



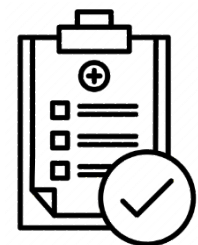
Testifying: Conducting the Medical Forensic Exam

The prosecutor will typically start their direct examination (after qualifying the clinician as an expert, if applicable) by asking the clinician on what date they first encountered the victim and conducted the exam. The questions will then be about the clinician's initial contact with the victim, including where the exam took place, any initial triage information prior to meeting with the victim, who was present during the exam, and the victim's demeanor throughout the exam.

The prosecutor may ask questions related to the victim's medical history and how that history informed the examination and care that the clinician provided. The questions may relate to what the patient reported about the assault, including the identity of the perpetrator, when the assault occurred, the significance of when it occurred for evidence collection, and the patient's demeanor as they described the assault.

The clinician will likely also testify about the medical examination itself, beginning with the "head to toe" physical examination, including any oral, genital, or anal examination that was performed and the manner in which swabs were collected and photographs taken. The prosecutor will ask whether there were any findings and for a description of the findings. Depending upon the case, the prosecutor may ask about the significance the clinician ascribes to these findings. Findings can include: visible injury such as bruises, petechiae, lacerations, abrasions, anogenital injury, presence of potential bodily fluids, or presence of any foreign debris, including hair.

The prosecutor may ask the clinician about discharge planning, and the importance of follow-up care, including an individualized plan depending upon the health, crisis status, and safety of the victim. The clinician may also testify about follow-up treatment such as prophylactics for sexually transmitted infections.





For cases involving child victims, the most significant difference is that a parent or caregiver may be present with the child during the examination. Because the clinician may ask the caregiver to answer questions about the child's medical history, the clinician may have to testify that the caregiver did not answer questions about the assault; Rather the child did, and the clinician may have to explain during testimony that they asked open-ended questions of the child to get that information. The clinician may have to further describe training the clinician received to ask questions in such a manner.

The clinician may have to testify similarly about language access if an interpreter was present for the exam. Likewise, the clinician may have to testify about adaptations and access if the victim-patient had a disability.