement Request forms.
11. A victim may submit an application to the Ohio Victims of Crime Compensation Program for costs not covered by the SAFE Program. If a victim is eligible, medical providers are paid directly by the program for outstanding medical bills for the treatment of the victim's injuries resulting from the crime. An information sheet about the program is included. Please make several photocopies and provide the information to each victim or victim's family during the emergency room intake process. You can order applications and other materials by calling 1-877-584-2846 (or 466-5610 if in Columbus).

Reimbursement Request Form (For Exams Conducted On or After 9/1/00)  
Ohio Attorney General Sexual Assault Forensic Examination (SAFE) Payment Program

Name of Medical Facility and Billing Address	Name(s) of Medical Professional(s) Conducting Examination	First 6 Digits of Patient's Social Security Number	Treatment Date/Time
<b>Please Answer All Questions in this Section if the Patient was an Adult or Older Adolescent</b>			
Was this patient an adult or older adolescent, a victim of suspected sexual assault/abuse, and treated at the above facility on an emergency basis?		Yes	No
Was a sexual assault evidence collection kit properly used in compliance with the ODH 1999 Protocol for the Treatment of Sexual Assault Survivors?  Name of Kit:		Yes	No
Was the completed sexual assault evidence collection kit given to a law enforcement agency? Your answer has no bearing on eligibility for reimbursement but is required for statistical purposes.  Which agency?		Yes	No
<b>Please Answer All Questions in this Section if the Patient was a Child or Younger Adolescent</b>			
Was this patient a child or younger adolescent, a victim of suspected sexual assault /abuse, and treated at the above facility on an emergency basis?		Yes	No
Was a pediatric exam and history performed which conforms to the Ohio AAP 2000 Sexual Abuse Protocol?		Yes	No
Was a sexual assault evidence collection kit properly used in compliance with the Ohio AAP 2000 Sexual Assault Protocol?  Name of Kit :		Yes	No
If no kit was collected, please list what procedures were performed to collect physical evidence for possible prosecution (i.e., colposcopic documentation of injuries, cultures for existing STD):			
Was the collected kit and/or physical evidence given to a law enforcement agency? Your answer has no bearing on eligibility for reimbursement but is required for statistical purposes.  Which agency?		Yes	No
<b>***** An Itemized Statement of All Services Provided Must be Attached (For Verification That Emergency Services Were In Fact Provided) *****</b>			
My signature certifies that the information given above is accurate.			
_____ Signature		_____ Print Name	
_____ Title			
Please Submit To:  Ohio Attorney General SAFE Program Attention: Finance Supervisor 65 East State Street, 8 <sup>th</sup> Floor Columbus, Ohio 43215-4231		For Questions About Billing, Please Call:  (800) 582-2877 or (614) 466-5610	

## **FOR SEXUAL ASSAULT VICTIM / SURVIVORS IMPORTANT INFORMATION ABOUT YOUR MEDICAL BILL**

### **SEXUAL ASSAULT FORENSIC EXAMINATION (SAFE) PAYMENT**

There are two purposes for you to receive a sexual assault evidentiary examination:

- 1) to assure that any physical injuries you may have received from the sexual assault, including sexually transmitted diseases, are cared for, and
- 2) to collect any physical evidence of sexual assault, in case you decide to report to law enforcement.

The part of the examination that collects physical evidence of sexual assault is paid for by the Ohio Attorney General's Sexual Assault Forensic Examination (SAFE) Payment Program. This includes the physical examination, laboratory tests and medicine you received to prevent sexually transmitted disease.

- YOU DO NOT HAVE TO REPORT THE CRIME TO LAW ENFORCEMENT FOR THE STATE TO PAY FOR A SEXUAL ASSAULT EXAMINATION
- YOU ARE NOT RESPONSIBLE FOR THE COST OF A SEXUAL ASSAULT EXAMINATION FOR THE PURPOSE OF GATHERING EVIDENCE FOR A POSSIBLE PROSECUTION, INCLUDING THE COST OF ANY ANTIBIOTICS ADMINISTERED AS A PART OF THE EXAMINATION. THE HOSPITAL WILL BILL THE STATE DIRECTLY.

### **OHIO VICTIMS OF CRIME COMPENSATION PROGRAM**

You may be eligible for the Ohio Victims of Crime Compensation Program to pay for medical care you needed that was not part of the sexual assault forensic examination. Medical care you can be compensated for might include x-rays, stitches, hospitalization, pain medication, and counseling you receive as a direct result of the crime victimization. Compensation is also available for clothing or bedding that was held as evidence and for lost wages you suffered as a result of the crime. Immediate family members may be eligible for reimbursement for the cost of mental health counseling.

- THE HOSPITAL OR CLINIC WILL BILL YOU FOR EXAMINATION AND CARE THAT IS NOT FOR THE COLLECTION OF SEXUAL ASSAULT EVIDENCE.
- YOU ARE RESPONSIBLE FOR THOSE BILLS, HOWEVER, YOU MAY BE ELIGIBLE TO HAVE THEM PAID BY THE OHIO VICTIMS OF CRIME COMPENSATION PROGRAM
- TO BE ELIGIBLE FOR THE OHIO VICTIMS OF CRIME COMPENSATION PROGRAM, YOU MUST REPORT THE CRIME TO LAW ENFORCEMENT WITHIN 72 HOURS OF ITS OCCURRENCE UNLESS GOOD CAUSE IS SHOWN FOR LATE REPORTING.
- YOU MUST FILE A COMPLETED APPLICATION WITH THE PROGRAM WITHIN TWO YEARS OF WHEN THE CRIME HAPPENED, OR BY A MINOR VICTIM'S 20th BIRTHDAY.

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For more information call.

**OHIO VICTIMS OF CRIME COMPENSATION PROGRAM**  
ATTORNEY GENERAL'S OFFICE  
65 East State Street, 8<sup>th</sup> Floor  
Columbus, OH 43215  
(614) 466-5610  
*Toll-Free General Information*  
(877) 584-2846 (877-5VICTIM)

**F. Crime Victims Compensation**

The Crime Victims Compensation Office of the Crime Victims Services Section of the Ohio Attorney General’s Office investigates applications for compensation filed under Ohio’s Crime Victims Compensation Law, a law that provides for payment to victims of violent crime to cover their economic losses. Upon completing the investigation, a recommendation is made to the Court of Claims concerning the outcome of the application. An application for patient reimbursement can be made on-line at <http://www.ag.state.oh.us/crimevic/crimevic.htm>.

Information about the Ohio Victims Compensation program should be given to the patient prior to leaving the hospital. Recent changes to the Ohio Victims Compensation program are outlined below. Information can be obtained by calling (614) 466-5610 or Toll Free at (877) 584-2846.

**SUMMARY OF OHIO CRIME VICTIMS  
COMPENSATION PROGRAM CHANGES**

**Procedural Changes**

<b>Previously</b>	<b>As of July 1, 2000</b>
Attorney General investigates claim.	Attorney General investigates claim.
Attorney General issues finding of fact and recommendation to Court of Claims.	Attorney General issues finding of fact and decision within 120 days, will reconsider its decision if victim objects, and issues final decision within 60 days of receiving a request for reconsideration.
Court of Claims Single Commissioner issues decision.	Panel of Commissioners hears appeal and issues final decision within 150 days of receiving notice of appeal.
Court of Claims Panel of Commissioners hears first appeal.	Court of Claims Judge hears second appeal and issues final decision.
Court of Claims Judge hears second appeal and issues final decision.	

## Benefits Added By Proposed Legislation

Previously	As of July 1, 2000
No reimbursement for cost of crime scene cleanup (\$750 per claim).	Reimbursement for cost of crime scene cleanup (\$750 per claim).
No reimbursement for cost of replacing property destroyed by evidence collection.	Reimbursement for property destroyed by evidence collection (\$750 per claim).
No reimbursement for mental health counseling of an immediate family member or household member of a victim.	Reimbursement for mental health counseling needed by an immediate family member of a victim of homicide, sexual assault, domestic violence, or a severe and permanent incapacitating injury resulting in paraplegia or similar life-altering condition (\$2,500 per family member).
\$7.50 filing fee.	\$7.50 filing fee eliminated.
	Reimbursement for the cost of sexual assault examinations conducted pursuant to ORC 2907.28.
	Transfer \$2.5 Million to the Ohio Department of Health to fund rape crisis centers.

## Eligibility For Participation (Expansions)

Previously	As of July 1, 2000
Victims who have engaged in violent or non-violent felonious <b>behavior</b> within 10 years prior to being victimized, or while claim is pending, are ineligible to participate.	Victims who have engaged in <b>non-violent</b> felonious <b>behavior</b> , except drug trafficking, within 10 years prior to being victimized, or while claim is pending, will be eligible to participate.

### Eligibility for Participation (Restrictions)

Previously	As of July 1, 2000
A victim is eligible for participation if convicted of a misdemeanor charge of domestic violence or child endangering within 10 years prior to being victimized, or while claim is pending.	A victim is ineligible for participation if convicted of a misdemeanor charge of domestic violence or child endangering within 10 years prior to being victimized, or while claim is pending.

### Codification of Existing Case Law

Previously	As of July 1, 2000
By case law, a victim who engaged in felony drug abuse at the time of being victimized will be denied compensation.	By statute, a victim who engaged in felony drug abuse at the time of being victimized will be denied compensation.
By case law, a passenger (age 16 or older) in a vehicle driven by a driver under the influence of alcohol or other drugs is ineligible to participate (except when 16- or 17-year-old is with parent, guardian, or care provider).	By statute, a passenger (age 16 or older) in a vehicle driven by a driver under the influence of alcohol or other drugs is ineligible to participate (except when 16- or 17-year-old is with parent, guardian, or care provider).

### Attorney Fees

Previously	As of July 1, 2000
Program reimburses attorney at the rate of \$60 per hour, with a maximum of \$720 for the decision of the single commissioner, a maximum of \$1,020 through the first level of appeal, or a maximum of \$1,320 through the second level of appeal.	Program will reimburse attorneys similar to current practice, but maximum of \$750 on claim of no appeal; \$1,020 if appeal to the panel of commissioners, and \$1,320 if appeal to the Judge of the Court of Claims. (Plus \$30 per hour travel expenses for appeals if attorney is outside central Ohio).

## Direct Pay to Providers of Medical, Funeral, and Other Services

Previously	As of July 1, 2000
Victims are given a check for the total amount of loss incurred, including any amount they owe to a provider of medical, funeral, and other services. The system depends on victims to pay these outstanding debts with the award.	The program will directly pay providers of medical, funeral, and other services any outstanding amounts covered by the award. Victims will receive reimbursement for bills paid out of their own pockets, and for other eligible expenses.

## Medical Cost Containment

Previously	As of July 1, 2000
Awards to victims include dollar for dollar coverage of any costs for medical and psychological services. Bills are evaluated to determine if the expenses incurred are related to the crime, not to determine reasonableness of the charges. There is no legal authority to adjust bills for cost containment purposes.	Establishes legal authority for the attorney general to adjust medical bills (and bills for psychological services) for cost containment purposes, in accordance with guidelines developed by the Bureau of Workers' Compensation. Bills will be evaluated to determine their reasonableness, and only reasonable charges will be reimbursed.

## Attorney General's Subrogation Rights

Previously	As of July 1, 2000
<p>Very general subrogation language exists, granting the Attorney General the right of subrogation against offenders and responsible third parties to recover damages equal to the amount of the award granted to the victim from the reparations fund.</p>	<p>Specifically establishes that the Attorney General is the legal representative of the reparations fund; that a copy of the indictment and certified judgment of conviction are admissible as evidence to prove an offender's liability for payment; establishes that the reparations fund is an eligible recipient for payment of restitution; provides that the Attorney General has six years from the date of the last payment of reparations to exercise its subrogation rights by filing an action in the Franklin County Common Pleas Court; requires a claimant to notify the Attorney General when filing a civil action against an offender or other responsible third party to recover damages related to the crime; declares that any release from liability negotiated without notifying the Attorney General shall not release a party from liability to the reparations fund; declares that an offender is jointly and severally liable to pay to the reparations fund the full amount of the reparations award granted to the victim; and provides that the costs and attorney fees of the Attorney General in enforcing its subrogation rights are fully recoverable from the liable offender or third party.</p>

## **G. Outline of the Criminal Justice System**

### **Complaint Made**

Once there has been a report of a sexual abuse/assault, a crew is dispatched in a marked cruiser. At this time, the responding officer will obtain preliminary information about the sexual assault/abuse from the parent or guardian.

### **Detective Investigation\***

After the responding officer has taken down the preliminary information needed from the parent or guardian, the case will be assigned to a detective. The child will be taken to a secure, child friendly location (Child Advocacy Center or similar facility). The Child Protective Services (CPS) worker, the detective and, if available, a forensic child sexual abuse/assault interviewer will meet the child at that location. The interviewer, preferably one who is trained in the forensic child sexual abuse interview, will interview the child separated from the parents or guardian. The other investigators will observe the interview via closed circuit video or through one-way glass. Separate interviews by each investigator are to be avoided. If the above facilities and expertise are not available in the local community, referral and transfer to an ODHS Regional Center of Excellence is strongly recommended. The ODHS Regional Centers of Excellence are located at:

Children's Hospital Medical Center of Cincinnati  
Columbus Children's Hospital  
Children's Hospital Medical Center of Akron  
Cleveland Metro Health System  
Cleveland Rainbow, Babies and Children's Hospital  
Children's Medical Center, Dayton  
Children's Hospital at Toledo

### **Case Presented to the Prosecutor**

Police present all the evidence to the Prosecutor. The Prosecutor decides whether or not to accept the case. If accepted, an affidavit is filed in Municipal Court.

### **Arraignment (Initial appearance before Municipal Judge)**

Once the affidavit is filed and the defendant is arrested, the defendant appears before the Municipal Court Judge. The appearance is for the purpose of reviewing the amount set for bail, furnishing the defendant with a copy of the complaint, confirming legal counsel, and setting a date for preliminary hearing.

### **Preliminary Hearing**

The preliminary hearing is held in the Municipal Court. The defendant, his attorney, the arresting officer, the County Prosecutor and the witnesses are present at this hearing. The burden is on the Prosecutor to prove that there is probable cause to believe a crime has been committed and that this defendant probably committed it. If there is sufficient evidence, the case is then bound over to the Grand Jury. Sexual assault/ abuse victims bypass the preliminary hearing.

### **Grand Jury Hearing**

The Grand Jury consists of nine to twelve jurors. During witness testimony, only the jurors and the County Prosecutor are present in the room. The Prosecutor may ask some questions for clarification. There is no cross-examination. After all the witnesses are heard by the Grand Jury, a vote is taken to determine if the defendant is to be indicted. If the defendant is indicted, the case proceeds through the system. If the case is ignored by the Grand Jury, there are no grounds for appeal. However, a case can be re-presented to the Grand Jury, if additional evidence is presented.

**Arraignment (In Common Pleas Court: On the Indictment)**

A court hearing is held where the defendant is told about the charges pending against him, and the right to a lawyer and trial. The defendant enters a plea on the Grand Jury indictment, his bond is re-examined and pre-trial conference is scheduled.

**Pre-Trial Motions**

Motions are heard at the request of an attorney (Prosecutor or Defense) regarding issues that do not reflect the merits of the case. For example, motions for discovery, motions for continuance, motions for psychiatric evaluation, motions to suppress, etc.

**Pre-Trial Conference\***

This is a conference between the victim/witnesses and the Prosecutor to discuss the facts and status of the case.

**Trial\***

In a trial, the Prosecutor presents the case for the State, attempting to prove beyond a reasonable doubt that the defendant did commit the crime as charged. The defendant may present his/her side through the use of an attorney. It is the defendant's choice whether a judge or a twelve-person jury will decide the verdict. The trial "time table" is usually as follows: the case must come to trial within 90 days if the defendant is kept in custody and within 120 days if he is out on bond. This may be extended in either case if there are continuances approved by the judge.

**Sentencing**

After a verdict or plea of guilty, the judge sets a date for sentencing. During this time period the Adult Probation Officer will evaluate the defendant's potential for rehabilitation and prepare a sentence recommendation. The judge then considers that recommendation and other evidence. The sentence must be within the limits set by the legislature for the particular crime.

\* Indicates points at which the child victim may be required to relate details of the incident.

Taken from "Guidelines for Treatment of Sexual Assault Victims." Developed by the Montgomery County Prosecutor's Office and the Miami Valley Regional Crime Lab in conjunction with the Greater Dayton Hospital Council, The Montgomery County Medical Society, and the Dayton District Academy of Osteopathic Medicine.

## H. Selected Reading: Child Sexual Abuse

1. American Academy of Pediatrics, Committee on Adolescence. Sexual Assault and the Adolescent. *Pediatrics* 94: 761-765, 1994.
2. American Academy of Pediatrics, Committee on Child Abuse and Neglect. Guidelines for the Evaluation of Sexual abuse of Children: Subject Review. *Pediatrics* 103, 186-190, 1999. Erratum p. 1049.
3. Giardino AP, Finkel MA, Giardino ER, Seidi T, Ludwig S. *A Practical Guide to the Evaluation of Sexual Abuse in the Prepubertal Child*. Sage Publication, Newbury Park, CA, 1992.
4. Heger A, Emans Si. *Evaluation of the Sexually Abused Child A Medical Textbook and Photographic Atlas*. Oxford University Press, New York, 1992.
5. Reece RM. *Child Abuse: Medical Diagnosis and Management*. Lea and Febiger, Philadelphia, 1994.
6. Christian CW. Forensic Evidence Findings in Prepubertal Victims of Sexual Assault. *Pediatrics* 2000;106:100-104

## I. Definitions

Air Dry	Dry at room temperature. Do not use any heat. Keep away from direct sunlight.
Sealing envelopes	Do not lick the flaps of envelopes. If necessary, use a damp sponge or paper towel to moisten envelope flaps. Use patient identification stickers as a seal over each fastened envelope flap. Use paper envelopes only: never plastic.
Slightly moisten	Use just enough sterile, saline or distilled water to facilitate collection of a dried external stain or prevent discomfort during the vaginal and rectal examination. Flooding the swabs decreases their absorbing power and should be avoided.
Swabbing	<p>When swabbing a stain or body cavity allow the swab to soak up as much as possible in order to maximize the recovery of evidence.</p> <p>NOTE: Depending upon the type of sexual abuse, semen may be present in the mouth, vagina and rectum. However, embarrassment, trauma or a lack of understanding of the nature of the abuse may cause a victim to be vague or mistaken about the type of sexual contact that actually occurred. For these reasons, and because there also can be leakage of semen from the vagina or penis onto the anus, even without rectal penetration, it is recommended that the patient be encouraged to allow examination of all three orifices and specimens collected from them.</p> <p>In cases where a patient insists that contact or penetration involved only one or two orifices (or in some circumstances, no orifices at all), the victim should still be encouraged to allow a complete examination. However, ultimately the patient may refuse these additional tests.</p> <p>The patient should be cautioned not to use bathroom facilities prior to the collections of these specimens. However, if the use of such facilities is necessary, the patient should be cautioned that semen or other evidence may be present in the pubic, genital and rectal areas and to take special care not to wash or wipe away those secretions until after the evidence has been collected.</p>

## J. Detailed Instructions for Ohio Department of Health Sexual Assault/Abuse Evidence Collection Kit

Please proceed in numerical order and complete all steps. If the patient refuses a step, write “patient declined” on the collection envelope. These items may be used in court to prosecute a sexual offense. Therefore, it is important to follow instructions and write legibly. Remove strip to seal envelopes (do not lick). The Medical Information and Patient Discharge Information forms are for your convenience and may be replaced by institutional forms.

### Step 1 Authorization

Allow the patient or parent/guardian to read Information You Should Know as a Survivor of Sexual Assault/Abuse. Explain to the patient what the sexual assault exam will entail.

Complete and have the patient or guardian sign the Consent for Exam and Release of Evidence form.

**The release is not necessary for child abuse cases.**

### Step 2 Oral Swabs

Collect four oral swabs **regardless of the assault/abuse history**. If necessary, slightly moisten the swabs with sterile water or saline. Rub two swabs back and forth between the left cheek and lower gum and as far back on the tongue as possible without triggering the gag reflex. Using two more swabs, repeat for the right side. Use any one of the swabs to make the smear. Make the smear by rolling the swab forward and back once in the center of the pre-labeled slide. **Do not discard the swab.** Do not use any fixative on the slide. Air dry the smear and place it in the slide mailer. Place the slide mailer in the envelope. Air dry all four oral swabs in the boxes. Close the boxes and place in the envelope. Label and seal the envelope.

*Hospital examination of wet mounts or smears is not necessary.*

### Step 3 Oral Culture for Gonorrhea (Children Only)

If indicated, culture the pharynx for gonorrhea. Non-culture tests, such as ELISA and DNA probes, may not be acceptable as evidence of infection in a court of law. **Send culture to the hospital lab. DO NOT PLACE CULTURES IN THE EVIDENCE BOX.**

### Step 4 Assault/Abuse History Form

In order to reduce the number of times the patient must describe the assault or abuse, this step may be combined with the law enforcement and/or social services interview. Complete the first two pages of the Assault/Abuse History form. In the **Patient Narrative** section, record the patient’s description of the assault/abuse. Pay particular attention to information that will assist you in locating injuries and body fluid evidence. **Do not** record your subjective observations and opinions.

At this time the law enforcement and/or social services representative leaves the room and the physical examination begins. A rape crisis worker, family member or other support person may remain in the room during the examination if the patient so desires.

*Note: The Medical History Form is provided for convenience. Institutional forms may be used in its place.*

## Step 5 Fingernail scrapings/Cuttings

Scrape under the patient's nails using the tool provided in the nail scrapings envelope. Collect the scrapings into the envelope. If a fingernail is broken, or if blood or other foreign material is noted on the nails, use scissors to clip off the broken end and place into the envelope. Label and seal the envelope.

## Step 6 Debris Collection

Lay a clean sheet on the floor. Unfold and place the exam paper provided over the sheet. The purpose of the sheet is to protect the exam paper from unrelated debris on the exam room floor. Have the patient disrobe over the paper. Collect any debris from patient's body onto the exam paper. **After completing Step 7**, fold the paper so as to contain any debris which has fallen on it. Place it in the envelope. Label and seal the envelope.

## Step 7 Clothing Collection

Collect all clothing worn during or immediately after the assault/abuse, even if no damage or staining is apparent. As the patient disrobes, place one garment item in each bag. **Do not shake out the garments, as evidence such as hairs and fibers may be lost.** Two large bags are provided for outer garments. Two small bags are provided for intimate clothing articles. Label and seal the bags. Place the bag containing the underwear in the kit. Keep the other clothing bags with the kit. If any of the items are wet or damp, inform the law enforcement officer to ensure that the clothing can be properly air dried.

If the patient is not wearing the clothing worn at the time of the assault/abuse, collect only the items that are in direct contact with the genital area (underpants/pantyhose). Inform the law enforcement officer so that the clothing worn at the time of the assault/abuse can be collected.

**Do not cut through any existing holes, rips or stains in the patient's clothing. If a panty liner or pad is in place, leave it attached to the underwear.**

## Step 8 Dried Stains

Ejaculation onto the patient's body, leakage from the patient's body and the suspect's use of his mouth on the patient's body may have occurred. Use a Wood's lamp or other ultraviolet light to examine the patient's body for dried stains. Collect any dried stains by slightly moistening one or two swabs with sterile water or saline and swabbing the stained area. Collect each stain in a separate envelope.

**Ask if the assailant used his/her mouth anywhere on the patient.  
Swab these areas as above. Any bite marks should be swabbed  
and photographed close-up.**

## Step 9 Pubic Hair Combing

With the patient standing, hold the envelope under the pubic area and use the comb provided to comb through the pubic hairs several times. Comb directly into the envelope. Place the comb into the envelope. Label and seal the envelope. If the patient does not have pubic hairs, please note this on the envelope.

**Collect any stray hairs from the genital area**

## Step 10 Pubic hair standards

**After completing Step 9 above**, give the patient an exam glove to wear and ask her/him to gently pull 10 – 15 hairs from various areas of the pubic region. The glove will permit a better grip. It should be possible for the patient to obtain sufficient pulled hairs standards without pulling hard enough to cause extreme pain. **Do not cut the hairs.** Stop if this cannot be done without extreme pain. Place the pubic hairs in the envelope provided. Label and seal the envelope.

## Step 11 Rectal/Perianal Swabs and Smear

Collect four rectal swabs **regardless of assault/abuse history**. If necessary, the swabs may be slightly moistened with sterile water or saline. If there is no evidence or report of anal penetration, it is acceptable to swab the perianal area rather than inserting the swabs. Use any one of the swabs to make the smear by rolling the swab forward and back once in the center of the pre-labeled slide. Do not discard the swab. Do not use any fixative on the slide. Air dry the smear and place it in the slide mailer. Place the slide mailer in the envelope. Air dry all four rectal/perianal swabs in the boxes. Close the boxes and place in the envelope. Label and seal the envelope.

*Hospital examination of wet mounts or smears is not necessary.*

### **Step 12 Rectal/Perianal Cultures (Children Only)**

If indicated, culture the rectum for gonorrhea and chlamydia. Non-culture tests, such as ELISA and DNA probes, may not be acceptable as evidence of infection in a court of law. Do not use swabs with wooden applicators to collect chlamydia cultures. **Send cultures to the hospital lab. DO NOT PLACE CULTURES IN THE EVIDENCE BOX.**

### **Step 13 Vaginal (or Penile) Swabs and Smear**

If the patient is using a tampon, it should be collected and packaged separately into one of the **Step 8 (Dried Stains)** envelopes. Do not place other items in this envelop.

**For females:** Collect four vaginal swabs **regardless of assault/abuse history**. Collect two swabs at a time, swabbing any pooled fluid and the cervical area. Use any one of the swabs, make the smear by rolling the swab forward and back once in the center of the pre-labeled slide. Do not discard the swab. Do not use any fixative on the slide. Air dry the smear and place it in the slide mailer. Place the slide mailer in the envelope. Air dry all four vaginal or penile swabs in the boxes. Close the boxes and place in the envelope. Label and seal the envelope.

If a tampon is present, air dry and place in the **Step 8** envelope. Label and seal the envelope.

**For males:** Collect four penile swabs. Slightly moisten the swabs with sterile water or saline and swab the glans and shaft of the penis using two swabs at a time. Follow the instructions above for smears and packaging.

**For pre-pubertal females:** If there is evidence of vaginal injury or discharge and the vagina can be swabbed without causing pain, collect four swabs from within the vagina. Make a smear as above. If the vagina cannot be swabbed without causing pain, swab the external genitalia with four slightly moistened swabs and make a smear as above.

**NOTE:** A speculum examination is almost never indicated and may add to the child's trauma.

*Hospital examination of wet mounts or smears is not necessary.*

### **Step 14 Vaginal (or Penile) Cultures (Children Only)**

If indicated, culture the vagina or urethra for gonorrhea and chlamydia. Non-culture tests, such as ELISA and DNA probes, may not be acceptable as evidence of infection in a court of law. Do not use swabs with wooden applicators to collect chlamydia cultures. **Send cultures to the hospital lab. DO NOT PLACE CULTURES IN THE EVIDENCE BOX.**

### **Step 15 Speculum**

After completing the pelvic examination, air dry the speculum and place it in the bag. Label and seal the bag.

## **Step 16      Head hair standards**

Give the patient an exam glove to wear and ask her/him to gently pull 10 – 15 hairs from various areas of the head. The glove will permit a better grip. It should be possible for the patient to obtain sufficient pulled hair standards without pulling hard enough to cause extreme pain. **Do not cut the hairs.** Stop if this cannot be done without extreme pain. Place the head hairs in the envelope provided. Label and seal the envelope.

## **Step 17      Blood Standard**

Collect the patient's blood standard. Wearing gloves, label the filter paper with the patient's name and date. If blood is being drawn for other purposes, place two or three drops of blood from the blood collection tube onto the filter. If no blood is being drawn, clean the patient's finger with an alcohol swab, use the fingerstick device provided and place two or three drops of blood on the filter paper. Allow the filter paper to air dry before placing it in the envelope. Label and seal the envelope.

**For Children: Omit blood standard if it cannot be collected without further trauma.**

## **Step 18      Anatomical Drawings and Documentation of Injuries**

Complete the third page of the **Assault/Abuse History** form. Take photos of the patient to assist recall and to document any physical injuries. Do not place photos in kit. Keep these photos with your records. Using the anatomical outlines provided, indicate all signs of physical trauma – e.g. bruises, scratches, marks, discolorations (size and color) or bite marks on any part of the patient's body.

Note: The use of a **Wood's Lamp, Colposcope or Toluidine Blue Dye** to help visualize stains and injuries is recommended. Refer to the ODH Sexual Assault Protocol manual for more information.

## **Step 19      Give the Patient Discharge Information form to the patient or guardian.**

**Discuss STD and pregnancy prophylaxis with the patient if applicable. Consider collecting urine and blood samples for toxicological screening for "date rape" drugs if unexplained impairment or gaps in patient recall exist.** Refer to the ODH Sexual Assault Protocol manual for more information.

## **Step 20      Seal the Kit**

### **Final Instructions**

1. Make sure that all of the information requested on the collection envelopes and forms has been completed. Make sure that all of the envelopes are sealed.

2. **Place the carbon copy of all three pages of the Assault/Abuse History form into the kit.** Place all collection envelopes and the underwear bag (whether these items have been collected or not) into the kit.

**DO NOT place STD cultures or drug screen samples in kit.**

3. Using the seal provided, seal and initial the kit, and **fill out all of the information requested on the box lid.**
4. Complete the top portion of the Chain of Custody forms (**found at the bottom of the Step 1 Consent form and on the lid of the kit box**). Hand the sealed kit and sealed paper bags to the law enforcement officer and have him/her complete the bottom portion of both Chain of Custody forms. One copy of the Step 1/Step 20 Consent and chain of custody form stays at the hospital. One copy stays with law enforcement officer.
5. If the evidence is not immediately released to law enforcement, the kit should be stored refrigerated (if possible) in a secure area. Clothing should be stored at room temperature in a secure area.

**K. Forms**

**Assault/Abuse History and Examination Form (3 pages)**

Step 4

Assault / Abuse History and Examination Form

Page 1

Patient Information		
Patient Name	Age	Sex
Assault/Abuse History		
Date/Time of Assault/Abuse	Date/Time of Exam	
Assault/abuse was by:  (stranger, acquaintance, spouse, relative, date, etc.)	Sex of assailants	Number of assailants
<b>Which of the following occurred?</b> <input type="checkbox"/> Oral Penetration <input type="checkbox"/> Penetration with an object—describe: _____ <input type="checkbox"/> Vaginal Penetration <input type="checkbox"/> Digital Penetration <input type="checkbox"/> Ejaculation--where? _____ <input type="checkbox"/> Rectal Penetration <input type="checkbox"/> Oral Copulation <input type="checkbox"/> Other: _____		
<b>Since the assault/abuse, patient has:</b> <input type="checkbox"/> Douched <input type="checkbox"/> Defecated <input type="checkbox"/> Bathed/Showered <input type="checkbox"/> Brushed Teeth or Used Mouthwash <input type="checkbox"/> Urinated <input type="checkbox"/> Vomited <input type="checkbox"/> Changed Cloths <input type="checkbox"/> Had Food or Drink		
<b>At time of <u>assault/abuse</u>, was:</b>  Patient menstruating Suspect <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know injured/bleeding Tampon present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Condom used? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Where is tampon now? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know Where is condom now? _____		
<b>At time of <u>exam</u> was:</b> Tampon present? <input type="checkbox"/> Yes <input type="checkbox"/> No Patient menstruating? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Consensual intercourse within 72 hours?</b> Date: _____      Time: _____		
_____ nurse or physician completing form—print name      nurse or physician completing form—signature		
<b>Hospital:</b> _____ <b>City:</b> _____		

**This copy for hospital      Place carbon copy in kit**



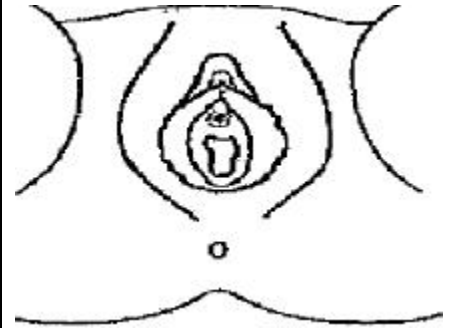
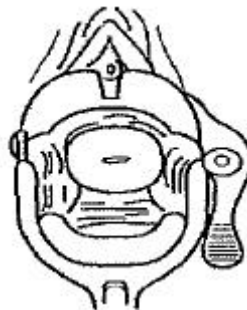
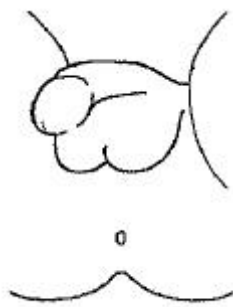
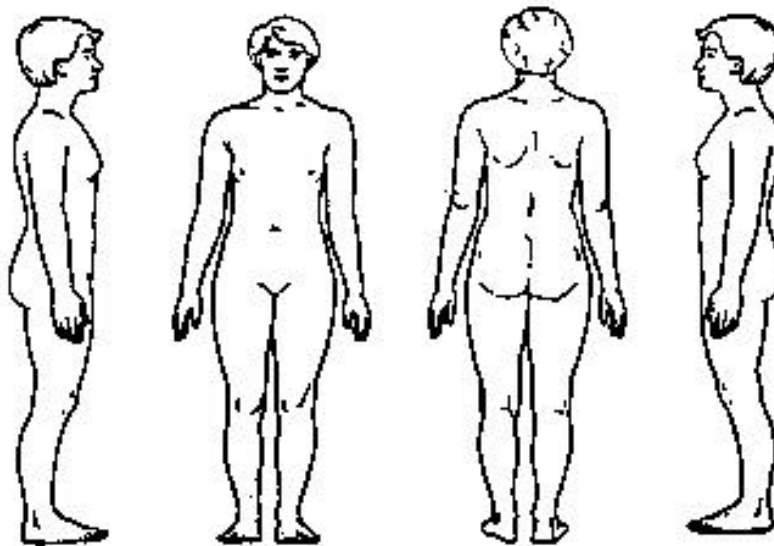
Anatomical Diagrams to Record Location of Injuries

Method of Examination (circle all that apply)

direct visualization	yes	no	colposcopic exam	yes	no
bimanual exam	yes	no	Woods (or other UV) lamp	yes	no
speculum exam	yes	no	toluidine blue dye	yes	no

Photographs Number Taken:    35 mm    Polaroid    Digital Still    Colposcopic prints    Colposcopic Video Files

Taken by: \_\_\_\_\_



Indicate the location and type of injury: abrasions, bruises (detail shape), erythema, contusions, induration, lacerations, fractures, bites, burns and stains/foreign materials.

**This copy for hospital    Place carbon copy in kit**

# Optional Medical History and Examination Form (3 pages)

## Optional Medical History and Examination Form for Sexual Assault/Abuse

(Institutional Forms May be Substituted)

Patient Information				
Patient Name		DOB	Sex	Race
SS#		Phone Number		
Address				
City		State	Zip	
Vital Signs (as warranted)				
Admission	P	R	BP	
Discharge	P	R	BP	
Medical History				
Allergies				
Last Tetanus				
Current Medications				
Acute Illnesses				
Past Surgeries				
LMP		Gravida	Para	
Contraception Used?		Type		
Approximate Weight		Height		
Family Physician				
Gynecologist				

<b>Physical Examination</b>
<b>General Appearance (including condition of clothing)</b>
<b>Emotional Status (objective observation)</b>
<b>Pertinent General Physical findings (also mark pictures)</b>
<b>Body Surface (locate and describe injury, draw findings on pictures)</b>  <b>mouth/face</b>  <b>head/neck</b>  <b>back/buttocks</b>  <b>chest/breast</b>  <b>abdomen</b>  <b>upper extremities</b>  <b>lower extremities</b>
<b>External genitalia (describe Tanner stage and general appearance)</b>
<b>Female</b>
<b>Perineum</b>
<b>Periurethral area</b>
<b>Urethra</b>
<b>Anus</b>
<b>Rectum</b>
<b>labia majora</b>

**Optional Medical History and Examination Form  
for Sexual Assault/Abuse**

labia minora
Clitoris
Vestibule
Posterior fourchette
fossa navicularis
Vagina
Vaginal discharge
Hymen
Cervix
<b>Male</b>
glans penis
penis foreskin
penis shaft
Testicles
Discharge from penis
Anus
Rectum
<b>Names of Those Present During the Exam</b>
_____
nurse or physician completing form—print name
_____
nurse or physician completing form—signature