

4. Sexual Assault Evidence Collection Kit

Recommendations at a glance for jurisdictions and responders when developing/customizing kits:

- Use kits that meet or exceed minimum guidelines for contents.
- Work to standardize kits within a jurisdiction. Make them readily available for use at any facility that conducts sexual assault medical forensic exams.
- Those involved in kit development and distribution should periodically review the kit's efficiency and usefulness and make changes as needed.

Use kits that meet or exceed minimum guidelines for contents. Many jurisdictions have developed their own sexual assault evidence collection kits (for evidence from victims) or have purchased premade kits through commercial vendors. Kits may vary from one another in types of samples collected, collection techniques, materials used for collection, and terms used to describe categories of evidence. Despite variations, however, it is critical that every kit meets or exceeds the recommended minimum guidelines for contents.¹³⁵

- A kit container. It is suggested that this container have a label with blanks for identifying information and documenting the chain of custody. Most items gathered during evidence collection are placed into the container, after being dried, packaged, labeled, and sealed according to jurisdictional policy. Bags are typically provided for more bulky items that will not fit in the container (e.g., clothing). Some jurisdictions provide large paper bags to hold the container and additional evidence bags.
- An instruction sheet or checklist that guides examiners in collecting evidence and maintaining the chain of custody.
- Forms that facilitate evidence collection and analysis, including patients' authorization for collection and release of evidence and information to the law enforcement agency; the medical forensic history; and anatomical diagrams.
- Materials for collecting and preserving the following evidence, according to jurisdictional policy:¹³⁶
 - Patients' clothing and underwear and foreign material dislodged from clothing;
 - Foreign materials on patients' bodies, including blood, dried secretions, fibers, loose hairs, vegetation, soil/debris, fingernail scrapings and/or cuttings, matted hair cuttings, material dislodged from mouth using dental floss,¹³⁷ and swabs of suspected semen, saliva, and/or areas highlighted by alternate light sources;¹³⁸
 - Hair evidence (including head and pubic hair samples and combings);¹³⁹
 - Vaginal/cervical swabs and smears;
 - Penile swabs and smears;
 - Anal/perianal swabs and smears;

¹³⁵ The following resources were helpful in developing this list: the *Sexual Assault Evidence Collection Kit, VEC100*, by Sirchie Finger Print Laboratories, the *Texas Customized Sexual Assault Evidence Collect Kit* by Tri-Tech, Inc., the Commonwealth of Virginia's *Physical Evidence Recovery Kit*, the State of California's *Medical Forensic Report: Adult/Adolescent Sexual Assault Examination, Less than 72 Hours (OCJP 923)*, the *Ohio Department of Health's Sexual Assault/Abuse Evidence Collection Kit* (as found in their protocol), *Detailed Instructions; Connecticut's Sexual Assault Evidence Collection Kit* (as found in their protocol), and the American College of Emergency Physicians' *Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient*, 1999, pp. 101–107.

¹³⁶ Some samples that historically have been collected are no longer recommended in many jurisdictions, unless the medical forensic history and physical exam indicate otherwise (e.g., a vaginal wash).

¹³⁷ Although in some instances flossing could help dislodge evidence that may be between the patient's teeth, flossing for evidence is not routinely done across jurisdictions. Any related safety risks to patients (e.g., potential increased risk of HIV exposure if there is semen in the mouth and flossing causes gums to bleed) should be considered before flossing for evidence.

¹³⁸ It is acknowledged that approaches to categorizing evidence vary. For example, one kit may collect external genital swabs when gathering foreign materials, while in another kit, collection of genital swabs may be a separate category of evidence.

¹³⁹ Some jurisdictions collect pubic and head hair combings, others collect only pubic combings. Some also collect pubic and/or head hair reference samples. Materials should be included in the kit to collect and preserve hair evidence required by jurisdictional policy.

- Oral swabs and smears;
- Body swabs;¹⁴⁰ and
- Known blood, saliva sample, or buccal swab for DNA analysis and comparison.

(See *C.6. Exam and Evidence Collection Procedures* for specifics about evidence collection techniques.)

Extra copies of forms should be available to examiners for cases when the kit is not used, but documentation of the medical forensic history and the exam is done. All forms included in the kit should be designed to facilitate optimal forensic evidence collection, analysis, and examiner testimony.

Separate from the kit, materials and forms for collecting toxicology samples should be available to examiners (and to responding law enforcement officers and emergency medical technicians, according to jurisdictional policy).

Work to standardize sexual assault evidence collection kits within a jurisdiction and preferably across a State or Territory, or for Federal cases.¹⁴¹ A designated agency in the jurisdiction should be responsible for oversight of kit development and distribution.¹⁴² It should:

- Ensure that any facility that conducts sexual assault medical forensic exams is involved in kit development and supplied with kits;¹⁴³
- Work with relevant agencies (e.g., crime labs, law enforcement agencies, exam facilities and examiner programs, advocacy programs, and prosecutors' offices) to keep abreast of related changes in technology, scientific advances, and cutting-edge practice;
- Review periodically (e.g., every 2 to 3 years) kit efficiency and usefulness;
- Make adjustments to the kit as necessary; and
- Establish mechanisms to ensure that kits at exam facilities are kept up to date (e.g., if a new evidence collection procedure is added, facilities need to know what additional supplies should be readily available).

(See *B.6. Evidence Integrity* for handling and storage of kits.)

¹⁴⁰ Some jurisdictions use the medical forensic history, the examination, and patients' consent to determine whether and where to collect swabs, while others collect swabs from all orifices and from the surface of the body (with patients' consent). In particular, some do not collect anal swabs unless indicated.

¹⁴¹ It may be useful to consider developing a standardized kit across all communities, States, and Territories, and for Federal cases. Further analysis is needed to assess the benefits and disadvantages of such a kit and the feasibility of development and implementation. Some challenges could include building consensus across communities regarding best practices and obtaining buy-in from involved agencies.

¹⁴² It is important to consider costs to the State/Territory/Tribe/Federal agencies and local community, and ability of local communities to cover costs. In some States, one State agency (e.g., the crime laboratory) assumes the costs. In others, the costs are passed onto local criminal justice agencies.

¹⁴³ As a backup to having kits readily available at exam sites or with examiner programs, jurisdictions may also want to discuss the feasibility of storing a few kits at local law enforcement agencies or in law enforcement patrol cars. Before storing kits in patrol cars, however, make sure that the temperatures the kit will be exposed to will not affect kit contents.