DOCUMENTATION AND THE SEXUAL ASSAULT SURVIVOR
An Overview

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I INTRODUCTION: WHAT NEEDS TO BE DOCUMENTED?

The history as presented by the patient: Medical and assault
Head to toe assessment: For identification of physical findings
Detailed genital exam: For identification of physical findings
The collection of forensic evidence: Trace evidence, DNA, and clothing

A. Precision documentation of the findings
The patient Record: Written word and diagramming
Photography: Colposcopy
Digital Camera
B.The Sexual Assault Examination
Episodic Standard of Care (American College of Emergency Physicians, ACEP)
Formulate a nursing/medical diagnosis and develop a plan of care for
treatment of the patient based on the history and physical assessment

II. DOCUMENTATION OF THE HISTORY

Medical (general, gynecologic)
Forensic (assault)
Neither are investigative- only relevant to the patient not the environment.
The purpose of the history is to formulate a nursing/medical diagnosis and a plan of care.

A. Numbers are not enough!
License plate numbers—Can you formulate a care plan with a license plate number?
Addresses and telephone numbers? Can you make a diagnosis with these?
B. Beware: Nurse/physician examiners are not investigators as well!
Let law enforcement do their job!
Examiners have a big enough job without taking on another job
It is not a police report!
C. Preserve credibility! Objectivity is key!
D. When you document anything other than medical information used for diagnosis and treatment of the patients, you run the risk of not having your medical history meet the medical exception to the hear-say rule.
- Therefore, you will not be able to testify to all of your documentation in court!
- This is *not* an interview--The police will conduct the interview
- Health care professionals take a medical/forensic history from patients
  - It is forensic because a crime was committed

E. Acceptable Documentation related to the history:
Location--This is not his/her address but her home, his home, in the car, etc…
In the bathroom, on the floor, on the couch, etc…
You are looking for possible injury identification
Number of assailants and/or Names of assailants
To find out possible transmission of disease
Size of assailants and characteristics of assailants
For injury identification

And the use of force without a weapon

Weapons

The patient possibly sustained an injury she is not aware of

Smells and textures

Possible use of drugs or chemicals to facilitate the assault or cause injury to the patient

Broken glass

Alcohol

F. Best Practice Guidelines

Record what patients say in their own words using quotes

The patient stated, *"My brother's friend Johnny sleep over our house. In the night, he came in my room and he put his dick in my coochy."*

The Patient reports, " . . .

Ask what the "coochy" means to her.

Then document

The patient pointed to her vaginal area when she was asked what the "coochy" means to her.

Continue to speak to her about her "coochy" if this is most appropriate for the patient. The sexual assault exam is not a good time to educate the patient about the proper terminology of the body parts

Remember: The entire sexual assault documentation is part of a legal record and can be submitted as evidence if the sexual assault case goes to court or is used as part of any legal proceeding concerning this case: Indictment or Plea Bargaining

The record Should Speak for Itself

Therefore: Document . . .

Legibly…Legibly…Legibly

Accurately

Completely

III DOCUMENTATION OF PHYSICAL FINDINGS

A. Diagrams

B. Body Maps

C. Photography

Video, Digital, Colposcope

D. Three forensic principles

Location

Measure size in centimeters

Description of the injury

E. Description of the Injury: **T E A R S**

Tears (cuts and lacerations)

Ecchymosis (bruises)

Abrasions

Redness

Swelling

1. Ecchymosis or Bruising

It is <u>not</u> recommended that you try to date the bruise by color.

People may vary greatly in rates of healing due to:

Medications, Age, Genetics, Health status

Skin tone variations (Light skin vs. dark skin)

Document:

- Location
- Size (measure)
- Color
- Shape
- Edges
- Surface (texture)

"2 cm x 3 cm oval shaped deep blue-purple bruise with smooth edges and shiny surface located above the wrist on anterior left arm"

IV PHOTOGRAPHY (Follow your organizational protocol)

Provides a permanent, objective record of the injury

BUT…<u>Photographs are never meant to take the place of accurate documentation</u>

A sexual assault case may go to trial and the medical record may be submitted as evidence but the photographs may not become part of that evidence

i.e. The Judge may have ruled <u>against</u> the submission of the photos as evidence

B. Always follow established protocols

A typical protocol may be to:

Take first photo of the patient's face

This establishes identification

Second picture with the orientation to the body

It should be obvious that it is the left elbow

Third photo is a close up with the gray scale

C. Digital Photos

Maintain chain of custody

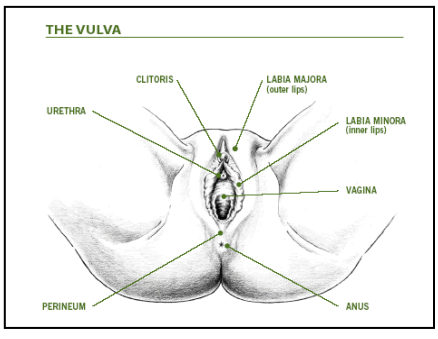
Do not place in sexual assault kit box

Place in an envelope and seal as evidence

V DIAGRAMS

1. Documentation of physical findings in the <u>Vulvar</u> and <u>anal</u> areas

Use the **face of a clock to accurately locate the physical finding.**



This is how you will document swelling on the labia.
"*Redness and edema from 3 o'clock to 5 o'clock labia majora."*

2. Also document the position of the patient
   Vaginal -Usually lithotomy position
   Can also see injury in the knee chest position
   Anal/rectal
   Knee chest has better visualization
   Lithotomy position
   Side lying
   Ex: "Patient is in the lithotomy position."

3. Body Maps and Photo Documentation
   Anatomically correct figures
   Included in the documentation form
   Label injury by number #1, #2,….
   Photo documentation (by camera) will be labeled
   "Injury #1 Left elbow" (corresponds with the body map)
   A (first photo)
   B (second photo), etc…….
   Colposcope may be computerized and has a labeling system

4. Pattern of Injury
   The injury possesses imprints, features, or configurations of recognizable surfaces or objects
   Hand print (slap)
   Finger prints (firm grip)
   Rope burns (restraints)
   Burns (cigarette)
   Belt (a wack across the back)
   Document patterned injury:
   "1 *centimeter circular area with a red-brown, crusty center, on the anterior surface of the left hand, 1.5 centimeter below and between the second and third knuckle."*

   This documentation of an injury found on the physical assessment might be consistent with the history of a cigarette burn that was reported by the patient while taking the medical forensic history.

VI DOCUMENTATION GUIDELINES:

INCLUDE:

1. Every person in the room during any part of the exam
   Advocate will go by first name only
   Any interpreters used
   Any assistants used and why
2. Any methods of obtaining consent other than from the patient
3. The name of the photographer and the equipment used
   Camera or colposcope
   The use of the colposcope
   Areas and findings

The use of the Wood's Lamp
Areas and findings
Any deviation from the evidence collection protocol
You can expect a few

4. Any unusual circumstances
Patient left the room during the exam.
Patient went to the OR.
Unable to complete the sexual assault evidence collection kit.
5. Physician Consultation
SANE continues the chain of custody of the evidence and c
completes the sexual assault evidence collection as appropriate
6. Chain of Custody
Name of Law enforcement
Badge number
Jurisdiction
Police department
Telephone number
Hospital secured items location, etc. . . .

CAUTION: Do Not Use Abbreviations: "WNL"

8. Cross out blank areas
Initial at the end of each written statement
9. Use Proper Correction of Errors
As per regulatory standards
Cross it out with a single line
Above the error
Initial it with the date
Write <u>"error"</u>
According to state Regulations
10. Avoid **Judgmental** Terminology
"Allege"
Allege implies that the provider might not fully believe what the patient has stated.
Allege is a term that is used in no other medical documentation.
i.e. Although pain is a subjective experience to the patient, pain is not qualified by the "Alleged Pain Scale"
Eliminate the word allege in your practice, educate others to do the same
Do <u>Not</u> Use Evaluative or Interpretive Words [See documentation guide for behaviors]
"Hysterical" "Unemotional"
Instead describe exactly what you see and hear
i.e. "The patient was unable to speak due to crying. When she did speak, it was only for a few words, interrupted by sobbing."
"Crying, shaking, wringing hands".
"No eye contact, no verbal response, holding her head in her hands."
"Responding to questions and able to follow simple directions such as needed to complete the physical assessment."
11. On-going crisis intervention
Mental health assessment

Any referrals and follow-up counseling
Although RCA is present, the bio-psycho-social well-being of the patient is the primary responsibility of the SANE.

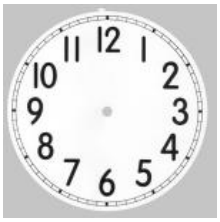
12. Pain Assessment
    Pain is the 5th vital sign
        Use the Pain Scale 0 - 10
        Re-assess pain
        Use the Pain Scale 0 - 10
13. Emotional Pain and distress
    The 6th vital sign
    In response to a behavior ask the patient, "What are you feeling right now?"
    Document response in quotes: The patient stated, "I felt so scared I thought I was going to die."

VII BITE MARKS

Laden with the biter's DNA
    Obtain DNA specimen
Photograph the bite mark before any further manipulation
Photograph the injury 90 degrees to the surface
    This avoids distortion of the size and shape of the bite
Include a size scale
Take several photographs of the injury
Request assistance from an experienced photographer or better equipment when needed and a forensic odeontologist (as appropriate)
Wound care as appropriate
    Please remember the possible transmission of disease
Repeat photography after wound care
Documentation
    Describe the wound in as much detail as possible

IX REMINDERS:

Document circumcised or uncircumcised in male patients
If you would document it for the female then document it for the male!
Keep a pocket size wire bound note pad for reminders.



DON'T FORGET TO USE THE FACE OF THE CLOCK TO LOCATE PHYSICAL FINDINGS OF THE VULVA AND ANUS !