

Recommendations at a Glance: A National Protocol for Sexual Assault Medical Forensic Examinations

The National Protocol for Sexual Assault Medical Forensic Examinations offers guidance to jurisdictions in creating and implementing their own protocols, as well as recommending specific procedures related to the exam process. *Recommendations at a Glance* highlights key points discussed in the protocol, but it is not designed to be a stand-alone checklist on exam procedures or responsibilities of each involved responder. The protocol should be read to understand and respond to the complex issues presented during the exam process. See the protocol introduction for an explanation of select terms used in this chapter and the protocol.

Goal of the Protocol

A timely, well-done medical forensic examination can potentially validate and address sexual assault patients' concerns, minimize the trauma they may experience, and promote their healing. At the same time, it can increase the likelihood that evidence collected will aid in criminal case investigation, resulting in perpetrators being held accountable and further sexual violence prevented.

The examination and the related responsibilities of health care personnel are the focus of this protocol. Recognizing that multidisciplinary coordination is vital to the success of the exam, the protocol also discusses the responses of other professionals, as they relate to the exam process.

A. Overarching Issues

1. Coordinated approach: A coordinated, multidisciplinary approach to conducting the exam provides victims³ with access to comprehensive immediate care, helps minimize trauma they may experience, and encourages their use of community resources. Such a response can also enhance public safety by facilitating investigation and prosecution, which increases the likelihood that offenders will be held accountable for their actions. Raising public awareness about the existence and benefits of a coordinated response to sexual assault may lead more victims to disclose the assault and seek help. (SEE PAGES 23–26)

Recommendations for jurisdictions to facilitate a coordinated approach to the exam process:

- Understand the dual purposes of the exam process to address patients' needs and justice system needs. Addressing patients' needs may include evaluating and treating injuries; conducting prompt exams; providing support, crisis intervention, and advocacy; providing prophylaxis against sexually transmitted infections (STIs) and referrals; assessing reproductive health issues; and providing followup contact/care. Addressing justice system needs may include obtaining a history of the assault; documenting exam findings; properly collecting, handling, and preserving evidence; and (postexam) interpreting/analyzing findings, presenting findings, and providing factual and expert opinions.
- Identify key responders and their roles.
- Develop quality assurance measures to ensure effective immediate response.

2. Victim-centered care: Victim-centered care is paramount to the success of the exam process. Response to victims should be timely, appropriate, sensitive, and respectful. (SEE PAGES 27–37)

²Sexual assault patients are also referred to as victims, depending on which responders are primarily being discussed. The term "patients" is generally used by health care professionals.

³The term "victim" is not used in a strictly criminal justice context. The use of "victim" simply acknowledges that persons who disclose that they have been sexually assaulted should have access to certain services.

Recommendations for health care providers and other responders to facilitate victim-centered care:

- Give sexual assault patients priority as emergency cases and respond in a timely manner. Provide them with as much privacy as possible, while ensuring that they are supported.
- Recognize that the medical forensic exam is an interactive process that must be adapted to the needs and circumstances of each patient.
- Be aware of issues commonly faced by victims from specific populations. For example, certain characteristics (e.g., culture, religion, language skills/mode of communication, disabilities, gender, and age) may influence a victim's behavior in the aftermath of an assault, including the exam process.
- Understand the importance of victim services within the exam process. Victim service providers/advocates typically offer victims support, crisis intervention, information and referrals, and advocacy to ensure that victims' interests are represented, their wishes respected, and their rights upheld. Providers/advocates also may offer support for family members and friends who are present. In addition, they can promote sensitive, appropriate, and coordinated interventions.
- Involve victim service providers/advocates in the exam process as soon after a victim discloses an assault as possible. Victims have the right to accept or decline victim services.
- Accommodate patients' requests to have relatives, friends, or other support persons (e.g., a religious/spiritual counselor) present during the exam, unless the presence of that person could be considered harmful. (See *C.4. The Medical Forensic History* for confidentiality considerations regarding the presence of these individuals during history taking.)
- Accommodate victims' request for responders of a specific gender as much as possible.
- Prior to starting the exam and before each procedure, describe what is entailed and its purpose to patients. Be sure that communication/language needs are met and information is conveyed in a manner that patients will understand. After providing this information, seek patients' permission to proceed and respect their right to decline any part of the exam. However, follow exam facility and jurisdictional policy regarding minors and adults who are incompetent to give consent. (For a more detailed discussion on seeking informed consent of patients, including consent by victims from specific populations, see *A.3. Informed Consent.*)
- Assess and respect patients' priorities.
- Integrate exam procedures where possible (e.g., blood samples needed for medical and evidentiary purposes should be drawn at the same time).
- Address patients' safety concerns during the exam. Sexual assault patients have legitimate reasons to fear further assaults from their attackers. Local law enforcement may be able to assist facilities in addressing patients' safety needs.
- Provide information that is easy for patients to understand and that can be reviewed at their convenience. (Also see *C.10. Discharge and Followup.*)
- After the exam is finished, provide patients with the opportunity to wash, change clothes (providing clean replacement clothing if necessary), get food or drinks, and make needed phone calls.

3. Informed consent: Patients should understand the full nature of their consent to each exam procedure. By presenting them with relevant information, they are in a position to make an informed decision about whether to accept or decline a procedure. However, they should be aware of the impact of declining a particular procedure, as it may negatively affect the quality of care, the usefulness of evidence collection, and, ultimately, any criminal investigation and/or prosecution. They should understand that declining a particular procedure might also be used to discredit them in court. If a procedure is declined, reasons why should be documented if the patient provides such information. (SEE PAGES 39–41)

Recommendations for health care providers and other responders to request patients' consent during the exam process:

- Seek informed consent as appropriate throughout the exam process for medical evaluation and treatment and the forensic exam and evidence collection. Coordinate efforts to obtain consent among responders.

- Be aware of statutes and policies governing consent in cases of minor patients, vulnerable adult patients, and patients who are unconscious, intoxicated, or under the influence of drugs. In all cases, however, the exam should never be done against the will of the patient.

4. Confidentiality: Involved responders must be aware of the scope and limitations of confidentiality related to information gathered during the exam process. Confidentiality is intricately linked to the scope of patients' consent. Members of a Sexual Assault Response Team (SART) or other collaborating responders should inform victims of the scope of confidentiality with each responder and be cautious not to exceed the limits of victim consent to share information in each case. (SEE PAGES 43–44)

Recommendations that jurisdictions may take to maintain confidentiality of patients:

- Make sure that jurisdictional policies address confidentiality related to the medical forensic exam (e.g., of forensic documentation, photographs, and colposcopic video images).
- Increase responders' and patients' understanding of confidentiality issues (e.g., scope of confidentiality advocates can provide; scope of confidentiality of information shared with examiners, law enforcement, prosecutors, and other responders with whom patient has contact; and what happens to information once it enters the criminal justice system).
- Consider the impact of Federal privacy laws regarding health information on victims of sexual assault.
- Strive to resolve intrajurisdictional conflicts.

5. Reporting to law enforcement: Reporting provides the criminal justice system with the opportunity to offer immediate protection to victims, collect evidence from all crime scenes, investigate cases, prosecute if there is sufficient evidence, and hold offenders accountable for crimes committed. Given the danger that sex offenders pose to the community, reporting can serve as a first step in efforts to stop them from reoffending. Equally important, reporting gives the justice system the chance to help victims address their needs, identify patterns of sexual violence in the jurisdiction, and educate the public about such patterns. It is recommended that service providers encourage victims to report due in part to the recognition that delayed reporting is detrimental to the prosecution and to holding offenders accountable. Victims need to know that even if they are not ready to report at the time of the exam, the best way to preserve their option to report later is to have the exam performed.

Reporting requirements in sexual assault cases vary from one jurisdiction to another. Every effort should be made to facilitate treatment and evidence collection (if the patient agrees), regardless of whether the decision to report has been made at the time of the exam. Victims who are undecided about reporting who receive respectful and appropriate care and advocacy at the time of their exam are more likely to assist law enforcement and prosecution. (SEE PAGES 45–48)

Recommendations for jurisdictions and responders to facilitate victim-centered reporting practices:

- Where permitted by law, patients, not health care workers, should make the decision to report a sexual assault to law enforcement. Patients should be provided with information about possible benefits and consequences of reporting so that they can make an informed decision.
- It is not recommended to require reporting as a condition of performing or paying for the exam. Even if patients are undecided about reporting, they should be encouraged to provide a medical forensic history, undergo the forensic exam, and have evidence collected and stored.
- Jurisdictions may want to consider alternatives to standard reporting procedures. For example, an anonymous or blind reporting system may be useful in cases in which victims do not want to report immediately or are undecided about reporting.
- Jurisdictions should consider a variety of approaches that promote a victim-centered reporting process.

6. Payment for the examination under VAWA: Under the Violence Against Women Act (VAWA),⁴ a State, Territory, or the District of Columbia is entitled to funds under the STOP Violence Against Women Formula Grant Program only if it, or another governmental entity, incurs the full out-of-pocket cost of medical forensic exams for victims of sexual assault. The VAWA provisions indicate the exam should minimally include “an examination of physical trauma; determination of penetration/force; a victim interview; and collection and evaluation of evidence.”⁵ “Full out-of-pocket costs” means any expense that may be charged to a victim in connection with the exam for the purpose of gathering evidence of a sexual assault.⁶ (SEE PAGES 49–50)

Recommendations for jurisdictions to facilitate payment for the sexual assault medical forensic exam:

- Understand the scope of the VAWA provisions related to exam payment.
- Ensure that victims are notified of exam facility and jurisdictional policies regarding payment for medical care and the medical forensic exam, as well as if and how reporting decisions will impact payment. Relevant government entities are strongly encouraged to pay for medical forensic exams regardless of whether victims pursue prosecution.

B. Operational Issues

1. Sexual assault forensic examiners: These are the health care professionals who conduct the examination. It is critical that all examiners, regardless of their discipline, are committed to providing compassionate and quality care for patients disclosing sexual assault, collecting evidence competently, and testifying in court as needed. (SEE PAGES 53–55)

Recommendations for jurisdictions to build the capacity of examiners performing these exams:

- Encourage the development of specific examiner knowledge, skills, and attitudes.
- Encourage advanced education and supervised clinical practice of examiners, as well as certification for nurses who are examiners.

2. Facilities: Health care facilities have an obligation to provide services to sexual assault patients. Designated exam facilities or sites served by specially educated and clinically prepared examiners increase the likelihood of a state-of-the-art exam, enhance coordination, encourage quality control, and increase quality of care for patients. (SEE PAGES 57–59)

Recommendations for jurisdictions to build capacity of health care facilities to respond to sexual assault cases:

- Recognize the obligation of health care facilities to serve sexual assault patients.
- Ensure that exams are conducted at sites served by specially educated and clinically prepared examiners. A designated facility may employ or have ready access to examiners to conduct the exam. Some jurisdictions have examiner programs that serve one or multiple exam sites within a specific area.
- Explore what is best for the community regarding locations for exam sites. It is critical to consider how accessible facilities are to patients disclosing sexual assault, as well as the facility’s capacity to properly conduct these exams and treat related injuries.
- Recognize that exam facilities and examiners may benefit from networking with examiners in other facilities or areas for support with peer review of medical forensic reports, quality assurance, and information sharing (e.g., on training opportunities, practices, and referrals for patients).
- Consider developing basic jurisdictional requirements for exam sites.

⁴42 U.S.C. § 3796gg-4.

⁵28 C.F.R. § 90.2(b) (1). The analysis of evidence gathered during the examination, along with examiner documentation of findings, may help in determining whether penetration occurred or force was used. However, examiners are not responsible for drawing conclusions about how injuries were caused or whether the assault occurred or not (although they can note consistency between patients’ statements and injuries they identify).

⁶28 C.F.R. § 90.14(a).

- Promote public awareness about where exams are conducted. Use specially educated and clinically prepared forensic examiners to conduct the exam, ensuring dissemination of relevant information to appropriate agencies and community members. Encourage first responders to work together to assist victims in using these sites.
- If a transfer from one health care facility to a designated site is necessary, use an established protocol that minimizes time delays and loss of evidence while addressing a patient's needs. However, avoid transferring these patients whenever possible.

3. Equipment and supplies: Certain equipment and supplies are essential to the exam process (although they may not be used in every case). These include a copy of the most current exam protocol used by the jurisdiction, standard exam room equipment and supplies, comfort supplies for patients, sexual assault evidence collection kits, an evidence drying device/method, a camera, testing and treatment supplies, an alternate light source, an anoscope, and written materials for patients. A microscope and/or toluidine blue dye may be required, depending on jurisdictional policy. A colposcope or other magnifying instrument is strongly suggested. Some jurisdictions are also beginning to use advanced technology (telemedicine), which allows examiners offsite consultation with medical experts by using computers, software programs, and the Internet. (SEE PAGES 61–63)

Recommendations for jurisdictions and responders to ensure that proper equipment and supplies are available for examinations:

- Consider what equipment and supplies are essential.
- Address cost barriers to obtaining equipment and supplies.

4. Sexual assault evidence collection kit (for evidence from victims): Most jurisdictions have developed their own sexual assault evidence collection kits or purchased premade kits through commercial vendors. Kits often vary from one jurisdiction to another. Despite variations, however, it is critical that every kit meets or exceeds minimum guidelines for contents: broadly including a kit container, instruction sheet and/or checklist, forms, and materials for collecting and preserving all evidence required by the applicable crime laboratory. Evidence that may be collected includes, but is not limited to, clothing, foreign materials on the body, hair (including head and pubic hair samples and combings), oral and anogenital swabs and smears, body swabs, and a blood or saliva sample for DNA analysis and comparison. The instruction sheet and/or checklist should guide examiners on maintaining the chain of custody for evidence collected. (SEE PAGES 65–66)

Recommendations for jurisdictions and responders when developing/customizing kits:

- Use standardized kits (across a local jurisdiction, region, State, Territory, or tribal land) that meet or exceed minimum guidelines for contents, as described above.
- Make kits readily available at any facility that conducts sexual assault medical forensic exams.
- Periodically review the kit's efficiency and usefulness and make changes as needed.

5. Timing considerations for collecting evidence: Although many jurisdictions currently use 72 hours after the assault as the standard cutoff time for collecting evidence, evidence collection beyond that point is conceivable. Because of this, some jurisdictions have extended the standard cutoff time (e.g., to 5 days or 1 week). Advancing DNA technologies continue to extend time limits because of the stability of DNA and sensitivity of testing. These technologies are even enabling forensic scientists to analyze evidence that was previously unusable when it was collected years ago. Thus, it is critical that in every case where patients are willing, examiners obtain the medical forensic history, examine patients, and document findings. Not only can the information gained from the history and exam help health care providers address patients' medical needs, but it can guide examiners in determining whether there is evidence to collect and, if so, what to collect. (SEE PAGES 67–68)

Recommendations for health care providers and other responders to maximize evidence collection:

- Whether or not evidence is collected, examiners should obtain the medical forensic history as appropriate, examine patients, and document findings (with patients' consent). Patients' demeanor and statements related to the assault should also be documented.
- Promptly examine patients to minimize loss of evidence and to identify medical needs and concerns.
- Decide whether to collect evidence and what to collect on a case-by-case basis, remembering that outside time limits for obtaining evidence vary.
- In any case, where the need for evidence collection is in question, encourage dialogue about the potential benefits or limitations of collection. Avoid basing decisions about whether to collect evidence on a patient's characteristics or circumstances (e.g., the patient has used illegal drugs).
- Responders should seek education and resources that aid them in making well-informed decisions about evidence collection.

6. Evidence integrity: Properly collecting, preserving, and maintaining the chain of custody of evidence is critical to its subsequent use in criminal justice proceedings. (SEE PAGES 69–70)

Recommendations for health care providers and other responders to maintain evidence integrity:

- Follow jurisdictional policies for drying, packaging, labeling, and sealing the evidence.
- Follow jurisdictional policies for documenting exam findings, the medical forensic history, and the patient's demeanor/statements, and packaging, labeling, and sealing such documentation.
- Follow jurisdictional policies for consistent evidence management and distribution. A duly authorized agent should transfer evidence from the exam site to the appropriate crime lab or other designated storage site (e.g., a law enforcement property facility).
- Make sure storage procedures maximize evidence preservation. Ensure that storage areas are kept secure and at the proper temperature for the evidence. Also, make sure jurisdictional policies are in place to address the secure storage of evidence in cases in which patients are undecided about reporting.
- Maintain the chain of custody of evidence. All those involved in handling, documenting, transferring, and storing evidence should be educated regarding the specifics of their roles in properly preserving evidence and maintaining the chain of custody.

C. The Examination Process

1. Initial contact: Some sexual assault patients may initially present at a designated exam facility, but most who receive immediate medical care initially contact a law enforcement or advocacy agency for help. If 911 is called, law enforcement or emergency medical services (EMS) may be the first to provide assistance to victims. Communities need to have procedures in place to promptly respond to disclosures/reports of sexual assault in a standardized and victim-centered manner. (SEE PAGES 73–75)

Recommendations for jurisdictions and responders to facilitate initial contact with victims:

- Build consensus among involved agencies regarding procedures for a coordinated initial response when a recent sexual assault is disclosed or reported, and educate responders on procedures. Encourage victims to interact with advocates as soon after disclosure as possible.
- Recognize essential elements of initial response. In particular, encourage victims to seek medical care and have evidence collected. In the case of life-threatening or serious injuries, obtain emergency medical assistance according to jurisdictional policy. Any life-threatening wounds should be treated and victims' immediate safety needs should be addressed before evidence is collected.
- If victims decide to seek medical care and/or have evidence collected, follow jurisdictional policies for preserving evidence, collecting a urine sample if needed, and transporting victims to the exam site.

2. Triage and intake: Once patients arrive at the exam site, health care personnel must evaluate, stabilize, and treat for life-threatening and serious injuries according to facility policy. Standardized procedures for response in these cases should be followed, while respecting patients and maximizing evidence preservation. (SEE PAGES 77–78)

Recommendations for health care providers to facilitate triage and intake that addresses patients' needs:

- Consider sexual assault patients a priority. Use private locations in the exam facility for the primary patient consultation and initial law enforcement interviews, offer a waiting area for family members and friends, and provide childcare if possible.
- Respond to acute injury, trauma care, and safety needs of patients before collecting evidence. Patients should not wash, change clothes, urinate, defecate, smoke, drink, or eat until initially evaluated by examiners, unless necessary for treating acute medical needs.
- Alert examiners to the need for their services at the exam site.
- Contact victim advocates so they can offer services to the patient, if not already done.
- Assess and respond to safety concerns, such as threats to the patient or staff, upon arrival of patients at the exam site.
- Assess patients' needs for immediate medical or mental health intervention. Seek informed consent from patients before providing treatment, according to facility policy.

3. Documentation by health care personnel: Examiners document exam findings, the medical forensic history, and evidence collected in the medical forensic report. Examiners and/or other involved clinicians separately document medical care in the patient's medical record. (SEE PAGES 79–80)

Recommendations for health care providers to complete needed documentation:

- Ensure completion of all appropriate documentation. The forensic details of the exam are documented in the medical forensic report, according to jurisdictional policy. The only medical issues documented in this report are acute findings that potentially relate to the assault or preexisting medical factors that could influence interpretation of findings. Separate medical documentation by examiners and other involved clinicians follows a standard approach—address acute complaints, gather pertinent historical data, describe findings, and document treatment and followup care.
- Ensure the accuracy and objectivity of medical forensic reports by seeking education on proper report writing.

4. The medical forensic history: Examiners ask the patient questions to obtain this history. This information guides them in examining the patient and collecting evidence. (SEE PAGES 81–84)

Recommendations for health care providers to facilitate gathering information from patients:

- Examiners should coordinate with other responders, primarily law enforcement representatives, to facilitate information gathering that is respectful to patients and minimizes repetition of questions.
- Keep in mind that advocates may support and advocate for patients when the medical forensic history is taken (if desired by patients), but they may not actively participate in the process. Patients should be informed that the presence of family members, friends, and others offering personal support during this time may influence or be perceived as influencing their statements. If patients choose to have others present despite this knowledge, these individuals should not actively participate in the process.
- Consider and address patients' needs prior to information gathering, including identifying the level of their communication skill and modalities and then tailoring information gathering accordingly.
- Obtain the medical forensic history in a private, quiet setting.
- Gather information for the history according to jurisdictional policy. Include the date and time of the assault, pertinent patient medical history (e.g., menstruation history), recent consensual sexual activity of the patient, the patient's activities since the assault (e.g., took a shower), the patient's assault-related

history (e.g., loss of consciousness), suspect information, if known (e.g., number and gender of assailants), nature of the physical assault, and description of the sexual assault.

5. **Photography:** Photographic evidence of injury on the patient's body can supplement the medical forensic history and document physical findings. (SEE PAGES 85–87)

Recommendations for health care providers and other responders to photograph evidence:

- Come to a consensus about the extent of forensic photography necessary. Some jurisdictions routinely take photographs of both detected injuries on patients and normal (apparently uninjured) anatomy, while others limit photography to detected injuries.
- Consider who will take photographs and what equipment will be used. Photographers should be familiar with equipment operation as well as educated in forensic photography and in ways to maintain the patient's privacy and dignity while taking photographs. Consult with jurisdictional criminal justice agencies and examiners regarding the type of equipment that should be used.
- Obtain informed consent from patients before taking photographs. Patients should understand the purpose of the photographs, what will be photographed and any related procedures, the potential uses of photographs during investigation and prosecution, and the possible need for followup photographs.
- Consider the patient's comfort and need for modesty.
- Identify who will be present when photographs are taken.
- Take initial and followup photographs as appropriate, according to jurisdictional policy.

6. **Exam and evidence collection procedures:** Examiners examine patients and collect evidence according to jurisdictional policy. Findings from the exam and collected evidence often help reconstruct the events in question in a scientific and objective manner. (SEE PAGES 89–99)

Recommendations for health care providers to conduct the exam and facilitate evidence collection:

- Strive to collect as much evidence from patients as possible, considering the scope of informed consent, the medical forensic history, the examination, and evidence collection kit instructions.
- Be aware of evidence that may be pertinent to the issue of whether the patient consented to sexual contact with the suspect. Understand how biological evidence is tested.
- Prevent exposure (of both patients and staff) to infectious materials and contamination of evidence.
- Understand the implication of the presence or lack of semen (in cases involving male suspects).
- Seek informed consent from patients for each portion of the exam and evidence collection.
- Modify the exam and evidence collection to address the specific needs and concerns of patients.
- Conduct the general physical and anogenital examination, guided by the scope of informed consent and the medical forensic history. Document findings on body diagram forms. With the patient's consent, use an alternate light source, colposcope, and anoscope, as appropriate and if available, to increase the likelihood of detecting evidence.
- Collect evidence to submit to the crime lab for analysis, according to jurisdictional policy.
- Collect blood and/or urine for toxicology screening, if applicable.
- Keep medical specimens separate from forensic specimens collected during the exam.

7. **Drug-facilitated sexual assault:** Responders must consider the possibility that drugs may have been used to facilitate an assault. They must know how to screen for suspected drug-facilitated sexual assault, obtain informed consent of patients for testing, and collect toxicology samples when needed. (SEE PAGES 101–104)

Recommendations for jurisdictions and responders to facilitate response in suspected drug-facilitated sexual assault:

- Educate examiners, 911 dispatchers, law enforcement representatives, prosecutors, judges, and advocates on related issues. Develop jurisdictional policies to clarify first responders' roles in cases involving suspected drug-facilitated assault.
- Be clear about the circumstances in which toxicology testing may be indicated (for optimal care or when there is a suspicion of drug-facilitated sexual assault). Routine toxicology testing in all sexual assault cases is not recommended.
- Informed consent of patients should be sought to collect toxicology samples. Patients should be aware of the purposes and scope of testing that will be done, potential benefits and consequences of testing, any followup treatment necessary, how they can obtain results, who will pay for the testing, and if they have any opportunity to revoke consent to testing.
- With patients' permission, immediately collect a urine specimen if it is suspected that ingestion of drugs used to facilitate sexual assault occurred within 96 hours prior to the exam. The first available urine should be collected—law enforcement and emergency medical services should be trained and prepared to collect a urine sample if patients must urinate prior to arrival at the health care facility for the exam. Advocates and other professionals who may have contact with patients prior to their arrival at the exam site should also be educated to provide those who suspect drug-facilitated assault with information on how to collect a sample if the patient cannot wait to urinate until getting to the site.
- Also, collect a blood sample if it is suspected that the ingestion of drugs used to facilitate sexual assault occurred within 24 hours of the exam. If a blood alcohol determination is needed, collect blood within 24 hours of ingestion of alcohol, according to jurisdictional policy.
- Jurisdictional policies should be in place and followed for packaging, storing, and transferring samples.

8. Sexually transmitted infection (STI) evaluation and care: Because contracting an STI from an assailant is of significant concern to patients, it should be addressed during the exam. (SEE PAGES 105–109)

Recommendations for health care providers to facilitate STI evaluation and care:

- Offer patients information about the risks of STIs (including HIV), the symptoms and what to do if symptoms occur, testing and treatment options, followup care, and referrals. Referrals should include free and low-cost testing, counseling, and treatment available in various sections of the community. For HIV testing, confidential and anonymous testing is recommended.
- Consider testing patients for STIs during the initial exam on a case-by-case basis. If testing is done, follow the guidelines of the Centers for Disease Control and Prevention (CDC).
- Encourage patients to accept prophylaxis against STIs during the initial exam. (Note, however, that treatment may not be appropriate for some individuals—for example, if they have a condition that may be adversely affected by taking prophylaxis.) The CDC suggests a regimen to protect against chlamydia, gonorrhea, trichomonas, and bacterial vaginosis (BV), as well as the hepatitis B virus. If accepted, provide care that meets or exceeds CDC guidelines. If declined, it is medically prudent to obtain cultures and arrange for a followup exam and testing. Seek informed consent from patients for treatment, according to facility policy.
- Encourage and facilitate followup STI examinations, testing, immunizations, and treatment as directed.
- Offer postexposure prophylaxis for HIV to patients at high risk for exposure, particularly when it is known that suspects have HIV/AIDS. Meet or exceed CDC recommendations. Discuss risks and benefits of the prophylaxis with patients prior to their decisions to accept or decline treatment. Careful monitoring and followup by a health care provider or agency experienced in HIV issues is required.

9. Pregnancy risk evaluation and care: Female patients may fear becoming pregnant as a result of an assault. Health care providers must address this issue according to facility and jurisdictional policy. (SEE PAGE 111)

Recommendations for health care providers to facilitate pregnancy evaluation and care:

- Discuss the probability of pregnancy with patients.
- Administer a baseline pregnancy test for all patients with reproductive capability.
- Discuss treatment options with patients, including reproductive health services.

10. Discharge and followup: Health care personnel have specific tasks to accomplish before discharging patients, as do advocates and law enforcement representatives (if involved). Responders should coordinate discharge and followup activities as much as possible to reduce repetition and avoid overwhelming patients. (SEE PAGES 113–115)

Recommendations to facilitate discharge and followup:

- It is important to ensure that patients are fully informed about postexam care. Information may include referrals to other professionals to make sure that patients' medical and/or mental health needs related to the assault have been addressed, discharge instructions, followup appointments with the examiner or other health care providers, and contact procedures for medical followup. In addition to medical followup, followup may be indicated to document developing or healing injuries and complete resolution of healing.
- Advocates and law enforcement representatives, if involved, should coordinate with examiners to discuss other issues with patients, including planning for their safety and well-being, physical comfort needs, information needs, the investigative process, advocacy and counseling options, and law enforcement and advocacy followup contact procedures.

11. Examiner court appearances: Health care providers conducting the exam should expect to be called on to testify in court as fact and/or expert witnesses. (SEE PAGES 117–119)

Recommendations for jurisdictions to maximize the usefulness of examiner testimony in court:

- Encourage broad education for examiners on testifying in court.
- Promote prompt notification of examiners if there is a need for them to testify in court.
- Encourage pretrial preparation of examiners.
- Encourage examiners to seek feedback on testimony to improve effectiveness of future court appearances.