Sexual Assault

New Laws, Sexual Assault Evidence Collection Kits and Forms
Genesis - Sexual Assault Work Group
Legislative changes

Policy and Non-statutory changes
YEAR 1 LEGISLATION - Changes to SASETA Billing Provisions
410 ILCS 210, effective 1/1/16

- Expressly prohibits hospital, ambulance, emergency room physicians, labs and pharmacy from billing survivor for emergency room services and 90-day follow-up services

- Fines can be imposed for violations
Year 2 Legislation --
Sexual Assault Incident Procedure Act
725 ILCS 203

Law Enforcement must complete a written report when receive information about a sexual assault from victim or hospital, regardless of where crime occurred; cannot refuse to complete a report for any reason

Victim not required to talk to police, but can consent to hospital personnel doing so
Changes to SASETA
410 ILCS 70

Changes involving the medical forensic examination and the submission of evidence

- Consent to examination and evidence collection
- Consent to photographic evidence
Reporting options

- Patient chooses to provide information directly to law enforcement (healthcare provider can also speak with law enforcement)

- Patient consents to allow only health care providers to provide information to law enforcement

- Patient chooses not to report to law enforcement
  -- does not affect hospital’s duty to report to law enforcement under the Criminal Identification Act
Consent to Testing of Evidence

- Patient can consent prior to discharge

- Patient can choose not to consent to testing prior to discharge
  - adult patients have 5 years to sign a written consent to testing
  - minors have until their 23rd birthday to consent
Release of Evidence to Law Enforcement

- All evidence will be released to law enforcement.

- Within 4 hours of completion of examination, hospital must notify law enforcement agency having jurisdiction (agency where the sexual assault occurred) that evidence has been collected.

- Law enforcement agency is required to take possession of the sexual assault evidence within 5 days of the completion of the medical forensic examination.
If law enforcement doesn’t pick up the evidence within 5 days, re-contact the agency.

If the evidence is not picked up within 10 days, contact the State’s Attorney’s Office in the county where the sexual assault occurred.

If the evidence is not picked up after 15 days, contact Attorney General’s Office.
   Cordelia Coppleson - 312-814-2824
   Jaclyn Rodriguez - 312-814-6267
New Medical Forensic Documentation Forms
New Consent Form
Updates

- Both pages must be completed and remain OUTSIDE the kit
- Original to law enforcement, copy to medical record and COPY TO PATIENT
- Clearly identifies patients options
  - Medical forensic exam and evidence collection
  - Photographic evidence
  - Reporting decision and evidence analysis

**TIPS:**

- Do not complete the bottom box on the second page
- HCP should complete the “untested storage period ends” month/year
- Only place patient label if patient is disclosing personal information to law enforcement
Old Step 2: Medical Forensic Documentation Form
New Step 2: Medical Forensic Documentation Form

- Patient Demographics
- Examination Information
- Date, Time, Location and Assailant Information

**TIPS:**

- Each section needs to be completed for all patients. If not applicable, please write N/A.
New Step 2: Medical Forensic Documentation Form

- Patient Description of what happened

**TIPS:**

- Use patient’s own words in quotes when able.
- Write legible.
- If parent/guardian providing history for patient, indicate on the first line by crossing out “patient states” and writing “parent/guardian states”
New Step 2: Medical Forensic Documentation Form

Acts Described by Patient/Historian

TIPS:

- Option for no disclosure due to age in top right corner.
- Reminder to use miscellaneous for oral contact, ejaculation and kissed/licked/sucked/bit ten areas.
Old Step 2: Medical Forensic Documentation Form
New Step 2: Medical Forensic Documentation Form

- Methods Used by Assailant(s)
- Post-Assault Hygiene/Activity
- Drug Facilitated Sexual Assault (DFSA)

TIPS:
- Option for no disclosure due to age in top right corner.
- Threats of harm changed to verbal threats.
- Use of ligature added.
- Post-Assault activities individualized.
- Link to locate DFSA consent and patient information sheets.
- Indicate if urine obtained for lab DFSA.
New Step 2: Medical Forensic Documentation Form

- Pertinent Medical History for Forensic Lab
- General Exam

TIPS:
- Additional questions to describe other sexual contact within 3 days.
- Instructions state to document size, shape and color description for all findings.
- Left and right facial and neck diagrams.
- New open mouth diagram.
New Step 2: Medical Forensic Documentation Form

- General Exam cont.

TIPS:

- Added abrasions and redness as signs of trauma.
- Removed errythema.
- Instructions state to document even the most minor signs of trauma.
- Instructions state to document size, shape and color description for all findings.
- Add additional sheet for documentation if needed.
Old Step 2: Medical Forensic Documentation Form
New Step 2: Medical Forensic Documentation Form

- Genital Exam
- Internal Exam
- Anal Exam

TIPS:
- Use hours of the clock to describe location of findings.
- Sexual Maturation Stage/Tanner Stage.
- Improved diagrams.
- Separate anal diagram.
- Add additional sheet for documentation if needed.
Old Step 2: Medical Forensic Documentation Form
New Step 2: Medical Forensic Documentation Form

- Photographs
- Any Additional Comments/Findings
- Documentation
- Signatures
- Final Instructions

TIPS:
- Photographic evidence is a standard of care for medical forensic examinations.
- Summary of findings changed to Any Additional Comments/Findings. Do not duplicate previous documentation.
- Added N/A for mandatory notifications.
- Added documentation of individuals with disabilities for mandatory notifications.
- Added documentation of toxicology consent form.
Big Picture Changes

- More space for adequate documentation
  - Assailants
  - Patient History
  - Head to toe and detailed ano-genital assessments
- Clarified unclear language
- Added additional options for documentation
- Improved directions provided to HCP
- Improved and additional diagrams
Dear Colleague:

Through the courtesy of the Illinois State Police, this letter accompanies the evidence collection kit for your assistance in the diagnosis and treatment of the patient reporting sexual assault or abuse. These guidelines are based on the recommendations of the Center for Disease Control and Prevention (CDC), current rules and consensus by physicians experienced in the treatment of sexual assault victims.

Medical diagnostic specimens should be collected sequentially at various points in the examination done for forensic purposes, as indicated in the kit. It is important to remember that specimens taken for diagnosis and treatment, as distinguished from forensic purposes, must be retained at the hospital and not included with the kit, which is turned over to a law enforcement agency.

Medical diagnostic procedures recommended include but need not be limited to the following: history including drug allergies and (for females) gynecologic and obstetric history, general physical examination. (The decision to obtain genital or other specimens from a child to conduct an STD evaluation must be made on an individual basis.)

An initial examination might include the following procedures:

After Step 6:
- Acid fast smear (AFS) for C. trachomatis and N. gonorrhoeae. These tests are preferred for the diagnostic evaluation of sexual assault victims, regardless of the site of penetration or attempted penetration (STD).

After Step 7:
- NAA's for C. trachomatis and N. gonorrhoeae. These tests are preferred for the diagnostic evaluation of sexual assault victims, regardless of the site of penetration or attempted penetration (STD).

Wet mount and culture or point-of-care testing of a vaginal-swab specimen for T. vaginalis infection. The wet mount should also be examined for evidence of bacterial vaginosis (BV) and candidiasis, especially if vaginal discharge, malodor, or itching is evident.

After Step 8:
- NAA's test for N. gonorrhoeae and C. trachomatis if rectal penetration has occurred or been attempted.

After Step 12:
- Specimen collection for all reproductive-age female specimens for pregnancy, if appropriate a serum sample for immediate evaluation for HIV infection, hepatitis B, and syphilis. Decision to perform these tests is made on an individual basis.

Before Discharge:
- Refer to appropriate physician or counseling service and advise patient to follow up in approximately 2 weeks.

Sincerely,

[Signature]

LaMar Hashbrouck, M.D., M.P.H.

PROTECTING HEALTH, IMPROVING LIVES
New IDPH Information Sheet

Describes testing for Adult/Adolescent vs. Pre-pubescent.
Updated with 2015 CDC Guidelines recommendations.
Added to quote patient statements as much as possible.

Reference to ISP website for DFSA paperwork.
• Additional directions including:
  - Swabs can be placed directly in cardboard box.
  - Consider and perform photography throughout the exam.
  - Consider urine collection for DFSA up to 120 hours after assault.
  - Order revised to support head-to-toe process of assessment.
# New Discharge Instruction Sheets

**New Discharge Instruction Sheets**

**Patient Discharge Materials**

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>DOB/Age</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Patient Name)</em></td>
<td><em>(DOB/Age)</em></td>
<td><em>(Phone)</em></td>
</tr>
</tbody>
</table>

**Examiner/Health Provider**

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>(Name)</em></td>
<td><em>(Date of Exam)</em></td>
</tr>
</tbody>
</table>

Check appropriate circles below while providing patient with information and/or medication:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Discharged Complete</th>
<th>Discharged Declined</th>
<th>Adult/Children’s Patient?</th>
<th>Pre-Pubertal Patient?</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Gonorrhea</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>Reception</em> (Ceftriaxone) 125 mg IM injection single dose IVFS</td>
<td>Pre-Pubescent Treatment before discharge</td>
</tr>
<tr>
<td><em>Chlamydia</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>Zithromax</em> (Azithromycin) 1 g by mouth single dose (to be taken at home) for gonorrhea prophylaxis</td>
<td></td>
</tr>
<tr>
<td><em>Trichomoniasis</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>Flagyl</em> (Metronidazole) 2 g by mouth single dose (may be taken at home) for gonorrhea prophylaxis</td>
<td></td>
</tr>
<tr>
<td><em>Pregnancy (EC)</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>Plan B</em> (Levonorgestrel) 1 tablet by mouth single dose up to 72 hours after missed period.</td>
<td></td>
</tr>
<tr>
<td><em>Hepatitis B</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>Hepatitis B vaccination</em> without HEP, DTP injection single dose given previously at 0-12 weeks, and hepatitis vaccination test to be taken at patient’s discretion.</td>
<td></td>
</tr>
<tr>
<td><em>HIV/PrEP</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>Truvada</em> (Emtricitabine/tenofovir disoproxil fumarate) 2 tablets daily for 12 months.</td>
<td></td>
</tr>
<tr>
<td><em>STD</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>ITS</em> (Dispersed 300 mg) daily for 10 days.</td>
<td></td>
</tr>
<tr>
<td><em>Syphilis</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>Tetracycline</em> (1 g) in 2 daily doses for 10 days.</td>
<td></td>
</tr>
<tr>
<td><em>Antigeneric</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>Oral penicillin</em> (12 mg/kg) in 1 daily dose for 7 days.</td>
<td></td>
</tr>
<tr>
<td><em>Tetanus</em></td>
<td><em>Testing</em></td>
<td><em>Medication</em></td>
<td><em>Diphtheria</em> (10 mg) in 1 daily dose for 7 days.</td>
<td></td>
</tr>
</tbody>
</table>

The hospital should provide you with a medication instruction sheet for any medication that was provided to you in addition to this discharge instruction sheet.

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**CDC Treatment Guidelines:** [Website](https://www.cdc.gov/std/tg2015/)

**Pre-Pubertal Patients:** Consider screening pre-pubertal patients for STIs:
- Penetration or evidence of genitalia injury in girls, may be asymptomatic
- Always be a concern
- Abuse by perpetrator proven to be involved with or at high risk for an STI
- Child, living or another person in household with an STI
- Child or parent requests STI testing
- Signs or symptoms of STIs (vaginal discharge or pain, genital itching or sore, urinary symptoms, and genital lesions or ulcers)

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**Follow-up Health Care:** (For alternate follow-up options, refer to CDC treatment guidelines)

**2 week recommendations (if needed):**
- Specimen testing for gonorrhea
- HIV test
- 2nd hepatitis B vaccination (if needed)
- Prepubertal treatment (if needed)

**6 week recommendations:**
- HIV test
- 2nd Hepatitis B vaccination (if needed)
- Prepubertal treatment (if needed)
- Reevaluation for the development of mass/vulvar wart
- Pregnancy test (if signs of pregnancy)
- Increasing the trichomoniasis, bacterial vaginosis, herpes, HPV
- No chemoprophylaxis (if needed)

**Cost of Care:**
- (Check or initial for document received)
- Insurance information on Careta (Vaccination Coverage) protocol
- **Informed consent for follow-up care** (if applicable) [insert a check or initial for the follow-up care (if applicable)]
- *Informed consent from the hospital ensuring that it is illegal for me to be killed for any reasons that I incurred in an event related to the hospital.*

**Other:**
- It is recommended that you use condoms or abstinence from intercourse until STI prophylactic treatment is completed and all tests are negative and asymptomatic.
- You should bring these discharge instructions with you to follow-up appointments. To ensure the hospital provider will know what treatment was provided.
- If you notice any signs during the next few days, contact the local enforcement agency and report the possible infection.
- If you have any questions regarding the medical examination or medication, please contact the facility where you were treated.
- If you have any questions regarding your right to consent or receive same testing for drug facilitation, contact your local hospital where you were treated.

**THE ABOVE INFORMATION HAS BEEN REVIEWED WITH ME AND I HAVE NO ADDITIONAL QUESTIONS AT THIS TIME.**

**PATIENT SIGNATURE**

**DATE**

**HEALTH CARE PROVIDER SIGNATURE**

**DATE**

Original to patient, copy to hospital medical record

01/2017
Big Picture Changes to Evidence Envelopes

- Miscellaneous/Debris Collection: Provide privacy barrier for the patient.
- Clothing: Underwear and bra indicated on bags.
- Oral Specimens, Miscellaneous stains/bitemark evidence, anal specimens, vaginal/cervical specimens, penile specimens: Removed statement regarding air drying.
- Miscellaneous stains/bitemark evidence: Photography instructions added.
- Fingernail specimen: As indicated by history added.
- Anal specimens: Use one/two swabs at a time and do not place more than the cotton tip of the swab into the anal canal added.
- Vaginal/Cervical (Female Sex Organ) specimens: Instructions on proper swabbing techniques added including for pre-pubescent patients.
- Blood on Filter Paper: Buccal swab reference sample added with instructions for when appropriate and how to perform this step.
New Sexual Assault Evidence Collection Kits
NEW kit currently in production

Approximately one month supply left of previous kit

Continue to rubber band new consent and discharge instruction sheets on all kits

SIRCHIE (kit manufacturer) will distribute NEW kits once all other kits have been distributed

TIPS:

Know your current quantity of kits

Know the number of medical forensic examinations performed per year at your facility

Recommendation: Only keep enough kits on your shelf that you would use within 2-3 months
Additional Questions

- Illinois Department of Corrections, Jails and Juvenile Detention Centers will transfer all sexual assault patients to a treatment hospital for a medical forensic examination when indicated
  - Stats from IDOC: August 2016-August 2017 - 11 medical forensic examinations indicated
- New Consent, New Discharge Instruction and New Toxicology paperwork can all be accessed from the Illinois State Police Website
  - www.isp.state.il.us
  - Forensics tab is on the left. Scroll over this tab and the document list along with other resources is available.

- Open Questions
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