The Forensic Examination in Drug-Facilitated Sexual Assault

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History of Forensic Nursing

- First programs were established in mid-late 1970s to better address needs of rape victims for competent, empathic health care and high-quality, prompt, professional evidence collection and documentation of injuries
- In 1991, there were 20 known programs
- Currently are 100s, though still insufficient coverage

Forensic Exam

Dual purposes: patients' needs and justice system needs.

Patient advocacy is key professional responsibility of the nurse – differs from victim/survivor advocacy

Health Needs

- Assess health care needs: STI prophylaxis (per current CDC protocol) and pregnancy prophylaxis (up to 5 days – 120 hours), assess for HIV prophylaxis needs based on history of the assault.
- Referrals for counseling to local sexual assault agency or other knowledgeable mental health service
- Injury assessment and treatment as needed
- Referral for follow up health care as needed

Justice System Needs

- History of the assault to guide evidence collection and examination;
- Document exam findings;
- Properly collect, handle, and preserve evidence;
- Interpret/analyze findings, present findings, and provide factual and expert opinions (post-exam).
- Note: done on behalf of the patient, not the criminal justice system.

Patient Options

- Patients can choose
  - To be seen medically only
    - Appropriate medical care for injuries
    - Prophylaxis
    - Referrals for follow up
    - Often advocates are available
  - Forensic exam with evidence collection
    - With police notification
    - Without police notification (“blind/restricted/JaneDoe”) – limited evidence collected (required under VAWA and available in all states).
  - In all cases, care is trauma-informed

Exam

- Health care history
- Detailed history of the incident to guide health care assessment and evidence collection
- Collection of blood & urine if hx indicates possibility of DFSA
- Disrobing and collection of clothing
- Head to toe assessment of injuries with narrative and photographic documentation
- Assessment of strangulation injuries, if warranted

- Collection of specimens for DNA analysis from mouth, lips and other areas as indicated
- Collection of hair samples from head, pubic hair combing and pubic hair samples
- Collection of samples for DNA analysis from perianal region, rectum, external genitalia/thighs.
- Inspection of external genitalia and perianal area for injuries, including use of toluidine blue to enhance visualization.

- For women: inspection of hymen using visualization techniques (foley catheter or scopettes)
- Insertion of speculum for visualization of cervix/vaginal walls.
- Collection of specimens for DNA analysis from vagina/cervix

- Blood collected for DNA
- Blood and/or urine for forensic toxicology
- Clinical toxicology consult if warranted
- NOTE: analysis does not come back to the Medical Center – is sent to the police
- Toxicology performed at hospital labs is for medical reasons only, much less detailed than forensic analysis

- All evidence collection is performed according to the Commonwealth of Virginia protocols (PERK)
- Evidence is properly packaged and turned over to law enforcement or (rarely) mailed to the Consolidated Forensic Lab in Richmond
- Documentation of the exam procedures & finding (narrative and photographic) are part of the medical record and must be obtained from Health Information Services

Testimony

- Forensic nurses available for fact and expert testimony
- Unable to make conclusions about whether or not a crime was committed
- Able to place findings and behavior in context of scientific literature
- Can consult with attorneys about findings with appropriate releases (subpoena or signed release)

Psychosocial aspects of Sexual Assault

- PTSD after rape more frequent that PTSD after exposure to combat (Kessler et al., 2000)
- Many victims of sexual assault never disclose (among college women 5-12%, [NVCWS, 2000; Krebs, et al, 2008])
- Most frequent reason for not reporting is fear of hostile reaction from authorities and fear of social reprisal
- Latter is well-founded, particularly in cases where ETOH involved (Amar, Laughon, et al, 2012)

Limits of the Forensic Exam

- No 'magic'
  - No results available at the hospital, take weeks to months for results to come back (if ever)
- Rates of injuries range from 94% (Slaughter et al, 1997) to 32% (Anderson, McLain, & Riviello, 2006), most 40-60% (Sommers, et al., 2012)
- NOTE: in about half of cases, no injuries seen
- Lack of injury = indeterminate exam NOT 'negative'

Why Bother?

- Adds some information to the puzzle in many cases – cannot know before which ones will yield evidence
- Health care is important
- Often connection to advocacy/on-going support
- Cases with forensic exam more likely to report, more likely to have successful prosecution outcomes, higher victim satisfaction (Cambell et al., 2005)
- Must be individual choice

Questions?