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PRIORITY PROCEDURE

*To bear in mind
when meeting
the patient*

- Security** Make sure the patient is not left alone. Arrange a room so that the patient does not have to sit in the waiting room.
- Control** Remember that it is the patient who decides if an examination is to be done, and the extent of any examination, not the police or health care staff.
- Privacy** Meet with the patient in private, without family or friends, to the greatest extent possible.
- Information** Describe calmly but briefly what is going to be done. Use an interpreter if necessary; do not let family or friends interpret for the patient.
- Evidence collection** Do not offer food, drink or washing facilities until the examiner has decided what samples need to be collected as evidence. Evidence is collected regardless of whether a police report has been made.
- Allow the patient to recount events** Be prepared to support with specific questions.
- Child victims** A paediatrician must be in charge of the procedure. This is important for the follow-up.
- Children at home** Are there children in the patient's home who could come to harm? Contact the social services if you have any questions.
- The patient's need for protection** Carry out a risk analysis and consider the need for hospitalisation or a shelter.
- Follow-up** Make sure that a follow-up appointment is made and that the patient receives contact information for psychosocial support.
- Forensic medical report** Follow the instructions in the guide for a complete medical documentation. Give the patient written and oral information about forensic medical reports. Obtain the patient's consent for the examination. Obtain the patient's consent for a forensic medical report.

Only include the forensic evidence list with the evidence samples!

INSTRUCTIONS FOR EXAMINATION AND COLLECTION OF SAMPLES

THE ASSISTANT'S TASKS

1. Prepare collection of samples:

(Blood and urine samples may be taken before or after the examination. Note here which samples have been taken)

- | | |
|------------------------|---|
| Blood samples | <input type="checkbox"/> EDTA tube (purple stopper) for DNA, 1* |
| | <input type="checkbox"/> NaF tubes (grey stopper) for drugs analysis, 2* |
| | <input type="checkbox"/> S-HIV, hepatitis, syphilis** |
| | <input type="checkbox"/> Serum ethanol tube (red stopper)** |
| Urine samples | <input type="checkbox"/> Sterile 10 ml tubes, 2* |
| | <input type="checkbox"/> Urine test strips (dip sticks)** |
| | <input type="checkbox"/> U-hCG** |
| | <input type="checkbox"/> U-chlamydia (male patients only)** |
| | Samples taken by (Sign.) _____ |
| | Date _____ Time _____ |
| Samples as evidence | <input checked="" type="checkbox"/> Cotton swabs in sterile packs* |
| | <input checked="" type="checkbox"/> Pointed swabs for fingers/nails* |
| | <input checked="" type="checkbox"/> NaCl solution, a few drops to dampen swabs* |
| | <input checked="" type="checkbox"/> Adhesive films* |
| | <input checked="" type="checkbox"/> Bags for collected underpants* |
| Other clinical samples | <input checked="" type="checkbox"/> Swabs for wet smears, in sterile packs |
| | <input checked="" type="checkbox"/> NaCl solution for wet smears |
| | <input checked="" type="checkbox"/> Microscope slides |
| | <input checked="" type="checkbox"/> Samples for chlamydia and gonorrhoea** |

* materials included in the Sexual Assault Evidence Collection Kit

** clinical samples to be analysed locally

2. Prepare possible photography:

- Photograph the patient's identity data and the date of the examination.
- Prepare tape measure + sheet to use as backdrop.

3. Prepare examination:

- Set up for a gynecological examination with a speculum and depressor.
(IMPORTANT! Lubricate with water only)
- Set up for a rectal examination with a proctoscope.
(IMPORTANT! Lubricate with water only)

4. Label and package all samples as they are collected.

5. Tick off collected samples in the checklist included with the Examination and Samples template.

6. Assemble samples

- Clinical samples are sent for immediate lab analysis.
- Samples of evidence are stored in a dry, locked location until requested by the police.
- Blood and urine samples for the police are stored in a locked refrigerator until requested by the police.

THE EXAMINER'S TASKS

1. A full collection of samples as evidence according to the Guide is recommended. An extended evidence collection may be done based on the patient's account (areas of contact). Foreign material found on the body is collected with lengths of sticky tape.
2. Record finds in the checklist. Make drawings on the pictograms and/or take photographs.
3. Fill out and sign the delivery note for Sexual Assault Evidence Collection Kit.

NAME

CIVIC REGISTRATION NUMBER

Medical record document

PATIENT DATA

PATIENT

Civic registration number ____ - ____ - ____ - ____ Name _____

Address _____

Telephone no. _____

Confirmed ID Yes Driving Licence ID card Passport Other _____
 No

ARRIVAL

Arrival time _____ Emergency Appointment

Accompanied by _____

Relationship and tel. no. _____

ESCORTED BY POLICE

Policeman's name _____

Police report filed Yes No Date 20 ____ - ____ - ____

Circumstances described in an oral or written police report Yes No

EXAMINER

Date of examination 20 ____ - ____ - ____ Time of examination _____

Examining doctor _____

Assisted by nurse/assistant nurse _____

Examination conducted in collaboration with Medico-legal specialist
 Paediatrician
 Other specialist

Name _____

NAME

CIVIC REGISTRATION NUMBER

Medical record document

ANAMNESIS

PREVIOUS/CURRENT ILLNESSES

Previously healthy. No current illnesses.

GYNECOLOGICAL ANAMNESIS

Date of last menstruation 20 ____ - ____ - ____

Contraceptives

Yes Type _____ No

Sexual debut

Yes No

Previous childbirth

Yes No

Pregnancy in course

Yes No

Previous gyn. examination

Yes No

Previously subjected to rape/assault

Yes No

Most recent voluntary sexual intercourse, date 20 ____ - ____ - ____ Time _____

ALLERGY

No allergy

MEDICATION

No medication

THE ASSUALT

Let the patient freely recount the sequence of events, but be prepared to support with specific questions. The data to be listed on pages 4–5 below can usually be picked up during the course of the account. Answers to these questions are important because they affect the emphasis of the examination and the collection of samples and evidence.

NAME	CIVIC REGISTRATION NUMBER
------	---------------------------

Medical record document

Date/time of the assault 20 ____ - ____ - ____ Time _____

Location where the assault took place

- In the perpetrator's home In the victim's home In the shared home
 Outdoors Other location Doesn't know

Relationship with perpetrator/s:

- Unknown Superficially acquainted/Met the same evening Friend/Close acquaintance
 Current partner/Co-habitee/Spouse Previous partner/Co-habitee/Spouse Family member/Relative
 Doesn't know

Number of perpetrators

- One perpetrator More than one perpetrator Doesn't know

The perpetrator/s used violence

- Yes No Doesn't know

The perpetrator/s used weapons or blunt instruments

- Yes No Doesn't know

How and against what parts of the body:

What kind: _____

The patient has used alcohol or drugs

- Yes No Doesn't know
 Voluntarily Involuntarily

Which: _____

There are other circumstances that may have put the patient in a state of helplessness (illness, sleep, functional disability)

- Yes No Doesn't know

Which: _____

Type of sexual acts

	Yes	Attempted	No	Doesn't know
Oral intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the perpetrator ejaculate? Yes where? _____ No Doesn't know

Was a condom used?

- Yes No Doesn't know

Penetration using fingers or objects?

- Yes Attempted No Doesn't know

Licking, kissing, or bites to the body?

- Yes No Doesn't know

Where: _____

Touching of genitals or other parts of the body

- Yes No Doesn't know

Where: _____

AFTER THE ASSAULT**The patient has**

- Had a shower or a bath Yes No
- Urinated Yes No
- Defecated Yes No
- Used/changed tampon or pad Yes No
- Vomited Yes No
- Eaten or drunk something Yes No
- Brushed teeth Yes No
- Changed underpants Yes No
- Changed clothes Yes No

FOLLOW-UP**Emergency contraceptive**

- Yes No

Antibiotics Prophylaxis

- Yes which? _____ No

Wants to receive test results

- By letter By telephone

Appointment with a counsellor

- Yes when? _____ No

**Wants to be telephoned
by a counsellor**

- Yes No

**Information about forensic medical
report given**

- Yes No

DIAGNOSES

Examination and observation after alleged rape	Z04.4
Sexual assault by spouse/partner	T74.2,Y07.0
Sexual assault by acquaintance/friend	T74.2,Y07.2
Sexual assault by other specified person	T74.2,Y07.8
Sexual assault by unspecified person	T74.2,Y07.9
Gynaecological examination	Z01.4
Injuries to the vagina, vulva	S31.4
Anal fissure, unspecified	K60.2
Contusion on outer genitals	S30.2
Acute stress reaction	F43.0
Nausea, vomiting	R11.0
Restlessness, agitation	R45.1
State of emotional shock	R45.7
Physical abuse by spouse/partner	T74.1,Y07.0
Abuse by parent	T74.1,Y07.1
Abuse by acquaintance/friend	T74.1,Y07.2
Abuse by other specified person	T74.1,Y07.8
Psychological abuse by spouse/partner	T74.3,Y07.0

NAME	CIVIC REGISTRATION NUMBER
------	---------------------------

Medical record document

COMMON /



EXAMINATION

SAMPLES

If not a full examination, give reason:

GENERAL CONDITION

- | | |
|--|---|
| <input type="checkbox"/> Alcohol or drug intoxication? | <input type="checkbox"/> Has consciousness been affected? |
| <input type="checkbox"/> Signs of extensive bodily injury? | <input type="checkbox"/> Signs of acute crisis reaction? |
| <input type="checkbox"/> Consultation with another specialist? (state which) | |

 Health care samples
 Samples for evidence

Height _____ cm	Weight _____ kg	Blood pressure _____	Pulse rate _____ /min	Body temp _____ °C
-----------------	-----------------	----------------------	-----------------------	--------------------

If any injuries:

Describe colour, shape and size. Fill out the body pictograms. Photograph as necessary.

HEAD AND NECK

- | | |
|---|---|
| <input type="checkbox"/> Wound | <input type="checkbox"/> Hair clumps/bald spots |
| <input type="checkbox"/> Skin discolouration (<i>Bruises</i>) | <input type="checkbox"/> Motion pain |
| <input type="checkbox"/> Abrasions (<i>Grazes, scratch marks</i>) | <input type="checkbox"/> Pain to palpation |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Other _____ |



SAMPLES

- Damp swab from area of contact (state location):

EAR INJURIES

- Outer ear, R/L
 Eardrums, R/L

EYE INJURIES

- Conjunctival haemorrhaging, R/L

MOUTH AND THROAT

- | | |
|--|--|
| <input type="checkbox"/> Wound | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Dental damage | <input type="checkbox"/> Mucosal haemorrhaging |
| <input type="checkbox"/> Other _____ | |



SAMPLES

- Oral cavity, 2 dry swabs (rub against teeth, gums, on as well as under tongue)
 Lips/around mouth, 2 damp swabs
 Chlamydia, throat Gonorrhoea, throat



CHEST, BACK, ABDOMEN

- | | |
|--|--|
| <input type="checkbox"/> Wound | <input type="checkbox"/> Motion pain |
| <input type="checkbox"/> Skin discolouration | <input type="checkbox"/> Pain to palpation |
| <input type="checkbox"/> Abrasions | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Other _____ | |



SAMPLES

- Damp swab from area of contact (state location):

ARMS AND HANDS

- | | |
|--|--|
| <input type="checkbox"/> Wound | <input type="checkbox"/> Motion pain |
| <input type="checkbox"/> Skin discolouration | <input type="checkbox"/> Pain to palpation |
| <input type="checkbox"/> Abrasions | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Other _____ | |



SAMPLES

- Finger wash/nail scrapings with damp pointed swab
 Damp swab from area of contact (state location):

BUTTOCKS, LEGS, FEET

- | | |
|--|--|
| <input type="checkbox"/> Wound | <input type="checkbox"/> Motion pain |
| <input type="checkbox"/> Skin discolouration | <input type="checkbox"/> Pain to palpation |
| <input type="checkbox"/> Abrasions | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Other _____ | |



SAMPLES

- Damp swab from area of contact (state location):

WOMAN ♀**GENITALIA**

Outer genitalia: Outer genitalia: pubic hair, labia majora and minora, urethral meatus, introitus and perineum

- Wound Pain to palpation
 Skin discolouration Swelling
 Abrasions
 Other _____

**SAMPLES**

- Introitus/perineum, 2 damp swabs
 Damp swab from area of contact
 (state location): _____



- Gonorrhoea, urethral meatus

Inner genitalia: hymen, vagina, posterior fornix, portio, cervix
(IMPORTANT! Lubricate with water only)

- Wound Swelling
 Mucosal haemorrhaging Other _____

**SAMPLES**

- Cervix, 2 dry swabs
 Posterior fornix 2 dry swabs
 Wet smear
 Sperms established
 not established

Bimanual palpation: Cervix, uterus, ovaries/oviducts

- Tenderness when palpation Abnormal findings at palpation
 Other _____



IMPORTANT! Always collect chlamydia
before gonorrhoea

- Chlamydia, cervix + posterior fornix
 (on same swab)
 Gonorrhoea, cervix

ANAL AREA

- Scarring Swelling
 Wound Pain to palpation
 Skin discolouration Sphincter injury
 Abrasions Other _____

**SAMPLES**

- Rectal orifice, 1 dry + 1 damp swab
 Damp swab from area of contact
 (state location): _____

Proctoscopy (IMPORTANT! Lubricate with water only)

- Wound Swelling
 Mucosal haemorrhaging Other _____



- Further up the rectum, 2 dry swabs

IMPORTANT! Always collect chlamydia
before gonorrhoea



- Chlamydia, rectum
 Gonorrhoea, rectum

MAN **GENITALIA****Outer genitalia:** pubic hair, penis shaft, foreskin, frenulum, glans, urethral meatus, scrotum

- | | |
|--|--|
| <input type="checkbox"/> Wound | <input type="checkbox"/> Pain to palpation |
| <input type="checkbox"/> Skin discolouration | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Abrasions | |
| <input type="checkbox"/> Other _____ | |

SAMPLES

-
- Glans, 1 damp swab
-
-
- Under foreskin, 1 damp swab
-
-
- Penis shaft, 2 damp swabs
-
-
- Damp swab from area of contact
-
- (state location):

IMPORTANT! Always collect chlamydia before gonorrhoea

-
- Chlamydia, urine sample
-
-
- Gonorrhoea, urethral meatus

ANAL AREA

- | | |
|--|--|
| <input type="checkbox"/> Scarring | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Wound | <input type="checkbox"/> Pain to palpation |
| <input type="checkbox"/> Skin discolouration | <input type="checkbox"/> Sphincter injury |
| <input type="checkbox"/> Abrasions | <input type="checkbox"/> Other _____ |

SAMPLES

-
- Rectal orifice, 1 dry + 1 damp swab
-
-
- Damp swab from area of contact
-
- (state location):

Proctoscopy (IMPORTANT! Lubricate with water only)

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Wound | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Mucosal haemorrhaging | <input type="checkbox"/> Other _____ |

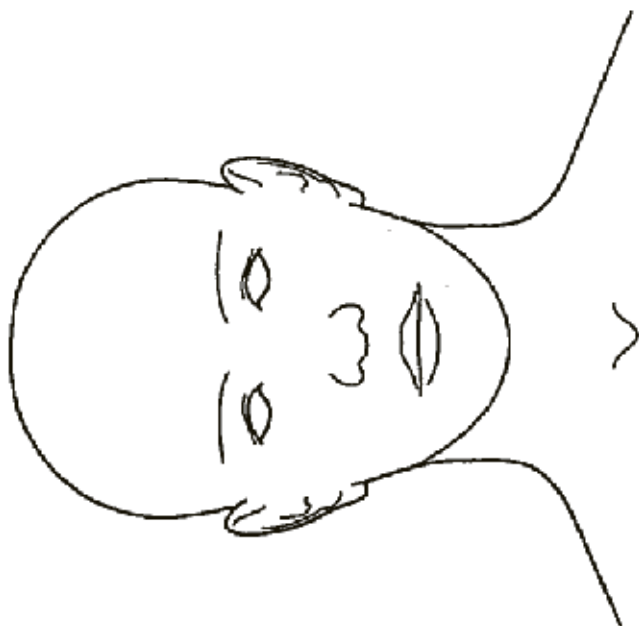
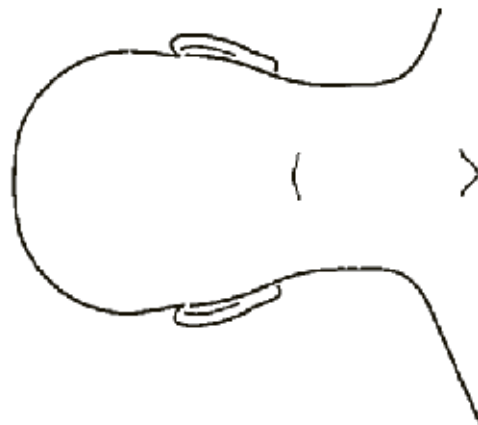
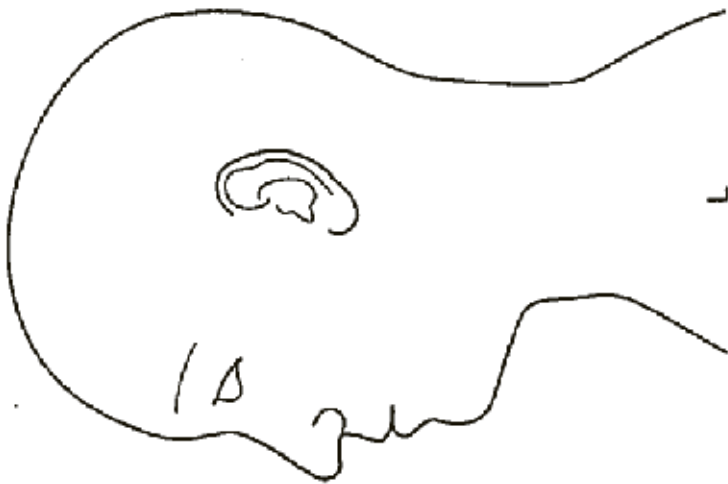


-
- Further up the rectum, 2 dry swabs

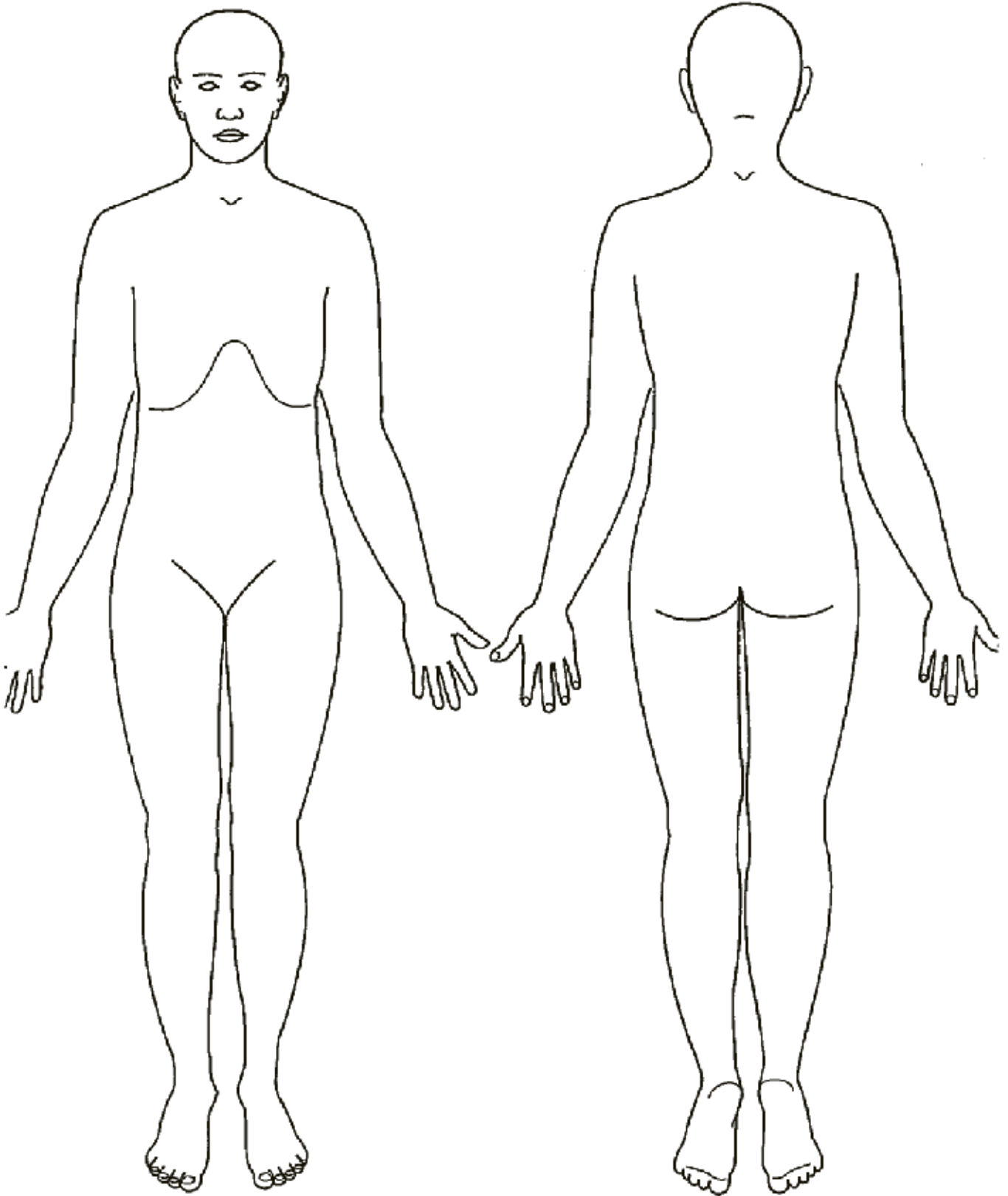
IMPORTANT! Always collect chlamydia before gonorrhoea

-
- Chlamydia, rectum
-
-
- Gonorrhoea, rectum

Patient's name:
Date:
Examiner's name:



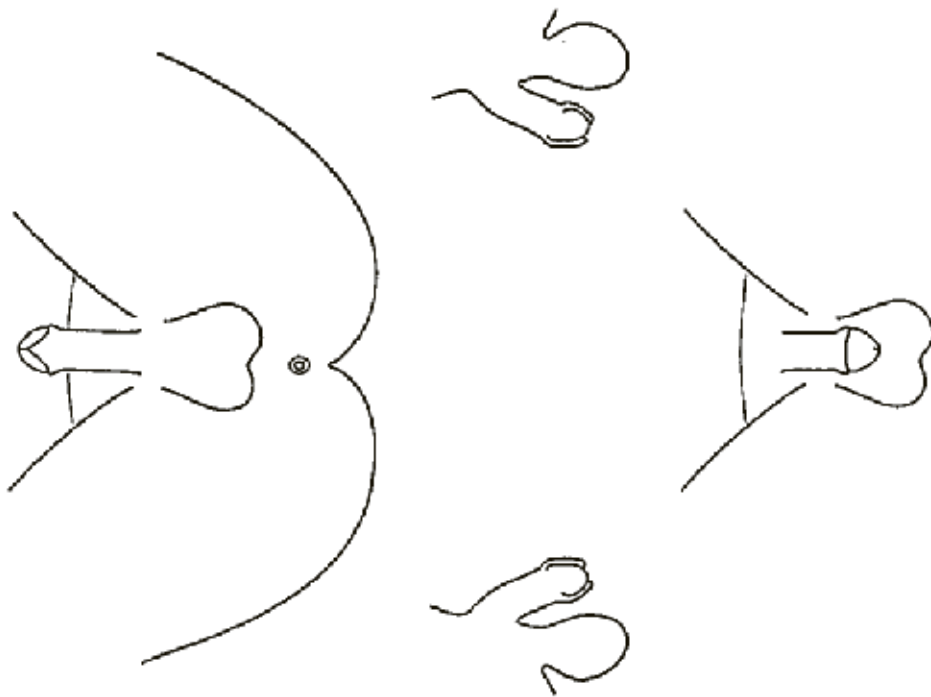
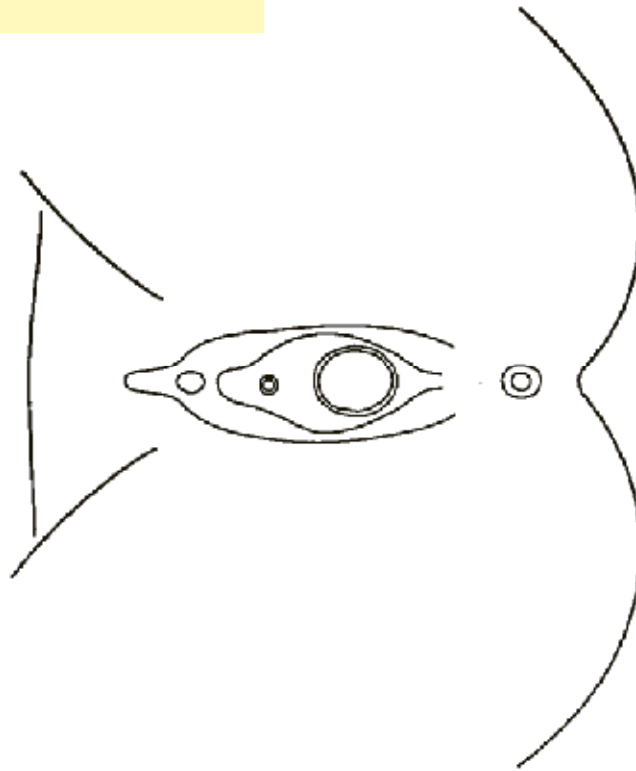
Patient's name:
Date:
Examiner's name:



Patient's name:

Date:

Examiner's name:



SIMPLE TEMPLATE FOR A FORENSIC MEDICAL REPORT

FORENSIC MEDICAL REPORT

Today's date

DATA

On (date), an examination of (NN) was conducted at the request of (e.g. police authority). The examination was carried out by the undersigned at (location) in the presence of (e.g. nurse's name). The patient's identity was confirmed by means of an *ID card/a driving licence/personal knowledge*.

BACKGROUND

At the time of the examination a police report *had/had not* been made, dated (date) and written by (name) at police district . The examinee consents to an *examination/a limited examination*. The incident is described in the *police report/interrogation report*.

Consent to issue a medical certificate has (choose one of the following)

- *Been given to the doctor by the examinee*
- *Been given to the police/prosecutor (according to the police/prosecutor)*
- *Is not required, as a crime with a minimum sentence of 2 years imprisonment is suspected*
- *Is not required, as a crime against a minor as specified in Chapter 3, 4 or 6 of the Penal Code is suspected*

Information *has been provided by the examiner/by someone else/has not been provided* in accordance with Section 6 of the Act (2005:225) on medical certificates and the Personal Data Act (1998:204).

PATIENT HISTORY

Adequate information about any illnesses or medication.

In sexual assault and rape cases, information is also provided about contraceptives and most recent voluntary sexual intercourse.

EXAMINATION

During the examination, which covered *the entire body and visible orifices/incomplete body examination (specify limitation)*, the following was noted:

1. *Normal/heavy/slim body constitution (weight and height) General condition (note intoxication, signs of acute crisis reaction etc.)*
2. *(Systematic examination region by region, describe all changes: Size, shape, consistency and exact location. Pain? Tenderness? Signs of injury?)*
3. *(State if drawings were made or photographs taken.)*

GENITAL EXAMINATION

Woman

On outer inspection, normal conditions in vulva. Vaginal mucosa appear without irritation; normal discharge. Cervix appears normal. The uterus, palpated, is of normal size, mobile and without tenderness. No tenderness when palpating across oviducts and ovaries.

Or

State any deviating conditions on examination of the genitals.

Man

Normal conditions on outer inspection and palpation of the outer genitals.

Or

State any deviating conditions on examination of the genitals.

cont. **SIMPLE TEMPLATE FOR A FORENSIC MEDICAL REPORT**

SAMPLES

*Samples and evidence collection according to the Guide. / Limited samples and evidence collection due to _____ .
Infection samples normal/positive. / No test results.*

(State test results for S-Ethanol, presence/no presence of sperm, other samples of value for the medical certificate. Also specify any further examinations done and their results).

ASSESSMENT

Based on the findings specified above I hereby issue the following assessment:

that NN showed signs of (type of violence) violence against (part/s of the body) (summary description)

that the lesions *can/cannot* have arisen at the stated time

that the findings *show/strongly suggest/possibly suggest/do not suggest/do not allow for the conclusion* that the lesions arose according to the stated sequence of events

that the lesions were *slight/neither slight nor life-threatening/life-threatening (the spontaneous healing process is decisive; only these three degrees can be used from a judicial point of view)*

that the lesions *can/cannot* be expected to cause lasting physical harm/*it is still too early to say anything about lasting physical harm*

that the lesions *can/cannot* be expected to cause psychological harm/*it is still too early to say anything about psychological harm*

Or

that NN showed no signs of violence

that the absence of lesions does not contradict the stated sequence of events (if that is the case).

Which is hereby certified

Name, title

Place of work, address, telephone no.