

## JOB AID: CLINICIAN'S ROLE IN EVIDENCE COLLECTION

Providers can use this job aid to determine what type of evidence should be collected, how it should be collected, and in what timeframe following an incidence of sexual violence and exploitation.

- If a clinician sees a patient acutely following sexual violence and exploitation, evidence collection should be offered as part of the patient care standard.
- Evidence collection should occur in pre-pubertal children if the assault occurred in the past 72 hours/3 days.
- Evidence collection should occur in pubertal children if the assault occurred in the past 168 hours/7 days.

Type/Nature of Assault	Evidence Sample	Possible Material	Equipment	Sampling Instructions
Penile/oral penetration with or without ejaculation	<b>Oral swabs</b>	Seminal fluid if oral penetration within two days	Sterile cotton-tip swabs	Use two dry swabs to swab/rub over the oral cavity (e.g., under tongue, around teeth, cheeks, and gums).
In all cases of evidence collection	<b>Buccal swabs</b>	Patient's reference DNA sample	Sterile cotton-tip swabs	Use two swabs to swab/rub over the inner aspect of each cheek at least 20 minutes after patient has had food or drink.  This should be completed <b>after oral swabs.</b>
If drug facilitated-sexual assault is suspected  If crime lab does not accept buccal swab for reference DNA sample	<b>Blood</b>	If drug-facilitated sexual violence and exploitation is suspected within 24 hours of the exam	Blood tube containing potassium oxalate OR at least 1.5% sodium fluoride + potassium oxalate or OR EDTA (ethylenediaminetetraacetic acid) tube	Collect 10 ml of venous blood.

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Type/Nature of Assault	Evidence Sample	Possible Material	Equipment	Sampling Instructions
If drug-facilitated sexual assault is suspected	<b>Urine</b>	If drug-facilitated sexual violence and exploitation is suspected within 120 hours of the exam <sup>20</sup>	Appropriate sterile container with at least 1.5% sodium fluoride preservative	Collect a minimum of 90 ml of urine.
If the patient broke a fingernail during the assault or scratched or dug at the body of the assailant	<b>Fingernails, swabs</b>	Skin, blood, fibers, etc. (from assailant); and for comparison with any broken nails found at scene	Sterile cotton-tip swabs x 2  Sterile water	Moisten first swab with sterile water and clean under fingernails. Repeat with the second dry swab. (Use two swabs for each hand.)  Only collect fingernail clippings if a nail was broken during the assault.
If the assailant put their mouth anywhere on the patient, collect a specimen; if foreign material or debris is seen during exam, collect specimen.	<b>Other body surface specimens</b>	Body fluids/DNA; other possible foreign materials (skin within 48 hours)  Foreign material (e.g., vegetation, matted hair, or foreign hairs)	Sterile cotton-tip swabs x 2 per site  Sterile water  Bindle/pharmacy fold	Moisten first swab with water and swab/rub over sites where semen, body fluids, or DNA may be present. Repeat with the second dry swab.  Place foreign material in bindle, and enclose and seal in evidence envelope.
Vaginal/penile penetration or other genital-to-genital contact	<b>Genitalia: Pre-pubertal</b>  External genital	Body fluids/DNA; other possible foreign material	Sterile cotton-tip swabs  Sterile water	Moisten first swab with sterile water and thoroughly swab/rub over the external genitalia. Repeat with the second dry swab.
Vaginal/penile penetration or other genital-to-genital contact	<b>Genitalia: Pubertal</b>  External genital  Low vaginal	Body fluids/DNA; other possible foreign material	Sterile cotton-tip swabs  Sterile water	Moisten first swab with sterile water and thoroughly swab/rub over the external genitalia. Repeat with a second dry swab.  Insert a dry swab into the lower one-third of the vagina (approximately 2–4

<sup>20</sup> Society of Forensic Toxicologists Drug-Facilitated Sexual Assaults Fact Sheet: <http://soft-tox.org/sites/default/files/DFSA-Fact-Sheet.pdf>

Type/Nature of Assault	Evidence Sample	Possible Material	Equipment	Sampling Instructions
	<p>High vaginal</p> <p>Cervical</p>		<p>Speculum and water-based lubricant (e.g., K-Y®, Pedicat®, Gelcat®)</p>	<p>cm beyond the vaginal orifice) and use a gentle rotational movement to obtain a sample. Repeat with a second dry swab.</p> <p>Pass a lubricated sterile speculum into the vagina. Insert a dry swab and swab/rub over the mucosal lining of the upper two-thirds and fornices of the vagina. Repeat with a second dry swab. If it is not possible to pass a speculum, attempt to obtain two vaginal swabs.</p> <p>With the speculum in place, use two dry swabs, one at a time, to swab the face of the cervix.</p>
<p>Anal/penile penetration; rectal/penile penetration; oral/anal penetration or contact</p>	<p><b>Ano-rectal:</b></p> <p>Peri-anal area</p> <p>Anal canal</p>	<p>Body fluids/DNA; other material</p>	<p>Sterile cotton-tip swabs</p> <p>Sterile water</p>	<p>Moisten first swab with water and swab/rub over peri-anal area/folds. Repeat with the second dry swab.</p> <p>Using another two swabs, repeat the same procedure for the anal canal.</p>
<p>Oral contact; anal or rectal contact; foreign material suspected (ie.lubricant)</p>	<p><b>Penile swabs:</b></p> <p>Penile shaft and prepuce (foreskin)</p> <p>Glans</p>	<p>Body fluids/DNA; other material</p>	<p>Sterile cotton-tip swabs</p> <p>Sterile water</p>	<p>Moisten first swab with water and swab/rub over the shaft of the penis and prepuce/ foreskin (when present). Repeat with the second dry swab. Repeat the same procedure for the glans—avoiding the urethra.</p> <p>(Swabbing the urethra will result in the patient’s own DNA being obtained.)</p>

Type/Nature of Assault	Evidence Sample	Possible Material	Equipment	Sampling Instructions
If the patient is wearing the same clothes as at the time of the assault; collect the underpants only if the patient has changed clothes since the assault.	<b>Clothing</b>	Adherent foreign material (e.g., semen, blood, hair, fibers)	Paper bags	Clothing worn at the time of the assault should be placed in a paper bag. Wet items should be dried if possible. All items should be bagged separately.
If the patient was wearing a tampon/pad/diaper at the time of the assault or immediately following; if a condom is found in or on the patient's body from the assault	<b>Sanitary pads, tampons, panty liners, diapers, condoms</b>	Body fluids/DNA; other foreign material (e.g., semen, blood, hair)	Appropriate sterile container  Small clamp	Collect if used during or after vaginal or anal penetration.  For condoms: use small clamp to close off open end and place in sterile container.

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For more information, please visit [aidstar-one.com](http://aidstar-one.com).

This job aid is an excerpt from the publication entitled, *The Clinical Management of Children and Adolescents Who Have Experienced Sexual Violence: Technical Considerations for PEPFAR Programs*, and can be accessed at:  
[http://www.aidstar-one.com/focus\\_areas/gender/resources/reports/prc\\_technical\\_considerations](http://www.aidstar-one.com/focus_areas/gender/resources/reports/prc_technical_considerations).

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