

CALIFORNIA MEDICAL PROTOCOL FOR EXAMINATION OF SEXUAL ASSAULT AND CHILD SEXUAL ABUSE VICTIMS

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PREFACE

The *State of California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims* contains recommended methods for meeting the minimum standards established by Penal Code Section 13823.11 for evidential examinations. A copy of the authorizing statute signed into law in 1985 is provided in Appendix A. The protocol contains step-by-step procedures for conducting examinations of the adult female, adult male, pediatric patient, and suspect. Each section is designed to stand alone; however, evidence collection and preservation procedures common to every patient are included in a special section. Flow charts are also provided.

OCJP 923, Medical Report: Suspected Sexual Assault, used for recording the findings of evidential examinations, has been revised to guide the examination. OCJP 925, Medical Report: Suspected Child Sexual Abuse, is a new form that has been developed to record findings for child sexual abuse examinations. The numbered and lettered sections of the protocol correspond to the numbered and lettered sections of the forms.

The *State of California Medical Protocol Informational Guide*, designed as a companion document, contains reference material on evidential examinations and information on psychological, sociocultural, and age considerations in providing services to sexual assault and child sexual abuse victims.

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INTRODUCTION

A. STATUTORY REQUIREMENTS

1. State Office of Criminal Justice Planning

Penal Code Section 13823.5 directs the Office of Criminal Justice Planning (OCJP) to establish a protocol for the examination and treatment of sexual assault victims, including child molestation, and the collection and preservation of evidence. The statute requires the protocol to contain recommended methods for meeting the minimum standards for evidential examinations specified in Penal Code Section 13823.11. In addition to the protocol, the statute mandates the Office to develop an informational guide that contains general reference information on evidence collection and medical and psychological treatment for sexual assault victims. OCJP also has the statutory authority, in cooperation with the Department of Health Services and the Department of Justice, to develop a standard form(s) for recording findings from evidential examinations.

2. All county and general acute care hospitals

Every physician or health care professional who conducts an examination for evidence of sexual assault or child sexual abuse is required to use OCJP 923, Medical Report: Suspected Sexual Assault or OCJP 925, Medical Report: Suspected Child Sexual Abuse. Copies of the forms are included for reference on pages 27 - 38. See Appendix B for information on ordering supplies.

Health and Safety Code Section 1281 and Penal Code Section 13823.9 require all public and general acute care hospitals to comply with the standards set forth in Penal Code Section 13823.11, the protocol, and the guidelines. If a hospital cannot adhere to the statutory requirements, a protocol must be adopted for immediate referral of sexual assault and child sexual abuse victims to a local hospital that is able to conduct the evidential examination according to the standards established by law. If a referral protocol is adopted, the hospital must notify local law enforcement agencies, the district attorney, and local victim assistance agencies.

Each county is directed to designate at least one general acute care hospital to perform examinations for sexual assault and child sexual abuse victims. The statute also requires each county with a population of 100,000 or more to arrange to have professional personnel, trained in the examination of sexual assault and child sexual abuse victims, present or on call in the county hospital providing emergency medical services. General acute care hospitals that contract with counties to provide emergency medical services are also subject to this requirement. In counties with populations of 1,000,000 or more, trained professional personnel must be present or on call for at least one general acute care hospital per 1,000,000 persons in the county.

B. LOCAL AGREEMENTS

Local agreements between hospitals and law enforcement agencies designating primary and alternative examination sites should be developed to ensure prompt evidential examinations and treatment for victims. Reimbursement of hospitals for evidential examinations is the responsibility of local government. Development of local fee standard agreements that can be negotiated periodically is also recommended.

The statutory provision requiring all general acute care hospitals to comply with the minimum standards or adopt a referral protocol is intended to ensure consistent procedures among hospitals. The legislative intent is to support, not modify, local

agreements in those counties that have established centralized sexual trauma centers for referral of all sexual assault victims. These centers have a recognized value in ensuring consistent and advanced standards of professional care.

C. RECOMMENDED METHODS FOR CONDUCTING EVIDENTIAL EXAMINATIONS

The protocol contains recommended methods for meeting the statutory standards. Flexibility is needed, however, to accomplish these tasks as circumstances may vary and new methods may evolve with advancing technology and research. The important considerations are whether alternate methods support quality medical examinations, evidence collection and preservation procedures, law enforcement investigation, and case prosecution; and whether these methods are consistent with local law enforcement and crime laboratory policies.

SECTION I

NOTIFICATION OF INJURIES TO AUTHORITIES

A. SEXUAL ASSAULT

1. Report crime-related injuries to the local law enforcement agency

Hospitals and physicians are required to report to the local law enforcement agency all cases in which medical care is sought where injuries have been inflicted upon any person in violation of any state penal law. The report must be made by telephone and in writing. It must state the name of the injured person, if known, the current whereabouts, and the character and extent of injuries. (Penal Code Sections 11160-11161)

2. Criminal penalties for failure to report injuries to authorities

The failure of a hospital or physician to report cases where injuries have been inflicted in violation of a state penal law is punishable by a fine not to exceed \$500, by imprisonment in the county jail for a period not to exceed six months, or both. (Penal Code Section 11162)

3. California Penal Code

Sexual assault penal code sections are: 261 (Rape), 264.1 (Gang Rape), 288a (Oral Copulation), 286 (Sodomy), 289 (Penetration of a Genital or Anal Opening by a Foreign Object or Body Part), 262 (Spousal Rape), 220 (Assault with Intent to Rape), 243.4 (Sexual Battery), 261.5 (Unlawful Sexual Intercourse with a Female Under Age 18), 266c (Unlawful Sexual Intercourse, Oral Copulation or Sodomy and Consent is Procured by Fear or Fraudulent Representation with Intent to Create Fear), and 664 (Designation for Attempts to Commit any Crime).

4. Notification procedures to comply with Penal Code Sections 11160-11161

A patient may consent either to examination and treatment only or to examination, treatment, and evidence collection.

a. If the patient consents only to examination and treatment:

- (1) Fill out only the patient's name and address on OCJP 923 (Part A, Items #1 and 2).
- (2) Have the patient sign OCJP 923 (Part B, Item #1), consent for treatment only.
- (3) Complete OCJP 923 (Part E, Items #1-10), the medical examination findings.
- (4) Make a telephone report to the local law enforcement agency if there are crime-related injuries and record the name of the person receiving the report on OCJP 923 (Part A, Item #4).
- (5) Mail OCJP 923 to the local law enforcement agency.

b. If the patient consents to examination, treatment, and evidence collection:

- (1) Obtain the signature of a law enforcement officer on OCJP 923 (Part C) to authorize payment for the examination at public expense. For those patients not brought to the hospital by a law enforcement officer, make a telephone report and request an officer to authorize payment. Telephone authorization may be established through local agreements.
- (2) Obtain the patient's signed consent for the examination, treatment, and evidence collection on OCJP 923 (Part B, Items #1, 2, and 3).

- (3) Complete and provide one copy each of OCJP 923 to:
 - (a) The law enforcement officer (submit the original);
 - (b) The crime laboratory (submit with evidence); and
 - (c) Hospital records. See the *State of California Medical Protocol Informational Guide* for recommendations on establishing confidential files for evidential examination records.

B. CHILD ABUSE

1. Report known or suspected child abuse to child protective agencies

Medical practitioners are required to report known or suspected child abuse immediately by telephone and send a written report within 36 hours to a child protective agency.

- a. A medical practitioner means a physician, surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- b. A child protective agency means a law enforcement agency, the county department of social services, or the county probation department.
- c. The obligation of medical practitioners to make a report to a child protective agency arises when they, in their professional capacity, have knowledge of or observe a child who they know or reasonably suspect has been the victim of child abuse.
- d. No supervisor or administrator may impede or inhibit the reporting duties and no person making such a report shall be subject to any sanction for making the report. (Penal Code Sections 11165-11168)

2. Criminal penalties for failure to report child abuse

The failure of medical practitioners and other mandated persons to report child abuse is punishable by a fine not to exceed \$1,000, by imprisonment in the county jail for a period not to exceed six months, or both. (Penal Code Section 11172)

3. California Penal Code

Sexual assault penal code sections defined as child abuse are: 261 (Rape), 264.1 (Gang Rape), 243.4 (Sexual Battery), 285 (Incest), 286 (Sodomy), subdivisions (a) and (b) of 288 (Lewd or Lascivious Acts Upon a Child Under 14 Years of Age), 288a (Oral Copulation), 289 (Penetration of a Genital or Anal Opening by a Foreign Object or Body Part), 647a (Annoying or Molesting a Child Under Age 18), and 311.4 (Child Pornography).

4. Notification procedures to comply with Penal Code Sections 11165-11168

- a. Telephone reports to child protective agencies must include the following information:
 - (1) Name of the person making the report;
 - (2) Name of the child;
 - (3) Present location of the child;
 - (4) Nature and extent of the injury; and
 - (5) Other information requested by the child protective agency.
- b. To comply with Penal Code Section 11166 which requires the submission of a written report to a child protective agency within 36 hours, submit DOJ SS 8572 to a child protective agency. See Appendix H for a copy of this form.

- c. Complete and provide one copy each of OCJP 925 to:
 - (1) The child protective agency (submit the original);
 - (2) The crime laboratory (submit with evidence); and
 - (3) Hospital records. See the *State of California Medical Protocol Informational Guide* for recommendations on establishing confidential files for evidential examination records.
- 5. Immunity from civil or criminal liability for complying with the child abuse reporting law**
 - a. Medical practitioners and others required to report known or suspected child abuse cannot be held civilly or criminally liable for any report required or authorized by the child abuse reporting law. (Penal Code Section 11172)
 - b. Physicians and hospitals may be held liable for injuries sustained by a child for failure to diagnose and report child abuse to authorities resulting in the child being returned to the parents and receiving further injuries by them (Landeros v. Flood, (1976) 131 CAL.RPTER 69, 551 P.2d 389, 17 C.3d 399, 97 A.L.R. 3d 324).
- 6. Confidentiality/child abuse reports**
 - a. Written reports required by the child abuse reporting law are confidential and can only be released to child protective agencies. Any violation of confidentiality is punishable by up to six months in jail, by a fine of \$500, or both. (Penal Code Section 11167.5)
 - b. At this time, Penal Code Section 11167.5 does not distinguish between public and parental access to child abuse records. Consult with the county prosecutor's office or an attorney to determine the appropriate course of action if the person seeking access to the evidential examination records is the parent or guardian suspected of the abuse.

SECTION II
PATIENT CONSENT FOR
EXAMINATION, TREATMENT, AND EVIDENCE COLLECTION

A. ADULTS

To protect the rights and interests of both the adult patient and the hospital, appropriate signed consents must be obtained before examination, treatment, and evidence collection begins.

1. Consent to medical examination and treatment only

- a. General consent for routine diagnostic and medical procedures, informed consent for more complex procedures, and consent for emergency treatment should be obtained in accordance with hospital policy.
- b. At the onset of the consent interview, the patient must be informed that examination and treatment for injuries inflicted in violation of any state penal law obligates the hospital to make a telephone and written report to the local law enforcement agency.
- c. If the patient consents to examination and treatment only, OCJP 923 (Part B, Item #1) must be signed to indicate the patient understands the legal requirement to report crime-related injuries to law enforcement authorities.

2. Consent to medical examination, collection, and preservation of evidence

- a. If the patient consents to the medical examination for collection of evidence, OCJP 923 (Part B, Item #2) must be signed. This indicates the patient understands that evidence will be collected, preserved, and released to law enforcement authorities.
- b. Patients must be given the following information:
 - (1) Patients have the right to refuse an examination for the purpose of collecting evidence.
 - (2) The cost of an evidential examination is the responsibility of local government only if the patient consents to the collection of evidence. (Penal Code 13823.95) If the patient does not consent to evidence collection, the patient is responsible for the costs of the medical examination. If the patient has agreed to collection of evidence, hospitals are prohibited by law from directly or indirectly charging the sexual assault victim for the cost of the evidential examination.
 - (3) County hospitals must provide testing for venereal disease and pregnancy without charge. (Health and Safety Code Section 1491)
 - (4) Consent for evidence collection, once given, can be withdrawn at any time for all or part of the examination.
 - (5) Patients have the right to refuse the collection of reference specimens, such as pubic and head hair strands, blood for typing and alcohol determination, or saliva for ABO secretor status.
 - (6) If the patient does not permit collection of reference specimen(s), at the time of the examination or at a later date, the crime laboratory cannot conduct a comparative analysis of the evidence in question.

- (7) Physical evidence deteriorates and will be unobtainable if not collected and preserved promptly.

3. Consent to photograph suspected trauma

- a. If the patient consents to evidence collection, a separate written consent must be obtained for photographs of injuries and the genital area.
- b. If the patient consents to having photographs taken, OCJP 923 (Part B, Item #3) must be signed. This indicates the patient understands that photographs may be used as evidence.

4. Collection of evidence without immediate release to the law enforcement agency

Patients uncertain about whether to consent to an evidential examination may not be able to make this decision immediately. If the hospital has a policy and the capability of storing evidence frozen, patients may be encouraged with this information to consent to have evidence collected at the time and released later—with their permission—to law enforcement authorities.

B. MINORS

1. Consent to treatment

- a. Minors, 12 years of age or older, may give consent to the provision of hospital, medical, and surgical care related to the diagnosis or treatment of a sexual assault and the collection of evidence. Such consent is not subject to disaffirmance because of minority. (Civil Code Section 34.9)
- b. Minors, 12 years of age or older, may give consent to the provision of hospital, medical, and surgical care related to the prevention or treatment of pregnancy. Such consent is not subject to disaffirmance because of minority. (Civil Code Section 34.5)
- c. Minors, 12 years of age or older, may give consent to the provision of hospital, medical, and surgical care related to the diagnosis or treatment of sexually transmitted diseases. Such consent is not subject to disaffirmance because of minority. (Civil Code Section 34.7)

2. Notification of parents

Professional personnel rendering medical treatment for a sexual assault are required to attempt to contact the parent(s) or legal guardian of the minor, and to note in the minor's treatment record the date and time the attempted contact was made and whether the attempt was successful or unsuccessful. This provision is not applicable when the professional person reasonably believes the parent(s) or guardian of the minor committed the sexual assault on the minor. (Civil Code Section 34.9(b))

C. CHILDREN/MINORS

1. Child sexual abuse: consenting parents

Parents or guardians may initiate and authorize the request for examination, treatment, and evidence collection by signing OCJP 925 (Part A). Payment for an evidential examination at public expense can only be authorized by a child protective agency (law enforcement, the county department of social services, or county probation department).

2. Suspected child abuse: nonconsenting parents

Parental consent is not required to examine, treat, or collect evidence for suspected child abuse. In the absence of parental consent or in case of parental refusal, children must be taken into protective custody by a child protective agency. A representative of the child protective agency must sign OCJP 925 (Part B) as the temporary guardian of the child to authorize the procedures.

3. Photographs of injuries

Skeletal x-rays or photographs may be taken of known or suspected child abuse victims and included with reports to child protective agencies without parental consent. (Penal Code Sections 11171 and 11172)

4. Adolescent voluntary sexual activity/parental demand for examination

Cases in which parents request an evidential examination to determine whether their child has been sexually active and allege violation of Penal Code Section 261.5 (Unlawful Sexual Intercourse with a Female Under Age 18) require sensitive handling. Consult with local law enforcement agencies and follow local policies. A referral for family counseling should be provided to avoid examination of patients who do not consent to the examination.

D. PERSONS ARRESTED FOR SUSPECTED SEXUAL ASSAULT

Hospitals are not required by law to perform suspect examinations and no obligation is implied by the inclusion of this material in the protocol. There is no civil or criminal immunity from liability for performing these examinations. Hospitals are encouraged to assist law enforcement investigations if called upon and local agreements are recommended.

1. Voluntary examinations

Persons suspected of sexual assault or child sexual abuse may voluntarily consent to an evidential examination. If consent is given, OCJP 923 (Part B, Item #2) must be signed. Hospitals may want to consider a separate consent form designed for this purpose.

2. Involuntary examinations

Persons who have been placed under arrest do not have the right to refuse an examination for the collection of physical evidence. Case law defining "search incident to arrest" permits the search of an arrested person for evidence relevant to the crime for which they are suspected. If the suspect is in custody and is unwilling to consent to the examination, evidence such as dried secretions, foreign materials, and blood/alcohol can be collected from his person without a search warrant and without his consent if the law enforcement officer believes the delay necessary to obtain a court order would result in the possible loss or destruction of evidence.

3. Reimbursement for examinations

Examinations at public expense of persons suspected of sexual assault must be authorized by a law enforcement agency.

SECTION III

FINANCIAL RESPONSIBILITY FOR EXAMINATION, TREATMENT, AND TESTING

A. HOSPITAL REIMBURSEMENT FOR EXAMINATIONS

1. Medical examination with evidence collection

No costs incurred by a physician, hospital, or other emergency medical facility for the examination of a sexual assault victim, when the examination is conducted for the purposes of gathering evidence for possible prosecution, shall be charged directly or indirectly to the victim. To qualify for reimbursement, examinations must be performed in accordance with the *State of California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims* developed by OCJP pursuant to Penal Code Sections 13823.5 and 13823.7.

- a. If the examination is provided at a county or city hospital, or hospital district facility, the county must pay the expenses.
- b. If the examination is performed at a private hospital or in the office of a physician, the expenses must be paid by the local governmental agency in whose jurisdiction the alleged offense was committed.
- c. Bills for these costs must be submitted to the law enforcement agency that requests the examination.
- d. The law enforcement agency that requests the examination has the option of determining whether or not the examination will be performed in the office of the physician. (Penal Code Section 13823.95)

2. Medical examination without evidence collection

If the patient does not consent to evidence collection, the cost of the examination is the responsibility of the patient.

B. MEDICAL TREATMENT

Medical expenses for treatment of injuries resulting from a sexual assault are the responsibility of the patient. Victims of sexual assault can be reimbursed for out-of-pocket medical expenses by submitting an Application for Crime Victim Compensation to the State Board of Control. See Crime Victim Compensation/Victim Assistance Programs (page 13)

C. TESTING FOR SEXUALLY TRANSMITTED DISEASE (STD) AND PREGNANCY

County hospitals must provide victims of rape or sexual assault with testing for venereal disease and pregnancy without charge. (Health and Safety Code Section 1491)

SECTION IV

CRIME VICTIM COMPENSATION/VICTIM ASSISTANCE PROGRAMS

A. CRIME VICTIM COMPENSATION

1. Display of posters in emergency rooms

Licensed hospitals in the state of California must prominently display posters in the emergency room notifying crime victims of the availability of victim compensation and the existence and location of local victim assistance centers. (Government Code Section 13968)

2. Provision of crime victim compensation claim forms

County hospitals must provide Application for Crime Victim Compensation forms to sexual assault victims. (Health and Safety Code Section 1492)

3. Reimbursable expenses

Victims of violent crime must be informed they are eligible to receive up to \$46,000 for out-of-pocket medical expenses for treatment of injuries resulting from the crime, lost wages, and job retraining and rehabilitation. Expenses for psychological counseling are also reimbursable. Persons requiring legal assistance in filing claims may receive up to \$500 for attorney's fees.

4. Assistance in filing claims

Additional information on crime victim compensation may be obtained by contacting local victim/witness programs or the State Board of Control Victim's of Crime Program. Local victim/witness programs provide assistance to victims in the preparation and submission of these claims to the State Board of Control.

B. CRIME VICTIM ASSISTANCE CENTERS

Rape crisis centers, victim/witness programs, domestic violence shelters, child sexual abuse treatment programs, and special crime victim counseling centers exist in California to provide counseling and other forms of assistance to crime victims. Many rape crisis centers also provide training to medical personnel on the psychological reactions and needs of sexual assault victims. See the *State of California Medical Protocol Informational Guide* for a list of programs.

SECTION V

GENERAL PATIENT CARE

Immediate comprehensive medical care that includes treatment for psychological trauma is critical to alleviate the emotional as well as physical trauma of a sexual assault. Psychological interventions should be incorporated into the approaches used to accomplish the medical examination and evidence collection procedures. Sensitive medical care can:

- Reduce acute psychological trauma and its aftereffects;
- Support existing and emerging coping skills; and
- Set the tone for resumption of normal functioning.

The following general guidelines are designed to help practitioners assist patients to regain feelings of safety, control, trust, autonomy, and self-esteem. See the *State of California Medical Protocol Informational Guide* for specific information unique to the type of patient (e.g., female, male, adult, or child).

A. EXAMINER'S APPROACH TO PATIENTS

1. Prior to the examination

- a. Provide privacy for patients promptly upon arrival and during all aspects of care. The examination should be conducted as soon as possible for their emotional well-being and to prevent loss of evidence. If delays occur, provide an explanation to alleviate stress caused by waiting.
- b. Introduce yourself to patients and apprise them of your role.
- c. Ask patients how they want to be addressed and refer to them by that name.
- d. Provide a trained support person to accompany and guide patients through the entire medical process. Sexual assault victims should never be left alone, unless they request it.
- e. Privately inquire of patients if the presence of a friend, relative, or victim assistance person is desired.
- f. Approach and respond to patients in a supportive, nonjudgmental manner.

2. During the examination

- a. Explain throughout the examination what is being done and why, as well as the reasons for questions asked. Inform patients of findings regarding their physical condition as the examination is conducted.
- b. Ask only what is necessary to collect evidence and to complete a thorough examination. Build rapport and lead gradually to sensitive questions.
- c. Use terminology clearly understood by patients in referring to sexual acts and parts of the body.
- d. Avoid the appearance of prurient interest or questions about a patient's reasons or motivation such as "Why did you do that?"
- e. Patients may exhibit a range of emotional states from outward calm to fearfulness, anxiety, or hysteria. Accept and respond to these responses as an individual's adaptation to a personal crisis.
- f. Encourage patients to express feelings, concerns, and needs related to the assault.
- g. Explicitly acknowledge the sexual assault and its traumatic nature.

- h. Involve patients of appropriate age in decision-making regarding treatment, follow-up care, and notification of family members or others.
- i. Provide patients with age-appropriate information regarding physical and psychological sequelae to sexual assault.

B. PATIENT COORDINATOR

A patient coordinator should be assigned to supervise the treatment of sexual assault victims in the emergency department. The coordinator may be a nurse, social worker, physician, or person from a crisis intervention team. Suggested responsibilities of the patient coordinator are:

1. During the examination

- a. Ensure the medical examination is conducted promptly and the protocol is followed according to the standards set forth in this document.
- b. Ensure the reporting requirements to law enforcement and/or child protective agencies are followed when injuries have been inflicted upon adults or children in violation of state penal laws.
- c. Explain to patients the steps of the protocol and the reasons for the procedures.
- d. Ensure patients receive psychological support.
- e. Notify and serve as liaison with families and friends, and provide psychological support to them.

2. Following the examination

- a. Arrange follow-up care for treatment of injuries, sexually transmitted disease, and pregnancy.
- b. Provide information about crime victim compensation for reimbursement of out-of-pocket medical expenses, lost wages, psychological counseling, and job retraining and rehabilitation services.
- c. Provide referrals to local rape crisis centers, child sexual abuse treatment programs, victim/witness programs, available psychological counseling resources, and other needed services.
- d. Arrange transportation for patients when needed.
- e. Monitor civil and criminal court subpoenas to ensure patient privacy rights are not violated.

SECTION VI

SPECIAL CONSIDERATIONS IN THE COLLECTION AND PRESERVATION OF EVIDENCE

The following information pertains to all patients (female, male, adult, or child). Both OCJP 923 (used to record findings for sexual assault examinations) and OCJP 925 (used to record findings for child sexual abuse examinations) are referenced.

A. COLLECTION OF EVIDENCE

Failure to follow proper and prompt collection and preservation procedures can affect the value of evidence and its admissibility in court. General guidelines are listed below.

1. Within 72 hours of incident

If the incident(s) occurred within 72 hours, patients should be examined without delay to minimize the loss or deterioration of evidence. A complete evidential examination that meets the minimum standards established by Penal Code Section 13823.11 must be conducted concurrently with the physical examination. This protocol contains the recommended methods for meeting these standards. See Appendix A for a copy of the penal code section.

2. More than 72 hours after incident

If more than 72 hours have passed since the last incident(s), a complete physical examination should still be conducted to examine for injuries to the body and genitalia. A modified evidential examination may be indicated as the prospect of recovering evidence diminishes after time. For example, pubic hair combings or a Wood's Lamp scan for dried or moist secretions are not likely to yield findings. Based on sperm survival data, however, there may be value in collecting vaginal or cervical samples. See Examination of Vagina and Cervix, Adult Female Patient (page 48).

B. LABELING

1. Label information

All items of evidence, including laboratory specimens, must be clearly marked with the:

- Full name of the patient;
- Name of the hospital and the patient identification number;
- Date and time of evidence collection;
- Description of evidence including the location from where it was collected;
- and
- Name and signature of the person who collected the evidence and placed it in the container.

2. Addressograph machines

Many emergency departments use addressograph machines to expedite labeling evidence.

C. CHAIN OF CUSTODY

1. Documentation of custody

- a. Handling and transfer of custody of evidence must be carefully documented to show no breaks in the chain of custody or chain of possession have occurred.

Proper documentation ensures there has been no alteration or loss of evidence prior to trial.

- b. All transfers of custody of evidence must be logged with the following information: the name of the person transferring custody, the name of the person receiving custody, and the date and time of the transfer. Transfers should be kept to a minimum, ideally one or two persons. The chain of custody information can be printed on or attached to an evidence envelope, or special envelopes can be printed with the form on them. See Appendix C for an example of proper sealing of chain of custody envelopes and a chain of custody form.

2. Release to law enforcement

Evidence is turned over to law enforcement officers after the examination has been completed and the saliva reference samples, swabs, and slides have been completely dried.

D. PRESERVATION OF EVIDENCE

1. Air drying

- a. All swabs, slides, and saliva reference samples must be air dried prior to packaging. (Penal Code Section 13823.11) This prevents deterioration of evidence and ensures preservation of genetic marker enzymes which can be typed for comparison with potential suspects.
- b. Complete drying of a saturated swab requires one hour in a stream of cool air. (Do not use heated air.) For best results, use a fan and a drying rack, or a swab drying box with a fan. Chain of custody during the drying process can be maintained by using a drying box with a lock, or by securing the box or swab rack and fan in a locked cabinet. A shorter drying time may be possible as new technology evolves. See Appendix D for information on making or purchasing a drying box.

See the *State of California Medical Protocol Informational Guide* for information on the preservation of genetic marker enzymes and other crime laboratory tests.

- c. Hospitals experienced with air drying swabs recommend prelabeling the rows on the drying rack for oral, vaginal, and rectal swabs. Label the shaft of the swab with an adhesive label and place on the drying rack immediately after collection to expedite handling.

2. Frozen storage

Once dried, swabs and blood and secretion stains on clothing should be stored frozen as soon as possible. This is ordinarily the responsibility of the local law enforcement agency. Follow procedures recommended by the local crime laboratory.

E. REFERENCE SAMPLES

1. Types of reference samples

Reference samples include saliva, blood, pubic and head hair, and facial and body hair in males. They are used to determine whether or not specimens collected are foreign to the patient, and to compare to potential suspects.

2. Time of collection

Reference samples can be collected at the time of the examination or at a later date. The time of collection depends upon the policies of the local crime laboratory.

3. Patient consent for collection

Patients have the right to refuse collection of reference samples. They should be informed that refusal to allow the collection of reference sample(s) at the time of the examination or later will prohibit the crime laboratory from comparing the evidence in question.

4. Liquid whole blood samples

Tubes containing reference liquid whole blood samples should be refrigerated, not frozen.

F. EVIDENCE CONTAINERS

1. Packaging procedures

- a. Package dried swabs in envelopes or tubes, slides in envelopes or slide mailers, and gauze or pledgets in envelopes.
- b. Package foreign materials (fibers, hair, twigs, grass, dirt, splinters, glass, blood, heavily crusted semen) and fingernail scrapings in paper bindles. See Appendix E on how to make a bindle.
- c. Package pubic hair combings and pubic, head, and body hair reference samples in envelopes.
- d. Package bindles, tubes, slide mailers, and small envelopes in chain of custody envelopes.

2. Preassembled kits

Preassembled kits that contain the necessary items for evidential examinations can be purchased from pharmaceutical companies, obtained from the local crime laboratory, or assembled from items which are part of regular hospital supplies. See Appendix F for a list of contents in a sample sexual assault evidence kit.

G. COLLECTION OF CLOTHING

A change of clothing should be provided for patients or obtained by friends or relatives. Coordination between law enforcement agencies, victim service agencies, and the hospital to provide a change of clothing is recommended. If a change of clothing cannot be provided at the hospital, the law enforcement officer should collect the patient's clothing for evidence after the patient is taken home.

1. Prior to disrobing

- a. Have patients remain clothed until it is time to conduct the examination.
- b. Place two sheets of clean paper on the floor on top of one another. The purpose of the bottom sheet is to protect clothing and the top sheet, which will be submitted to the crime laboratory, from debris or dirt on the floor. The disposable paper used on examination tables is acceptable for these purposes.
- c. Have patients remove their shoes prior to stepping on the paper for disrobing to avoid contamination of loose trace evidence with nonevidential debris from the shoe soles. The shoes may be collected and packaged separately if indicated by the circumstances of the case.
- d. Observe the condition of patients' clothing before they disrobe. Note rips, tears, and the presence of foreign materials on OCJP 923 (Part E, Item #3) or OCJP 925 (Part F, Item #2). Clothing may be scanned with a Wood's Lamp to detect areas of fluorescence.

- (1) Do not remove foreign materials firmly attached to clothing.

- (2) Fine, loose debris falling from clothing should be collected in the top sheet of paper placed on the floor for this purpose.
- (3) Loose debris that is large, has outstanding characteristics, or appears significant can be packaged separately in a bindle or collected in the top sheet of paper. If foreign materials from the clothing are packaged separately in a bindle, label and seal.
- (4) Record whether foreign materials were collected on OCJP 923 (Part E, Item #11) or OCJP 925 (Part F, Item #7).

2. Disrobing and collection

- a. Have patients disrobe on the paper in order to collect any loose foreign material falling from the clothing.
- b. Collect all outer and under clothing worn during or immediately after the assault because of the possible presence of vaginal drainage, other stains, fibers, and pubic hairs.
- c. Fold each garment as it is removed to prevent stains or foreign materials from being lost or transferred from one garment to another. Try to avoid folding the clothing across any stains.
- d. Package each garment in an individual paper bag. Never package clothing in plastic, always package in a paper bag. Plastic bags retain moisture which may result in mold and deterioration.
- e. Wet or damp clothing must be given to the law enforcement officer with directions to arrange for drying according to procedures established by the local crime laboratory.
- f. Carefully fold the top sheet of paper to resemble a large bindle to ensure that all foreign materials will be contained inside. Label and seal.
- g. Place this large-sized bindle and all the individually bagged garments into large paper bags. Label and seal.
- h. Record whether clothing was collected on OCJP 923 (Part E, Item #11) or OCJP 925 (Part F, Item #7).

H. COLLECTION OF FINGERNAIL SCRAPINGS

Fingernail scrapings may contain a variety of evidential materials including blood or tissue, if the victim scratched the perpetrator, or other foreign materials from the crime scene environment.

1. If history indicates, or foreign material related to the assault is observed, collect fingernail scrapings

- a. Use a clean fingernail file or manicure stick to collect scrapings from under the fingernails.
- b. Collect scrapings from each hand into a separate bindle. Label and seal.

2. Record findings

Record whether scrapings were collected on OCJP 923 (Part E, Item #11) or OCJP 925 (Part F, Item #7).

I. WOOD'S (LONG WAVE ULTRAVIOLET) LAMP SCAN

A visual examination can be aided with the use of long wave ultraviolet light, commonly known as a Wood's Lamp. This can be used to scan the body or clothing for evidence of dried or moist secretions, stains, fluorescent fibers not readily visible in white light, or subtle injury. Ultraviolet light searches should be done in a darkened room.

1. Semen

Dried semen stains have a characteristic shiny, mucoid appearance and tend to flake off the skin. Under an ultraviolet light, semen usually exhibits a blue-white or orange fluorescence. Fluorescent areas usually appear as smears, streaks, or splash marks. Since freshly dried semen may not fluoresce, swab each suspicious area with a separate swab whether it fluoresces or not. Fluorescent areas observed under ultraviolet light are not necessarily specific to seminal fluid. Independent confirmation of these findings is necessary. Collect specimens and submit to the crime laboratory for analysis. See Collection of Dried and Moist Secretions, Stains, or Foreign Materials from the Body (page 21)

2. Subtle injury

Rope marks, recent contusions, and other subtle injuries may be more visible with the aid of a Wood's Lamp. A visual examination is necessary to differentiate between past or recent trauma.

3. Wood's Lamp findings

All Wood's Lamp findings must be separately identified on the OCJP 923 or OCJP 925 diagrams and labeled "W.L."

J. COLLECTION OF DRIED AND MOIST SECRETIONS, STAINS, OR FOREIGN MATERIALS FROM THE BODY

Collect dried and moist secretions identified through the general physical examination and the Wood's Lamp scan. Any suspicious stains should be collected, packaged separately, and labeled as to location.

1. Heavily-crusts semen or blood stains

- a. Gently scrape the site into a paper bindle with the edge of a clean glass slide or the back of a clean scalpel blade.
- b. If material is found on the pubic hair, cut out the matted hairs bearing the specimen and package in a bindle. Label and seal.
- c. Use the OCJP 923 or OCJP 925 diagrams to record the location of semen or blood stains on the body and note injuries that may account for blood stains.

2. Thinner semen, blood or saliva stains

- a. Stains that cannot readily be scraped off may be collected by using a swab or small piece of gauze moistened with distilled water.
- b. Label and air dry the swab before packaging.
- c. A swabbing should be made of a like area of the victim's body that is unstained for laboratory control purposes. Record whether control swabs were taken on OCJP 923 (Part E, Item #11) or OCJP 925 (Part F, Item #7).
- d. Place the swab in an envelope or tube. Label and seal.
- e. Use the OCJP 923 or OCJP 925 diagrams to record the location of semen or blood stains on the body and note injuries which may account for blood stains.

3. Moist secretions

- a. Collect moist secretions with a dry swab to avoid dilution.
- b. Label and air dry the swab before packaging.
- c. Place the swab in an envelope or tube. Label and seal.
- d. Use the OCJP 923 or OCJP 925 diagrams to record the location of secretions on the body.

4. Collection of foreign materials from body

- a. Foreign materials such as fibers, hair, grass, and dirt should be collected and packaged in a separate paper bindle for each location of the body. Use tweezers or gently scrape the substance into a bindle with a clean slide or the back of a scalpel blade.
- b. Label with a description of the material and the location from which it was collected and seal.
- c. Use the OCJP 923 or OCJP 925 diagrams to record the location of foreign materials found on the body.

5. Record findings

Record whether specimens or foreign materials were collected on OCJP 923 (Part E, Item #11) or OCJP 925 (Part F, Item #7).

K. PROCEDURES FOR BITE MARKS AND BRUISES

1. Record location of bite marks and bruises

Describe the location on the body where bite marks and bruises were found on the OCJP 923 or OCJP 925 diagrams.

2. Photograph bite marks and bruises

- a. Properly taken, photographs of bite marks and bruises assist in the identification of the person or object inflicting the injury. Individuals can be identified by the shape of bite marks. A forensic dentist should be consulted in these cases especially if a bite mark has broken or perforated the skin and casts of the mark may be indicated.
- b. Bruises and bite marks may not be obvious immediately following an assault. A recommendation should be made to the law enforcement agency to arrange for follow-up inspection and additional photographs after the bruising has developed more fully. Photographs should be taken for six days at 24 hour intervals because bruises and bite marks become more apparent with time.
See Photographic Evidence (page 22)

3. Collect particulate debris and saliva from bite marks

- a. Swab each bite mark and the immediate surrounding area with a separate swab moistened in distilled water to collect salivary residue from the perpetrator. A swabbing should be made of a like area of the victim's body which is saliva-free for laboratory control purposes.
- b. Label and air dry the swabs before packaging.
- c. Place the swabs in separate envelopes or tubes. Label and seal.
- d. Record whether swabs were collected on OCJP 923 (Part E, Item #11) or OCJP 925 (Part F, Item #7).

L. PHOTOGRAPHIC EVIDENCE

1. Policies and considerations

- a. Photographs can be a valuable supplement and may be necessary in situations which cannot be adequately documented in diagrams, e.g., bite marks or massive injuries.
- b. Photographs may be taken in accordance with hospital procedures or be arranged with the local law enforcement agency.
- c. Sensitivity to patient concerns about undress should be considered as to whether hospital personnel or a male or female law enforcement officer takes the photographs.

d. Patients should be appropriately draped.

2. Photographic procedures

- a. Any camera may be used as long as it can be focused for nondistorted, close-up shots and provides an accurate color rendition. Adequate lighting is essential whether the source is natural, flood, or flash.
- b. Close-up photographs of bite marks and other wounds should be taken with the film plane as parallel to the subject area as possible, i.e., the camera should be held perpendicular to the body surface being photographed. This is essential to avoid photographic distortion of bite marks or bruises on curved surfaces such as the breast, shoulder, or face. Tilting of the camera should be minimized to avoid distortion of the picture.
- c. Arrange the photograph to include an accurate ruler or scale in close proximity to the lesion for size reference, and a label with the patient's name for identification purposes. Avoid obscuring the lesion with the ruler or label. At least one or two photographs should be taken without the scale to orient the lesion and to demonstrate the scale has not obscured important evidence. The scale should be retained for later reference to enable the photographic laboratory to produce an accurate life-sized (1:1) photograph. This photograph can then be compared to dental models (casts) of suspects in the case of bite marks, or to the weapon or other object which may have inflicted the injury.
- d. Record the name of the photographer on OCJP 923 (Part E, Item #11) or OCJP 925 (Part F, Item #7).
- e. Processing may be done commercially.

See the *State of California Medical Protocol Informational Guide* for additional information on photographic techniques for bite marks.

M. PREPARATION AND EXAMINATION OF WET MOUNT SLIDE FOR PRESENCE OF SPERM

1. Emergency room examination

Wet mount slides are used to determine the presence or absence of motile or nonmotile sperm in the vagina of the sexual assault victim. The presence of motile sperm in the vaginal pool indicates recent penetration and ejaculation. The absence of motile sperm, however, does not negate the possibility of recent penetration and ejaculation as sperm tend to become immobile rapidly in the vaginal environment. Since sperm motility can only be observed on an unstained wet mount slide, the motility examination must be performed under a microscope as a part of the emergency room examination. The slide also has evidential value and must be retained and submitted along with other evidence collected from the patient. Even when sperm are not observed initially in the unstained slide for the motility examination, they may be detected on subsequent examination of the dried, stained smear.

See the *State of California Medical Protocol Informational Guide* for information on interpreting the results of the semen evidence examination.

2. Wet mount slide procedures

Normal saline can be used to prepare wet mount slides. The chances of observing motile sperm will be improved, however, if a buffered nutrient medium is used instead. A glucose fortified solution of balanced salts, such as Hank's, Earl's, Ringer's, Tyrode's, or Dulbecco's, at normal osmolality, ph. 7.2-7.4, is recommended for this purpose. Prepared solutions of media designed to enhance sperm survival during microscopic examinations are commercially available.

- a. Label a slide with the patient's name. Place a drop of buffered nutrient medium or normal saline on the slide to preserve the motility of the sperm.
- b. Select one of the swabs collected from the vaginal pool and roll the swab back and forth in the drop to transfer cellular debris to the medium.
- c. Place a cover slip on the slide and examine immediately (within 5–10 minutes) using a biological microscope at a magnification of at least 400 power to determine whether or not sperm are present. A phase contrast microscope, if available, is helpful for this purpose.
- d. Label and air dry the swabs and slides. Code the swabs and slides to enable the crime laboratory to determine which slide was made from which swab, e.g., vaginal wet mount swab #1, vaginal wet mount slide #1.
- e. Package the slide in an envelope or slide mailer and the swab in a tube or envelope. Label and seal.
- f. Record the presence or absence of motile or nonmotile sperm on OCJP 923 (Part E, Item #11) or OCJP 925 (Part F, Item #7).

N. MOUTH EXAMINATION AND EVIDENCE COLLECTION PROCEDURES

1. Examine for injury and seminal fluid

Examine the oral cavity for injury and the area around the mouth for evidence of seminal fluid. Particular attention should be given to the frenulum beneath the tongue, the base of the lower lip, and the pharynx for exudates, lacerations, and contusions.

2. Evidence collection procedures

- a. Swab the area around the mouth if indicated. Collect dried secretions with a swab moistened with distilled water. Collect moist secretions with a dry swab to avoid dilution of the specimen.
- b. Collect two swabs from the oral cavity up to six hours postassault for seminal fluid if indicated by history. Prepare two dry mount slides, one from each swab. Recommended areas to swab in the mouth include the gum to the tonsillar fossae, the upper first and second molars, behind the incisors, and the fold of the cheek.
- c. Label and air dry the swabs and slides. Code the corresponding swabs and slides to enable the crime laboratory to determine which slide was made from which swab, e.g., oral swab #1, oral slide #1.
- d. Package the slides in envelopes or slide mailers and swabs in tubes or envelopes. Label and seal.
- e. Collect a saliva reference sample at the time of the examination if required by the local crime laboratory.
 - (1) With clean forceps or tweezers, place a clean gauze, filter paper, or cotton pledget under the tongue and allow it to remain there until saturated. Swabs can also be used for this purpose. Do not handle the sample with the fingers; use tweezers or forceps.
 - (2) Air dry the sample and package it in an envelope. Label and seal.
- f. Record findings on the OCJP 923 or OCJP 925 diagrams and specimens collected on OCJP 923 (Part E, Item #11) or OCJP 925 (Part E, Item #7).

3. Conduct base line test(s) for sexually transmitted disease

- a. For adults: If indicated by history, collect a specimen for gonorrhea culture from the oropharynx as a base line and offer prophylaxis. Take other STD cultures as indicated.

- b. For children: Collect a specimen for gonorrhea culture from the oropharynx as a base line and provide prophylaxis. Take other STD cultures as indicated. See Treatment of Sexually Transmitted Diseases (page 93)

O. COLLECTION OF SPECIMENS FROM PUBIC HAIR

1. Collection of specimens

- a. Place a sheet of paper beneath the patient's buttocks.
- b. Collect secretions dried on the pubic hair by cutting the matted hair. Package the cut hair in a bindle. Label and seal.
- c. Comb the pubic hair.
 - (1) Brush or comb pubic hair forward with a new, unused comb or brush to remove any loose hairs or foreign materials which may have transferred to the patient during the assault.
 - (2) Place the loose hairs, foreign materials, pubic hair, and comb in the paper from under the patient's buttocks and fold the paper with the contents inside.
 - (3) Place the folded paper and its contents in a large envelope or bag. Label and seal.

2. Collection of pubic hair reference samples

Reference samples can be collected at the time of the examination or at a later date according to the policies of the local crime laboratory.

- a. Cut the hairs close to the skin or pluck at least 15 to 20 hairs representative of variations in length and color from different areas of the pubic region.
- b. The decision to cut or pluck hairs should be made in conjunction with the local crime laboratory. Plucking hairs can be quite painful. Plucked hairs are more reliable, however, as reference samples than cut hairs as they permit evaluation of the hair length and variation of natural pigmentation or hair dyes from the root to the tip of the hair.
- c. Package the hairs in a bindle. Label and seal.

3. Record findings

Record specimens collected on OCJP 923 (Part E, Item #11) or OCJP 925 (Part F, Item #7)

P. ANUS/RECTUM EXAMINATION AND COLLECTION PROCEDURES

1. Examine for injury and foreign materials

Examine the buttocks, perianal skin, and anal folds for injuries and the presence of seminal fluid, dried or moist secretions, bleeding, fecal matter, evidence of lubricant, and any other foreign materials. Injuries may include abrasions, lacerations, fissures (both fresh and healed), ecchymoses, edema, contusions, or petechiae.

2. Evidence collection procedures

- a. Collect dried and moist secretions and foreign materials.
- b. Scan the area with a Wood's Lamp. Swab each suspicious substance or fluorescent area.
- c. Collect two rectal swabs if indicated by patient history and/or physical findings.

- (1) Rectal swabs must be collected by a method that prevents the transfer of semen that may be present on the perianal area into the rectum. To prevent contact between the swab and the anus during the introduction of the swab into the rectum:
 - (a) Clean the area around the anus after the examination and collection of evidence; and
 - (b) Dilate the sphincter using a small, nonlubricated speculum moistened with warm water, or by instructing the patient to use the lateral recumbent or prone knee-to-chest position.
- (2) When present, semen tends to collect at the anal opening of the mucocutaneous juncture of the sphincter mucosa. Collection of seminal fluid from the rectum is more effective if the swab is introduced slowly and rotated 360°, than if the swab is inserted and withdrawn in rapid succession.
- (3) Prepare two dry mount slides, one from each swab.
- (4) Label and air dry swabs and slides.

Code the corresponding swabs and slides to enable the crime laboratory to determine which slide was made from which swab, e.g., rectal swab #1, rectal slide #1.

- d. Package the slides in envelopes or slide mailers and swabs in tubes or envelopes. Label and seal.

3. Evaluate the need for an anoscopic or proctoscopic examination if rectal injuries are suspected

A small anoscope, speculum, or 10 cc. test tube may be used when only a limited examination is required. Ecchymosis, petechiae, focal edema, internal fissures, lacerations, or excoriations may be seen with anoscopy. Proctoscopy, with an appropriate-sized instrument, is indicated when significant rectal trauma is suspected.

4. Conduct base line test(s) for sexually transmitted disease

- a. For adults: If indicated by history, collect a specimen for gonorrhea culture from the rectum as a base line and offer prophylaxis. Take other STD cultures as indicated.
- b. For children: Collect a specimen for gonorrhea culture from the rectum as a base line and provide prophylaxis. Take other STD cultures as indicated.

See Treatment of Sexually Transmitted Diseases (page 93)

5. Record findings

Record findings on the OCJF 923 or OCJP 925 diagrams and specimens collected on OCJP 923 (Part E, Item #11) or OCJP 925 (Part E, Item #7). Label Wood's Lamp findings "W.L."

Q. MICROSCOPIC EXAMINATIONS

Microscopic or magnified examinations can be performed with a magnifying lens or colposcope to confirm signs of minor injury to the genital area. Minor abrasions, fissures, hymenal transections, synechiae, petechiae, and focal edema may be seen. Colposcopes have a magnifying range of 5–30 power and many have photographic capability. They are commonly available where gynecological care is provided. As with any part of the examination, colposcopic examinations should only be performed by individuals experienced in the examination and interpretation of findings.

MEDICAL REPORT—SUSPECTED SEXUAL ASSAULT

Patients requesting examination, treatment and evidence collection: Penal Code § 13823.5 requires every physician who conducts a medical examination for evidence of a sexual assault to use this form to record findings. Complete each part of the form and if an item is inapplicable, write N/A.

Patients requesting examination and treatment only: Penal Code § 11160–11161 requires physicians and hospitals to notify a law enforcement agency by telephone and in writing if treatment is sought for injuries inflicted in violation of any state penal law. If the patient consents to treatment only, complete Part A # 1 and 2, Part B # 1, and Part E # 1–10 to the extent it is relevant to treatment, and mail this form to the local law enforcement agency.

Minors: Civil Code § 34.9 permits minors, 12 years of age or older, to consent to medical examination, treatment, and evidence collection related to a sexual assault without parental consent. Physicians are required, however, to attempt to contact the parent or legal guardian and note in the treatment record the date and time the attempted contact was made including whether the attempt was successful or unsuccessful. This provision is not applicable if the physician reasonably believes the parent or guardian committed the sexual assault on the minor. If applicable, check here () and note the date and time the attempt to contact parents was made in the treatment record.

Liability and release of information: No civil or criminal liability attaches to filling out this form. Confidentiality is not breached by releasing it to law enforcement agencies.

A. GENERAL INFORMATION
(print or type)

Name of Hospital:

1. Name of patient				Patient ID number			
2. Address			City	County	State	Phone (W) (H)	
3. Age	DOB	Sex	Race	Date/time of arrival	Date/time of exam	Date/time of discharge	Mode of transportation
4. Phone report made to law enforcement agency: Name of officer				Agency	ID number	Phone	
5. Responding officer				Agency	ID number	Phone	

B. PATIENT CONSENT

1. I understand that hospitals and physicians are required by Penal Code § 11160–11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries.

Patient/Parent/Guardian (circle)

2. I understand that a separate medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a physician to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. Knowing this, I consent to a medical examination for evidence of sexual assault. I understand that I may withdraw consent at any time for any portion of the evidential examination.

Patient/Parent/Guardian (circle)

3. I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. Knowing this, I consent to having photographs taken.

Patient/Parent/Guardian (circle)

4. I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Board of Control for out-of-pocket medical expenses, loss of wages, and job retraining and rehabilitation. I further understand that counseling is also a reimbursable expense.

Patient/Parent/Guardian (circle)

C. AUTHORIZATION FOR EVIDENTIAL EXAM

I request a medical examination and collection of evidence for suspected sexual assault of the patient at public expense.

Law Enforcement Officer

Agency ID Number Date

DISTRIBUTION OF OCJP 923 FOR EVIDENTIAL EXAMS ONLY

HOSPITAL IDENTIFICATION INFORMATION

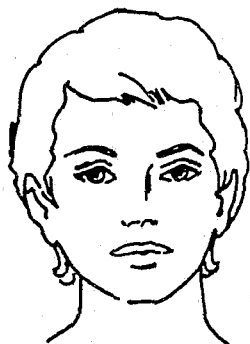
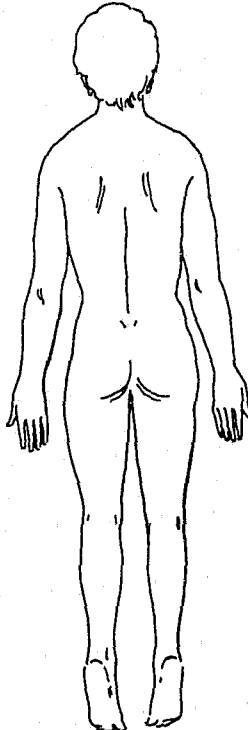
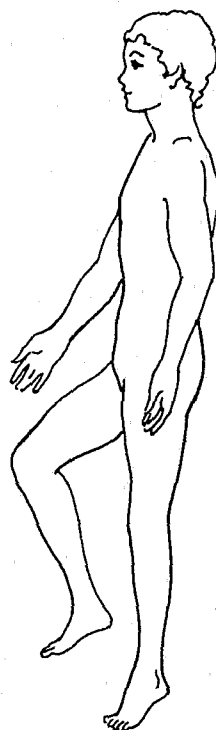
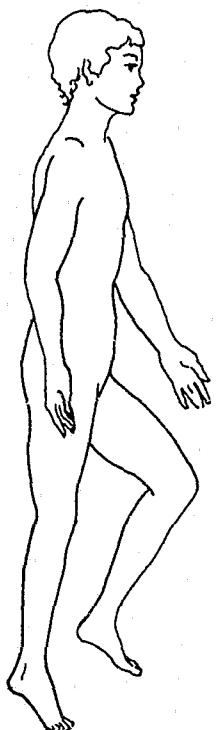
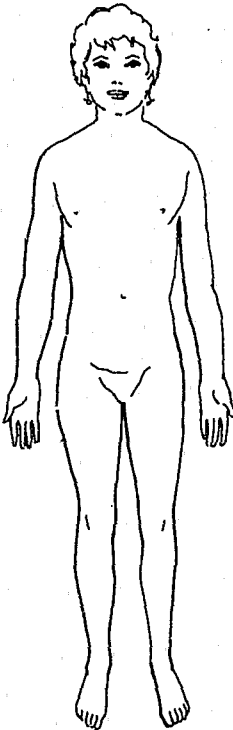
**ORIGINAL TO LAW ENFORCEMENT;
PINK COPY TO CRIME LAB (SUBMIT WITH EVIDENCE);
YELLOW COPY TO HOSPITAL RECORDS**

E. CONDUCT A GENERAL PHYSICAL EXAM AND RECORD FINDINGS. COLLECT AND PRESERVE EVIDENCE FOR EVIDENTIAL EXAM.

1. Blood pressure	Pulse	Temperature	Respiration	2. Height	Weight	Eye color	Hair color
-------------------	-------	-------------	-------------	-----------	--------	-----------	------------

3. Note condition of clothing upon arrival (rips, tears, presence of foreign materials)
-
4. Collect outer and underclothing worn during or immediately after assault.
-
5. Collect fingernail scrapings, if indicated.
-
6. Record general physical appearance:
-

- Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, burns, and stains/foreign materials on the body.
 - Record size and appearance of injuries. Note swelling and areas of tenderness.
 - Collect dried and moist secretions, stains, and foreign materials from the body including the head, hair, and scalp. Identify location on diagrams.
 - Scan the entire body with a Wood's Lamp. Swab each suspicious substance or fluorescent area with a separate swab. Label Wood's Lamp findings "W.L."
 - Collect the following reference samples at the time of the exam if required by crime lab: saliva, head, hair, and body/facial hair from males.
 - Record specimens collected on Section 11.
-
7. Examine the oral cavity for injury and the area around the mouth for seminal fluid. Note frenulum trauma.
- If indicated by history: Swab the area around the mouth. Collect 2 swabs from the oral cavity up to 6 hours post-assault for seminal fluid. Prepare two dry mount slides.
 - If indicated by history, take a GC culture from the oropharynx and offer prophylaxis. Take other STD cultures as indicated.
 - Record specimens collected on Section 11.
-



HOSPITAL IDENTIFICATION INFORMATION

8. External genitalia

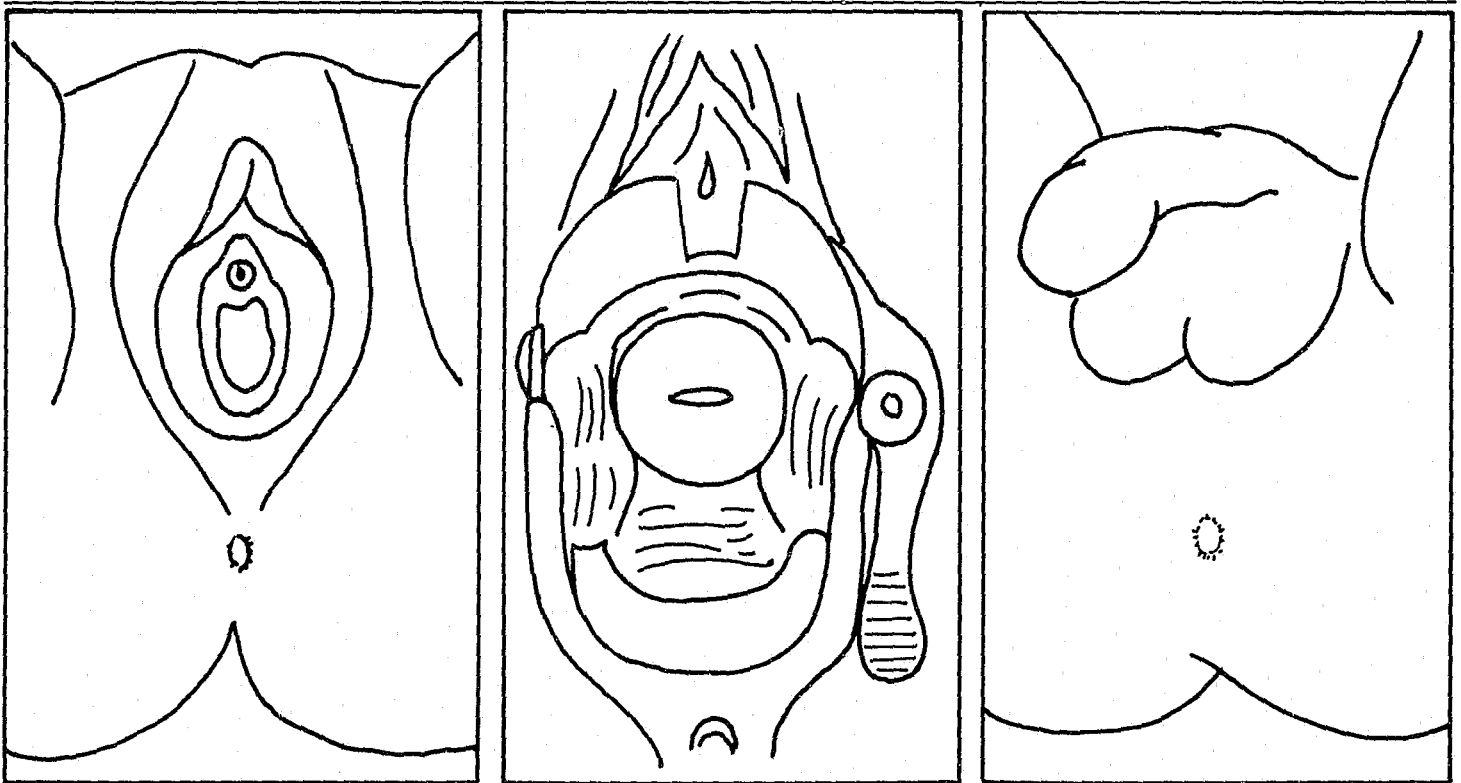
- Examine the external genitalia and perianal area including the inner thighs for injury and foreign materials.
- Collect dried and moist secretions and foreign materials. Identify location on diagrams.
- Cut matted pubic hair. Comb pubic hair to collect foreign materials.
- Scan area with Wood's Lamp. Swab each suspicious substance or fluorescent area. Label Wood's Lamp findings "W.L."
- Collect pubic hair reference samples at time of exam if required by crime lab.
- For males, collect 2 penile swabs if indicated. Collect one swab from the urethral meatus and one swab from the glans and shaft. If indicated by history, take a GC culture from the urethra and offer prophylaxis. Take other STD cultures as indicated.
- Record specimens collected on Section 11.

9. Vagina and cervix

- Examine for injury and foreign materials.
- Collect 3 swabs from vaginal pool. Prepare 1 wet mount and 2 dry mount slides. Examine wet mount for sperm. Take a GC culture from the endocervix and offer prophylaxis. Take other STD cultures as indicated.
- If the assault occurred more than 24 hours prior to the exam, collection of cervical swabs may be indicated up to 2 weeks post-assault if no possibility exists of contaminating the specimen with semen from previous coitus. Label cervical swabs and slides to distinguish them from the vaginal swabs and slides.
- Aspirate/washings to detect sperm are optional.
- Record specimens collected on Section 11.
- Obtain pregnancy test (blood or urine).

10. Anus and rectum

- Examine the buttocks, perianal skin, and anal folds for injury.
- Collect dried and moist secretions and foreign materials. Foreign materials may include lubricants and fecal matter.
- If indicated by history and/or findings: Collect 2 rectal swabs and prepare 2 dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and dilating the anus using an anal speculum.
- Conduct an anoscopic or proctoscopic exam if rectal injury is suspected.
- If indicated by history, take a GC culture from the rectum and offer prophylaxis. Take other STD cultures as indicated.
- Record specimens collected on Section 11.
- Take blood for syphilis serology. Offer prophylaxis.



HOSPITAL IDENTIFICATION INFORMATION

11. Record evidence and specimens collected.

ALL SWABS AND SLIDES MUST BE AIR DRIED PRIOR TO PACKAGING (PENAL CODE § 13823.11), AIR DRY UNDER A STREAM OF COOL AIR FOR 60 MINUTES. Swabs and slides must be individually labeled, coded to show which slides were prepared from which swabs, and time taken. All containers (tubes, bindles, envelopes) for individual items must be labeled with the name of the patient, contents, location of the body where taken, and name of hospital. Package small containers in a large envelope and record chain of custody. See the State of California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims published by the state Office of Criminal Justice Planning, 1130 K Street, Sacramento, CA 95814 (916) 324-9100 for additional information.

SPECIMENS FOR PRESENCE OF SEMEN, SPERM MOTILITY, AND TYPING TO CRIME LAB	REFERENCE SAMPLES AND TOXICOLOGY SCREENS TO CRIME LAB																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:10%;">Swabs</th> <th style="width:10%;">Dry mount slides</th> <th style="width:10%;">Yes</th> <th style="width:10%;">No</th> <th style="width:10%;">N/A</th> <th style="width:10%;">Taken by</th> <th style="width:10%;">Time</th> </tr> </thead> <tbody> <tr><td>Oral</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Vaginal</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Rectal</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Penile</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Aspirate/washings (optional)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Vaginal wet mount slide examined for spermatozoa, dried, and submitted to crime lab</p> <p>Motile sperm observed</p> <p>Non-motile sperm observed</p>		Swabs	Dry mount slides	Yes	No	N/A	Taken by	Time	Oral								Vaginal								Rectal								Penile								Aspirate/washings (optional)								<p>Reference samples and toxicology screens can only be collected with the consent of the patient. Reference samples can be collected at the time of the exam or at a later date according to crime lab policies. Toxicology screens should be collected at the time of the exam upon the recommendation of the physical examiner or law enforcement officer.</p> <p>Reference samples</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:10%;">Yes</th> <th style="width:10%;">No</th> <th style="width:10%;">N/A</th> <th style="width:10%;">Taken by</th> </tr> </thead> <tbody> <tr><td>Blood typing (yellow top tube)</td><td></td><td></td><td></td><td></td></tr> <tr><td>Saliva</td><td></td><td></td><td></td><td></td></tr> <tr><td>Head hair</td><td></td><td></td><td></td><td></td></tr> <tr><td>Pubic hair</td><td></td><td></td><td></td><td></td></tr> <tr><td>Facial/body hair</td><td></td><td></td><td></td><td></td></tr> </tbody> </table> <p>Toxicology screens</p> <p>Blood/alcohol toxicology</p> <p>(grey top tube)</p> <p>Urine toxicology</p>		Yes	No	N/A	Taken by	Blood typing (yellow top tube)					Saliva					Head hair					Pubic hair					Facial/body hair																
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<p>FINDINGS</p> <p>Report of sexual assault, exam reveals:</p> <p><input type="checkbox"/> PHYSICAL FINDINGS <input type="checkbox"/> NO PHYSICAL FINDINGS</p> <p><input type="checkbox"/> Exam consistent with history <input type="checkbox"/> Exam consistent with history</p> <p><input type="checkbox"/> Exam inconsistent with history <input type="checkbox"/> Exam inconsistent with history</p> <p>PHYSICAL EXAMINER</p> <p>Print name of physical examiner</p> <p>Signature of physical examiner</p> <p>License number of physical examiner</p>	<p>PERSONNEL INVOLVED (print) PHONE</p> <p>History taken by:</p> <p>Physical examination performed by:</p> <p>Specimens labeled and sealed by:</p> <p>Assisting nurse:</p> <p>SUMMARY OF FINDINGS</p>																																																																																										
<p>ARRANGE FOLLOW-UP FOR STD, PREGNANCY, INJURIES, AND PROVIDE REFERRALS FOR PSYCHOLOGICAL CARE.</p>	<p>LAW ENFORCEMENT OFFICER</p> <p>I have received the indicated items as evidence and the original of this report.</p> <p>Law enforcement officer</p> <p>Law enforcement agency ID number Date</p> <p>HOSPITAL IDENTIFICATION INFORMATION</p>																																																																																										

MEDICAL REPORT—SUSPECTED CHILD SEXUAL ABUSE

Record examination findings: Penal Code § 13823.5 requires every physician who conducts a medical examination for evidence of child sexual abuse to use this form to record findings. Complete each part of the form and if an item is inapplicable, write N/A.

Child abuse reporting law: Penal Code § 11166 requires all professional medical personnel to report suspected child abuse, defined by Penal Code § 11165, immediately by telephone and submit a written report (DOJ SS 8572) within 36 hours to the local law enforcement agency, county department of social services or probation department. Professional medical personnel means any physician and surgeon, psychiatrist, psychologist, dentist, resident, intern, podiatrist, chiropractor, licensed nurse, dental hygienist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.

Minors: Civil Code § 34.9 permits minors, 12 years of age or older, to consent to medical examination, treatment, and evidence collection related to a sexual assault without parental consent. Physicians are required, however, to attempt to contact the parent or legal guardian and note in the treatment record the date and time the attempted contact was made including whether the attempt was successful or unsuccessful. This provision is not applicable if the physician reasonably believes the parent or guardian committed the sexual assault on the minor. If applicable, check here () and note date and time attempt to contact parents was made in the treatment record.

Liability and release of information: No civil or criminal liability attaches to filling out this form. Confidentiality is not breached by releasing this form or other relevant information contained in the medical records to law enforcement or child protective agencies (Penal Code § 11167).

A. AUTHORIZATION FOR EXAM REQUESTED BY PATIENT/PARENT/GUARDIAN (Note: Parental consent for an evidential examination is not required in cases of known or suspected child abuse. Contact a law enforcement or child protective service agency.)

I hereby request a medical examination for evidence of sexual abuse and treatment for injuries. I understand that collection of evidence may include photographing injuries and these photographs may include the genital area. I further understand that hospitals and physicians are required to notify child protective authorities of known or suspected child abuse and if child abuse is found or suspected, this form and any evidence obtained will be released to a child protective agency.

Patient/Parent/Guardian (circle)

I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Board of Control for out-of-pocket medical expenses, loss of wages, and job retraining and rehabilitation. I further understand that counseling is also a reimbursable expense.

Patient/Parent/Guardian (circle)

B. AUTHORIZATION FOR EVIDENTIAL EXAM REQUESTED BY CHILD PROTECTIVE AGENCY

I request a medical examination and collection of evidence for suspected sexual abuse of the patient at public expense.

Law enforcement officer or child protective services

Agency

ID number

Date

C. GENERAL INFORMATION
(print or type)

Name of Hospital:

1. Name of patient _____ Patient ID number _____

2. Address _____ City _____ County _____ State _____ Phone _____

3. Age	DOB	Sex	Race	Date/time of arrival	Date/time of exam	Date/time of discharge

4. Name of: () Mother () Stepmother () Guardian Address _____ City _____ County _____ State _____ Phone (W) (H) _____

5. Name of: () Father () Stepfather () Guardian Address _____ City _____ County _____ State _____ Phone (W) (H) _____

6. Siblings: Name	DOB	Name	DOB	Name	DOB

7. Phone report made to: () Law enforcement agency

Name	Agency	ID number	Phone

() Child protective services

Name	Agency	ID number	Phone

8. Responding officer _____ Agency _____ ID number _____ Phone _____

DISTRIBUTION OF OCJP 925

HOSPITAL IDENTIFICATION INFORMATION

**ORIGINAL TO CHILD PROTECTIVE AGENCY REQUESTING EXAM;
PINK COPY TO CRIME LAB (SUBMIT WITH EVIDENCE);
YELLOW COPY TO HOSPITAL RECORDS**

D. OBTAIN PATIENT HISTORY. RECORDER SHOULD ALLOW PATIENT OR OTHER PERSON PROVIDING HISTORY TO DESCRIBE INCIDENT(S) TO THE EXTENT POSSIBLE AND RECORD THE ACTS AND SYMPTOMS DESCRIBED BELOW. DETERMINE AND USE TERMS FAMILIAR TO THE PATIENT. FOLLOW-UP QUESTIONS MAY BE NECESSARY TO ENSURE THAT ALL ITEMS ARE COVERED.

1. Name of person providing history	Relationship to child	Address	City	County	State	Phone (W) (H)
-------------------------------------	-----------------------	---------	------	--------	-------	---------------------

2. Chief complaint(s) of person providing history

3. Chief complaint(s) in child's own words

4. Less than 72 hours since incident(s) took place
Date/time/location

Over 72 hours since incident(s) took place
Date(s) or time frame/location

5. Identity of alleged perpetrator(s), if known	Age	Sex	Race	Relationship to child
---	-----	-----	------	-----------------------

6. Acts described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Vaginal contact						
Penis						
Finger						
Foreign object						
Describe the object						
Anal contact						
Penis						
Finger						
Foreign object						
Describe the object						
Oral copulation of genitals of victim by assailant of assailant by victim						
Oral copulation of anus of victim by assailant of assailant by victim						
Masturbation of victim by assailant of assailant by victim other						
Did ejaculation occur outside a body orifice? If yes, describe the location on the body:						
Foam, jelly, or condom used (circle)						
Lubricant used						
Fondling, licking or kissing (circle)						
If yes, describe the location on the body:	_____					
Other acts:	_____					

Was force used upon patient?
If yes, describe: _____

8. Symptoms described by patient and/or other historian

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Physical symptoms						
Abdominal/pelvic pain						
Vulvar discomfort or pain						
Dysuria						
Urinary tract infections						
Enuresis (daytime or nighttime)						
Vaginal itching						
Vaginal discharge						
Describe color, odor and amount below.						
Vaginal bleeding						
Rectal pain						
Rectal bleeding						
Rectal discharge						
Constipation						
Incontinent of stool (daytime or nighttime)						
Lapse of consciousness						
Vomiting						
Physical injuries, pain, or tenderness. Describe below.						
Behavioral/emotional symptoms						
Sleep disturbances						
Eating disorders						
School						
Sexual acting out						
Fear						
Anger						
Depression						
Other symptoms						

Additional information:

7. Post-assault hygiene/activity
() Not applicable if over 72 hours

	Described by patient			Described by historian		
	Yes	No	Unk	Yes	No	Unk
Urinated						
Defecated						
Genital wipe/wash						
Bath/shower						
Douche						
Removed/inserted tampon						
Brushed teeth						
Oral gargle/swish						
Changed clothing						

HOSPITAL IDENTIFICATION INFORMATION

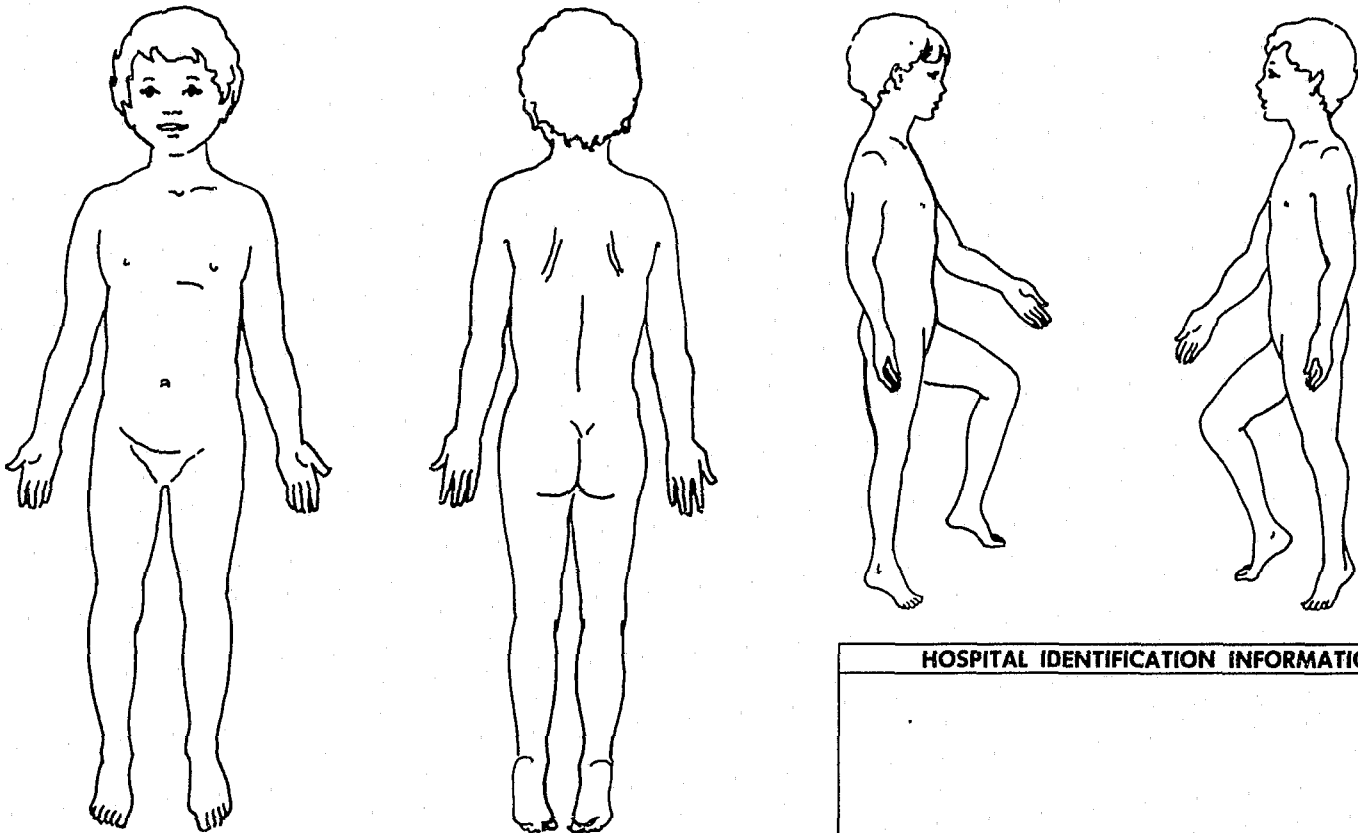
E. OBTAIN PERTINENT PAST MEDICAL HISTORY

1. Menarche age () N/A	Date of last menstrual period () N/A	Use of tampons () Yes () No () N/A	History of Vaginitis () Yes () No () N/A
2. Note pre-existing physical injuries () N/A			
3. Pertinent medical history of anal-genital injuries, surgeries, diagnostic procedures, or medical treatment? () Yes () No If yes, describe			
4. Previous history of child abuse? () Yes () No () Unknown. If known, describe			

F. CONDUCT A GENERAL PHYSICAL EXAM AND RECORD FINDINGS. COLLECT AND PRESERVE EVIDENCE FOR EVIDENTIAL EXAM.

1. Blood pressure	Pulse	Temperature	Respiration	Include percentiles for children under six Height	Weight
2. Record general physical condition noting any abnormality				() Within normal limits	

- Record injuries and findings on diagrams: erythema, abrasions, bruises (detail shape), contusions, induration, lacerations, fractures, bites, and burns.
 - Record size and appearance of injuries. Note swelling and areas of tenderness.
 - Examine for evidence of physical neglect.
 - Take a GC culture from the oropharynx as a base line. Take other STD cultures as indicated. Provide prophylaxis.
- IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT(S):**
- Note condition of clothing upon arrival (rips, tears, or foreign materials) if applicable. Use space below to record observations.
 - Collect outer and underclothing if worn during or immediately after the incident.
 - If applicable, collect fingernail scrapings.
 - Collect dried and moist secretions, stains, and foreign materials from the body including the head, hair, and scalp. Identify location on diagrams.
 - Scan the entire body with a Wood's Lamp. Swab each suspicious substance or fluorescent area with a separate swab. Label Wood's Lamp findings "W.L."
 - Examine the oral cavity for injury and the area around the mouth for seminal fluid. Note frenulum trauma. If indicated by history: Swab the area around the mouth. Collect 2 swabs from the oral cavity up to 6 hours post-assault for seminal fluid. Prepare two dry mount slides.
 - Collect saliva and head hair reference samples at the time of the exam if required by crime lab and if there is a need to compare them to a suspect.
 - Record specimens collected on Section 7.



HOSPITAL IDENTIFICATION INFORMATION

Optional: Take photographs of genitals before and after exam.

Record injuries and findings on anal-genital diagrams: abrasions, erythema, bruises, tears/transections, scars, distortions or adhesions, etc. Use anal-genital chart on next page to record additional descriptive information.

3. External genitalia

- Examine the external genitalia and perianal area including inner thighs for injury.
 - For boys, take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
- IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
- Collect dried and moist secretions and foreign materials. Identify location on diagrams.
 - Pubertal children: Cut matted pubic hair. Comb pubic hair to collect foreign materials. Collect pubic hair reference samples at time of exam if required by crime lab and if there is a need to compare them to a suspect.
 - Scan area with Wood's Lamp. Swab each suspicious substance or fluorescent area. Label Wood's Lamp findings "W.L."
 - For boys, collect 2 penile swabs if indicated. Collect one swab from the urethral meatus and one swab from the glans and shaft. Take a GC culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
 - Record specimens collected on Section 7.

4. Vagina

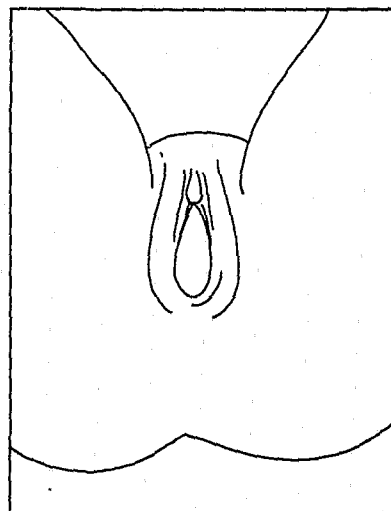
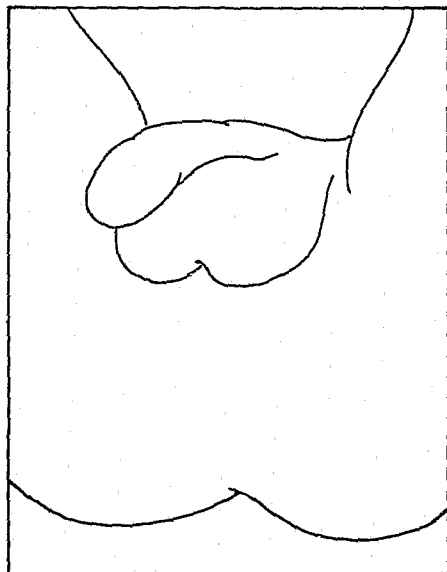
- Examine for injury and foreign materials.
 - Pre-pubertal girls with intact hymen/normal vaginal orifice: No speculum exam necessary.
 - Pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice: Only conduct a speculum exam if major trauma is suspected and use pediatric speculum.
 - Take a GC culture from the vaginal introitus in pre-pubertal girls with intact hymen/normal vaginal orifice; from the vagina in pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice; and, the endocervix in adolescents. Take other STD cultures as indicated. Provide prophylaxis.
 - Obtain pregnancy test (blood or urine) from pubertal girls.
- IF EXAMINED WITHIN 72 HOURS OF INCIDENT:
- Pre-pubertal girls with intact hymen/normal vaginal orifice: Collect 2 swabs from the vulva.
 - Adolescents or pre-pubertal girls with non-intact hymen and/or enlarged vaginal orifice: Collect 3 swabs from vaginal pool. Prepare 1 wet mount and 2 dry mount slides. Examine wet mount for sperm and trichomonas.
 - Record specimens collected on Section 7.

5. Anus and rectum

- Examine the buttocks, perianal skin, and anal folds for injury.
 - Conduct an anoscopic or proctoscopic exam if rectal injury is suspected.
 - Take a GC culture from the rectum. Take other STD cultures as indicated. Provide prophylaxis.
 - Take blood for syphilis serology. Provide prophylaxis.
- IF EXAMINED WITHIN 72 HOURS OF ALLEGED INCIDENT:
- Collect dried and moist secretions and foreign materials. Foreign materials may include lubricants and fecal matter.
 - If indicated by history and/or findings: Collect 2 rectal swabs and prepare 2 dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and relaxing the anus using the lateral or knee-chest position prior to insertion of swabs.
 - Record specimens collected on Section 7.

DRAW SHAPE OF ANUS AND ANY LESIONS ON GENITALIA, PERINEUM, AND BUTTOCKS

DRAW SHAPE OF HYMEN AND ANUS AND ANY LESIONS ON GENITALIA, PERINEUM, OR BUTTOCKS



HOSPITAL IDENTIFICATION INFORMATION

6. Anal-genital chart

Female/Male General				WNL	ABN	Describe	Male				
Tanner stage							Penis	<input type="checkbox"/>	<input type="checkbox"/>		
Breast	1	2	3	4	5	<input type="checkbox"/>	Circumcised				
Genitals	1	2	3	4	5	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Inguinal adenopathy						<input type="checkbox"/>	Urethral Meatus	<input type="checkbox"/>	<input type="checkbox"/>		
Medial aspect of thighs						<input type="checkbox"/>	Scrotum	<input type="checkbox"/>	<input type="checkbox"/>		
Perineum						<input type="checkbox"/>	Testes	<input type="checkbox"/>	<input type="checkbox"/>		

	Yes	No	Describe
Vulvovaginal/urethral discharge	<input type="checkbox"/>	<input type="checkbox"/>	
Condyloma acuminata	<input type="checkbox"/>	<input type="checkbox"/>	

Female	WNL	ABN	Describe
Labia majora	<input type="checkbox"/>	<input type="checkbox"/>	
Clitoris	<input type="checkbox"/>	<input type="checkbox"/>	
Labia minora	<input type="checkbox"/>	<input type="checkbox"/>	
Periurethral tissue/urethral meatus	<input type="checkbox"/>	<input type="checkbox"/>	
Perihymenal tissue (vestibule)	<input type="checkbox"/>	<input type="checkbox"/>	
Hymen	<input type="checkbox"/>	<input type="checkbox"/>	
Record diameter of hymen and check measurement used:			
<input type="checkbox"/> Horizontal			
<input type="checkbox"/> Vertical			
Posteriour fourchette	<input type="checkbox"/>	<input type="checkbox"/>	
Fossa Navicularis	<input type="checkbox"/>	<input type="checkbox"/>	
Vagina	<input type="checkbox"/>	<input type="checkbox"/>	
Other			

Exam position used:

Supine

Knee chest

Female/Male Anus	WNL	ABN	Describe
Buttocks	<input type="checkbox"/>	<input type="checkbox"/>	
Perianal skin	<input type="checkbox"/>	<input type="checkbox"/>	
Anal verge/folds/rugae	<input type="checkbox"/>	<input type="checkbox"/>	
Tone	<input type="checkbox"/>	<input type="checkbox"/>	
Anal spasm			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Anal laxity			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Note presence of stool in rectal ampulla			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Method of exam for anal tone (discretion of examiner)			
<input type="checkbox"/> Observation			
<input type="checkbox"/> Digital exam			
Exam position used:			
<input type="checkbox"/> Supine			
<input type="checkbox"/> Prone			
<input type="checkbox"/> Lateral recumbent			
Anoscopic exam			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Proctoscopic exam			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Genital exam done with:			
Direct visualization <input type="checkbox"/>			
Colposcope <input type="checkbox"/>			
Hand held magnifier <input type="checkbox"/>			

HOSPITAL IDENTIFICATION INFORMATION

7. Record evidential and specimens collected.

FOR EVIDENTIAL EXAMS CONDUCTED WITHIN 72 HOURS OF ALLEGED INCIDENT

ALL SWABS AND SLIDES MUST BE AIR DRIED PRIOR TO PACKAGING (PENAL CODE § 13823.11). AIR DRY UNDER A STREAM OF COOL AIR FOR 60 MINUTES. Swabs and slides must be individually labeled, coded to show which slides were prepared from which swabs, and time taken. All containers (tubes, bindles, envelopes) for individual items must be labeled with the name of the patient, contents, location of body where taken, and name of hospital. Package small containers in a larger envelope and record chain of custody. See the State of California Medical Protocol for Examination of Sexual Assault and Child Sexual Abuse Victims published by the state Office of Criminal Justice Planning, 1130 K Street, Sacramento, California 95814 (916) 324-9100 for additional information.

SPECIMENS FOR PRESENCE OF SEMEN, SPERM MOTILITY, AND TYPING TO CRIME LAB

	Swabs	Dry Mount Slides	Yes	No	N/A	Taken by	Time
Oral							
Vaginal							
Rectal							
Vulvar							
Penile							

Vaginal wet mount slide examined for spermatozoa and trichomonas, dried, and submitted to crime lab

	Yes	No	N/A	Taken by	Time
Motile sperm observed					
Non-motile sperm observed					

OTHER EVIDENCE TO CRIME LAB

	Yes	No	N/A	Taken by
Clothing				
Fingernail scrapings				
Foreign materials on body				
Blood				
Dried secretions				
Fiber/loose hair				
Vegetation				
Dirt/gravel/glass				
Matted pubic hair cuttings				
Pubic hair combings				
Comb				
Swabs of bite marks				
Control swabs				
Photographs				
Area of body _____				
Type of camera _____				
Other _____				

REFERENCE SAMPLES AND TOXICOLOGY SCREENS TO CRIME LAB

Reference samples can be collected at the time of the exam or at a later date according to crime lab policies. If there is a need to compare them to a suspect. Toxicology screens should be collected at the time of the exam upon the recommendation of the physical examiner, law enforcement officer, or child protective services.

Reference samples	Yes	No	N/A	Taken by
Blood typing (yellow top tube)				
Saliva				
Head hair				
Pubic hair				
Toxicology screens				
Blood/alcohol toxicology (grey top tube)				
Urine toxicology				

OCJP 925

CLINICAL EVIDENCE TO HOSPITAL LAB

	Yes	No	N/A	Taken by
Syphilis serology (red top tube)				
STD culture				
Oral				
Vaginal				
Rectal				
Penile				
Pregnancy test				
Blood (red top tube) or urine				

PERSONNEL INVOLVED (print)

PHONE

History taken by:		
Physical examination performed by:		
Specimens labeled and sealed by:		
Assisting nurse:		
Family assessment taken by: () N/A () Report attached		
Additional narrative prepared by physician: () N/A () Report attached		

FINDINGS AND FOLLOW-UP

Report of child sexual abuse, exam reveals:

- PHYSICAL FINDINGS NO PHYSICAL FINDINGS
- Exam consistent with history Exam consistent with history
- Exam inconsistent with history Exam inconsistent with history

SUMMARY OF PHYSICAL FINDINGS:

- Oral trauma Genital trauma
- Perineal trauma Anal trauma
- Hymenal trauma
- Other findings consistent/inconsistent (circle one) with history as follows:

Follow-up arranged: () Yes () No

Child released to: _____

PHYSICAL EXAMINER

Print name of examiner _____

Signature of examiner _____

License number of examiner _____

LAW ENFORCEMENT/CHILD PROTECTIVE SERVICES

I have received the indicated items of evidence and the original of this report.

Law enforcement officer or child protective services _____

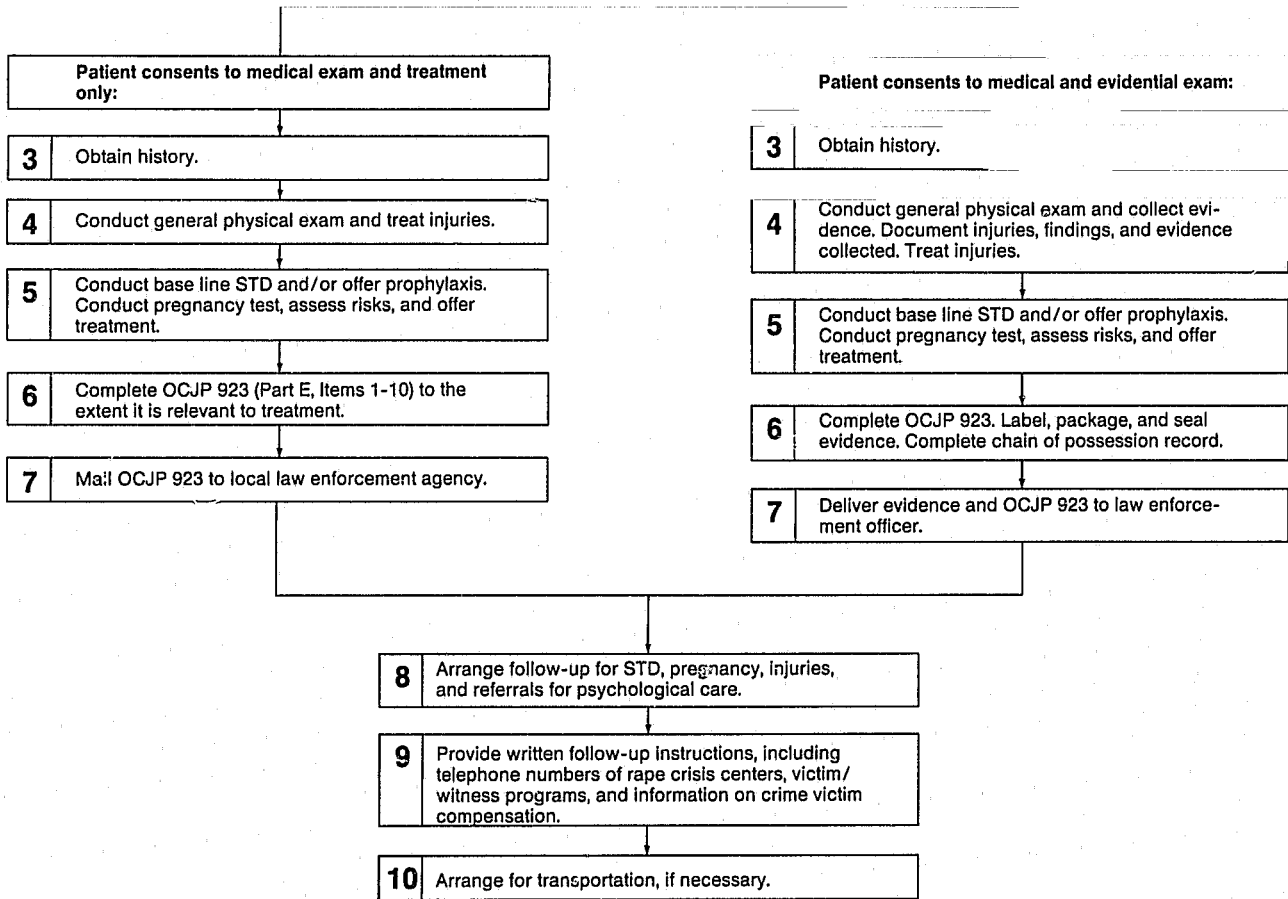
Agency _____ ID number _____ Date _____

HOSPITAL IDENTIFICATION INFORMATION

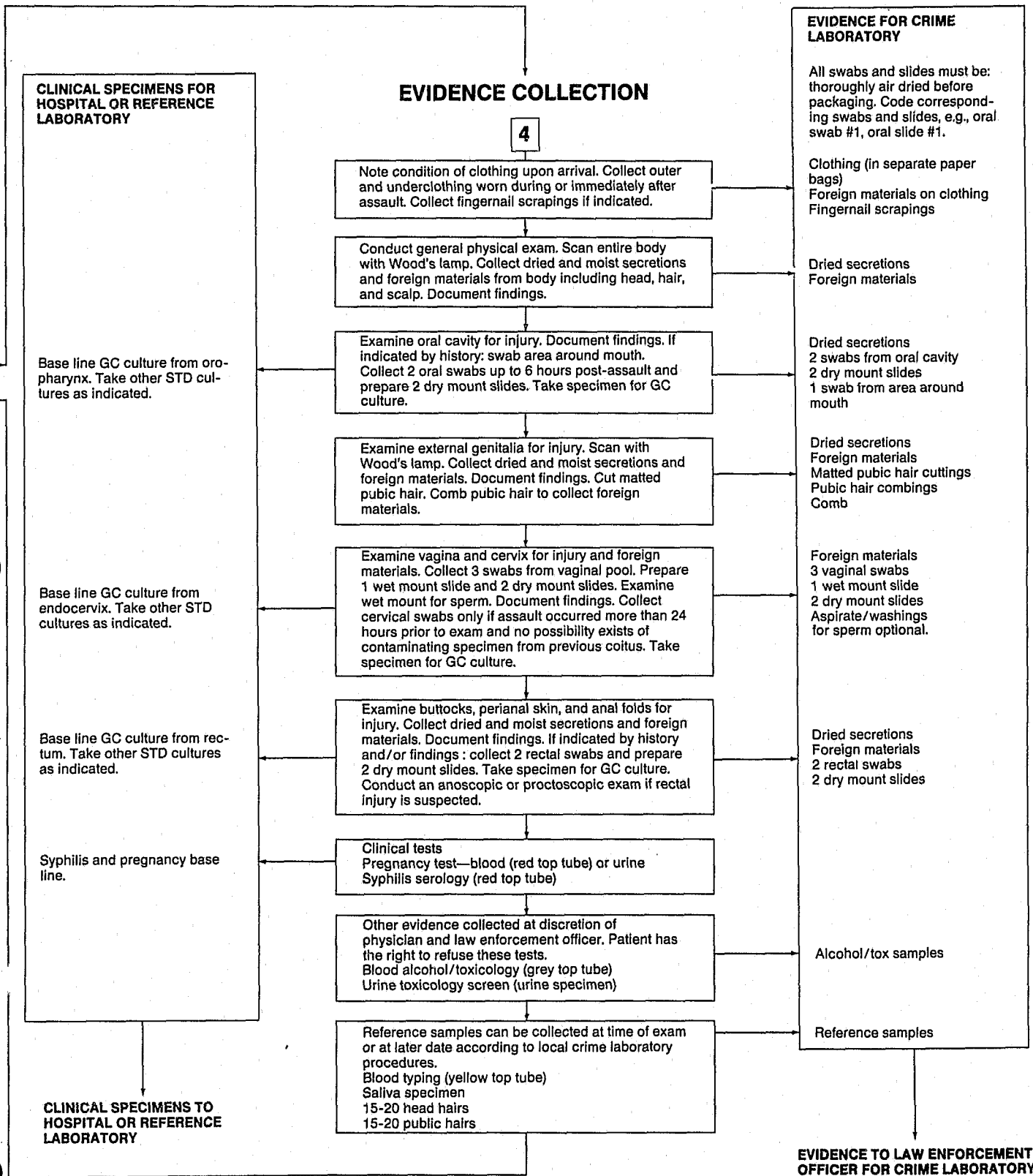
FEMALE SEXUAL ASSAULT EXAMINATION

1 Triage immediately.
Provide private room.
Assign patient coordinator.
Contact rape crisis center.

2 Obtain patient consent.
Notify authorities of crime-related injuries.



Office of Criminal Justice Planning
State of California
George Deukmejian, Governor



The State of California Medical Protocol for the Examination of Sexual Assault and Child Sexual Abuse Victims contains detailed instructions for conducting these examinations.

SECTION VIII

ADULT FEMALE PATIENT

Psychological Reactions

Rape and other forms of sexual assault may cause physical injury and/or psychological trauma. Force, threats of force, weapons, threats of harm to a third person such as a child, psychological duress, and intimidation are methods employed by perpetrators. In situations involving threats or psychological coercion, physical injuries may not be sustained. Perpetrators may be strangers, acquaintances, or someone related to the victim. Victims of rape can sustain psychological trauma regardless of:

- The relationship between offender and victim;
- The method of attack;
- The presence or absence of physical injuries; or
- Whether the assault is attempted or completed.

The stages of the crisis reaction experienced by rape victims have been identified and described as the rape trauma syndrome (Burgess and Holmstrom, 1974) or post-traumatic stress disorder (Diagnostic and Statistical Manual of Mental Disorders (DSM III), Anxiety Disorders, 309.30 and 309.31). Rape trauma syndrome has two phases: the immediate or acute phase and the long-term reorganization and assimilation phase.

A. IMMEDIATE CRISIS REACTIONS.

Emotional and behavioral stress reactions indicative of the acute phase include:

- Numbness
- Shock and disbelief, dazed or bewildered presentation
- Diminished alertness, cognitive confusion
- Flat affect, psychological distancing, and preoccupation
- Dulled sensory, affective, and memory functions
- Feelings of terror
- Fearfulness, anxiety, or hysteria
- Outward calm and collectedness

B. SUBSEQUENT EMOTIONAL REACTIONS.

Emotional and behavioral stress reactions, which may last for several months or even years and cause significant disruption in the victim's life, include:

- Continuing fear and anxiety
- Sense of helplessness
- Persistent fear or depression
- Mood swings
- Denial
- Sleep disturbances (e.g., vivid dreams, recurrent nightmares, insomnia, and wakefulness)
- Somatic symptoms
- Appetite disturbances
- Poor concentration
- Preoccupation with the event including flashbacks

- Self-blame, guilt, and shame
- Sexual dysfunction
- Depressive symptoms
- Phobic reactions
- Withdrawal from peers and friends

C. SUPPORTIVE APPROACH.

Crisis intervention theory, which describes clusters of emotions proceeding through the phases of active crisis, reintegration or crisis resolution, and normalization, provides a theoretical framework for understanding and responding to the patient. Psychological reactions may be experienced with varying degrees of intensity as the person progresses through each stage of emotional adjustment.

Cultural differences, life-stage issues, mental or physical disabilities, and previous victimization may intensify the psychological trauma experienced by the patient. Developmentally disabled, hearing impaired, and other handicapped individuals are especially at risk for sexual victimization and require particularly sensitive treatment.

Examining practitioners must demonstrate nonjudgmental, sympathetic approaches to assist with the reduction of the acute psychological trauma and its aftereffects. See the *State of California Medical Protocol Informational Guide* for additional information on psychological and sociocultural factors.

Adult Female Evidential Examination

Sexual assault patients should be assigned priority in triage along with other serious emergencies. If the incident(s) occurred within the past 72 hours, the examination must be conducted without delay to minimize loss or deterioration of evidence. The hospital should develop a system for rapidly escorting patients to a private area. A trained support person (patient coordinator) should be assigned.

The lettered and numbered sections below correspond to the lettered and numbered sections of OCJP 923.

A. OBTAIN IDENTIFYING INFORMATION ABOUT THE PATIENT AND NOTIFY AUTHORITIES OF CRIME-RELATED INJURIES

Physical examiners are not required to complete this portion of the interview. Trained personnel such as a nurse, social worker, or patient coordinator may interview and record patient history on OCJP 923.

B. OBTAIN PATIENT CONSENT

1. Patients requesting examination and treatment only

Inform the patient of the state law requiring hospitals to report treatment requested for crime-related injuries and obtain consent for treatment.

2. Patients requesting examination, treatment, and evidence collection

- a. Obtain the patient's signed consent for the examination.
- b. Obtain the patient's signed consent to photograph injuries.
- c. Inform the patient about the availability of crime victim compensation.

C. OBTAIN THE SIGNATURE OF THE LAW ENFORCEMENT OFFICER TO AUTHORIZE PAYMENT FOR THE EVIDENTIAL EXAMINATION AT PUBLIC EXPENSE OR OBTAIN A TELEPHONE AUTHORIZATION PURSUANT TO LOCAL AGREEMENTS

D. OBTAIN PATIENT HISTORY

1. Record the name of the person providing the history, the relationship to the patient, and the date and time of the assault(s).

2. Record the location and physical surroundings of the assault(s)

If the incident occurred within 72 hours of the examination, the body and clothing should be observed for evidence from the scene of the assault, e.g., grass, sand, glass, or fibers.

3. Record the name(s), if known, the number, and race(s) of the perpetrator(s)

Some genetic marker variants are race-dependent. This information is used to determine which crime laboratory tests are indicated.

4. Record the acts described by the patient

- a. This information is necessary to guide the medical examination and for interpretation of crime laboratory tests. A careful patient history must be taken as some patients may be reluctant to describe all acts committed, particularly anal penetration.
- b. By law, any penetration, however slight, of the labia or rectum by the penis or any penetration of a genital or anal opening by a foreign object or body part constitutes the act. The legal definitions of oral copulation and masturbation only require contact.
- c. If there was more than one perpetrator, identify which person committed which acts.

5. Record physical injuries and/or pain described by the patient and the area(s) of the body affected

This information should be used to direct the physician to look for injury and evidence not readily visible. Identify injuries occurring prior to and independent of the assault (e.g., fractured arm, lacerations, or bruising) to clarify all findings.

6. Record threats, types of force or other methods used by the perpetrator(s), and the area(s) of the body affected

a. This information should be used to direct the physician to look for injury and evidence not readily visible. It may also indicate the need for special documentation, such as photography, or a need for a repeat examination 24 to 72 hours later to observe development of bruises.

b. If coercion, intimidation, psychological pressure, and/or abuse of position of trust were employed, record the method(s) used under "other".

7. Record postassault hygiene/activity if the incident occurred within 72 hours of the examination

This information is relevant because it can affect the laboratory analysis of evidence. If the patient has bathed, showered, or douched, the examiner should still collect samples from the appropriate body orifices to attempt to preserve any trace evidence.

8. Record pertinent medical information

All information on OCJP 923 is admissible in court. Only information essential to interpreting laboratory or physical findings should be recorded on the form.

a. Obtain information regarding the date of the last menstrual period to determine whether the patient is menstruating at the time of the examination and to evaluate the possibility of pregnancy and postcoital options.

See Possibility of Pregnancy (page 91)

b. Obtain information on anal-genital injuries, surgeries, diagnostic procedures, or medical treatment within the past 60 days to avoid confusing lesions with injuries related to the alleged assault. Check the appropriate box. If yes, record the information in a separate patient medical chart.

c. Ascertain whether the patient has had consenting intercourse within the past 72 hours and record the approximate date and time. This information is required by the crime laboratory as it can effect analysis of evidence.

d. Record other information such as medications, allergies, and general past medical history in a separate patient medical chart.

**E. CONDUCT A GENERAL PHYSICAL EXAMINATION AND RECORD FINDINGS—
COLLECT AND PRESERVE EVIDENCE FOR THE EVIDENTIAL EXAMINATION**

1. Record blood pressure, pulse, temperature, and respiration

2. Record height, weight, and eye and hair color

3. Note condition of clothing worn during the incident upon arrival

Note any rips or tears or the presence of foreign materials. Foreign materials may include fibers, hair, twigs, grass, soil, splinters, glass, blood, or seminal fluid.

See Collection of Clothing (page 19).

4. Collect all clothing worn during and immediately after an assault

Record whether clothing was collected on OCJP 923 (Part E, Item #11).

See Collection of Clothing (page 19)

5. Collect fingernail scrapings if indicated by the history of the assault or if foreign material related to the assault is observed

Record whether scrapings were collected on OCJP 923 (Part E, Item #11).
See Collection of Fingernail Scrapings (page 20).

6. Conduct a general physical examination (head to toe) for injuries and other evidence of the reported assault

- a. Record general physical appearance.
- b. Collect dried and moist secretions, stains, and foreign materials from the body including the head, hair, and scalp. Collect control swabs if indicated.
- c. Scan the entire body with a long wave ultraviolet light (Wood's Lamp) and swab each suspicious stain or fluorescent area with a separate swab.
- d. Use the OCJP 923 diagrams to record the location, size, and appearance of injuries and evidence of foreign materials. Signs of injury may include erythema, abrasions, bruises, contusions, induration, lacerations, fractures, bleeding, bites, burns, or stains. Label Wood's Lamp findings "W.L."
- e. Record specimens collected on OCJP 923 (Part E, Item #11).

See Collection of Dried or Moist Secretions, Stains, or Foreign Materials from the Body (page 21)
Wood's Lamp Scan (page 20)
Procedures for Bite Marks and Bruises (page 22).

7. Examine the mouth

- a. Examine the oral cavity for injury and the area around the mouth for evidence of seminal fluid.
 - (1) Swab the area around the mouth if indicated. Collect two swabs from the oral cavity for seminal fluid up to six hours postassault. Prepare two dry mount slides.
 - (2) If indicated by history, collect a specimen for gonorrhea culture from the oropharynx as a base line and offer prophylaxis. Take other STD cultures as indicated.
 - (3) Collect a saliva reference sample at the time of the examination if required by the local crime laboratory.

See Mouth Examination and Evidence Collection Procedures (page 24)
Treatment of Sexually Transmitted Diseases (page 93)

- b. Record findings on the OCJP 923 diagrams and specimens collected on Part E, Item #11.

8. Examine the external genitalia

Place a sheet of paper beneath the patient's buttocks prior to the examination.

- a. Examine the external genitalia for signs of injury.
 - (1) The examination should include the mons veneris, perineum, clitoris, labia majora, labia minora, urethral orifice, vulvar mucosa, perihymenal tissue, hymen (when present), vaginal introitus, posterior fourchette, and medial aspect of the thighs.
 - (2) Signs of injury may include erythema, abrasions, bruises, contusions, induration, lacerations, bleeding, or bites.
- b. Examine the external genitalia and pubic hair for dried and moist secretions and foreign materials.

- (1) Collect secretions dried on the pubic hair by cutting the matted hair.
- (2) Comb the pubic hair to collect any loose hair or foreign materials.
- (3) Scan the area with a Wood's Lamp and swab fluorescent areas.
- (4) Package specimens collected and label containers.
- (5) Collect and fold the paper placed beneath the patient's buttocks with the comb inside. Label and seal.

See Wood's Lamp Scan (page 20)

Collection of Dried and Moist Secretions, Stains, or Foreign Materials from the Body (page 21)

Collection of Specimens from Pubic Hair (page 25)

- c. Record findings on the OCJP 923 diagrams as they relate to their anatomic position and describe with reference to the face of a clock, e.g., midline injuries at the entrance to the vagina over the posterior fourchette would be located at the 6 o'clock position. Label Wood's Lamp findings "W.L." and record specimens collected on Part E, Item #11.

9. Examine the vagina and cervix

- a. Use a nonlubricated, warm speculum moistened with water. Consideration of speculum size is necessary for the elderly, adolescents, and women who do not ordinarily have sexual relations with male partners.

To prevent loss of evidence from the genital area through wiping or washing, the patient should not void prior to the examination, if possible. If the patient must urinate, provide a specimen and send the urine to the hospital laboratory to be examined for motile or nonmotile sperm. The tissue used for wiping should be dried, labeled, and submitted with the other evidence.

- b. Examine the vagina and cervix for injuries and foreign materials.

Signs of injury may include lacerations, abrasions, ecchymosis, or hematomas. The distensibility of the introitus and the condition and type of hymen should be noted. A common finding after recent coitus is erythema of the posterior fourchette and superficial abrasion of the area.

- c. Collect a minimum of three swabs from the vaginal pool, depending upon the amount of secretions present.

- (1) Collect specimens from the vaginal pool, not the cervix.

Nonmotile sperm can be detected in samples from the vaginal pool up to three days postcoitus and up to two weeks in the cervix. Cervical specimens should be collected in addition to samples from the vaginal pool only if the assault occurred more than 24 hours prior to the examination and no possibility exists of contaminating the specimen with semen from previous coitus. If a specimen is collected from the cervix, it must be so labeled.

See the *State of California Medical Protocol Informational Guide* for information about the survival of sperm in the vagina and cervix.

- (2) Hold the swabs together as a unit and insert them into the vaginal pool at the same time. Rotate the swabs in the vaginal vault as a unit to ensure uniform distribution of the sample on all three swabs.
- (3) Use one swab to prepare a wet mount slide using normal saline or a buffered nutrient medium and examine immediately for motile or non-motile sperm.

See Preparation and Examination of Wet Mount Slide for Presence of Sperm (page 23)

- (4) Prepare two dry mount slides from the other two swabs.
 - (5) Label and air dry the swabs and slides. Code the swabs and slides to enable the crime laboratory to determine which slide was made from which swab, e.g., vaginal swab #1, vaginal slide #1. Indicate which slide was used for the wet mount examination.
 - (6) Package the slides in envelopes or slide mailers and swabs in tubes or envelopes. Label and seal.
- d. Aspirate/washings or urine specimens may be collected for the detection of spermatozoa at the discretion of the physician or local jurisdiction after collection of the vaginal swabs.
- e. Microscopic or magnified examinations can be performed with a magnifying lens or colposcope to confirm signs of minor injury to the genital area. Many colposcopes have photographic capability.
See Microscopic Examinations (page 26)
- f. At the physician's discretion, a bimanual examination and a Pap test may be done and treatment offered for gynecological conditions unrelated to the assault. If a Pap test is performed, the pathologist should be asked to note the presence of spermatozoa as well as other conditions.
- g. If indicated, collect a specimen for gonorrhea culture from the endocervix as a base line and offer prophylaxis. Take other STD cultures as indicated.
See Treatment of Sexually Transmitted Diseases (page 93)
- h. Record findings on the OCJP 923 diagrams and specimens collected on Part E, Item #11.

10. Examine the anus and rectum

- a. Examine the buttocks, perianal skin, and anal folds for signs of injury and foreign materials. Note presence of seminal fluid, dried or moist secretions, bleeding, fecal matter, lubricants, and any other foreign materials.
- b. Collect dried and moist secretions and foreign materials.
- c. Scan the area with a Wood's Lamp. Swab each suspicious substance or fluorescent area.
- d. If indicated by patient history and/or physical findings:
 - (1) Collect a minimum of two rectal swabs and prepare two dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and dilating the anus using an anal speculum.
 - (2) Evaluate the need for an anoscopic or proctoscopic examination if rectal injuries are suspected.
- e. If indicated by history, collect a specimen for gonorrhea culture from the rectum as a base line and offer prophylaxis. Take other STD cultures as indicated.

See Anus/Rectum Examination and Collection Procedures (page 25)
Treatment of Sexually Transmitted Diseases (page 93)

- f. Record findings on the OCJP 923 diagrams and specimens collected on Part E, Item #11. Label Wood's Lamp findings "W.L."

11. Clinical tests, evidence, and reference samples from patient

Test tube top colors listed below are provided for reference. The colors corre-

spond to commercial test tubes that contain necessary preservatives. These references are not intended to preclude those jurisdictions that prepare their own test tubes, using proper preservatives and different colored tops, from doing so.

PATIENTS HAVE THE RIGHT TO REFUSE TESTS AND COLLECTION OF SPECIMENS LISTED BELOW.

a. Clinical tests

- (1) Take blood for base line syphilis serology (red top tube) and offer prophylaxis.
- (2) Obtain a pregnancy test (either blood or urine) which has a sensitivity of less than 50 milli-international units of HCG.

See Treatment of Sexually Transmitted Diseases (page 93)
Possibility of Pregnancy (page 91)

b. Evidence

Collect the samples listed below for alcohol and toxicology at the discretion of the examiner and/or law enforcement officer in accordance with local procedures. Swab the arm with a nonalcoholic solution to avoid elevating the blood/alcohol level.

- (1) Blood/alcohol toxicology, if within 24 hours of assault (grey top tube)
- (2) Urine specimen (collect after pelvic exam, if possible)

c. Reference samples

Reference samples can be collected at the time of the examination or at a later date according to the policies of the local crime laboratory.

- (1) Blood typing (yellow top tube—ACD Solution B)
- (2) Saliva reference specimen
 - (a) With clean forceps or tweezers, place a clean gauze, filter paper, or cotton pledget under the tongue and allow it to remain there until saturated. Swabs can also be used for this purpose. Do not handle the sample with the fingers; use tweezers or forceps.
 - (b) Air dry, package in an envelope. Label and seal.
- (3) Pubic and head hair samples. Follow local crime laboratory standards.
 - (a) Head hair: Cut the hairs close to the skin or pluck at least 15 to 20 hairs from the various regions of the scalp (crown, temple, etc.) that represent the range of length and colors present.
 - (b) Pubic hair: Cut the hairs close to the skin or pluck at least 15 to 20 hairs from different areas of the pubic region that represent the variations of length and color.

See Reference Samples (page 18)

Collection of Specimens from Pubic Hair (page 25)

d. Record the samples collected on OCJP 923 (Part E, Item #11).

12. Treatment

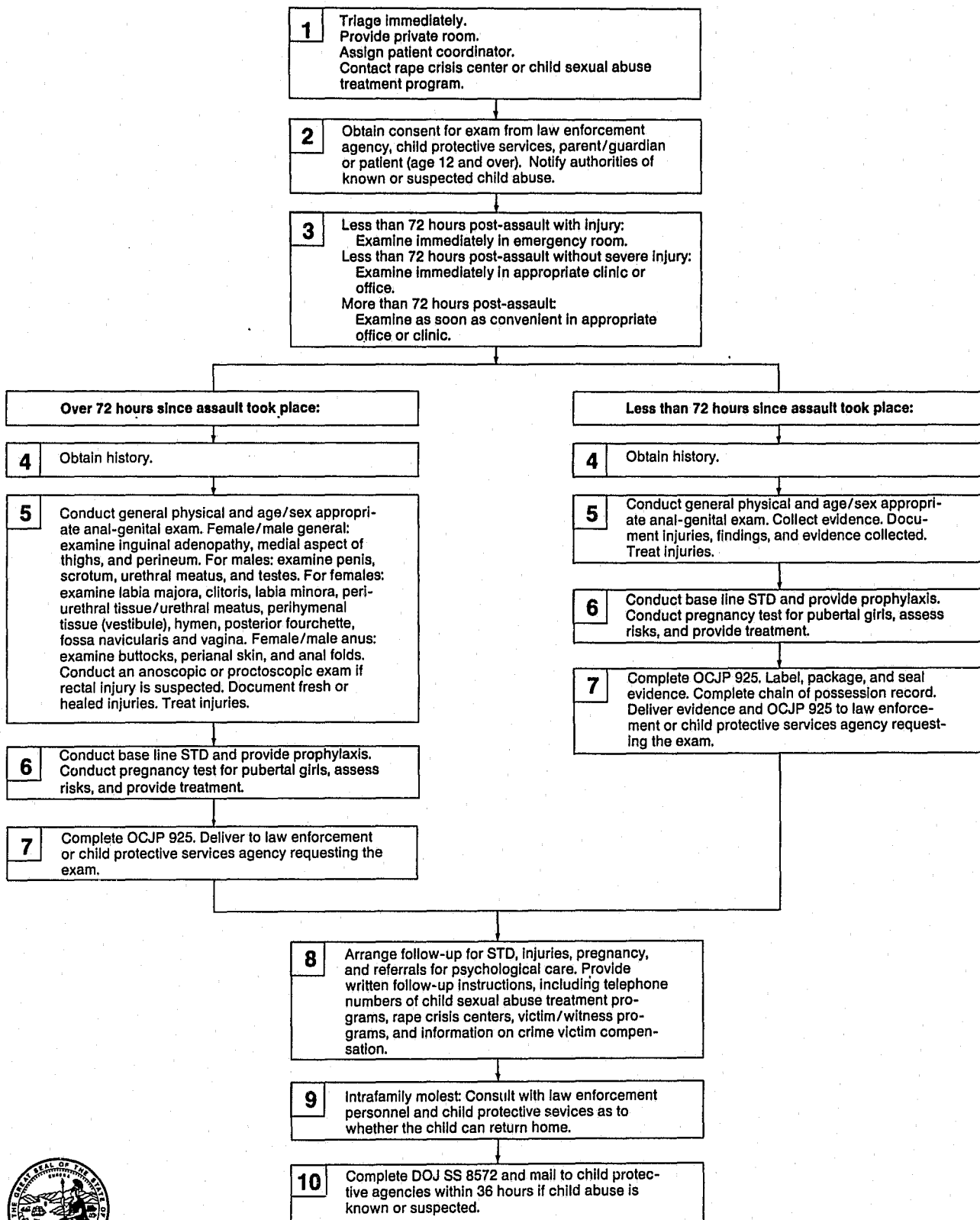
- a. Appropriately treat and refer for repair all injuries.
- b. Ascertain tetanus prophylaxis status and provide appropriate inoculations.
- c. Provide prophylaxis for sexually transmitted diseases.

See Possibility of Pregnancy (page 91)

Treatment of Sexually Transmitted Diseases (page 93)

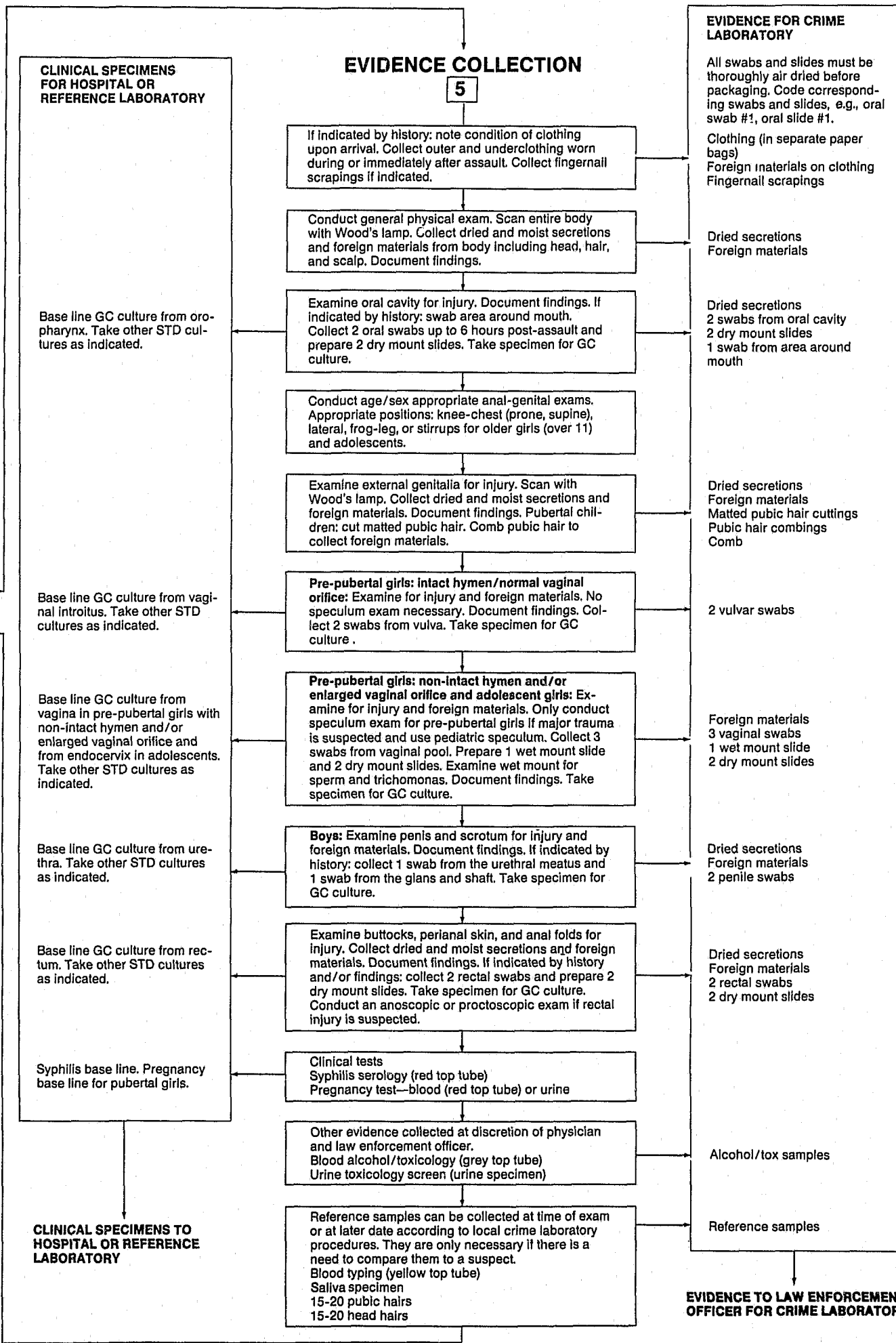
Follow-up Patient Care (page 97)

CHILD SEXUAL ABUSE EXAMINATION



Office of Criminal Justice Planning
 State of California
 George Deukmejian, Governor

The State of California Medical Protocol for the Examination of Sexual Assault and Child Sexual Abuse Victims contains detailed instructions for conducting these examinations.



SECTION IX

PEDIATRIC PATIENT

Psychological Reactions and Behavioral Indicators

Child sexual assault encompasses a broad spectrum of behavior. It may consist of many acts over a long period of time (chronic molestation) or a single incident. Victims range in age from less than one year through adolescence.

A. SEXUALLY ABUSIVE CONDUCT

1. Genital exposure

The adult exposes his or her genitals to the child and may ask the child to touch the genitals.

2. Kissing

The adult kisses the child in a lingering and intimate manner appropriately reserved for adults.

3. Fondling

The adult fondles the child's breasts, abdomen, genital area, inner thighs, or buttocks. The child may similarly be requested to fondle the adult.

4. Masturbation

The adult masturbates while the child observes, the adult observes the child masturbating, the adult and child observe each other while masturbating themselves, or the adult and child masturbate each other (mutual masturbation).

5. Oral genital contact

Fellatio and cunnilingus.

6. Vaginal penetration

Penetration of the vagina by finger, penis, or foreign object.

7. Anal penetration

Penetration of the anus by finger, penis, or foreign object.

8. Intracural or dry intercourse

The adult rubs his penis against the child's anal-genital area, inner thighs, or buttocks.

9. Child pornography

The posing or modeling of minors involved in sexual conduct for the purpose of preparing a film, photograph, negative, slide, or a live performance.

10. Child prostitution

Commercial sexual exploitation of children.

B. PERPETRATORS

Perpetrators may be immediate or extended family members, child care personnel, family friends, neighbors, acquaintances, or strangers. They may be male, female, adults, adolescents, or older children. Young juveniles have also been identified as offenders. Approximately 75 to 90 percent of the perpetrators are known to the child.

C. TYPES OF CHILD SEXUAL VICTIMIZATION

1. Intrafamily child sexual abuse

The most commonly reported type of sexual abuse involves family members, stepparents, or parent surrogates. Fathers, mothers, grandparents, siblings, aunts, uncles, and cousins have been identified as perpetrators. The child sexual abuse accommodation syndrome describes patterns of behavior exhibited by abused children (Summit, 1979):

- a. Keeping the molestation a secret;
- b. Feelings of helplessness, reinforced by a sense of isolation, secrecy, and guilt;
- c. Entrapment and accommodation;
- d. Delayed, conflicted, or unconvincing disclosure; and/or
- e. Retraction of the complaint.

2. Child molestation by nonfamily members

Child care facilities, family day care, school, and after-school activity groups are other settings in which children may be vulnerable to abuse. Adults may use these positions of special trust and/or authority to abuse and exploit children.

3. Forcible child sexual assault

Rape is most commonly associated with adolescent victims, although forcible sexual assaults are also reported involving young children. In the majority of these cases, the offender is not known to the victim. The sexual acts are usually forced oral, vaginal, or anal penetration. Injuries may result either from the act or the force used to secure the submission of the victim. Typically, enticement ("come and see the ducks") or abduction are used to separate and isolate the child from family and friends.

4. Child sexual exploitation

This term is used to describe pornography, prostitution, sex-rings, or circumstances involving organized abuse of multiple victims by multiple offenders. The perpetrators may include an association of both family and nonfamily members. Financial gain is the principal motivation for pornography, prostitution, and sex rings. Abuse of multiple victims by multiple offenders, sometimes involving ritualistic practices, is a recent phenomena under study.

D. METHODS EMPLOYED BY PERPETRATORS

1. Coercion

The offender typically uses implicit or direct coercion to involve the child in sexual activity and to secure compliance. Coercion may take the form of psychological pressure, exertion of adult authority, misrepresentation of moral standards, gifts or rewards, or force and threats. Children may cooperate because of unmet needs for love, affection, and attention, a sense of loyalty to the adult, or confusion about what to do.

2. Progression of contact

Sexual contact typically begins with fondling and may gradually proceed to masturbation, digital penetration, oral-genital contact, vaginal, or anal penetration. Oral or anal penetration may occur early in the progression because of the relative ease of penetration. Ejaculation by a male perpetrator against the child's body or on the outer clothing may occur at any time in the progression.

E. PSYCHOLOGICAL IMPACT

The most common psychological reactions to sexual abuse are listed below. The first four may occur regardless of the identity and relationship of the perpetrator to the victim. The remaining reactions are more characteristic of children molested over time by a family member.

- Fear/anxiety
- Guilt/shame
- Depression
- Repressed anger/hostility
- Low self-esteem and poor social skills
- Inability to trust, if victimized by a known or trusted person
- Blurred role boundaries and role confusion
- Pseudomaturity coupled with failure to accomplish developmental tasks
- Developmental delay.

Cultural issues and previous victimization may intensify the psychological reaction experienced by the patient. Developmentally disabled, hearing-impaired, and other handicapped individuals are especially at risk for sexual victimization and require particularly sensitive treatment.

F. CRISIS PERIODS

The medical examination may arouse feelings of loss of control or cause the patient to re-experience a sense of abuse and accompanying shame. The following events can also create or intensify a crisis reaction in the child victim:

- Disclosure of recent or past incidents;
- Removal from the home;
- Court appearances;
- Confronting the perpetrator; and/or
- Parental rejection.

G. INDICATORS OF CHILD SEXUAL ABUSE

Sexual abuse of a child may surface through a broad range of physical, behavioral, and social symptoms. Some of these indicators, taken separately, may not be symptomatic of sexual abuse. They are listed below as a guide, and should be examined in the context of other behavior(s) or situational factors.

1. Disclosure

The single most important indicator is disclosure to a friend, classmate, teacher, friend's mother, or other trusted adult. The disclosure may be direct or indirect, e.g., "I know someone," "What would you do if?," "I heard something about somebody." Delay in disclosure by children experiencing chronic or acute sexual abuse is common. Children rarely fabricate these accounts; they should be taken seriously.

2. Physical symptoms

- a. Sexually transmitted diseases
- b. Genital discharge or infection
- c. Physical trauma or irritations to the anal-genital area (pain, itching, swelling, bruising, bleeding, lacerations, or abrasions, especially if unexplained or inconsistent)
- d. Pain on urination/defecation
- e. Difficulty in walking or sitting due to genital or anal pain
- f. Stomachaches, headaches, or other psychosomatic symptoms

3. Sexual behaviors

- a. Detailed and age-inappropriate understanding of sexual behavior (especially by younger children)
- b. Inappropriate, unusual, or aggressive sexual behavior with peers or toys
- c. Compulsive masturbation
- d. Excessive curiosity about sexual matters or genitalia (self and others)
- e. Unusually seductive behavior with classmates, teachers, and other adults
- f. Prostitution or promiscuity
- g. Excessive concern about homosexuality, especially with boys

4. Behavioral indicators in younger children

- a. Enuresis
- b. Fecal soiling
- c. Eating disturbances (overeating, undereating)
- d. Fears, phobias, or overly compulsive behavior
- e. School problems or significant change in school performance (attitudes and grades)
- f. Age-inappropriate behavior (pseudomaturity or regressive behavior such as bed-wetting or thumb sucking)
- g. Inability to concentrate
- h. Sleeping disturbances, e.g., nightmares, fear about falling asleep, fretful sleep pattern, sleeping long hours

5. Behavioral indicators in older children and adolescents

- a. Withdrawal
- b. Clinical depression
- c. Overly compliant behavior
- d. Poor hygiene or excessive bathing
- e. Poor peer relations and social skills, inability to make friends
- f. Acting out, runaway, aggressive, or delinquent behavior
- g. Alcohol or drug abuse
- h. School problems, frequent absences, sudden drop in school performance
- i. Refusal to dress for physical education
- j. Nonparticipation in sports and social activities
- k. Fear of showers/rest rooms
- l. Fear of home life demonstrated by arriving at school early or leaving late
- m. Suddenly fearful of other things (going outside, participating in familiar activities)
- n. Extraordinary fear of males
- o. Self-consciousness of body beyond that expected for age
- p. Sudden acquisition of money, new clothes, or gifts with no reasonable explanation
- q. Suicide attempt and/or self-destructive behavior
- r. Crying without provocation
- s. Fire setting

H. INTERVIEWING CHILDREN

1. Avoid multiple, lengthy interviews

- a. Establish agreements with local law enforcement personnel, prosecutors, and child protective service workers to coordinate the number of interviews needed.
- b. If the child is reluctant to volunteer information, consult with child protective services and law enforcement personnel to develop an interview plan.

2. Interview setting

- a. Interview children in a setting oriented to their needs to enable them to feel comfortable and to experience some degree of control returned to them.
- b. Provide privacy, with no or minimal interruptions.
- c. Interview children alone, if possible, as they are often reluctant to talk about sexual matters in the presence of parents, especially if a parent is the offender.
- d. Avoid having the child present during the adult's description of what occurred.
- e. Avoid confrontations between the child and alleged perpetrator.

3. Qualifications of the interviewer

Personnel should be trained and experienced in interviewing children. They should be knowledgeable about the differences between supportive, sensitive questioning and asking inappropriate leading or suggestive questions. Consultation on this issue with local law enforcement agencies or the county prosecutor's office is recommended.

4. Attitude of the interviewer

- a. Convey a relaxed, unhurried attitude and express concern about the child's well-being. Children easily recognize adults who are anxious, uncomfortable, hurried, or ill at ease and are affected accordingly.
- b. Avoid being judgmental about information supplied by the child or projecting your own feelings or perceptions about the situation onto the child. Do not presuppose guilt or anger as neither may be present. Do not presuppose the child found the sexual contact unpleasant.

5. Conducting the interview

- a. Take time to establish rapport. Begin with a discussion of common, nonsexual topics to enable the child to become comfortable with the situation and to determine the child's general level of functioning.
- b. Use language appropriate to the developmental level and background of the child.
- c. Determine the child's understanding of, and terminology for, body parts and functions. Be prepared to use the child's own terminology.
- d. Avoid focusing on the topic of the assault prior to establishing a relationship.
- e. Use toys, stuffed animals, anatomically correct dolls, pictures, or drawing diagrams to provide a nonverbal vehicle for children to describe what happened to them.
- f. ASK WHO, WHAT, and WHERE questions with young children. WHAT HAPPENED TO YOU and WHAT DID HE DO are easiest for children to answer.
- g. Avoid WHY questions or questions that require abstract concepts.
- h. Avoid inappropriate prompting, leading, or suggestive questions.
- i. Do not dwell too heavily on the identity of the alleged perpetrator.

- j. Ask **WHEN** questions in terms children can understand. Young children often have a poorly developed concept of time and may be inconsistent or unrealistic answering questions. Time is related to events such as birthdays and holidays or the name of their teacher at the time.

6. Documentation of interview

- a. Record direct quotes of the child's statements. Do not paraphrase, minimize, or characterize a child's response.
- b. Consider the use of videotaped or audiotaped interviews.

7. Reassurance of the child

Children need to be told they are not to blame for what happened to them. Be prepared to reassure them during or at the conclusion of the interview and examination about:

- a. The presence or absence of physical injury;
- b. Fear of consequences or punishment because of disclosure or the child's role in the incident; and
- c. Concerns about teasing at school, further assault, or potential family separation.

8. Reassurance of the parents

Be prepared to reassure the parent during or at the conclusion of the interview and examination about the:

- a. Presence or absence of physical injury; and
- b. Possible psychological consequences of the assault for the child.

9. Follow-up psychological care

Arrangements and/or referrals should be made for crisis intervention or short-term or long-term therapy for some children.

See the *State of California Medical Protocol Informational Guide* for further discussion of child sexual abuse and psychological treatment needs.

Pediatric Evidential Examination

Sexual abuse patients should be assigned priority in triage along with other serious emergencies. If the incident(s) occurred within the past 72 hours, the examination must be conducted without delay to minimize loss or deterioration of evidence. The hospital should develop a system for rapidly escorting patients to a private room. A trained support person (patient coordinator) should be assigned. The appropriate setting for the examination depends upon the severity of the injuries and the length of time since the abuse occurred:

- If less than 72 hours postassault and severe injuries are reported, examine the patient immediately in the emergency room.
- If less than 72 hours postassault and injury is not severe, examine the patient immediately in an appropriate clinic or office.
- If more than 72 hours postassault, examine the patient as soon as convenient at an appropriate clinic or office.

In some areas of the state, child sexual abuse diagnostic and treatment centers exist to perform interviews and examinations of suspected child abuse victims. If possible, these centers should be used to minimize trauma to the child. The multidisciplinary team approach involving child protective services, law enforcement personnel, prosecutors, and medical personnel is also recommended and has proven successful in many jurisdictions. These teams coordinate interviews, social and psychological services, and investigations.

The lettered and numbered sections below correspond to the lettered and numbered sections on OCJP 925.

A. EXAMINATIONS REQUESTED BY PATIENT, PARENT, OR GUARDIAN—OBTAIN AUTHORIZATION FOR THE EXAMINATION—INFORM PERSON REQUESTING EXAMINATION OF CHILD ABUSE REPORTING LAW REQUIREMENTS

1. Parental consent

- a. Parents or guardians may initiate and authorize requests for examination, treatment, and evidence collection. Only child protective agencies can authorize evidential examinations at public expense.
- b. Parental consent is not required, however, to examine, treat, or collect evidence (including photographs and skeletal x-rays) for suspected child abuse. In the absence of parental consent or in case of parental refusal, children must be taken into protective custody by a child protective agency.

2. Minor patients' consent

Minors, 12 years of age or older, may consent to the examination, treatment, and collection of evidence for a sexual assault. They may also consent to the prevention and treatment of pregnancy and the diagnosis and treatment of sexually transmitted diseases.

3. Crime victim compensation

Inform the patient, parent, or guardian about the availability of crime victim compensation.

B. EXAMINATIONS REQUESTED BY CHILD PROTECTIVE AGENCIES—OBTAIN SIGNATURE TO AUTHORIZE PAYMENT AT PUBLIC EXPENSE OR OBTAIN A TELEPHONE AUTHORIZATION PURSUANT TO LOCAL AGREEMENTS

C. OBTAIN IDENTIFYING INFORMATION ABOUT THE PATIENT—NOTIFY CHILD PROTECTIVE AGENCIES OF KNOWN OR SUSPECTED CHILD ABUSE

Physical examiners are not required to complete this portion of the interview. Trained personnel such as a nurse, social worker, or patient coordinator may interview and record patient history on OCJP 925.

1-6. Record patient information

7-8. Record the name, agency, identification number, and telephone number of the person taking the report and the responding officer

D. OBTAIN PATIENT HISTORY

1. Record the name of the person providing the history, the relationship to the child, their address, and telephone number

- a. Prior to interviewing the child, obtain information from the parents/caretakers, the law enforcement officer, child protective services worker, referring physician, or mental health professional. This information should not be obtained in the presence of the child.
- b. Interview the child alone, if possible, or allow the presence of an adult requested by the child.
- c. If the child is emotionally traumatized, do not conduct an interview beyond what is needed for essential clinical decisions.

2. Record the chief complaint(s) of the person providing the history

Detailed investigative interviewing is the responsibility of law enforcement or child protective services.

3. Record the chief complaint(s) in the child's own words

Do not paraphrase the information provided by the child or record information provided by others in this space.

4. Record when the incident(s) took place, the location, and whether there were multiple incidents

- a. If the incident(s) took place within the past 72 hours, check the box and record the date, time, and location.
- b. If more than 72 hours have elapsed since the incident(s) took place, check the box and record the date(s) or time frame and location.

5. Record the name, if known, the age, sex, and race of the perpetrator, and the relationship to the child

- a. Inquire if there has been more than one perpetrator and, if yes, record the same information for all persons identified.
- b. Some genetic marker variants are race-dependent. In cases where the identity of the perpetrator is unknown, this information is used to determine which crime laboratory tests are indicated.

6. Record the acts described by the patient and/or person providing the history

- a. This information is necessary to guide the medical examination and for interpretation of crime laboratory tests. A careful patient history must be taken as some patients may be reluctant to describe all acts committed, particularly anal penetration.
- b. By law, any penetration, however slight, of the labia or rectum by the penis or any penetration of a genital or anal opening by a foreign object or body part constitutes the act. The legal definitions of oral copulation and masturbation only require contact. Any touching of a child with sexual intent constitutes child molestation.

c. If there was more than one perpetrator, identify which person committed which acts.

7. Record postassault hygiene/activity, if the incident occurred within 72 hours of the examination

This information is relevant because it can affect the laboratory analysis of evidence. If the patient has bathed, showered, or douched, the examiner should still collect samples from the appropriate body orifices to attempt to preserve any trace evidence.

8. Record the symptoms described by the patient and/or person providing history

Record physical, behavioral, or emotional symptoms described by the patient and/or person providing history. Use the space provided to record additional information if necessary.

See Indicators of Child Sexual Abuse (page 57)

E. OBTAIN PERTINENT PAST MEDICAL HISTORY

All information recorded on OCJP 925 is admissible in court. Only information essential to interpreting laboratory or physical findings should be recorded on the form.

1. Record gynecological information regarding age of menarche, date of last menstrual period, use of tampons, and history of vaginitis

- a. For pubertal patients, obtain menstrual history to determine whether the patient is menstruating at the time of the examination and to evaluate the possibility of pregnancy and postcoital options.
- b. Obtain history about tampon use to determine whether there has been previous vaginal penetration.
- c. Obtain history of vaginitis as sexually transmitted disease (STD) may become asymptomatic even though the organism may still be cultured.
- d. Record other information such as medications, allergies, and general past medical history in a separate medical chart.

See Possibility of Pregnancy (page 91)

2. Note preexisting physical injuries

Identify injuries occurring prior to and independent of the chief complaint(s) (e.g., fractured arm, lacerations, or bruising) to clarify all findings. Consider the possibility of child physical abuse. Bite marks from animals or other children should be documented.

3. Record pertinent medical history of anal-genital injuries, surgeries, diagnostic procedures, or medical treatment

Obtain this information to avoid confusing lesions with injuries related to the alleged abuse.

4. Record previous history of child abuse if known

F. CONDUCT A GENERAL PHYSICAL EXAMINATION AND RECORD FINDINGS—COLLECT AND PRESERVE EVIDENCE FOR EVIDENTIAL EXAMINATION

1. Record blood pressure, pulse, temperature, respiration, height, and weight and include percentiles for children under age six

2. Conduct a general physical examination (head to toe) for injuries and other evidence of the reported abuse

- a. Record general physical condition noting any abnormalities.

- b. Record the location, size, and appearance of injuries on the OCJP 925 diagrams. Note swelling and areas of tenderness. Signs of injury may include erythema, abrasions, bruises, contusions, induration, lacerations, fractures, bites, burns, or stains.
- c. Examine for evidence of physical neglect, e.g., undernourishment, uncleanliness, or lack of dental care, and record observations.

See Procedures for Bite Marks and Bruises (page 22)
Photographic Evidence (page 22)

- d. For patients examined within 72 hours of the incident:
 - (1) If applicable, note condition of clothing worn during the incident upon arrival (rips, tears, foreign materials).
 - (2) Collect outer and underclothing if worn during or immediately after the incident.
 - (3) If applicable, collect fingernail scrapings.
 - (4) Collect dried and moist secretions, stains, and foreign materials from the body including the head, hair, and scalp. Collect control swabs if indicated.
 - (5) Scan the entire body with a long wave ultraviolet light (Wood's Lamp) and swab each suspicious substance or fluorescent area with a separate swab.
 - (6) Examine the oral cavity for injury and the area around the mouth for evidence of seminal fluid.
 - (a) Swab the area around the mouth if indicated. Collect two swabs from the oral cavity for seminal fluid up to six hours postassault. Prepare two dry mount slides.
 - (b) Collect a specimen for gonorrhea culture from the oropharynx as a base line. Take other STD cultures as indicated. Provide prophylaxis.
 - (7) Collect a saliva reference sample at the time of the examination if required by the local crime laboratory.

See Collection of Clothing (page 19)

Collection of Fingernail Scrapings (page 20)

Wood's Lamp Scan (page 20)

Collection of Dried and Moist Secretions, Stains, or Foreign Materials from the Body (page 21)

Procedures for Bite Marks and Bruises (page 22)

Mouth Examination and Evidence Collection Procedures (page 24)

Treatment of Sexually Transmitted Diseases (page 93)

- e. Record findings on the OCJP 925 diagrams and specimens collected on Part F, Item #7.

3. Examine external genitalia and perianal area including the inner thighs for injury

- a. Guide the patient to the appropriate position for the examination based on the age of the patient. Preferred positions at various ages are listed below. Record examination position used.

Small children: May lie across the mother or caretaker's lap in a frog-leg or knee-chest position.

Older and less
anxious children: May lie on the exam table in a frog-leg or knee-chest
position (prone, supine, or lateral).

Adolescents: May lie on exam table in positions described above or
may use the stirrups.

- b. For patients examined within 72 hours of the incident:
- (1) Place a sheet of paper beneath the patient's buttocks prior to the examination.
 - (2) Collect dried or moist secretions and foreign materials.
 - (3) For pubertal children: collect secretions dried on the pubic hair by cutting the matted hair. Comb the pubic hair to collect any loose hair or foreign materials.
 - (4) Scan the area with a Wood's Lamp and swab each suspicious substance or fluorescent area.
 - (5) Package specimens collected and label containers.
 - (6) For boys, collect 2 penile swabs if indicated.
 - (a) Collect one swab from the urethral meatus and one swab from the glans and shaft.
 - (b) Label and air dry each swab indicating the location from which it was taken.
 - (c) Package swabs in separate tubes or envelopes. Label and seal.
 - (d) Collect a specimen for gonorrhea culture from the urethra. Take other STD cultures as indicated. Provide prophylaxis.
 - (7) Collect and fold the paper placed beneath the buttocks with the comb inside. Label and seal.
- See Wood's Lamp Scan (page 20)
Collection of Dried and Moist Secretions, Stains, and Foreign
Materials from the Body (page 21)
Collection of Specimens from Pubic Hair (page 25)
- c. Record findings on the OCJP 925 diagrams, additional descriptive information on the anal-genital chart, and specimens collected on Part F, Item #7. Label Wood's Lamp findings "W.L."

4. Examine the vagina

Examine for injury and foreign materials.

- a. Prepubertal girls: Intact hymen and normal vaginal orifice.
- (1) A speculum examination should not be done.
 - (2) For patients examined within 72 hours of the incident:
 - (a) Swab the vulva and collect two swabs.
 - (b) Label and air dry the swabs.
 - (c) Package the swabs in tubes or envelopes. Label and seal.
 - (3) Collect a specimen for gonorrhea culture from the vaginal introitus as a base line. Take other STD cultures as indicated. Provide prophylaxis.
- b. Prepubertal girls: Nonintact hymen and/or enlarged vaginal orifice.
- (1) Only conduct a speculum exam if major trauma is present. Use a pediatric speculum. If the genital exam reveals significant trauma, consider consultation with an appropriate specialist and/or performing the exami-

nation under general anesthesia. If there are questionable findings, consider referral to a child sexual abuse specialist.

- (2) For patients examined within 72 hours of the incident:
 - (a) Collect up to three swabs from the vaginal pool. Use premoistened or urethral swabs for younger children, if necessary.
 - (b) Prepare one wet mount and two dry mount slides. Examine for spermatozoa and Trichomonas. Code the swabs and slides to enable the crime laboratory to determine which slide was made from which swab, e.g., vaginal swab #1, vaginal slide #1. Indicate which slide was used for the wet mount examination.
See Preparation and Examination of Wet Mount Slide for Presence of Sperm (page 23)
 - (c) Collect a specimen for gonorrhea culture from the vagina as a base line. Take other STD cultures as indicated.
- c. For adolescent girls, see page 48 for examination of the vagina.
- d. Aspirate/washings or urine specimens for the detection of spermatozoa may be collected at the discretion of the physician or local jurisdiction after collection of the vulvar or vaginal swabs.
- e. Microscopic or magnified examinations can be performed with a magnifying lens or colposcope to confirm signs of minor injury to the genital area. Many colposcopes have photographic capability.
See Microscopic Examinations (page 26)
- f. Record findings on the OCJP 925 diagrams and specimens collected on Part F, Item #7.

5. Examine the anus and rectum

- a. The lateral or prone-knee chest position, which relaxes the anus, is recommended for rectal examinations of children. Record the examination position used, e.g. supine, lateral recumbent, or knee-chest.
- b. Examine the buttocks, perianal skin, and anal folds for injury and foreign materials.
- c. Evaluate the need for an anoscopic or proctoscopic examination if rectal injuries are suspected.
- d. Collect a specimen for gonorrhea culture from the rectum as a base line. Take other STD cultures as indicated. Provide prophylaxis.
- e. If examined within 72 hours of the incident:
 - (1) Examine the perianal area and anal folds for the presence of seminal fluid, dried or moist secretions, bleeding, fecal matter, lubricants, and any other foreign materials.
 - (2) Collect dried and moist secretions and foreign materials.
 - (3) Scan the area with a Wood's Lamp. Swab each suspicious substance or fluorescent area.
 - (4) If indicated by patient history and/or physical findings: Collect a minimum of two rectal swabs and prepare two dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and relaxing the anus using the lateral or knee-chest position prior to insertion of the swabs.

See Anus/Rectum Examination and Collection Procedures
(page 25)

- f. Record findings on the OCJP 925 diagrams and specimens collected on Part F, #7.

6. Use the anal-genital chart on OCJP 925 to further describe findings

a. Female and male children

- (1) Tanner stage
Estimate Tanner stage of breast and genitals (pubic hair) development. See Appendix G for Tanner Stages
- (2) Inguinal adenopathy
Record state of inguinal adenopathy and estimate diameter of nodes, if enlarged.
- (3) Medial aspect of thighs
If within 72 hours of the alleged incident, examine for dried or moist secretions, ecchymotic "grab marks" or for evidence of other injuries. Note any healed scars or other abnormal findings.
- (4) Perineum
Record the presence of any fresh or healed lesions, rashes, or other unusual findings.
- (5) Vulvovaginal or urethral discharge
Note presence of discharge in terms of amount (scant, moderate, copious) color, and presence of odor. Identify source, e.g., vagina, urethra.
- (6) Condyloma acuminata (genital warts)
Note presence of condyloma and record location on anal-genital diagrams.

b. Female children

The examination should include the labia majora, clitoris, labia minora, periurethral tissue/urethral meatus, perihymenal tissue, hymen, posterior fourchette, fossa navicularis, and vagina.

- (1) Gently retract the labia majora to observe the genital structures. If the child is relaxed in the frog-leg or knee-chest position, the vaginal introitus will gradually open to reveal its maximal size. Do not insert fingers to determine the size of the hymenal opening or its patency. Variation exists among normal children. It also varies with age and examination position.
- (2) Labia majora
Note any lesions, unusual pigmentation, or chronic skin changes.
- (3) Clitoris
Note unusual size or changes of the clitoris or hood.
- (4) Labia Minora
Note injuries, color changes, or other abnormalities.
- (5) Periurethral tissue/urethral meatus
Note inflammation, edema, or other changes of periurethral tissue.
- (6) Perihymenal tissue (vestibule)
Note increase in vascularity, abrasions, or lacerations.
- (7) Hymen
 - (a) Draw shape of hymen on the anal-genital diagram.

(b) Record transhymenal vertical and/or horizontal diameter and the examination position (supine or knee-chest). The diameter varies with age and the state of relaxation.

(c) Record whether the hymen is intact or nonintact. Include notations of hymenal changes such as: significant distortion of the normal shape, fresh tears, transections, fresh hemorrhages, abrasions, bruises or ecchymotic areas, healed scars or adhesions, rounded or thickened edges, and abnormal vascular patterns.

(8) Posterior Fourchette

Note lacerations or scars of healed lacerations, bruises, healing abraded areas, or neovascularization (the growth of new blood vessels). A normal midline raphe should not be confused with a scar.

(9) Fossa navicularis

This area, immediately posterior to the vaginal introitus and bounded by the posterior fourchette, may display abnormal vascular patterns or scars secondary to the trauma of attempted or intracanal intercourse.

(10) Vagina

Note any bleeding, discharge, foreign bodies, abnormal vascular patterns, petechiae, or other lesions on the walls of the vagina.

(11) Examination position

Record examination position used.

c. Male children

The examination should include the penis, urethral meatus, scrotum, and testes.

(1) Penis

Note whether circumcised or not.

(2) Urethral meatus

Note any scars or unusual lesions and indicate whether they are fresh or healed.

(3) Scrotum

Note any erythema, ecchymosis, or unusual lesions.

(4) Testes

Note size of testicle to determine whether the child has entered puberty. Male testicles are ordinarily less than two centimeters in diameter in prepubertal boys.

d. Female/male anus and rectum

(1) Buttocks

Note fresh or healed lesions, ecchymosis, or rashes.

(2) Perianal skin

Examine for inflammation and record on the anal-genital diagrams the approximate width of zone of pigmentation. Record presence of bruising, tears, lacerations, fissures, abraded or denuded areas, scars - especially large scars in the absence of a history of medical or surgical disease affecting the anal-rectal region, and skin tags. Note whether fissures, tears, or lacerations are located on the external mucosal surface, internal to the sphincter, or extend across the pectinate line which is the juncture between the anal mucosa and the anal epithelium.

(3) Anal verge/folds/rugae

Note whether the verge or anal sphincter skin folds appear to be prominent, normal or flattened when the child is relaxed.

(4) Tone

(a) Anal spasm

A digital or visual examination may be performed to assess sphincter tone. At this time, disagreement exists as to whether a digital examination, an invasive procedure, is necessary to assess tone. Concurrence of the patient is recommended. Anal spasm is usually manifested by an increase in muscle tone on digital examination. Record the method used to assess anal tone.

(b) Anal laxity

Estimate or measure the transverse and vertical diameter of any anal dilation. Note the length of time required to reach maximum dilation and whether it was constant or intermittent. Record the presence or absence of stool in the rectal ampulla since the former may lead to reflex dilation of the anal sphincter. Only enough lateral traction to separate the buttocks should be applied. An anus which dilates greater than 15 millimeters in transverse diameter with gentle buttock traction with the child in the knee-chest position and without stool present is considered a significant indicator.

(5) Examination position

Record examination position used.

(6) Anoscopy or proctoscopy

Record whether an anoscopic or proctoscopic examination was performed.

(7) Method of examination

Record whether the anal-genital examination was performed with direct visualization, colposcope, or hand-held magnifier. Record whether photographs were taken on OCJP 925 (Part F, Item #7).

7. Clinical tests, evidence, and reference samples from patient

Test tube top colors listed below are provided for reference. The colors correspond to commercial test tubes that contain necessary preservatives. These references are not intended to preclude those jurisdictions that prepare their own test tubes, using proper preservatives and different colored tops, from doing so.

a. Clinical tests

(1) Take blood for base line syphilis serology (red top tube) and provide prophylaxis.

(2) Obtain a pregnancy test for pubertal girls (either blood or urine) which has a sensitivity of less than 50 milli-international units HCG.

See Treatment of Sexually Transmitted Diseases (page 93)

Possibility of Pregnancy (page 91)

b. Evidence

Collect the samples listed below for alcohol and toxicology, if age-appropriate, at the discretion of the examiner and/or law enforcement officer in accordance with local procedures. Swab the arm with a nonalcoholic solution to avoid elevating the blood/alcohol level.

- (1) Blood alcohol/toxicology, if within 24 hours of assault (grey top tube).
- (2) Urine specimen (collect after pelvic examination, if possible).

c. Reference samples

Collection of reference samples in children is only necessary if evidence specimens such as blood, hair, and secretions have been collected and there is a need to compare them to a suspected assailant. Reference samples can be collected at the time of the examination or at a later date according to the policies of the local crime laboratory.

- (1) Blood typing (yellow top tube—ACD Solution B)
- (2) Saliva reference specimen
 - (a) With clean forceps or tweezers, place a clean gauze, filter paper, or cotton pledget under the tongue and allow it to remain there until saturated. Swabs can also be used for this purpose. Do not handle the sample with the fingers; use tweezers or forceps.
 - (b) Air dry, package in an envelope. Label and seal.
- (3) Pubic and head hair samples

Follow local crime laboratory standards.

- (a) Head Hair: Cut the hairs close to the skin or pluck at least 15 to 20 hairs from the various regions of the scalp (crown, temple, etc.) which represent the range of length and colors present.
- (b) Pubic Hair: Cut the hairs close to the skin or pluck at least 15 to 20 hairs from different areas of the pubic region which represent the variations of length and color.

See Reference Samples (page 18)

Collection of Specimens from Pubic Hair (page 25)

- d. Record the samples collected on OCJP 925 (Part F, Item #7).

8. Treatment

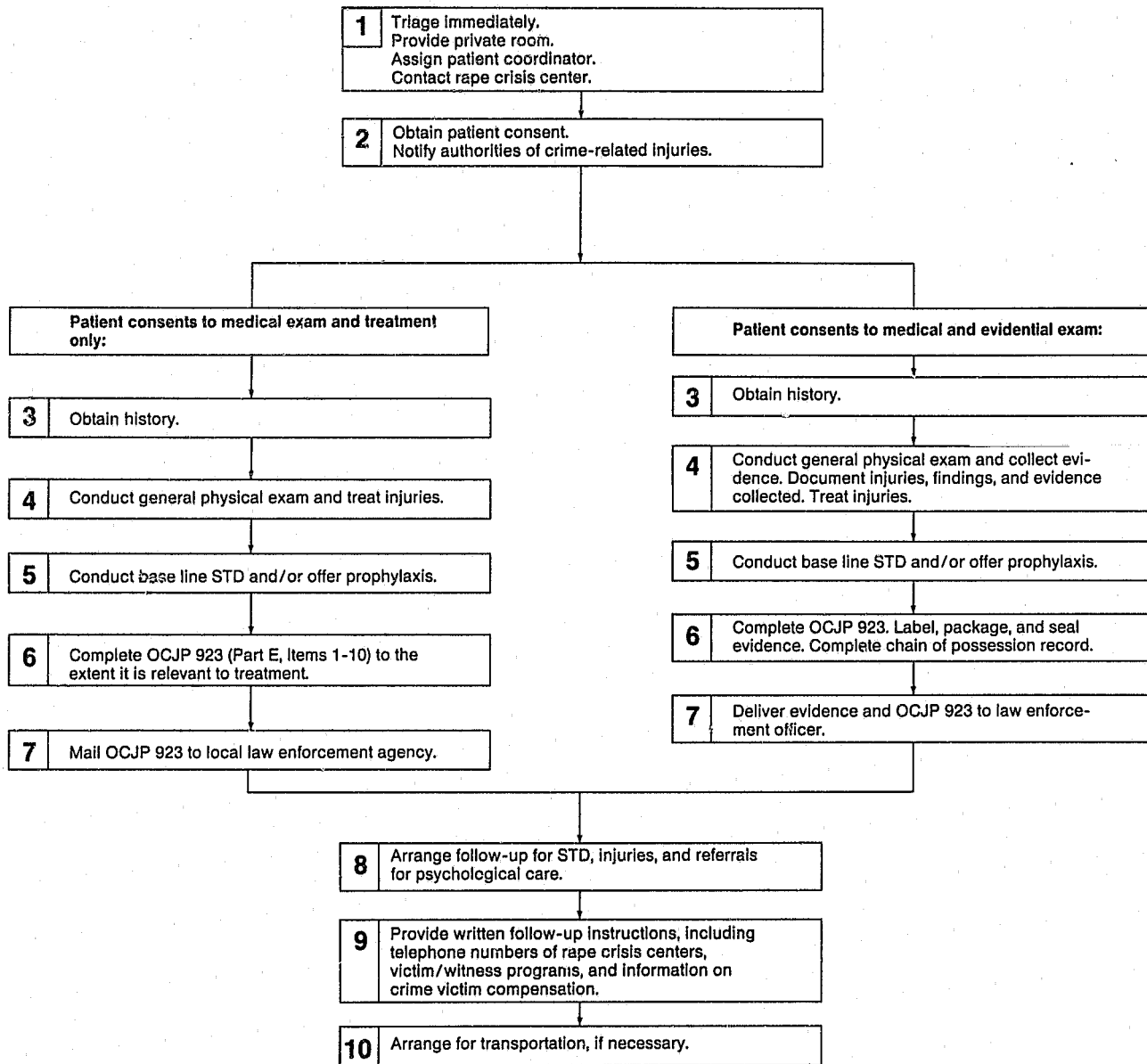
- a. Appropriately treat and refer for repair all injuries.
- b. Ascertain tetanus prophylaxis status and provide appropriate inoculations.
- c. Provide prophylaxis for sexually transmitted disease.

See Possibility of Pregnancy (page 91)

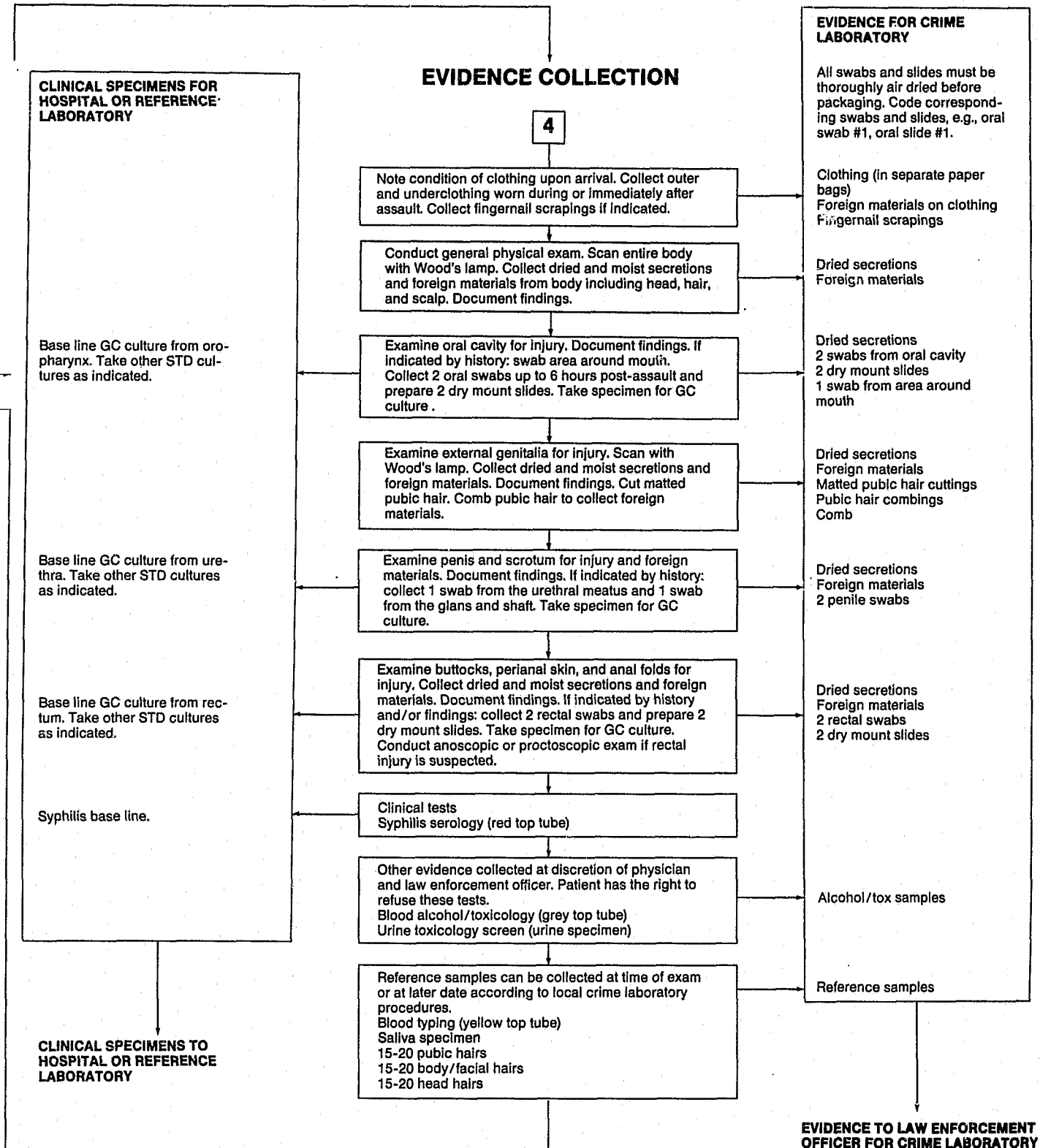
Treatment of Sexually Transmitted Diseases (page 93)

Follow-up Patient Care (page 97)

MALE SEXUAL ASSAULT EXAMINATION



Office of Criminal Justice Planning
 State of California
 George Deukmejian, Governor



The State of California Medical Protocol for the Examination of Sexual Assault and Child Sexual Abuse Victims contains detailed instructions for conducting these examinations.

SECTION X

ADULT MALE PATIENT

Psychological Reactions

Both heterosexual and homosexual males can be the victims of sexual assault. Physical force is almost always used on male victims and the level of physical brutality appears to be greater than for females. Also, a greater likelihood of multiple perpetrators exists for male than female victims. Reports on male sexual victimization are rare as male victims are reluctant to disclose sexual assault for three major reasons:

- Societal beliefs that a man is expected to be able to defend himself, especially against sexual assault;
- The victim's fear that his sexual preference may become suspect; and
- Men are taught to be in control of their emotions and disclosure is highly stressful.

Men may experience the attack as an assault on their masculinity and strength and, as a result, may reject assistance that makes them feel weak or vulnerable. The crisis reactions of males progress through similar stages of emotional adjustment as adult females experiencing rape trauma syndrome (Burgess and Holmstrom, 1974). This type of trauma is also identified as post-traumatic stress disorder. (DSM III, Anxiety Disorders, 309.30 and 309.31). Rape trauma syndrome has two phases: the immediate or acute phase and the long-term reorganization or assimilation phase.

A. IMMEDIATE CRISIS REACTIONS

Emotional and behavioral stress reactions indicative of the acute phase include:

- Numbness
- Shock and disbelief, dazed or bewildered presentation
- Diminished alertness, cognitive confusion
- Flat affect, psychological distancing, and preoccupation
- Dulled sensory, affective, and memory functions
- Feelings of terror
- Fearfulness, anxiety, or hysteria
- Outward calm and collectedness

B. SUBSEQUENT EMOTIONAL REACTIONS

Emotional and behavioral stress reactions, which may last for several months or even years and cause significant disruption in the victim's life, include:

- Continuing fear and anxiety
- Sense of helplessness
- Persistent fear or depression
- Mood swings
- Denial
- Sleep disturbances (e.g., vivid dreams, recurrent nightmares, insomnia, and wakefulness)
- Somatic symptoms
- Appetite disturbances
- Poor concentration

- Preoccupation with the event including flashbacks
- Self-blame, guilt, and shame
- Concerns about sexuality
- Depressive symptoms
- Phobic reactions
- Withdrawal from peers and friends

C. SUPPORTIVE APPROACH

Crisis intervention theory, which describes clusters of emotions proceeding through the phases of active crisis, reintegration or crisis resolution, and normalization, provides a theoretical framework for understanding and responding to the patient. Psychological reactions may be experienced with varying degrees of intensity as the person progresses through each stage of emotional adjustment.

Cultural differences, life-stage issues, mental or physical disabilities, and previous victimization may intensify the psychological trauma experienced by the patient. Developmentally disabled, hearing impaired, and other handicapped individuals are especially at risk for sexual victimization and require particularly sensitive treatment.

Examining practitioners must demonstrate nonjudgmental, sympathetic approaches, especially with respect for the male victim's need to protect his sense of masculinity, to assist with the reduction of acute psychological trauma and its aftereffects. See the *State of California Medical Protocol Informational Guide* for additional information on psychological and sociocultural factors.

Adult Male Evidential Examination

Sexual assault patients should be assigned priority in triage along with other serious emergencies. If the incident(s) occurred within the past 72 hours, the examination must be conducted without delay to minimize loss or deterioration of evidence. The hospital should develop a system for rapidly escorting patients to a private area. A trained, support person (patient coordinator) should be assigned.

The lettered and numbered sections below correspond to the lettered and numbered sections of OCJP 923.

A. OBTAIN IDENTIFYING INFORMATION ABOUT THE PATIENT AND NOTIFY AUTHORITIES OF CRIME-RELATED INJURIES

Physical examiners are not required to complete this portion of the interview. Trained personnel such as a nurse, social worker, or patient coordinator may interview and record patient history on OCJP 923.

B. OBTAIN PATIENT CONSENT

1. Patients requesting examination and treatment only

Inform the patient of the state law requiring hospitals to report treatment requested for crime-related injuries and obtain consent for treatment.

2. Patients requesting examination, treatment, and evidence collection

- a. Obtain the patient's signed consent for the examination.
- b. Obtain the patient's signed consent to photograph injuries.
- c. Inform the patient about the availability of crime victim compensation.

C. OBTAIN THE SIGNATURE OF THE LAW ENFORCEMENT OFFICER TO AUTHORIZE PAYMENT FOR THE EVIDENTIAL EXAMINATION AT PUBLIC EXPENSE OR OBTAIN A TELEPHONE AUTHORIZATION PURSUANT TO LOCAL AGREEMENTS

D. OBTAIN PATIENT HISTORY

1. Record the name of the person providing the history, the relationship to the patient, and the date and time of the assault(s)

2. Record the location and physical surroundings of the assault(s)

If the incident occurred within 72 hours of the examination, the body and clothing should be observed for evidence from the scene of the assault, e.g., grass, sand, glass, or fibers.

3. Record the name(s), if known, the number, and race(s) of the perpetrator(s)

Some genetic marker variants are race-dependent. This information is used to determine which crime laboratory tests are indicated.

4. Record the acts described by the patient

- a. This information is necessary to guide the medical examination and for interpretation of crime laboratory tests. A careful patient history must be taken as some patients may be reluctant to describe all acts committed, particularly anal penetration.
- b. By law, any penetration, however slight, of the rectum by the penis, a foreign object, or body part constitutes the act. The legal definitions of oral copulation and masturbation only require contact.

c. If there was more than one perpetrator, identify which person committed which acts.

5. Record physical injuries and/or pain described by the patient and the area(s) of the body affected

This information should be used to direct the physician to look for injury and evidence not readily visible. Identify injuries occurring prior to and independent of the assault (e.g., fractured arm, lacerations, or bruising) to clarify all findings.

6. Record threats, types of force, or other methods used by the perpetrator(s) and the area(s) of the body affected

a. This information should be used to direct the physician to look for injury and evidence not readily visible. It may also indicate the need for special documentation, such as photography, or a need for a repeat examination 24 to 72 hours later to observe development of bruises.

b. If coercion, intimidation, psychological pressure, and/or abuse of position of trust were employed, record the method(s) used under "other."

7. Record postassault hygiene/activity if the incident occurred within 72 hours of the examination

This information is relevant because it can affect the laboratory analysis of evidence. If the patient has bathed or showered, the examiner should still collect samples from the appropriate body orifices to attempt to preserve any trace evidence.

8. Record pertinent medical information

All information on OCJP 923 is admissible in court. Only information essential to interpreting laboratory or physical findings should be recorded on the form.

a. Obtain information on anal-genital injuries, surgeries, diagnostic procedures, or medical treatment within the past 60 days to avoid confusing lesions with injuries related to the alleged assault. Check the appropriate box. If yes, record the information in a separate patient medical chart.

b. Ascertain whether the patient has had consenting intercourse within the past 72 hours and record the approximate date and time. This information is required by the crime laboratory as it can effect analysis of evidence.

c. Record other information such as medications, allergies, and general past medical history in a separate patient medical chart.

**E. CONDUCT A GENERAL PHYSICAL EXAMINATION AND RECORD FINDINGS—
COLLECT AND PRESERVE EVIDENCE FOR THE EVIDENTIAL EXAMINATION**

1. Record blood pressure, pulse, temperature, and respiration

2. Record height, weight, and eye and hair color

3. Note condition of clothing worn during the incident upon arrival

Note any rips or tears or the presence of foreign materials. Foreign materials may include fibers, hair, twigs, grass, soil, splinters, glass, blood, or seminal fluid.

See Collection of Clothing (page 19)

4. Collect all clothing worn during and immediately after an assault

Record whether clothing was collected on OCJP 923 (Part E, Item #11).

See Collection of Clothing (page 19)

5. Collect fingernail scrapings if indicated by the history of the assault or if foreign material related to the assault is observed

Record whether scrapings were collected on OCJP 923 (Part E, Item #11).

See Collection of Fingernail Scrapings (page 20)

6. Conduct a general physical examination (head to toe) for injuries and other evidence of the reported assault

- a. Record general physical appearance.
- b. Collect dried and moist secretions, stains, and foreign materials from the body including the head, scalp, facial, body, and head hair. Collect control swabs if indicated.
- c. Scan the entire body with a long wave ultraviolet light (Wood's Lamp) and swab each suspicious stain or fluorescent area with a separate swab.
- d. Use the OCJP 923 diagrams to record the location, size, and appearance of injuries and evidence of foreign materials. Signs of injury may include erythema, abrasions, bruises, contusions, induration, lacerations, fractures, bleeding, bites, burns, or stains. Label Wood's Lamp findings "W.L."
- e. Record specimens collected on OCJP 923 (Part E, Item #11).

See Collection of Dried or Moist Secretions, Stains, or Foreign Materials from the Body (page 21)

Wood's Lamp Scan (page 20)

Procedures for Bite Marks and Bruises (page 22)

7. Examine the mouth

- a. Examine the oral cavity for injury and the area around the mouth for evidence of seminal fluid.
 - (1) Swab the area around the mouth if indicated. Collect two swabs from the oral cavity for seminal fluid up to six hours postassault. Prepare two dry mount slides.
 - (2) If indicated by history, collect a specimen for gonorrhea culture from the oropharynx as a base line and offer prophylaxis. Take other STD cultures as indicated.
 - (3) Collect a saliva reference sample at the time of the examination if required by the local crime laboratory.

See Mouth Examination and Evidence Collection Procedures (page 24)

Treatment of Sexually Transmitted Diseases (page 93)

- b. Record findings on the OCJP 923 diagrams and specimens collected on Part E, Item #11.

8. Examine the external genitalia

Place a sheet of paper beneath the patient's buttocks prior to the examination.

- a. Examine the penis and scrotum for signs of injury, the presence of dried and moist secretions, feces, lubricants, foreign materials, and venereal lesions.
 - (1) Injuries to the penis may include bites and lacerations, abrasions of the glans, tearing of the mucocutaneous junction of the meatus, or linear abrasions caused by nails or teeth. In uncircumcised males, foreign materials may be retained on the penis, particularly on the glans or in the sulcus.
 - (2) Microscopic or magnified examinations can be performed with a magnifying lens or colposcope to confirm signs of minor injury. Many colposcopes have photographic capability.

See Microscopic Examinations (page 26)

Collection of Dried and Moist Secretions, Stains or Foreign Materials from the Body (page 21)

- b. Examine the pubic hair for dried or moist secretions and foreign materials.
 - (1) Collect secretions dried on the pubic hair by cutting the matted hair.
 - (2) Comb the pubic hair to collect any loose hair or foreign materials.
 - (3) Scan the area with a Wood's Lamp and swab fluorescent areas.
 - (4) Package specimens collected and label containers.
 - (5) Collect and fold the paper placed beneath the patient's buttocks with the comb inside. Label and seal.

See Wood's Lamp Scan (page 20)

Collection of Dried and Moist Secretions, Stains, or Foreign Materials from the Body (page 21)

Collection of Specimens from Pubic Hair (page 25)

- c. If history indicates oral copulation or other acts by the perpetrator, collect a minimum of two penile swabs for saliva or foreign materials. Moisten both swabs with distilled water.
 - (1) Collect one swab from the urethral meatus and one from the glans and shaft.
 - (2) Note fecal matter if present.
 - (3) Label each swab indicating the location from which it was taken and air dry the swabs.
 - (4) Package swabs in separate tubes or envelopes. Label and seal.
- d. If indicated, collect a specimen for gonorrhea culture from the urethra as a base line and offer prophylaxis. Take other STD cultures as indicated.
- e. Record findings on the OCJP 923 diagrams and specimens collected on Part E, Item #11. Label Wood's Lamp findings "W.L."

9. Not applicable

Item #9 on OCJP 923 corresponds to the examination of the vagina in the adult female protocol.

10. Examine the anus and rectum

- a. Examine the buttocks, perianal skin, and anal folds for signs of injury and foreign materials. Note the presence of seminal fluid, dried or moist secretions, fecal matter, bleeding, lubricants, and any other foreign materials.
- b. Collect dried and moist secretions and foreign materials.
- c. Scan the area with a Wood's Lamp. Swab each suspicious substance or fluorescent area.
- d. If indicated by patient history and/or physical findings:
 - (1) Collect a minimum of two rectal swabs and prepare two dry mount slides. Avoid contaminating rectal swabs by cleaning the perianal area and dilating the anus using an anal speculum.
 - (2) Evaluate the need for an anoscopic or proctoscopic examination if rectal injuries are suspected.
- e. If indicated by history, collect a specimen for gonorrhea culture from the rectum as a base line and offer prophylaxis. Take other STD cultures as indicated.

See Anus/Rectum Examination and Collection Procedures (page 25)
Treatment of Sexually Transmitted Diseases (page 93)

- f. Record findings on the Form 923 diagrams and specimens collected on Part E, Item #11. Label Wood's Lamp findings "W.L."

11. Clinical tests, evidence, and reference samples from patient

Test tube top colors listed below are provided for reference. The colors correspond to commercial test tubes that contain necessary preservatives. These references are not intended to preclude those jurisdictions that prepare their own test tubes, using proper preservatives and different colored tops, from doing so. PATIENTS HAVE THE RIGHT TO REFUSE COLLECTION OF ALL TESTS AND SPECIMENS LISTED BELOW.

a. Clinical tests

Take blood for base line syphilis serology (red top tube) and offer prophylaxis.

See Treatment of Sexually Transmitted Diseases (page 93)

b. Evidence

Collect the samples listed below for alcohol and toxicology at the discretion of the examiner and/or law enforcement officer in accordance with local procedures. Swab the arm with a nonalcoholic solution to avoid elevating the blood alcohol level.

- (1) Blood alcohol/toxicology, if within 24 hours of assault (grey top tube)
- (2) Urine specimen

c. Reference samples

Reference samples can be collected at the time of the examination or at a later date according to the policies of the local crime laboratory.

- (1) Blood typing (yellow top tube—ACD Solution B)
- (2) Saliva reference specimen
 - (a) With clean forceps or tweezers, place a clean gauze, filter paper, or cotton pledget under the tongue and allow it to remain there until saturated. Swabs can also be used for this purpose. Do not handle the sample with the fingers; use tweezers or forceps.
 - (b) Air dry, package in an envelope. Label and seal.
- (3) Pubic, head, facial, and body hair samples
Follow local crime laboratory standards.
 - (a) Head hair: Cut the hairs close to the skin or pluck at least 15 to 20 hairs from the various regions of the scalp (crown, temple, etc.) that represent the range of length and colors present.
 - (b) Pubic hair: Cut the hairs close to the skin or pluck at least 15 to 20 hairs from different areas of the pubic region that represent the variations of length and color.
 - (c) Body and facial hair: Cut the hairs close to the skin or pluck at least 15 or 20 body and facial hairs, if present, that represent the variations of length and color.

See Reference Samples (page 18)

Collection of Specimens from Pubic Hair (page 25)

- d. Record the samples collected on OCJP 923 (Part E, Item #11).

12. Treatment

- a. Appropriately treat and refer for repair all injuries.
- b. Ascertain tetanus prophylaxis status and provide appropriate inoculations.
- c. Provide prophylaxis for sexually transmitted diseases.

See Treatment of Sexually Transmitted Diseases (page 93)

Follow-up Patient Care (page 97)

SECTION XI

Male Suspect Evidential Examination

The points listed below are intended to guide the emergency department to prepare for the examination of a sexual assault suspect.

- Examinations of suspects are likely to yield useful information particularly if conducted within hours of the alleged assault, although injuries such as lacerations, bruises, and bites can be observed after a longer period of time. The persistence of most evidence is dependent on activities of the suspect after the assault such as bathing, changing clothes, etc.
- Contact between the victim and the suspect should be prevented. Once the emergency room is notified by law enforcement personnel that a suspect is to be brought into the emergency department, ascertain whether the victim will also be brought to the hospital. If so, arrange for appropriate rooms or times for the examinations to prevent contact between them.
- Security precautions should be taken when a suspect is brought to the emergency department by law enforcement officials. The suspect should be escorted to a private room as soon as possible, and a law enforcement officer should be present with the suspect at all times.
- Information about the alleged assault should be obtained from the law enforcement officer prior to beginning the examination. This information is necessary to direct the examiner to look for injury and evidence not readily visible. Questions should be asked regarding:
 - Date and time of alleged assault;
 - Alleged acts;
 - Location and physical surroundings of the assault; and
 - Any physical identifying information provided by the victim such as scars, tattoos, etc.
- Record the information obtained from the law enforcement officer on a separate worksheet and use it for reference during the examination. Do not record this information on OCJP 923. Use those portions of OCJP 923 which are applicable to record identifying information, medical history, physical examination findings, and evidence collection. Accept and record the suspect's statement if it is volunteered.
- Suspects should be given the respect and medical treatment that any patient deserves. Medical professionals must remain objective and avoid the assumption that the suspect is guilty.

The lettered and numbered sections below correspond to the lettered and numbered sections on OCJP 923.

A. OBTAIN IDENTIFYING INFORMATION ABOUT THE SUSPECT

Physical examiners are not required to complete this portion of the interview. Trained personnel such as a nurse, social worker, or patient coordinator may interview and record the patient history on OCJP 923.

B. OBTAIN CONSENT/AUTHORIZATION FOR THE EXAMINATION

See Persons Arrested for Suspected Sexual Assault (page 9)

C. OBTAIN THE SIGNATURE OF THE LAW ENFORCEMENT OFFICER TO AUTHORIZE PAYMENT FOR THE EVIDENTIAL EXAMINATION AT PUBLIC EXPENSE OR OBTAIN A TELEPHONE AUTHORIZATION PURSUANT TO LOCAL AGREEMENTS

D. OBTAIN PATIENT HISTORY

1-7. Not applicable

Items #1 through 7 on OCJP 923 are not applicable to suspect examinations.

8. Record pertinent medical information

Obtain information on anal-genital injuries, surgeries, diagnostic procedures, or medical treatment within the past 60 days to avoid confusing lesions with injuries related to the alleged assault.

E. CONDUCT A GENERAL PHYSICAL EXAMINATION AND RECORD FINDINGS—COLLECT AND PRESERVE EVIDENCE FOR THE EVIDENTIAL EXAMINATION

1. Record blood pressure, pulse, temperature, and respiration

2. Record height, weight, and eye and hair color

3. Note condition of clothing worn during the alleged incident upon arrival

Note any rips or tears or the presence of foreign materials. Foreign materials may include fibers, hair, twigs, grass, soil, splinters, glass, blood, or seminal fluid.

See Collection of Clothing (page 19)

4. Collect clothing if requested by law enforcement

Record whether clothing was collected on OCJP 923 (Part E, Item #11).

See Collection of Clothing (page 19)

5. Collect fingernail scrapings if indicated by the history of the assault or if foreign material related to the assault is observed

Record whether scrapings were collected on OCJP 923 (Part E, Item #11).

See Collection of Fingernail Scrapings (page 20)

6. Conduct a general physical examination (head to toe) for injuries and other evidence of the reported assault

a. Record general physical appearance. Note any indication of use of drugs or alcohol, e.g., odor, needle puncture marks, pupillary reaction, horizontal or vertical nystagmus, slurred speech, or impaired coordination. Indicate whether the defendant is right or left handed.

b. Collect dried and moist secretions, stains, and foreign materials from the body including the head, scalp, facial, body, and head hair. Collect control swabs if indicated.

c. Scan the entire body with a long wave ultraviolet light (Wood's Lamp) and swab each suspicious stain or fluorescent area with a separate swab.

d. Use the OCJP 923 diagrams to record the location of identifying marks such as scars, tattoos, or birthmarks; the location, size, and appearance of injuries; and evidence of foreign materials. Signs of injury may include erythema, abrasions, bruises, contusions, induration, lacerations, fractures, bleeding, bites, burns, or stains. Label Wood's Lamp findings "W.L."

- e. Record specimens collected on OCJP 923 (Part E, Item #11).
See Collection of Dried or Moist Secretions, Stains, or Foreign Materials from the Body (page 21)
Wood's Lamp Scan (page 20)
Procedures for Bite Marks and Bruises (page 22)

7. Examine the mouth

- a. Examine the oral cavity for injury and the area around the mouth for evidence of seminal fluid.
 - (1) Swab the area around the mouth if indicated. Collect two swabs from the oral cavity for seminal fluid up to six hours postassault. Prepare two dry mount slides.
 - (2) Collect a saliva reference sample.
See Mouth Examination and Evidence Collection Procedures (page 24)
- b. Record findings on the OCJP 923 diagrams and specimens collected on Part E, Item #11.

8. Examine the external genitalia

Place a sheet of paper beneath the person's buttocks prior to the examination.

- a. Examine the penis and scrotum for signs of injury, the presence of dried or moist secretions, feces, lubricants, foreign materials, and venereal lesions. Note if circumcised and signs of vasectomy.
 - (1) Injuries to the penis may include bites and lacerations, abrasions of the glans, tearing of the mucocutaneous junction of the meatus, or linear abrasions caused by nails or teeth. In uncircumcised males, foreign materials may be retained on the penis, particularly on the glans or in the sulcus.
 - (2) Microscopic or magnified examinations can be performed with a magnifying lens or colposcope to confirm signs of minor injury. Many colposcopes have photographic capability.
See Microscopic Examinations (page 26)
Collection of Dried and Moist Secretions, Stains, or Foreign Materials from the Body (page 21)
- b. Examine the pubic hair for dried or moist secretions and foreign materials.
 - (1) Collect secretions dried on the pubic hair by cutting the matted hair.
 - (2) Comb the pubic hair to collect any loose hair or foreign materials.
 - (3) Scan the area with a Wood's Lamp and swab fluorescent areas.
 - (4) Package specimens collected and label containers.
 - (5) Collect and fold the paper placed beneath the patient's buttocks with the comb inside. Label and seal.
See Wood's Lamp Scan (page 20)
Collection of Dried and Moist Secretions, Stains, or Foreign Materials from the Body (page 21)
Collection of Specimens from Pubic Hair (page 25)

- c. Collect a minimum of two penile swabs. Moisten both swabs with distilled water.
 - (1) Collect one swab from the urethral meatus and one swab from the glans and shaft.
 - (2) Note fecal matter if present.
 - (3) Label each swab indicating the location from which it was taken and air dry the swabs.
 - (4) Package swabs in separate tubes or envelopes. Label and seal.
- d. Collect a specimen for gonorrhea culture from the urethra as a base line. Take other STD cultures as indicated.
- e. Record findings on the OCJP 923 diagrams and specimens collected on Part E, Item #11. Label Wood's Lamp findings "W.L."

9. Not applicable

Item #9 on OCJP 923 corresponds to the examination of the vagina in the adult female protocol.

10. Examine the anus and rectum

If indicated by history, examine the buttocks, perianal skin, and anal folds for signs of injury, the presence of seminal fluid, dried or moist secretions, lubricants, and any other foreign materials. Collect specimens. Record findings on the OCJP 923 diagrams and specimens collected on Part E, Item #11.

See Anus/Rectum Examination and Collection Procedures (page 25)

11. Other evidence and reference samples

Test tube top colors listed below are provided for reference. The colors correspond to commercial test tubes that contain necessary preservatives. These references are not intended to preclude those jurisdictions that prepare their own test tubes, using proper preservatives and different colored tops, from doing so.

- a. Obtain three blood samples. Swab the arm with a nonalcoholic solution to avoid elevating the blood/alcohol level.
 - (1) Blood alcohol/toxicology, if within 24 hours of alleged assault (grey top tube)
 - (2) Syphilis serology (red top tube)
 - (3) Blood typing (yellow top tube—ACD Solution B)
- b. Obtain one urine specimen for sperm identification and toxicology.
- c. Collect saliva reference sample.
 - (1) With clean forceps or tweezers, place a clean gauze, filter paper, or cotton pledget under the tongue and allow it remain there until saturated. Swabs can also be used for this purpose. Do not handle the sample with the fingers; use tweezers or forceps.
 - (2) Air dry and package in an envelope. Label and seal.
- d. Obtain head, pubic, body, and facial hair samples. Follow local crime laboratory standards.
 - (1) Head hair: Cut the hairs close to the skin or pluck at least 15 to 20 hairs from the various regions of the scalp (crown, temple, etc.) that represent the range of length and colors present.

(2) Pubic hair: Cut the hairs close to the skin or pluck at least 15 to 20 hairs from different areas of the pubic region that represent the variations of length and color.

(3) Body and facial hair: Cut the hairs close to the skin or pluck at least 15 to 20 body and facial hairs, if present, that represent the variations of length and color.

See Reference Samples (page 18)

Collection of Specimens from Pubic Hair (page 25)

e. Record the samples collected from the suspect on OCJP 923 (Part E, Item #11).

12. Treatment

Treatment for injuries, venereal disease, and tetanus prophylaxis may be initiated if appropriate. If treatment is not initiated and the suspect is in custody, an appropriate referral to a treating physician at the local jail or holding facility should be made.

SECTION XII

POSSIBILITY OF PREGNANCY

A. ASSESS THE RISK OF PREGNANCY

1. Probabilities

- a. The probability of conception from a single, random, unprotected intercourse is estimated to be between two and four percent.
- b. The probability of conception from a single, unprotected, midcycle intercourse (days 11 to 18 of a 28-day cycle) is at least 10 percent and may be as high as 30 percent if the exposure was on the estimated day of ovulation.

2. Other variables

Determination of the probability of conception is also dependent on other variables, e.g., the use of contraceptives, regularity of menstrual cycle, fertility of the patient and the alleged perpetrator, time in the cycle of the exposure, and whether the perpetrator ejaculated intravaginally.

B. BASE LINE PREGNANCY TEST

Base line tests are conducted at the time of the examination to determine if the patient was pregnant at the time of the assault or whether sexual abuse of a pubertal girl resulted in pregnancy. If an existing pregnancy is a possibility, the results of the base line pregnancy test should be received prior to prescribing estrogens or inserting an intrauterine device (IUD) to prevent pregnancy.

C. ALTERNATIVE TREATMENTS

1. Pregnancy test.

Obtain a pregnancy test (either blood or urine) which has a sensitivity of less than 50 milli-international units of HCG.

2. Discuss probabilities with patient

Discuss the probability of pregnancy with the patient given the different variables described above. Women of various ages, social, and religious backgrounds will have differing feelings regarding the treatment options most acceptable to them. Major concerns include the patient's attitude toward conception and abortion and the desire to reduce the smallest risk of pregnancy as a result of a sexual assault.

3. Discuss all medically appropriate alternatives

a. Immediate treatment

- (1) Postcoital hormonal therapy
- (2) Postcoital insertion of an intrauterine device (IUD)
(Note: IUD's studied for use as postcoital contraception, Copper 7s and Copper Ts, are no longer manufactured.)
- (3) Menstrual extraction before diagnosis of pregnancy

b. No immediate treatment and patient decides to wait a minimum of ten days to determine if conception did occur.

- (1) No pregnancy
- (2) Menstrual extraction performed within two weeks of conception
- (3) Therapeutic abortion

- (4) Continue pregnancy and refer patient to a family planning agency, adoption agency, or county department of social services

4. Postcoital hormonal therapy

- a. Ovral is recommended as the treatment of choice for postcoital hormonal therapy.

- (1) Ovral contains 50 micrograms of ethinyl estradiol and .5 micrograms of dl-norgestrel.
- (2) The recommended dose is: Two Ovral tablets within 72 hours of coitus and two additional tablets 12 hours later.
- (3) Absolute contraindications of oral contraceptives:
 - (a) Known or suspected carcinoma of the breast
 - (b) Known or suspected estrogen dependent neoplasia
 - (c) Undiagnosed abnormal genital bleeding
 - (d) Known or suspected preexisting pregnancy
 - (e) Current or post thrombophlebitis or thromboembolic disorder
 - (f) Cerebrovascular or coronary artery disease
 - (g) Benign or malignant hepatic neoplasia
- (4) Relative contraindications of oral contraceptives

A decision about the use of postcoital contraceptive hormones in the context of relative contraindications should be made based on all available clinical information.

- (a) Hypertension
 - (b) Sickle cell disease
 - (c) Diabetes
 - (d) Congenital heart disease
 - (e) Liver disease
- b. Read and discuss the consent form with the patient and obtain the patient's signature. Sample consent forms (English and Spanish) are included in Appendix H.
 - c. If the results of the base line pregnancy test are negative, start patient on appropriate dosages.
 - d. Have the patient make an appointment for a repeat pregnancy test in two weeks at the hospital, physician's office, or clinic of her choice.
 - e. Patients should be advised not to have unprotected intercourse until the results of the second pregnancy test are available.

5. Other options

If the patient decides upon one of the other options, schedule appointment time or provide referrals as appropriate.

SECTION XIII

TREATMENT OF SEXUALLY TRANSMITTED DISEASES

The following information has been excerpted from the *1985 STD Treatment Guidelines* published by the U.S. Department of Health and Human Services, Public Health Service, Center for Disease Control.

No firm data have been developed to estimate the risk of a sexually assaulted person contracting a sexually transmitted infection. Based on the prevalence of infections in the general population, the most likely diseases for which these patients are at risk appear to be chlamydial infections, gonorrhea, genital herpes, cytomegalovirus, and trichomoniasis. Recent studies are showing higher prevalence rates of *Chlamydia trachomatis* than gonorrhea among adults and adolescents. If the offender is at high risk for having syphilis or hepatitis B, the victim has an increased risk of acquiring these diseases.

A. EXAMINATION OF ADULT OR ADOLESCENT SEXUAL ASSAULT VICTIMS

1. Standard STD tests

- a. Discuss the possibility of contracting sexually transmitted disease and treatment recommendations with the patient.
- b. The initial examination of the patient should include cultures for *Neisseria gonorrhoea* from any potentially infected site, a serologic test for syphilis, and a bimanual examination.
- c. Conduct base line tests indicated by the history of contact and offer prophylaxis.

2. Other STD tests

See the *State of California Medical Protocol Informational Guide* for additional information on chlamydia and other sexually transmitted disease.

3. Prophylaxis

Single dose treatments at the time of the initial examination are advantageous for sexual assault victims as compliance and follow-up with multiple dose regimes is often low.

- a. Single dose regime (effective for gonorrhea and incubating syphilis)
Recommended single dose treatments include: 4.8 million units of procaine penicillin intramuscularly or oral amoxicillin 3.0 gm or oral ampicillin 3.5 gm, all given with 1.0 gm of oral probenecid.
- b. Multiple dose regimes (effective against chlamydia as well as gonorrhea and syphilis)
In view of the frequent association of gonorrhea and chlamydia, prophylaxis against both is prudent. A recommended approach is the combination of single dose therapy followed by a multiple dose regime. Tetracycline, 500 mg by mouth, 4 times daily, for 7 days; or doxycycline, 100 mg by mouth, twice daily, for 7 days.
- c. Pregnant women should not be treated with tetracycline due to potential adverse effects on the fetus.
- d. Patients allergic to tetracycline or penicillin may be treated with spectinomycin, erythromycin, or several cephalosporins.

Refer to U.S. Center for Disease Control guidelines.

4. Follow-up care

- a. Patients should be seen for medical follow-up in seven days and the aforementioned tests repeated to assure successful prophylaxis. Patients should be scheduled for syphilis follow-up testing six weeks later because of the longer incubation period.
- b. Every effort should be made to establish whether the perpetrator is infected with a sexually transmitted disease to ensure that patients receive treatment for exposure to venereal disease documented in the perpetrator.
- c. Consideration should be given to the possibility of exposure to AIDS (Acquired Immune Deficiency Syndrome) and hepatitis B. Appropriate tests should be conducted if indicated.

Current California law regarding AIDS testing states:

No person shall test a person's blood for evidence of antibodies to the probable causative agent of AIDS without the written consent of the subject of the test, and the person giving the test shall have a written statement signed by the subject confirming that he or she obtained the consent from the subject. Written authorization is required for each separate disclosure of the test results, and shall include to whom the disclosure would be made. (Health and Safety Code Sections 199.20-199.22)

B. EVALUATION OF CHILDREN FOR SEXUALLY TRANSMITTED DISEASE

1. Females

- a. Take *Neisseria gonorrhoea* culture from oropharynx, rectum, and the vaginal introitus for prepubertal girls with intact hymen and normal vaginal orifice, the vagina in prepubertal girls with nonintact hymen and/or enlarged vaginal orifice, and the endocervix in adolescents.
- b. Consider *Chlamydia* cultures or rapid test from oropharynx, vagina, and rectum in all children 11 years of age or older and from younger children with a history of symptoms compatible with infection.
- c. Perform trichomonas and herpes simplex testing if symptoms are present.
- d. Perform serologic tests for syphilis.
- e. Conduct examination for venereal warts.
- f. Conduct examination for vaginitis using such tests as a wet mount for clue cells, potassium hydroxide (KOH) whiff test, and routine cultures.

2. Males

- a. Take *Neisseria gonorrhoea* culture from oropharynx, rectum, and urethra.
- b. Consider *Chlamydia trachomatis* culture from oropharynx, rectum, and urethra if indicated.
- c. Perform herpes simplex testing if symptoms are present.
- d. Perform serologic tests for syphilis.
- e. Conduct examination for venereal warts.

3. Prophylaxis

- a. Prophylactic therapy is recommended when the child has had contact with an individual known to have gonococcal infection, or has been sexually assaulted by a stranger, or when the physician suspects the child will not be returned for follow-up.
- b. Treatment of gonorrhoea can be accomplished with 50 mg/kg of amoxicillin, up to 3 gm in a single oral dose, along with 25 mg/kg of probenecid, orally. This treatment is also effective with incubating syphilis.

- c. Children who are allergic to penicillin should be treated with spectinomycin, 40 mg/kg 1m. Children older than 8 years may be treated with tetracycline, 40 mg/kg/day orally in four divided doses for five days. This regimen is also effective against chlamydial infection.
- d. Chlamydial infection in children under 8 years may be treated with oral erythromycin ethylsuccinate, 50 mg/kg/day in four doses for 10 to 14 days.
- e. Trichomoniasis and nonspecific vaginitis (NSV) can be treated with oral metronidazole.

4. Follow-up care

Repeat tests should be conducted at the same intervals as adults.

SECTION XIV

FOLLOW-UP PATIENT CARE

Following the examination, time should be spent discussing with the patient any issues which may have arisen during the course of the examination. Examiners should refer to the introductory sections of the protocol pertaining to females, males, and children to help the patient anticipate feelings, fears, or concerns.

See the *State of California Medical Protocol Informational Guide* for additional information on long term treatment needs.

A. WRITTEN INSTRUCTIONS

Follow-up instructions and referrals should be given in writing.

B. PSYCHOLOGICAL SEQUELAE

Discuss the possibility of psychological sequelae with patients of appropriate age and their family members. Reassure patients and parents of child victims about the presence or absence of physical injury. All patients need to be told that they are not to blame for what happened to them. Children especially need reassurance due to fear of consequences or punishment for disclosure or the child's role in the incident. Provide referrals to a local rape crisis center, child sexual abuse treatment program, victim/witness program, mental health center, or local psychotherapist.

C. CRIME VICTIM COMPENSATION

Discuss the availability of crime victim compensation. Refer the patient to the local victim/witness program. These programs provide assistance in preparing claims for submission to the State Board of Control Victim's of Crime Program. Refer the patient to the State Board of Control if no local program exists.

D. FOLLOW-UP APPOINTMENTS

Arrange follow-up appointments for suture removal and wound checks as indicated; repeat testing in seven days for venereal cultures and in six weeks for syphilis to ensure successful prophylaxis; and repeat pregnancy testing.

E. PATIENT TRANSPORTATION

Arrange transportation for patients after the evidential examination when needed.

APPENDIX A

Senate Bill No. 892

CHAPTER 812

An act to add Section 1281 to, and to repeal Sections 1493 and 1494 of, the Health and Safety Code, and to repeal and add Section 13823.5 of, and to add Sections 13823.7, 13823.9, and 13823.11 to, the Penal Code, relating to sexual assaults.

[Approved by Governor September 19, 1985. Filed with Secretary of State September 19, 1985.]

LEGISLATIVE COUNSEL'S DIGEST

SB 892, Seymour. Sexual assaults: examination and treatment.

Existing law requires the State Department of Health Services to adopt a protocol for the examination of a victim of rape or other sexual assault and guidelines for the treatment of any such victim. The protocol and the guidelines are required to be used by medical personnel in county hospitals. The department, in cooperation with the Department of Justice, also is required to adopt a standard form for recordation of medical data disclosed by examination of such a victim; the form is required to be used by physicians in a county hospital and any other general acute care hospital who examine such a victim.

Existing law also requires the advisory committee established by the Office of Criminal Justice Planning to establish standardized procedures for the collection of evidence from victims of sexual assaults and attempted sexual assaults who are treated in hospital emergency rooms.

This bill would repeal those provisions requiring the State Department of Health Services to perform the functions specified above and would require the Office of Criminal Justice Planning, with the assistance of the advisory committee, to develop a protocol and guidelines for the examination and treatment of victims of sexual assault and attempted sexual assault, including child molestation, and the collection and preservation of evidence therefrom. It also would specify certain standards for such an examination and the collection and preservation of evidence. It would require all general acute care hospitals, whether public or private, either to comply with these standards and the protocol and guidelines or to adopt a protocol referring victims of these crimes to a hospital that so complies, thus establishing a state-mandated local program as the requirement would be applicable to various local public hospitals. The bill also would require the Office of Criminal Justice Planning, in cooperation with the State Department of Health Services and the Department of Justice, to adopt a standard form for the recordation of medical data disclosed by examination of a victim of sexual assault or attempted sexual assault, including child molestation, as specified.

The bill also would make related changes.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates which do not exceed \$500,000 statewide and other procedures for claims whose statewide costs exceed \$500,000.

This bill would provide that no reimbursement shall be made from the State Mandates Claims Fund for costs mandated by the state pursuant to this act, but would recognize that local agencies and school districts may pursue any available remedies to seek reimbursement for these costs. It also would make an additional statement as to the lack of an appropriation reimbursing local agencies for costs.

This bill would provide that, notwithstanding Section 2231.5 of the Revenue and Taxation Code, this bill does not contain a repealer, as required by that section; therefore, the provisions of the bill would remain in effect unless and until they are amended or repealed by a later enacted bill.

The people of the State of California do enact as follows:

SECTION 1. Section 1281 is added to the Health and Safety Code, to read:

1281. All public and private general acute care hospitals either shall comply with the standards for the examination and treatment of victims of sexual assault and attempted sexual assault, including child molestation, and the collection and preservation of evidence therefrom, specified in Section 13823.11 of the Penal Code, and the protocol and guidelines therefor established pursuant to Section 13823.5 of the Penal Code, or they shall adopt a protocol for the immediate referral of these victims to a local hospital that so complies, and shall notify local law enforcement agencies, the district attorney, and local victim assistance agencies of the adoption of the referral protocol.

SEC. 2. Section 1493 of the Health and Safety Code is repealed.

SEC. 3. Section 1494 of the Health and Safety Code is repealed.

SEC. 4. Section 13823.5 of the Penal Code is repealed.

SEC. 5. Section 13823.5 is added to the Penal Code, to read:

13823.5. (a) The Office of Criminal Justice Planning, with the assistance of the advisory committee established pursuant to Section 13836, shall establish a protocol for the examination and treatment of victims of sexual assault and attempted sexual assault, including child molestation, and the collection and preservation of evidence therefrom. The protocol shall contain recommended methods for meeting the standards specified in Section 13823.11.

(b) In addition to the protocol, the office shall develop

informational guidelines, containing general reference information on evidence collection, examination of victims and psychological and medical treatment for victims of sexual assault and attempted sexual assault, including child molestation.

In developing the protocol and the informational guidelines, the office and the advisory committee shall seek the assistance and guidance of organizations assisting victims of sexual assault; nurses, physicians and surgeons, criminalists, and administrators who are familiar with emergency room procedures; victims of sexual assault; and law enforcement officials.

(c) The office, in cooperation with the State Department of Health Services and the Department of Justice, shall adopt a standard and a complete form or forms for the recording of medical and physical evidence data disclosed by a victim of sexual assault or attempted sexual assault, including child molestation.

Each physician and surgeon or other health care professional in a public or private general acute care hospital who conducts an examination for evidence of a sexual assault or attempted sexual assault, including child molestation, shall use the standard form adopted pursuant to this section, and shall make such observations and perform such tests as may be required for recording of the data required by the form. The forms shall be subject to the same principles of confidentiality applicable to other medical records.

The office shall make copies of the standard form or forms available to every public or general acute care hospital, as requested.

The standard form shall be used to satisfy the reporting requirements specified in Sections 11160 and 11161 in cases of sexual assault, and may be used in lieu of the form specified in Section 11168 for reports of child abuse.

(d) The office shall distribute copies of the protocol and the informational guidelines to every general acute care hospital, law enforcement agency, and prosecutor's office in the state.

SEC. 6. Section 13823.7 is added to the Penal Code, to read:

13823.7. The protocol adopted pursuant to Section 13823.5 for the examination and treatment of victims of sexual assault or attempted sexual assault, including child molestation, and the collection and preservation of evidence therefrom shall include provisions for all of the following:

(a) Notification of injuries and a report of suspected child sexual abuse to law enforcement authorities.

(b) Obtaining consent for the examination, for the treatment of injuries, for the collection of evidence, and for the photographing of injuries.

(c) Taking a patient history of sexual assault and other relevant medical history.

(d) Performance of the physical examination for evidence of sexual assault.

(e) Collection of physical evidence of assault.

(f) Collection of other medical specimens.

(g) Procedures for the preservation and disposition of physical evidence.

SEC. 7. Section 13823.9 is added to the Penal Code, to read:

13823.9. (a) Every public or private general acute care hospital that examines a victim of sexual assault or attempted sexual assault, including child molestation, shall comply with the standards specified in Section 13823.11 and the protocol and guidelines adopted pursuant to Section 13823.5.

(b) Each county with a population of more than 100,000 shall arrange that professional personnel trained in the examination of victims of sexual assault, including child molestation, shall be present or on call either in the county hospital which provides emergency medical services or in any general acute care hospital which has contracted with the county to provide emergency medical services. In counties with a population of 1,000,000 or more, the presence of these professional personnel shall be arranged at least one general acute care hospital for each 1,000,000 persons in the county.

(c) Each county shall designate at least one general acute care hospital to perform examinations on victims of sexual assault, including child molestation.

(d) (1) The protocol published by the Office of Criminal Justice Planning shall be used as a guide for the procedures to be used by every public or private general acute care hospital in the state for the examination and treatment of victims of sexual assault and attempted sexual assault, including child molestation, and the collection and preservation of evidence therefrom.

(2) The informational guide developed by the Office of Criminal Justice Planning shall be consulted where indicated in the protocol, as well as to gain knowledge about all aspects of examination and treatment of victims of sexual assault and child molestation.

SEC. 8. Section 13823.11 is added to the Penal Code, to read:

13823.11. The minimum standards for the examination and treatment of victims of sexual assault or attempted sexual assault, including child molestation and the collection and preservation of evidence therefrom include all of the following:

(a) Law enforcement authorities shall be notified.

(b) In conducting the physical examination, the outline indicated in the form adopted pursuant to subdivision (c) of Section 13823.5 shall be followed.

(c) Consent for a physical examination, treatment, and collection of evidence shall be obtained.

(1) Consent to an examination for evidence of sexual assault shall be obtained prior to the examination of a victim of sexual assault and shall include separate written documentation of consent to each of the following:

(A) Examination for the presence of injuries sustained as a result of the assault.

(B) Examination for evidence of sexual assault and collection of physical evidence.

(C) Photographs of injuries.

(2) Consent to treatment shall be obtained in accordance with usual hospital policy.

(3) A victim of sexual assault shall be informed that he or she may refuse to consent to an examination for evidence of sexual assault, including the collection of physical evidence, but that such a refusal is not a ground for denial of treatment of injuries and for possible pregnancy and venereal disease, if the person wishes to obtain treatment and consents thereto.

(4) Pursuant to Section 34.9 of the Civil Code, a minor may consent to hospital, medical, and surgical care related to a sexual assault without the consent of a parent or guardian.

(5) In cases of known or suspected child abuse, the consent of the parents or legal guardian is not required. In the case of suspected child abuse and nonconsenting parents, the consent of the local agency providing child protective services or the local law enforcement agency shall be obtained. Local procedures regarding obtaining consent for the examination and treatment of, and the collection of evidence from, children from child protective authorities shall be followed.

(d) A history of sexual assault shall be taken.

The history obtained in conjunction with the examination for evidence of sexual assault shall follow the outline of the form established pursuant to subdivision (c) of Section 13823.5 and shall include all of the following:

(1) A history of the circumstances of the assault.

(2) For a child, any previous history of child sexual abuse and an explanation of injuries, if different from that given by parent or person accompanying the child.

(3) Physical injuries reported.

(4) Sexual acts reported, whether or not ejaculation is suspected, and whether or not a condom or lubricant was used.

(5) Record of relevant medical history.

(e) Each adult and minor victim of sexual assault who consents to a medical examination for collection of evidentiary material shall have a physical examination which includes, but is not limited to, all of the following:

(1) Inspection of the clothing, body, and external genitalia for injuries and foreign materials.

(2) Examination of the mouth, vagina, cervix, penis, anus, and rectum, as indicated.

(3) Documentation of injuries and evidence collected.

Prepubital children shall not have internal vaginal or anal examinations unless absolutely necessary (this does not preclude careful collection of evidence using a swab).

(f) The collection of physical evidence shall conform to the

following procedures:

(1) Each victim of sexual assault who consents to an examination for collection of evidence shall have the following items of evidence collected, except where he or she specifically objects:

- (A) Clothing worn during assault.
- (B) Foreign materials revealed by an examination of the clothing, body, external genitalia, and pubic hair combings.
- (C) Swabs and slides from the mouth, vagina, rectum, and penis, as indicated, to determine the presence or absence of sperm and sperm motility, and for genetic marker typing.

(2) Each victim of sexual assault who consents to an examination for the collection of evidence shall have reference specimens taken, except when he or she specifically objects thereto. A reference specimen is a standard from which to obtain baseline information (for example: pubic and head hair, blood, and saliva for genetic marker typing). These specimens shall be taken in accordance with the standards of the local criminalistics laboratory.

(3) A baseline gonorrhea culture, and syphilis serology, shall be taken, if indicated by the history of contact. Specimens for a pregnancy test shall be taken, if indicated by the history of contact.

(g) Preservation and disposition of physical evidence shall conform to the following procedures:

- (1) All swabs and slides shall be air dried prior to packaging.
- (2) All items of evidence including laboratory specimens shall be clearly labeled as to the identity of the source and the identity of the person collecting them.
- (3) The evidence shall have a form attached which documents its chain of custody and shall be properly sealed.
- (4) The evidence shall be turned over to the proper law enforcement agency.

SEC. 9. Notwithstanding Section 2231.5 of the Revenue and Taxation Code, this act does not contain a repealer, as required by that section; therefore, the provisions of this act shall remain in effect unless and until they are amended or repealed by a later enacted act.

SEC. 10. Reimbursement to local agencies and school districts for costs mandated by the state pursuant to this act shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code and, if the statewide cost of the claim for reimbursement does not exceed five hundred thousand dollars (\$500,000), shall be made from the State Mandates Claims Fund.

SEC. 11. Notwithstanding Section 2231 or 2234 of the Revenue and Taxation Code and Section 6 of Article XIII B of the California Constitution, no appropriation is made by this act pursuant to these sections. It is recognized, however, that a local agency or school district may pursue any remedies to obtain reimbursement available to it under Chapter 4 (commencing with Section 17550) of Part 7 of Division 2 of Title 2 of the Government Code.

O

APPENDIX B
OFFICE OF CRIMINAL JUSTICE PLANNING
FORM TO ORDER SUPPLIES OF OCJP 923 OR OCJP 925

Date: _____

Name of contact person: _____

Name of hospital: _____

Street address: _____

City: _____

State, Zip: _____

(ATTACH MAILING LABEL IF AVAILABLE)

Telephone number of contact person: (_____) _____

Type of form requested:

OCJP 923: Suspected Sexual Assault

Number of pads _____
(10 forms on a pad)

OCJP 925: Suspected Child Sexual Abuse

Number of pads _____
(10 forms on a pad)

Mail request to: Business Services Branch
Office of Criminal Justice Planning
1130 K Street, Suite 300
Sacramento, California 95814
(916) 324-9144

BSB USE ONLY

Date Shipped: _____

Shipped by: _____

Input date: _____



Four solid horizontal lines stacked vertically, providing space for an address or recipient information.

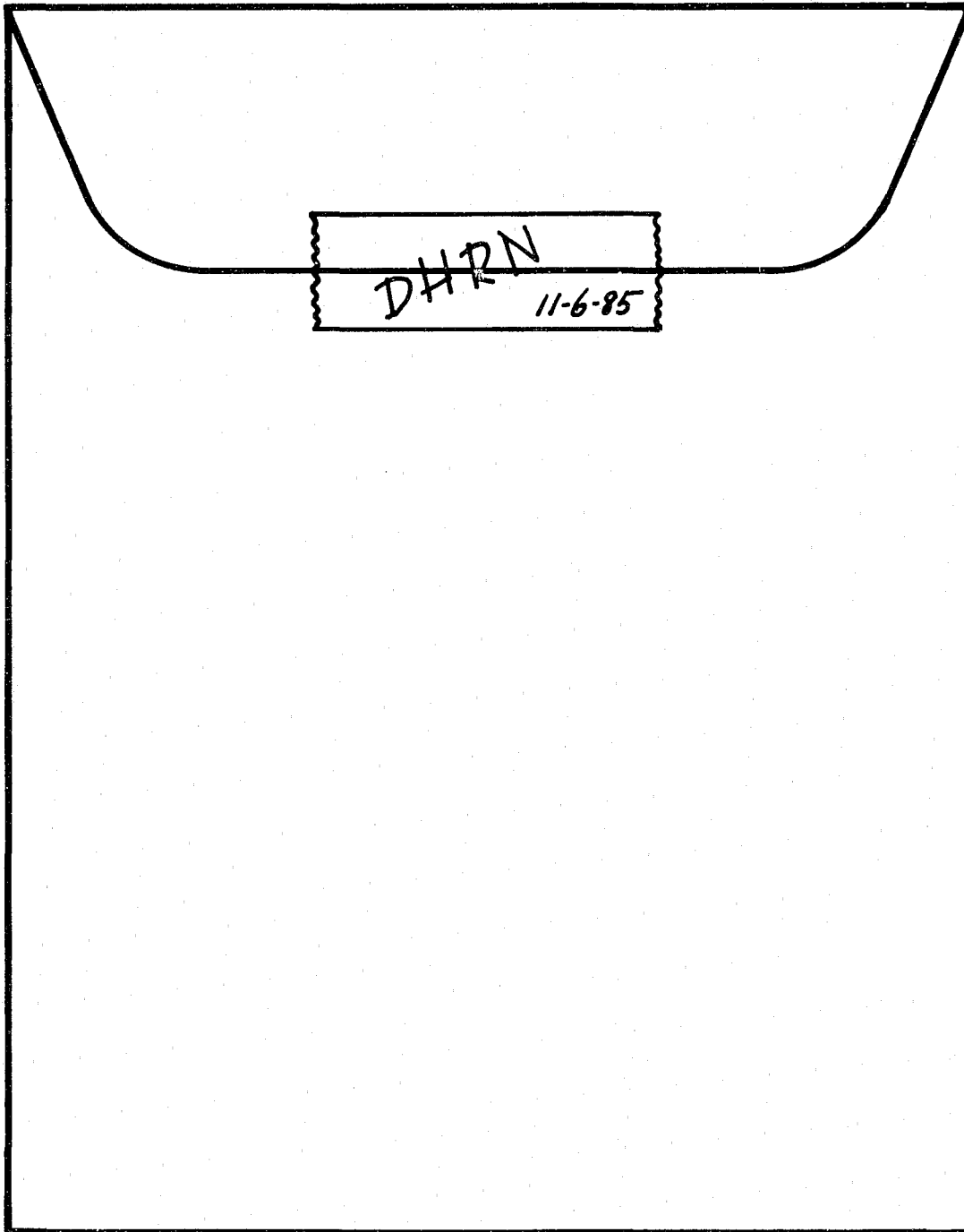
Place
Stamp
Here

**Business Services Branch
Office of Criminal Justice Planning
1130 K Street, Room 300
Sacramento, California 95814**



Fold Here

**APPENDIX C-1
CHAIN OF CUSTODY ENVELOPE**



The signature should extend the width of the tape to show that the envelope has not been opened.

APPENDIX D-1

SPECIFICATIONS FOR SWAB DRYING BOX

The drying box and swab rack are constructed from $\frac{1}{4}$ inch plexiglas. The swab rack should be designed so that swabs cannot come into contact with one another or the upper surfaces of the drying board. The drying box fan is a 4 inch diameter BoxerR type fan. The dimensions of the box are as follows: L: 24 cm., W: 16 cm., H: 19 cm.

Materials for Swab Drying Box

$\frac{1}{4}$ " Plexiglas Sheets

Box: 2 pc 9" x 8" Top/Bottom
2 pc $8\frac{3}{4}$ " x $7\frac{3}{4}$ " Sides
2 pc $7\frac{3}{4}$ " x $7\frac{3}{4}$ " Fan Housing (one serves as end)
1 pc 8" x $7\frac{3}{4}$ " Door

Swab Rack: 3 pc 7" x $6\frac{5}{8}$ " Bottom, Shelves
2 pc $7\frac{1}{2}$ " x $6\frac{5}{8}$ " Sides
2 pc $\frac{1}{4}$ " x 7" Strips
2 pc $\frac{1}{4}$ " x 5" Strips

- 1 pc Piano Hinge, about $\frac{5}{8}$ " x $7\frac{1}{2}$ " (to accommodate door)
- 1 pc $6\frac{1}{2}$ " x $4\frac{1}{2}$ " wire screen (to cover air outlet door)
- 2 pc Wire screen cut to outer dimensions of fan
- 1 pc Muffin fan (115 V, 50-60 Hz, about 14 W)
- 1 pc Push on-off switch (illuminating optional)
- 1 pc Fuse clip with 2 A fuses
- 1 pc 3-way double insulated electrical cord, about 5'
- 1 pc 15 A hospital grade plug
- 8 pc $\frac{1}{4}$ " machine screws (to mount hinge/door)
- 8 pc $\frac{1}{2}$ " machine screws
- 4 pc $2\frac{1}{2}$ " machine bolts)
- 8 pc Flat washers) size appropriate to fan
- 4 pc Nuts)
- 1 pc Locking grommet)
- 4 pc Feet, resilient, cementing
- 1 pc Ground lead terminal (to ground to fan mount bolt)

Preassembly Instructions

1. Mark each piece of plexiglas for its use:
 - Box: Door, left/right sides, bottom, front/rear fan housing wall, top
 - Rack: Left/right sides, shelves, bottom
2. Cut/drill necessary holes in each piece (see diagrams):
 - Box: Door—About 6" long x 4" wide, 1" from top and side edges.
Drill holes for hinge.
 - Fan Housing Walls: Cut hole to match dimensions of fan hole, centered about 1" from top edge. Drill holes for bolts to mount fan. Drill hole in front wall for ground lead.

- Left Side: For grommet to secure cord to box
For fuse clip
For holes to mount hinge.
- Top: For on-off switch.
- Swab Rack: Shelves—Mark and drill holes to accommodate swab handles (1/8" bit) as desired. Make sure holes are coincident and orderly. Do not drill holes in rack bottom.

Box Assembly

1. Install switch in top with appropriate insulated leads to reach destinations (fan and fuse clip). Install fuse clip. Secure grommet to cord allowing appropriate leads to reach destinations (black to fuse clip, green to ground, white to fan). Ensuring that double insulation extends through grommet, secure grommet in left side piece.
2. With wire screens between fan and plexiglas (front and back), mount fan using bolts, washers, and nuts to front and rear fan housing walls. Ensure that fan rotation direction is such that air will be blown into box, not pulled through door. Also make sure that fan lead terminals are handy (to left as in diagram). Run ground lead through hole and attach to one of the bolt heads. Connect all other leads appropriately (see diagram).
3. Attach sides and bottom to each other and to fan housing (with cement or bond with acetone) at edges such that all joints are flush and square. Put top in place and drill appropriate holes to mount top to sides and rear fan housing wall with the 1/2" machine screws. (Removable top will increase serviceability). Install top. Put screen over hole in door on inside surface and secure it with the 1/4" strips of plexiglas. Attach hinge to door, then to side of box. Attach feet appropriately. Box is ready for use. Store box in locked room or cabinet when in use, or attach padlocking device to door.

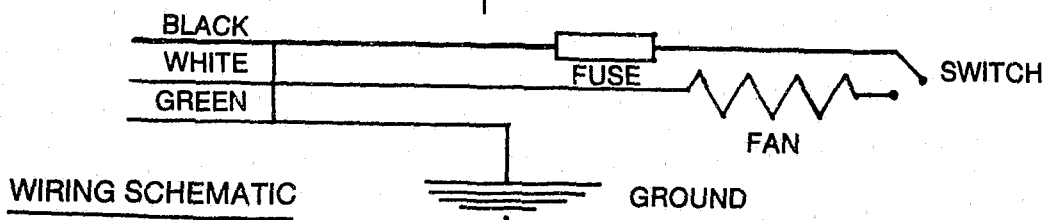
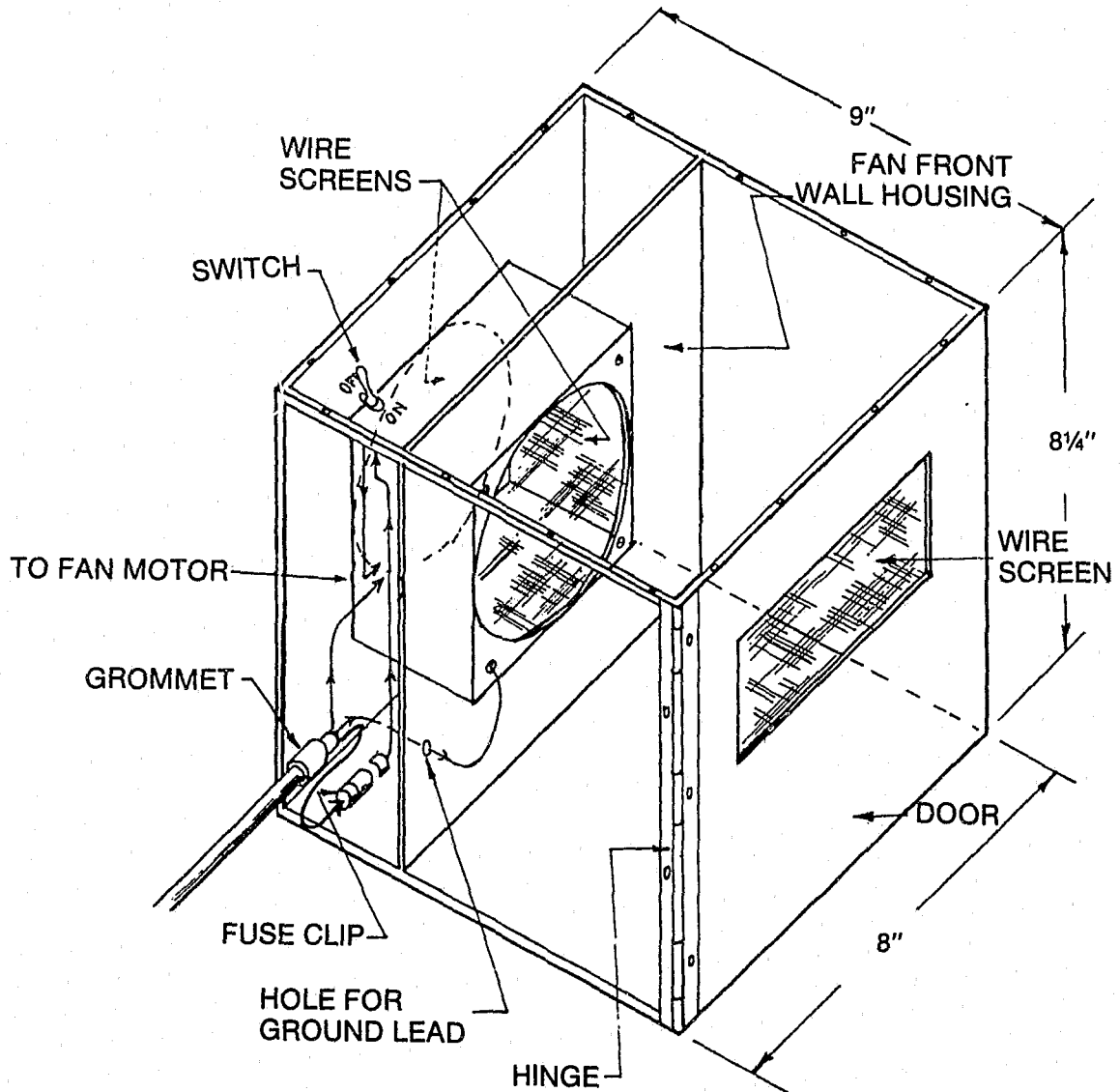
Swab Rack Assembly

Assemble with cement/acetone according to diagram. Rack should fit snugly into box. It may be necessary to notch the top shelf to accommodate the fan mount boltheads. If so, notch both ends accordingly so that rack may be inserted either open end first.

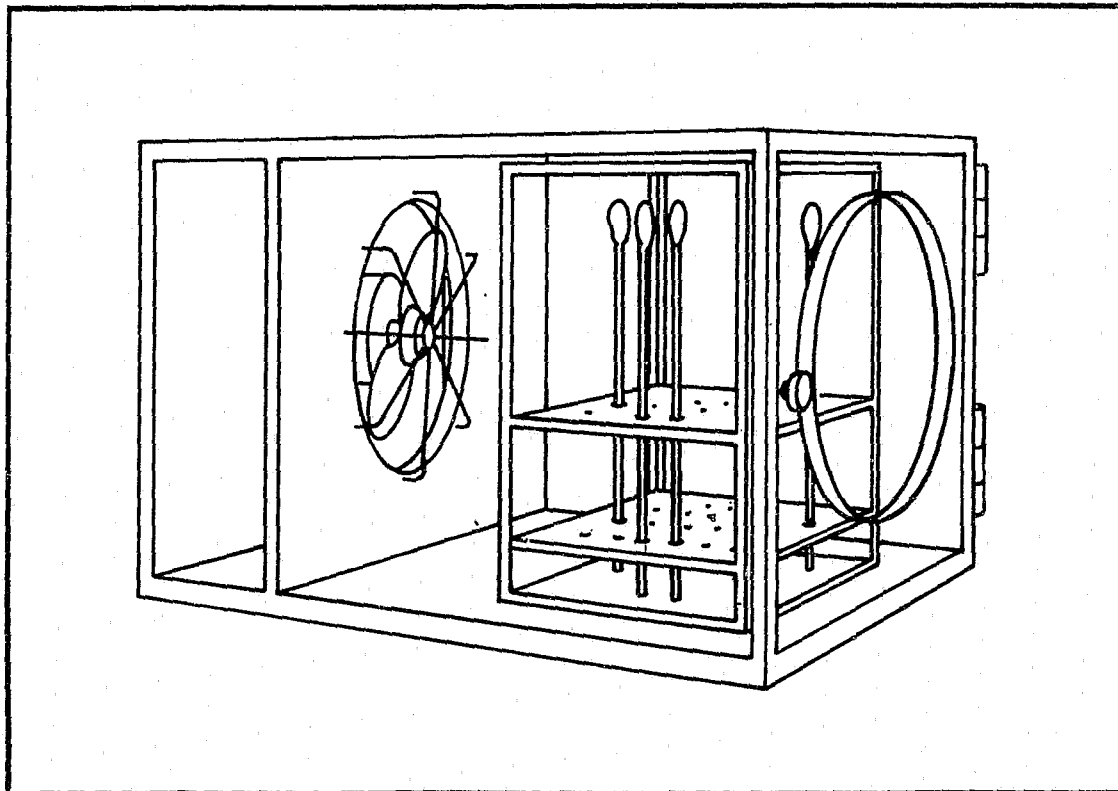
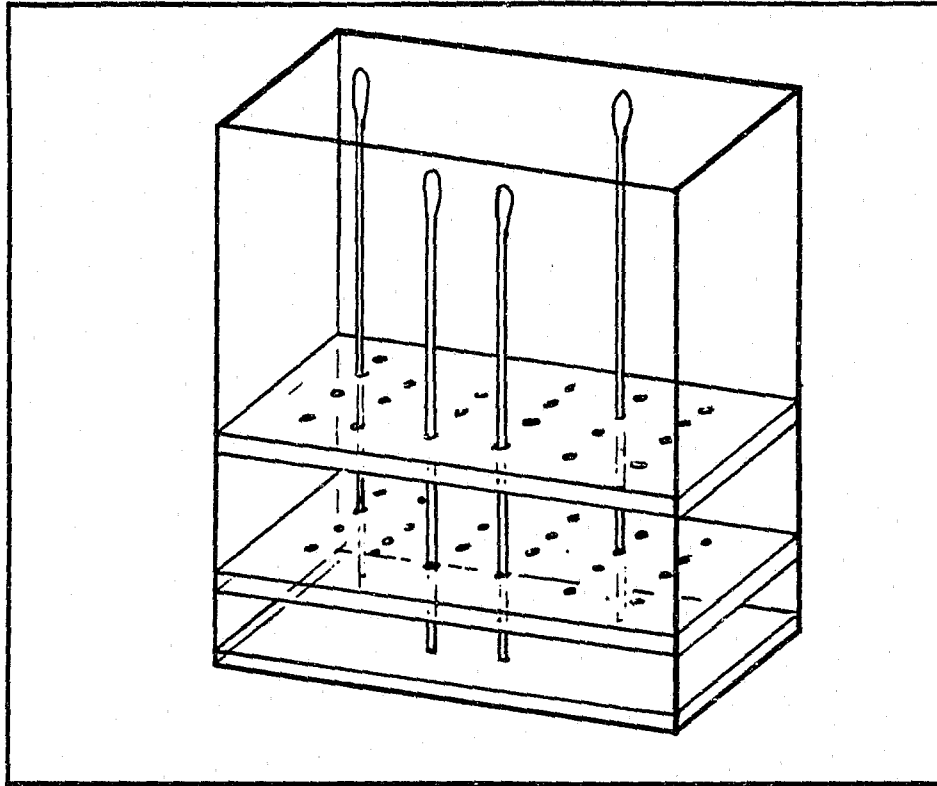
This swab dryer was developed by Edward J. Blake under Grant # 79-NI-AX-0043 from the National Institute of Law Enforcement and Criminal Justice. This dryer and other designs are also available commercially. Contact the Office of Criminal Justice Planning for information.

APPENDIX D-2 AIR DRYING BOX

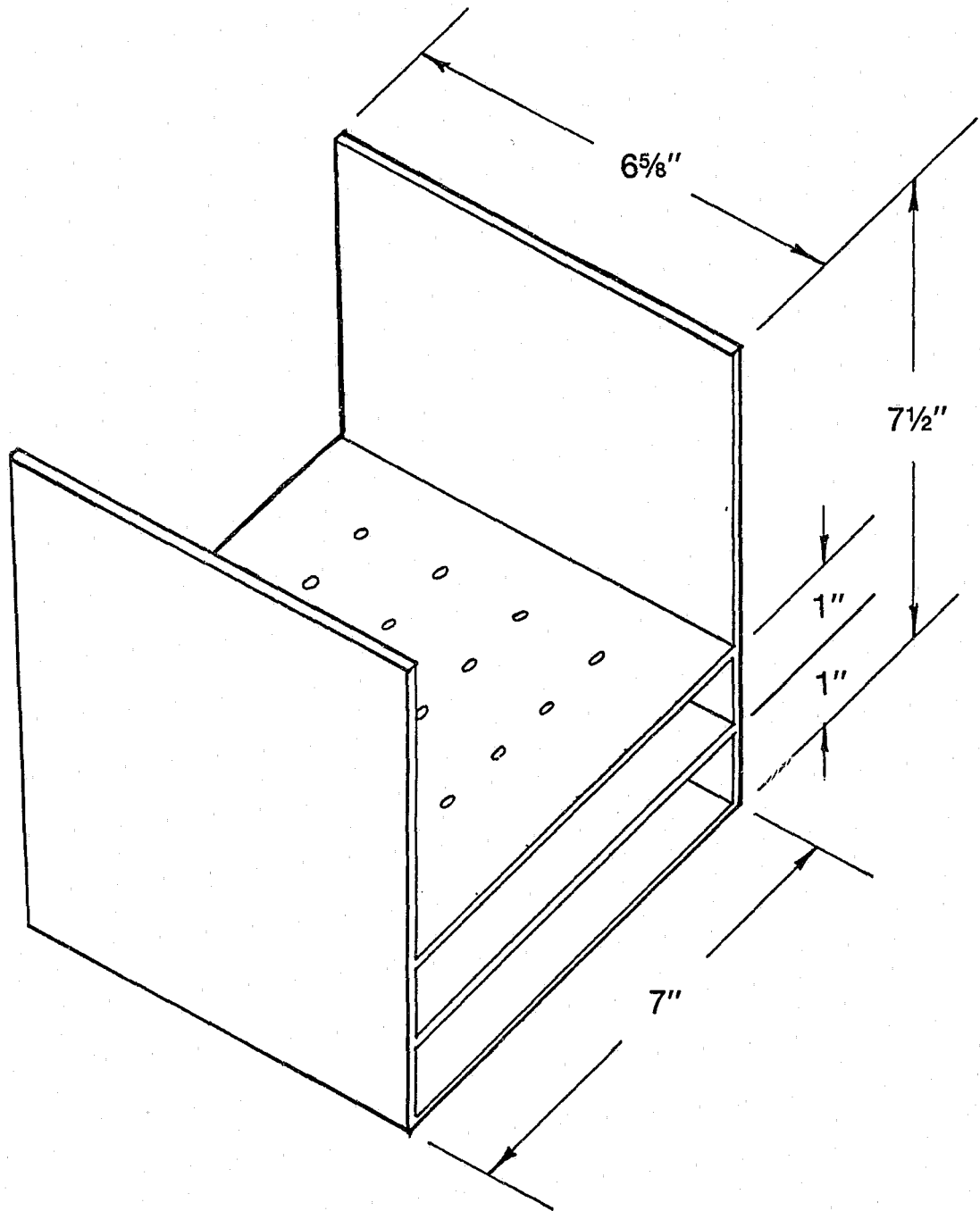
(Not to scale)



APPENDIX D-3
SWAB RACK AND AIR DRYING BOX
(Not to scale)

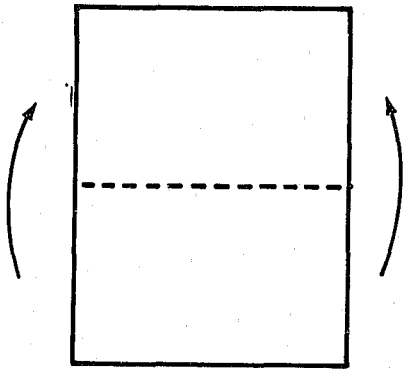


APPENDIX D-4
SWAB RACK
(Not to scale)



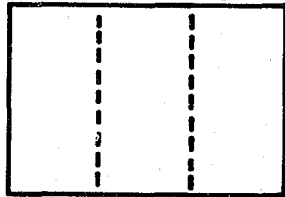
APPENDIX E

HOW TO MAKE A BINDLE



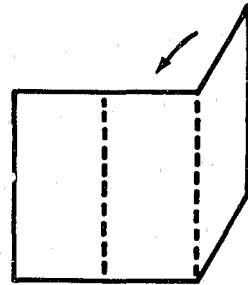
1

Fold the paper in half.



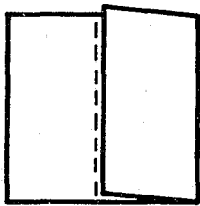
2

Fold the half-sized paper into thirds.



3

Fold over the right flap.

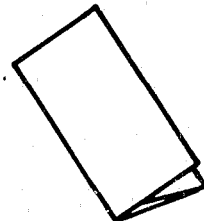


4



5

Fold over the left flap.



6



7

Fold in half. Seal the open end of the bindle, not the folded end. Initial the tape prior to sealing.

APPENDIX F
SAMPLE
SEXUAL ASSAULT EVIDENCE KIT

Kits which contain the necessary items for a sexual assault evidential examination can be obtained from pharmaceutical companies or, in some jurisdictions, from the local crime laboratory. A kit can also be assembled from items which are part of ordinary hospital supplies. A list of suggested items for a kit is provided below. The quantities listed below are estimates. The number of items needed will vary depending upon the nature of the case.

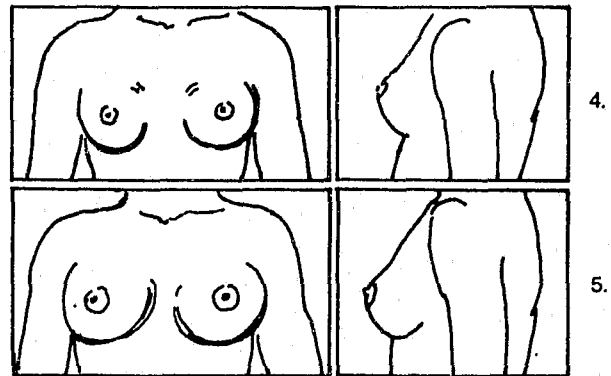
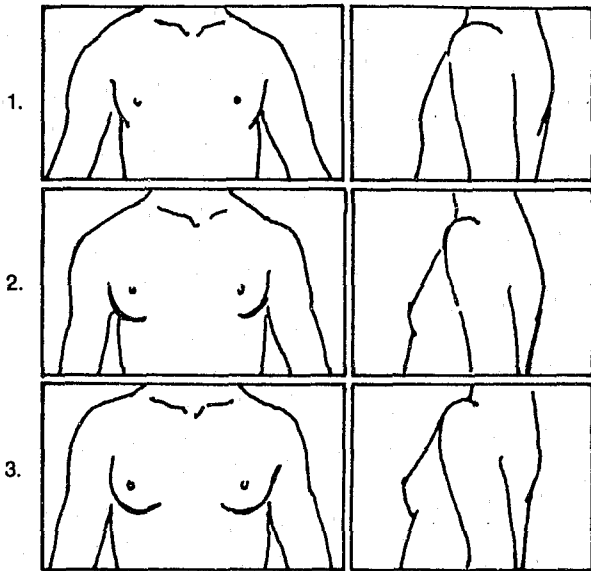
ITEM	QUANTITY	USE
Manila envelope 9¾" x 13"	1	To contain all kit materials
Crime Lab Specimens		
Chain of possession form	1	To record handling and transfer of possession of evidence
Small coin envelopes	6	To hold pubic hair combings, foreign materials, pubic, head, body and facial hair reference samples
Manila envelope 7½" x 10½"	1	To contain all crime lab specimens
Assorted size paper bags	5	To package each item of clothing separately
Large size paper bags	2	To contain small bags of clothing and paper from exam table
Sterile swabs	16	For vaginal, oral, rectal and penile swabs, and additional swabs for secretions found on body
Glass slides	7	Vagina—2 dry mount slides 1 wet mount slide Mouth—2 dry mount slides Rectum—2 dry mount slides
Cardboard slide holders	7	3 vaginal, 2 oral, and 2 rectal slides
Tubes or envelopes	16	To hold swabs from vagina, mouth, rectum, penis, and other swabs
Gummed labels	16	For slides and tube labels
Manicure sticks	2	To collect fingernail scrapings
Glassine paper sheets	4	For paper bindles
Plastic comb or soft surgical brush	1	To comb pubic hair
Filter paper, gauze pad, or swabs	1	For saliva reference sample
Yellow top vacutainer	1	For blood typing
Blood alcohol kit	1	For determination of blood alcohol level (optional)
Sealing tape	1	To seal evidence

Hospital Lab Specimens

Manila envelope 7½" x 10½"	1	To contain hospital lab specimens
Culturette	4	For gonococcus cultures (mouth, vagina, penis, rectum)
Red top vacutainer	1	For syphilis serology For pregnancy test (blood) or use urine test

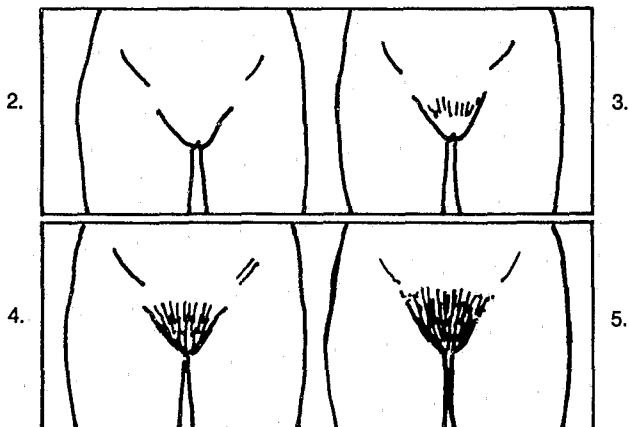
APPENDIX G TANNER CLASSIFICATION OF SEXUAL MATURITY

BREASTS

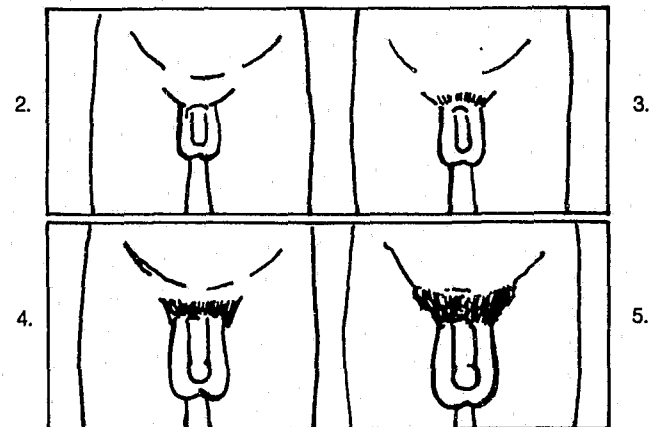


GENITAL/PUBIC

GIRLS — ADOLESCENT FEMALES



BOYS — ADOLESCENT MALES



Adapted from Tanner JM: Growth at Adolescence, Ed 2. Oxford, Blackwell Scientific Publications, 1962

APPENDIX H-1
CONSENT FOR USE OF OVRAL AS POSTCOITAL CONTRACEPTIVE

A. RISK OF PREGNANCY

1. The probability of conception from a single, random, unprotected intercourse is estimated to be between two and four percent.
2. The probability of conception from a single, unprotected midcycle intercourse (days 11 to 18 of a 28-day cycle) is at least 10 percent and may be as high as 30 percent if the exposure was on the estimated day of ovulation.
3. The probability of conception is also dependent on other variables such as the use of contraceptives, regularity of the menstrual cycle, history of past fertility, the time in the cycle of the exposure, and whether the assailant ejaculated intravaginally.

B. PATIENT INSTRUCTIONS FOR USE OF OVRAL

1. Take 2 Ovral pills immediately (within 24 to 72 hours after intercourse). Then take 2 more Ovral pills 12 hours after your first dose of pills.
2. You may have nausea from the pills. It is usually mild and stops within a day or so after treatment. If you vomit within an hour after taking your 2 pills, call your clinician. You may need to take additional pills to make up for the ones lost in vomiting. Your clinician may prescribe anti-nausea medication.
3. Your next menstrual period should begin sometime within the next 2 to 3 weeks.

C. BE ALERT TO DANGER SIGNALS

1. Severe abdominal pain
2. Severe chest pain or shortness of breath
3. Severe headaches
4. Eye problems such as blurred vision or loss of vision
5. Severe leg pain in calf or thigh

D. COMPLICATIONS

Complications are not likely with short morning-after hormone treatment, but if you have any of the danger signals, see your clinician right away or go to a hospital emergency room. Contact _____ if you develop any of the above problems.

E. CONSENT TO USE OVRAL

Ovral is approved by the U.S. Food and Drug Administration as an oral contraceptive, but is not approved for this morning-after approach to pregnancy prevention. I have read the above information and have discussed the risks and effectiveness with _____, M.D. With this information I hereby give my consent for the use of Ovral for _____.

Patient

Parent

Date

Physician

Witness

APPENDIX H-2

CONSENTIMIENTO PARA EL USO DE OVRAL, COMO ANTICONCEPTIVO, DESPUÉS DEL COITO O CONTACTO SEXUAL

A. LOS RIESGOS DE EMBARAZO

1. Se calcula que la probabilidad del embarazo, como resultado de un solo acto sexual, sin uso de anticonceptivo, es de menos del 1 por ciento.
2. El riesgo de quedar embarazada depende de la fertilidad de la mujer al tiempo del contacto sexual. La probabilidad de quedar embarazada es mucho mayor si el acto sexual, sin uso de anticonceptivo, tomó lugar a medio andar (entre los días 11 y 18) del ciclo de menstruación (28 días), alcanzando, por lo menos, al 10 por ciento y puede ser hasta del 50 por ciento, si el acto sexual tomó lugar en el día de la ovulación.
3. La probabilidad de quedar embarazada depende también de otros factores, tal como el uso de anticonceptivo, regularidad del ciclo de menstruación, la historia de la fertilidad de la persona, el tiempo en el ciclo de menstruación en que sucedió el acto sexual y si el asaltante hizo eyaculación dentro de la vagina.

B. INSTRUCCIONES PARA EL USO DE OVRAL

1. Tome 2 pastillas de Ovrál inmediatamente (entre las 24 y 72 horas después del contacto sexual). Tome otras 2 pastillas 12 horas después de tomar las primeras.
2. Las pastillas pueden causar náusea o basca. Por lo general es leve y se va, a lo más, dentro de un día después del tratamiento. Si vomita antes de una hora después de tomar las 2 pastillas, llame al médico. Puede ser que necesite tomar pastillas adicionales para reponer las que vomitó. El médico puede recetarle un remedio para la náusea o basca.
3. La siguiente menstruación o regla debiera comenzar dentro de 2 o 3 semanas. Si la menstruación no ha comenzado en 3 semanas, vea al médico para un examen de embarazo.

C. MANTENGASE ALERTA A POSIBLES CONTRAINDICACIONES. ESTAS PUEDEN SER:

1. Dolores fuertes del abdomen.
2. Dolores fuertes en el pecho o cortedad de respiración.
3. Dolores fuertes de cabeza.
4. Problemas de la vista, como visión nublada o pérdida de la visión.
5. Dolor agudo en el muslo o la pantorrilla.

D. LAS COMPLICACIONES

Las complicaciones no son comunes con este tratamiento de hormonas, de la mañana siguiente, pero si usted tiene alguna de las contraindicaciones mencionadas, vea a su médico inmediatamente o vaya a la sala de emergencias del hospital de su localidad. Póngase en contacto con _____ si siente alguno de los problemas o contraindicaciones mencionadas.

E. CONSENTIMIENTO PARA EL USO DEL OVRAL

El Ovrál es aprobado, por la Administración de Comestibles y Drogas de los Estados Unidos, como un anticonceptivo oral, pero no ha sido aprobado como tratamiento para la prevención del embarazo después del contacto sexual. He leído la información aquí presentada y he consultado con _____, M.D. sobre los riesgos y la efectividad del medicamento. Así, con esta información yo doy mi consentimiento para el uso del Ovrál para _____.

Firma del paciente

Firma del padre, madre, o el responsable legal del paciente

Fecha

Firma del médico

Firma del testigo.

Fecha

APPENDIX H-3

SAMPLE FORM

CONSENT TO TREATMENT WITH OVRAL-R AS A POSTCOITAL CONTRACEPTIVE

(Initial in the left margin and sign at the bottom)

- _____ I consent to treatment with Ovrail-R as an attempt to prevent a possible pregnancy.
- _____ I know that this treatment is not 100% effective in preventing pregnancy.
- _____ I have been told of the common side effects of Ovrail-R which are nausea, vomiting, bleeding between menstrual periods, weight gain, and breast tenderness.
- _____ I have been told that Ovrail-R may be associated with serious side effects that are very rare but may be fatal. These serious effects are blood clots, stroke, hemorrhage, liver tumors, high blood pressure, and gallbladder disease.
- _____ I have been told if I now or have had in the past any of the following conditions I should not use Ovrail-R:
1. Blood clots in the legs or lungs
 2. Heart attack or stroke
 3. Known or suspected cancer of the breast or other sex organs
 4. Unusual vaginal bleeding that has not yet been diagnosed
 5. Angina pectoris
- _____ I know that if I become pregnant from this exposure or if I am already pregnant, I should consult a physician because of the risk to the baby of birth defects.
- _____ I have been told that the morning-after treatment of unprotected midcycle intercourse is meant only for one-time protection.

Patient: _____ Date: _____
(Signature)

Witness: _____ Date: _____
(Signature)

Physician: _____ Date: _____
(Signature)

APPENDIX H-4

CONSENTIMIENTO PARA EL USO DE OVRAL-R, COMO ANTICONCEPTIVO, DESPUÉS DEL COITO O CONTACTO SEXUAL

(Ponga sus iniciales sobre las líneas en el margen izquierdo y firme al final de la página)

- _____ Yo doy mi consentimiento para el tratamiento con Ovrал-R como un anticonceptivo con el fin de impedir el embarazo.
- _____ Yo reconozco que este tratamiento no es el 100 por ciento efectivo al ser usado como anticonceptivo.
- _____ He sido informada sobre los efectos comunes de Ovrал-R cuales incluyen nausea, vómitos, sangre entre menstruación, aumento de peso, y ternura de los cenos.
- _____ Se me han indicado los posibles efectos secundarios del uso de Ovrал-R. Estos efectos son muy poco frecuentes, pero pueden ser fatales. Estos efectos secundarios incluyen: coágulos de sangre, apoplejía o derrame cerebral, hemorragia, tumores en el hígado, alta presión de sangre y enfermedad de la vesícula biliar.
- _____ Se me ha indicado que si ahora o en el pasado he tenido cualquiera de las siguientes condiciones no debería usar Ovrал-R:
1. Coágulos de sangre en las piernas o los pulmones.
 2. Ataques de corazón o apoplejía (derrame cerebral).
 3. Cáncer, sospechado o diagnosticado, de los senos u otro de los órganos sexuales.
 4. Sangramiento anormal de la vagina y que no ha sido diagnosticado.
 5. Angina pectoris (angina de pecho o mal de corazón que puede causar dolor o sensación de angustia).
- _____ Entiendo que si resulto ser embarazada por causa de este encuentro o si presentemente estoy embarazada, debo consultar con un médico por el riesgo de que la criatura tenga defectos de nacimiento.
- _____ Se me ha informado que este tratamiento, tomado después del contacto sexual, en mi período de fertilidad, sirve solo para ese contacto único.

Paciente: _____ Fecha: _____
(Firma)

Testigo: _____ Fecha: _____
(Firma)

Médico: _____ Fecha: _____
(Firma)

APPENDIX H-5

SUSPECTED CHILD ABUSE REPORT (11166 PC)

TO BE COMPLETED BY REPORTING PARTY

CASE IDENTIFICATION	TO BE COMPLETED BY INVESTIGATING CPA
	VICTIM NAME: _____
	REPORT NO./CASE NAME: _____
	DATE OF REPORT: _____

A	REPORTING PARTY	NAME/TITLE _____ ADDRESS _____ () _____ PHONE _____ DATE OF REPORT _____ SIGNATURE OF REPORTING PARTY _____
B	REPORT SENT TO	<input type="radio"/> POLICE DEPARTMENT <input type="radio"/> SHERIFF'S OFFICE <input type="radio"/> COUNTY WELFARE <input type="radio"/> COUNTY PROBATION AGENCY _____ ADDRESS _____ OFFICIAL CONTACTED _____ () _____ PHONE _____ DATE/TIME _____
C	VICTIM	NAME (LAST, FIRST, MIDDLE) _____ ADDRESS _____ BIRTHDATE SEX RACE _____ PRESENT LOCATION OF CHILD _____ () _____ PHONE _____
SIBLINGS		1. _____ 4. _____ 2. _____ 5. _____ 3. _____ 6. _____ NAME BIRTHDATE SEX RACE NAME BIRTHDATE SEX RACE
D	PARENTS	NAME (LAST, FIRST, MIDDLE) BIRTHDATE SEX RACE NAME (LAST, FIRST, MIDDLE) BIRTHDATE SEX RACE ADDRESS _____ ADDRESS _____ () () () () HOME PHONE BUSINESS PHONE HOME PHONE BUSINESS PHONE
F	INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS CIRCLE. <input type="radio"/> 1. DATE/TIME OF INCIDENT _____ PLACE OF INCIDENT _____ (CHECK ONE) <input type="radio"/> OCCURRED <input type="radio"/> OBSERVED IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="radio"/> GROUP HOME OR INSTITUTION <input type="radio"/> FOSTER CARE <input type="radio"/> OTHER PLACEMENT (SPECIFY _____) 2. TYPE OF ABUSE: (CHECK ONE OR MORE) <input type="radio"/> PHYSICAL <input type="radio"/> MENTAL <input type="radio"/> SEXUAL ASSAULT <input type="radio"/> NEGLECT <input type="radio"/> OTHER 3. NARRATIVE DESCRIPTION: _____ _____ _____ 4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED: _____ _____ _____ 5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD: _____ _____ _____