MEDICAL FORENSIC EXAMINATION
Sexual Assault Information Forms
Instruction Guide

This instruction guide is set forth by the West Virginia State Police Forensic Laboratory for the collection of forensic evidence in sexual assault cases for adults, adolescents and pediatrics.

The examiner **MUST** follow these detailed instructions for the collection of the forensic evidence The instructions for STEPS 1-10 provide specific details about the collection of forensic samples and correspond with the collection envelopes found in the WV Sexual Assault Evidence Collection Kit (SAECK). Review the instruction guide before starting the medical forensic examination.

Each hospital has a designated contact responsible for ordering and tracking sexual assault evidence collection kits (SAECKs) from the WVSP Forensic Laboratory.

For a hospital to receive reimbursement from the Forensic Medical Examination Fund, and to allow victims of sexual assault to track the location of their kit, SAECK information must be entered into the WV SAECK System at the time of collection at the following link: https://apps.wv.gov/DJCS/SAEK/Login.aspx

NOTE: There is no statute of limitations on reporting sexual assaults in West Virginia.

For questions or information about the WV SAECK, contact the WV State Police Forensic Laboratory by email at biology@wvsp.gov or by calling 304-746-2412.

Enacted Legislation
Effective July 1, 2007, a victim of sexual assault is not required to participate in the criminal justice system or cooperate with law enforcement in order to have a forensic medical exam. WV Code §61-8B-16.

Effective May 18, 2020, all SAECKs collected in West Virginia, that are reported to law enforcement, must be mailed via FedEx to the WVSP Forensic Laboratory by the collecting facility within 30 days of collection.

WV SEXUAL ASSAULT EVIDENCE COLLECTION KIT (SAECK) INSTRUCTIONS

These instructions will assist qualified examiners in the correct use of the WV Sexual Assault Evidence Collection Kit (SAECK.) This kit is used to collect evidentiary specimens for patients reporting an **acute** sexual assault (within 4 days-96 hours).

The WV SAECK includes sexual assault information forms for documentation for adult/adolescent and pediatric/adolescent patients. The pediatric sexual assault information forms should be used in the collection of forensic samples for children aged 14 and under. Pediatric specific instructions are noted throughout this document under boxed headers.

Completed WV SAECKs reported to law enforcement for adults are to be mailed directly to the WV State Police Laboratory. Completed WV SAECKs that are non-reports to law enforcement for adults are mailed to Marshall University Forensic Science Center. Detailed instructions for mailing the SAECKs, using the Fed Ex labels enclosed in the kit, are included in this instructions guide and in the SAECK.

A mandatory report to CPS and Law Enforcement is required for all pediatric patients (under the age of 18). **Completed WV SAECKs for pediatric patients are always mailed directly to the WV State Police Laboratory. Do not ever mail a SAECK for a pediatric/adolescent patient to MUFSC.**

GENERAL REMINDERS WHEN USING THE WEST VIRGINIA SAECK

- Once the exam is started and the kit is opened, the examiner must ensure the chain of custody. Do not leave the kit or any of its contents unattended until it is sealed and placed in a secure, locked location.
- The examiner should express no opinions or conclusions regarding the SAECK.
- Kit contents can be supplemented when circumstances warrant.
- The hospital is not requested or encouraged to analyze any of the evidentiary specimens collected herein.
- Detailed instructions are provided on the envelopes in the WV SAECK for each of the collection steps. Please read prior to starting the exam.

IMPORTANT CONSIDERATION WHEN CONDUCTING A MEDICAL FORENSIC EXAMINATION

- Medical care and treatment always take priority over the collection of forensic samples.
- DO NOT OPEN KIT UNTIL GLOVES ARE ON. Be sure to change gloves frequently throughout the medical forensic examination.
- Swab any moist secretions with two dry swab to avoid dilution.
- Swab any dried secretion/stain with two lightly moistened swabs using sterile water.
- When swabs of any kind have been collected, dry the swabs and label the swab box with the area of collection.
- Affix a kit tracking label on all forms/envelopes/ boxes.
- Label the envelope(s) and seal with evidence tape. The examiner should place their Initials across the evidence tape.

PEDIATRIC EXAMINATION AND EVIDENCE COLLECTION GUIDELINES

A child should NEVER be restrained, sedated, or forced to have evidence collected.
Remember: DO NO HARM!

- Use the pediatric sexual assault information forms from the WV SAECK for patients aged 14 and under.
- Medical care and treatment always take priority over the collection of forensic samples.
- Allow the child to have control of as many aspects of the exam as possible and proceed at the child's pace.
- Explain the process to prepare the parent/guardian and the child.
- When collecting evidence on young children, get the most important evidence first, while you have a cooperative child.
- Never restrain a child to conduct a forensic exam – if the child is severely distressed, the exam should be stopped.
- When necessary, very young children can be examined on an appropriate parent/guardian's lap.
- Intravaginal speculum exams should NEVER be done on prepubertal children outside of an operating room setting.

STEP 1 -SEXUAL ASSAULT INFORMATION FORMS-SEE STEP 1 ENVELOPE

PATIENT INFORMATION

Document all information requested on the WV Sexual Assault Information Forms.

- Informed consent for all procedures, evidence collection and treatments MUST be obtained in all cases.

PEDIATRIC PATIENTS

- A parent, legal guardian or healthcare surrogate must provide written consent.
- Assent should be obtained for all cases.

LAW ENFORCEMENT INFORMATION – REQUIRED

Document all the information requested for law enforcement, including the agency contacted, name of the responding officer, and the officer's contact information.

CONSENT FOR MEDICAL FORENSIC EXAMINATION

Informed consent for all procedures is required. If the patient is unable to consent, obtain consent from a legal guardian or healthcare surrogate.

- Read and explain each statement.
- Obtain consent by having the patient/legal guardian/healthcare surrogate initial each statement and sign at the bottom of the consent.

PEDIATRIC PATIENTS

- Consent in a pediatric case may be obtained from the parent, guardian, or healthcare surrogate.

PATIENT MEDICAL HISTORY

- Allow the patient or other person(s) providing the history to describe the incident(s) to the fullest extent possible.
- Follow-up questions may be necessary to ensure that all items are covered.
- A thorough patient history must be taken, as many patients may be reluctant to describe all acts committed, particularly anal penetration.
- Complete and document all information requested on the Sexual Assault Information Forms in Sections 1-5. This includes the name of the person providing the history, pertinent medical history, pre-assault history, and post-assault history.
- This information will guide the medical forensic examination and the interpretation of laboratory results.

PEDIATRIC PATIENTS

- Medical history should be obtained from the parent/legal guardian/healthcare surrogate outside the presence of the child.

ASSAULT HISTORY

Complete and document all information requested on the sexual assault information forms in Section E. Assault History.

- Record the patient's description of the sexual assault.
- Do not record your subjective observations and opinions.
- Use quotation marks when recording the patient's words.
- Use additional paper for documentation, if needed. Make copies for law enforcement and the WVSP Crime Lab. Attach to the Sexual Assault Information Forms.
- Affix the patient's identification label and kit tracking number to any additional paper used for documentation.
- Initial at the bottom.

Note: There is a blank documentation form at the end of the instructions for use.

PEDIATRIC PATIENTS

- History and account of assault should be obtained from parent/guardian/healthcare surrogate outside the presence of the child.
- Document any spontaneous statements from the child. A formal Forensic Interview will occur at the Child Advocacy Center. The examiner should not pressure the child into answering any questions.
- Ask questions like "Do you know why you are here?"

Drugs and Alcohol Use

The assailant may have used drugs to subdue the patient, or the patient may have lost the ability to make rational decisions, or the patient may have lost consciousness. *(This information is relevant to the analysis of the forensic evidence, because it can affect the interpretation of findings.)*

Further instructions on toxicology specimen collection are on page 7 of this document.

PEDIATRIC PATIENTS

- A non-invasive urine collection method should be used for a pediatric patient, when need indicates.
- Urine specimen DOES NOT need to be a clean catch.

Description of Acts

Document all acts described by the patient in the provided space on pages 5-6 in the sexual assault information forms.

- Mark the appropriate box(es) for each method of penetration of the vagina or anus, oral copulation of the genitals and/or anus and non-genital act(s).
- Oral copulation requires only contact.
- Mark "attempted" if it is reasonably clear, based upon the patient's statement, that the assailant(s) intended an act but was thwarted by the patient, an intervening occurrence, or was unable to accomplish the act.
- If either "attempted" or "unsure" is checked, provide a description in the adjacent space.
- If more than one assailant was involved, identify each one.
- If an object was used, describe it.
- Bite marks should be swabbed for saliva, measured, and photographed.
- Document any other acts that occurred during the assault.
- For any that are answered yes, describe.
- Indicate if ejaculation occurred.
- Mark the appropriate box(es) to indicate if ejaculation occurred on the body.
- Document location(s) on the body diagrams.
- For clothing, bedding, or other surface(s), document location(s) in the space provided.
- If more than one assailant ejaculated, identify each one. If "unsure" is marked, explain.
- Note whether a contraceptive, saliva, condom or other lubricants were used.
- Mark the appropriate box(es). If yes is marked, describe.

Strangulation

- When strangulation is reported, notify a physician for further assessment noting the following:
- Describe what happened, using the patient's own words.
- Place quotation marks around the patient's comments. Include patient statements about the injury (e.g. "he/she grabbed my neck; that wasn't there before he did that")
- Describe the patient's appearance, behavior, speech, eye contact, and affect/demeanor using terms such as "slumped," "weeping," "averting eye contact," "stammering," "somber, "agitated," etc.
- Examine the head, face, neck, and chest completely, using 360 degrees.
- Examine closely the sclera, conjunctiva, lips, oral cavity, palate, ears, and scalp. Observe for areas of erythema, abrasion, contusion, swelling, laceration, incised wound(s), fracture, bite mark(s), burn(s), or tenderness.
- Record and describe each injury separately by labeling the diagrams included in the SAECK forms. Document the location, shape, color, and size of all injuries, using centimeters as the unit of measure. Note length, width, and depth for each injury (if possible).
- Measure the neck with a measuring tape to establish a baseline for follow-up measurements (to determine whether neck swelling is present).

Radiographic Evaluation of Acute Adult, Non-Fatal Strangulation Recommendations

It is **recommended** that the following evaluation happen in order to evaluate the carotid and vertebral arteries for injuries, the bony/cartilaginous and soft tissue neck structure, and the brain for anoxic injuries:

- CT Angio of carotid/vertebral arteries (GOLD STANDARD for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) **OR**
- CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) **OR**

- MRA of neck (less sensitive than CT Angio for vessels, best for soft tissue trauma) **OR**
- MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) **OR**
- MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)

- To access the recommendations and references refer to: https://www.familyjusticecenter.org/resources/recommendations-for-the-medical-radiographic-evaluation-of-acute-adult-non-fatal-strangulation/

PEDIATRIC PATIENTS

- Imaging should be completed on a case-by-case basis as medical examination indicates.

EVIDENCE COLLECTION

STEP 2A-2D –CLOTHING AND UNDERWEAR COLLECTION – INSTRUCTIONS ON ENVELOPE

Collect each clothing item as it is removed and place each item in the appropriate bag.

- Collect clothing and underwear worn during or immediately after the assault.

PEDIATRIC PATIENTS

- Collect underwear, diaper, or clothing in contact with the genital area.
- If a diaper, allow it to air dry as much as possible during the examination and package it separately.

STEP 3A-3B –FINGERNAIL SWABS AND DEBRIS COLLECTION – INSTRUCTIONS ON ENVELOPE

Collect fingernail swabs (right/left hand), if the patient scratched the assailant.
Collect any debris present on the patient's body.

STEP 4A – ORAL SWAB COLLECTION – INSTRUCTIONS ON ENVELOPE

Inspect the oral cavity for injuries to the palate, gums, teeth, pharynx, and the frenula.

- Document any findings on the drawings and photograph injuries and other findings according to hospital policy.
- Collect oral cavity swabs only when an oral assault occurred within the last 24 hours or if patient cannot remember assault.

STEP 4B – ADDITIONAL SWAB COLLECTION – INSTRUCTIONS ON ENVELOPE

All areas of suspected saliva, semen, blood or prolonged touching should be swabbed

- Swab any bite marks, suction injuries or areas that were licked or kissed by the assailant including the external mouth (lips).
- Document any findings on the drawings and photograph injuries/findings according to hospital policy.
- Photograph any bite marks or suction injuries up close, both with and without a scale.

STEP 5 – PUBIC HAIR COMBING COLLECTION – INSTRUCTIONS ON ENVELOPE

Collect pubic hair by combing, if hair is present.
If no pubic hair is present (shaved), swab the mons pubis area.

STEP 6 – VAGINAL/PENILE SWAB COLLECTION FOR ALL ADULT VICTIMS – INSTRUCTIONS ON ENVELOPE

Swab moist secretions with two dry swabs to avoid dilution.
Swab dried stains with two swabs moistened with sterile or distilled water.
Check the appropriate box on the envelope (e.g., "vaginal" or "penile").

PEDIATRIC PATIENTS- IMPORTANT

- **NO SPECULUM EXAMINATION IS TO BE COMPLETED ON PRE-PUBESCENT PATIENTS. THIS IS EXTREMLEY PAINFUL AND TRAUMATIC.**
- **INTERNAL EXAMS SHOULD BE ONLY BE CONSIDERED WHEN THE FOLLOWING SITUATIONS EXIST AND ONLY WITH SEDATION.**
  Intravaginal speculum exams are never recommended on prepubertal children unless there is:
  a. Active vaginal bleeding from an unknown source
  b. Concern for a foreign body that may still be present in the vagina

Female Genitalia
Conduct a genital examination.

- Examine the inner thighs, external genitalia, and perineal area, for injury, foreign materials, and other findings.
- Collect the swabs only if a vaginal assault occurred within 96 hours prior to the examination.
- If the time since the sexual assault is greater than 24 hours and within 96 hours of the assault, collect two (2) deep cervical swabs in addition to the two internal and two external vaginal swabs.
- Place each set of swabs in separate swab boxes. Do not package internal, external, and cervical swabs all together.

Male Genitals
Conduct a genital examination.

- Examine the inner thighs, external male genitalia for injuries, and perineal area for injury, debris/foreign materials, and other findings. Collect the swabs only if an assault occurred within 96 hours prior to the examination.
- If oral contact occurred, swab the external surface of the penile shaft, glans and base of the penis using two swabs simultaneously in a rotating motion to ensure uniform sampling using swabs moistened with sterile or distilled water.
- Avoid swabbing the urethral meatus.
- If penile swabs and scrotum swabs are both collected, they MUST be placed in separate swab boxes.
- Write the location of the swab collection on the swab box.

STEP 7 – ANAL SWAB COLLECTION – INSTRUCTIONS ON ENVELOPE

Examine the buttocks, perianal skin, and the anal folds for injury, foreign materials and other findings.

- Collect any dried and/or moist secretions, stains and debris/foreign materials.
- If an anal assault occurred, swab the anal area carefully using two swabs simultaneously. Do not insert swabs into the rectum. Only swab external anal area.
- Write location of swab collection on the swab box.

STEP 8 – KNOWN SALIVA (PATIENT) SAMPLE COLLECTION – INSTRUCTIONS ON ENVELOPE

Collect the known saliva (patient) sample after verifying that the patient has not had anything to eat, drink, or smoke for a minimum of twenty-five (25) minutes.

- If oral assault occurred within the last 24 hours or patient cannot remember the assault, collect a known blood specimen in place of a known saliva specimen.

STEP 9 – KNOWN BLOOD (PATIENT) SAMPLE COLLECTION- INSTRUCTIONS ON ENVELOPE

- Collect a known blood (patient) sample if oral assault occurred within the last 24 hours or if patient cannot remember the details of the assault.

STEP 10 - TOXICOLOGY SPECIMEN COLLECTION

If collecting toxicology samples for either alcohol or drug analysis, collect two vials of blood following standard clinical procedures in "gray top" (potassium oxalate/sodium fluoride) 10 ml tubes.

If collecting urine for drug analysis, collect 45 ml to 90 ml of urine using standard clinical procedures in the urine specimen container (max capacity 90 ml).

If collecting urine, collect after vaginal/vulva swab collection. Urinating prior to swab collection can impact evidence collection. If patient must void prior to swab collection, do not perform clean catch and instruct patient not to wipe after voiding.

- If the patient's history or symptoms indicate the possibility that drugs/alcohol were used within 96 hours, collect evidence using the toxicology specimens.
- If an alcohol or drug determination is made, always submit **blood and urine when it is less than 48 hours** since the assault occurred.
- If the time since the assault is **more than 48 hours but within 96 hours of the assault, collect ONLY urine** from the patient.
- WV follows a 96-Hour Rule for collection which means if the drug was ingested within the last 96 hours, collect a urine specimen.
- The skin shall not be disinfected with ethyl alcohol. Non-alcoholic antiseptics should be used.
- In a suspected drug facilitated sexual assault, preserve the first voided urine.
- If the patient presents with a urine specimen, label it, seal it, and include it in the WV Blood/ Urine Collection Kit with the separate urine sample collected at the hospital.
- If the kit's blood collection vials have expired, replace them with same unexpired vials from hospital stock.
- DO NOT place the sealed WV Blood/Urine Collection Kit back in the Sexual Assault Evidence Collection kit.

PEDIATRIC PATIENTS

- A non-invasive urine collection method should be used on all pediatric patients, if need indicated.
- Urine specimen DOES NOT need to be clean catch.

DOCUMENTATION OF INJURY AND FINDINGS USING THE APPROPRIATE BODY DIAGRAMS

Photograph and document all injuries and findings using the appropriate body or genitalia diagrams, a consecutive numbering system, and abbreviations to describe the type of injury and indicate if a photograph was taken.

- Document erythema (redness), abrasions, bruises, swelling, lacerations, fractures, bites and burns.
- Note areas of tenderness or indurations.
- Describe the size, shape, color of the injuries/ findings in the ledger box description block.
- Follow hospital protocol for taking, storing and releasing photographs of injuries/findings to law enforcement.
- When photo documenting, remember to take orientation photo showing the side of the body injury is on, followed by a close-up photo of the injury, then a final photo with a measuring device near the injury.
- Bookend photos of the patient by making sure the first photo is of patient identifying information and the last photo taken is the same information.

FINAL INSTRUCTIONS FOR PACKAGING/SEALING THE SAECK

- Check all envelopes and clothing bags to ensure that they are sealed, labeled and all information requested has been completed.
- Be sure that the kit tracking number has been placed on ALL forms and envelopes.
- Do not put the WV Blood/Urine Collection Kit into the SAECK box.
- Seal the WV Blood/Urine Collection Kit and SAECK with the provided evidence tape and initial the seals.
- The hospital should retain the white copies of the information forms.
- Track the location of the SAECK in the WV SAECK System at the time of collection at https://apps.wv.gov/DJCS/SAEK/Login.aspx
- Place fedex tracking number on the final page of the SAECK forms on the white copy.

FINAL INSTRUCTIONS FOR PACKAGING WV BLOOD/URINE COLLECTION KIT

Put the toxicology samples in the WV Blood/Urine Collection Kit.
Complete ALL information requested on the front of the WV Blood/Urine Collection Kit.
Initial and affix evidence tape where indicated on the WV Blood/Urine Collection Kit.

- If this is a **report to law enforcement**, the WV Blood/Urine Collection Kit can be mailed to the WVSP Forensic Laboratory in the same shipping box as the SAECK. Place the SAECK and the WV Blood/Urine Collection Kit in a plain brown box, affix the FedEx Air bill for the WVSP Forensic Lab, after completing required information.
- If this is a **non-report to law enforcement**, the WV Blood/Urine Collection Kit can be mailed to MUFSC in the same shipping box as the SAECK. Place the SAECK and the WV Blood/Urine Collection Kit in a plain brown box, affix the FedEx Air bill for MUFSC, after completing required information.

REPORT TO LAW ENFORCEMENT- DIRECT SUBMISSION OF SAECK TO THE WVSP LABORATORY

All reported SAECKs will be mailed directly to the Central Evidence Receiving Section of the WVSP Forensic Laboratory from the collecting facility using prepaid FedEx shipping labels and UN3373 specimen placards, within 30 days of collection.

- Place the yellow copy of the information forms into the envelope attached to the bottom of the kit.
- Do not place hospital documents back inside of the kit.
- The pink copy (or a legible copy) of the kit documents must be given to the investigating officer.
- Put the sealed SAECK and sealed WV Urine/Blood Collection Kit in a plain brown box, affix the WVSP Forensic Lab FedEx Airbill and UN3373 specimen placard and ship to the WVSP Forensic Lab.
- Place the FedEx tracking number sticker in the appropriate box on the bottom of the last page of the kit paperwork.

PEDIATRIC PATIENTS

- Law enforcement and child protective service reports MUST be contacted in all cases of sexual abuse/ assault when the patient is under the age of 18.

NON-REPORT TO LAW ENFORCEMENT TO MARSHALL UNIVERSITY FORENSIC SCIENCE CENTER (MUFSC)

All non-reported SAECKs will be mailed directly to Marshall University Forensic Center from the collecting facility using the prepaid FedEx shipping label, addressed to MUFSC, along with the UN3373 specimen placards.

- Be sure the forms are completed and that all yellow copies of the Sexual Assault Information Forms are placed in the envelope attached to the outside bottom of the kit.
- Do not return information forms inside of the SAECK box.
- The pink copy of the “Non-Report” consent form MUST be given to the patient.
- Put the remaining copies of the Sexual Assault Information Forms in the “Non-Report” envelope and place in the envelope attached to the outside bottom of the kit.
- Put the sealed SAECK and sealed WV Urine/Blood Collection Kit in a plain brown box, affix the MUFSC FedEx Airbill, and ship to MUFSC.
- Place the FedEx tracking number sticker in the appropriate box on the bottom of the last page of the kit paperwork.

PEDIATRIC PATIENTS

- A non-report to law enforcement does not apply to a patient under the age of 18.

NOTE: Victims of sexual assault may go to www.go.wv.gov/kit to track the location of their SAECK using the kit tracking number provided by the examiner.