



Standard Guide for Sexual Assault Investigation, Examination, and Evidence Collection¹

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INTRODUCTION

Reports of sexual assaults have increased steadily in the United States over the past twenty five years. Although the reporting rate of these assaults has tripled nationally during this period, research statistics indicate that sexual assault remains as one of the most under-reported types of crime. These studies also indicate that the ratio of persons committing sexual assault to the general population is fairly constant. The rise, therefore, in the reporting rate of sexual assault reflects improvements made in U.S. society concerning how such reports are investigated and processed in the courts. These improvements have occurred in the areas of the victims movement and victim advocacy initiatives by the criminal justice system, improved police education and training, the women's movement and gender equality consciousness in society, sexual assault education in the schools and the public sector generally, and the evaluation of clinical forensic nursing. The articulation of these standards carries forward the spirit of these improvements so as to serve the cause of justice in society.

Although reports of child sexual abuse have also increased markedly in recent years, these reports are even more difficult to substantiate than adult reports. Many children are too young to realize that certain kinds of physical contact by others are inappropriate, and those that do may not be able to articulate their feelings, or are dependent upon the abuser for care, or both. When children do report sexual abuse to a third party, it may be dismissed as fantasy or falsehood. Children may be threatened or convinced that something terrible will happen to them or their families if they report the abuse, or that they were in some way responsible for it.

Traditionally, the successful prosecution of both adult and child sexual assault cases has been difficult. The victim often is the only witness to the crime. Consequently, the documentation of physical injuries and the collection of trace evidence may provide important corroborating evidence. Meticulous attention to detail in the collection and preservation of evidence combined with an empathetic concern for the victim, and a respect for the legal and human rights of the suspect is required. Within the community, this process is known to be facilitated by using trained forensic examiners in the setting of a multidisciplinary team.

1. Scope

1.1 This guide covers the basic components for the development of a sexual assault investigation protocol, with specific attention to the examination of assault scenes, victims and suspects of sexual assault, the recovery of testimonial, physical, and behavioral evidence, and the preservation and custody of physical evidence.

1.2 This guide outlines procedures requiring the experience of experts in a diversity of fields. A multidisciplinary team

approach to sexual assault investigation is necessary and is the current standard of care. This team should include members skilled in the following disciplines: law enforcement, criminalistics, victim advocacy, and clinical, forensic practice.

2. Referenced Documents

2.1 *ASTM Standards*:²

E620 [Practice for Reporting Opinions of Scientific or Technical Experts](#)

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² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standards' Document Summary page on the ASTM website.

E1020 Practice for Reporting Incidents that May Involve Criminal or Civil Litigation

E1188 Practice for Collection and Preservation of Information and Physical Items by a Technical Investigator

E1459 Guide for Physical Evidence Labeling and Related Documentation

E1492 Practice for Receiving, Documenting, Storing, and Retrieving Evidence in a Forensic Science Laboratory

3. General Protocol

3.1 *General Information*—Investigators undertaking sexual assault investigations must realize that these assaults represent significantly underreported serious crimes and that this under-reporting is due, in significant measure, to the lack of understanding, empathy, and professional competence of investigative personnel tasked with investigative responsibilities. The most serious misunderstandings displayed on the part of investigators are common misunderstandings of particular categories of victims (enumerated below) and a lack of willingness to work with professionals in allied disciplines who also provide valuable services in this area.

- 3.1.1 Sensitivity to victim needs,
- 3.1.2 The elderly victim,
- 3.1.3 The disabled victim,
- 3.1.4 The male victim,
- 3.1.5 The child victim (see Section 4),
- 3.1.6 The homosexual victim, and
- 3.1.7 The deceased victim.

3.2 *Initial Law Enforcement Response*—Sexual assaults most often come to the attention of law enforcement personnel as initial responders. It is essential for initial responders to have in place mechanisms for the immediate notification of allied professionals that must also respond in a timely manner to effect the proper investigation of these incidents. The following topical areas should be extensively addressed in written procedures by law enforcement agencies responding to sexual assaults.

- 3.2.1 Victim safety and security,
- 3.2.2 Activate multidisciplinary team,
- 3.2.3 Initial victim interview and transport to examining facility,
- 3.2.4 Scene security,
- 3.2.5 Scene search,
- 3.2.6 Evidence identification, recovery, and security, and
- 3.2.7 Suspect detection, apprehension, and interview.

3.3 *Treatment Plan*—Each treatment facility that deals with individuals involved in sexual assaults as victims or suspects, or both, should promulgate written procedures that detail the following areas of attention:

- 3.3.1 Facility,
- 3.3.2 Transfer,
- 3.3.3 Intake,
- 3.3.4 Reporting,
- 3.3.5 Attending personnel,
- 3.3.6 Medico-legal consent, and
- 3.3.7 Evidentiary and medical examinations.

3.4 *Documentation and Evidence Collection*—Written standing operating procedures concerning evidence collection and documentation should be published by any organization (law enforcement, health care, laboratory, private contractor, or volunteer organizations, or both) involved in the investigation of sexual assaults. These procedures should address the following areas:

3.4.1 *General Information*:

- 3.4.1.1 Documentation and terminology,
- 3.4.1.2 Preserving the integrity of evidence,
- 3.4.1.3 Body diagrams/illustrations (genital and non-genital trauma), and

3.4.1.4 Photography.

3.4.2 *Spermatozoa/Semen*,

3.4.3 *Clothing*,

3.4.4 *Swabs and Smears*,

3.4.5 *Bitemarks or other patterned injuries*,

3.4.6 *Hair*,

3.4.7 *Fingernails*,

3.4.8 *Blood specimens*,

3.4.9 *Saliva specimens*, and

3.4.10 *Other physical evidence*.

3.5 *Laboratory Requests*—Laboratory requests should follow a standard format and include pertinent details of the incident and the individuals involved so as to maximize laboratory capabilities.

- 3.5.1 Medical history,
- 3.5.2 Incident particulars, and
- 3.5.3 Examination procedures and findings.

3.6 *Transmittal of Evidence* (see Guide E1459 and Practice E1492):

- 3.6.1 Specimen integrity,
- 3.6.2 Transport of evidence, and
- 3.6.3 Chain of custody.

3.7 *Post-Examination Procedures*—In the sexual assault, post-examination procedures are important due to the emotional trauma generally involved in incidents of this type, for reasons of personal hygiene and continued care, and for the potential for the development of evidence that may not yet be apparent to investigators. The following areas concerning post examination procedures are important as a part of examining and investigating agency protocol:

- 3.7.1 Patient information;
- 3.7.2 Follow-up contacts;
- 3.7.3 Informational brochures;
- 3.7.4 Clean-up, change of clothing, and transportation;
- 3.7.5 Law enforcement investigative interview;
- 3.7.6 Case evaluation; and
- 3.7.7 Follow-up medical examination.

4. Child Protocol

4.1 *General Information*—So many special considerations exist when the investigation of a child sexual assault is undertaken that special considerations and protocols are required. The general categorical rules concerning adult sexual assault investigations, as enumerated in Section 3 is also applicable to the child sexual assault investigation, except

where superseded below. Also, agencies undertaking child sexual assault investigation should develop protocols addressing the issues enumerated below:

4.1.1 Major categories of child sexual assault and abuse, and

4.1.2 Communication.

4.2 *Initial Law Enforcement Response:*

4.2.1 General procedures,

4.2.2 Special considerations in cases involving child victims, and

4.2.3 Interagency coordination.

4.3 *Treatment Plan:*

4.3.1 Facility;

4.3.2 Intake or transfer, or both;

4.3.3 Reporting;

4.3.4 Attending personnel;

4.3.5 Consent; and

4.3.6 Child interviews.

4.4 *Documentation and Evidence Collection:*

4.4.1 General information.

4.4.2 Physical examination:

4.4.2.1 Anal, perianal, and perineal areas, and

4.4.2.2 Genitalia.

4.4.3 Evidence collection (differences between adult and child).

4.5 *Post-Examination Procedures:*

4.5.1 Patient information, and

4.5.2 Law enforcement investigative interview.

5. Sexually Transmitted Diseases (STD)

5.1 *General Information*—Organizations undertaking sexual assault investigations must be cognizant of various sexually transmitted diseases and be prepared to identify, treat or refer for treatment infected persons, or both, as well as protect others from disease transmission. Protocols should be developed for the recognition, treatment, and prevention of the transmission of the following sexually transmitted diseases:

5.1.1 Human Immunodeficiency Virus (HIV),

5.1.2 Chlamydia,

5.1.3 Gonococcal infections,

5.1.4 Syphilis,

5.1.5 Genital herpes simplex virus infection (HSV),

5.1.6 Trichomonas vaginalis,

5.1.7 Genital and anal warts (condyloma acuminatum),

5.1.8 Vaginosis, and

5.1.9 Hepatitis.

6. Keywords

6.1 criminal investigation; criminalistics; forensic sciences; sexual assault

APPENDIXES

(Nonmandatory Information)

X1. EVIDENCE COLLECTION KIT SPECIFICATIONS

X1.1 Container Specifications

X1.1.1 Size, and

X1.1.2 Construction.

X1.2 Kit Components

X1.2.1 *Paper envelopes:*

X1.2.1.1 Miscellaneous envelopes,

X1.2.1.2 Hair combings,

X1.2.1.3 Known hair,

X1.2.1.4 Body fluid stain recovery, and

X1.2.1.5 Known body fluid.

X1.2.2 *Blood tubes,*

X1.2.3 *Combs,*

X1.2.4 *Prepackaged swabs,*

X1.2.5 *Frosted-end slides,*

X1.2.6 *Evidence sealing tape,*

X1.2.7 *Large and small paper bags,*

X1.2.8 *Large white paper or sheet,*

X1.2.9 *Nail evidence retrieval devices, and*

X1.2.10 *Saliva retrieval devices.*

X1.3 Kit Printed Materials

X1.3.1 Outside cover label,

X1.3.2 Inside cover inventory label,

X1.3.3 Instructions to examining team,

X1.3.4 Physical examiner's report,

X1.3.5 Examinee interview report,

X1.3.6 Authorization for release of information form,

X1.3.7 Chain of custody form, and

X1.3.8 Forensic Science Laboratory Request/Report.

X2. ADDITIONAL EXAMINATION MATERIALS

X2.1 Instruments

X2.1.1 Speculum

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