

STATE OF NEW HAMPSHIRE



OFFICE OF THE ATTORNEY GENERAL

SEXUAL ASSAULT: An Acute Care Protocol for Medical/Forensic Evaluation

Sixth Edition, 2011

<http://doj.nh.gov/criminal/victim-assistance/documents/acute-care-protocol.pdf>

HISTORY OF THE NEW HAMPSHIRE SEXUAL ASSAULT PROTOCOL PROJECT

On April 26, 1988, the New Hampshire Legislature passed RSA 21-M:8-d, which made the State responsible for the payment of forensic medical examinations of sexual assault victims when there is no insurance ([See Appendix A](#)). Another statute, RSA 541-A, authorized the New Hampshire Department of Justice (Attorney General's Office) to "implement rules establishing a standardized rape protocol and kit to be used by all physicians or hospitals in this state when providing physical examinations of victims of alleged sexual offenses;" **This Protocol is a statutory mandate for all hospitals and physicians in the state.**

In 1989, the New Hampshire Attorney General's Office formed the Sexual Assault Protocol Committee representing the medical, legal, law enforcement, victim advocacy and forensic science communities, to establish a New Hampshire protocol and kit. The Committee took great care to make recommendations based upon the physical and emotional needs of the sexual assault victim, reasonably balanced with the basic requirements of the legal system.

The result was the publication of *Sexual Assault: A Protocol for Medical and Forensic Examination*, and a standardized evidence collection kit to be used in all of the hospitals in the state. This project was completed in June 1989.

Recognizing that forensic science is a field in continual evolution, the Protocol is continually being revised in an effort to improve evidence collection outcomes for patients who have experienced sexual assault. The following is an up-to-date list of protocol revisions:

Sexual Assault: A Protocol for Medical and Forensic Examination, First Edition 1989

Sexual Assault: A Protocol for Medical and Forensic Examination, Second Edition 1997

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Third Edition 2002

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Fourth Edition 2005

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Fifth Edition 2008

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Sixth Edition, 2011

THE NEW HAMPSHIRE SEXUAL ASSAULT AND NURSE EXAMINER ADVISORY BOARD

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OVERVIEW

PREFACE

To maximize the continuity of care for patients who have experienced sexual assault, health care professionals, in concert with other professionals who care for victims of sexual assault in New Hampshire, have developed the following approach to assist New Hampshire's medical community in the care of patients reporting an acute sexual assault.

INTRODUCTION

According to the American College of Emergency Physicians, "appropriate management of the sexually assaulted patient requires standardized clinical evaluation, and effective interface with law enforcement for the handling of forensic evidence, and coordination of the continuum of care with a community plan. Appropriate management of the sexually assaulted patient requires the clinician to address the medical and emotional needs of the patient while addressing the forensic requirements of the criminal justice system. Medical issues include acute injuries and evaluation of potential sexually transmitted infection and pregnancy. Emotional needs include acute crisis intervention and referral for appropriate follow-up counseling. Forensic tasks include thorough documentation of pertinent historical and physical findings, proper collection and handling of evidence and presentation of findings and conclusions in court." *

This document seeks to assist the medical professional in accomplishing the above tasks and meet the standard of care requirements.

**The Evaluation and Management of the Sexually Assaulted or Abused Patient, ACEP 1999.*

THE NEW HAMPSHIRE SEXUAL ASSAULT AND NURSE EXAMINER ADVISORY BOARD

In 1997 a statewide multidisciplinary team of professionals was created by the Attorney General's Office to oversee the New Hampshire Sexual Assault Nurse Examiner (SANE) Program. The goal of the SANE Advisory Board was to encourage and promote SANE practice statewide in an effort to better serve victims of sexual assault. Since that time, the role of the Board has shifted to the development and implementation of a long-term statewide response to sexual assault.

The Board acts as a statewide Sexual Assault Resource Team (SART), and consists of invited representatives from the Attorney General's Office, the New Hampshire Coalition Against Domestic and Sexual Violence and their member organizations, SANEs, law enforcement, prosecution, forensic laboratory personnel, health care organizations, as well as other disciplines.

The Board is governed by an established set of Bylaws, and its purpose is to provide on-going necessary revision to the Attorney General's *Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation*, maintain education and certification guidelines for nurses acting in the role of SANEs, make quality assurance recommendations to emergency department personnel/hospitals utilizing the statewide protocol and evidence kit; provide on-going development, implementation and evaluation (quality assurance/improvement) of the SANE Program; provide ongoing evaluation (quality assurance/improvement) of sexual assault services provided throughout New Hampshire (ie: evidence collection quality, multidisciplinary team technical assistance, etc.); oversee and evaluate the effectiveness of the SANE Program Director; and work collaboratively to resolve program-related and sexual assault response-related problems.

NEW HAMPSHIRE'S SEXUAL ASSAULT AND RELATED LAWS

New Hampshire basic statutes prohibiting sexual assault are contained in the criminal code under RSA 632-A. Copies of the full statute can be found at <http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-LXII-632-A.htm>.

OTHER STATUTES

Other statutes regulating sexual activity in New Hampshire include:

- ***Intentional Contribution to Delinquency*** under RSA 169:41 by using a minor in any acts of sexual conduct in order to create obscene material;
- ***Capital Murder*** under RSA 630:1 and ***First Degree Murder*** under RSA 630:1-a where a sexual assault occurs before, during or after a homicide;
- ***Incest*** under RSA 639:2 (having sex or living with a person closely related by blood);
- ***By soliciting penetration or by having a child pose for child pornography*** (RSA 639:3);
- ***Prostitution*** under RSA 645:2 by involving in prostitution a child under the age of 18 or by involving another by force or intimidation;
- ***Child Pornography*** under RSA 649-A:3 by participating in or directing a visual representation of a child engaged in sexual activity;
- ***Computer Pornography and Child Exploitation*** under RSA 649-B:3 by soliciting sexual conduct of or with any child or ***Certain Uses of Computer Services Prohibited*** under RSA 649-B:4 by using a computer to seduce, solicit, lure, or entice a child to engage in sexual activity;
- ***Obscene Matter*** under RSA 650:2 by presenting or directing an obscene play, dance or performance, or participating in that portion thereof which makes it obscene when it involves a child.

OTHER IMPORTANT LEGAL PRINCIPLES

Victim's Testimony: If a case goes to trial, the victim will almost certainly have to testify.

Rape Shield Privilege: Consensual sexual activity with someone other than the perpetrator is generally inadmissible. It is not admissible to show promiscuous character. It may be admissible to show the source of semen or injury. Sexual activity with the perpetrator is generally admissible with adult victims to demonstrate consent.

Clothing: Manner of dress is inadmissible to imply consent.

Spousal Privilege: Inapplicable to sexual assault cases.

Corroboration: The victim's testimony is not legally required to be corroborated. This means that the testimony of a victim is sufficient to prove any sexual assault, even where there is no independent proof. Nonetheless, corroboration is crucial in every case.

EMOTIONAL NEEDS OF THE PATIENT

CRISIS CENTER ADVOCACY

In all instances the hospital or provider shall immediately call an advocate from the local crisis center to come to the hospital and meet with the patient. The advocate should be introduced to the patient, and the patient should be allowed to choose whether or not to speak with the advocate. Having the advocate already present at the hospital will allow the patient to more readily access the support offered by the local crisis center, if she/he chooses. Confidential patient record information should not be shared with the crisis center advocate unless it is done so by the patient, thus avoiding any medical records confidentiality issues.

Crisis center advocates are specially trained to provide patients with free, confidential, non-judgmental, emotional support, information, and resources so that they can make informed decisions about their care following a sexual assault. The role of the advocate at the hospital is to support the patient during the medical exam and to help the patient understand the process and options that are available to them. Sexual assault is a traumatic experience that can be difficult to process, and patients may experience a wide range of emotions. The crisis center advocate, whose communication with the victim is privileged under RSA 173-C:2, can help address these emotional needs while maintaining the patient's confidentiality. Patients who have experienced sexual assault are usually better able to respond to procedures when they are supported, believed and safe.

It is important that the Emergency Department staff be familiar with their local crisis center(s) and the services that they offer the medical facility. (See [Appendix B](#))

WORKING WITH VICTIMS

Sexual Assault is a form of interpersonal violence that is prevalent in the United States and here in New Hampshire. Anyone can become a victim of sexual assault, and sexual violence transcends every socio-economic, cultural, gender, sexual orientation, age, physical ability, mental development and religious classification. Sexual offenses can be different kinds of crimes, including sexual assault, incest, sexual harassment, indecent exposure, child molestation, marital sexual assault and voyeurism. In each of these cases, the assailant uses sex to exert control and power over the victim. The offender may be a stranger to the victim, but most often the offender is someone the victim knows and trusts. Indeed, the offender may be an acquaintance, partner, husband, parent or other family member. A pre-existing relationship between the victim and offender does not make the crime any less serious or traumatic, and may in fact present additional challenges for the victim.

As with all forms of trauma, each individual has her/his own way of coping with the effects of the trauma. Sexual assault is certainly no different, and in the aftermath of an assault a victim may present exhibiting a wide range of emotions. Some victims may appear calm, indifferent, submissive, angry, uncooperative or even hostile to those trying to help them. They may also laugh or giggle at seemingly inappropriate times. Because everyone reacts differently following a sexual assault, victims should be allowed to express their emotions in a non-judgmental and

supportive environment. It is critical that medical staff understand that there is no 'right' or 'wrong' way for a victim to respond following an assault, and a victim's emotional reaction should in no way influence the quality of care a patient receives. How a victim presents emotionally at the hospital is in no way indicative of the degree of seriousness of the assault, nor should be taken as evidence that an assault did or did not occur.

While reactions to a sexual assault may vary significantly for each individual, there are certain common feelings and fears that many victims face including:

- Fear of not being believed
- Fear of being blamed for the assault
- Fear that the offender may come back, and/or retaliate
- Fear of unknown medical and/or criminal justice processes
- Fear of friends and family finding out
- Fear of being labeled a 'victim'
- Feelings of shame and/or embarrassment
- Feelings of guilt
- Feeling suspicious and/or hyper-vigilant
- Feeling unsafe or scared
- Feeling a loss of control

It is the duty and obligation of the responding personnel to do their best to address these concerns in a way that is appropriate and respectful to the needs of the victim.

RESPONDING TO VICTIMS

Members of the hospital and/or medical staff may be the first contact that a victim has after being sexually assaulted. As such, it is crucial that the response the victim receives be non-judgmental, supportive and informed to ensure that they do not experience further trauma. An appropriate response by the hospital and/or medical staff can significantly impact in a positive way the long-term recovery of victims. Below are some suggestions for responding appropriately to the needs of sexual assault victims in a hospital setting.

- Be aware that some victims may have had previous negative experiences with medical personnel, and may be wary of how they will be treated now. If the victim is previously known to the medical facility or provider for other reasons unrelated to the sexual assault, it

is important that the victim be treated in a fair and impartial way, regardless of any previous contact.

- In order to prevent making incorrect assumptions, nothing about the victim's life or the nature of the assault should ever be assumed. This is especially true for assuming the sexual orientation of either the victim or the offender. There are many documented instances of same-sex sexual assault, and these assaults should be addressed in the same manner as all other forms of sexual assault. Also, the gender of the offender should never be assumed, since both men and women are capable of perpetrating sexual assaults.
- Experiencing a sexual assault is in many ways the ultimate loss of control for victims. For this, and other reasons, it is imperative that the patient be informed about the medical process, and every effort should be made to give a sense of control back to the patient. Care should be taken to explain each step of the medical process, and the patient should be allowed to ask questions and make decisions about the care they are receiving. It is important that the medical personnel respect any choices made by the victim.
- It is important to note that offenders can often be family members or caretaker/service providers, especially in child abuse and elderly/incapacitated adult abuse cases. There may also be times where the offender presents as the "secondary victim" or "helping friend". Professionals need to be aware of this so the patient does not experience re-victimization, or have their decisions unduly influenced by the unwanted presence of this individual. Always ask the victim (without anyone else present) who they would like to have in the exam room and be sure to respect their decision.
- Every effort should be made by the medical personnel to assist and facilitate communication with the victim. Victims may have difficulty communicating for a number of reasons including: shock from having experienced trauma, having been drugged, not speaking English, being hearing impaired, having a cognitive defect or impaired or reduced mental capacity that makes it difficult to comprehend questions, or they may not possess the language and communication skills necessary to explain what has happened to them. Medical personnel should make every possible effort to clearly and effectively communicate at a level that is appropriate and commensurate with the victim's ability.
- When treating the **hearing impaired patient**, Section 504 of the Federal Rehabilitation Act of 1973 establishes that any agency (including hospitals and police departments) that directly receive federal assistance or indirectly benefit from such assistance, must be prepared to offer a full variety of communication options in order to ensure that hearing impaired persons are provided with effective health care services. These options, which must be provided at no cost to the patient, include an arrangement to provide interpreters who can accurately and fluently communicate information in sign language. Examiners may contact **the *Emergency Interpreter Referral System*, seven days a week, 24 hours a day at 1-800-522-3202 for emergencies only.**
- Feelings of guilt and shame, and that the victim somehow 'caused' the assault are common experiences. These feelings can be especially strong in cases where alcohol was involved, or when a male is the victim of the assault. Victims may feel ashamed that they were unable to

protect themselves from the assault, and/or confused if they experienced an involuntary physiological response to the assault. It is important that the victims be reassured that the assault was not their fault and whatever they did to survive the assault was the right thing to do.

- It is important to recognize that sexual assault affects everyone involved with the primary victim of the crime. The family and friends of the sexual assault victim are also, in many ways, victims of the sexual assault and may experience feelings similar to those of the actual victim. It is important to recognize that this population may need assistance as well, and to help them access the resources available at the local crisis center. These so-called ‘secondary victims’ are usually able to better support and respond to the needs of the primary victim when they themselves are receiving support and services.
- Certain victims may be hesitant to present for care out of fear that they will get in trouble because of their conduct before or after the assault. This can be a particular concern for the adolescent population where underage drinking, drug consumption and sneaking out or lying to their parents or caregivers may have occurred. It is important to reassure victims that any decision or choice they made does not mean they deserved to be sexually assaulted

PRESENTATION OF PATIENT

EMERGENCY MEDICAL SYSTEM (EMS) RESPONSE

- A life-threatening emergency should be treated as dictated by area Emergency Medical Services (EMS) protocols.
- Because of the health implications associated with sexual assault, the patient should always be encouraged to seek medical care as soon as possible.
- If the patient is 18 or older, and a sexual assault has occurred, the patient should be asked if she/he would like the police contacted.
- If the patient is under 18, and a sexual assault has occurred, the police should be contacted immediately.
- The patient should be advised not to eat, drink, shower, douche, go to the bathroom or change clothing if at all possible.
- If pre-hospital personnel are called and there is no life-threatening situation and the crime is being reported, they should wait for police to secure the scene, as this is a crime scene.
- If a cellular phone or HEAR system is used, the word “assault” not “sexual assault” should be used in reporting with further details given at the hospital. In order to protect the privacy of the patient, whenever possible, a landline should be used to report to the hospital.

- If the patient has removed clothes worn during the assault, they should be put in separate **paper** bags and be brought to the hospital with the patient.
- If for any reason, regardless of gender, EMS personnel need to touch the patient, verbally request permission to do so from the patient, explaining what needs to be done and why.
- Limit the amount of physical contact with the patient to avoid unnecessary transfer of physical evidence.
- When transferring patient to a local hospital for treatment, call dispatch and request that crisis center personnel be dispatched to the hospital as well.
- If the patient refuses treatment and/or transport to the hospital, document all findings and observations, and complete the necessary paperwork.

LAW ENFORCEMENT ACCOMPANIMENT

- Depending on your area, law enforcement investigators may be present, or not, during the examiner's history taking. The final decision in regards to who is present during history taking is one made by the patient.
- **There is no time when it would be appropriate for the law enforcement officer to be present during the physical examination and evidence collection.**
- The role of law enforcement in sexual assault investigations is thoroughly discussed in the Attorney General's [*Sexual Assault: A Protocol for Law Enforcement: Response and Investigation of Adult Sexual Assault Cases*](#)
- When a patient has reported the assault to law enforcement, it is appropriate and expected that the examiner share pertinent information with that law enforcement official regarding the sexual assault.
- For clarification regarding the Health Information Portability and Accountability Act (HIPAA) ([*APPENDIX M*](#))

EMERGENCY DEPARTMENT RESPONSE

- Whether the sexually assaulted patient arrives by ambulance, alone or with law enforcement, the sexual assault should be treated as a medical emergency.
- The patient should be escorted as soon as possible to a private location within the hospital where an examination and treatment can take place.

<p><u>THE HOSPITAL SHALL IMMEDIATELY CALL A SEXUAL ASSAULT CRISIS ADVOCATE FROM THE LOCAL CRISIS CENTER AND HAVE THAT PERSON AVAILABLE TO MEET WITH THE PATIENT.</u></p>

- The examiner should explain to the patient that crisis center advocates provide free, confidential crisis intervention and on-going counseling and emotional support, both to the patient and the patient's family. The advocate can also explain legal procedures and provide necessary referrals such as support groups and therapists.
- The patient should be introduced to the crisis center advocate and given the option of meeting privately. If the patient declines, the examiner should give the patient contact information about the local crisis center. Whenever possible, the crisis center advocate should wait until the examination is complete to ensure the patient has not changed her mind.
- In hospitals that provide Sexual Assault Nurse Examiner (SANE) services, the SANE should be notified as soon as the patient presents at the emergency room.
- Regardless of who will complete the medical/forensic evaluation, all the available options should be reviewed with the patient. The patient's decision whenever possible should be carried out by the health care providers.

OUT-OF-STATE SEXUAL ASSAULT

Because the state of New Hampshire borders Canada, Vermont, Maine and Massachusetts, it is not only conceivable but also probable that a victim of sexual assault, who experienced the assault in another state or country, will come to a New Hampshire hospital for an examination.

In the event the sexual assault occurred outside the state of New Hampshire, the examiner should adhere to the following recommendations:

- Utilize the **New Hampshire** *Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Sixth Edition 2011* and the accompanying *New Hampshire evidence collection kit*.

In all cases of reported sexual assault, the **law enforcement agency in the jurisdiction where the assault occurred** is the law enforcement agency charged with investigating the assault and facilitating transfer of the evidence collected from the hospital to the appropriate forensic laboratory in the state where the assault took place..

SPECIAL PROGRAMS

THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM

New Hampshire's goal is to provide statewide consistent care that respects the emotional and physical needs of the sexually assaulted patient while collecting the best possible medical/forensic evidence. The state recognizes the many emergency room doctors and nurses who currently provide excellent care to victims of sexual assault, but in an effort to ensure that this care is uniform and standardized throughout the state, the Sexual Assault Nurse Examiner (SANE) Program was created.

A SANE is a Registered Nurse (RN) who has been specially trained to provide comprehensive care to patients who have experienced sexual assault. The RN has demonstrated competency in conducting a medical/forensic examination as well as the ability to testify in court when necessary. There is differentiation made between the SANE, who evaluates the adolescent and adult population, and the SANE who is additionally trained in the evaluation of the pre-pubertal child.

The goal is to have all sexual assault medical/forensic examinations in New Hampshire performed by Sexual Assault Nurse Examiners or physicians and other advanced practice professionals who have gone through the SANE training or its equivalent. For more information call the SANE Director *at (603) 224-8893, extension 307.*

NEW HAMPSHIRE VICTIMS' COMPENSATION PROGRAM

Patients who are victims of sexual assault may also be eligible to apply to the **New Hampshire Victims' Compensation Program** for compensation of medical/dental expenses, mental health therapy expenses, lost wages or other out-of-pocket expenses not covered by insurance or other resources available to the victim. The compensation must be directly related to the victims' condition as a result of the crime. Property losses and pain and suffering cannot be compensated using this method of compensation. In order to qualify, the victim must report the crime to law enforcement.

The victim should be told to call **1-800-300-4500** for information about the compensation program. For more information go to: <http://doj.nh.gov/grants-management/victims-compensation-program/index.htm>

PATIENT OPTIONS

PRE-PUBESCENT CHILDREN

A medical evaluation holds an important place in the assessment of child abuse. All children who are suspected victims of any type of child abuse should be offered a medical evaluation. The goal of the medical evaluation is to establish the safety, health and well-being of the child and to collect and preserve potential evidence that may be used in future legal proceedings. In addition, this evaluation will establish any needed follow-up referrals necessary in maintaining good health.

In these types of cases, it is critical that there be a consistent approach to diagnosis, evaluation, and medical/forensic treatment. To this end, the New Hampshire Attorney General's Task Force on Child Abuse and Neglect, Department of Health and Human Services and the New Hampshire Children's Alliance (formerly known as the New Hampshire Network of Child Advocacy Centers developed a comprehensive document entitled *Child Abuse and Neglect, Third Edition 2008*). This protocol can be found on the Attorney General's web site by following the appropriate link <http://doj.nh.gov/criminal/victim-assistance/documents/abuse-investigation-protocol.pdf>.

While many children do not come forward immediately following the sexual abuse, children who DO present in an acute manner will require thorough evidence collection procedures. In those instances, the State of New Hampshire Sexual Assault Evidence Collection Kit should be modified to accommodate the examination of the child. **The highlights of these modifications can be found on the instruction sheet and in Step 2.**

When examining a child, the local crisis center should be contacted to support the **non-offending** parents/family members during the exam.

In addition, there is a Child Advocacy Center (CAC) (See [Appendix C](#)) in each county. The purpose of these centers is to provide a comprehensive, culturally competent, multidisciplinary team response to child abuse and neglect cases, in a dedicated child-friendly setting. The team response includes representatives from law enforcement, DCYF, prosecution, mental health, medical, and victim/witness and crisis center advocates. The goals of a CAC include reducing the trauma to child victims by decreasing the number of interviews, promoting collaboration among disciplines and enhancing the overall investigations and prosecutions of child abuse and neglect cases. At present, unless the CAC is medically based, referrals come in through law enforcement and DCYF.

ADOLESCENTS

The sexual assault of an adolescent, and the decision whether to perform the sexual assault kit can be difficult. For female patients who have reached the onset of their menses, this protocol should be followed. For male patients who have reached Tanner Developmental Stage III, this

protocol should be followed. All other populations of children require the practitioner to follow the previously mentioned *Child Abuse and Neglect, Third Edition 2008* (see above) and the evidence kit with modifications as described in this protocol.

REPORTING TO LAW ENFORCEMENT

Recognizing that a successful prosecution of a sexual assault case is dependent upon a cooperative victim, most sexual assault cases of **patients over the age of 18, are not required to be reported to the police, and it is the victim's decision whether or not to report the crime.** The current laws under RSA 631:6 are as follows:

If the victim is 18 years of age or older, and has received a gunshot wound or other serious bodily injury, the injuries must be reported to the police. As defined in RSA 161-F:43 “*serious bodily injury*” means any harm to the body, which causes or could cause severe, permanent or protracted loss of or impairment to the health or of the function of any part of the body. Exception as defined in RSA 631:6: A person who has rendered treatment or other assistance is excepted from the reporting provisions if the person seeking or receiving treatment or other assistance: (a) is 18 years of age or older, (b) has been a victim of a sexual assault offense or abuse as defined in RSA 173-B:1, and (c) objects to the release of any information to law enforcement officials. The exception shall not apply if the sexual assault or abuse victim is also being treated for a gunshot wound or other serious bodily injury.

Child maltreatment is unfortunately not uncommon and any examiner who deals with children will be faced with situations involving abuse and/or neglect. New Hampshire law (RSA 169-C) requires that **any person who has reason to suspect that a child under the age of 18 has been abused or neglected must report the case to the Central Intake Office of the Division of Children Youth and Families at 1-800-894-5533 or 603-271-6556.** Even if there is no current injury, suspected child abuse must be reported under RSA 169-C. There are no exceptions. (See [Appendix F](#))

Elderly and incapacitated adults are at extremely high risk for experiencing a sexual assault. Protective Services to Adults (RSA 161-F), provides protection for incapacitated adults who are abused, neglected or exploited. This statute applies to **any person who is 18 years of age or older and “who is thought to manifest a degree of incapacity by reason of limited mental or physical function which may result in harm or hazard to himself or others or who is a person unable to manage his estate.”** **Any person who has reason to believe that any incapacitated adult falling under this statute has been subjected to physical abuse, neglect or exploitation must report the abuse** to their local *District Office of the New Hampshire Bureau of Elderly and Adult Services*. (See [Appendix G](#)) For more information, call (during business hours) The Bureau of Elderly and Adult Services at 1-800-322-9191 or 603-271- 3610.

REPORTING ANONYMOUSLY

Some patients who present themselves to the emergency department for medical/forensic treatment may, because of the trauma they have experienced, be undecided over whether to report the crime to law enforcement.

Recognizing the dual importance of being sensitive to the needs of the patient and the timely collection and preservation of irretrievable physical evidence, the anonymous reporting procedure was developed with respect to both of these considerations. The anonymous reporting procedure ensures that victims of sexual assault, who are undecided over whether or not to report the assault, have the opportunity to retrieve evidence that would otherwise be destroyed through normal activity. Patients may maintain their anonymity with law enforcement until such time as they decide to report the crime.

The evidence is collected in accordance with the New Hampshire *Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation (Sixth Edition, 2011)*, except that the identity of the patient is not documented on any of the specimens or paperwork provided in the Sexual Assault Evidence Collection Kit. A unique serial number is provided on the end of each Evidence Collection Kit box and this serial number is used in place of the victim's name on all specimens and paperwork.

Once the examination is complete, and the patient is discharged, the examiner will turn over the anonymous kit (the same procedure as for other kits) to the law enforcement agency in the jurisdiction where the crime occurred, if the crime occurred in New Hampshire. If the crime occurred outside of New Hampshire or the local law enforcement agency in the jurisdiction where the crime occurred cannot pick up the kit, the examiner will turn over the anonymous kit to the New Hampshire State Police. **Law Enforcement will then transport the evidence to the New Hampshire State Police Forensic Laboratory, just as they would in a reported case.**

VERY IMPORTANT: ALL KITS, INCLUDING ANONYMOUS KITS SHOULD BE TRANSPORTED TO THE STATE POLICE LABORATORY AND SHOULD NOT BE KEPT AT THE POLICE DEPARTMENT.

The anonymous kit is kept in storage at the crime lab for 60 days from the date of the medical/forensic examination. If the victim has not reported the crime to law enforcement during this time period, the evidence will be returned to the submitting police department for final disposition. **The patient is informed that if s/he ultimately chooses not to report the crime the evidence, including clothing, will not be returned but will be sent back to the police department for storage or disposal.**

It is strongly recommended that if the anonymous victim has not reported the incident to law enforcement during the 60 days that the crime lab will hold onto the kit, the law

enforcement agency will store the kit in evidence, upon its return from the crime lab, until the statute of limitations for the offense has run out.

If the patient ultimately **chooses to report** the crime to law enforcement, s/he will have received upon hospital discharge the kit serial number from the medical record. The patient will then provide that number to the police so that the evidence may then be associated with the reporting victim and an investigation of the crime, including the examination of the evidence, may commence.

It is important to recognize that any crime victim has the right to report the crime at any time following the commission of that crime. Whether the crime can be prosecuted is a matter that will be determined by the criminal justice system, who will take into account many factors (i.e. statute of limitations).

The Anonymous Kit cannot be completed on anyone under the age of 18. No kit analysis shall be performed until a report is made to law enforcement.

NOT REPORTING

Persons who are 18 years of age or older and have not sustained a gunshot wound or serious bodily injury must be asked whether they object to having their injuries reported to the police. It is their decision whether or not to report the crime to the police. If the patient chooses not to report, it is the responsibility of the health care professional to educate the patient on the fact that if s/he ultimately chooses not to report the crime the evidence, including clothing, will not be returned but will be sent back to the police department for disposal after 60 days.

THE MEDICAL/FORENSIC EVALUATION

LOCATION

Adolescents and adults should be treated in a hospital emergency department or a specially designed area with rapid access to the hospital emergency department. Hospitals providing sexual assault treatment should have a 24-hour emergency room facility with staff trained in sexual assault medical/forensic examinations.

HIPAA

The HIPAA regulation is the first federal medical privacy law of its kind in United States' history. While many states have laws that protect patient privacy, the HIPAA regulation creates a federal floor for privacy protections to ensure that minimum levels of protection are in place in all states.

In the most general sense, the regulation *prohibits* use and disclosure of protected health information unless expressly permitted or required by the regulation. The regulation *requires* disclosure (1) to the individual who is the subject of the information and (2) to Health and Human Services for enforcement purposes. The new regulation does not create mandatory reporting in a state where there was no previous mandatory reporting. But, by the same token, **HIPAA regulations do not preempt the health care providers' obligation to report, that which is reportable under New Hampshire law.**

The new federal rules do not preempt state laws that are more protective of patient privacy. In addition, the regulation does not preempt state laws that authorize or prohibit disclosure of health information about a minor to a parent or guardian. New Hampshire statutorily grants a patient the right of access to his or her medical records, which are owned by the patient but housed in the possession of the facility or provider. (RSA 151:21)

For a summary of state privacy laws see the Georgetown University Health Privacy Project's *The State of Health Privacy: An Uneven Terrain* (Health Privacy Project (July 1999)). (www.healthprivacy.org)

CONSENT

It is standard hospital practice to obtain a patient's written consent before conducting a medical examination or administering any treatment. However, informed consent is a continuing process that involves more than obtaining a signature on a form. Therefore, all procedures should be explained as much as possible, and as many times as necessary, so the patient can understand what the examiner is doing and why. Explanation of the examination and treatment process are solely the responsibility of the examiner.

If at any time, a patient expresses resistance or non-cooperation, the examiner should immediately discontinue that portion of the process, discuss any concerns or questions the patient may have regarding that procedure and make a determination about whether or not they can continue. The examiner may consider returning to that procedure at a later time in the examination, but only if the patient then agrees. In either event, the patient should have the right

to refuse one or more tests or to refuse to answer any question without that decision negatively impacting the remainder of the exam.

The Adolescent Patient

An adolescent brought into the emergency department must give her/his own consent. If the circumstances permit, parental/guardian consent to examine the patient should be obtained but it is not absolutely necessary. The patient should be told that if she/he is under the age of 18, it is mandatory for the examiner to notify the *Division for Children, Youth and Families*. (See [Appendix F](#))

The Incoherent/Unconscious Patient

Due to the increasing use of drugs to facilitate sexual assault, circumstances are certain to arise where there is a high degree of suspicion regarding sexual assault, but the patient is unable to give formal informed consent. In these circumstances, because evidence collection is part of the standard of care in sexual assault, and because evidence is lost with the passing of time, it is recommended that health care institutions address this possibility in their accepted institutional policies and practices prior to the emergency circumstance. If conflict arises in recommended practice, it is appropriate to involve the institution's bioethics committee. The following is a list of possible consent-related options in this circumstance (not all-inclusive):

- Obtain consent from the patient's legal spouse or parent
- Utilize anonymous evidence collection option until an informed decision can be made by the patient regarding the assault and any subsequent report to the law enforcement authorities
- Obtain a search warrant for the evidence collection and transfer by law enforcement
- Maintain evidentiary integrity (do not bathe, destroy clothing, etc.) until patient regains consciousness

In the case of a "highly suspicious for sexual assault" unconscious/incoherent patient who is under the age of 18, parental consent should be obtained for all aspects of the examination, unless there is reason to believe the parent is the perpetrator. In this instance, DCYF and law enforcement should be notified.

Should the unconscious/incoherent patient fail to regain consciousness, or die as a result of the assault, a report should be made to law enforcement by examining personnel.

ACUTE VERSUS NON-ACUTE SEXUAL ASSAULT

A medical/forensic examination should be performed in all cases of sexual assault, regardless of the length of time that may have elapsed between the time of the assault and the examination. Some patients may ignore symptoms that would ordinarily indicate serious trauma, both physical

and psychological. There may also be areas of tenderness which will later develop into bruises, but which are not apparent at the time of initial examination.

If the assault occurred within 5 days of the examination it should be considered acute, and an evidence collection kit should be used. If it is determined that the assault took place more than 5 days before the examination, it is generally not necessary to use an evidence collection kit. It is important that the examiner realize that evidence may still be gathered by documenting findings made during the medical/forensic history and examination, as well as taking photographs. **It is equally important that the examiner be aware that the time frame for specific pieces of evidence may differ from the “5 day” rule. For specific time frames the examiner should reference the specific step in the protocol.**

The job of the examiner is to obtain a history, examine the patient thoroughly, describe the findings objectively, collect necessary forensic evidence and treat the patient on an individual basis. Each case should be completed with the knowledge that the examiner may be expected to give testimony as to the patient’s evaluation and treatment.

When a medical/forensic examination is performed, it is vital that the medical and evidence collection procedures be integrated at all times. The coordination of medical and forensic procedures is crucial to the successful examination of sexual assault patients. For example, in order to minimize patient trauma, blood drawn for medical purposes should be done at the same time as blood drawn for evidence collection purposes. When evidence specimens are collected from the oral, vaginal, or rectal orifices, cultures for sexually transmitted infection should be taken at the same time.

COLLECTING AND PACKAGING EVIDENCE

- The examiner should always wear powder-free gloves when collecting and packaging evidence.
- The examiner should always change gloves between specimen collections.
- Clothing and other evidence specimens must be sealed in paper or cardboard containers.
- All wet evidence should be dried prior to packaging whenever possible.
- In the event that the evidence is wet, the items may be first placed in paper bags then into plastic bags, provided that holes for ventilation are made in the plastic bag.
- **Urine specimens obtained should be sealed in a biohazard bag, then in a paper bag, and NEVER PLACED INSIDE THE EVIDENCE KIT.**
- All hospital Occupational Health and Safety regulations should be followed per institutional policy.
- Envelopes containing evidence should never be sealed with the examiner’s saliva. Self-adhesive envelopes or tape should be used.
- Paper bags should be sealed with tape, never staples.

CHAIN OF CUSTODY

While medical information and forensic evidence may be collected together, forensic evidence must be collected, preserved and documented in a manner that ensures its admissibility at a later date as evidence in court. The custody of the evidence in the collection kit, as well as any clothing or other collected items, must be accounted for from the time it is initially collected until it is admitted into evidence at trial. This is accomplished by establishing a “**chain of custody**”. Chain of custody chronologically documents each individual who handles a piece of evidence from the time it is collected. The unbroken chain of custody establishes the integrity of the evidence and any subsequent analysis of the evidence and is a prerequisite to admitting the evidence in court.

Sealing the kit with the evidence tape provided, and initialing that seal, ensures the integrity of the medical/forensic evidence by establishing that it has not been tampered with. This also applies to any clothing or other items collected that are not sealed in the kit.

The chain of custody of a piece of evidence is established by documenting the name and date that the item is received and/or transferred to another individual, beginning at the date and time the evidence is initially collected. The evidence must also be labeled with the name of the patient or kit serial number, the sexual assault examiner and the source of the specimen. Additionally, the evidence must be kept in a manner that precludes tampering. This is accomplished by sealing the evidence kit with the evidence tape provided, initialing the seal and by keeping the evidence in a secure place. It is important to emphasize that the documentation of the chain of custody includes the receipt, storage, and transfer of evidence.

STEP 1: AUTHORIZATION FOR COLLECTION AND RELEASE/TRANSFER OF EVIDENCE AND USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION FORM

Fill out all requested information and have patient (or parent/guardian when applicable) and witness sign where indicated. This form should be completed in all instances, regardless of patient age. Fill out all information requested and have patient (or parent/guardian, if applicable) and witness sign where indicated. The bottom of the form indicates where each duplicate copy should go.

NOTE: THE TOP SECTION IS FOR REPORTED/REPORTABLE CASES, THE BOTTOM SECTION FOR ANONYMOUS CASES.

STEP 2: SEXUAL ASSAULT EVIDENCE COLLECTION KIT INVENTORY

Fill out all requested information, date and sign. This form should be completed in all instances, and will give the examiner an account of what was and was not collected at the time of the exam should the information be necessary during testimony. **This should be retained with the medical record.**

STEP 3: SEXUAL ASSAULT MEDICAL/FORENSIC REPORT FORM

Fill out all requested information utilizing the forms provided. **This form should be completed in all instances, regardless of patient age.** Do not copy and submit the rest of the patient's medical record in the evidence kit. The bottom of the form indicates where each duplicate copy should go.

Date and Time of Assault/Date and Time of Collection

It is essential to know the period of time that has elapsed between the time of the assault and the collection of evidence. The presence or absence of semen may correspond with the interval since the assault.

Gender and Number of Offenders

Forensic serologists seek evidence of cross-transfer of trace materials among the patient, offender(s), and scene of the crime. These trace materials include foreign hairs and the deposit of secretions from the assailant(s) on the patient. The gender of the offender may determine the type of foreign secretions that may be found on the patient's body and clothing. Therefore, the serologist should be informed whether to search for foreign semen or vaginal secretions, so they can focus the analysis on the relevant stains.

Details of the Assault

An accurate but brief description of the assault is crucial to the collection, detection, and analysis of physical evidence. This includes the discovery of attempted oral, anal, rectal, and vaginal penetration of the victim, oral contact by the offender, ejaculation (if known by the victim) and penetration digitally or with foreign object(s).

Action of Patient Since the Assault

The quality of evidence is critically affected both physically and chemically by actions taken by the patient and by the passage of time. For example, the length of time that elapses between the assault and the collection of evidence, as well as self-cleansing efforts of the patient, can affect the rate of drainage of semen from the vagina or rectum. The presence of evidence such as foreign hairs or fibers deposited on the patient by the assailant or transferred to the patient at the crime scene may also be affected. It is important for the analyst to know what, if any, activities were performed prior to the examination, any of which could help explain the absence of secretions or other foreign material. Failure to explain the circumstances under which semen or other body fluids could have been destroyed might jeopardize criminal prosecution if apparent contradictions cannot be accounted for in court.

Lubricants/Contraceptive Methods/Menstruation Information

Lubricants of any kind, including oil or grease, lotions or spermicide, are trace evidence and may be compared with potential sources left at the crime scene or recovered from the body of the assailant. Knowing whether or not a condom was used also may be helpful in explaining the absence of semen.

Tampons and sanitary napkins can absorb all of the assailant's semen, as well as any menstrual blood present. Additionally, the presence of blood on the vaginal swab could either be from trauma or as a result of menstruation.

Last Consensual Sex

When analyzing semen specimens in sex-related crimes, forensic analysts sometimes find genetic markers that are inconsistent with a mixture from only the patient and the assailant. A mixture of semen from a assailant and the patient's pre-assault or post-assault sexual partner could lead to DNA evidence which, if unexplained, could conflict with the patient's own account of the assault.

Many forensic analysts request that the examiner ask patients if they engaged in voluntary sexual intercourse within several days prior to or after the assault. If so, patients are then asked the date of the contact in order to help determine the possible significance of semen remaining from such activity.

Very often, the date of last voluntary coitus is asked during the physical examination. Knowing who the prior sexual contact was is significant only to the extent that saliva and blood samples from the individual involved can be made available for comparison if needed. **Therefore, this person's identity is not relevant either to the medical examination or for the initial findings of the crime laboratory and should not be sought at time of initial examination.**

Many factors can influence the interpretation of the scientific findings. Semen can remain in the vagina and cervix from several hours to several days, and for shorter periods of time in the rectum. Although the majority of sexual assault cases involve detectable semen lasting up to 72 hours, the disappearance of semen from the vaginal or rectal orifice usually is gradual, not sudden. The amount of residual semen can be extremely variable, depending on the patient's own physiology, any cleansing activities following coitus, the original volume of semen, the effectiveness of the medical collection procedure, and the sensitivity of the analytical method employed by the crime laboratory. If the patient has had recent voluntary coitus, then the ejaculate of that sexual partner could be present on the specimen and not necessarily be that of the assailant. In order to interpret the results correctly (to avoid falsely excluding the assailant as the donor of the semen or falsely including an innocent party), correct interpretation of analytical results requires knowing all those persons who could have contributed to the sample.

The recollections of the patient may become less accurate if they go unsolicited until after the crime laboratory identifies discrepancies between the assailant's known DNA type and the DNA type of the seminal stains. In some jurisdictions, several months may elapse between the initial medical examination, the crime laboratory analysis, and the follow-up interview with the prosecutor and victim.

STEP 4: BLOOD/URINE TOXICOLOGY SAMPLES ENVELOPE

(COLLECT ONLY IF DRUG FACILITATED SEXUAL ASSAULT IS SUSPECTED – DO NOT COLLECT IN ALL CASES.)

Note: In order to minimize patient discomfort, blood needed for other tests, including pregnancy, should be drawn at this time. **THESE TEST RESULTS SHOULD NOT BE INCLUDED IN THE KIT, BUT SHOULD REMAIN AT THE HOSPITAL. All blood tubes and urine collection cups should be taken from the hospital supply**

Suspected Drug Facilitated Sexual Assault

Unknown drug ingestion has become a common tool of sex offenders to aid in the commission of their crimes. Commonly used drugs include Ketamine, Rohypnol, Gamma Hydroxybutyrate (GHB), Ecstasy and a variety of prescription medications. These drugs are often mixed with alcohol or other beverages to incapacitate the victim. Once the victim recovers from the effects of the drug, anterograde amnesia may make it difficult to recall the events following the ingestion of the drug. For this reason, sexual assault victims may not be aware of the assault or whether or how they were drugged.

The examiner should be aware of the possibility of unknown drug ingestion and discuss the possibility with the patient. Ask the patient to describe any symptoms that may indicate the use of a drug and offer to test for the drug's presence in the body. It is important for the examiner to realize that their hospital-based laboratory may be limited in its ability to test for specific substances. [Appendix E](#) provides some web-based resources the examiner may find helpful.

On October 12, 1996, a federal law entitled "The Drug-Induced Rape Prevention and Punishment Act of 1996" was enacted. The bill provides penalties of up to 20 years imprisonment for persons who intend to commit a crime of violence by distributing a controlled substance to another individual without that individual's knowledge.

Testing for the Presence of Drugs Used to Facilitate Sexual Assault

If the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of unknown drug ingestion, the patient should be asked for consent to have a blood and/or urine sample collected for identification of drugs commonly used to facilitate sexual assault.

If the patient consents to the testing, the following procedures should be followed:

1. If ingestion was within **48 hours**, collect both blood and urine samples.
2. If ingestion was between **48 and 96 hours**, collect a urine sample only.
3. If ingestion was over **96 hours**, neither sample should be collected.

Blood Sample

Except in pre-pubertal cases, if the ingestion occurred within **48 hours**, collect a **10 milliliter sample of liquid blood** into a hospital supplied Purple Top (EDTA) tube, using normal blood drawing procedures. Label tube with: Patient's name, DOB, date, time and phlebotomist's initials. Place blood tube in bubble wrap and into envelope. Seal and fill out all information as requested (STEP 4).

Urine Sample

In addition to blood, if the ingestion occurred within **96 hours**, collect a **100 ml urine sample** in hospital-supplied urine sample container. Label with patient's name, DOB, date, time and collector's initials. Place urine container in a liquid tight re-sealable plastic bio-hazard bag and **leave outside the kit** for law enforcement personnel. Refrigerate urine sample to prevent sample degradation. If transport of specimen to the crime lab is to exceed one hour, freeze the urine specimen. **DO NOT PLACE URINE SAMPLE IN THE SEXUAL ASSAULT EVIDENCE COLLECTION KIT.** No toxicology testing will be performed on samples collected anonymously until such incidents are reported.

NOTE: IF BLOOD/URINE SAMPLE IS TAKEN ASK PATIENT IF S/HE IS ON ANY PRESCRIPTION DRUGS AND DOCUMENT DRUGS ON ENVELOPE.

STEP 5: OUTER CLOTHING and STEP 6: UNDERPANTS

Clothing frequently contains the most important evidence in a case of sexual assault. The reasons for this are two-fold:

- Clothing provides a surface upon which traces of foreign matter may be found, such as the assailant's semen, saliva, blood, hairs, and fibers, as well as debris from the crime scene. While foreign matter can be washed off or worn off the body of the patient, the same substances often can be found intact on clothing for a considerable length of time following the assault.
- Damaged or torn clothing may be significant. It may be evidence of force and can also provide laboratory standards for comparing trace evidence from the clothing of the patient with trace evidence collected from the suspect and/or the crime scene.

The most common items of clothing collected from patients and submitted to crime laboratories for analysis are underwear, hosiery, blouses, shirts, and slacks. There are also instances when coats and even shoes must be collected. **These items should only be taken if the patient wore them at the time of the assault and they likely contain evidence in the case. A patient's wallet, cash and credit cards should not be taken. A patient's jewelry should not be taken. If the examiner believes material has been transferred from the assailant onto the victim's jewelry, the jewelry should be swabbed using sterile water and swabs, and packaged appropriately as part of the evidence collection kit.**

In the process of criminal activity, different garments may have contact with different surfaces and debris from both the crime scene and the assailant. Keeping garments separate from one another permits the forensic scientist to reach certain pertinent conclusions regarding reconstruction of criminal actions. **Therefore, each garment should be placed separately in its own paper bag to prevent cross-contamination.**

When the determination has been made that the victim's clothing contains possible evidence related to the assault, **with patient consent**, those items should be collected. The patient has the right to refuse to turn over any article of clothing. Underpants of female victims of sexual

assault where penile-vaginal penetration has occurred should always be collected if the patient is seen within **72 hours** of the examination, even if the patient has changed underpants since the assault.

If it is determined that the patient is not wearing the same clothing, the examiner should inquire as to the location of the original clothing. This information should be given to the investigating officer so that he or she can make arrangements to retrieve the clothing before any potential evidence is destroyed.

The patient may be wearing a sanitary napkin at the time of the exam. In this instance the underpants need not be collected. Instead, the napkin should be collected as evidence by drying and folding the napkin in on itself, inserting the napkin into the underpants collection bag, and labeling and sealing the bag accordingly.

Clothing Collection Procedure

The clothing should then be collected and packaged in accordance with the following procedures:

After air-drying items when necessary, such as underpants, hosiery, slippers, or bras, they should be put into individual small paper bags. Any wet stains, such as blood or semen, should be allowed to air dry before being placed into paper bags. It is preferable that each piece of clothing be folded inward, placing a piece of paper against any stain, so that the stains are not in contact with the bag or other parts of the clothing.

If, after air drying as much as possible, moisture is still present on the clothing and might leak through the paper bag, the labeled and sealed clothing bags should be placed inside a larger plastic bag with the top of the plastic bag left open. In these instances, a label should be affixed to the outside of the plastic bag, which will alert law enforcement that wet evidence is present inside the plastic bag. This will enable law enforcement to remove the clothing and avoid loss of evidence due to putrefaction.

It is important to remember that sanitary napkins, tampons, and infant diapers may also be valuable as evidence because they may contain semen or pubic hairs from the perpetrator. Items such as slacks, dresses, blouses, or shirts should be put into larger paper bags.

STEP 7: ORAL SWABS AND SMEAR

In cases where the patient was forced to perform oral sex, the oral swabs and smear can be as important as the vaginal or rectal samples. The purpose of this procedure is to recover seminal fluid from recesses in the oral cavity where traces of semen could survive.

If the sexual assault occurred within 24 hours of the patient's presentation, swab the oral cavity using the two swabs provided, either individually or together. Attention should be paid to those areas of the mouth, such as between the upper and lower lip and gum, where semen might remain for the longest amount of time. Prepare the oral smear by wiping both swabs across the surface of the labeled glass slide. *The smear should not be fixed or stained.* Allow oral swabs

and smear to air dry. Return smear to slide holder and place the swabs in the swab box. Return slide holder and swab box to the Oral Swabs and Smear envelope (Step 7). Seal and fill out all information requested on envelope.

Swab and Smear Collection Procedure

The purpose of making smears is to provide the forensic analyst with a nondestructive method of identifying semen. This is accomplished through the identification of the presence of spermatozoa. If no spermatozoa are present, the analyst will then proceed to use the swabs to identify the seminal plasma components to confirm the presence of semen.

If patients must use bathroom facilities prior to the collection of these specimens, they should be cautioned that semen or other evidence may be present in their pubic, genital and anal areas and to take special care not to wash or wipe away those secretions until after the evidence has been collected.

The number of tests that lab personnel can perform is limited by the quantity of semen or other fluids collected; therefore, two swabs should be used when collecting specimens from the oral, anal and rectal cavities. All four swabs should be used either individually or in pairs when collecting specimens from the vaginal cavity.

When taking swabs, the examiner should take special care not to contaminate the individual collections with secretions or matter from other areas, such as vaginal to rectal or penile to rectal. Such contamination may unnecessarily jeopardize future court proceedings.

Depending upon the type of sexual assault, semen may be detected in the mouth, vagina, anus or rectum. However, embarrassment, trauma, or a lack of understanding of the nature of the assault may cause a patient to be vague or mistaken about the type of sexual contact that actually occurred. For these reasons, and because there may also be leakage of semen from the vagina or penis onto the anus, even without rectal penetration, it is recommended that the patient be encouraged to allow examination and collection of specimens from both the vagina and anus.

In cases where a victim is certain that contact or penetration involved only one or two orifices (or in some circumstances, no orifices at all), it is important for the victim to be able to refuse these additional tests. This "right of refusal" also will serve to reinforce a primary therapeutic principle - that of returning control to the victim.

Each of the oral, vaginal/penile and anal collection envelopes contain the applicable slide with which to create the smear. When swabs are collected from each of these orifices, the first two swabs collected should be utilized to make the appropriate smear by placing the cotton end of the collected swab in the center of the slide and smearing the center of that slide with the collected specimen. Care should be taken to be sure the correct side of the slide is used to make the smear. The correct side of the slide is indicated by the label marked "oral" or "vaginal/penile" or "rectal." *The smear should not be fixed or stained.*

STEP 8: DNA SAMPLE/BUCCAL SWABS

In some instances of sexual assault, dried deposits of blood, semen, or saliva may be found at the crime scene or on the body or clothing of either the patient or suspect. The purpose of collecting DNA Sample/Buccal Swabs is to determine the patient's DNA profile for comparison with such deposits.

Swab the inner aspects of both cheeks with both swabs until moistened. Allow both swabs to dry. Place swabs in box. Return swabs to the DNA Sample/Buccal Swabs envelope. Seal and fill out all information requested on envelope.

<p>NOTE: DNA/BUCCAL SWABS SHOULD BE TAKEN FOR ALL PATIENTS, INCLUDING PREPUBESCENT</p>

STEP 9: FOREIGN MATERIALS/PUBIC COMBINGS COLLECTION

Semen is the most common secretion deposited on the patient by the assailant. There are also other secretions, such as saliva, which can be analyzed by laboratories to aid in the identification of the perpetrator. It is important that the examiner examine the patient's body for evidence of foreign matter.

If secretions, such as saliva, seminal fluid and dried blood, are observed on other parts of the patient's body during the examination, the material should be collected using a swab. A different swab should be used for every secretion collected from each location on the body.

Oral contact with the victim's breast or genitalia is common. It is important to ask the patient directly if and where the assailant put his/her mouth, or where the suspect ejaculated. If the patient has not bathed or showered and contact has occurred, or the patient is uncertain, collect the specimens.

Dried secretions are collected by dampening the swab with sterile water and swabbing the indicated area. After allowing the swab to air dry, it should be returned to the swab box provided. The Foreign Material/Pubic Combings Collection (Step 9) envelope should be marked as to where on the patient's body the sample was collected and what substance is suspected (e.g. blood, semen, saliva, etc.). In the event multiple sites require collection, the examiner should obtain additional swabs and envelopes from the hospital supply and label accordingly.

Pubic Hair Collection Procedure

Due to the advent of DNA analysis, pulled pubic hairs are no longer necessary under any circumstances.

The pubic hair combings and the comb are placed in the Foreign Materials/Pubic Combings envelope (Step 9). After the labeling information is completed, the envelope should be sealed. Combing should be done vigorously and thoroughly to lessen the chance that valuable evidence may be missed.

Where there is evidence of semen or other matted material on pubic or head hair, it may be collected in the same manner as other dried fluids. The swab should be placed in a small paper envelope and labeled "possible secretion sample from head/pubic hair." Although this specimen may also be collected by cutting off the matted material, it is important to obtain the patient's permission before cutting any amount of hair.

STEP 10: RECTAL SWABS AND SMEAR

If the sexual assault took place within **48 hours** of the patient's presentation, and after fully explaining the procedure to the patient, put the patient in either supine or prone knee-chest position, and apply gentle bilateral pressure with the examiner's hands to the patient's buttocks. Allow approximately 2 minutes for rectal dilation to occur. Swab the rectal cavity using the two swabs provided, either individually or together. To minimize patient discomfort, these swabs may be moistened slightly with sterile water. Prepare the rectal smear by wiping both swabs across the top, labeled surface of the microscope slide. **The smear should not be fixed or stained.** Allow all swabs and smear to air dry. Return smear to slide holder and place both swabs in the swab box. Return slide holder and swab box to the Rectal Swabs and Smear envelope. Seal and fill out all information requested on envelope.

At this time, any additional examinations or tests involving the rectum should be conducted.

STEP 11: EXTERNAL GENITALIA/PENILE SWABS

EXTERNAL GENITALIA

If the circumstances of the assault suggest there has been contact between the victim's genitalia and the assailant's mouth or penis **within 5 days of the examination**, and the patient has not bathed or showered since the assault, there exists the possibility that saliva or seminal fluid may be found on the patient's external genitalia. In this instance, the two cotton tipped swabs in the envelope should be moistened slightly with sterile water and the entire pubic area should be swabbed, the swabs dried and packaged appropriately.

PENILE SWABS

For the male patient, both adult and child, the presence of saliva on the penis could indicate that oral-genital contact was made; the presence of vaginal secretions could help corroborate that the penis was introduced into a vaginal orifice; and feces or lubricants might be found if rectal penetration occurred.

If the assault took place **within 5 days of the exam** and if the male patient has not bathed or showered, the proper method of swabbing the penis is to slightly moisten the swabs provided, with sterile water, and thoroughly swab the external surfaces of the penile shaft and glans. The swabs may be used two at a time. All outer areas of the penis and scrotum where contact is suspected should be swabbed. Allow all swabs to air dry. Place both swabs in the swab box. Return swab box to the Penile Swabs envelope. Seal and fill out all information requested on envelope. **Care should be taken to avoid the urethral meatus as this could result in obtaining a DNA sample of the victim instead of the perpetrator.**

Any other applicable hospital testing should be done at this time.

EVALUATION FOR GENITAL TRAUMA

It is important to note that the majority of sexual assault cases do not involve genital trauma. However, recognition and documentation of trauma can both corroborate the patient's statements and show the level of force used in the commission of the crime. Visual inspection is the most common and available examination technique to detect genital trauma. Careful, inspection of the ano-genital region is essential. Traumatic injury may include tears, bruising, abrasions, and abnormal redness. The areas where these types of injuries are often found include the posterior fourchette, fossa navicularis, labia minora and the hymen. Not all injuries are easily seen.

There are times when the barrier to care may involve a cultural practice that the provider is unaware of, and may complicate the overall care of the patient, such as **female genital mutilation** (FGM). In this instance it is critically important that the provider be educated in the cultural practice, origins, sexual assault care and appropriate follow-ups. (For more information go the World Health Organization website at www.who.int/en/)

A few techniques have been studied that enhance the examiner's ability to recognize genital injuries. Availability of equipment and skilled examiners limits the application of these techniques but they should be considered appropriate options:

The Foley Catheter Technique

The foley technique is utilized on female patients who have reached the onset of their menses to visualize the hymen and better detect injury. A foley (12-16F) with balloon is inserted into the vaginal vault, without lubrication, following visualization and prior to the speculum examination. The foley is inserted until the balloon tip is inside the vaginal vault. The balloon is then inflated with air using a 30-60cc syringe. The balloon on average is inflated with approximately 30-50cc of air. The foley is then gently tugged on allowing the hymenal tissue to sit on the descending balloon. Should injuries to the hymen be found, appropriate photographic techniques should be employed.

To avoid loss of evidence, the foley tip can be swabbed, and the swab dried, labeled and sent to the crime lab with the other evidence for analysis.

Toluidine Blue Dye

1% Toluidine blue dye has been employed as an objective adjunct in the evaluation of ano-genital trauma because of its sensitivity for exposed dermal nuclei. Trauma can injure the epidermis and expose the nuclei of cells. Normal intact skin contains no nuclei on its surface. Toluidine blue dye application to the posterior fourchette, fossa navicularis and external tissue with subsequent removal from unstained areas by means of a destaining reagent, such as diluted acetic acid or a 10% vinegar solution has been shown to increase the detection rate of micro abrasions and lacerations by up to 58% in sexual assault patients. Studies also indicate that it does not interfere with molecular techniques used in forensic medicine.

Some references that may be helpful to the examiner:

McCauley J, Gorman RL, Guzinski G (1986). Toluidine blue in the Detection of perineal lacerations in pediatric and adolescent sexual abuse victims. *Pediatrics*, 78(6), 1039-1044.

Sugar NF, Fine DN, Eckert LO. (2004) Physical findings after sexual assault: findings of a large case series. *Am J Obstet Gynecol*. 2004 Jan; 190(1):71-6.

Hochmeister MN, Whelan M, Borer UV, Gehrig C, Binda S, Berzlanovich A, Rauch E, Dirnhofer R. (1997) Effects of toluidine blue and destaining reagents used in sexual assault examinations on the ability to obtain DNA profiles from postcoital vaginal swabs. *J Forensic Sci*. 42(2):316-9.

STEP 12: VAGINAL/CERVICAL SWABS AND SMEAR

Vaginal/cervical swabs and smears should be taken if the assault occurred within 5 days of the patient's examination and should not be collected from prepubertal patients.

When collecting the vaginal specimens, it is important not to aspirate the vaginal orifice or to dilute the secretions in any way.

Utilizing a speculum in the patient who has reached the onset of menses, swab the vaginal vault using two of the four swabs provided, either one at a time or as a pair. Prepare the vaginal smear by wiping one pair of swabs across the top, labeled surface of the microscope slide. **The smear should not be fixed or stained.** Use the second set of swabs one at a time to gently swab the cervical os of the patient. Allow all swabs and smear to air dry. Return smear to slide holder and place each pair of swabs in their respective swab boxes, marking them appropriately "vaginal" or "cervical". Return slide holder and swab boxes to the Vaginal Swabs and Smear envelope. Seal and fill out all information requested on envelope.

DO NOT COLLECT FROM PREPUBERTAL PATIENTS. In the pre-menses girl no speculum is utilized during the exam, and the set of cervical swabs is not obtained. The remaining two vaginal swabs should be moistened slightly with sterile water and used to swab the introitus.

Immediately following this procedure, the remainder of the pelvic examination should be performed and appropriate medical intervention and treatment should occur.

Collection of Tampons as Evidence

The sexual assault examiner may find that the patient has inserted a tampon in response to menstruation. The tampon may have absorbed residual semen from the assailant. It will therefore be necessary to collect the tampon as evidence. Obtain a sterile urine specimen collection container from hospital supply. Label the container with the name of the patient, date, time and collector's initials. Punch three or four air holes through the cover of the container. Carefully remove the tampon from the patient's vaginal cavity, or ask the patient to remove the

tampon, and place it in the urine specimen container. Cover the specimen container and place it into a **paper bag**. Label the bag with the name of the patient, date, time and collector's initials. Seal the paper bag with tape and keep it separate from the Evidence Collection Kit. Do not attempt to secure the tampon and packaging in the Evidence Collection Kit box.

STEP 13: MEDICAL/FORENSIC EXAMINATION FORM

Findings from the medical/forensic examination should be documented as completely as possible on the forms provided, which will become part of the patient's medical record. Sexual assault prosecutions may not always require the presence or testimony of the attending examiner; however, there will be times when it is necessary. If testimony is needed, a thoroughly completed and legible medical record and accompanying body diagram and/or photographs will assist medical staff in recalling the incident.

When gathering information necessary to perform the medical/forensic examination the examiner should focus on statements made by the patient as they relate to the assault and any anticipated evidence collection and treatment that will be required, as well as observations made during the examination. Drawing unfounded conclusions should be avoided.

EVALUATION FOR SEXUALLY TRANSMITTED INFECTIONS (STIs)

According to the latest *Centers for Disease Control STD Treatment Guidelines*, Trichomoniasis, Bacterial Vaginosis, gonorrhea and chlamydial infection are the most frequently diagnosed infections affecting women who have been sexually assaulted. Because the prevalence of these infections is high among sexually active women, their presence post-assault does not necessarily signify acquisition during the assault. Chlamydial and gonococcal infections among females are of special concern because of the possibility of ascending infection. In addition, post-assault evaluation can detect the Hepatitis B Virus, which may be prevented by post-exposure administration of the Hepatitis B vaccine. It is recommended that the most recently published *CDC STD Treatment Guidelines* be adhered to whenever possible. (www.cdc.gov)

Prophylaxis

Knowing that follow-up can be difficult, the CDC recommends the following prophylactic regimen as preventive therapy:

1. Post-exposure hepatitis B vaccination, without HBIG at the time of initial examination if the patient has not been previously vaccinated. Follow-up doses administered at 1-2 months and 4-6 months after the first dose.
2. An empiric antimicrobial regimen for chlamydia, gonorrhea, trichomonas and bacterial vaginosis following the CDC guidelines, using the section on alternative treatments when addressing changes in the appropriate treating agent.

Risk for Acquiring HIV and non-occupational Postexposure Prophylaxis (nPEP)

The decision to recommend post-exposure prophylaxis (PEP) must balance the risks and benefits of PEP. The risks are primarily of an adverse drug reaction (ADR). The benefit is the potential prevention of HIV acquisition. The decision analysis required to balance the two is made difficult by the low risk of transmission after a single sexual exposure to HIV, the unknown efficacy of PEP after sexual exposure, and the potential toxicity of the medications. The risk of transmission is highest after unprotected receptive penile-anal sexual exposure (0.1-3%), less after receptive penile-vaginal exposure (0.1-0.2%), and much less after receptive oral exposure (risk not defined).

There are no available data to estimate the efficacy of PEP after sexual exposure. Theoretical support is also provided by the efficacy of PEP after occupational exposure and by the efficacy of antiretroviral therapy (ART) for the prevention of transmission from mother to child during pregnancy. Studies of PEP administered to health care workers after occupational exposure have documented a high rate of adverse drug reactions (ADRs). In some studies, as many as 50-90% of those who received PEP reported subjective side effects, and as many as 24-36% reported side effects severe enough to discontinue therapy. The newer agents which are now often recommended for PEP are better tolerated, but the risk of ADRs remains.

In keeping with the CDC guidelines, New Hampshire makes the following recommendations for post-exposure assessment of adolescent and adult patients **within 72 hours** of the sexual assault:

1. Review HIV/AIDS local epidemiology and assess risk for HIV infection in assailant.
2. Evaluate circumstances of assault that may affect risk for HIV transmission.
3. Consult with a specialist in HIV (Infectious Disease) treatment if post-exposure prophylaxis is considered.
4. If the patient appears to be at risk for HIV transmission from the assault, discuss antiretroviral prophylaxis, including toxicity and unknown efficacy, testing and follow-up recommendations.
5. If the patient chooses to receive antiretroviral post-exposure prophylaxis, **follow the recommended algorithm.** (See [Appendix I](#)).
6. The patient should be given a **minimum of a 7-day dose**, with the first dose to be taken immediately. The **remainder of the 28-day dosage must be made available to the patient as soon as possible, at no cost to the patient.**

NOTE: The State of New Hampshire Board of Pharmacy, at their August 16, 2006 meeting, (see <http://www.nh.gov/pharmacy/aboutus/documents/min200608.pdf> for meeting minutes) voted to waive rule 709.07 that limits emergency rooms from dispensing more than a 3 day dose of medications, and allow dispensing the full 28 day dose pack of this medication in this circumstance. The hospital will be reimbursed for the cost of the

medication by the New Hampshire Attorney General’s Office. See payment for HIVnPEP on page 38.

If HIVnPEP is prescribed to the patient, the following steps should be taken:

1. Dispense a minimum of a 7-day dose with the first dose taken immediately.
2. Give the patient a copy of the **HIVnPEP Patient Information Sheet** which is included in the protocol (See [Appendix J](#)).
3. Despite the fact that scheduling and adhering to follow-up may be difficult in this patient population, it remains essential in order to detect new infection, document healing of injury, counsel regarding treatment for other STIs or complete requested vaccinations. For these reasons the most recent CDC recommendations regarding follow-up and post exposure prophylaxis should be adhered to whenever possible. The CDC guidelines can be found at www.cdc.gov.

Provide the patient with information regarding the necessary follow-up testing and counseling the patient’s Primary Care Provider, an Infectious Disease doctor, or another appropriate clinician. If possible, facilitate the scheduling of the follow-up. **The State will pay for one follow-up visit up to \$200** (see [Page 38](#) for payment instructions and [Appendix L](#) for voucher form).

4. The clinician should facilitate a follow-up phone call within 3 days, to check in with the patient regarding the status of their follow-up care.
5. Provide the remainder of the 28-day dosage to the patient, at no cost to the patient.

Despite the fact that scheduling and adhering to follow-up may be difficult in this patient population, it remains essential in order to detect new infection, document healing of injury, counsel regarding treatment for other STIs or complete requested vaccinations. For these reasons the most recent CDC recommendations regarding follow-up and post exposure prophylaxis should be adhered to whenever possible. The CDC guidelines can be found at www.cdc.gov.

The patient should be offered HIV counseling as soon as possible by a trained counselor in order to realize that the possibility of contracting HIV is outweighed by the probability that a single exposure will not transmit the infection. All persons electing to be tested for HIV should receive pretest and posttest counseling.

EVALUATION FOR PREGNANCY AND PREVENTION

Since the incidence of pregnancy after one unprotected mid cycle intercourse is between 1 and 17%, the possibility of pregnancy should be downplayed to decrease the patient’s anxiety. However, patient’s who have experienced a sexual assault that could result in an unintended pregnancy should not experience barriers to accessing Emergency Contraception (EC).

The National Protocol recommends that health care providers discuss the probability of pregnancy with female patients, administer a pregnancy test for all patients with reproductive capability and discuss treatment options.

All victims must be offered emergency medical treatment. Offering counseling to female victims about pregnancy prevention and the importance of timely action is also necessary. Optimally, said treatment should be initiated within 12 hours after the assault. **Health care facilities or physicians that do not offer these services or choose not to provide emergency contraception as a treatment option following the completion of a rape examination must immediately provide the victim a referral to another facility that does provide this treatment option.** The type and dosage of any medication administered or prescribed and any referral arrangements must be recorded in the medical chart and also be provided to the victim.

Levonorgestrel tablets, 0.75 mg, is a progestin-only emergency contraceptive that is now available by prescription. To obtain optimal efficacy, the first tablet should be taken as soon as possible within 120 hours of intercourse. The second tablet must be taken 12 hours later. The significant decrease in contraindications and side effects commonly associated with other pregnancy prevention medication make it the best alternative for this patient population. Research has also shown that both levonorgestrel tablets taken together (off-label use) in a one-time dose within 120 hours of unprotected intercourse is equally effective in preventing pregnancy. More information can be obtained at www.go2planb.com.

While other estrogen-based EC exist, levonorgestrel is recommended because there are no contraindications, and many fewer side effects than the estrogen-based approaches.

Sources:

A National Protocol for Sexual Assault Medical Forensic Examinations of Adults and

Adolescent Task Force on Postovulatory Methods of Fertility Regulation. *Randomized Trial-Lancet* 1998. 352:428-33.

Adapted from Trussell J, Koenig J, Ellertson C, et al: Preventing unintended pregnancy: The cost-effectiveness of three methods of emergency contraception. *Am J Public Health* 1997;87(6):932-937.

IAFN (2009) *The Use of Emergency Contraception Post Sexual Assault* found at <http://www.iafn.org/associations/8556/files/IAFN%20Position%20Statement-Emergency%20Contraception%20Approved.pdf>

PHOTOGRAPHS

Photographs are an important adjunct to the narrative information contained in the medical/forensic exam. Photographs serve to visually document the actual physical appearance of an injury to preserve it for additional analysis (i.e., a bite mark) and/or for presentation as evidence. For photographs to be admissible in court, they must first be authenticated. Someone

who personally observed the patient's injuries must be able to testify that the photograph fairly and accurately depicts the actual appearance of the injury at the time the photograph was taken.

Photographs may only be taken with the written consent of the patient. Photographs should not be taken in the place of diagrams or written descriptions, and should be taken by the examiner. Only in cases where the examiner is unable to take photographs should other medical or law enforcement personnel who are trained to take photographs of injuries, be called in. **In addition, photographs taken in the context of the medical/forensic examination become part of the medical record.** They should be labeled, placed in a sealed envelope, put in the medical record. **Photographs should not be placed in the evidence kit.** The existence of photographs should be noted on the Medical/Forensic Examination Form (Step 13).

Blank anatomical diagrams, which are provided in the kit, should be used to show the location and size of all visible injuries and should also be accompanied by a detailed written description of the trauma, including measurements of the injuries.

When photographs are taken, make sure to:

- Take a photograph of the injury with and without a color/measure standard, preferably the ABFO #2 (American Board of Forensic Odontology).
- Label each photograph with the patient's name, DOB, Medical Record Number, date and time of photograph, and signature of photographer. In instances where close-up photography is used, indicate the area of injury on the patient's body.
- Indicate on the body diagrams contained on Step 13 where the photographed injury is located and give a written description of the injury including size in the medical/forensic record
- Do not take genital photography without at minimum a digital zoom capability, or a colposcope or its equivalent.
- **Re-photograph injuries when appropriate.** This will help to show the extent of the injuries, their severity and their healing over time.

Bite Mark Procedure

Bite marks may be found on patients as a result of sexual assault and other violent crime, and should not be overlooked as important evidence. Saliva, like semen, may demonstrate the DNA profile of the individual from whom it originated. Bite mark impressions can be compared with the teeth of a suspect and can sometimes become as important for identification purposes, as fingerprint evidence. The collection of saliva and the taking of a photograph of the affected area are the minimum procedures that should be followed in cases where a bite mark is present, or believed to be present.

The collection of saliva from the bite mark should be made prior to the cleansing or dressing of any wound. If the skin is broken, swabbing of the actual punctures should be avoided when collecting dried saliva.

It is important that photographs of bite marks be taken properly. An individual, deemed appropriate for the situation and who has sufficient photography skills, should be contacted immediately to take photographs of bite mark evidence utilizing an ABFO #2 standard.

Whenever possible, a dentist or a forensic odontologist should be called in to examine the bite mark and further document findings. Hospitals should contact the **New Hampshire Office of the Chief Medical Examiner** for a referral in locating a qualified dentist or forensic odontologist who can assist in this process. During normal business hours, call the office directly at **(603) 271-1235**. After hours, call **New Hampshire State Police Headquarters** at **(603) 271-3636** for assistance in reaching the Medical Examiner.

If the patient has not washed the area, and the bite mark occurred within 72 hours of the exam, saliva is collected from the bite mark area by moistening a sterile swab with a minimum of sterile water and gently swabbing the affected area, following the same procedures as instructed for other dried fluids.

STEP 14: PATIENT INFORMATION FORM

The discussion of follow-up services for both medical/forensic and counseling purposes is an important treatment aspect for sexual assault victims. Before the patient leaves the hospital, a *Patient Information Form* should be completed. The type and dosage of any medication prescribed or administered should be recorded on the first portion of this form.

The original copy of the patient information form should be given to the patient and the second copy retained for the hospital's records.

STEP 14 a. HIV PROPHYLAXIS (HIV n PEP) PATIENT INFORMATION SHEET

If HIV PEP was given to the patient, fill out all information requested on the *HIV Prophylaxis (HIV n PEP) Information Form*, then have Patient/Parent/Guardian sign on bottom of form and the form should be given to the patient.

STEP 15: GIVE THE PATIENT THE FOLLOWING FORMS

- A. **FOLLOW UP EXAMINATION VOUCHER FORM**
- B. **SEXUAL ASSAULT CRISIS CENTER LIST**
- C. **FINANCIAL AID FOR VICTIMS CARD**

STEP 16: POST CARD MAILING

Every evidence collection kit contains a self-addressed, postage paid postcard. The examiner is required to document the date of examination, the receiving police department, the serial number (**do NOT use the patient's name**) on the kit used for the exam and whether it was reported or anonymous. The post card should then be put into the nearest mail system. The information contained on the card is being obtained for statistical purposes and **IT IS VERY IMPORTANT THAT A POST CARD IS MAILED FOR EVERY KIT USED.**

RELEASE OF EVIDENCE

All medical and forensic specimens collected during the sexual assault examination must be kept separate, both in terms of collection and processing. Those required only for medical purposes should be kept and processed at the examining hospital, and those required strictly for forensic analysis transferred with the evidence collection kit to the crime laboratory for analysis. When all evidence specimens have been collected, they should be placed back into the kit, making certain that everything is properly labeled and sealed. All unused envelopes should also be returned to the kit.

Under no circumstances should the patient be allowed to handle evidence after it has been collected. Only a law enforcement official or duly authorized agent should transfer physical evidence from the hospital to the crime laboratory for analysis.

Evidence collection items should not be released from a hospital without the written authorization and consent of the informed adult patient, or an authorized third party acting on the patient's behalf, if the patient is unable to understand or execute the release. An *"Authorization for Release of Information and Evidence"* form should be completed, making certain that all items being transferred are checked off. In addition to obtaining the signature of the patient or authorized third party on this form, signatures must be obtained from the examiner turning over the evidence, as well as from the law enforcement representative who picks up the evidence and transports it to the New Hampshire State Forensic Lab.

One copy of the release form should be kept at the hospital and the other copy returned to the kit.

All required information should then be filled out on the top of the kit just prior to sealing it with the provided red evidence tape at the indicated areas. Initial the evidence tape after sealing. The completed kit and clothing bags should be kept together and stored in a safe area. **Paper bags are to be placed next to, but not inside, the completed kit.**

Although the vast majority of sexual assault victims consent to have their evidence specimens released to law enforcement subsequent to the medical examination and evidence collection process; there may be instances when a patient will not authorize such a release. If consent is not initially received, an **Anonymous Sexual Assault Reporting System** is in place. All forms, as well as the kit box and clothing bags should be marked with the evidence collection kit serial number found on the end of the kit box, instead of the patient's name. (See [Reporting Anonymously](#), Page 13)

DISCHARGE OF THE PATIENT

COUNSELING

Since sexual assault is a violent crime, patients are often left feeling vulnerable, helpless, anxious, or phobic. Long-term counseling as well as short-term crisis intervention with a therapist or support organization may be needed to help the patient regain equilibrium.

Sexual Assault Crisis Centers offer peer support regarding the signs and symptoms of Rape Trauma Syndrome or Post Traumatic Stress Disorder and will also make referrals to a therapist upon request. The local crisis center should always be notified, and the list of crisis centers found inside the evidence collection kit should always be given to the patient. The examiner should determine whether immediate psychiatric consultation is necessary.

FOLLOW-UP CONTACT

Any further contact with sexual assault victims must be carried out in a very discreet manner. In an effort to avoid any breach of confidentiality or unnecessary embarrassment, patients should be asked before leaving the hospital whether they may be contacted about follow-up services. If the patient agrees they should be asked to provide an appropriate mailing address and/or telephone number where they can be reached.

Informational brochures on sexual assault and its aftermath are available from most sexual assault crisis centers. A copy should be provided to all victims and their families before they leave the hospital.

CHANGE OF CLOTHING

Many patients would like to wash after the examination and evidence collection process. If possible, the hospital should provide the basics required, such as mouth rinse, soap, and a towel.

If garments have been collected for evidence purposes and no additional clothing is available, **arrangements should be made to ensure that no patient has to leave the hospital in an examining gown.** Some patients may wish to have a family member or friend contacted to provide substitute clothing. When the patient has no available personal clothing, necessary items may be supplied by hospital volunteer organizations and/or local victim assistance agencies. Some crisis centers supply sweat suits for this purpose. The hospital should contact their local crisis center to arrange for clothing to be available.

TRANSPORTATION

Transportation should be arranged when the patient is ready to leave the hospital. In some cases, this will be provided by a family member, friend, or victim advocate who may have been called to the hospital for support. In other cases, transportation may be provided by the local police department as a community service.

PAYMENT FOR MEDICAL/FORENSIC EVALUATION

Since 1988, the State of New Hampshire is responsible for the payment of sexual assault medical/forensic examinations not covered by medical insurance or other third party payment when the examination is conducted for purposes that include collecting evidence **and the sexual assault took place in New Hampshire**. The following guidelines should be used in regards to hospital billing:

1. **THE PATIENT SHOULD NEVER BE BILLED**
2. If the patient has health insurance, insurance information should be obtained by appropriate hospital personnel, and the insurance company should be billed directly for the cost of the examination. **The patient should not be billed for anything above the coverage limit.**
3. If the patient indicates that she or he does not want their insurance company billed, the examining facility will forward all charges related to the sexual assault to the Attorney General's Office.
4. If the patient has no insurance, the Attorney General's Office should be billed directly.
5. In Anonymous Reporting Cases, all bills should be sent directly to the Attorney General's Office for payment. The patient's insurance should not be billed under any circumstances

The hospital payment for uninsured and anonymous reporting cases is a maximum of \$800. This **reimbursement for the examination is based on the hospital adhering to the Protocol.**

Bills should be submitted directly to the following address:

*Victim Compensation Program
Attorney General's Office
33 Capitol Street
Concord, NH 03301
1 -800 - 300-4500 (In NH only)
(603) 271-1284*

PAYMENT FOR NECESSARY FOLLOW-UP VISIT

There are many reasons why it may be in the patient's best interest to see a health care professional in follow-up to the acute examination. Some of these reasons are as follows:

- The patient sustained physical injuries that warrant a re-check with or without photographs
- The patient opted to begin the HIVnPEP regimen

- The patient showed signs of significant psychological distress
- The patient requires testing for other STI's

If the patient agrees to see their original examiner or a follow-up visit and has no health insurance, **the examiner/facility can bill the cost of one follow-up visit (up to \$200) directly to the Attorney General's Office** regardless of whether the patient has reported the crime to law enforcement. (See [Appendix L for Follow-Up Visit Voucher Form](#))

PAYMENT FOR HIVnPEP

The cost of the 28-day HIVnPEP medication regimen is considerably high, especially if the patient must pay out-of-pocket. Because of this, the State of New Hampshire has determined that it will be responsible for the cost of HIVnPEP up to **\$1,800** when it is recommended for a patient following an acute sexual assault, and when the patient has no medical insurance. (See [Appendix K](#)) for HIVnPEP payment guidelines.

Because payment for these medications will come from the New Hampshire Victim Compensation Program, there are several caveats to billing and payment that all medical providers should be aware of:

- The HIVnPEP cost is covered, whether or not the patient reports the crime to law enforcement;
- If additional medical costs (beyond the acute sexual assault medical/forensic examination and follow-up circumstances listed above) are incurred by the patient as a result of the sexual assault and subsequent treatment plan, the patient cannot access victim compensation funding without reporting the crime;
- Victim compensation funds cannot be third-party billed for what patient health insurance fails to cover;
- This applies to victims' whose crime occurred in New Hampshire.

If you have any questions or concerns regarding billing, please contact:

**NH Victim Compensation Program
Attorney General's Office
33 Capitol Street
Concord, NH 03301
1-800-300-4500 (in NH only)
Or (603) 271-1284**

APPENDICES

APPENDIX A
SEXUAL ASSAULT PROTOCOL/EVIDENCE
COLLECTION KIT AND DOMESTIC VIOLENCE
PROTOCOL STATUTE

NH RSA 21-M:8-c *Victim of Alleged Sexual Offense*. If a physician or a hospital provides any physical examination of a victim of an alleged sexual offense to gather information and evidence of the alleged crime, these services shall be provided without charge to the individual. Upon submission of appropriate documentation, the physician or hospital shall be reimbursed for the cost of such examination by the Department of Justice to the extent such costs are not the responsibility of a third party under a health insurance policy or similar third party obligation. The bill for the medical examination of a sexual assault victim shall not be sent or given to the victim or the family of the victim. The privacy of the victim shall be maintained to the extent possible during third party billings. Billing forms shall be subject to the same principles of confidentiality applicable to any other medical record under RSA 151:13. Where such forms are released for statistical or accounting services, all personal identifying information shall be deleted from the forms prior to release.

21-M:8-d *Standardized Rape Protocol and Kit and Domestic Violence Protocol*. The Department of Justice shall adopt, pursuant to RSA 541-A, and implement rules establishing a standardized rape protocol and kit and a domestic violence protocol to be used by all physicians or hospitals in this state when providing physical examinations of victims of alleged sexual offenses; and alleged domestic abuse, as defined in RSA 173-B:1.

APPENDIX B

NEW HAMPSHIRE SEXUAL ASSAULT CRISIS CENTERS

NH Domestic Violence Hotline: 1-866-644-3574
Statewide Sexual Assault Hotline: 1-800-277-5570

These centers provide the following free, confidential services to victims of sexual assaults:

- * 24 Hour Crisis Line Medical and Legal Options and Referrals Court Advocacy
- * Peer Counseling and Support Groups Emotional Support

RESPONSE to Sexual & Domestic Violence

54 Willow Street
Berlin, NH 03570
1-866-644-3574 (DV crisis line)
1-800-277-5570 (SA crisis line)
603-752-5679 (Berlin office)
603-237-8746 (Colebrook office)
603-788-2562 (Lancaster office)
<http://www.coosfamilyhealth.org/response.html>

Turning Points Network

11 School Street
Claremont, NH 03743
1-800-639-3130 (toll free crisis line)
603-543-0155 (Claremont office)
603-863-4053 (Newport office)
www.free-to-soar.org

Rape & Domestic Violence Crisis Center (RDVCC)

PO Box 1344
Concord, NH 03302-1344
1-866-644-3574 (DV crisis line)
1-800-277-5570 (SA crisis line)
603-225-7376 (main office)
603-225-5444 (walk-in office)
www.rdvcc.org

Starting Point: Services for Victims of Domestic & Sexual Violence

PO Box 1972
Conway, NH 03818
1-800-336-3795 (crisis line)
603-447-2494 (Conway office)
603-539-5506 (Ossipee office)
www.startingpointnh.org

Sexual Harassment & Rape Prevention Program (SHARPP)

UNH/Verrette House
6 Garrison Avenue
Durham, NH 03824
1-888-271-SAFE (7233) (crisis line)
603-862-3494 (office)
www.unh.edu/sharpp

Monadnock Center for Violence Prevention

12 Court Street
Keene, NH 03431-3402
888-511-6287 (toll free crisis line)
603-352-3782 (crisis line)
603-352-3782 (Keene office)
603-209-4015 (Peterborough)
603-209-4015 and 603-532-6288 (Jaffrey Office)
www.mcvprevention.org

New Beginnings – Without Violence and Abuse

PO Box 622
Laconia, NH 03247
1-866-644-3574 (DV crisis line)
1-800-277-5570 (SA crisis line)
603-528-6511 (office)
www.newbeginningsnh.org

WISE

38 Bank Street
Lebanon, NH 03766
1-866-348-WISE (crisis line)
603-448-5525 (local crisis line)
603-448-5922 (office)
www.wisEOFtheuppervalley.org

The Support Center at Burch House

PO Box 965
Littleton, NH 03561
1-800-774-0544 (crisis line)
603-444-0624 (Littleton office)
www.tccap.org/support_center.htm

YWCA Crisis Service

72 Concord Street
Manchester, NH 03101
603-668-2299 (crisis line)
603-625-5785 (Manchester office)
www.ywcanh.org

Bridges: Domestic & Sexual Violence Support

PO Box 217
Nashua, NH 03061-0217
603-883-3044 (crisis line)
603-889-0858 (Nashua office)
603-672-9833 (Milford office)
www.bridgesnh.org

Voices Against Violence

PO Box 53
Plymouth, NH 03264
877-221-6176 (toll free crisis line)
603-536-1659 (local crisis line)
603-536-5999 (public office)
603-536-3423 (shelter office)
www.vavnh.org

A Safe Place

6 Greenleaf Woods, Suite 101
Portsmouth, NH 03801
1-800-854-3552 (crisis line)
603-436-7924 (Portsmouth crisis line)
603-436-4619 (Portsmouth office)
603-330-0214 (Rochester crisis line)
603-890-6392 (Salem crisis line)
www.asafeplacenh.org

Sexual Assault Support Services

7 Junkins Avenue
Portsmouth, NH 03801
1-888-747-7070 (crisis line)
603-436-4107 (Portsmouth office)
603-332-0775 (Rochester office)
www.sassnh.org

APPENDIX C
GRANITE STATE CHILDREN'S ALLIANCE
(Formerly the New Hampshire Network of
Child Advocacy Centers)

603-380-3095

www.nhncac.org

Belknap

The Greater Lakes Child Advocacy Center
121 Belmont Road
Laconia, NH 03246
603-524-5497

Carroll

The Child Advocacy Center of Carroll County
56 Union Street
Post Office Box 948
Wolfeboro, NH 03894
603 569-9840
www.carrollcounty.cac.org

Cheshire

The Monadnock Region Child Advocacy Center
164 Emerald Street
Keene, NH 03431
Phone: 603-352-0413

Coos County

Coos County Attorney
1 Middle Street
Lancaster, NH 03584603-788-5559
603-788-4633

Grafton/Sullivan

CAC of Grafton and Sullivan Counties at Dartmouth
Hitchcock Medical Center
1 Medical Center Drive
Lebanon, NH 03756
603-653-9012
www.dhmc.org/goto/CAC

24 Opera House Square
Moody Building, Suite 203
Claremont, NH 03734

Mt. Eustin Commons
Cottage Street, Suite 271
Littleton, NH 03561

Hillsborough County

Hillsborough County CAC
2 Wellman Avenue
Suite 140
Nashua, NH 03060
603-889-0321
www.cac-nh.com

960 Auburn Street
Manchester, NH 03103
603-623-2300

Merrimack

Merrimack County Attorney
4 Court Street
Concord, NH 03301
603-228-0529 Ext 350

Rockingham

Child Advocacy Center of Rockingham
County
100 Campus Drive
Suite 11
Portsmouth, NH 03801
603-422-8240
www.cacnh.org

43B Birch Street
Parkland Professional Building
Derry, NH 03038
603-434-5565

Strafford

Strafford County Child Advocacy Center
259 County Farm Road
P.O. Box 799
Dover, NH 03821
603-516-8100

APPENDIX D
NEW HAMPSHIRE
VICTIM/WITNESS ASSISTANCE PROGRAMS

State Office of Victim/Witness Assistance
Attorney General's Office
33 Capitol Street
Concord, NH 03301
603 271-3671

Belknap County Victim/Witness Program
Belknap County Superior Courthouse
64 Court Street
Laconia, NH 03246
603 527-5440

Carroll County Victim/Witness Program
P.O. Box 218
Ossipee, NH 03864
603 539-7476

Cheshire County Victim/Witness Program
12 Court Street
Keene, NH 03431.
603 352-0056

Coos County Victim/Witness Program
1 Middle Street, 3rd Floor
Lancaster, NH 03584
603-788-3812

Grafton County Victim/Witness Program
3785 Dartmouth College Highway, Box 7
No. Haverhill, NH 03774
603 787-2040 or 603 787-6968

Hillsborough County Victim/Witness Program
Northern District
300 Chestnut Street
Manchester, NH 03101
603 627-5605

Hillsborough County Attorney's Office
Southern District
Victim Witness Program
19 Temple Street
Nashua, NH 03060
603 594-3255

Merrimack County Victim/Witness Program
4 Court Street
Concord, NH 03301
228-0529

Rockingham County Victim/Witness Program
P.O. Box 1209
Kingston, NH 03848
603 642-4249

Strafford County Victim/Witness Program
P.O. Box 799
Dover, NH 03821-0799
603 749-4215

Sullivan County Victim/Witness Program
Sullivan County Attorney's Office
14 Main Street
Newport, NH 03773
603 863-8345

United States Attorney's Office
District of New Hampshire
James C. Cleveland Federal Bldg.
55 Pleasant St., Suite 312
Concord, NH 03301
603 225-1552

APPENDIX E

DRUG-FACILITATED SEXUAL ASSAULT

National Criminal Justice Research Service (NCJRS): In the spotlight: Club drugs
http://www.ncjrs.org/club_drugs/summary.html

National Institute on Drug Abuse: Club drugs
<http://www.nida.nih.gov/Infofax/clubdrugs.html>

Office of National Drug Control Policy (ONDCP): Club drugs
<http://www.whitehousedrugpolicy.gov/drugfact/club/index.html>

United States Department of Justice: Information Bulletin: Raves
<http://www.usdoj.gov/ndic/pubs/656/>

United States Department of Health and Human Services and SAMHSA's National Clearinghouse for Alcohol & Drug Information:

Rohypnol Fact Sheet

<http://www.health.org/nongovpubs/rohypnol/>

GHB Fact Sheet

<http://www.health.org/nongovpubs/ghbqa/>

MDMA/Ecstasy Fact Sheet

<http://store.health.org/catalog/facts.aspx?topic=4&h=drugs>

Others

<http://www.health.org/newsroom/abuseInformation/default.aspx?s=oxycontin>

The National Women's Health Information Center: Date rape drugs
<http://www.4woman.gov/faq/rohypnol.htm>

US Department of Justice Federal Bureau of Investigation. LeBeau MA. Toxicological Investigation of Drug-Facilitated Sexual Assault. Forensic Science Communications. 1999 Apr; 1(1)

<http://www.fbi.gov/hq/lab/fsc/backissu/april1999/lebeau.htm>

Sexual Assault Training & Investigations
http://www.mysati.com/resources_new.htm

American Prosecutor's Research Institute: The Prosecution of Rohypnol and GHB-related sexual assaults

http://www.ndaa-apri.org/publications/apri/violence_against_women.html

Project GHB, Inc.
<http://www.projectghb.org/>

Toxicity: Gamma-Hydroxybuterate (article)
<http://emedicine.com/emerg/topic848.html>

APPENDIX F

CHILD ABUSE AND NEGLECT MANDATORY REPORTING LAW

I. Reporting is Mandatory

New Hampshire Law (RSA 169-C:29-30) requires that any person who has reason to suspect that a child under the age of 18 has been abused or neglected must report the case to: **The Local District Office New Hampshire Division of Welfare**

II. An Abused Child is one who has:

- A. Been sexually molested; or
- B. Been sexually exploited; or
- C. Been intentionally physically injured; or
- D. Been psychologically injured so that said child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect; or
- E. Been physically injured by other than accidental means.

III. A Neglected Child means a child:

- A. Who has been abandoned by his parents, guardian, or custodian; or
- B. Who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental or emotional health, when it is established that his health has suffered or is very likely to suffer serious impairment; and the deprivation is not due primarily to the lack of financial means of the parents, guardian or custodian; or
- C. Whose parents, guardian or custodian are unable to discharge their responsibilities to and for the child because of incarceration, hospitalization or other physical or mental incapacity.

Note: A child who is under treatment solely by spiritual means through prayer, in accordance with the tenets of a recognized religion by a duly accredited practitioner thereof, shall not for that reason alone be considered to be neglected.

IV. Nature and Content of Report

- A. Oral - immediately by telephone or otherwise.
- B. Written - within 48 hours if requested.
- C. Content - if known.
 - 1. Name and address of the child suspected of being neglected or abused.
 - 2. Name of parents or persons caring for child.
 - 3. Specific information indicating neglect or the nature of the abuse (including any evidence of previous injuries).
 - 4. Identity of parents or persons suspected of being responsible for such neglect or abuse.
 - 5. Any other information, which might be helpful or is required by the bureau.

V. Immunity from Liability

Anyone who makes a report in good faith is immune from any liability, civil or criminal. The same immunity applies to participation in any investigation by the bureau or judicial proceedings resulting from such a report.

VI. Privileged Communication

"The privileged quality of communication between a professional person and his patient or client, except that between attorney and client, shall not apply to proceedings instituted pursuant to this chapter and shall not constitute grounds for failure to report as required by this chapter."

VII. Penalty

Violation of any part of the New Hampshire Child Protection Act, including failure to report is punishable by law.

"Anyone who knowingly violates any provision of this subdivision shall be guilty of a misdemeanor." (RSA 169-C:39.) In New Hampshire, a misdemeanor is punishable by up to one year's imprisonment, a one thousand-dollar fine, or both.

APPENDIX G

NEW HAMPSHIRE BUREAU OF ELDERLY AND ADULT SERVICES

DISTRICT OFFICES

Berlin District Office

650 Main Street, Suite 200
Berlin, NH 03570-1720
603-752-7800
1-800-972-6111

Claremont District Office

17 Water Street
Claremont, NH 03743-2280
603-542-9544 or
1-800-982-1001

Concord District Office

40 Terrill Park Drive
Concord, NH 03301-7825
603-271-6201 or
1-800-949-0470

Conway District Office

73 Hobbs Street
Conway, NH 03818
603-447-3841 or
1-800-552-4628

Keene District Office

809 Court Street
Keene, NH 03431-1712
603-357-3510 or
1-800-624-9700

Laconia District Office

65 Beacon Street West
Laconia, NH 03246
603-524-4485 or
1-800-322-2181

Littleton District Office

80 N. Littleton Road
Littleton, NH 03561
603-444-6786
1-800-552-8959

Manchester District Office

195 McGregor St, Suite 110
Manchester, NH 03103-4976
603-668-2330 or
1-800-852-7493

Southern District Office

3 Pine Street Ext., Suite Q
Nashua, NH 03060
603-579-7726 or
1-800-852-0632

Seacoast District Office

50 International Drive
Portsmouth, NH 03801-2862
603-433-8300 or
1-800-821-0326

Rochester District Office

150 Wakefield Street
Rochester, NH 03867
603-332-9120 or
1-800-862-5300

INTAKE AND REGISTRY

40 Terrill Park Drive
Concord, NH 03301-7375
603-271-7014 or
1-800-499-0470

APPENDIX H MEDICAL/FORENSIC WEB LINKS

NH Coalition Against Domestic & Sexual Violence

www.nhcadv.org

NH Attorney General's Office

<http://doj.nh.gov/>

Centers for Disease Control

www.cdc.gov

American College of Emergency Physicians

www.acep.org

International Association of Forensic Nursing

www.iafn.org

www.forensicnurse.org

American Medical Association

Treatment Guidelines on Violence

Ordering information

<http://www.ama-assn.org/ama/pub/category/3548.html>

APRI--American Prosecutors Research Institute-Violence Against Women Unit

<http://www.ndaa-apri.org/apri/Vawa/Index.html>

Forensic Associations

<http://www.forensiceducation.com/assn.htm>

Sexual Assault Nurse Examiner (SANE) Programs: Improving the Community Response to Sexual Assault Victims

http://www.ojp.usdoj.gov/ovc/publications/bulletins/sane_4_2001/welcome.html

Sexual Assault Resource Service

Includes downloadable version of Linda Ledray's SANE Guide.

<http://www.sane-sart.com>

Understanding DNA Evidence: A Guide for Victim Service Providers

http://www.ojp.usdoj.gov/ovc/publications/bulletins/dna_4_2001/welcome.html

APPENDIX I

HIVnPEP RECOMMENDED ALGORITHM

Patient meets nPEP criteria and chooses to begin nPEP therapy

↓

Examiner consult by phone with Infectious Disease (ID)

↓

ID selects antiretroviral (ART) regimen

- Examiner reviews dosing instructions
- Examiner reviews side effects and tools for management
- Examiner reviews follow-up testing (HIV at 3 months and 6 months)
- Examiner has phone contact for patient follow-up

nPEP Inclusion Criteria

- Exam within 72 hours of assault
- Known or possible penile/anal or penile/vaginal or penile/oral penetration with ejaculation

7-day dose pack* dispensed at time of exam (1st dose taken right away)

Remaining dosage dispensed within 7 days of initial examination

Follow-up (F/U) plan discussed (choose one option)

↙

Patient to see ID for F/U
Within one week of exam

↘

Patient to see SANE for F/U
1-2 weeks from exam

↘

Patient to see
PCP for F/U
1-2 weeks from exam

Fill out and give to patient the
nPEP Patient Information Sheet

If you have questions about providing your patient with HIV prophylaxis, you may call the
National HIV Hotline at 1-888-448-4491.

NOTE: *See the State of New Hampshire Board of Pharmacy meeting minutes from August 16, 2006 which can be found at the web address <http://www.nh.gov/pharmacy/new.html>, which verifies the Board's waiver of rule Ph 709.07(a) and allows dispensing of this medication in this circumstance.

APPENDIX J
Step 14 a. HIV PROPHYLAXIS (HIVnPEP)
PATIENT INFORMATION FORM

You have decided to take medicine called post-exposure prophylaxis (PEP). These medicines reduce your risk of becoming infected with HIV. **The PEP medicines must be taken for a total of 28 days. You will need follow-up care from nurses or doctors within a week** to make sure the medicines are being taken correctly, for further testing, and to help you with any problems or questions.

WARNING: THE PEP MEDICINES MUST BE TAKEN FOR A TOTAL OF 28 DAYS. YOU WILL NEED FOLLOW UP CARE FROM NURSES OR DOCTORS WITHIN 4 TO 5 DAYS OF STARTING THESE

There are several important things that you need to know when starting the medicines:

Follow-up Care:

You should be seen by a nurse or doctor in contact with Infectious Disease within one week. You have chosen to see _____ for your follow-up.

Please call to schedule this appointment by calling ____-_____
OR your appointment has been scheduled for ____/____/____
at _____ AM/PM with

_____(provider name). During

the appointment you will talk about any problems you may be having from the medicines, and arrange for further testing. *It is important that you have laboratory testing done as recommended.*

Taking your Medicine:

These medications need to be taken as directed. It is important that you not miss any doses. Missing doses will decrease its effectiveness. ***DO NOT STOP TAKING WITHOUT FIRST TALKING WITH YOUR DOCTOR OR NURSE.***

Side Effects: *

You may experience side effects from this medication. If there are side effects, let your doctors or nurses know. They can help you manage problems. The medications interact with many other prescriptions and over the counter medications, as well as street drugs. Contact your doctor or nurse before starting any new medication. ***Some of these medications may interfere in the effectiveness of birth control pills. Using additional protection, such as latex condoms, is recommended while you are on these medications.***

Depending on the medication, the most common side effects are: stomach upset, diarrhea and nausea, headache, rash. Other possible side effects include: muscle ache, insomnia, fatigue, dizziness, lightheadedness, and ‘feeling high.’ You may feel weak or tired. Medications decreases birth control effectiveness; use condoms. Side effects usually go away after a few days; tell your provider if they do not. Avoid alcohol. If you experience rash, abdominal pain,

fever or severe nausea call your provider right away. Take with food to decrease stomach upset. Lab tests may be necessary to check blood counts.

Medication Refills:

You were given a _____ day supply of medicines, and **you will need to get the remainder to complete the 28-day course of medicine.** You should obtain the rest of the prescription from _____.

MEDICATION REGIMEN

Your medical provider will provide you with a medication regimen. To see the medications you have been given, see **Step 14 – Medication Information Form.**

MEDICATION INFORMATION**

It is important for you to take these medications correctly. It is equally important if you have questions about these medications, that you get answers. This information sheet should help.

What if I want to stop these medications?

Do not stop the medicines before you talk with your doctor or nurse. Take the medications as directed. They will not work as well if you miss a dose.

What do I do if I have a problem with side effects from the medicines?

Talk with your nurse or doctor if this happens. There are ways to manage side effects. Side effects usually get better after the first week.

How should I store the medicines?

Keep these medicines out of the reach of children.

Should I be concerned if I take birth control pills?

Some of these medicines may make birth control pills less effective. We recommend that if you are sexually active, you use latex condoms. This is especially important while you are taking these medicines.

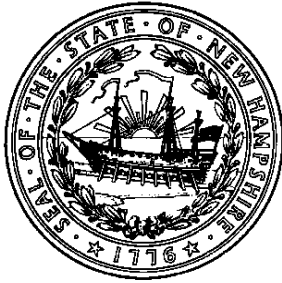
What if I take other drugs or medicines?

Be sure to tell your doctor or nurse what other medicines or drugs you take. Other medicines including over-the-counter medicines can interact with PEP medicines. Also, street drugs can interact with these medicines.

Will I need to have blood tests done?

Yes, your doctor or nurse will tell you when you need to have blood tests done. It is important to get them done when recommended.

(**Medication Information adapted from DHMC Infectious Disease HIV Program, 2011)



APPENDIX K HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATION PAYMENT GUIDELINES

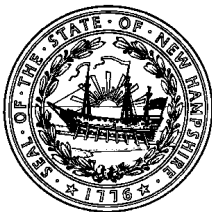
NH Victim Compensation Program
NH Attorney General's Office
33 Capitol Street
Concord, NH 03301
(800) 300-4500

Although HIV-antibody seroconversion has been reported among persons whose only known risk factor was sexual assault or abuse, the risk for acquiring HIV infection through a single episode of sexual assault is low. The overall probability of transmission of HIV during a single act of intercourse from a person known to be HIV-infected, depends on many factors.

- Following the CDC guidelines, the medical provider should evaluate the patient, and determine whether s/he fits the criteria to be given PEP.
- If so, the patient should be given the 7-day dose pack* dispensed at time of exam (1st dose taken right away)
- The remaining dosage must be dispensed within 7 days of initial dose at no cost to the patient.

***NOTE:** The State of New Hampshire Board of Pharmacy, at their August 16, 2006 meeting, (see <http://www.nh.gov/pharmacy/new.html> for meeting minutes) voted to waive rule 709.07 that limits emergency rooms from dispensing more than a 3 day dose of medications, and allow dispensing the full 28 day dose pack of this medication in this circumstance.

- The patient should be given a copy of the **HIVnPEP Patient Information Sheet** which outlines the importance of follow up care and the side effects of the medication. (*See Appendix K.*)
- If the patient does not have medical insurance, the Hospital should send a **detailed bill, separate from the bill for the medical forensic examination**, to the *NH Victim Compensation Program at the above address*. The patient **should not** be charged for any out of pocket expenses for filling these prescription(s).



APPENDIX L SEXUAL ASSAULT FORENSIC MEDICAL FOLLOW-UP EXAMINATION VOUCHER FORM

**NH Victim Compensation Program
NH Attorney General's Office
33 Capitol Street
Concord, NH 03301
(800) 300-4500**

Billing Instructions for Health Care Providers:

When a patient has no medical insurance, the State of New Hampshire is responsible for paying for the forensic/medical examination of victims of sexual assault (RSA 21-M:9-c), up to \$800, as well as one follow-up visit, up to \$200, with the medical provider of her/his choice. The patient presenting this \$200 follow-up visit voucher, should not be required to pay any out of pocket costs for the follow-up examination you are performing, and should not be billed for any costs over the \$200 cap. If you have questions please call the NH Victim Compensation Program, New Hampshire Attorney General's Office at **(800) 300-4500**. **Please mail the original of this Voucher, along with an itemized bill, to the NH Victim Compensation Program at the above address.**

For the Medical Provider: (This voucher is not valid unless the following information is completed.)

I, _____ voluntarily authorize the disclosure of billing information, including name,
(Name of Patient)

Date of birth, diagnosis and procedure codes. The information is to be disclosed by _____
(Name and Address of Provider)

_____ and is to be provided to the New Hampshire Victim's Compensation Program, Attorney General's Office, 33 Capitol Street, Concord, New Hampshire 03301. The purpose of this disclosure is to verify patient information so that payment for treatment may be made. The information to be disclosed from my health record is only information related to the care provided to me on _____ and I understand that my Protected Health
(Date)

Information (PHI) may be re-disclosed and therefore no longer protected under the Privacy Rule. I understand that the Attorney General's Office will maintain the privacy of my PHI in accordance with RSA 21-M:8-c and will not release it without additional authorization. I further understand that I have the right to revoke this authorization in writing except to the extent that it has already been relied upon. The authorization is valid for one year following the treatment date.

Authorized by: _____ Date: _____
(Patient Signature or Parent/Guardian if applicable)

Witness: _____ Date: _____

Relationship to Patient: _____

For the Follow-up Provider: (Please complete the following information so that we can pay you promptly.)

Medical Provider: _____ Federal Employer Identification Number: _____

Remittance Address: _____

Phone Number: _____

APPENDIX M

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required that the United States Secretary of Health and Human Services (HHS) issue health privacy regulations if Congress did not enact comprehensive health privacy protections by August 21, 1999. Congress failed to act by the deadline. The Secretary released proposed regulations in November 1999. As required by HIPAA, HHS published the final regulation on December 28, 2000. By April 14, 2004, all covered entities (**health care providers, health plans and health care clearinghouses**) had to be in compliance. Despite the new regulations, many entities that regularly receive health information, including employers, casualty and property insurance companies and workers compensation carriers, are not required by this federal law to protect patient privacy.

The new federal rules do not preempt state laws that are more protective of patient privacy. In addition to not preempting more protective state laws, **the regulation does not preempt state laws that authorize or prohibit disclosure of health information** about a minor to a parent, guardian or person acting in loco parentis. For a summary of state privacy laws see the Georgetown University Health Privacy Project's *The State of Health Privacy: An Uneven Terrain* (Health Privacy Project (July 1999) (healthprivacy.org)).

In the most general sense, the regulation *prohibits* use and disclosure of protected health information unless expressly permitted or required by the regulation. The regulation *requires* disclosure (1) to the individual who is the subject of the information and (2) to HHS for enforcement purposes. This regulation requires entities to make a good faith effort to inform patients in a notice of privacy practices about how sensitive information is used and disclosed.

There are several circumstances where covered entities may use or disclose protected health information without the written consent or authorization of the patient, including disclosures to report child abuse and neglect; about a victim of abuse, neglect or domestic violence under certain circumstances; for law enforcement purposes; for judicial and administrative proceedings; and for public health purposes to a public health authority authorized by law to receive such a report. **Mandatory reporting laws** fall under the provision relating to disclosures *required by law*. Entities may, however, disclose information to law enforcement officials without informing the subject of the information pursuant to a court order or court-ordered warrant or a subpoena, summons issued by a judicial officer, grand jury subpoena, or an administrative request.

APPENDIX N: EVIDENCE COLLECTION KIT

NEW HAMPSHIRE SEXUAL ASSAULT EVIDENCE COLLECTION KIT INSTRUCTIONS

**USE POWDER FREE GLOVES
USE TAPE, NOT STAPLES TO SEAL EVIDENCE**

This kit is designed to assist the sexual assault examiner in the collection of evidentiary specimens for analysis by the New Hampshire State Police Forensic Laboratory. The hospital is not requested or encouraged to analyze any of the specimens/evidence collected in this kit. Any specimens required by the hospital are to be collected with hospital supplies and retained by the hospital.

KIT USE IN THE PEDIATRIC POPULATION

*The kit should be utilized in all acute cases of child sexual assault using the same timeframes outlined for the adult population.

*Always collect two buccal swabs (STEP 8) as a known DNA sample of the patient.

*Swabs (STEP 7, 10 11, 12) should be collected from the appropriate orifice as driven by the patient history and exam

*All forms included in kit should be utilized whenever possible. Ancillary forms used such as the CARE network documentation should not be included in the kit.

STEP 1 AUTHORIZATION FOR COLLECTION AND RELEASE/TRANSFER OF EVIDENCE AND USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION FORM

NOTE: The top section is for reported/reportable cases, the bottom section for anonymous cases.

Fill out all information requested and have patient (or parent/guardian, if applicable) and witness sign where indicated.

STEP 2 SEXUAL ASSAULT EVIDENCE COLLECTION KIT INVENTORY

Fill out upon completion of evidence collection and before sealing the kit. Keep in medical records.

STEP 3 SEXUAL ASSAULT MEDICAL/FORENSIC REPORT FORM

Please complete in all instances, regardless of patient age. Fill out all information requested.

STEP 4 BLOOD/URINE TOXICOLOGY SAMPLES (Collect only if drug facilitated sexual assault is suspected.)

Note: In order to minimize patient discomfort, blood needed for other tests, including pregnancy, should be drawn at this time. **THESE TEST RESULTS SHOULD NOT BE INCLUDED IN KIT, BUT SHOULD REMAIN AT THE HOSPITAL.**

Except in pre-pubertal cases, collect 10 cc of liquid blood into a hospital-supplied EDTA tube (lavender top) using normal blood drawing procedures. Label with patient information, place in bubble wrap bag and into envelope. Seal and fill out all information requested.

In addition to the blood, **if the ingestion occurred within 96 hours**, collect a **100 ml urine sample** in hospital-supplied urine sample container. Label urine with patient information, seal urine in a biohazard bag and **leave outside the kit** for law enforcement personnel.

If blood/urine sample is taken ask patient if s/he is on any prescription drugs and document drugs on envelope.

If ingestion was **within 48 hours**, collect both blood and urine.

If ingestion was **between 48 and 96 hours**, collect a urine sample only.

If ingestion was **over 96 hours**, neither sample should be taken.

STEP 5 OUTER CLOTHING COLLECTION

If patient changed clothing after assault, inform law enforcement officer in charge so that the clothing worn at the time of the assault can be collected.

If patient is not wearing the clothing worn at the time of the assault, collect only the items that are in direct contact with the patient's genital area. Collect sanitary pads and tampons as appropriate.

- **Wet or damp clothing should be air dried before packaging.**
- **Do not cut through any existing holes, rips or stains in patient's clothing.**

- **Do not shake out patient's clothing or microscopic evidence may be lost.**
- **If additional clothing bags are required, use only new paper (grocery-type) bags.**
- **Fill out all information on bag.**
- **Do not collect patient valuables, cash, jewelry or credit cards.**

Instruct patient to carefully disrobe. Collect each item as removed and place in Outer Clothing bag. Fold top of bag over and seal with tape, then affix evidence seal. Fill out all information requested on the label.

STEP 6 UNDERPANTS COLLECTION

- If patient not wearing underpants, collect the item of clothing that had contact with the patient's genitalia.
- Collect sanitary pads and tampons as appropriate

Instruct patient to carefully remove underpants, then place in Underpants bag. Fold top of bag over and seal with tape, then affix evidence seal over fold and initial seal. Fill out all information requested on bag label.

STEP 7 ORAL SWABS AND SMEAR

Note: Do not stain or chemically fix the smear.

Do not moisten swabs prior to sample collection.

If oral sexual activity occurred within 24 hours of the exam, using both swabs simultaneously, carefully swab the buccal area and gum line. Prepare the oral smear by wiping both swabs across the **TOP (labeled)** surface of the microscope slide. Allow both swabs (2) and smear (1) to air dry. Return smear to slide holder and place swabs in swab box. Return smear and swabs to the Oral Swabs and Smear envelope. Seal and fill out all information requested on envelope.

STEP 8 DNA SAMPLE/BUCCAL SWABS

Using both swabs simultaneously, swab the inner aspects of both cheeks with both swabs until moistened. Allow swabs (2) to air dry. Place swabs in swab box, then fill out information requested on swab box. Return swab box to the DNA Sample/Buccal Swabs envelope. Seal and fill out all information requested on envelope.

STEP 9 FOREIGN MATERIAL/PUBIC COMBINGS COLLECTION

Note: If more than two types of samples are collected, use additional sterile swabs from hospital supply.

Remove folded paper from the Foreign Material Collection envelope. Unfold and place on flat surface. Collect any foreign material such as hair and fiber, etc. (found on the body) and place in center of paper. Then refold paper in manner to retain material.

Foreign material such as dried semen, blood, saliva, or saliva from a bite mark, should be collected by lightly moistening the swabs provided with sterile water and then thoroughly swabbing the area with the swabs. Allow swabs to air dry and place in swab box(es), then fill out information requested on swab box(es).

Return folded paper and swabs to Foreign Material/Pubic Combing Collection envelope. Note location from which sample(s) was/were taken on anatomical drawings on envelope. Seal and fill out all information requested on envelope.

If the patient has not bathed or showered and if sexual activity took place within 3 days of the exam, remove paper towel and comb provided in Foreign Materials Collection envelope. Place towel under patient's buttocks. Using comb provided, comb pubic hair in downward strokes so that any loose hairs and/or debris will fall onto paper towel. Refold paper towel in manner to retain both comb and any evidence present. Return to Foreign Materials Collection envelope. Seal and fill out all information on envelope.

STEP 10 RECTAL SWABS AND SMEAR

Note: Do not stain or chemically fix smear.

Do not moisten swabs prior to sample collection

If rectal sexual activity took place within 48 hours of the exam, using both swabs simultaneously, carefully swab the rectal canal. Prepare the rectal smear by wiping both swabs across the **TOP (labeled)** surface of the microscope slide. Allow swabs (2) and smear (1) to air dry. Return smear to slide holder and place swabs in swab box. Return smear to slide folder and place swabs in swab box, then fill out information requested on swab box. Return smear and swab box to the Rectal Swabs and Smear envelope. Seal and fill out all information requested on envelope.

STEP 11 EXTERNAL GENITALIA/PENILE SWABS

If cunnilingus or fellatio was performed on the patient within 5 days of the exam, and the patient has not bathed/showered, or the patient is prepubertal, moisten both swabs with sterile water and swab the external genitalia of

the patient. Allow swabs (2) to air dry and place in swab box, then fill out all information requested on swab box. Return swab box to External Genitalia/Penile Swabs envelope. Seal and fill out all information requested on envelope.

PENILE SWABS

If sexual activity took place within 5 days of the exam and the patient has not bathed/showered, slightly moisten both swabs with sterile water and thoroughly swab the external surface of the penile shaft and glans, avoiding the urethral meatus. Allow swabs (2) to air dry and place in swab box, then fill out all information on swab box. Return swab box to External Genitalia/Penile Swabs envelope. Seal and fill out all information requested on envelope.

STEP 12 VAGINAL/CERVICAL SWABS AND SMEAR

Note: Do not collect from prepubertal patients.

Do not stain or chemically fix smear.

Do not moisten swabs prior to sample collection.

Do not aspirate vaginal vault or dilute sample in any way.

If sexual activity took place within 5 days of the exam, using two swabs simultaneously and swab the vaginal vault. Using the second pair of swabs and using one swab at a time, swab the cervix. Prepare the vaginal smear by wiping the first pair of swabs across the **TOP (labeled)** surface of the microscope slide. Allow swabs (4) and smear (1) to air dry. Return smear to slide holder and place each pair of swabs in their respective swab boxes, then fill out all information requested on the swab boxes. Return slide holder and swab boxes to Vaginal/Cervical Swabs and Smear envelope. Seal and fill out all information requested on envelope.

Note: Any other examination and testing of the ano-genital and pelvic area should occur simultaneous with this step.

STEP 13 MEDICAL/FORENSIC EXAMINATION FORMS

Using appropriate forms and set of anatomical drawings, note findings. Photograph external injuries both with and without a scale (6 inch ruler provided) as deemed necessary. Sign and date forms where indicated.

STEP 14 PATIENT INFORMATION FORM

Fill out all information requested on form; then have Patient/Parent/Guardian sign on bottom of form. Retain one copy for hospital records.

STEP 14A HIVnPEP PATIENT INFORMATION FORM

If HIV PEP was given, fill out all information requested on HIV Prophylaxis (HIV n PEP) Information Form, then have Patient/Parent/Guardian sign on bottom of form. Give form to patient.

If you have questions about providing HIVnPEP medications please call National HIVnPEP Hotline at **1-888-448-4911**

STEP 15 Give patient the following forms:

a. **FOLLOW UP EXAMINATION VOUCHER FORM**

b. **SEXUAL ASSAULT CRISIS CENTER LIST**

c. **FINANCIAL ASSISTANCE FOR VICTIMS CARD**

STEP 16 POSTCARD

Please complete the information on the enclosed stamped, self-addressed postcard and **put it in the mail. IT IS VERY IMPORTANT THAT THIS IS DONE WITH EACH KIT USED.**

FINAL INSTRUCTIONS

- 1) Make sure all information requested on all forms, envelopes and bag labels has been filled out completely.
- 2) Separate all forms and distribute copies as indicated on the bottom of each form.
- 3) With the exception of sealed and labeled Underpants and Outer Clothing bags, return all other evidence collection envelopes, used or unused, to kit box.
- 4) Initial and affix red police evidence seals and BIOHAZARD label where indicated on box top.
- 5) Fill out all information requested on kit box top under "For Hospital Personnel".
- 6) Hand sealed kit, sealed bags and appropriate forms to investigating officer, and obtain your signature as well as that of law enforcement to ensure that Chain of Custody requirements have been met.

Note: The Kit needs to be picked up by Law Enforcement in the jurisdiction where the crime occurred, unless otherwise arranged by that law enforcement agency. If officer is not present at this time, place sealed kit and bags in secure and refrigerated area, and hold for pick up by law enforcement

STEP 1 AUTHORIZATION FOR COLLECTION AND RELEASE/TRANSFER OF EVIDENCE AND USE/DISCLOSURE OF PROTECTED HEALTH INFORMATION FORM

Patient's Name or Kit Number: _____
 Date of Birth: _____
 Medical Record Number: _____
 Date of Examination: _____
 (Month/Day/Year)

Patient Label (all copies please)

REPORTED CASES:

Person authorizing release of information is (check one): Patient Patient's Parent/Guardian Other _____
 Hospital received permission to contact patient: By Telephone By Mail Permission Denied

DISCLOSURE OF PROTECTED HEALTH INFORMATION/RECORD RELEASE BY THE DEPARTMENT OF JUSTICE

I hereby authorize _____ (Health Care Facility) to use/disclose my individually identifiable health information as described below (which may include information concerning treatment for drug/alcohol abuse, mental health and HIV status, if applicable). I understand that if the recipient authorized to receive the information is not a covered entity, (eg. insurance company or health care provider), the disclosed information may no longer be protected by federal and state privacy regulations.

Purpose of the use and/or disclosure: Mutually share information for health and safety

Description of information to be disclosed:

- Evidence kit documentation forms
- One sealed evidence collection kit containing evidence (including blood)
- Urine Sample for "Drug-Facilitated Sexual Assault" Test (**sealed in biohazard bag OUTSIDE KIT**)
- Evidence bags sealed outside of kit (examiner please indicate # _____ not including urine sample)

Evidence Bags	Article	Description
No. 1	_____	_____
No. 2	_____	_____
No. 3	_____	_____
No. 4	_____	_____

Do NOT sign below if completing an ANONYMOUS kit. Go to the bottom of the form.

I hereby authorize _____ to release the following information covering treatment
 (Hospital/Record Holder)
 given to me on _____ to _____
 (Month/Day/Year) (Law Enforcement Agency/DCYF)

Name of person authorizing release of information _____
 (please type or print): (Last) (First) (Middle)

Patient Signature _____ Date _____
 Witness/Examiner Signature _____ Date _____

ANONYMOUS CASES:

DISCLOSURE OF PROTECTED HEALTH INFORMATION/RECORD RELEASE BY THE DEPARTMENT OF JUSTICE

I hereby authorize _____ (Health Care Facility) in the collection and **transfer only** of my evidence collection kit, applicable forms/records and evidence bags by the above listed law enforcement agency to the NH State Police Forensic Lab. I understand that the law enforcement agency has **not** been given the right to view my record, or analyze the evidence, **and will not** be given that right except by my authority in the next 60 days. I further understand that if I do not report the crime, the evidence may be disposed of.

Date _____ Patient Signature _____

Examiner please list all items authorized for transfer:

Patient Information:

STEP 2 SEXUAL ASSAULT EVIDENCE COLLECTION KIT INVENTORY

This step should be completed at the end of the evidence collection.

- 1. Liquid Blood Toxicology Sample (STEP 4)* Collected Not Collected
- 2. Urine Toxicology Sample (STEP 4)* Collected Not Collected
- 3. Outer Clothing (STEP 5) Collected Not Collected
 Number of Bags _____
- 4. Underpants (STEP 6) Collected Not Collected
- 5. Oral Swabs and Smear (STEP 7) Collected Not Collected
- 6. DNA Sample – Buccal Swabs (STEP 8) Collected Not Collected
- 7. Foreign Material (STEP 9) Collected Not Collected
- 8. Pubic Hair Combing (STEP 9)* Collected Not Collected
- 9. Rectal Swabs and Smear (STEP10)* Collected Not Collected
- 10. External Genitalia/Penile Swabs (STEP 11) Collected Not Collected
- 11. Vaginal/Cervical Swabs and Smear (STEP 12)* Collected Not Collected
- 12. Additional Evidence Collected Not Collected
 Please list _____
- 13. Additional Evidence Collected Not Collected
 Please list _____
- 14. Additional Evidence Collected Not Collected
 Please list _____

Forms Completed

- Step 1 Authorization Step 14 Patient Information Form
- Step 2 Kit Inventory Step 14A HIVnPEP Patient Information Form
- Step 3 Medical/Forensic Report Form Step 15A Follow-up Examination Voucher Form
- Step 13 Medical/Forensic Exam Form (Page 1) Step 16 Post Card Mailing
- Step 13 Medical/Forensic Exam Form (Page 2)

***Any step with an asterisk is NOT routinely required with the pre-pubertal child.**

Date _____ Signature of Examiner _____

STEP 3 SEXUAL ASSAULT MEDICAL/FORENSIC REPORT FORM

Please complete in ALL cases regardless of patient's age.

Patient Name (or Kit Number if Anonymous): _____
Age of Patient: _____ Sex of Patient: _____
Date and Time of the **Examination**: _____
Date and Time of the **Assault**: _____
Number of Assailants: ____ Sex of Assailants: _____

Patient Label (all copies please)

Indicate by checking the appropriate box what the patient has done since the assault (if unsure, please state the reason why):

Douched Yes No Unsure _____
Bathed/Showered Yes No Unsure _____
If yes, what did this consist of? _____ Sponge bath, fully submerged, etc. (The purpose of this question is to determine whether or not there may be forensic evidence still present on the patient's body.)
Urinated Yes No Unsure _____
Defecated Yes No Unsure _____
Brushed Teeth Yes No Unsure _____
Changed Clothes Yes No Unsure _____
Had Food/Drink Yes No Unsure _____
Vomited Yes No Unsure _____
Used Mouthwash Yes No Unsure _____

At the time of the assault was:

A condom used by assailant? Yes No Unsure _____
Patient menstruating? Yes No Unsure _____
Patient wearing a tampon or pad? Yes No Unsure _____
Weapon used/threatened by assailant? Yes No Unsure _____
Drug-facilitated assault suspected? Yes No _____
If blood/urine sample is taken, is the patient taking any prescription drugs? yes no if yes, which prescription drugs? _____

At the time of the exam was:

Patient menstruating? Yes No Unsure _____
Patient wearing a tampon or pad? Yes No Unsure _____

Within the past five days has the patient:

Engaged in consensual sexual activity? Yes No _____
If yes, on what date _____
Was a condom used Yes No _____

Details of the assault obtained by patient (check all that apply):

Patient was unable to give history of the assault Due to age Due to lack of memory
 Other _____
Penetration performed by perpetrator:
 penile/oral penile/genital penile/anal
 oral /anal oral/genital digital/genital digital/anal
 other (please describe) _____
 other (please describe) _____
 foreign object (please describe) _____
 Oral contact by perpetrator (please describe) _____
 Oral contact by patient (please describe) _____
 Ejaculation deposited on patient's body (please identify location and swab area): _____

Describe any other pertinent details of the assault: _____

Date: _____ Examiner Signature: _____

STEP 4 **BLOOD/URINE TOXICOLOGY SAMPLES**

(USE ONLY FOR SUSPECTED DRUG FACILITATED SEXUAL ASSAULT)

PATIENT'S NAME OR KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

**IF INGESTION WAS WITHIN 48 HOURS, COLLECT BOTH BLOOD AND URINE.
IF INGESTION WAS BETWEEN 48 AND 96 HOURS, COLLECT A URINE SAMPLE ONLY.
IF INGESTION WAS OVER 96 HOURS, NEITHER SAMPLE SHOULD BE TAKEN.**

DRUG FACILITATED SEXUAL ASSAULT SUSPECTED YES NO

10cc EDTA lavender top (up to 48. hours)
(Use blood tube from hospital supply)

100cc urine (up to 96 hours) **DO NOT PLACE URINE SAMPLE INSIDE KIT**
(Use urine collection cup from hospital supply)

STEP 5 **OUTER CLOTHING**

PATIENT'S NAME OR KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

LIST ITEM ENCLOSED: _____

CHAIN OF CUSTODY

RECEIVED FROM _____

DATE _____ TIME _____

RECEIVED BY _____

DATE _____ TIME _____

STEP 6

UNDERPANTS

PATIENT'S NAME OR KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

LIST ITEM ENCLOSED: _____

CHAIN OF CUSTODY

RECEIVED FROM _____

DATE _____ TIME _____

RECEIVED BY _____

DATE _____ TIME _____

STEP 7

ORAL SWABS AND SMEAR

PATIENT'S NAME OR KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

COLLECT WITHIN 24 HOURS

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

STEP 8

DNA SAMPLE/BUCCAL SWABS

PATIENT'S NAME OR KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

SWAB THE INNER ASPECTS OF BOTH CHEEKS WITH BOTH SWABS UNTIL MOISTENED.

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

**DNA/BUCCAL SWABS SHOULD BE TAKEN FOR ALL PATIENTS, INCLUDING
PREPUBESCENT**

STEP 9

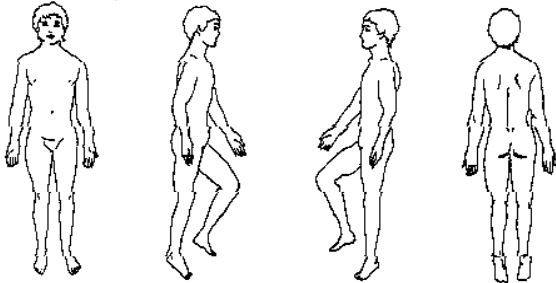
FOREIGN MATERIALS/PUBIC HAIRCOMBINGS

PATIENT'S NAME OR KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

IDENTIFY LOCATION SAMPLE(S) COLLECTED FROM:



Sample suspected to be:

- Saliva
- Semen
- Blood
- Other _____
- Other _____

Collect any foreign material such as hair and fiber, etc.

WAS FOREIGN MATERIAL SAMPLE COLLECTED? YES NO

WAS PUBIC HAIR COMBING SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

STEP 10

RECTAL SWABS AND SMEAR

PATIENT'S NAME OR KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

COLLECT WITHIN 48 HOURS

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT? _____

STEP 11

EXTERNAL GENITALIA / PENILE SWABS

PATIENT'S NAME OR KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

WAS SAMPLE COLLECTED? YES NO

IF NO, WHY NOT: _____

ALWAYS COLLECT SWABS IN PRE-PUBERTAL CASES.

**COLLECT SWABS IN ADOLESCENTS/ADULTS IF PATIENT HAS NOT BATHED/SHOWERED
AND IT IS LESS THAN 72 HOURS SINCE THE ASSAULT**

STEP 12

VAGINAL/CERVICAL SWABS AND SMEAR

PATIENT'S NAME OR KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

COLLECT WITHIN 5 DAYS

**COLLECT 2 VAGINAL SWABS AND 2 CERVICAL SWABS
PREPARE 1 VAGINAL SMEAR**

WERE **CERVICAL SWABS** COLLECTED? YES NO

IF NO, WHY NOT? _____

WERE **VAGINAL SWABS** COLLECTED? YES NO

IF NO, WHY NOT? _____

STEP 13 MEDICAL/FORENSIC EXAMINATION FORM

Patient Label

PHYSICAL EXAMINATION:

Was patient bleeding from wounds sustained during the assault? Yes No
If yes, please utilize documentation space and body maps below to record your findings.

(Include all details of observable physical trauma, presence of blood or other secretions and use of adjunctive visualization techniques). _____

Were photographs taken by examiner? Yes No How Many _____
 Digital Digital Recorder Instant Colposcope Film Other _____
Was the Medical Examiner Consulted Yes No

FEMALE EXAMINATION:

Tanner stage Breast _____ Tanner Stage Pubic Hair _____

EXTERNAL GENITALIA

Labia Majora _____
Clitoral hood & clitoris _____
Labia Minora _____
Posterior fourchette/commissure _____
Urethral meatus _____
Hymen _____

Indicate by checkmark visualization adjunct used:

- Foley catheter balloon technique (pubertal only)
- Toluidine Blue Dye
- Colposcopy
- Other _____

VAGINA _____
CERVIX _____
ADNEXA _____
ANUS _____
RECTUM _____

Photographs/video of ano-genital examination occurred
 Digital Instant Colposcope Film Other _____

MALE EXAMINATION:

Tanner stage Pubic Hair _____ Tanner stage Genitalia _____

PENIS: *Glans* _____

Circumcised Uncircumcised
Shaft _____
Urethral Meatus _____

SCROTUM _____
TESTICLES _____
PERINEUM _____
ANUS _____
RECTUM _____

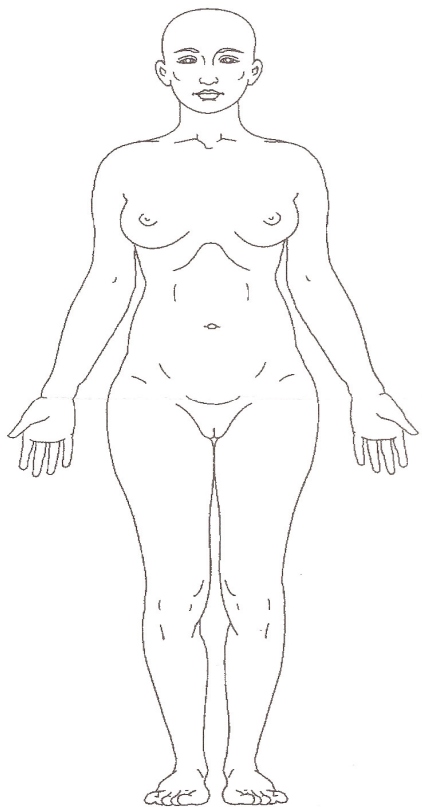
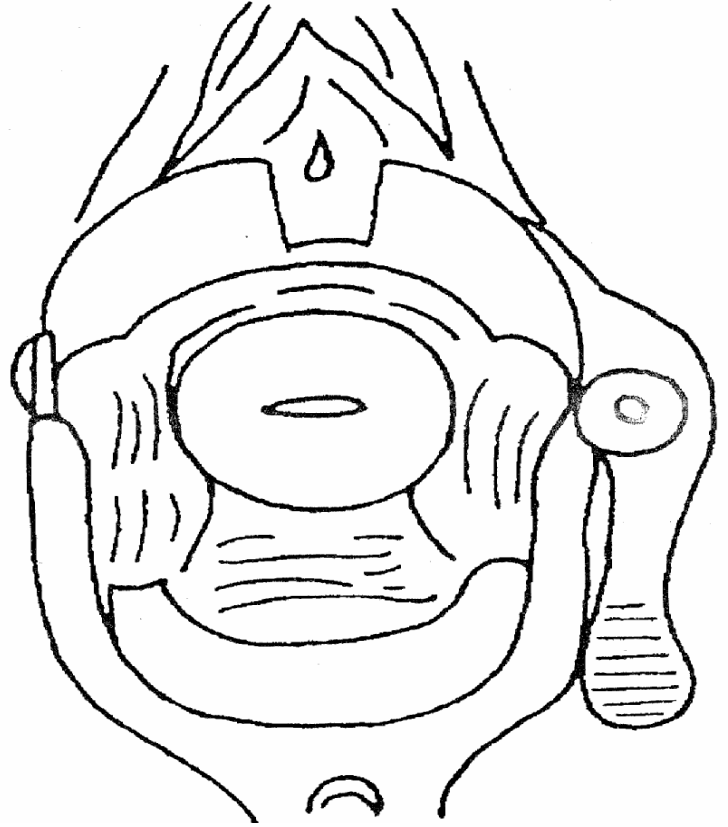
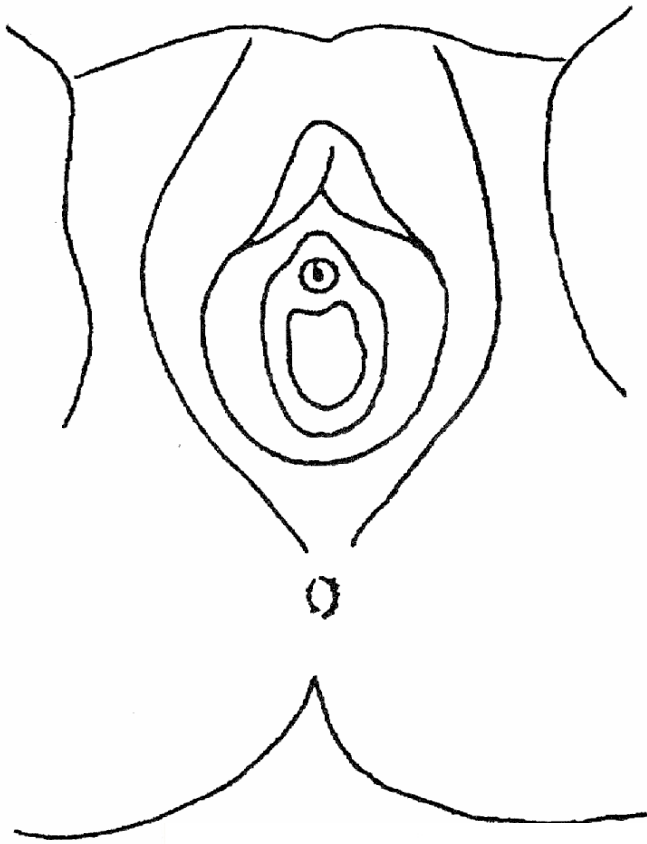
Photographs/video of ano-genital examination occurred
 Digital Instant Colposcope Film Other _____

Signature of Examiner

Date

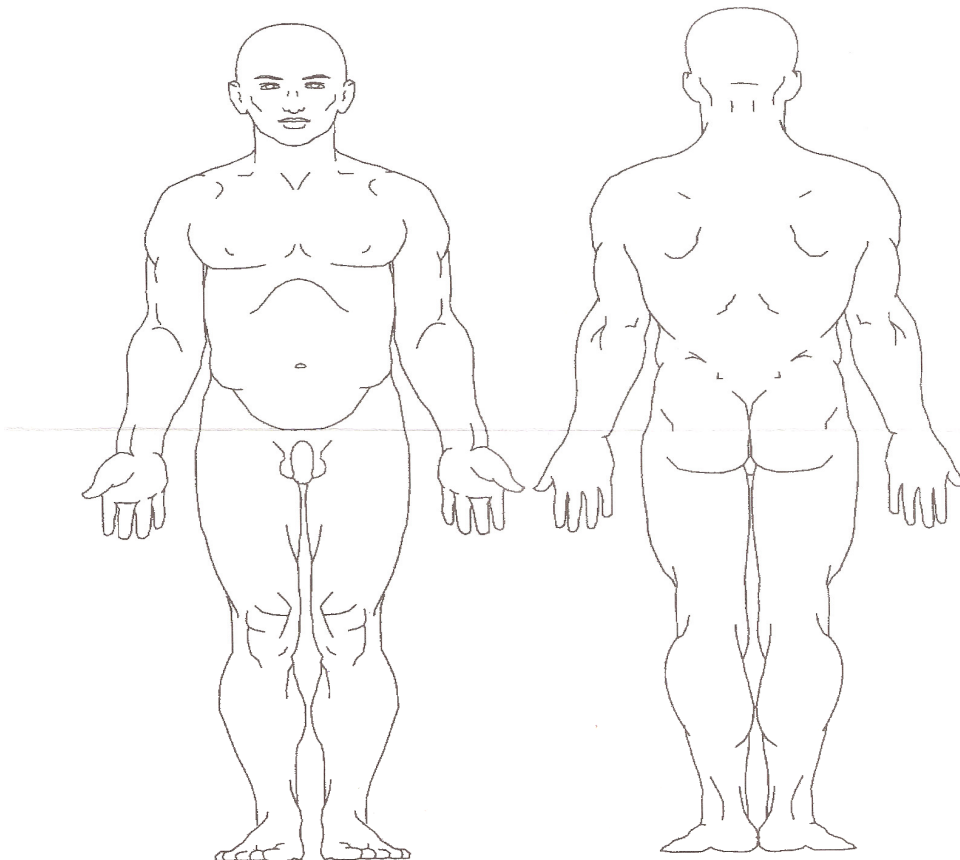
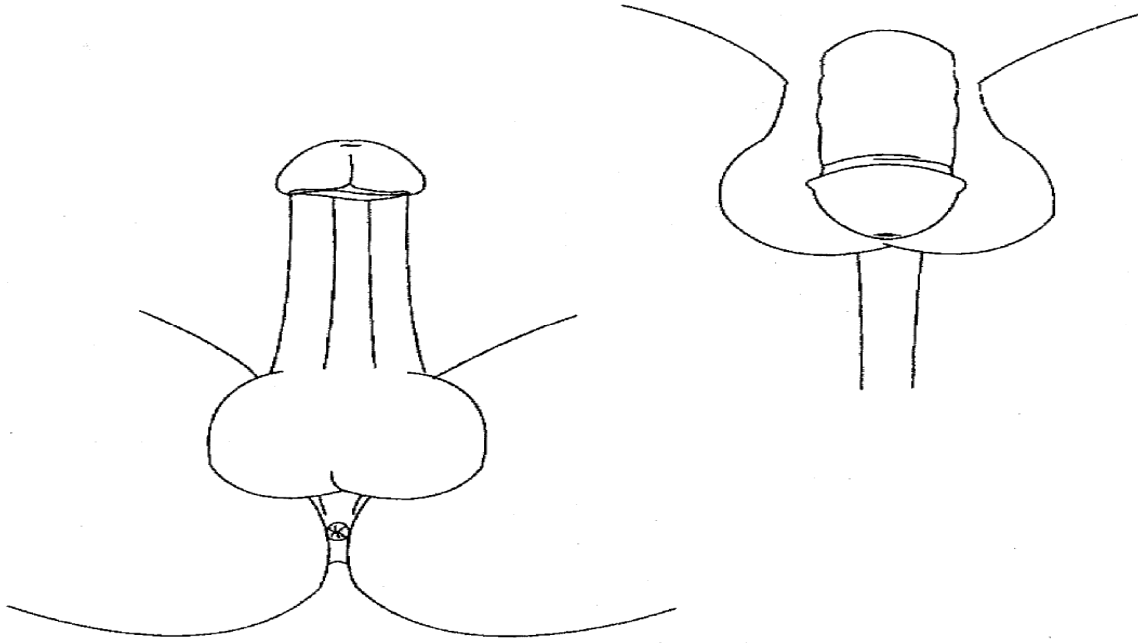
STEP 13 - FEMALE BODY DIAGRAM (Male body diagram on reverse side)

Examiner Signature _____



STEP 13 - MALE BODY DIAGRAM (Female body diagram on reverse side)

Examiner Signature _____



STEP 14 PATIENT INFORMATION FORM

Patient Name (or Kit Number if Anonymous): _____

Hospital Name: _____ Hospital Telephone No. _____

Date of Examination: _____ Examiner: _____

With your consent, the following tests were conducted (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Blood Test for Syphilis | <input type="checkbox"/> Pregnancy Test | <input type="checkbox"/> Blood Test for Hepatitis B |
| <input type="checkbox"/> Culture for Gonorrhea | <input type="checkbox"/> Culture for Chlamydia | <input type="checkbox"/> PCR Testing for GC & Chlamydia |
| <input type="checkbox"/> Wet Prep for Trichomonas | <input type="checkbox"/> Blood Test for HIV | <input type="checkbox"/> Other _____ |

The following is a list of medications you were given to prevent some sexually transmitted infections. We recommend that you follow-up with your provider as directed to ensure that this treatment was effective.

<u>Medication</u>	<u>Dose and Instructions</u>
_____	_____
_____	_____
_____	_____
_____	_____

Checking this box indicates that the patient chose not to be given medication that could prevent sexually transmitted infections

The following is the medication you were given as an emergency pregnancy prevention measure:

<u>Medication</u>	<u>Dose and Instructions</u>
_____	_____

Checking this box indicates that the patient chose not to be given medication that could prevent pregnancy, or the time frame had passed when Emergency Pregnancy Prevention would have been considered effective.

You were given medicine called post-exposure prophylaxis (PEP) to reduce the risk of you becoming infected with HIV.

If you were given PEP medications, you were given a copy of the **HIV PROPHYLAXIS (HIV N PEP) PATIENT INFORMATION FORM (STEP 14a)**.

For more information on HIV PEP medications and side effects call the **National HIV N PEP Hotline at 1-888-448-4911** log onto the Centers for Disease Control website at www.cdc.gov

At the time of your evaluation, specimens were obtained in order to look for suspected drug facilitated sexual assault. The specimens are not evaluated by the hospital laboratory, but forwarded to the NH State Police Forensic Laboratory. Information regarding the results should be obtained through the investigating law enforcement agency. If you are reporting ANONYMOUSLY, the specimens will not be analyzed until you report the crime to law enforcement.

You have chosen to have the evidence collection obtained ANONYMOUSLY. The kit will be forwarded to the NH State Police Forensic Lab and will be held there, **WITHOUT BEING ANALYZED**, for up to 60 days from the date of your sexual assault examination. If you choose to report the crime to law enforcement during this time, the SERIAL NUMBER identifying your kit is _____. If you choose not to report the crime during this time ALL EVIDENCE will then be returned to the police department having jurisdiction over where the crime occurred for storage or disposal.

Under the law, NH health care professionals are obligated to report all cases of suspected child abuse or elder/incapacitated adult abuse. Because of the circumstances that brought you in today, a report has been/will be made with the following agencies:

You were given necessary information and the phone number of the closest sexual assault crisis center for follow-up support and confidential free services.

You were given a copy of the **FOLLOW UP EXAMINATION VOUCHER FORM**

You were given a copy of the **SEXUAL ASSAULT CRISIS CENTER LIST**

You were given a copy of the **FINANCIAL ASSISTANCE FOR VICTIMS CARD**

You were given information and the phone numbers for the Division of Children Youth and Families.

If you do not have medical insurance, the State of NH will pay for the cost of this evaluation. If you have insurance, please be sure all necessary information is forwarded to the hospital for payment.

Patient Signature _____ Date: _____

Examiner Signature _____ Date: _____

**Step 14 a. HIV PROPHYLAXIS (HIVNPEP)
PATIENT INFORMATION SHEET**

You have decided to take medicine called post-exposure prophylaxis (PEP). These medicines reduce your risk of becoming infected with HIV. **The PEP medicines must be taken for a total of 28 days. You will need follow-up care from a nurse or doctor within a week** to make sure the medicines are being taken correctly, for further testing, and to help you with any problems or questions.

**WARNING: THE PEP MEDICINES MUST BE TAKEN FOR A TOTAL OF 28 DAYS.
YOU WILL NEED FOLLOW UP CARE FROM NURSES OR DOCTORS
WITHIN 4 TO 5 DAYS OF STARTING THESE MEDICATIONS**

There are several important things that you need to know when starting the medicines:

Follow-up Care: You should be seen by a nurse or doctor in contact with Infectious Disease within one week. You have chosen to see _____ for your follow-up. Please call to schedule this appointment by calling ___-___ **OR** your appointment has been scheduled for ___/___/___ at ___ AM/PM with _____ (provider name). During the appointment you will talk about any problems you may be having from the medicines, and arrange for further testing. *It is important that you have laboratory testing done as recommended.*

Taking your Medicine: These medications need to be taken as directed. It is important that you not miss any doses. Missing doses will decrease its effectiveness. **DO NOT STOP TAKING THE MEDICATION WITHOUT FIRST TALKING WITH YOUR DOCTOR OR NURSE.**

Side Effects: * You may experience side effects from this medication. If there are side effects, let your doctors or nurses know. They can help you manage problems. The medications interact with many other prescriptions and over the counter medications, as well as street drugs. Contact your doctor or nurse before starting any new medication. *Some of these medications may interfere in the effectiveness of birth control pills. Using additional protection, such as latex condoms, is recommended while you are on these medications.*

Depending on the medication, the most common side effects are: stomach upset, diarrhea and nausea, headache, rash, muscle ache, insomnia, and fatigue, dizziness, lightheadedness, impaired concentration, vivid dreams and 'feeling high.' You may feel weak or tired. Medications decreases birth control effectiveness; use condoms. Side effects usually go away after a few days; tell your provider if they do not. Avoid alcohol. If you experience rash, abdominal pain, fever or severe nausea call your provider right away. Take with food to decrease stomach upset. Lab tests may be necessary to check blood counts.

Medication Refills: You were given a _____ day supply of medicines, and **you will need to get the remainder to complete the 28-day course of medicine.** You should obtain the rest of the prescription from _____.

MEDICATION REGIMEN

Your medical provider will provide you with a medication regimen. To see the medications you have been given, see *Step 14 – Medication Information Form.*

HIVNPEP MEDICATION INFORMATION

It is important for you to take these medications correctly. It is equally important if you have questions about these medications, that you get answers. This information sheet should help.

What if I want to stop these medications?

Do not stop the medicines before you talk with your doctor or nurse. Take the medications as directed. They will not work as well if you miss a dose.

What do I do if I have a problem with side effects from the medicines?

Talk with your nurse or doctor if this happens. There are ways to manage side effects. Side effects usually get better after the first week.

How should I store the medicines?

Keep these medicines out of the reach of children.

Should I be concerned if I take birth control pills?

Some of these medicines may make birth control pills less effective. We recommend that if you are sexually active, you use latex condoms. This is especially important while you are taking these medicines.

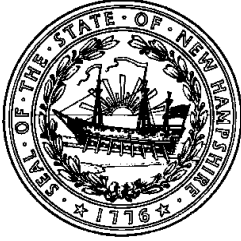
What if I take other drugs or medicines?

Be sure to tell your doctor or nurse what other medicines or drugs you take. Other medicines including over-the-counter medicines can interact with PEP medicines. Also, street drugs can interact with these medicines.

Will I need to have blood tests done?

Yes, your doctor or nurse will tell you when you need to have blood tests done. It is important to get them done when recommended.

(*Medication Information adapted from DHMC Infectious Disease HIV Program, 2011)



**SEXUAL ASSAULT/ABUSE FORENSIC MEDICAL
FOLLOW-UP EXAMINATION VOUCHER FORM**

**Office of Victim/Witness Assistance
NH Attorney General's Office
33 Capitol Street
Concord, NH 03301
(603) 271-3671**

Billing Instructions for Health Care Providers:

When a patient has no medical insurance, the State of New Hampshire is responsible for paying for the forensic/medical examination of victims of sexual assault (RSA 21-M:9-c), up to \$800, as well as one follow-up visit, up to \$200, with the medical provider of her/his choice. The patient presenting this \$200 follow-up visit voucher, should not be required to pay any out of pocket costs for the follow-up examination you are performing, and should not be billed for any costs over the \$200 cap. If you have questions please call the Director of the Office of Victim/Witness Assistance, New Hampshire Attorney General's Office at 603 271-3671. **Please mail the original of this Voucher, along with an itemized bill, to the New Hampshire Victim's Assistance Commission at the above address.**

For the Medical Provider: (This voucher is not valid unless the following information is completed.)

I, _____ voluntarily authorize the disclosure of billing information, including

Name of Patient

name, date of birth., diagnosis and procedure codes. The information is to be disclosed by

_____ and is to be provided to the New Hampshire Victim's Assistance Commission

Name and Address of Provider

NH Attorney General's Office, 33 Capitol Street, Concord, New Hampshire 03301. The purpose of this disclosure is to verify patient information so that payment for treatment may be made. The information to be disclosed from my health record is only information related to the care provided to me on _____ and I understand that my

Date

Protected Health Information (PHI) may be re-disclosed and therefore no longer protected under the Privacy Rule. I understand that the Attorney General's Office will maintain the privacy of my PHI in accordance with RSA 21-M:8-c and will not release it without additional authorization. I further understand that I have the right to revoke this authorization in writing except to the extent that it has already been relied upon. The authorization is valid for one year following the treatment date.

Authorized by: _____ Date: _____

Patient Signature

Witness: _____ Date: _____

Relationship to Patient: _____

For the Follow-up Provider: (Please complete the following information so that we can pay you promptly.)

Medical Provider: _____

Federal Employer Identification Number: _____

Remittance Address: _____

Phone Number: _____

FINANCIAL AID FOR VICTIMS CARD

VICTIMS OF SEXUAL ASSAULT SHOULD NOT BE BILLED FOR THE FOLLOWING SERVICES:

- The **Forensic / Medical Examination** following the assault, including the collection of evidence in a sexual assault kit. Even if you have an evidence collection kit performed, it is your decision whether or not to report the crime, unless you are a minor. Collecting evidence as soon as possible after the assault is crucial to possible prosecution of the perpetrator.
- **One Follow-up Examination** with the medical provider of your choice (up to \$200.00).
- **Payment of HIV Prevention Medications** if determined to be appropriate by the medical provider.
- **Testing for “Date-Rape” drugs**. If you suspect you were drugged prior to being assaulted, get tested immediately, while the drug is still in your system.

ADDITIONAL EXPENSES THAT MAY BE COVERED INCLUDE:

- **Medications**, such as those to prevent pregnancy, Hepatitis B, and other sexually transmitted infections.
- **Clothing and Bedding** that are taken as evidence by law enforcement.
- **Lost Wages** due to inability to work as a result of the physical and psychological aftermath of the assault.
- **Mental Health Counseling** with a licensed practitioner.

To receive compensation for these additional expenses, you must file a claim with the **New Hampshire Victim Assistance Commission**. Your out-of-pocket expenses must meet the program minimum of \$100. The maximum overall compensation amount is **\$25,000**.

**For more information call
1-800-300-4500
Monday through Friday 8:00 AM to 4:30 PM.**

**Applications and additional information are available online at
www.doj.nh.gov/grants-management/victims-compensation-program**

The aftermath of sexual assault can be a confusing and overwhelming time. Sexual assault victims may be eligible to receive financial compensation for a variety of crime related expenses and/or lost wages and support. You may be eligible for compensation for some of the expenses listed on the back of this card.

Your local Crisis Center provides information, support and referrals 24 hours a day, and can provide short term emergency funds for expenses such as having your locks changed, and replacing emergency items that may have been lost or damaged as a result of the assault.

These services are free and confidential.

**To contact the Crisis Center nearest you call the
Statewide Sexual Assault Hotline at 1-800-277-5570**

**Financial Assistance is Available
for Victims of Sexual Assault in
New Hampshire.**

APPENDIX O

POLICY AND PROCEDURE FOR EVIDENCE COLLECTION FROM SUSPECTS IN SEXUAL ASSAULTS

Despite the fact that the majority of sexual assault victims know their offenders, the alleged perpetrator of the crime is often overlooked in the evidence-collection during sexual assault investigations. The goal of this section is to educate participating professionals in the "when, where, what, how and why" of evidence collection from suspects in sexual assault cases.

SUSPECT EVIDENCE COLLECTION POLICY AND PROCEDURE

Policy:

In the course of a law enforcement criminal investigation of a sexual assault, it may become necessary for law enforcement to collect biological specimens for evidentiary purposes from the body of a suspect. In these instances, the requesting law enforcement agency may call upon the evidentiary expertise of the SANE to acquire the necessary specimens. The specimens collected may be obtained pursuant to the following:

- Search warrant/Court-ordered evidence collection of a suspect.
- Evidence collection only with informed consent of a suspect.

Physical Evidence from suspects will be obtained using hospital medical supplies. **The sexual assault evidence collection kit will NOT be used.**

In order to avoid evidence contamination the same forensic examiner should not collect evidence from a suspect and the alleged victim within 24 hours of each other. In the event that the same nurse must attend to both the alleged suspect and the victim, the nurse should completely change her/his examination clothes and the exams should be done in different examination rooms.

A law enforcement officer must be present during the suspect examination.

Process:

1. In the circumstances listed above, when a suspect presents to a hospital and does **not** request an evaluation or treatment of a medical condition, no medical screening examination is required pursuant to the Emergency Medical Treatment and Active Labor Act, unless a prudent layperson would believe that the suspect or victim is suffering from an emergency medical condition. Adhere to your hospital policies and procedures regarding the registration and assessment of emergency department patients.

2. If the nurse notices any of the following signs or symptoms during the course of evidence collection, the suspect will undergo a medical screening examination and necessary stabilizing treatment. Such signs and symptoms include, but are not limited to:
 - Difficulty breathing
 - Decreased level of consciousness
 - Bleeding [profuse or any type of bleeding]
 - Head Injury

3. OSHA guidelines and universal precautions shall be maintained. The following outlines the suspect evidence collection procedures:
 - The suspect is triaged and registered according to protocol.
 - Authorization for evidence collection is obtained. Evidence collection may be obtained through suspect's consent, a subpoena or a search warrant.
 - **Review** the search warrant and ascertain what items have been authorized to be collected. Only the evidence specified on the search warrant will be collected. Nurses should note any items of possible evidentiary value found on the suspect but not listed on the warrant. **If additional evidence is discovered, nurses should tell the officer so that he/she can contact the judge and request a verbal amendment to the warrant. Please make sure this is NOT done in the suspect's presence!! (See search warrant policy and procedure.)**
 - A brief medical history is obtained.
 - A physical evaluation is completed and any injuries documented.
 - Evidence is collected using hospital medical supplies.
 - Swabs
 - Sterile water
 - Envelopes
 - Etc.
 - Chain of custody is maintained.
 - Evidence is released to the investigating law enforcement agency.
 - If the suspect exam is collected in the emergency department, the suspect is medically cleared.

FORENSIC EXAMINATION POLICY AND PROCEDURE

SEARCH WARRANTS

Consent for forensic evaluation may be obtained with a search warrant authorizing the collection of evidence. A copy of each search warrant outlining the type of evidence to be collected will be retained as part of the forensic medical record. Each search warrant must be served to the suspect by the investigating law enforcement officer prior to the collection of any evidence.

The forensic examiner will only collect that evidence which is specified in the search warrant and within her/his scope of practice to collect. In the event that evidence is identified on the suspect during the course of the forensic evaluation that has not been listed in the warrant, the nurse should tell the officer about those items so he/she can contact the judge and request a verbal amendment to the warrant. ***Please make sure this is NOT done in the suspect's presence.***

Law enforcement must be present during the suspect exam.

Date: _____

Suspect name: _____

Suspect D.O.B./MR Number: _____

Referring Law Enforcement Agency: _____

Name of Investigating Officer: _____

Evidence Collected by (Please check appropriate boxes):

- Penile/Vaginal swabs
- DNA Buccal Swab
- Colposcopy
- Photography
- Clothing
- Other: _____

Examiner Performing Evaluation: _____

**FORENSIC EVALUATION
SUSPECT FORM**

Name: _____
D.O.B.: _____ Age: _____ Sex: _____
Address: _____

Date, Time, & Location of Exam: _____
Law Enforcement Agency: _____

Investigating Officer: _____

Authorization for Examination (please check appropriate box):

- Suspect Consent
- Subpoena
- Search Warrant

Evidence Collection:

- DNA Buccal Swabs
- Penile/vaginal swabs
- Other: _____
- Photographs taken.
- Video prints taken
- Clothing collected
- Other evidence collection:

Evidence release – Date: _____ Time: _____ Investigator: _____

Signature of Examiner

Date

Printed Name of Examiner