**Guide to Care Following Sexual Assault**

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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!**

To be revised no later than March 2010
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
- EDTA tube (purple stopper) for DNA, 1*
- NaF tubes (grey stopper) for drugs analysis, 2*
- S-HIV, hepatitis, syphilis**
- Serum ethanol tube (red stopper)**

** Urine samples
- Sterile 10 ml tubes, 2*
- Urine test strips (dip sticks)**
- U-hCG**
- U-chlamydia (male patients only)**

Samples as evidence
- Cotton swabs in sterile packs*
- Pointed swabs for fingers/nails*
- NaCl solution, a few drops to dampen swabs*
- Adhesive films*
- Bags for collected underpants*

Other clinical samples
- Swabs for wet smears, in sterile packs
- NaCl solution for wet smears
- Microscope slides
- 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.

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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 □ Driving Licence □ ID card □ Passport □ Other ____________________________
□ No
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 _______________________________________________
ANAMNESIS

PREVIOUS/CURRENT ILLNESSES

☐ Previously healthy. No current illnesses.

GYNECOLOGICAL ANAMNESIS

Date of last menstruation 20 ____ - _____ - _____

<table>
<thead>
<tr>
<th>Contraceptives</th>
<th>Sexual debut</th>
<th>Previous childbirth</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes Type ________________________</td>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>☐ No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pregnancy in course</th>
<th>Previous gyn. examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td>☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Previously subjected to rape/assault</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

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

ALLERGY

☐ No allergy

MEDICATION

☐ No medication

THE ASSAULT

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.
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

How and against what parts of the body:

The perpetrator/s used weapons or blunt instruments

☐ Yes  ☐ No  ☐ Doesn't know

What kind: __________________________________________

The patient has used alcohol or drugs

☐ Yes  ☐ No  ☐ Doesn’t know

Which: __________________________________________

Voluntarily  ☐ Involuntarily

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

<table>
<thead>
<tr>
<th>Oral intercourse</th>
<th>Yes</th>
<th>Attempted</th>
<th>No</th>
<th>Doesn’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal intercourse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Anal intercourse</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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: __________________________________________

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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? □
- 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
COMMON ♂/♀

EXAMINATION

If not a full examination, give reason:

GENERAL CONDITION

☐ Alcohol or drug intoxication? ☐ Has consciousness been affected?
☐ Signs of extensive bodily injury? ☐ Signs of acute crisis reaction?
☐ 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.

SAMPLES

HEAD AND NECK

☐ Wound
☐ Skin discolouration (Bruises)
☐ Abrasions (Grazes, scratch marks)
☐ Swelling
☐ Hair clumps/bald spots
☐ Motion pain
☐ Pain to palpation
☐ Other

SAMPLES

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

EAR INJURIES

☐ Outer ear, R/L
☐ Eardrums, R/L
☐ Conjunctival haemorrhaging, R/L

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

MOUTH AND THROAT

☐ Wound
☐ Dental damage
☐ Other
☐ Swelling
☐ Mucosal haemorrhaging

SAMPLES

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

CHEST, BACK, ABDOMEN

☐ Wound
☐ Skin discolouration
☐ Abrasions
☐ Other
☐ Motion pain
☐ Pain to palpation
☐ Swelling

SAMPLES

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

ARMS AND HANDS

☐ Wound
☐ Skin discolouration
☐ Abrasions
☐ Other
☐ Motion pain
☐ Pain to palpation
☐ Swelling

SAMPLES

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

BUTTOCKS, LEGS, FEET

☐ Wound
☐ Skin discolouration
☐ Abrasions
☐ Other
☐ Motion pain
☐ Pain to palpation
☐ Swelling

SAMPLES

☐ Damp swab from area of contact (state location):
GENITALIA

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

- [ ] Wound
- [ ] Skin discolouration
- [ ] Abrasions
- [ ] Other _______________________

**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
- [ ] Mucosal haemorrhaging
- [ ] Other _______________________

**Cervix, 2 dry swabs**

**Posterior fornix 2 dry swabs**

**Wet smear**

- [ ] Sperms established
- [ ] Sperms not established

**IMPORTANT! Always collect chlamydia before gonorrhoea**

**Chlamydia, cervix + posterior fornix (on same swab)**

**Gonorrhoea, cervix**

**Bimanual palpation**: Cervix, uterus, ovaries/oviducts

- [ ] Tenderness when palpation
- [ ] Abnormal findings at palpation
- [ ] Other _______________________

**Rectal orifice, 1 dry + 1 damp swab**

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

**Further up the rectum, 2 dry swabs**

**IMPORTANT! Always collect chlamydia before gonorrhoea**

**Chlamydia, rectum**

**Gonorrhoea, rectum**

**ANAL AREA**

- [ ] Scarring
- [ ] Wound
- [ ] Skin discolouration
- [ ] Abrasions
- [ ] Swelling
- [ ] Pain to palpation
- [ ] Sphincter injury
- [ ] Other _______________________

**Proctoskopy** (IMPORTANT! Lubricate with water only)

- [ ] Wound
- [ ] Mucosal haemorrhaging
- [ ] Other _______________________

**IMPORTANT! Always collect chlamydia before gonorrhoea**

**Chlamydia, rectum**

**Gonorrhoea, rectum**

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### MAN  ♂

#### GENITALIA

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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound</td>
<td>☐</td>
</tr>
<tr>
<td>Skin discolouration</td>
<td>☐</td>
</tr>
<tr>
<td>Abrasions</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
</tr>
</tbody>
</table>

- Pain to palpation
- Swelling

#### SAMPLES

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

  - Chlamydia, urine sample
  - Gonorrhoea, urethral meatus

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#### ANAL AREA

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Choice</th>
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</thead>
<tbody>
<tr>
<td>Scarring</td>
<td>☐</td>
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<tr>
<td>Wound</td>
<td>☐</td>
</tr>
<tr>
<td>Skin discolouration</td>
<td>☐</td>
</tr>
<tr>
<td>Abrasions</td>
<td>☐</td>
</tr>
</tbody>
</table>

- Swelling
- Pain to palpation
- Sphincter injury
- Other

---

**Proctoscopy (IMPORTANT! Lubricate with water only)**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wound</td>
<td>☐</td>
</tr>
<tr>
<td>Mucosal haemorrhaging</td>
<td>☐</td>
</tr>
</tbody>
</table>

- Swelling
- Other

- Further up the rectum, 2 dry swabs

  - Chlamydia, rectum
  - Gonorrhoea, rectum

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**IMPORTANT! Always collect chlamydia before gonorrhoea**
Medical record document

Patient’s name: 
Date: 
Examiner’s name: 

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DATA
On __________ an examination of __________ was conducted at the request of __________. The examination was carried out by the undersigned at __________ in the presence of __________. The patient’s identity was confirmed by means of an ID card/driving licence/personal knowledge.

BACKGROUND
At the time of the examination a police report had/had not been made, dated ________ and written by __________ at police district. The examinee consents to an examination/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/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.
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 __________ violence against __________ (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.