DEPARTMENT OF THE NAVY
NAVAL MEDICAL COMMAND
WASHINGTON, D.C. 20372-5120

IN REPLY REFER TO

NAVMEDCOMINST 6310.3
MEDCOM-34
21 Apr 89

NAVMEDCOM INSTRUCTION 6310.3

From: Commander, Naval Medical Command

Subj: MANAGEMENT OF ALLEGED OR SUSPECTED SEXUAL ASSAULT AND RAPE CASES

Ref: (a) SECNAVINST 1752.3
(b) OPNAVINST 1752.2

Encl: (1) Glossary
(2) Instructions to the Physician
(3) Required Contents and Direction for use of Sexual Assault Investigation Kit
(4) Notes to the Naval Security and Investigative Command Officer: Format for Sexual Assault Evaluation Process
(5) Training Outline for Health Care Providers
(6) General Information About Rape

1. Purpose. To provide procedures for the care, evaluation, and medico-legal documentation of the victim of an alleged rape or sexual assault.

2. Background

a. References (a) and (b) established policy and general guidelines for all naval medical treatment facilities (MTFs) for the management responsibilities of alleged rape and sexual assault victims. The overall management of these cases involves a complex interaction requiring good coordination and communication between health care providers, legal and investigative services, chaplains, family service centers, and local civilian community agencies or organizations.

b. Enclosure (1) is a glossary of frequently used terms that will be of assistance in quick reference for acronyms and abbreviations.

c. Any conflict between this instruction and local or State law will be resolved in favor of the local or State law for purposes of the medico-legal aspects of this instruction. Each facility will comply with local or State law and policies regarding mandatory reporting requirements for alleged offenses.

3. Medical and Legal Considerations

a. The role of the physician is critical to the compilation of evidence in cases involving alleged rape and sexual assault. These behaviors are criminal offenses under the Uniformed Code of

Military Justice and the laws of State and foreign governments. The judgement that either rape or sexual assault has occurred is a legal issue requiring court determination; it is not a medical diagnosis. The physician's primary responsibility is to meet the needs of the victim or patient and to observe, describe, collect, and record findings. The observations of signs of penetration or force, the record of the victim or patient's account of the incident, and the integrity of the laboratory results which are safeguarded using a chain of custody procedure are critical elements within the legal portion of case management.

b. Legal jurisdiction depends on the geographic location of the incident. The Naval Security and Investigative Command (NSIC) is the responsible investigative authority if the incident occurs on a Navy or Marine Corps installation. Additionally, NSIC must be notified if the patient is an active duty member. The local civilian investigative authority must be notified if the incident occurs off the military compound. Thus, for active duty members, both NSIC and local authorities must be notified if the incident occurs off the military compound. If local authorities are unavailable or refuse to assist, then NSIC should be notified. Even if the patient does not plan to press charges, evidence should be collected in the prescribed manner (with appropriate consent), and medical care provided as needed. Instructions for this evidence gathering procedure are described in enclosures (2) and (3).

c. There must be written permission for examination and collection of evidence. This permission will be given by the patient if an adult, or emancipated minor. If the patient is a minor, then consent of the parent or legal guardian is required. If consent is refused in the case of a minor, the family advocacy representative should be contacted. The only exception to the required form, which gives expressed consent, is when a valid military search authorization or a Federal search warrant has been issued specifically directing or authorizing the gathering of physical evidence from the patient. If the patient is a civilian, the search warrant must be signed by a Federal judge or Federal magistrate.

d. Maintenance of the chain of custody is absolutely essential in these cases. The sexual assault investigation kit procedures, as described in enclosure (3), will be used in the collection and preservation of evidence. Enclosure (4) notes the general format and the role of the investigating officer for the sexual assault evaluation process. All evidence collected, including clothing, foreign matter, and laboratory specimens will remain in the custody of designated personnel who have authority to maintain the chain of custody for all aforementioned specimens and other appropriate items.

e. The survivor of rape or sexual assault has significant emotional trauma in addition to the physical effects of the situation. Compassion and concern are important characteristics for all medical personnel to manifest in their interactions with the patient. Care should be exercised to ensure the patient is afforded as much privacy and dignity as possible.

4. Procedures

a. Physical medical assistance is not required in all cases of alleged rape or sexual assault, such as the case of a patient presenting for psychological assistance several days post assault. These individuals should be referred for treatment to the psychiatry, psychology, or social work department, as outlined in the individual MTF's instruction.

b. All cases of alleged rape or sexual assault requiring medical treatment will be referred to only one component of the medical treatment facility, preferably the emergency room (ER). Procedures in the ER will include:

(1) Designation of appropriate personnel to conduct the medical examination, to include at a minimum a physician and nurse. Additionally, a hospital corpsman (laboratory specialist) knowledgeable in rape specimen procedures should be available.

(2) Referral to medical officers in specialties such as obstetrics/gynecology (OB/GYN), urology, general surgery, or pediatrics for consultation as appropriate to the individual case.

(3) Assignment of a staff member of the same sex as the patient who will remain in attendance for so long as the patient is in the facility or until admitted as an inpatient. The function of this individual is to provide continuity and emotional support to the patient.

c. Sufficient personnel will undergo training to ensure familiarity with the established protocol, forms, and chain of custody procedures. Training also will include fostering an understanding of the emotional impact on the patient and family in these circumstances. The goal of training is to enable timely, effective examination, care, and treatment of such patients. Outlines for training personnel are described in enclosures (3), (4), and (5).

d. In addition to the personnel listed above, the medical treatment facility will designate a staff member, preferably a social worker or other mental health professional, to serve as a patient advocate. This person will serve as the primary liaison for the medical facility in relationship to the patient. The advocate will be present if a referral is made to another staff

member or clinic, ensure questions are answered, and serve as a single point of contact for followup care.

e. Referral to a chaplain is appropriate if the patient, upon being asked, requests such a referral.

f. Evaluation and treatment by a mental health professional is most strongly recommended. However, sensitivity should be exercised in making such a recommendation to the victim. Timeliness and empathy are important features of this process. If possible, the mental health care should be provided by the medical treatment facility. If not available or desired, then referral to Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) providers, family service centers, or community sexual abuse and rape support groups, as appropriate, is essential to recovery.

g. If the patient is an active duty member, the parent command will be notified by the treating physician or the medical officer of the day. Such notification will include that the patient is a survivor of a rape or sexual assault, the physical status of the person, and any present or anticipated hospitalization or followup care. The only command elements to be given such information are the commanding officer, the executive officer, or the officer of the day.

5. Action. Commanders, commanding officers, and officers in charge must ensure this instruction is implemented and strictly followed.

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GLOSSARY

CHAMPUS	Civilian Health and Medical Program of the Uniformed Services
DES	Diethylstilbestrol, estrogenic compond
ETOH	Alcohol
GC	Gonorrhea, a sexually transmitted disease
HCG	Human Chorionic Gonadatrodin, pregnancy test using either urine or serum
HIV	Human immuno-deficiency virus
MTFs	Medical treatment facilities
NSIC	Naval Security and Investigative Command
OOD	Officer of the day
RPR	Serological test for syphilis
SSN	Social Security Number
UA	Urinalysis
VD	Veneral disease

INSTRUCTIONS TO THE PHYSICIAN

READ ALL THESE DIRECTIONS FIRST

1. Enclosure (3) includes clinical examination and laboratory collection directions necessary to conduct the required examination. Follow those directions objectively, step-by-step, and meticulously. The medical record must be legible, detailed, complete, and without conclusions or judgments of a legal nature. Only medical impressions and diagnoses are appropriate.

2. Remember these three thoughts:

a. You are a source of health care and psychological support as you talk with and examine the patient.

b. How you handle the information and laboratory specimens are critical to any legal action.

c. You are not to make a judgment. You are to provide care; the legal implications are not your area of responsibility.

Page 3 of this enclosure is a sample "Standard Orders For Suspected Sexual Assault or Rape Medical Report" for use in cases of alleged or suspected rape or sexual assault. The completion of this form will assist both you and the criminal investigator by minimizing time spent in information gathering and report writing.

3. Please note the process is divided into three major sections:

a. Authorizations. Included on the report cover sheet should be all necessary consent forms for the following procedures:

(1) Examination - signed by the patient. If younger than 18 and not an emancipated minor, substantiated consent must be obtained.

(2) Collection of specimens - the same signatory rules apply.

(3) Photography - photographs are especially important for evanescent marks on the body such as ligature marks, ecchymoses, abrasions, bite marks, lacerations, etc. Ideally, photographs should be taken by a hospital staff medical photographer. While the investigator should not take photos - especially on or around the genitalia - the investigator can supply appropriate medical staff with easily-used equipment and provide any needed legal photographic technical advice.

(4) Release of information to proper authorities - the same signatory rules apply.

b. Examination. The numerical sequence of observations and procedures is not intended to infer a rigid order to be followed. However, this section does provide for the collection of all necessary examination findings and, in conjunction with paragraph 3c, below, will present a complete and well integrated basis for the medico-legal portion of a well-conducted investigation.

(1) External evidence of physical trauma such as contusions, hematomas, burns, and ecchymoses may not be immediately evident. If possible, the victim should be re-examined in approximately 24 hours to avoid oversight of this potentially important medico-legal evidence. Additional photographs may be taken during followup examination of physical trauma evidence.

(2) Caution should be used in the wording of the "Impressions" section. Whether rape occurred is a legal matter for court decision and is NOT a medical diagnosis. Never say or write in the record an opinion concerning whether or not the patient was "raped." The phrases "suspected rape" or "alleged rape" may be used when appropriate.

c. Laboratory Specimens. This section outlines the specimens to be obtained and the technique to be used for their collection. The collection of specimens for analysis and evidence should be completed before disturbing or manipulating various anatomic sites. This action will lessen the chance of the examiner's hands inadvertently transferring material from one location to another - either on the glove or by causing fluids to flow in unnatural paths. Possible loss of small pieces of evidence during the examination also will be minimized.

(1) Rely on the investigator for assistance in proper evidence labeling and handling so as to ensure a proper chain of custody.

(2) Each specimen taken should be identified for:

(a) Nature, e.g., "fingernail scrapings."

(b) Site of collection, e.g., "right hand."

(c) Date and time collected.

(d) Physician's initials.

STANDARD ORDERS FOR SUSPECTED
SEXUAL ASSAULT OR RAPE MEDICAL REPORT

1. Patient triaged as "emergent."

2. Assign a staff member of the same sex as the patient to stay with patient until discharge or admission.

3. Provide emergency medical care.

4. Obtain OB/GYN, surgery, or pediatric consult as needed.

5. Notify Social Work Department to provide patient advocate and to address safety shelter precautions prior to patient leaving the medical treatment facility. (If no Social Work Department exists, notify the psychiarty or psychology department for same assistance.)

6. Notify officer of the day (OOD).

7. Notify Naval Security and Investigative Command.

8. Initiate emergency mental health consult to evaluate patient's mental status, potential to develop post traumatic stress disorder, and proclivity for suicide or homocide.

9. Obtain written consent for examination from parent or guardian for underage patient who is not a service member or an emancipated minor.

10. Notify medical photography to provide a photographer. Obtain written consent to take photographs.

11. All specimens collected as evidence must be:

a. Maintained by precise chain of custody procedures.

b. Placed in paper bag - not plastic.

c. Labeled meticulously with patient's name, social security number (SSN), date, time, identity (e.g., fingernail scrapings), source of item (e.g., right hand), and examiner's initials.

12. Notify duty pathologist or duty laboratory corpsman of pending chain of custody laboratory specimens.

13. Address prophylaxis against pregnancy.

14. Address veneral disease (VD) prophylaxis, including mandatory followup blood test for human immunodeficiency virus (HIV) 6 months post assault.

15. Document followup plans and appointments in discharge instructions to include phone number to call if assistance is needed and civilian organizations and agencies who provide assistance in these cases.

REQUIRED CONTENTS AND DIRECTION FOR USE OF SEXUAL ASSAULT INVESTIGATION KIT

1. Administrative Forms

a. Authorization Forms. Examination, specimen collection, photography, and release of information to proper authorities.

b. Medical examination report or hospital report.

c. Chain of custody forms - 2.

d. Instructions for laboratory and investigative collection of specimens (see enclosure (4)).

2. Laboratory Chits

a. Miscellaneous laboratory chits marked "STAT" - 3.

b. Cytology - 1.

c. Microbiology - 3.

d. Serology - 1.

3. Envelopes

a. Small paper - 4.

b. Plastic - 3.

4. Miscellaneous

a. Comb - 1.

b. Scissors - 1.

c. Slides - 7.

d. Cardboard slide holders or plastic holders.

e. NaCl 5cc vial - not in kit.

f. Red top tubes with swabs or plain plastic tubes with swabs - 3.

g. Sterile swabs - 3.

h. Curettes - 3.

i. Small red top vacutainers - 2.

j. Filter paper - 1 piece.

k. Toothpicks - 2.

l. Nail clippers - 1 disposable suture removal scissors.

m. Paper bag - 1.

n. Labels - about 20.

5. Laboratory Specimens. For ease in collection, a head to toe sequence of collection is suggested.

a. Oral (if indicated).

(1) Acid Phosphatase

(a) Use plain tube with swab or red top tube with swab (do not add saline.)

(b) Label "Oral" on routine chit.

(c) List on chain of custody - send to appropriate labortory.

(2) Cytology

(a) Slides in cardboard or plastic protector - 2.

(b) Pack of swabs or cervical scraper - 1.

(c) Coat slides with fixative or hair spray.

(d) Cytology chit - label "Oral."

(e) List on chain of custody - send to appropriate laboratory.

(3) Bacteriology - gonorrhea culture - Do not list on chain of custody.

(a) Swab - 1.

(b) Micro chit - label "oral."

(c) For medical purposes only - send to appropriate laboratory.

(4) Secretor Status

(a) Filter paper for saliva (air dry).

(b) Plastic bags for storage - 2.

(c) List on chain of custody - give to investigator.

b. Fingernail Scrapings or Clippings. Label "right" or "left"

(1) Clipper or scissors - 1.

(2) Toothpicks - 2.

(3) Envelopes or plastic dry specimen vials - 2.

(4) List on chain of custody - give to investigator.

c. Pubic Hair

(1) Combings - 1 envelope marked "Pubic Hair Combings."

(2) Clippings - 10-12 hairs, 1 scissors, envelope marked "Pubic Hair Clippings" (may use nail clippers).

(3) List on chain of custody - give to investigator.

d. Vaginal or Anal Specimens (as indicated). Acid phosphatase.

(1) Plain or red top tube with swab - 1.

(2) Routine chit - mark "Vaginal" or "Anal."

(3) List on chain of custody - send to appropriate laboratory.

(4) Store specimens dry, laboratory will add saline.

e. Cytology

(1) Slides - 4: cervical - 2 and anal - 2, as indicated.

(2) Cardboard or plastic protector.

(3) Package of swabs or cervical scraper - 1.

(4) Coat slides with fixative or hair spray.

(5) List on same cytology chit with "Oral" specimen.

(6) List on chain of custody - send to appropriate laboratory.

6. Bacteriology Gonorrhea Culture (G.C.). Do not list on chain of custody - send to appropriate laboratory.

a. Swabs - 2.

b. Microbiology chits - 2.

c. Label "cervical" or "anal," as appropriate.

d. For medical purposes only.

7. Spermatozoa Motility Exam

a. Slide - 1.

b. Sterile saline for wet mount.

c. Swab or syringe to aspirate vaginal pooling - 1.

d. Must be read immediately by a physician.

e. Report results on record.

8. Serology

a. Small red top tubes - 2.

b. Serology chit - 1.

c. Red top tube to laboratory for serological test for syphilis - 1.

d. Red top tube to investigator - 1.

e. List on chain of custody - give to investigator.

9. Clothing

a. Paper bag with evidence seal - 1.

b. List on chain of custody - give to investigator.

10. Other Specimens (if indicated). Do not list the specimens in item 10 on chain of custody.

a. Urinalysis container - 1.

b. Chit marked "STAT" for urine human chorionic gonadatropin (HCG) - 1, send to appropriate laboratory.

c. Urine for toxicology (must have 90ccs) - 1, send to appropriate laboratory .

d. Serum for blood alcohol (ETOH) level - 1. Place in grey top tube - send to appropriate laboratory.

11. Distrubution of Forms

a. Original and items as noted above - give to investigator.

b. Duplicate - administrative copy to be maintained by emergency room.

c. Triplicate - same as b.

12. Flow Sheet Distribution of Evidence and Specimens

ITEMS TO BE INCLUDED IN CHAIN OF CUSTODY

LABORATORY	INVESTIGATOR
Acid Phosphatase	Pubic hairs: combings, clippings
Cytology smears	Red top tube
	Secretor status
	Fingernail scrapings
	Clothing of patient

ITEMS NOT TO BE LISTED ON CHAIN OF CUSTODY

LABORATORY	INVESTIGATOR
Bacteriology (R/O GC)	None
Serology	
UA for HCG	
ETOH - if indicated	
Toxicology - if indicated	

13. Discharge. Do not release patient until you are sure the patient is ready to be released. Always have the patient leave with someone he or she trusts.

NOTES TO THE NAVAL SECURITY AND INVESTIGATIVE COMMAND OFFICER:

FORMAT FOR SEXUAL ASSAULT EVALUATION PROCESS

1. Escort. If possible, accompany victim/patient to the examining facility and remain there to assist the physician in evidence handling and to accept custody of appropriate evidence.

2. Waivers. The release forms on the face sheet of the physician's report form, as well as the identifying information, should be executed with your assistance. Both your experience and role in these matters should ease any uncertainty or question on the part of the victim/patient regarding "signing things."

3. Photographs. Do not allow yourself to be forced into the role of photographer, especially of intimate areas. This action could jeopardize the essential rapport you will need throughout the investigation. You also will eliminate any possibility of future embarrassment or unwarranted criticisms. If the examining facility does not have a medical photographer on duty, take a camera kit with you to the hospital; a few minutes instruction on its use to the physician or nurse should produce quite acceptable results. Use color film.

4. Physical Examination. Absent yourself from the treatment room during the examination but be available if needed. After the evidence is collected, assist in its processing.

5. Evidence. Your presence at the hospital is essential to the satisfactory handling, preservation, and custody of evidence. Review the physician's report form to familiarize yourself with the type of evidence to be collected. Major items of concern for each specimen collected are as follows:

a. Pubic Hairs. Be sure hairs that may fall on the examining table are not overlooked. Ensure the envelopes indicate the patient's name, the date, the physician's initials, and the contents of the envelope. Remember to initial the envelopes yourself.

b. Patient Sperm Motility Slide. Unless sperm was found, there is no need to keep this slide. The physician must immediately examine this slide microscopically since the purpose is to detect movement of sperm cells. If sperm are found and the slide is to be kept, be sure it is labeled with the examination's results (e.g. "motile sperm observed 3/20/89"), the examiner's initials, and patient's name. Before placing the slide in the container, ensure the cyto-spray fixative is dry.

c. Acid Phosphatase Tubes. These tubes are plastic with red tops and attached swabs. While determination of acid phosphatase levels is within the capability of some medical facilities, the forensic aspects of the test can best be reviewed by a central

facility experienced with the technique. Therefore, these tubes should be obtained from the physician after determining they have been properly identified as to origin of contents (where on the body it was obtained), patient's name, physician's initials, and date of collection. Store these tubes in a freezer until time for shipment.

d. Smears. All microscope slides of smears should be properly identified with the same information as provided on the acid phosphatase tubes. Seal the plastic slide mailer with tape after inserting all slides.

e. Bacteriology. The medical facility will require a special culture swab for gonococcus. Assist the physician in ensuring the swab is properly labeled and proper chain of custody documents are attached. If culturing cannot be done locally, suggest to the physician the tube be mailed to the nearest naval hospital for processing. Note: Due to short shelf life, no bacteria culturing medium typically is kept by the ER bedside. However, all naval hospitals and clinics have culturing medium and it should be easily obtainable.

f. Serology and Hematology. The physician will collect two tubes of whole blood, one of which should be forwarded to the local hospital laboratory for serological tests for syphilis. If there is no facility for blood testing at your location, suggest the blood be centrifuged and the serum be sent to the nearest naval hospital for handling. The other tube of blood, properly labeled, should be retained by you as evidence and stored in a refrigerator until shipment to a forensic laboratory.

g. Secretor Status. Assure the filter paper is dried before labeling and sealing in a plastic envelope.

h. Fingernail Scrapings. Assist the physician in the proper labeling of the evidence. If the patient is dead, assist the pathologist in trimming and packing all fingernails.

i. Clothing. It is your decision as to what clothing should be retained for laboratory analysis. Prior planning and assistance to the patient is especially important to allow your gaining custody of the clothing needed and at the same time allow the patient to comfortably return home. When clothing is retained, give the patient a property receipt card. If stains on the clothing are still damp, allow to thoroughly air dry before sealing in a plastic bag.

j. Medical Report Form. Review the completed physician's report, ensuring all questions are answered and all blanks filled in. One copy of the report is given to the physician, one copy is forwarded to the investigative agency, and the original is retained in the case file. Machine copies of the report may be made to satisfy investigation report distribution requirements.

6. Custody Documents. Every tube, vial, envelope, bag, and sealed microscope slide holder should have a properly completed evidence tag attached. These items in turn should be properly listed in the evidence log book.

7. Shipment. Any evidence collected at the time of examination which requires the attention of a crime laboratory should be forwarded by the most expeditious means as soon after collection as possible. The specialized storage requirements mentioned for blood and acid phosphatase specimens apply only to the period of time between obtaining them from the victim and shipment to the laboratory. They need no special attention for mailing by registered mail or rush delivery other than proper packing.

8. Checklist. The following list of questions for the patient to answer during the initial interview is aimed primarily at medico-legal aspects of the investigation. If the physician completes the appropriate portion of the investigation properly, your information and the physician's should not be redundant but mutually supportive. Review the physician's report form History section to familiarize yourself with the type of data to be obtained.

INTERVIEW CHECKLIST

a. Did you know the assailant?

b. Did you voluntarily accompany the assailant to the scene of the offense?

c. Where and when did the attack occur?

d. Did the assailant threaten you with physical violence?

e. Did the assailant use restraints?

f. Did the assailant steal anything?

g. Did the assailant say anything before, during, or after the attack?

h. What did the assailant do after the attack?

i. Was there more than one person involved?

TRAINING OUTLINE FOR HEALTH CARE PROVIDERS

1. Sexual Assault

   a. Definition.

   b. Statuatory rape definition.

   c. Legal implications.

   d. General information about rape (enclosure (6)).

2. Sexual Assault Investigation Kit

   a. Location of kit.

   b. Contents.

      (1) Consent procedures and forms.

      (2) Procedure outlines.

      (3) Medical record forms.

      (4) Chain of custody forms.

      (5) Containers and labels.

3. Care of the Sexual Assault Patient

   a. Emergency Room Personnel

      (1) Treat critical injuries and conditions.

      (2) Provide patient care attendant.

      (3) Call in sexual assault team personnel.

   b. Gynecologist or Surgeon and Medical Team. History and physical examination must be done with:

      (1) Consent.

      (2) Meticulous labeling of evidence.

      (3) Preservation of chain of custody.

   c. Other Care Providers

      (1) Other medical specialists factors

         (a) Sex.

(b) Age.

(c) Extent of injuries.

(2) Psychology and Psychiatry

(a) Mental status examination.

(b) Suicidal/homicidal tendencies.

(c) Post traumatic stress disorder.

(3) Social Work

(a) Liaison with patient and MTF as needed.

(b) Coordinate long term care.

(c) Act as advocate if needed.

(4) Duty Pathologist

(a) Preserve chain of custody.

(b) Execute tests as required.

d. Naval Security and Investigative Command

(1) Notify in any case of rape or sexual assault.

(2) Involve if assault occurred on base.

(3) Involve if patient is active duty member.

e. Command Notification

(1) Provides assistance for member assaulted.

(2) Provides tracking mechanism for violent member.

4. Medical Portion of Examination

a. General Medical History

(1) Major illnesses, allergies, injuries.

(2) Gynecological history.

(a) Last menstrual period.

(b) Use of contraceptives.

(c) History of gynecological problems.

b. History of the Assault Incident

(1) Detailed history of the event, taken by physician.

(a) Use patient's own words.

(b) Questions should be nonjudgmental, not leading.

(2) Include in discussion:

(a) Date, time, and location of incident.

(b) Description of any threats or weapons.

(c) Physical contact, restraints, violence, and any resistance put up by the patient.

(d) Description of any sexual acts attempted or completed.

(e) Description of any activity of the patient since the assault which would alter the physical evidence, e.g., bathing.

c. Physical Examination - General

(1) Emotional state - Can or will the patient harm him or herself?

(2) Check entire body for signs of trauma, record location, describe appearance and size.

(3) Call in photographer if any signs are evident.

d. Pelvic and Rectal Examination and Collection of Laboratory Specimens

(1) Sample must be taken from all violated orifices.

(a) Wet mount for motile sperm.

(b) Obtain pap smears for sperm detection - check immediately.

(c) Culture for N. gonorrhea.

(d) Get slide test for chlamydia.

(e) Get blood group antigens on filter paper.

(2) Serum tests.

(a) Syphilis.

(b) HIV.

(c) Beta subunit HCG.

e. Treatment of the Patient

(1) Treat all injuries.

(2) Prophylactic treatment needed for sexually transmitted diseases.

(a) Gonorrhea.

(b) Chlamydia.

(c) Syphilis.

(d) Discussion of treatment options.

(e) Discussion of HIV infection possibility must be assessed and test scheduled.

(3) Coital contraception options explored.

(a) Theoretical risk of pregnancy.

(b) Side effects of post coital estrogens.

(c) Risk of pregnancy with postcoital estrogens and possible need for therapeutic abortion.

(d) Role of Beta subunit HCG.

(e) Options for treatment.
- premarin
- DES

(f) Use of compazine.

(4) If patient becomes pregnant, options.

f. Followup Issues

(1) Counseling services.

(2) Pregnancy evaluation.

(3) Treatment of sexually transmitted diseases.

(4) Help the patient feel "safe."

(5) Make sure patient has someone to accompany him or her to a safe place.

5. Legal Portion of the Examination

a. Legal Jurisdiction

(1) Importance of geographic location.

(2) Actions if patient wants to press charges.

(3) Actions if patient does not want to press charges.

(4) Actions if patient is a minor.

(5) Exception to the requirement for express written consent - see paragraph 3(c) of basic instruction for details.

b. Collection of the Evidence

(1) Clothing.

(2) Foreign matter.

(3) Fingernail clippings and scrapings.

(4) Pubic hair combings.

(5) Acid phosphatase use.

GENERAL INFORMATION ABOUT RAPE

1. Motivation. Rape is not motivated by sexual desire but rather by anger, hostility, fear of one's own sexuality, and sexual history. Rape is often exacerbated by substance abuse.

2. The rapist may:

a. Have a compulsion to rape.

b. Experience sexual dysfunction in another relationship.

c. Need to snore up self-esteem by overpowering someone else.

3. Motivational Intent of a Rapist

a. Anger Rape. Use of more force than necessary to overpower victims. Although unpremeditated, the rape is often an expression of revenge and retaliation for what the offender perceived to be rejection and hurt inflicted on him by women or men in his life.

b. Power Rape. Premeditated, planned assault.

(1) Typically threatens or intimidates the victim rather than physically brutalizes.

(2) Sexuality clearly in the service of power and control; purpose being domination and conquest.

c. Multidimentional act which:

(1) Expresses anger and asserts control.

(2) Serves to compensate for feelings of helplessness.

(3) Reassures the offender of his sexual adequacy.

(4) Defends against homosexual impulses.

(5) Denies fear of women.

(6) Retains status among other pathological peers.

(7) Achieves sexual gratification.

4. Rape Trauma Syndrome. Type of acute traumatic stress syndrome.

a. Acute Phase: Disorganization.

(1) Impact reactions - how they immediately respond.

(a) Expressed style.

(b) Controlled style.

(2) Somatic reactions

(a) Physical trauma.

(b) Skeletal muscle tension.

(c) Gastrointestinal irritability.

(d) Genitourinary disturbance.

(3) Emotional reaction

(a) Fear.

(b) Anger.

(c) Guilt.

(d) Revenge.

b. Long-Term Process Phase. Reorganization.

(1) Motor activity.

(a) Changing address, telephone, job.

(b) Taking self-defense courses, e.g., karate, small arms.

(2) Nightmares and flashback phenomenon.

(3) Traumatophobia: phobias may develop as a defensive reaction to the rape.

(a) Fear of indoors.

(b) Fear of outdoors.

(c) Fear of being alone.

(d) Fear of crowds.

(e) Fear of people behind them.

(f) Sexual fears.

(4) Post Traumatic Stress Disorder.

(a) Recognition of syndrome.

(b) Seek therapy to dispell trauma's legacy.

c. Management. Importance of crisis counseling.

(1) Critical to reasonable rapid recovery.

(2) Support for seeking therapy very crucial.

5. Recommended Reading

a. "Against Our Will," Susan Brownmiller, Bantam Books, Simon and Schuster, NY 1975.

b. "Dimensions of Recovery from Rape: Focus on growth outcomes," M. R. Burt and B.L. Katz, Journal of Interpersonal Violence, 2, 57-82, 1987.

c. "Men Who Rape," A. Nicholas Groth, Plenum, NY 1980

d. "Rape and Women's Identity," William B. Sanders, Sage Publication, Vol 106, Sage Library of Social Research, Beverly Hills 1974.

e. "Treatment for Rape-Related Problems: Crisis Intervention Is Not Enough," D. G. Kilpatrick and L.J. Veronen. In CRISIS INTERVENTION, (pp.165-185), L.H. Cohen, W. Clairborn, and G. Specter (Eds.), Human Sciences Press, NY 1983.