

# Goals of the National Protocol for Sexual Assault Medical Forensic Examinations

Consider what it might be like to be a victim of sexual assault who has come to a health care facility for a medical forensic examination. Sexual assault is a crime of violence against a person's body and will. Sex offenders use physical and/or psychological aggression to victimize, in the process often threatening a victim's sense of privacy, safety, and well-being. Sexual assault can result in physical trauma and significant mental anguish and suffering for victims. Victims may be reluctant, however, to report the assault to law enforcement and to seek medical attention for a variety of reasons. For example, victims may blame themselves for the sexual assault and feel embarrassed. They may fear their assailants or worry about whether they will be believed. A victim may also lack easy access to services. Those who have access to services may perceive the medical forensic examination as yet another violation because of its extensive and intrusive nature in the immediate aftermath of the assault. Rather than seek assistance, a sexual assault victim may simply want to go somewhere safe, clean up, and try to forget the assault ever happened.<sup>1</sup> It is our hope that this protocol will help jurisdictions to respond to sexual assault victims in the most competent, compassionate, and understanding manner possible.

This protocol was developed with the input of national, local, and tribal experts throughout the country, including law enforcement representatives, prosecutors, advocates, medical personnel, forensic scientists, and others. We hope that this protocol will be useful in helping jurisdictions develop a response that is sensitive to victims of sexual assault and that promotes offender accountability. Specifically, the protocol has the following goals:

Supplement but not supercede the many excellent protocols that have been developed by States, tribes, and local jurisdictions, as well as those created at the national level. We hope that this protocol will be a useful tool for jurisdictions wishing to develop new protocols or revise their existing ones. **It is intended as a guideline for suggested practices rather than a list of requirements.** In many places, the protocol refers to "jurisdictional policies" because there may be multiple valid ways to handle a particular issue and which one is best should be determined by the jurisdiction after consideration of local laws, policies, practices, and needs.

Provide guidance to jurisdictions on responding to adult and adolescent victims. Adolescents are distinguished in the protocol from prepubertal children who require a pediatric exam. **Pediatric exams are not addressed in this document. This protocol generally focuses on the examination of females who have experienced the onset of menarche and males who have reached puberty.** Legally, jurisdictions vary in the age at which they consider individuals to be minors, laws on child sexual abuse, mandatory reporting policies for sexual abuse and assault of minors, instances when minors can consent to treatment and evidence collection without parental/guardian involvement, and the scope of confidentiality that minors are afforded. **If the adolescent victim is a minor under the jurisdictional laws, the laws of the jurisdiction governing issues such as consent to the exam, mandatory reporting, and confidentiality should be followed.**

- Support the use of coordinated community responses to sexual violence. Although this document is directed primarily toward medical personnel and facilities, it also provides guidance to other key responders such as advocates and law enforcement representatives. This type of coordinated community response is supported by the Violence Against Women Act and subsequent legislation. Such a response can help afford victims access to comprehensive immediate care, minimize trauma victims may experience, and encourage them to utilize community resources. It can also facilitate the criminal investigation and prosecution, increasing the likelihood of holding offenders accountable and preventing further sexual assaults.

Address the needs of victims while promoting the criminal justice system response. Stabilizing, treating, and engaging victims as essential partners in the criminal investigation are central aspects

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Examination, 2002, p. 2.

<sup>1</sup> Paragraph adapted in part from the *Ohio Protocol for Sexual Assault Forensic and Medical*

of the protocol. Thus, this protocol includes information about concepts such as “blind reporting,” which may give victims needed time to decide if and when they are ready to engage in the criminal justice process. A blind report may also provide law enforcement agencies with potentially useful information about sex crime patterns in their jurisdictions. The objective is to promote better and more victim-centered evidence collection, in order to provide better assistance in court proceedings and hold more offenders accountable.

Promote high-quality, sensitive, and supportive exams for all victims, regardless of jurisdiction and geographical location of service provision. The protocol offers recommendations to help standardize the quality of care for sexual assault victims throughout the country. It also promotes timely evidence collection which is accurately and methodically gathered, so that high-quality evidence is available in court.

This protocol discusses the roles of the following responders: health care providers, advocates, law enforcement representatives, forensic scientists, and prosecutors. Clearly, each of these professions has a role in responding to victims, investigating the crime, and/or holding offenders accountable. But rather than dictate who is responsible for every procedure within the exam process, the protocol is designed to help communities consider what each procedure involves and any related issues. With this information, each community can make decisions for its jurisdiction about the specific tasks of each responder during the exam process and the coordination needed among responders. The following is a general description of what each responder may assist with:

- **Advocates** may be involved in initial victim contact (via 24-hour hotline or face-to-face meetings); offer victims advocacy, support, crisis intervention, information, and referrals before, during, and after the exam process; and help ensure that victims have transportation to and from the exam site. They often provide followup services designed to aid victims in addressing related legal and nonlegal needs.
- **Law enforcement representatives (e.g.,** 911 dispatchers, patrol officers, officers who process crime scene evidence, and investigators) respond to initial complaints, work to enhance victims’ safety, arrange for victims’ transportation to and from the exam site as needed, interview victims, coordinate collection and delivery of evidence to designated labs or law enforcement facilities, and investigate cases.
- **Health care providers** assess patients for acute medical needs and provide stabilization, treatment, and/or consultation. Ideally, sexual assault forensic examiners perform the medical forensic exam, gather information for the medical forensic history, and collect and document forensic evidence from patients. They offer information, treatment, and referrals for sexually transmitted infections (STIs) and other nonacute medical concerns; assess pregnancy risk and discuss treatment options with the patient, including reproductive health services; and testify in court if needed. They typically coordinate with advocates to ensure patients are offered crisis intervention, support, and advocacy during and after the exam process and encourage use of other victim services. They may follow up with patients for medical and forensic purposes. Other health care personnel that may be involved include, but are not limited to, emergency medical technicians, staff at hospital emergency departments, gynecologists, surgeons, private physicians, and/or local, tribal, campus, or military health services personnel.
- **Forensic scientists** analyze forensic evidence and provide results of the analysis to investigators and/or prosecutors.

- **Prosecutors** determine if there is sufficient evidence for prosecution and, if so, prosecute the case. They should be available to consult with first responders as needed. A few jurisdictions involve prosecutors more actively, paging them after initial contact and having them respond to the exam site so that they can become familiar with the case and help guide the investigation.

**This document is intended only to improve the criminal justice system's response to victims of sexual assault and the sexual assault forensic examination process and does not create a right or benefit, substantive or procedural, of any party.**