



Investigating Staff Sexual Misconduct with Offenders

Module 10: DNA and Medical Care

Developed by the NIC/WCL Project under NIC
Cooperative Agreement #06S20GJJ1



Objectives

- Identify medical services for men and women
- Understand Reporting Obligations
- SART Evaluation and Evidence Collection



Role of Health Care Provider

- Confidentiality
- Reporting
- Dual Purpose Services
 - Patient Centered
 - Criminal Justice
- Security and Safety



Immediate Medical Concerns

- Primary Survey

- ABC's

- Secondary Survey

- Bleeding

- Head Trauma

- Shock

- Genital Trauma



SART

- **Sexual Assault Response Teams**

- Comprehensive response to victims of sexual assault
- Multidisciplinary
- Coordination
- Information sharing

- **Crisis intervention counseling**

- Mental health
- Victim services
- Informed of rights under relevant federal /state crime victims' rights laws

- **Special Needs**

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SART

- Evaluation and documentation of event
 - History
 - Physical Exam
 - Body Maps
- Diagnostic Testing
- Treatment
 - Prophylactic treatment for STI's
 - Body Fluid Exposure Protocol



SART

- Evidence Collection

- Consent to evaluate and treat
- Consent to release medical information and forensic evidence
- Clothing collection
- Collection of head and pubic hairs
- Oral swabs for victim DNA or perpetrator DNA
- Vaginal/rectal swabs and smears

- Chain of Custody



Confidentiality

- Guidance on reporting obligations

- HIPPA

- Health Insurance Portability and Accountability Act of 1996

- State Laws

- Health Organizations Professional Codes of Ethics

- Correctional Institution Policies and Procedures

Confidentiality



- Confidentiality is not applicable when there is potential for harm to the victim or others
- Communicable diseases must be reported according to applicable laws
- May need to be modified to further protect the victim, or other innocent parties



Implications for Public Health

- Spread of infectious disease
 - HIV/AIDS
 - Hepatitis
 - Syphilis
 - Gonorrhoea
 - Chlamydia
- Increase health care costs for medical and mental health

Dual Purpose of the Exam: Patient Centered



- Evaluate and treat injuries
- Conduct prompt examinations
- Provide support and counseling
- Prophylaxis against STD's
- Assess women for pregnancy risk and discuss options
- Provide medical / mental health follow-up

Dual Purpose of the Exam: Criminal Justice



- Obtain a history of the assault
- Document exam findings
- Properly collect, handle, and analyze data
- Interpret and analyze findings (post-exam)
- Present findings and provide expert opinion related to exam/evidence



Multidisciplinary Process

- Utilizing a multidisciplinary team offers expertise from:
 - First responders
 - Sexual assault forensic examiners
 - Law enforcement representatives
 - Victims and advocates
 - Prosecutors
 - Forensic photographers



Patient Centered Care

- Ensures patient privacy
- Provides a safe environment and acknowledges safety concerns
- Accommodates victims request for family or friend to be with them
- Respects patient's request for providers of a specific gender
- Integrates exam procedures
- Involves victim services and law enforcement

Components of Forensic Medical Exam

- Consents
- Sexual assault history
 - Standardized forms
- Physical exam:
 - Body maps
 - Standardized colposcopy
- Treatment plan”
 - Prophylactic treatment for STI
 - Post-coital contraception
 - Medical and mental health follow-up



Consents

- Obtain verbal and written:
 - General medical care
 - Pregnancy testing and EC
 - Prophylaxis for STI's
 - HIV testing and prophylactic

Consents



- Release of medical information
- Forensic exam AND evidence collection
- Photographs including colposcope
- Toxicology screening
- Release of forensic information and evidence

Sexual Assault History



- Obtain the medical forensic history in a private and quiet space
- Coordinate with other responders, information that is respectful to the victims
- Avoid repetition of questions



Sexual Assault History

- Weapons involved
- Threats of harm / injuries inflicted
- Physical blows, choking, biting
- Physical restraints
- Involuntary ingestion of drugs or alcohol
- Loss of consciousness



Sexual Assault History

- Description of the sexual assault:
 - Penetration of anus, vagina, oral
 - Oral contact with genitals
 - Other contact with genitals
 - Use of foreign objects
 - Digital penetration



Sexual Assault History

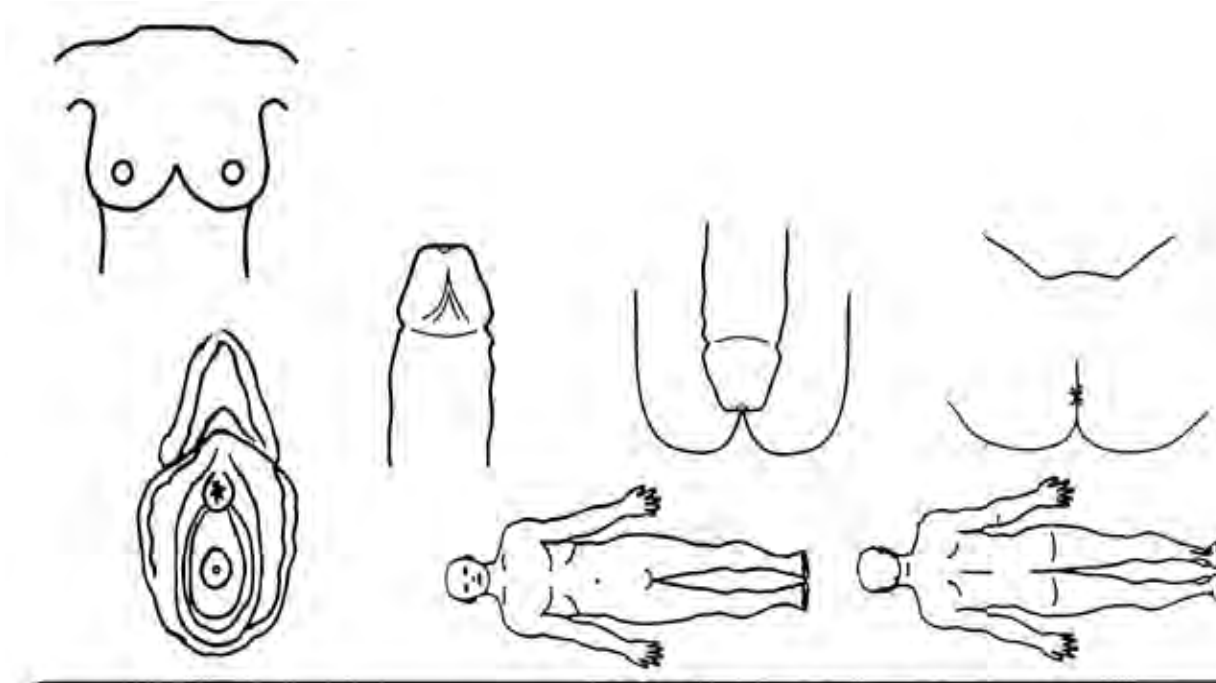
- Ejaculation
- Use of contraception or lubricants
- Last menstrual period
- Last consensual sex

Physical Exam



- Head to toe
- General body survey
- Cardiovascular
- Abdominal
- Pelvic
 - Colposcopy
 - speculum

Physical Exam Documentation Map



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Physical Findings



- Findings “external” to the genital areas
 - Anterior neck region 35%
 - Inner thighs 24%
 - Facial 18%
 - Breasts, posterior thorax, upper extremities, sacral and abdominal areas 12%

Physical Findings



- Most common site and type of injury:
 - Posterior fourchette 70%
 - Tears
 - Labia minora 53%
 - Abrasions
 - Hymenal tissues 29%
 - Ecchymosis
 - Fossa Navicularis 25%
 - Tears

Source San Luis Obispo, California 1991

Colposcopy



- Binocular system of lenses of varying magnification coupled with an intense light source to which a video monitor or digital camera is attached
- Non –invasive
- Superior to gross visualization
- Subtle injuries are visualized
- Documentation using photography
- Standard of care



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Forensic Evidence Collection

- Forensic evidence collection is challenging
- Technological advances contribute to documentation of objective findings
- Prosecution rests on objective data

Timing of Evidence Collection

- Examine patient ASAP to minimize the loss of evidence
- 72-96 hr. limit for obtaining forensic evidence
- May collect up to 5-7 days following assault

Evidence Collection



- Evidence Kits Should Contain

- Instruction checklist

- Forms

- Materials for collecting and preserving evidence

Evidence Collection



- Collect the evidence from patients as guided by the forensic history, physical exam, and evidence collection kit instructions
- Reduce potential contamination
- Distinguish patient's DNA from suspect's DNA

Evidence Collection



- Oral swabs
- Swabs obtained from anal, cervix, and vaginal areas
- Body fluids found on other areas
- Pubic and head hairs
- Debris
- Toxicology specimens



Preservation of Evidence

- Follow jurisdictional policies
 - Drying
 - Packaging
 - Labeling
 - Sealing
 - Secure storage sites
 - Law enforcement should transfer evidence to crime laboratory
- **MAINTAIN CHAIN OF CUSTODY**

Laboratory Tests



- Pregnancy
- Toxicology specimens
- Hepatitis B, C, and HIV antibody testing with consent
- Do NOT test for STI



Treatment

- Follow CDC recommendations for treatment of:
 - Syphilis
 - Chlamydia
 - Gonorrhea
 - Trichomonas
 - Bacterial Vaginosis
 - Hepatitis B
 - HIV post-exposure therapy

Long Term Health Care Issues

- HIV/AIDS
- Hepatitis B and / or C
- STI
- Pregnancy
- Suicidal thoughts / actions



Follow Up Examinations

- Detect new infections
- Complete hepatitis B immunizations
- Complete counseling and treatment for other STI's
- Opportunity to monitor compliance with previous treatments
- Repeat Syphilis, HIV 6 weeks and 3 months

Special Concerns in a Correctional Setting



- Does reporting deter inmates from seeking help?
- What happens when reporting does more harm than good?



Impact of Sexual Assault

- On inmates

- STI's

- HIV/AIDS

- Hepatitis B and / or C

- Substance Abuse

- Suicide

- Post traumatic syndrome

- May become perpetrators to regain control



Impact of Sexual Assault

- On Staff

- Display of unmanageable anger or hostility by inmates
- Secondary trauma
- Communicable disease transmission
- Guilt
- Powerless/helpless



Summary

- Sexual assault is a violent crime
- Forensic evidence collection is challenging and prosecution rests on objective data
- Victim-Centered approach recognizing the need for timely, compassionate, respectful and appropriate care is vital



Summary

- Understanding the emotional impact will facilitate recovery
- Documentation of accurate historical data and physical findings
- Clear management and follow-up plans will follow standard of care and offer a comprehensive evaluation