Faculty of Forensic and Legal Medicine

Pro Forma

Pro forma for adult female and male forensic sexual assault examination

Note: This form has been designed to assist Forensic Physicians and Forensic Nurses in the assessment of an adult complainant of sexual assault. It is to be regarded as an aide-memoire and it is therefore not necessary for all parts of the pro forma to be completed. On completion this form is the personal property of the examining doctor. **This form should not be used for the examination of suspects (use Fitness for Detention Pro forma).**

1. Initial Call

The initial call to attend a complainant of a sexual offence frequently comes from an individual with little information regarding the nature and timing of the allegation. Because such information will inform the decision regarding the venue and timing of the examination the FP should endeavour to speak directly with the officer who is with the complainant.

Date of initial call ______________________________ Time of initial call ______________________________

Name of referrer ______________________________

Contact telephone number of referrer ______________________________

Name of sexual offence trained officer who will be attending with the complainant ______________________________

Contact telephone number of attending officer ______________________________

Name of complainant ______________________________

Does the complainant have any serious injuries or other acute medical problems? ______________________________

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The FP should ensure that the venue proposed for the examination is appropriate. It may be necessary to arrange for the complainant to be transferred, via an ambulance, to the nearest A&E department if she/he appears to have serious injuries or an altered level of consciousness. The FP should be willing to attend a hospital if required to.

When did the incident take place? ______________________________

A decision with regard to the timing of the examination should be made after consideration of the persistence data regarding forensic evidence (see FFLM 'Guidelines for the collection of forensic specimens from complainants and suspects') and the medical needs of the complainant (e.g. HIV Post Exposure Prophylaxis, emergency contraception).

What is the nature of the sexual assault? ______________________________

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If there is any suggestion that penis-mouth penetration (fellatio) may have taken place, or the nature of the sexual assault is not known, the referrer should be reminded to obtain urgently the oral samples i.e. two mouth swabs and mouth washings (see FFLM 'Guidelines for the collection of forensic specimens from complainants and suspects'). Some police officers and civilian staff have access to an 'Early Evidence Kit' to sample a complainant's mouth.

Is there any suggestion that drugs or alcohol have been used to facilitate the sexual assault? ________________

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In all cases, presenting within 4 days of the allegation the referrer should be reminded to access urgently a Urine Module/'Early Evidence Kit' and request a urine sample from the complainant. The time of the last urination (prior to the one yielding the sample) and the time that the sample was produced should be noted. Consideration should also be given to whether the complainant has capacity to consent to the examination.

Does the complainant have any known mental health problems? ______________________________

____

If yes, consideration should be given to arranging a person with prior knowledge of the complainant to attend with him/her.

Does the complainant have any difficulty understanding English? ______________________________

____

If yes, consideration should be given to arranging an interpreter.

Agree venue and time for examination ______________________________

2. Examination Details

Location ________________ Date of examination ________________

Time of arrival ________________ Time introduced to complainant ________________

Referred by self/ police/ other (delete/annotate as applicable) ________________

3. Doctor Details

Name of FP ________________

Other doctors (if present) ________________

4. Police Details

Force Wide Incident Number (FWIN)/PNN ________________

Name and contact details of attending police officer ________________

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Name and contact details of investigating officer ________________

____

5. Others Present

Social worker / Care worker ________________

Others (relationship to examinee) ________________

6. Patient Details

Name ________________

Address ________________

Date of Birth ________________ Age ________________

Gender FEMALE / MALE Ethnicity ________________

Self-referral case number (if applicable) ________________

7. Reason for Referral

Briefing taken from: ________________

Contact details ________________

Names of persons present during briefing: ________________

____

Location of assault(s): ________________

Brief history of assault (continue overleaf if necessary) ____

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Any identified special needs/ mental health problems ____

Number of assailants ____

Prior knowledge of assailant(s) (details) ____

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____

____

Last contact with alleged assailant(s) ____

____

Forensic samples taken before examination started (details) ____

____

____

____

____

By whom taken ____

8. Consent to History, Examination and Report

I, ____ consent to a forensic examination, as explained to me by ____

I understand that the forensic examination will include (delete if not applicable)

a) A full medical **history** and complete **examination**;

b) Collection of forensic and/or medical **specimens**;

c) Taking of **notes, photographs/videos/digital images** for recording and evidential purposes (including second opinions from medical experts and peer review). I have been told that any sensitive photographs, videos and/or digital images will be stored securely and only be made available to other non-medical persons on the order of a judge;

d) I understand and agree that the doctor/nurse may provide a **statement/report** for the police ;

e) I understand and agree that a **copy of the medical notes** may be given to professionals involved in the case (e.g. police or lawyers) and may be used in a court;

f) I agree to the use of my anonymised photographs/videos/digital images/medical notes for **teaching**;

g) I agree to the use of my anonymised photographs/videos/digital images/medical notes for **audit and research**;

h) I have been advised that I may halt the examination at any time.

Signed ___________________________________ Date ________________________________

If verbal consent Signature & Name of Witness ____________________________________

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9. Medical History

General health ____

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Pre-existing skin problems e.g. eczema, lichen sclerosus ______________________

Previous illnesses ____

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____

Operations ____

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10. Menstrual/Obstetric History

Periods (e.g. frequency/regularity/ LMP) ______________________ ______________________ Pre-existing menstrual problems e.g. IMB and PCB	Any children ______________________ Mode of delivery ______________________ Episiotomy? ______________________

11. Medications and Allergies

Prescribed medication E.g. contraception (detail compliance), HRT	
Other medication/remedies	
Allergies	

12. Details of the Assault from Complainant

Asked to direct forensic sampling and determine risk of STIs and pregnancy (see Medical Aftercare)

Confirmation / additions from complainant (verbatim & recorded contemporaneously) ____________________

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Kissing/licking/biting/sucking/spitting?	NOT KNOWN / NO / YES	(details, including sites)
Mouth to genitalia/anus?	NOT KNOWN / NO / YES	(details)
Digit to vulva/vagina/anus?	NOT KNOWN / NO / YES	(details)
Penis into vulva/vagina?	NOT KNOWN / NO / YES	(details)
Penis into mouth?	NOT KNOWN / NO / YES	(details)
Penis into anus?	NOT KNOWN / NO / YES	(details)
Ejaculation?	NOT KNOWN / NO / YES	(details, including sites)
Object to vulva/vagina/anus?	NOT KNOWN / NO / YES	(details)
Other sexual/physical act(s)	NOT KNOWN / NO / YES	(details)
Injuries?	NO / YES	(details)
Ano-genital bleeding?	NO / YES	(details)
Weapon used?	NOT KNOWN / NO / YES	(details)
Damage to clothing?	NO / YES	(details)

13. Details of Assailant(s)

Asked to determine risk of STIs (see Medical Aftercare)

Confirmation / additions from complainant (verbatim & recorded contemporaneously)

14. Post Assault *ask if relevant*

Eaten	NOT KNOWN/ NO / YES
Drank	NOT KNOWN/ NO / YES
Passed urine	NOT KNOWN/ NO / YES (*note time*)
Bowels open	NOT KNOWN/ NO / YES
Wiped/ washed	NOT KNOWN/ NO / YES (specify site and disposal of e.g. cloth/tissue)
Changed clothes	(*specify*)
Self harm	(*sites*)
Circle:	Brushed: teeth / gums / dentures
	Mouth wash / spray used
	Washed / bathed / showered / douched
	Changed tampon / pad / sponge / diaphragm

15. Direct Questions *ask if relevant*

	Since assault	Details	If yes, note if previously experienced the problem described
Abdominal pain			
Urinary symptoms *e.g. dysuria, frequency, haematuria, incontinence, UTI*			
Genital symptoms *e.g. soreness, discharge, bleeding, dyspaerunia, pruritis,injuries*			
Bowel symptoms *e.g. soreness, pain on defaecation, discharge, bleeding, change in bowel habit, incontinence,* *pruritis, injuries*			

16. Sexual History

(note who was present when taken) Asked to assist with interpretation of forensic evidence and medical aftercare – for the latter the time frame may need to be extended to 'since last normal menstrual period'

Dates and times of other relevant sexual activity within the previous 10 days ___________________________

____

Items used in previous intercourse

Condom NOT KNOWN / NO / YES Spermicide NOT KNOWN / NO / YES

Lubricant NOT KNOWN / NO / YES Other (specify) ___________________________

If relevant, clarify types of intercourse in last 10 days only: ___________________________

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17. Drug and Alcohol Use In Relation To Assault

Was alcohol consumed? NOT KNOWN / NO / YES

If yes, please specify Prior / During / After Offence

Start of drinking ___________________ End of drinking ___________________

Quantity and type of beverage consumed ___________________________

Time last ate ___________________________

Have any illicit drugs been used by/administered to the subject within 4 days of the examination?

NOT KNOWN / NO / YES

If yes, please specify Prior / During / After Offence

Give details ___________________________

____

Are any other substances suspected of having been used by/administered that could be relevant to the offence?

If yes, please specify Prior / During / After Offence

Give details ___________________________

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____

If applicable – drugs/alcohol history ___________________________

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18. General Examination

Name(s) of persons present ______________________________

____

Height ____________________ Weight ____________________

General appearance ______________________________

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____

Skin (colour, gooseflesh etc) ______________________________

Hair *(record hair style, last wash and if and approximate time of any added hair dye)* ______________

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____

Demeanour/ behaviour ______________________________

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____

Speech (e.g content, form) ______________________________

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____

Pre-existing physical problems (*note type*) ______________________________

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	Examined	Injuries	See Body Chart
Scalp/hair:	Y / N	Y / N	
Face:	Y / N	Y / N	
Eyes:	Y / N	Y / N	
Ears:	Y / N	Y / N	
Lips:	Y / N	Y / N	
Inside mouth/palate: (Note any foetor)	Y / N	Y / N	
Teeth:	Y / N	Y / N	
Neck:	Y / N	Y / N	
Back:	Y / N	Y / N	
Buttocks:	Y / N	Y / N	
Arms: R L	Y / N Y / N	Y / N Y / N	
Hands/wrists: R L	Y / N Y / N	Y / N Y / N	Note if R or L handed
Fingers/nails: R L	Y / N Y / N	Y / N Y / N	note if cut/broken/false
Front of chest:	Y / N	Y / N	
Breasts:	Y / N	Y / N	
Abdomen:	Y / N	Y / N	
Legs: R L	Y / N Y / N	Y / N Y / N	
Feet/ankles/soles: R L	Y / N Y / N	Y / N Y / N	
Additional details: e.g. jewellery, injection sites, self harm			

19. Systems Examination

CVS	Pulse rate / character ____________ BP ____________ Heart sounds ____________ Other findings ____________ ____________
RS	Trachea / Air entry / PN etc ____________ Breath sounds ____________ PEFR (if indicated) ____________
Abdomen	L.K.K.S ____________ Tenderness / Masses ____________ Bowel sounds ____________

CNS

Pupil size and reactions ____________

Eye movement / nystagmus ____________

Conjunctivae ____________

Conscious level ____________

Balance / Coordination ____________

Reflexes ____________ Tremor ____________

20. Genital and Anal Examination *tick as indicated*

☐ Extra lighting ☐ Colposcope ☐ Additional magnification

Position used

Separation YES/NO Traction YES/NO

Left lateral YES/NO Supine YES/NO

Details of female genital findings

Thighs

Mons pubis

Pubic hair

(shaved, cut)

Labia majora

Labia minora

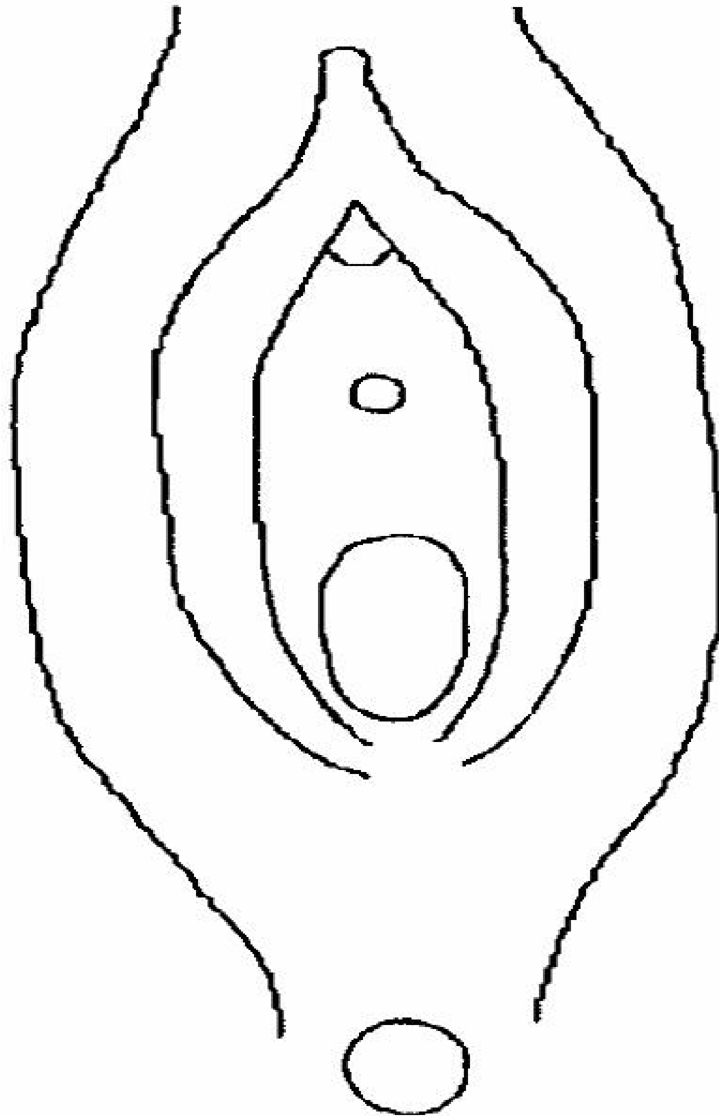
Clitoris

Fourchette

Fossa Navicularis

Vestibule

Hymen (diagram when indicated)



Internal findings (if applicable)

Vaginal wall

Cervix

Size of speculum used : size and type :

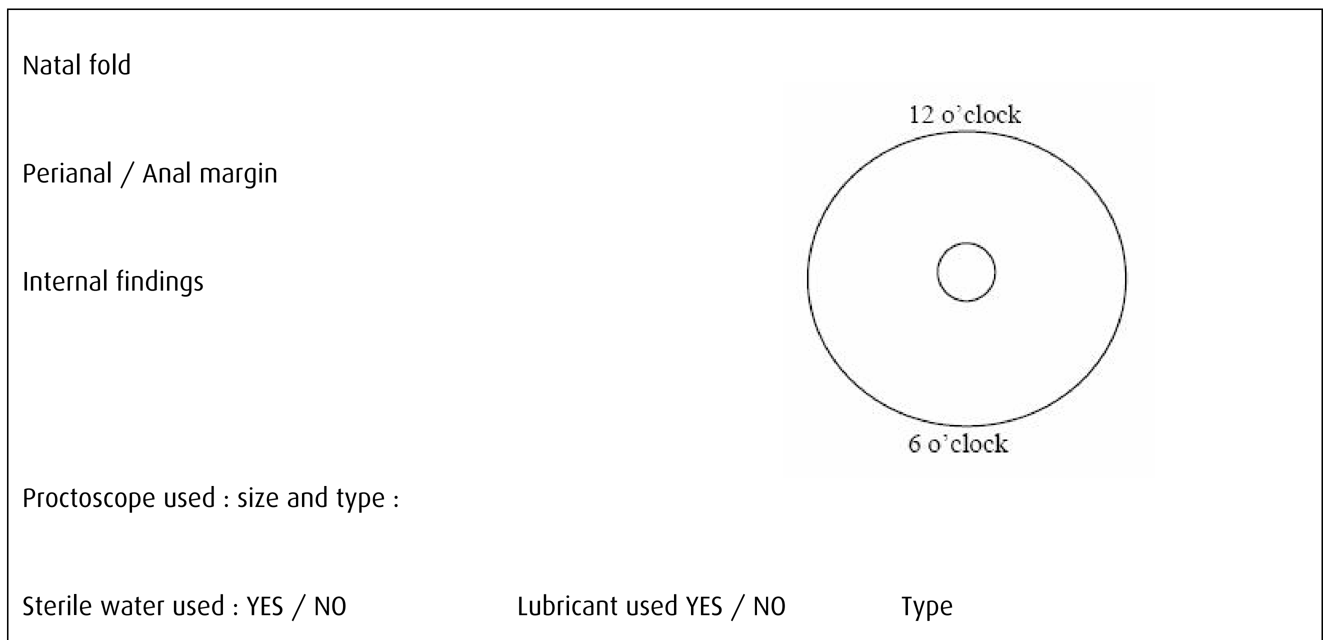
Foley catheter used YES / NO

- Amount of air in balloon
- Diameter of inflated balloon

Sterile water used : YES / NO Batch Number ____________ Expiry Date ____________

Lubricant used: YES / NO Type:

Details of Anal findings



Natal fold

Perianal / Anal margin

Internal findings

Proctoscope used : size and type :

Sterile water used : YES / NO   Lubricant used YES / NO   Type

Details of Male Genital Findings

Thighs

Pubic Area

Pubic Hair

Scrotum

Testes

Penis

Foreskin

21. Forensic Samples *do not complete if FME forms are used*

Identification number	Description of sample	Moistened Yes / No	Time taken

To whom handed ______________________________

Date and Time samples handed over ______________________________

22. Medical Samples

List any samples obtained

23. Photographs

List any photographs/videos/DVDs obtained

24. Conclusions / Advice Given to Police

Confidential Medical Aftercare *can be detached*

A. RISK OF SEXUALLY TRANSMITTED INFECTIONS

The complainant's risk of contracting a sexually transmitted infection should be considered in every case. Local policy will determine what medication is available on site and what will be provided by other agencies. The following sections should be completed to demonstrate discussion and referral/treatment.

Detail of exposure:

Date / time of assault ______________________ Time interval to examination ______________________

Type of exposure: Anal receptive / vaginal receptive / oral receptive / splash semen to eye

Other ______________________

Ejaculation occurred? NOT KNOWN / NO / YES

Condom used throughout? NOT KNOWN / NO / YES

Aggravating factors e.g. Injuries in contact with assailant's blood or semen Yes / No

Assailant details:

Sexuality: MSM / heterosexual / unknown

IVDU Yes / No / Unknown

UK-born Yes / No / Unknown but probably

Foreign born / lived Yes / No / Unknown but probably

Country ___________________ High risk / Low risk

HIV status: positive / negative / unknown

Ai. HIV PEP

According to SARC flowcharts/local policy HIV PEP is:

Not appropriate / to be considered / recommended

Is complainant;

<16 years old / pregnant / breast feeding / suffering serious medical condition? Yes / No

(If yes to any of these discuss with GU on call and document outcome) ________________________________

____

____

Where PEP to be considered or recommended, either refer urgently to appropriate agency or follow local treatment guidelines

If treatment to be given on site discuss with complainant:

Rationale / Potential side effects / regime / importance of compliance & follow up. Yes / No

Starter pack given Yes / Declined ____________________

Batch no ____________________ Exp Date ____________________

Time of first dose PEP (if given on site) or referral to GUM/A&E for PEP ____________________

Patient info sheet given: Yes / No

GUM form faxed to GU clinic Yes / No

Name of clinic ____________________

Clinic contact number given to client Yes

Aii. Hep B PEP

According to SARC flowchart/local policy Hep B Pep is: Not appropriate / Recommended

According to SARC flowchart/local policy Hep B Immunoglobulin is: Not appropriate / Recommended

Where Hep B Pep is recommended either refer to appropriate agency or follow local treatment guidelines

Hep B Pep/Immunoglobulin Yes / Declined

Name of injection ____________________

Site ____________ Batch no ____________ Exp date ____________ Dose ____________

Patient info sheet given Yes / No

GP / GUM letter Given to complainant / Faxed / To be posted

Details ____________________

Clinic contact number given to client if attending GU clinic Yes

Aiii. Chlamydia / Neisseria Gonorrhoea / Others

According to SARC flowchart/local policy antibiotics are: Not appropriate / To be considered

Where antibiotics are o be considered, either refer to appropriate agency or follow local treatment guidelines

Antibiotics given Yes / Declined

Name of antibiotics ____________________

Batch no ____________ Exp date ____________ Dose ____________

Patient info sheet given Yes / No

GP / GUM letter Given to complainant / Faxed / To be posted

Details ____________________

Clinic contact number given to client if attending GU clinic Yes

Aiv. Safer Sex

(barrier methods advised for 3 months post assault) discussed. Yes / Not indicated

B. EMERGENCY CONTRACEPTION

Pregnancy test at centre? YES / NO result ____________________

LMP ____________ Hours post unprotected sexual intercourse (UPSI) ____________

Other unprotected sexual intercourse since LMP? ____________________

Not appropriate ____________________

Declined ____________________

Other ____________________

Levonelle given Batch number ____________ Expiry date ____________

Follow up advice Yes / No

IUCD Considered / discussed / recommended ____________________

C. SELF HARM RISK

Any specific concerns arisen regarding imminent risk of self harm? Yes / No

Further information / action ____________________

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D. GP LETTER

Name of GP ____________________

Surgery address ____________________

Surgery telephone number ____________________

Permission to send letter Yes / No

Given to complainant: Yes / No Posted to GP: Yes / No

PLEASE REMEMBER TO KEEP COPY IN THE NOTES OF ANY LETTERS TO OTHER AGENCIES such as GP, GU clinic, A&E etc.

Name of Complainant Date

Additional Notes (use additional information page as required and tag to this form)

Time notes concluded ______________________

Signature of FP ______________________