

Colorado Sexual Assault Evidence Collection Protocol

Recommendations for healthcare clinicians responsible for conducting the medical forensic examination of pediatric, adolescent, and adult sexual assault victims on the identification, collection, and preservation of physical and biological evidence.

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For information or questions, please call the
Colorado SANE/SAFE Program at (719) 365-8333.

www.uchealth.org/sane-safe

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The Colorado Sexual Assault and Nurse Examiner Advisory Board

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Definitions

Acute Examination: A medical forensic sexual assault examination that occurs within 120 hours of the sexual assault in the pediatric, adolescent, and adult patient populations.

Adolescent/Adult Population: Biologically female patients who have reached the onset of menses or higher in sexual development, and biologically male patients who have reached Tanner Stage 3 of sexual maturity or higher.

Advocate (Community-based): Community advocates often work at a confidential rape crisis center or a dual domestic violence and rape crisis program. Many community-based advocacy programs offer medical forensic exam accompaniment, support groups, counseling, case management, legal advocacy, and therapy. These services are provided by professionals who understand sexual violence and victim dynamics, and can address the long-term needs of the victim with expertise. Community-based advocates can provide assistance and resources for all victims regardless of reporting option. C.R.S. § 13-90-107(k)(II) applies to community-based advocates, therefore this type of advocacy service is confidential. Advocacy services are typically offered at no cost to the victim. Unfortunately, every community does not have this type of program. To learn more about what is available in your area, please visit www.ccasa.org.

Advocate (Law Enforcement): System-based advocates are employed by a public agency such as a law enforcement agency, office of the prosecuting attorney, or some other entity within the city, county, state, or federal government. When a sexual assault is investigated by law enforcement, the victim should be assigned a victim advocate who is based within that investigatory office. This advocate can provide emotional support, assist the victim in applying for crime victim compensation, attend relevant hearings, and keep the victim informed about the status of the case. System-based advocates are not covered under C.R.S. § 13-90-107(k)(II). This means anything a victim says to or in front of a system-based advocate is not legally confidential.

Anonymous Report: The type of report a sexual assault victim makes while obtaining a medical forensic exam and choosing not to participate in the criminal justice system and not to provide any personal identifying information to law enforcement. Evidence and information are released to law enforcement, but without victim identifying information. An anonymous reporting victim consents only to evidence storage.

Assent: The expressed willingness to participate in an activity (e.g., exam procedures). For younger children who are by definition too young to give informed consent to care, but old enough to understand and agree to participate, the child's informed assent is sought.

Certification: The International Association of Forensic Nurses (IAFN) offers [board certification](#) for registered nurses in both Adult/Adolescent and Pediatric SANE practice. It is important to understand that practice as a SANE is the foundation upon which certification is built, so nurses should expect to practice for at least a year prior to sitting for board certification. Certification is not necessary to practice.

Informed Consent: Patients should understand the full nature of their consent to each component of the medical forensic exam. Patients should be able to weigh the risks and benefits of different treatment and evidence collection options. It is always important for examiners to assess patients' ability and legal capacity to provide informed consent. Clinicians should be aware of jurisdictional laws governing the ability of specific populations to provide consent (e.g., minors, individuals with cognitive disabilities, etc.).

Informed Consent (pediatric patient): Refers to explaining all aspects of the exam process to the prepubescent child and their parents/guardian (as applicable), in a manner they can fully understand. When working with children, keep in mind that the explanation must be developmentally appropriate. It is crucial that pediatric patients and their parents/guardians are aware of the options open to them and given sufficient information to enable them to make informed decisions about care during the exam process. Even if the child cannot legally give consent, they can still give informed assent.

Law Enforcement Report: The type of report a sexual assault victim makes who chooses to participate in the criminal justice system.

Medical Forensic Examination: A medical evaluation of the patient who has been sexually assaulted that includes a history, physical examination, injury identification, documentation, risk assessment, and treatment, as well as resources and referrals. This examination may occur with or without evidence collection.

Medical Report: The type of report a victim of sexual assault makes while obtaining a medical forensic exam and choosing not to participate in the criminal justice system, but does provide personal identifying information to law enforcement. Evidence and information are released to law enforcement with victim identifying information, though the patient does not have to communicate with law enforcement. A medical reporting victim can choose to have evidence stored or analyzed.

Multidisciplinary Team (MDT): Refers to a multi-agency response to sexual assault that seeks to foster coordination and communication among those agencies/facilities in a community. The team structure is a quality assurance mechanism, promoting regular meetings, case review, education, and activities to prevent vicarious trauma. Jurisdictions vary in the extent and formality of team coordination, as well as in team purposes, and may refer to these teams by a variety of names.

Non-Acute Examination: A medical forensic sexual assault examination that occurs more than five days (120 hours) after the assault in all patient populations (pediatric, adolescent, and adult patient populations).

Pediatric Population: Biologically female patients who have not yet reached the onset of menses and biologically male patients who have not yet reached Tanner Stage 3 of sexual maturation.

Sexual Assault Forensic Examiner (SAFE): A registered nurse, advanced practice provider, or physician who has been specially trained to provide comprehensive sexual assault care, including evidence collection and testimony, in keeping with IAFN SANE Education Guidelines (2018).

Sexual Assault Nurse Examiner (SANE): A registered nurse (including advanced practice nurses) who has been specially educated to provide comprehensive sexual assault care, including evidence collection and testimony, in keeping with IAFN SANE Education Guidelines (2018).

SANE/SAFE Program: Healthcare based programs staffed by trained SANEs/SAFEs that offer a trauma-informed approach to sexual assault care. Ideally, these programs have 24/7 coverage, but this is not required. SANE/SAFE programs may be based in a hospital, medical clinic, safe house, children's advocacy center, family justice center, or as a stand-alone clinic.

Victim/Witness Coordinator: If the case is filed, an advocate from the District Attorney's Victim/Witness Office (often called a Victim/Witness Coordinator) is typically assigned to the case. This person helps explain the legal process to the victim and provides support and assistance. They can answer questions, dispense information, assure that the victim's input is considered in the case, provide assistance during the trial, and act as the main point of contact between the victim and the prosecuting attorney. Victim/Witness Coordinators, as well as the other types of advocates, should all be able to help the victim and family understand if they may be eligible for Victim Compensation.

Overview

To maximize the continuity of care for patients who have experienced sexual assault, healthcare professionals, in concert with other members of the multidisciplinary team response to sexual assault in Colorado, have developed the following approach to assist Colorado's medical community in the care of these patients.

Purpose

Modeled after national best practices (US Department of Justice Office on Violence Against Women, 2013), the purpose of this protocol is to assist clinicians with the consistent and complete collection of the sexual assault evidence collection kit, which is one part of a comprehensive medical forensic response to sexual assault patients. While it is up to each patient to determine whether they want evidence collection completed, when it is done, it should meet the necessary standards for use in the investigation and any possible legal proceedings.

While the goal of this evidence collection protocol is to provide consistency in the process, clinicians must recognize that there will be occasions when certain specimens may not be collected, where the order of collection may differ from the kit's instructions, or where other deviations from this protocol prove unavoidable. Because patient care is individualized and evidence-based in nature, the procedures contained in this document may be altered to fulfill the scope of a particular patient's consent, care requirements, and concerns. Accommodation is appropriate and the clinical rationale should be well documented in the medical forensic record. Additionally, this evidence collection protocol may differ slightly from national documents, as it was developed specifically for Colorado laws, standards, and practices.

As with all other aspects of the medical forensic exam, the collection of evidence should occur in a manner that is trauma-informed and patient-centered, preserving patient autonomy and dignity throughout the process. It is equally important to understand there are significant acute and long-term health consequences associated with sexual assault, regardless of whether a patient requests evidence collection. Therefore, every patient should be offered an evaluation.

The protocol contained within this document is meant to be utilized by healthcare clinicians in Colorado who care for the patient who reports, or is suspected of having experienced a sexual assault.

Colorado's Sexual Assault and Related Laws

Colorado statutes prohibiting sexual assault are contained in the criminal code under §18-3-401-18-3-405.6, Sexual offenses against the person. Copies of the full statute may be found at [here](#).

Other Relevant Statutes

Other statutes regulating sexual activity or of interest relative to sexual assault or abuse include:

- C.R.S. §18-3-407.5 Forensic examination cost
- C.R.S. §18-3-404.7 Sexual assault emergency payment program
- C.R.S. §12-36-135 Injuries to be reported
- C.R.S. §19-3-304 Persons required to report child abuse
- C.R.S. §13-90-107 Who may not testify without consent
- C.R.S. §24-33.5-113 Forensic medical evidence in sexual assault cases
- C.R.S. §18-1-901(3)(p) Definition of serious bodily injury
- C.R.S. §13-22-103 Minors – consent for medical care
- C.R.S. §18-6.5-108 Mandatory reports of abuse and exploitation of at-risk elders
- C.R.S. §18-3-202 Concerning assault by strangulation
- C.R.S. §12-240-139 Injuries to be reported
- C.R.S. §13-90-107 Who may not testify without consent

Patient-Centered, Trauma Informed Care

Healthcare clinicians may be the first contact that a patient has after being sexually assaulted. As such, it is crucial that the response the patient receives be nonjudgmental, supportive, and informed to ensure that they do not experience further trauma. An appropriate response by the hospital and/or medical staff may positively affect the long-term recovery of victims (Baert et. al., 2021). Below are some suggestions for responding appropriately to the needs of sexual assault patients in a healthcare setting (New Hampshire Department of Justice Office of the Attorney General, 2018).

- Be aware that some patients may have had previous negative experiences with medical personnel, and may be wary of how they will be treated now.
- In order to prevent making incorrect assumptions, nothing about the patient's life or the nature of the assault should be assumed. This is especially true for assuming the sexual orientation or gender of either the patient or the suspect.
- Experiencing a sexual assault is, in many ways, the ultimate loss of control for patients. For this, and other reasons, it is imperative that the patient be informed about the medical process, and every effort should be made to give a sense of control back to the patient. Care should be taken to explain each step of the medical process, and the patient should be allowed to ask questions and make decisions about the care they are receiving. The clinician should respect patient choices.
- It is important to note that suspects can often be family members or caretaker/service providers, especially in child abuse and elderly/at risk adult abuse cases. There may also be times where the suspect presents as the "secondary victim" or "helping friend." Professionals need to be aware of this so that the patient does not experience re-victimization, or have their decisions unduly influenced by the unwanted presence of this individual. Always ask the patient (*without anyone else present*) who they would like to have in the exam room and be sure to respect their decision.
- Every effort should be made by the medical personnel to assist and facilitate communication with the patient. Patients may have difficulty communicating for a number of reasons including: shock from having experienced trauma, having been drugged, limited English proficiency, being hearing impaired, having a cognitive deficit or impairment or reduced mental capacity that makes it difficult to comprehend questions, or they may not possess the language and communication skills necessary to explain what has happened to them.

- Healthcare clinicians are expected to make every possible effort to clearly and effectively communicate at a level that is appropriate and commensurate with the patient's ability.
- Feelings of guilt and shame, and that the patient somehow 'caused' the assault are common victim responses. These feelings can be especially strong in cases where alcohol was involved, or when a male is the victim of an assault. Patients may feel ashamed that they were unable to protect themselves from the assault and/or confused if they experienced an involuntary physiological response to the assault. It is important that the patient be reassured that the assault was not their fault and whatever they did to survive the assault was the right thing to do.
- It is important to recognize that sexual assault affects everyone involved with the primary victim of the crime. Patients' family and friends are also, in many ways, secondary victims of the sexual assault and may experience feelings similar to those of the patient. It is important to recognize that this population may need assistance as well, and to help them access the resources available at the local crisis center. These secondary victims are usually able to better support and respond to the needs of the patient when they themselves are receiving information, support and services.
- Certain patients may be hesitant to receive care, out of fear they will get in trouble due to their conduct before or after the assault. This may be a particular concern for victims who fear deportation, victims who are active duty military or military cadets, as well as the adolescent population where underage drinking, drug consumption, or lying to their parents/caregivers may have occurred. It is important to reassure patients that any decision or choice they made does not mean they deserved to be sexually assaulted.
- In hospitals that provide SANE/SAFE services, the examiner should be notified as soon as the patient presents at the emergency department.
- Regardless of who will complete the medical forensic evaluation, all the available options should be reviewed with the patient by a healthcare clinician. Whenever possible, the patient's decision should be carried out by healthcare clinicians.

Because the healthcare clinician is responsible for evidence collection in the patient who has been sexually assaulted, it is critical they understand the impact sexual violence has on the patient. Sexual assault is a traumatic event, and as such, trauma-informed care must be the top priority of the clinician. In all cases, clinicians should minimize any traumatic aspects of the evaluation, provide support, resources, referrals and information, address any distress or safety concerns expressed by the patient, and discuss potential strategies for effective coping.

Crisis Center Advocacy

All patients should have access to a support person of their choosing during the examination. Ideally, this would be a community-based victim advocate offered in-person to the patient upon arrival. Having an advocate physically on site to introduce to the patient is more effective than offering an advocate verbally to a patient or giving the patient a hotline number (Lonsway, Jones-Lockwood, & Archambault, 2021).

This improves the likelihood of the patient understanding and accessing available services. Community-based crisis center advocates are specially educated to provide patients with free, confidential, non-judgmental, emotional support, information, and resources so that patients can make informed decisions about their care following a sexual assault. The role of the advocate at the hospital is to support the patient during the medical forensic exam and to help the patient understand the process and options that are available to them (US Department of Justice Office of Violence Against Women, 2013). Colorado Revised Statute §12-240-139(1)(b)(I)(A), §12-240-139(1)(b)(I)(B), §12-240-139(1)(b)(I)(C) and §13-90-107(1)(K)(II) states that the clinician must inform a victim presenting for a medical forensic exam of the nearest sexual assault victim's advocate, no matter the reporting status or option chosen by the victim.

Patients may choose to have another individual, such as a family member or friend in the exam room instead of an advocate, or in conjunction with an advocate. While the number of people in the room should be limited, it should not be at the expense of the patient's comfort and well-being. Therefore, during the exam, the people in the room with the patient may include the examining clinician(s), the patient's chosen support person (either instead of or in addition to an advocate) and, if needed, a translator. Care should be taken to avoid allowing anyone in the exam room who may be the suspect (i.e. spouse, parent, etc.). It is best practice to avoid having law enforcement or law enforcement advocates present during the history taking and examination of the patient, as law enforcement advocates do not have the same level of privilege or confidentiality as community-based advocates.

It is important that the facility staff be familiar with their local crisis center and the services that they offer the medical facility. The [Colorado Coalition Against Sexual Assault \(CASA\)](#) offers a full listing of Colorado community-based advocacy services. To find an advocate via phone, call the National Sexual Assault Hotline at 1-800-656-HOPE (4673).

Patient Options for Evidence Collection and Reporting to Law Enforcement

In Colorado, healthcare clinicians caring for minors (patients under the age of 18 years of age) who are believed to have been sexually assaulted are required to report to law enforcement in the jurisdiction where the assault took place.

If the patient is an adult, clinicians must be aware of the various reporting options available to the patient. The healthcare clinician is not legally mandated to report to law enforcement; the patient is not obligated to participate in the criminal justice system, and can choose one of three reporting options: law enforcement report, medical report or anonymous report.

Law Enforcement Reporting with Evidence Collection

If the patient knows they wish to report the crime, is opting to have evidence collected, and law enforcement has not yet been contacted, the clinician should notify the law enforcement agency in the jurisdiction where the sexual assault occurred. When the responding officer arrives, the clinician should record the officer's name and associated case number in the patient's medical record.

Medical Reporting with Evidence Collection

Some patients who present for medical forensic treatment may, because of the trauma they have experienced or for other reasons, be undecided whether or not to report the crime to law enforcement.

The medical reporting option was developed in recognition of the dual importance of sensitivity to the needs of the patient and timely collection and preservation of physical evidence. The medical reporting option ensures that patients who are being treated after a sexual assault, and are undecided whether to report the assault, have the opportunity to preserve evidence that would otherwise be destroyed through normal activity. Although the patient is not participating in the investigation, they may choose to speak with law enforcement to obtain information. Patients who are selecting the medical reporting option can also choose to have their evidence analyzed, as well as decide later to convert their case to a full law enforcement report.

The examiner will notify law enforcement of the medical report, obtain an associated case/report number, and turn over the evidence kit, with patient identifying information, to the law enforcement agency. The evidence kit is stored for a minimum of two years at the law enforcement agency, maintaining chain of custody, from the date of the medical forensic examination.

Anonymous Reporting with Evidence Collection

The anonymous reporting option was developed with the knowledge that some sexual assault patients may want to have medical care and evidence collection, but remain anonymous to law enforcement at the time of receiving care. This option ensures that these patients have the opportunity to preserve evidence that would otherwise be destroyed through normal activity. Although the patient is not participating in the investigation, they may choose to speak anonymously with law enforcement to obtain information. Patients reporting anonymously cannot have their evidence analyzed unless they convert to a medical or law enforcement report and provide identifying and contact information, which they may choose to do later. Based on House Bill 15-128, anonymous kits (to include drug-facilitated sexual assault (DFSA) kits/samples) cannot be tested.

The examiner will notify law enforcement of the anonymous report, obtain an associated case/report number, and turn over the evidence kit, with a unique identifying number, to the law enforcement agency. The evidence kit is stored under the unique identifying

number for a minimum of two years at the law enforcement agency, maintaining chain of custody, from the date of the medical forensic examination.

If patients utilizing the medical or anonymous reporting options ultimately choose to convert their case to a law enforcement report, the patient will provide the case/report number received from the hospital or medical facility to law enforcement. This allows the evidence to be associated with the patient and an investigation to commence.

It is essential to recognize that any victim of crime has the right to report the crime at any time following the commission of that crime. Whether the crime can be prosecuted is a matter that will be determined by the criminal justice system, based on a variety of factors.

Timing Considerations

Typically, exams of patients who have been sexually assaulted fall into two categories: acute and non-acute. Acute exams occur within the evidence collection timeframe, while non-acute exams rarely involve evidentiary collection, but may require an immediate evaluation. The evidence collection kit may be collected up to 120 hours after an assault in the pediatric, adolescent, and adult patient populations. Because each patient is unique, evidence collection outside the defined timeframes may be considered on a case-by-case basis. Please note that this timeframe is solely related to evidence collection, not physical examination and treatment.

Patients may seek care weeks or even months following an assault with complaints, such as possible sexually transmitted infections (STIs) or pregnancy, and should be offered appropriate care whenever it is sought.

Because the criminal justice system is responsible for payment only when evidence is collected, please see the payment section (Appendix 3) information regarding appropriate billing practices.

Consent and Packaging Evidence

- Consent must be obtained in writing prior to exam or evidence collection.
- The evidence collection kit contains two consent forms; the collector will only use ONE of the forms (see Appendix 4).
- For patients who are reporting to law enforcement or choosing the medical reporting option, the clinician uses the Sexual Assault Consent and Information Form.
- The clinician should always wear powder-free gloves when collecting and packaging evidence.
- The clinician should always change gloves between specimen collections.
- Clothing and other evidence specimens must be sealed in paper or cardboard containers.
- All wet evidence should be dried prior to packaging whenever possible.
- In the event that the evidence is wet, the items may be first placed in paper bags then into plastic bags, provided that holes for ventilation are made in the plastic bag.
- All evidence should be sealed with evidence tape and signed, overlapping the tape and bag/container holding the evidence with the collector's initials.
- Urine samples obtained should be collected/placed in a patient-labeled specimen cup. The specimen cup should then be sealed with evidence tape and initialed, then double-bagged in biohazard bags. The chain of custody form should be placed in the outside sleeve of the of the second biohazard bag. Do not place any paperwork inside the biohazard bag, and do not seal the biohazard bag(s).
- Anonymous victims:
 - Use the Anonymous Report Consent and Information Form.
 - **Do not label the outside of the anonymous kit** with anything other than the case report number. **Do not include the consent form with patient information on the outside of the kit.**
 - All evidence bags should be labeled with the case report number only; **no identifying patient information.**
 - Urine samples obtained should be collected/placed in a specimen cup (**labeled only with the case report number, not identifying patient information**). The cup should be sealed and initialed with evidence tape, then double-bagged in

biohazard bags. The chain of custody form should be placed in the outside sleeve of the of the second biohazard bag labeled with the case report number only; **no identifying patient information**.

- All facility Occupational Health and Safety regulations should be followed per institutional policy.
- Envelopes containing evidence should never be sealed with the examiner's saliva. Self-adhesive envelopes or tape should be used.
- Paper bags should be sealed with tape, never staples.
- All evidence collected and sealed should be labeled with the date and time of collection, as well as with the collector's initials.

Considerations for the Unconscious Patient

Unconscious patients with concerns for sexual assault require individual consideration, as no two circumstances are the same. For this reason, it is recommended that institutions utilize guidelines rather than policies for this patient population. These guidelines should take into account, at a minimum, the following considerations:

- A patient's right to self-determination:
 - A patient has the right to decide what happens to their body and, as such, must be given adequate information to make an informed decision. This includes the patient's right to decline treatment (American Nurses Association [ANA], 2015).
- Trauma-informed care is a tenet of SANE practice. As a result, one of the main focuses of the medical forensic examination should be to avoid re-traumatization. This necessitates giving power and control back to the patient by enabling them to make decisions about what happens to their body (Ades et al., 2019).
- Evidence-based practice is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of the individual patient. It integrates research evidence, clinical expertise, and patient values into the patient care decision making process in an effort to improve health outcomes, service quality, patient safety and clinical effectiveness. The evidence, by itself, does not make a decision for clinicians, but it helps to support the patient care process. Full integration of these three components into clinical decisions enhances the opportunity for better clinical outcomes and improved quality of life (Sackett et. al., 1996).
- The primary purpose of the medical forensic examination is for the patient's medical care. Therefore, the clinician should consider if an internal examination is necessary in the absence of emergent concern for the patient's health, such as in the case of vaginal bleeding.

- While evidence collection can be a valuable part of the medical forensic examination, it is also something for which the patient should have informed consent. It is often possible to wait for evidence collection until the patient can give such informed consent.
- Clinicians should consider the role of the coroner's office and work with the multidisciplinary team (MDT) to determine the benefits and risks associated with collecting evidence prior to death, should the patient succumb to their injuries.
- In many cases, the presence or absence of DNA does not determine whether or not a sexual assault occurred.
- In cases where the clinician feels that DNA evidence must be collected in the absence of medical necessity for internal speculum examination, consider collecting external swabs, to include genitalia, and foregoing internal genitalia specimen collection. The evidence may be stored, maintaining the chain of custody, until the patient is able to make an informed decision.
- The timeframe for evidence collection may be extended at the clinician's judgement for special circumstances. This could include the inability of the patient to consent to the exam until a later date.
- In rare events, a power of attorney or medical proxy may be necessary to represent the patient. Include leadership, risk management, and legal services when discussing evidence collection from unconscious patients, while heavily weighing the above considerations. A single SANE or clinician should never be the sole decision maker, nor held solely accountable for decisions surrounding evidence collection in the unconscious patient.

Chain of Custody

While medical information and forensic evidence may be collected together, forensic evidence must be collected, preserved, and documented in a manner that ensures its admissibility at a later date as evidence in court. The custody of the evidence in the collection kit, as well as any clothing or other collected items, must be accounted for from the time it is initially collected until it is admitted into evidence at trial. This is accomplished by establishing a "chain of custody." Chain of custody chronologically documents each individual who handles a piece of evidence from the time it is collected. The unbroken chain of custody establishes the integrity of the evidence and any subsequent analysis of the evidence and is a prerequisite to admitting the evidence in court.

Sealing the kit with the evidence tape provided and initialing that seal, establishes that the medical forensic evidence has not been tampered with and ensures the integrity of the evidence. This also applies to any collected clothing or other items which are not sealed in the kit.

The chain of custody for a piece of evidence is established by documenting the name and date that the item is received and/or transferred to another individual, beginning at the date and time the evidence is initially collected. The evidence must also be labeled with the name of the unique patient information identifier, the clinician, and the source of the specimen. Additionally, the evidence must be kept in a manner that precludes tampering. This is accomplished by sealing the evidence kit with the evidence tape provided, initialing the seal, and keeping the evidence in a secure place. It is important to emphasize the documentation of the chain of custody includes the receipt, storage, and transfer of evidence.



Swab and Slide Collection Procedure

The purpose of making smears is to provide the forensic analyst with a nondestructive method of identifying semen, which is accomplished through the identification of the presence of spermatozoa. If no spermatozoa are present, the laboratory analyst may then proceed to use the swabs to identify the seminal plasma components to confirm the presence of semen.

If patients must use bathroom prior to the collection of these specimens, they should be cautioned that semen or other evidence may be present in their pubic, genital, and anal areas and to take special care not to wash or wipe away those fluids until after the evidence has been collected.

Two swabs should be used when collecting specimens to ensure evidentiary material is collected and concentrated onto the fewest number of swabs necessary for the collection area. Consequently, two swabs should be used when collecting specimens from the oral, anal, and vaginal cavities. When taking swabs, the examiner should take special care not to contaminate the individual collections with fluids or matter from other areas, such as vaginal to anal or penile to anal.

Depending upon the type of sexual assault, semen may be detected in the mouth, vagina, anal cavity or on the body surface. However, embarrassment, trauma, or a lack of understanding of the nature of the assault may cause a patient to be vague or mistaken about the type of sexual contact that actually occurred. For these reasons, and because there may also be leakage of semen from the vagina onto the anus, even without anal penetration, it is recommended that the female patient be encouraged to allow examination and collection of specimens from both the vagina and anus. In cases where a patient is certain that contact or penetration involved only one or two orifices (or in some circumstances, no orifices at all), it is important that the patient is able to decline these additional samples.

Each of the oral, vaginal, cervical, and anal collection envelopes contain the applicable slide to create the smear. When swabs are collected from each of these orifices, both swabs collected should be utilized to make the appropriate smear by placing the cotton end of the collected swab in the center of the slide and smearing the center of that slide with the collected specimen. Care should be taken that the correct side of the slide is used to make the smear. The correct side of the slide should be indicated by a label marked “oral” or “vaginal/penile” or “anal.” The smear should not be fixed or stained.



Correct side, textured



Incorrect side, smooth and shiny

Colorado Sexual Assault Consent and Information Form (see Appendix 4)

Fill out all requested information and have the patient (or parent/guardian when applicable) and witness (clinician) sign where indicated. This form should be used for the full law enforcement reporting and medical reporting options. This form should be completed in all instances, regardless of patient age, with the exception of the “withdrawal of consent for evidence analysis/release of results” section, which is not applicable to patients under the age of 18 or over the age of 69. The bottom of the form indicates where each duplicate copy should go. Do not copy and submit the rest of the patient’s medical record with the evidence kit.

Remember, consent is a process that continues throughout the exam. The patient has the right to withdraw consent when and if they choose. Pediatric patients may also withdraw assent, indicating to the clinician that they wish to stop the exam.

Colorado Sexual Assault Anonymous Report Consent and Information Form (see Appendix 4)

Fill out all requested information and have the patient and witness sign where indicated.

Anonymous reporting is only an option for patients 18-69 years old. Mandatory reporting laws prevent minors under 18 and adults 70 or older from anonymously reporting a sexual assault. This form should be completed for all anonymous reporting patients. The bottom of the form indicates where each duplicate copy should go. Do not give a copy of this form to law enforcement. Do not copy and submit the rest of the patient's medical record with the evidence kit.

Remember, consent is a process that continues throughout the exam. The patient has the right to withdraw consent when and if they choose.

Sexual Assault Incident Form (see Appendix 4)

This is the only information the crime lab will receive regarding the examination of the patient. Assault specific details and findings from the medical forensic examination must be documented on the form provided and included in the evidence kit in order to best inform the investigating officers and the laboratory analysts of the nature of the assault, as well as the possible location of evidentiary material. Distribute the duplicate copies of the form as indicated on the bottom once completed.

Collection Steps

STEP 1: CLOTHING

Clothing frequently contains the most important evidence in a case of sexual assault. The reasons for this are two-fold:

- Clothing provides a surface upon which traces of foreign matter may be found, such as the suspect's semen, saliva, blood, hairs, and fibers, as well as debris from the crime scene. While foreign matter can be washed off or worn off the body of the patient, the same substances often may be found intact on clothing for a considerable length of time following the assault.
- Damaged or torn clothing may be significant. It may be evidence of force and can also provide laboratory standards for comparing trace evidence from the clothing of the patient with trace evidence collected from the suspect and/or the crime scene.

The most common items of clothing collected from patients and submitted to crime laboratories for analysis are underwear, shirts, and pants. There are also instances when coats and even shoes must be collected. These items should only be taken if the patient wore them at the time of the assault and they likely contain evidence. A patient's wallet, cash and credit cards should not be taken. A patient's jewelry should not be taken. If the examiner believes material has been transferred from the suspect onto the patient's jewelry, the jewelry should be swabbed using sterile water/saline and two swabs, and packaged appropriately as part of the evidence collection kit.

In the process of criminal activity, different garments may have made contact with different surfaces and debris from both the crime scene and the suspect. Keeping garments separate from one another may permit the forensic scientist to reach certain pertinent conclusions regarding reconstruction of criminal actions. Therefore, each garment should be placed separately in its own paper bag to prevent cross-contamination of evidentiary material.

When the determination has been made that the patient's clothing contains possible evidence related to the assault, with patient consent, those items should be collected. The patient has the right to refuse to turn over any article of clothing. Underwear of female victims of sexual assault where penile-vaginal penetration has occurred should always be collected if the patient is seen within 120 hours of the examination, even if the patient has changed underwear since the assault. Should the patient decline to provide the clothing, a consideration should be made to swab or photograph potential evidence.

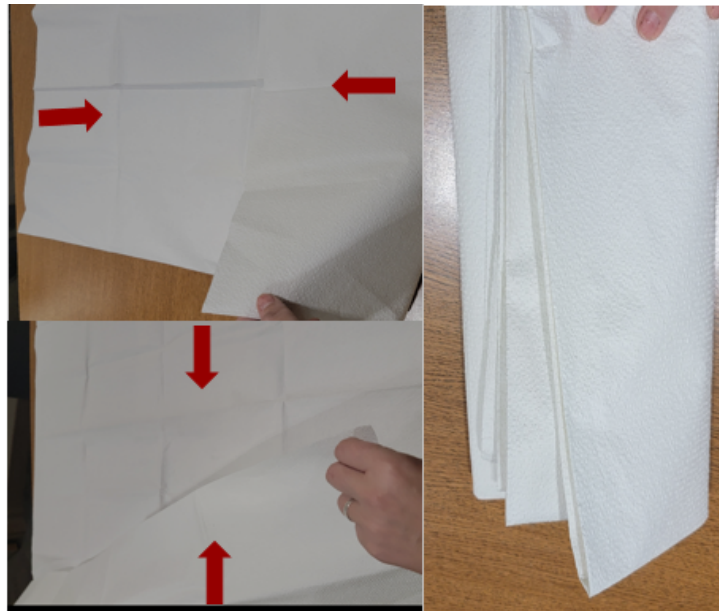
If it is determined that the patient is not wearing the same clothing, the examiner should inquire as to the location of the original clothing. This information should be given to the investigating officer (when applicable) so that they can make arrangements to retrieve the clothing before any potential evidence is destroyed.

It is important that the treating facility have access to clothing the patient can wear home if their clothing is collected for evidence. Disposable paper hospital clothing is not acceptable. If there is no clothing available, many retail stores will make donations, or local crisis centers may be of assistance. In most situations, clothing taken as evidence will not be returned to the patient. This should be discussed with the patient prior to collecting any clothing.

Clothing Collection Procedure

The clothing should be collected and packaged in accordance with the following procedures:

- Each facility should obtain large paper evidence bags from local law enforcement authority or evidence supply stores as these are not included in the evidence collection kits.
- Utilize the two paper drapes that come in the kit. Place the first drape down on the floor – this will later be discarded as it may pick up trace material from your facility floor. Place the second paper drape on top of the first drape and this is where your patient will stand and disrobe. If trace material falls off while disrobing, the top drape will collect the potential trace material. The drape the patient stands on should be collected whether you see visible material or not. To collect the drape, utilize a pharmacy fold and include it in the evidence collection kit. Discard the bottom drape.



- Appropriate articles of clothing (i.e. underpants, hosiery, slips, or bras) should be put into individual small paper bags. Whenever possible, any wet stains, should be allowed

to air dry before being placed into paper bags. It is preferable that each piece of clothing be folded inward, placing a piece of paper against any stain, so that the stains are not in contact with the bag or other parts of the clothing.

- If, after air drying as much as possible, moisture is still present on the clothing and might leak through the paper bag, the labeled and sealed clothing bags should be placed inside a larger plastic bag with the top of the plastic bag left open. In these instances, a label should be affixed to the outside of the plastic bag, which will alert law enforcement that wet evidence is present inside the plastic bag. This will enable law enforcement to remove the clothing and avoid loss of evidence due to putrefaction.
- It is important to remember that sanitary napkins, tampons, and infant diapers may also be valuable as evidence because they may contain semen or pubic hairs from the perpetrator. Items such as slacks, dresses, blouses, or shirts should be put into larger paper bags.

STEP 2: TRACE EVIDENCE

When caring for a patient who has been sexually assaulted there may be material or fibers that are found related to the assault. This is identified as trace evidence. These materials can help to corroborate circumstances and provide evidence beyond DNA. As with all steps, be sure to wear gloves in the collection of trace evidence, changing between samples.

Place any hairs, fibers, or other materials found on the patient or examination table, in the bindle provided. Fold bindle to contain the trace evidence and return bindle to envelope. Seal and fill out all information requested on envelope.

STEP 3: ORAL SWABS AND SLIDE

In situations where the patient was orally penetrated, the oral swabs and smear can be as important as the vaginal or anal samples. The purpose of this procedure is to recover seminal fluid from recesses in the oral cavity where traces of semen could survive.

Holding two swabs together, swab the oral cavity including the gum line and inside the cheeks. Attention should be paid to those areas of the mouth, such as between the upper and lower lip and gum, where semen might remain for the longest amount of time.

Prepare the oral smear by wiping the two swabs across the middle surface of the labeled glass slide. The smear should not be fixed or stained. Allow oral swabs and smear to air dry. Close and seal slide holder and return to kit. Return dried swabs to the oral swabs envelope. Seal and fill out all information requested on envelope.

Once oral swabs have been collected, have the patient rinse their mouth and wait 15 minutes before collecting buccal swab samples (step 11).

STEP 4: FOREIGN STAINS SWABS

Semen is the most common fluid deposited on the patient by the suspect. There are also other fluids, such as saliva, which can be analyzed by laboratories to aid in the identification of the perpetrator. It is important that the clinician ask the patient about any possible foreign material left behind and examine the patient's body for evidence of foreign matter.

If fluids, such as saliva, seminal fluid and dried blood, are observed on other parts of the patient's body during the examination, the material should be collected using a set of two swabs. A different set of swabs should be used for every fluid collected from each location on the body.

Oral contact with the patient's breasts or genitalia is common. It is important to ask the patient directly if and where the suspect put their mouth, or where the suspect ejaculated. If contact has been made, or the possibility that contact was made, specimens should be collected regardless of whether or not the patient has showered or bathed.

Dried fluids are collected by dampening (do not saturate) two swabs with sterile water/saline and swabbing the indicated area. After allowing the swabs to air dry, it should be returned to the envelope provided. In the event multiple sites require collection, the examiner should obtain additional swabs and envelopes from the facility supply and label accordingly. Seal and fill out all information requested on envelope and note the reason for collection.

STEP 4a: NECK SWABS

Strangulation is often a component of sexual assault. If the patient's history includes strangulation, or if strangulation is suspected, it may be appropriate to swab a patient's neck. Additionally, neck swabs should be considered if the patient suspects or reports any kissing, licking, or other type of contact of bodily fluid with the neck, as saliva may demonstrate the DNA profile of the individual from whom it originated.

To collect the evidence from the neck, dampen (do not saturate) two swabs with sterile water and swab the bilateral neck area. Do not swab the sides or portions of the neck individually. Allow the swabs to dry and place them in the envelope. Indicate the reason for collection on the envelope (i.e.: possible trace evidence from strangulation, saliva, or other).

STEP 4b: BREAST SWABS

In the event the patient discloses licking or kissing of the breasts, it may be appropriate to swab the breasts. This should also be considered in the instance of drug facilitated sexual assault (DFSA), or in other situations where details of the assault are unclear or unknown.

To collect the evidence from the breasts, dampen (do not saturate) two swabs with sterile water and swab the bilateral breast area. **Do not swab the breasts individually.** Allow the swabs to dry and place them in the envelope. Indicate the reason for collection on the envelope (i.e. possible trace evidence, saliva, or other).

Bite Mark Procedure

Bite marks may be found on patients as a result of sexual assault, and should not be overlooked as important evidence. Saliva, like semen, may demonstrate the DNA profile of the individual from whom it originated. Bite mark impressions can be compared with the teeth of a suspect and can sometimes become as important for identification purposes. The collection of saliva and the taking of a photograph of the affected area are the minimum procedures that should be followed in cases where a bite mark is present, or believed to be present. However, unless the clinician has specific training in forensic odontology, caution should be taken when diagnosing an injury as a bite mark without a specific history or patient statement. Documentation of the injury may include “possible bite mark,” “bite mark per patient history,” or a description in the patient’s own words.

The collection of saliva from the bite mark should be made prior to the cleansing or dressing of any wound. If the skin is broken, swabbing of the actual punctures should be avoided when collecting dried saliva.

It is important that photographs of bite marks be taken properly, utilizing an American Board of Forensic Odontology (ABFO) #2 standard. This standard can be purchased from several companies, one of which can be [found here](#).

Saliva is collected from the bite mark area by dampening (do not saturate) two sterile swabs with sterile water/saline and gently swabbing the affected area, following the same procedures as instructed for other dried fluids described in Step 4.

STEP 5: EXTERNAL GENITALIA SWABS

There exists the possibility that saliva or seminal fluid, as well as other forms of trace evidence may be found on the patient’s external genitalia. In this instance, the two cotton tipped swabs in the envelope should be moistened slightly with sterile water/saline and the entire pubic area should be swabbed, the swabs dried and packaged appropriately. Seal and fill out all information requested on envelope.

In the pediatric patient, external genital swabs should be collected instead of vaginal and cervical swabs.

STEP 6: PUBIC HAIR COMBINGS

Pubic hair can retain trace evidence from a sexual assault. For this reason, collection of pubic hair combings may be beneficial. If the patient does not have visible pubic hair, disregard this step.

Place the bindle under the patient’s pubic area/buttocks and run the provided comb through the pubic hair collecting any foreign material that falls out into the bindle. The comb and bindle should be packaged and sent even if there is not visible debris or material. Seal and fill out all information requested on envelope.

Where there is evidence of semen or other matted material on pubic hair, it may be collected in the same manner as other dried fluids. The swabs should be placed in a small paper envelope and labeled "possible fluid sample from pubic hair." Although this specimen may also be collected by cutting off the matted material, it is important to obtain the patient's permission before cutting any amount of hair.

STEP 7: ANAL SWABS AND SLIDE

After fully explaining the procedure to the patient, put the patient in either supine or prone knee-chest position, and apply gentle bilateral pressure with the examiner's hands to the patient's buttocks. Allow enough time for anal dilation to occur. Swab the anal cavity using the two swabs provided. To minimize patient discomfort, these swabs may be moistened slightly with sterile water/saline. Prepare the anal smear by wiping the two swabs across the middle surface of the labeled glass slide. The smear should not be fixed or stained. Allow all swabs and smear to air dry. Close and seal slide holder and return to kit. Dry and return swabs to envelope. Seal and fill out all information requested on envelope.

At this time, any additional examinations or tests (i.e., STI testing, cultures, anoscopy, etc.) involving the anus should be conducted.

STEP 8: VAGINAL SWABS AND SLIDE/PENILE SWABS

Vaginal Swabs

Vaginal swabs should only be obtained in the adolescent (pubertal) and adult population of biologically female patients. Pediatric patients have external genital swabbing only.

When collecting the vaginal specimens, it is important not to aspirate the vaginal orifice or to dilute the fluids in any way.

Utilizing a speculum in the patient who has reached the onset of menses, swab the vaginal vault using the two swabs provided. Prepare the vaginal smear by wiping the two swabs across the middle surface of the labeled glass slide. The smear should not be fixed or stained. Allow all swabs and smear to dry. Close and seal slide holder and return to kit. Dry and return swabs to envelope. Seal and fill out all information requested on envelope.

At this time, the remainder of the pelvic examination should be performed and any additional examinations or tests (i.e., STI culturing, etc.) should be conducted.

Collection of Tampons as Evidence

The sexual assault examiner may find that the patient has inserted a tampon in response to menstruation or bleeding post assault, or the patient may have a tampon in from the time of the assault. The tampon may have absorbed residual semen from the suspect. It will therefore be necessary to collect the tampon as evidence. Obtain a sterile urine specimen collection

container. Label the container with the name of the patient, date, time and examiner's initials. Punch three or four small (18-gauge needle) air holes through the cover of the container. Carefully remove the tampon from the patient's vaginal cavity, or ask the patient to remove the tampon, and place it in the urine specimen container. Place the cover back on the specimen container and place it into a paper bag. Label the bag with the name of the patient, date, time and examiner's initials. Seal the paper bag with tape and keep it separate from the evidence collection kit. Do not attempt to secure the tampon and packaging in the evidence collection kit. Refrigerate the specimen if transport to the laboratory is not immediate. Be sure to circle or highlight "refrigerate" on the front of the paper bag and notify law enforcement to ensure that the evidence will be properly preserved. Tampons are considered a routine part of the evidence collection process, and should be treated as such. Tampons do not require a separate chain of custody form, however documentation of the collection of tampons should occur in the patient's medical record, at a minimum.

Penile swabs

For the biologically male patient, both adult and child: the presence of saliva on the penis could indicate that oral-genital contact was made; the presence of vaginal fluids could help corroborate that the penis was introduced into a vaginal orifice; and feces or lubricants might be found if anal penetration occurred.

The proper method of swabbing the penis is to dampen (do not saturate) the two swabs provided, with sterile water/saline, and thoroughly swab the external surfaces of the penile shaft and glans. All outer areas of the penis and scrotum where contact is suspected should be swabbed. Allow all swabs to air dry. Place both swabs in the envelope, seal and return to kit. Care should be taken to avoid the urethral meatus as this could result in obtaining a DNA sample of the patient instead of the perpetrator.

Any other applicable testing (i.e., STI culturing, etc.) should be done at this time.

STEP 9: CERVICAL SWABS AND SLIDE

As with vaginal samples, cervical samples are only collected in patients who are past onset of menses. The cervix provides an excellent source for sperm and DNA collection. The cervix serves as a reservoir for sperm as the flow of cervical mucus creates strands that direct the sperm upward. Cervical swabs should be collected across the face of the cervix and in the cervical os.

This area is first visualized with a speculum. Then the area is swabbed by moving two dry swabs together across the face of the cervix and in the cervical os. Prepare the smear by wiping the two swabs across the middle surface of the labeled glass slide. The smear should not be fixed or stained. Allow all swabs and smear to air dry. Close and seal the slide holder and return to kit. Air dry and return swabs to envelope. Seal and fill out all information requested on envelope.

STEP 10: FINGERNAIL SWAB

Fingernail swabs are commonly collected on patients, especially when there was a physical altercation during an assault. They may contain skin cells of the suspect and are simple to collect. This is accomplished by dampening (do not saturate) one swab with sterile water/saline and then swabbing underneath underside of the fingernails from the right hand and subsequently swab in the same procedure with the left hand fingernails. The swab is then air-dried and placed in the envelope. Seal and fill out all information requested on the envelope. **Please note that only one swab is used on all fingernails for this collection, for a total of one swab.**

Note: Fingernail clippings may be collected if necessary in lieu of swab collection; please use sterile clippers and seal in envelop in folded bindle.

STEP 11: BUCCAL SWABS

In some instances of sexual assault, dried deposits of blood, semen, or saliva may be found at the crime scene or on the body or clothing of either the patient or suspect. The purpose of collecting DNA sample/buccal swabs is to determine the patient's DNA profile for comparison with such deposits.

Prior to collection of the buccal swabs, have the patient rinse their mouth and wait 15 minutes before collecting the samples.

Swab the inner aspects of both cheeks with both swabs until moistened. Allow both swabs to dry. Place swabs in the appropriate envelope. Seal and fill out all information requested on envelope.

Buccal swabs should be obtained from ALL patients who were acutely assaulted, including pediatric patients.

STEP 12: ADDITIONAL EVIDENCE

One additional envelope is included in the Colorado evidence kit. Use clinical discretion as to whether it is a needed evidence collection component or not. This will vary based on the patient, history, and circumstances of the assault. For example, it may be appropriate to swab a patient's abdomen when they say the suspect ejaculated on them. Other circumstances may exist where the additional envelope will be helpful and the clinician should use their best clinical judgment in determining appropriateness of inclusion.

Each additional sample should be packaged in its own separate envelope. Seal and fill out all information as requested on the additional envelope. When more envelopes are needed than are provided in the kit, facility envelopes or saved envelopes from other evidence collection kits may be used.

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Appendix 1

How to Order Evidence Collection Kits

The Colorado Bureau of Investigation (CBI) contracts with the SIRCHIE company to create and have available a kit based on the established Colorado Evidence Collection protocol. To order these specific kits call 1 (800) 356-7311.

Facilities may use any company they wish to order the kits, understanding that the recommendation would be to follow the protocol outlined here.

Appendix 2

Violence Against Women Act

The Violence Against Women Act (VAWA) was the first federal legislation acknowledging domestic violence and sexual assault as crimes, and has allocated federal resources to encourage a comprehensive, community based effort to combat violence against women (National Network to End Domestic Violence [NNEDV], n.d.). First enacted in 1994, it was most recently reauthorized in March, 2022. The Violence Against Women Reauthorization Act of 2022 focuses on providing survivors and community services that serve survivors with resources for housing, legal assistance, alternatives to criminal responses, and preventative programming (NNEDV, n.d.). It also increases access to survivors of all genders by enhancing non-discrimination laws and creating LGBTQ services (NNEDV, n.d.). The full VAWA Reauthorization Act of 2022 can be read [here](#).

Appendix 3

Payment for Exams

Authorization to Obtain a Medical Forensic Exam

Victims of sexual assault decide whether or not to have a medical forensic exam; law enforcement officers and prosecutors have no legal authority to authorize or deny these exams.

Law: *Forensic Medical Evidence¹ in Sexual Assault Cases*

A requirement that forensic evidence must be collected if a victim of an alleged sexual assault requests it to be collected [C.R.S. § 24-33.5-113(1)(b)(I)].

Law enforcement and medical personnel shall not, for any reason, discourage a victim of an alleged sexual assault from receiving a forensic medical examination [C.R.S. § 24-33.5-113(2)].

Rule: Colorado Department of Public Safety, Colorado Bureau of Investigation: Rules and Regulations Concerning Forensic Medical Evidence Collection in Connection with Sexual Assaults in the state of Colorado.

Consent: Forensic medical evidence must be collected if a victim of an alleged sexual assault requests the collection. Law enforcement and medical personnel shall not, for any reason, discourage a victim of an alleged sexual assault from receiving a forensic medical examination.

¹ "Medical forensic" evidence is written in Colorado law and Department Rules as "forensic medical" evidence. This document uses the more correct term medical forensic evidence unless the law or rule is directly quoted.

Payment for the Evidence Collection Portion of Medical Forensic Exams

Victims Choosing to Report

Victims who report the assault to law enforcement may choose to do this before, during, or after the medical forensic exam.

Whether a law enforcement agency chooses to investigate a case or not, they pay for the evidence collection portion of a medical forensic exam for victims who report.

Law: *Victim Evidence – Forensic Evidence*

A law enforcement agency with jurisdiction over a sexual assault must pay for any direct cost associated with the collection of forensic evidence from a victim who reports the assault to the law enforcement agency [C.R.S. § 18-3-407.5(1)].

A law enforcement agency, prosecuting officer, or other government official may not ask or require a victim of a sexual offense to participate in the criminal justice system process or cooperate with the law enforcement agency, prosecuting officer, or other government official as a condition of receiving a forensic medical examination that includes the collection of evidence [C.R.S. § 18-3-407.5(3)(a)].

Victims Choosing Medical and Anonymous Reporting

Victims choosing these options are victims who receive a medical forensic exam and who have chosen, at the time they leave the medical forensic exam program, to not participate in the criminal justice system. Victims choosing the anonymous option are also choosing to not reveal any identifying information to law enforcement.

The Division of Criminal Justice (DCJ) pays for the evidence collection portion of an exam for victims who choose the medical and anonymous reporting options.

Law: *Victim Evidence – Forensic Evidence*

A victim of a sexual offense shall not bear the cost of a forensic medical examination that includes the collection of evidence that is used for the purpose of evidence collection even if the victim does not want to participate in the criminal justice system or otherwise cooperate with the law enforcement agency, prosecuting officer, or other government official. The division of criminal justice in the department of public safety shall pay the cost of the examination [C.R.S. § 18-3-407.5(3)(b)].

Payment for Costs Associated with Obtaining Medical Forensic Exams and/or Medical Costs Related to the Sexual Assault

Victim Compensation Program (C.R.S. §24-4.1-101)

Colorado victim's compensation is available to victims of sexual assault who have reported the assault to law enforcement and are cooperating with the investigation. Victims may be eligible to receive up to \$20,000 for certain out-of-pocket expenses not covered by insurance or other collateral resources, or up to \$1,000 in emergency funds directly related to the crime. Colorado's Victim Compensation system is decentralized, meaning crime victim compensation programs exist in each of the state's 22 judicial districts. The judicial district where the crime occurred is responsible for accepting and reviewing victim compensation applications so applications must be submitted in the district where the crime occurred. To obtain contact information for local Victim Compensation Administrators, please refer to the DCJ's website [here](#).

Sexual Assault Victim Emergency (SAVE) Payment Program (C.R.S. §18-3-407.7)

Victims initially choosing to not report the assault to law enforcement at the time of receiving medical care (medical or anonymous), can receive some financial assistance from the Colorado Sexual Assault Victim Emergency (SAVE) payment program, which was established in 2013. The SAVE program pays routine medical costs associated with obtaining a medical forensic exam and can also pay, when funds are available, some medical expenses directly related to injuries sustained during a sexual assault. The SAVE program has a per person cap which is established annually and typically ranges from \$3,000 to \$4,000 per person. The DCJ is the designated administrator of the SAVE program. For additional information about this program, contact the DCJ at 303-239-5719.

Appendix 4

Evidence Collection Kit Forms

The following pages show examples of the forms that should be contained in and are used in conjunction with the Colorado evidence collection kit.

There are three forms included in every kit:

- Sexual Assault Incident Form
- Colorado Sexual Assault Consent and Information Form; and
- Colorado Sexual Assault ANONYMOUS REPORTING Consent and Information Form.

The Sexual Assault Incident Form is always filled out and included in the completed kit.

Only one of the two consent forms is filled out for each kit that is opened. The reporting decision of the patient determines which form is completed.

If an adult patient chooses to not have evidence collected, no report of the sexual assault is required and no consent forms, other than routine hospital consent forms, need to be completed.

Sexual Assault Incident Form

SEXUAL ASSAULT INCIDENT FORM

(COMPLETED FORM MUST BE PLACED IN THE SEXUAL ASSAULT KIT)

Date of Collection/Examination: _____ Time: _____ am/pm

Date of Assault: _____ Time: _____ am/pm

Patient's Name: _____ Law Enforcement and Case Number: _____

Patient's Hospital Number: _____

Date of Last Consensual Intercourse: _____ Condom Used at that Time: Yes ☐ No ☐

Biological Sex of Consensual Partner: _____ Male _____ Female

Patient Menstruating at Time of Exam: Yes ☐ No ☐ N/A ☐DFSA Suspicion: Yes ☐ No ☐ - Blood Collected ☐ - Urine Collected ☐

Number of Assailants: _____ Biological Sex of Assailant(s): _____ Male _____ Female _____ Unknown

Type of Assault:

☐ Vaginal

☐ Anal

☐ Oral _____ cunnilingus _____ fellatio

☐ Unknown

☐ Other _____

Type of Penetration:

☐ Penile

☐ Digital

☐ Unknown

☐ Other _____

Did Suspect Ejaculate:

☐ Yes; Location: _____

☐ No

☐ Unknown

Was Condom Used:

☐ Yes

☐ No

☐ Unknown

After Assault, Did Patient:

☐ Douche

☐ Brush Teeth

☐ Defecate

☐ Shower or Bathe

☐ Change Clothes

☐ None of These

Trauma: ☐ Not Present ☐ Present; Describe: _____

Location of Examination (Name of Facility): _____

Examiner: _____

Print Name and Credential

Signature

White Copy – Enclose with Kit

Yellow Copy – Law Enforcement Agency

Pink Copy – Medical Records

COL100A:SAIF.2 2/20

Colorado Sexual Assault Consent and Information Form for Law Enforcement and Medical Reporting Options

COLORADO SEXUAL ASSAULT CONSENT and INFORMATION FORM (see C.R.S. 12-240-139)

► You have the right to have this form explained and all of your questions answered. Please initial and sign where appropriate. You will receive a copy of this form after it is completed.



Law Enforcement Agency:	Case #:
Officer Name:	Phone #:

Medical Forensic Exam Consent

► _____	I consent to a medical forensic exam. I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample.
---------	---

Reporting Decision Consent

(Select One Option Only: **A OR B**)

Option A (Law Enforcement Option) Initial below		Option B (Medical Reporting Option) Initial below	
► _____	I am choosing to make a report to law enforcement. I give permission for evidence collected during my sexual assault exam to be provided to law enforcement for use in investigation(s) and potential prosecution(s). I understand the investigating law enforcement agency will be given my name and contact information.	► _____	At this time, I am choosing the medical reporting option. Therefore, I am choosing not to participate in a law enforcement investigation. I understand law enforcement will be given my name and I also understand that I can change my mind and later choose to have law enforcement conduct an investigation. (For ages 18-69 only)

Evidence Kit Consent

(Select One Option Only: **1 OR 2**)

Option 1 (Evidence Kit testing) Initial below		Option 2 (Evidence Kit storage) Initial below	
► _____	I am also consenting for law enforcement to send the collected evidence to a forensic lab for analysis. I understand law enforcement may submit the evidence to a lab no later than 21 days after receiving it, per Colorado law. I understand the evidence will be analyzed and law enforcement will receive the forensic results for the purposes of investigation(s) and potential prosecution(s) OR to maintain a record of the results.	► _____	I DO NOT consent to have my evidence tested by a forensic lab. I understand that the evidence will only be stored at a law enforcement agency. I understand I can change my mind, make a report to law enforcement and have the evidence analyzed at a forensic lab. However, I understand law enforcement is only required to hold the evidence for a minimum of 2 years. (For ages 18-69 only)

Withdrawal of Consent for Evidence Analysis/ Provision of Forensic Results to Law Enforcement

► _____	I understand I may withdraw my consent for evidence analysis/provision of forensic results to law enforcement by contacting the law enforcement agency listed on this form. I understand the withdrawal of consent becomes effective when law enforcement verifies my identity but will not apply to any actions already taken. I understand that once analysis has begun, consent cannot be withdrawn. (For ages 18-69 only)
---------	--

Printed Patient Name

Patient Signature

Date

Printed Witness Name/Title

Witness Signature

Date

White Copy – Enclose in Kit | Yellow Copy – Law Enforcement (outside kit) | Pink Copy – Medical Records | Gold Copy – Patient

Do NOT fill this consent form out if the patient chooses to make an anonymous report.

The Colorado Sexual Assault Consent and Information Form should only be filled out for patients who choose to make a law enforcement or medical report (see page 3 for definitions).

Basic Information

Fill in the law enforcement information, including law enforcement agency, officer name, case number and agency phone number.

Four Sections

- Only the patients' initials are entered in the sections of this form.
- DO NOT put any other marks, such as an "X" or "N/A," in these sections.

1. Medical Forensic Exam

The patient or consenting party must initial this section if they consenting to a medical forensic exam. Initials here indicate the patient or consenting party consents to the exam and understands they can stop the exam at any time and decline any portion of the exam or collection of any sample.

2. Reporting Decision

The patient or consenting party initials one of the two choices.

Initials next to the "I am choosing to make a report to law enforcement" paragraph indicate the patient is opting for a law enforcement report. This means the patient consents to evidence collection and to have the evidence and contact information, released to law enforcement. This choice also means the patient is willing to participate in a law enforcement investigation, if one occurs.

Initials next to the "I am choosing NOT TO REPORT TO LAW ENFORCEMENT OR PARTICIPATE" paragraph indicate the patient is opting for a medical report. This means the patient consents to evidence collection, and to have that evidence and their name and contact information released to the appropriate law enforcement agency; however, the patient is also declining, at that time, to participate in an investigation.

3. Evidence Analysis/Release of Results

The patient or consenting party initials one of the two choices.

Initials next to the "I consent for law enforcement to release the collected evidence to a forensic lab for analysis" paragraph means the patient consents to analysis of evidence and understands law enforcement will receive the results of any testing performed.

Initials next to the “I consent only to the collection and storage of evidence” paragraph mean the patient consents only to the storage of evidence. The evidence will not be submitted for analysis.

4. Withdrawal of Consent for Evidence Analysis/Release of Results

This section applies only to patients 18 to 69 years of age. Mandatory reporting laws prevent minors from withdrawing consent for testing.

- This section left blank with minor patients and patients 70 years old and older.

The patient or consenting party must initial this section indicating they understand they may contact law enforcement to withdraw consent regarding evidence analysis and release of results. It does not mean they are withdrawing consent at the time of the exam. It further indicates they understand it does not apply to actions already taken and once analysis has begun, consent cannot be withdrawn.

Signatures

After all sections have been initialed (with the exception for minors noted above) the patient or consenting party and the healthcare clinician print and sign their names and date the form.

Labeling of Evidence

All individual evidence collection envelopes should be labeled with, at a minimum, the patient’s name and date and time of the evidence collection. The evidence collection kit should also be labeled with the patient’s name, as well as the other information indicated.

Evidence Submission

The kit, with the information on the front filled out, is given to law enforcement.

Colorado Sexual Assault Anonymous Reporting Consent and Information Form

ANONYMOUS Reporting Patients Only



COLORADO SEXUAL ASSAULT ANONYMOUS CONSENT and INFORMATION FORM

(see C.R.S. 12-240-139)

Anonymous reporting is **ONLY** an option for patients who are 18 to 69 years old, and **NOT** intellectually or developmentally disabled. Mandatory reporting laws prevent minors under 18 and adults 70 years and older from anonymously reporting a sexual assault.

- **You have the right to have this form explained and all of your questions answered. Please initial and sign where appropriate. You will receive a copy of this form after it is completed.**

Law Enforcement Agency:	Case #: Unique identifier # (if different than LE case #):
Officer Name:	Phone #:

Medical Forensic Exam Consent

▶ _____	I consent to a medical forensic exam. I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample.
---------	--

Reporting Decision Consent (both must be initialed by patient)

▶ _____	At this time, I am choosing to make an anonymous report. I understand I will have evidence collected that will be stored anonymously at a law enforcement agency. I understand that law enforcement will not be given my name or other identifying information. I understand I can change my mind and later report to law enforcement by providing the unique identifying number given to me.
▶ _____	I understand that the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, make a report to law enforcement and have the evidence analyzed at a forensic lab, but must provide my name and contact information to law enforcement. However, I understand law enforcement is only required to hold the evidence for a minimum of 2 years.

Printed Patient Name _____	Patient Signature _____	Date _____
Printed Witness Name/Title _____	Witness Signature _____	Date _____

White Copy - Enclose with Kit

Pink Copy - Medical Records

Gold Copy - Patient

Do NOT fill out this consent form if the patient chooses to make a law enforcement or medical report.

The Colorado Sexual Assault ANONYMOUS REPORT Consent and Information Form should only be filled out for patients who are choosing to remain anonymous (see page 2 for definition).

Anonymous reports are only available to patients who are between the ages of 18 and 69 years. Mandatory reporting laws prevent minors – under 18 – and at-risk adults – 70 or older – from utilizing this option.

Basic Information

Fill in the law enforcement information, including law enforcement agency, officer name, case number and agency phone number.

Two Sections

- Only the patients' initials are entered in the sections of this form.
- DO NOT put any other marks, such as an "X" or "N/A," in these sections.

1. Medical Forensic Exam

The patient or consenting party must initial this section if they are consenting to a medical forensic exam. Initials here indicate the patient or consenting party consents to the exam and understands they can stop the exam at any time and decline any portion of the exam or collection of any sample.

2. Reporting Decision

Both paragraphs in this section should have the patient's or consenting party's initials next to them.

Initials next to the "I am choosing to have evidence collected and stored anonymously" paragraph mean the patient is choosing to make an anonymous report. This indicates the patient does not want law enforcement to receive any of their identifying information, including name and contact information. This also indicates the patient declines to participate in an investigation at this time.

Initials next to "I understand that evidence will not be submitted" paragraph, means the patient understands the evidence collected will be stored by law enforcement under the unique identifying number, but will not be submitted for analysis.

Signatures

After all sections have been initialed, the patient or consenting party, and the healthcare clinician, print and sign their names and date the form.

Labeling of Evidence

All individual evidence collection envelopes should be labeled with, at a minimum, the patient's name and date and time of the evidence collection.

When the evidence kit is turned over to law enforcement for storage, there should be no patient identifying information visible to law enforcement. How this is accomplished should be determined by working with your local agencies and/or through your SART. Two examples are provided here:

1. The outside of the evidence collection kit should be labeled with the unique identifying number, such as a case number (in lieu of the patient's name and contact information), as well as the other information indicated. All forms are sealed inside the kit. No patient identifying information should be on the outside of the kit.
2. The evidence collection kit should be labeled with the patient's name and contact information, as well as the other information indicated. All forms are sealed inside the kit. The evidence collection kit should then be placed in a brown paper bag. The brown paper bag should then be sealed and the unique identifying number written on the outside. No patient identifying information should be on the brown paper bag.

Consent forms or other victim identifying forms or information, should not be provided to law enforcement.

Evidence Submission

The Anonymous Reporting Consent and Information Form is not provided to law enforcement. It is sealed in the evidence collection kit. Only the unique identifying number is displayed on the outside of the evidence collection kit or bag holding the evidence collection kit. The kit is then given to law enforcement for storage.

Appendix 5

Health Insurance Portability and Accountability Act (HIPAA)

The HIPAA regulation is the first federal medical privacy law of its kind in United States' history. While many states have laws that protect patient privacy, the HIPAA regulation creates a federal floor for privacy protections to ensure that minimum levels of protection are in place in all states.

In the most general sense, the regulation **prohibits** use and disclosure of protected health information unless expressly permitted or required by the regulation. The regulation **requires** disclosure (1) to the individual who is the subject of the information and (2) to Health and Human Services for enforcement purposes. The new regulation does not create mandatory reporting in a state where there was no previous mandatory reporting. But, by the same token, HIPAA regulations do not preempt the healthcare clinicians' obligation to report, that which is reportable under Colorado law (Sexual Assault Forensic Examiner Technical Assistance, n.d.).

Appendix 6

21st Century Cures Act

The 21st Century Cures Act (Cures) is a bipartisan health care innovation law enacted by Congress in 2016 that includes provisions to promote the free flow of health information. Beginning April 5, 2021, a patient must be given immediate access to their health information in their electronic health records (EHR) without charge. Individual clinicians or healthcare organizations are prohibited from blocking or delaying a patient's access to any eligible information entered and stored in the EHR, also referred to as "information blocking". Identified in the 21st Century Cures Act, are reasonable and necessary activities that do not constitute information blocking; these are known as exceptions. For most all EHR requests, the release of information must be granted unless an exception can identified and used (American Medical Association, n.d.). For further guidance and implementation and compliance with the 21st Century Cures Act consult facility resources.

Appendix 7

Photography

Photographs are an important adjunct to the narrative information contained in the medical forensic exam. Photographs serve to visually document the actual physical appearance of an injury to preserve it for additional analysis (i.e., laceration) and/or for presentation as evidence. For photographs to be admissible in court, they must first be authenticated. Someone who personally observed the patient's injuries must be able to testify that the photograph fairly and accurately depicts the actual appearance of the injury at the time the photograph was taken.

Photographs should be taken with the written consent of the patient. Photographs should be taken in addition to, not in place of diagrams or written descriptions, and should be taken by the examiner. In addition, photographs taken in the context of the medical forensic examination become part of the medical record. Photographs should not be placed in the evidence kit. The existence of photographs should be noted in the medical record.

Blank anatomical diagrams should be used to show the location and size of all visible injuries and should also be accompanied by a detailed written description of the trauma, including measurements of the injuries.

Appendix 8

Informed Consent and Release for Evidence Collection and Forensic Photography

Patient Sticker

Informed Consent and Release for Evidence Collection and Forensic Photography

Evidence Collection

By signing this consent below, either as the person examined or the parent/guardian of the person examined, I hereby request and authorize the staff of Memorial Hospital to conduct a medical/forensic examination, which will include the collection of evidence requiring crime lab analysis necessary for diagnosis and treatment, as well as possible investigation of the assault. I understand that I can stop this exam at any time and can decline any portion of the exam or the collection of any sample.

Person Examined

Date

Parent or Guardian

Date

Forensic Photography

By signing the consent below, either as the person examined or the parent/guardian of the person examined, I hereby request and authorize the staff of Memorial Hospital to utilize photography as a form of documentation of the exam related to the assault. This photography may include digital images and/or video from digital cameras and **colposcopes**, and may include images of body surfaces as well as genitalia. I authorize the taking and reproducing of these photographs conditioned upon their being viewed only by those persons officially involved in the investigation or legal proceedings which may be initiated as a result of the assault. Photographs may also be used for educational/training/quality assurance purposes. I understand that these images will only be released with a proper HIPAA-compliant authorization.

Person Examined

Date

Parent or Guardian

Date

Appendix 9

Drug or Alcohol Facilitated Sexual Assault

When to Suspect Alcohol or Drug Facilitated Sexual Assault

Toxicology screening should not be routinely completed for patients who have been sexual assaulted. The decision to obtain toxicology samples should be made based on clinical need and/or assault history. The following are indicators that an alcohol or drug facilitated sexual assault should be suspected:

- Patient reports a lapse in memory that leaves a period of time unaccounted for with or without consumption of alcohol or other drugs prescription, recreational or otherwise;
- Patient reports "waking up" in a location and not knowing how they got there.

Collection Procedure

If ingestion occurred in the last 24 hours

Collect both blood and urine with the patient's consent using the following guidelines:

- Collect a minimum of 20 mL blood in gray top (potassium oxylate and sodium fluoride) tubes through sterile venipuncture using only betadine or zephiran to clean the skin
- Alcohol should not be used to clean the skin prior to venipuncture
- Label and seal the specimen with appropriate information
- Seal in two biohazard bags
- Place in evidence bag, properly labeled, sealed and marked as BLOOD FOR REFRIGERATION, DO NOT FREEZE
- Collect a minimum of 90 mL of dirty urine in a urine specimen container from patient; first voided urine is preferable
- Label and seal the specimen with appropriate information

- Seal in two biohazard bags
- Place in evidence bag, properly labeled, sealed and marked as URINE FOR REFRIGERATION

If ingestion occurred 24-120 hours prior to treatment

Collect only urine with the patient's consent using the following guidelines:

- Collect a minimum of 90 mL of dirty urine in a urine specimen container from patient; first voided urine is preferable
- Label and seal the specimen with appropriate information
- Seal in two biohazard bags
- Place in evidence bag, properly labeled, sealed and marked as URINE FOR REFRIGERATION

Colorado Bureau of Investigation Request for Laboratory Examination for DFSA

COLORADO BUREAU OF INVESTIGATION

CBI LAB CASE # _____

TOXICOLOGY REQUEST FOR LABORATORY EXAMINATION

SEXUAL ASSAULT / DRUG FACILITATED CRIME

VICTIM _____
 First Middle Last M F DOB

REQUESTING AGENCY _____ AGENCY CASE# _____ AGENCY ITEM# _____

REQUESTING INVESTIGATOR _____ EMAIL _____ PHONE _____

Incident Date (MM/DD/YYYY) _____ Incident Time (24:00) _____

Blood and urine are the specimens of choice for toxicology in a suspected sexual assault/drug facilitated crime. Urine should be collected if less than 120 hours (5 days) have elapsed since the incident. Additionally, blood should be collected if less than 24 hours have elapsed since the incident. Specimens may be stored refrigerated until submitted.

☐ Blood Collection Date (MM/DD/YYYY) _____ Collection Time (24:00) _____

☐ Urine Collection Date (MM/DD/YYYY) _____ Collection Time (24:00) _____

Location of Specimen Collection: _____

 Signature of Collector Collector's Name (Please Print)

Detailed reason for the toxicology request, to include symptoms experienced by the victim:

Has the victim taken any drugs or substances?

☐ Ethanol ☐ Over-the counter ☐ Prescription ☐ Recreational

If yes, list name of drug(s) and last time taken:

Was a drug screen performed at the time of the exam? If so, what are the results?

Were any drugs administered by hospital staff or emergency personnel? If yes, list the name of the drug(s).

Form continues on next page.

Drug Facilitated Crime Screen - Laboratory Scope of Analysis

Alcohol: Volatiles analysis to include Ethanol, Acetone, Isopropanol, Methanol, Difluoroethane (DFE), and other volatiles (i.e. Sevoflurane).

Drugs: Drugs of Abuse Screen (14 panel), Prescription Drug Screen (Antihistamines, Antidepressants, Antipsychotics, Anti-seizure medications, Muscle relaxants, and many others), Drug Facilitated Crime Screen (7-Aminoflunitrazepam, Flunitrazepam, GHB, Ketamine, Suvorexant, Zaleplon, Zopiclone, and Zolpidem).

Drugs of Abuse Screen (14 panel):

Amphetamine:	Amphetamine and MDA
Barbiturates:	Amobarbital, Butabarbital, Butalbital, Pentobarbital, Phenobarbital, & Secobarbital
Benzodiazepines:	Alprazolam, Bromazepam, Chlordiazepoxide, Clonazepam, 7-Aminoclonazepam, Diazepam, Estazolam, Etizolam, Flurazepam, Lorazepam, Nitrazepam, Midazolam, Oxazepam, Phenazepam, Temazepam, Triazolam, and many other Designer Benzodiazepines
Buprenorphine:	Buprenorphine and Norbuprenorphine
Carisoprodol:	Carisoprodol & Meprobamate
Cocaine:	Cocaine, Cocaethylene, & Benzoylecgonine
Fentanyl:	Fentanyl, Norfentanyl, and many Fentanyl analogs
Marijuana:	delta-9 THC, THC metabolites (Carboxy-THC & Hydroxy-THC)
Methadone:	Methadone
Methamphetamine:	Methamphetamine & MDMA
Opiates:	Codeine, Morphine, Hydrocodone, Hydromorphone, & Heroin
Oxycodone:	Oxycodone & Oxymorphone
Tramadol:	Tramadol
Zolpidem:	Zolpidem

By submitting evidence for testing, you agree to our posted Notice to Customer that can be found at the CBI website.

Requesting Investigator Signature _____


Resource

<https://cbi.colorado.gov/sections/forensic-services/toxicology-services/toxicology-testing>

Appendix 10

Strangulation Assessment Tool

Date of Strangulation:		Time of Strangulation:	
Number of times strangled:			
History (in patient's own words):			
Strangulation Comments:			
Method/Manner of Strangulation:	<input type="checkbox"/> One hand <input type="checkbox"/> Chokehold <input type="checkbox"/> Approached from behind <input type="checkbox"/> Jewelry on patient's neck during strangulation <input type="checkbox"/> Ligature used (comment)	<input type="checkbox"/> Two hands <input type="checkbox"/> Approached from the front <input type="checkbox"/> Multiple strangulation attempts <input type="checkbox"/> Jewelry on suspect's hand/wrist <input type="checkbox"/> Other (comment)	
During strangulation, did the patient note any of the following?	<input type="checkbox"/> Loss on consciousness <input type="checkbox"/> Incontinence of stool <input type="checkbox"/> S/he feet were lifted off the ground	<input type="checkbox"/> Incontinence of urine <input type="checkbox"/> Bleeding (comment) <input type="checkbox"/> S/he was smothered in addition to strangled With what? _____	
Strangulation Pressure	0 1 2 3 4 5 6 7 8 9 10 On a scale of zero (0) meaning no pressure and ten (10) meaning the worst pressure you can imagine, how hard was the pressure applied by the suspect around your neck? (circle one that applies)		
Faces Score	0 2 4 6 8 10 Say to the patient: "These faces show how much something can hurt. This face [point to the left-most face] shows no pain. The faces show more and more pain [point to each from left to right] up to this one [point to the right-most face]-it shows very much pain. Point to the face that shows how much you hurt [right now]. Do not use words like 'happy' and 'sad'. This scale is intended to measure how the patient feels inside, not how their face looks.		

	 0 2 4 6 8 10			
Since the strangulation has the patient noted any of the following symptoms?	<input type="checkbox"/> Coughing <input type="checkbox"/> Dysphagia <input type="checkbox"/> Lightheadedness <input type="checkbox"/> Nose Pain <input type="checkbox"/> Sore Throat <input type="checkbox"/> Combativeness/irritability/restlessness <input type="checkbox"/> Loss of Memory (comment)	<input type="checkbox"/> Drooling <input type="checkbox"/> Odynophagia <input type="checkbox"/> Neck Pain <input type="checkbox"/> Nausea <input type="checkbox"/> Crepitus/subcutaneous emphysema <input type="checkbox"/> Voice changes (comment) <input type="checkbox"/> Bleeding (comment)	<input type="checkbox"/> Dyspnea <input type="checkbox"/> Headache <input type="checkbox"/> Neck Swelling <input type="checkbox"/> Vomiting <input type="checkbox"/> Uncontrolled shaking <input type="checkbox"/> Vision changes (comment) <input type="checkbox"/> Weakness/numbness of extremities (comment)	
Strangulation signs and symptoms comments:				
Physical Examination				
Glasgow Coma Scale (circle the appropriate score for each, complete the total at the bottom)				
Eye Opening		Score		
Spontaneous		4		
To speech		3		
To pain		2		
None		1		
Verbal Response		Score		
Oriented		5		
Confused		4		
Inappropriate		3		
Incomprehensible		2		
None		1		
Motor Response		Score		
Obeys Commands		6		

Localizes to pain	5		
Withdraws from pain	4		
Flexion to pain (decorticate)	3		
Extension to pain (decerebrate)	2		
None	1		
Total Score			
Respiratory Assessment	O2 Saturation: Time: ____ Level: ____ Time: ____ Level: ____	Lung Sounds:	
Cardiac Assessment	Heart Rate: Time: ____ Level: ____ Time: ____ Level: ____	Heart sounds:	Abnormal carotid pulse: <input type="checkbox"/> Yes (if yes, describe) _____ <input type="checkbox"/> No
Neurologic findings:	<input type="checkbox"/> Ptosis <input type="checkbox"/> Paralysis <input type="checkbox"/> Facial Droop <input type="checkbox"/> Loss of sensation <input type="checkbox"/> Unilateral weakness		
Petechiae	<input type="checkbox"/> Facial <input type="checkbox"/> Ears <input type="checkbox"/> Eyes <input type="checkbox"/> Conjunctival		
Other	<input type="checkbox"/> Tongue injury (see diagrams) <input type="checkbox"/> Oral cavity injuries (see diagrams) <input type="checkbox"/> Subconjunctival hemorrhage (see diagrams) <input type="checkbox"/> Absence of normal crepitus felt during manipulation of cricoid cartilage <input type="checkbox"/> Visible injury (described on diagrams below) <input type="checkbox"/> Digital photographs taken		
Patient Pregnancy Status	<input type="checkbox"/> Yes <input type="checkbox"/> No # of weeks ____	Fetal Heart Rate: _____ Pregnancy related symptoms during or since the strangulation: _____	
Cranial Nerve Assessment			
CN I: Olfactory	<input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits <u>Function:</u> Convey sense of smell. <u>Assessment:</u> Test each nostril with substances of known odors. Comments for Exceptions to Within Defined Limits:		

CN II: Optic	<input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits <u>Function:</u> Transmits visual information. <u>Assessment:</u> Test visual fields (outer, inner, right, left) of each eye. Comments for Exceptions to Within Defined Limits:
CN III: Oculomotor	<input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits <u>Function:</u> Coordinates eye movement. <u>Assessment:</u> Test the six cardinal positions of gaze. Comments for Exceptions to Within Defined Limits:
CN IV: Trochlear	<input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits <u>Function:</u> Coordinates eye movement. <u>Assessment:</u> Test the six cardinal positions of gaze. Comments for Exceptions to Within Defined Limits:
CN V: Trigeminal	<input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits <u>Function:</u> Provides sensation to the skin of the face and also controls the muscles of mastication. <u>Assessment:</u> Test sensation with a dull object in all areas of the face. Comments for Exceptions with Within Defined Limits:
CN VI: Abducens	<input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits <u>Function:</u> Coordinates eye movement. <u>Assessment:</u> Test the six cardinal positions of gaze. Comments for Exceptions to Within Defined Limits:
CN VII: Facial	<input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits <u>Function:</u> Coordinates facial movements and expression <u>Assessment:</u> Test facial symmetry with movement (smiling, raise eyebrows, etc.) Comments for Exceptions to Within Defined Limits:
CN VIII: Acoustic	<input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits <u>Function:</u> Coordinates hearing and balance. <u>Assessment:</u> Test hearing by rubbing fingers together by each ear. Assess balance in patient movements; note c/o dizziness. Comments for Exceptions to Within Defined Limits:
CN IX: Glossopharyngeal	<input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits <u>Function:</u> Provides sensory innervation to the oropharynx and back of the tongue. <u>Assessment:</u> Test gag reflex. Asses soft palate and uvula.

	<p>Comments for Exceptions to Within Defined Limits:</p>
CN X: Vagus	<p><input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits</p> <p><u>Function:</u> Assists in coordinating pharyngeal muscles; serves as the major supply nerve to the recurrent laryngeal nerve.</p> <p><u>Assessment:</u> Test ability to swallow. Listen for voice changes (note c/o voice changes, hoarseness).</p> <p>Comments for Exceptions to Within Defined Limits:</p>
CN XI: Spinal Accessory	<p><input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits</p> <p><u>Function:</u> Coordinates neck and shoulder movements.</p> <p><u>Assessment:</u> Test movements by shrugging shoulders and turn head against resistance.</p> <p>Comments for Exceptions to Within Defined Limits:</p>
CN XII: Hypoglossal	<p><input type="checkbox"/> Within Defined Limits <input type="checkbox"/> Exceptions to Within Defined Limits</p> <p><u>Function:</u> Coordinates movement of the tongue</p> <p><u>Assessment:</u> Test tongue symmetry</p> <p>Comments for Exceptions to Within Defined Limits:</p>

Diagrams

Right Eye:



Left Eye:





Appendix 11

Human Trafficking Identification

Human trafficking is a worldwide public health crisis and healthcare clinicians have the unique opportunity to identify, treat, and provide resources to those being trafficked. Research has demonstrated that up to 88% of trafficked persons interact with healthcare clinicians while still in a trafficking situation (Donahue, 2019). The use of trauma informed care by an educated clinician facilitates a safe environment for potential disclosure and treatment.

A common misconception is that human trafficking mainly occurs in other countries and involves foreign nationals or immigrants. Human trafficking is widespread in the United States including the state of Colorado. A person of any age, sex, ethnic background, or socio-economic status can become a victim of human trafficking.

Physical and emotional health consequences are prevalent after trauma and particularly in a person that has been trafficked. Recognition of some common patient complaints include sexually transmitted infection (STI) signs and symptoms, frequent urinary tract infections (UTIs), abdominal pain, injuries related to physical abuse, suicide attempts, alcohol and drug related concerns, and pregnancy.

The barriers to the identification and appropriate medical treatment include a lack of clinician awareness and education and a lack of self-identification as a victim. The following risk factors can make a person vulnerable to trafficking: runaways, violence in the home, prior child protection services involvement, and drug and alcohol abuse (National Human Trafficking Hotline n.d.).

Definitions of human trafficking are as follows (Laboratory to Combat Human Trafficking, [LCHT], 2020):

Sex trafficking is the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act, in which the commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age.

Labor trafficking is the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purposes of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Potential indicators of human trafficking include but not limited to (National Human Trafficking Resource Center, 2020):

- Someone else is speaking for the patient (male or female)
- That person will not leave the patient's bedside
- Patient is not aware of their location, the current date or time
- Patient exhibits fear, anxiety, post-traumatic stress disorder (PTSD), submission or tension
- Patient shows sign of physical/sexual abuse, medical neglect, or torture
- Patient is reluctant to explain their injuries
- Tattoos or markings of ownership – including those saying “King”, Queen” or of a crown

If the clinician notes any of the above, there are specific questions that may be asked (LCHT, 2020). It is extremely important that the patient be alone at this time. Asking these questions in front of a potential trafficker can place patients in danger.

- Has anyone ever lied to you about the type of work you would be doing?
- Have you ever been forced to do anything you didn't want to do/have you ever been forced to have sex?
- Can you leave or come and go from your job or situation?
- What are you working and conditions like? Where do you eat or sleep?
- Has physical abuse or threats from your employer mad you afraid to leave your job?
- Were you ever threatened with deportation or jail if you tried to leave your job?
- Are you concerned about the safety and wellbeing of anyone else in your life or has anyone ever threatened to hurt you or your family or call the police on you?
- When was the last time you saw your family?

Once the patient has been identified as a victim of trafficking:

- Consider safety first- is the trafficker present? Is your patient and staff members safe?
- Provide comprehensive trauma informed care
- Offer resources-advocacy, hotline assistance
- Notify law enforcement when applicable

Resources

<https://combathumantrafficking.org/>

<https://humantraffickinghotline.org/>

<https://polarisproject.org/>

https://combathumantrafficking.org/wp-content/uploads/2019/04/HumanTrafficking_MandatoryReporting-8.pdf