STATE OF NEW HAMPSHIRE

OFFICE OF THE ATTORNEY GENERAL

SEXUAL ASSAULT:
An Acute Care Protocol for Medical/Forensic Evaluation

Ninth Edition, 2018

http://doj.nh.gov/criminal/victim-assistance/documents/acute-care-protocol.pdf

HISTORY OF THE NEW HAMPSHIRE SEXUAL ASSAULT PROTOCOL PROJECT

On April 26, l988, the New Hampshire Legislature passed RSA 21-M:8-c, which made the State responsible for the payment of forensic medical examinations of sexual assault victims when there is no insurance (*See Appendix A*). Under RSA 21-M:8-c the New Hampshire Department of Justice (Attorney General's Office) is authorized to "implement rules establishing a standardized sexual assault protocol and kit to be used by all physicians or hospitals in this state when providing physical examinations of victims of alleged sexual offenses." **This Protocol is a statutory mandate for all hospitals and physicians in the state.**

In 1989, the New Hampshire Attorney General's Office formed the Sexual Assault Protocol Committee representing the medical, legal, law enforcement, victim advocacy and forensic science communities, to establish a New Hampshire protocol and kit. The Committee took great care to make recommendations based upon the physical and emotional needs of the sexual assault victim, reasonably balanced with the basic requirements of the legal system.

The result was the publication of *Sexual Assault: A Protocol for Medical and Forensic Examination*, and a standardized evidence collection kit to be used in all of the hospitals in the state. This project was completed in June 1989.

Recognizing that forensic science is a field in continual evolution, the Protocol is continually being revised in an effort to improve evidence collection outcomes for patients who have experienced sexual assault. The following is an up-to-date list of protocol revisions:

Sexual Assault: A Protocol for Medical and Forensic Examination, First Edition, 1989

Sexual Assault: A Protocol for Medical and Forensic Examination, Second Edition, 1997

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Third Edition, 2002

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Fourth Edition, 2005

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Fifth Edition, 2008

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Sixth Edition, 2011

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Seventh Edition, 2014

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Eighth Edition, 2015

Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation, Ninth Edition, 2018

THE NEW HAMPSHIRE SEXUAL ASSAULT AND NURSE EXAMINER ADVISORY BOARD

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OVERVIEW

To maximize the continuity of care for patients who have experienced sexual assault, health care professionals, in concert with other professionals who assist victims of sexual assault in New Hampshire, have developed the following approach to support New Hampshire's medical community in the care of patients reporting an acute sexual assault.

INTRODUCTION

According to the American College of Emergency Physicians, "appropriate management of the patient requires a standardized clinical evaluation, an effective interface with law enforcement for the handling of forensic evidence, and coordination of the continuum of care with a community plan. The clinician must address the medical and emotional needs of the patient while addressing the forensic requirements of the criminal justice system. Medical issues include treatment of acute injuries and evaluation for potential sexually transmitted diseases and pregnancy. Emotional needs include acute crisis intervention and referral for appropriate follow-up counseling. Forensic tasks include thorough documentation of pertinent historical and physical findings, proper collection and handling of evidence, and presentation of findings and conclusions in court.[1]" Despite the appearance of two separate and distinct issues, the medical and forensic components of the examination cannot be separated.

This document seeks to assist the medical professional in accomplishing the above tasks and meet the standard of care requirements.

[1] *Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient, ACEP 2014*

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THE PURPOSE OF THE NEW HAMPSHIRE SEXUAL ASSAULT AND NURSE EXAMINER ADVISORY BOARD

In 1997 a statewide multidisciplinary team of professionals was created by the Attorney General's Office to oversee the New Hampshire Sexual Assault Nurse Examiner (SANE) Program. The goal of the Sexual Assault and Nurse Examiner Advisory Board was to encourage and promote SANE practice statewide in an effort to better serve victims of sexual assault. Since that time, the role of the Board has shifted to the development and implementation of a long-term statewide response to sexual assault.

The Board acts as a statewide Sexual Assault Resource Team (SART), and consists of invited representatives from the Attorney General's Office, the New Hampshire Coalition Against Domestic and Sexual Violence and their member organizations, SANEs, emergency department (ED) physicians, law enforcement, prosecution, forensic laboratory personnel, Prison Rape Elimination Act (PREA) representation, a campus Title IX Coordinator, health care organizations, and child advocacy centers.

The Board is governed by an established set of Bylaws, and its purpose is to:

- provide on-going necessary revision to the Attorney General's *Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation;*
- ensure a consistent, trauma-informed, evidence-based, best practice response to sexual assault patient populations in Emergency Departments throughout NH;
- maintain education and currency of practice guidelines for nurses acting in the role of SANEs;
- make quality improvement recommendations to emergency department personnel/hospitals utilizing the statewide protocol and evidence kit;
- provide ongoing development, implementation and evaluation (quality improvement) of the SANE Program;
- provide ongoing evaluation (quality improvement) of sexual assault services delivered throughout New Hampshire (e.g., evidence collection quality, multidisciplinary team technical assistance, etc.);
- oversee and evaluate the effectiveness of the SANE Program Director(s); and
- work collaboratively to resolve program-related and sexual assault response-related issues statewide.

NEW HAMPSHIRE'S SEXUAL ASSAULT AND RELATED LAWS

New Hampshire basic statutes prohibiting sexual assault are contained in the criminal code under RSA 632-A. Copies of the full statute can be found at http://www.gencourt.state.nh.us/rsa/html/NHTOC/NHTOC-LXII-632-A.htm.

OTHER STATUTES

Other statutes regulating sexual activity in New Hampshire include:

- ***Intentional Contribution to Delinquency*** under RSA 169:41 by using a minor in any acts of sexual conduct in order to create obscene material;
- ***Capital Murder*** under RSA 630:1 and ***First Degree Murder*** under RSA 630:1-a where a sexual assault occurs before, during or after a homicide;
- ***Incest*** under RSA 639:2 by having sex or living with, under the representation of marriage, a person closely related by blood;
- ***Endangering the Welfare of a Child*** by soliciting penetration or by having a child pose for child pornography (RSA 639:3);
- ***Prostitution*** under RSA 645:2 by involving in prostitution a child under the age of 18 or by involving another by force or intimidation;
- ***Child Sexual Abuse Images*** under RSA 649-A:3 by possessing a visual representation of a child engaged in sexual activity;
- ***Computer Pornography*** and ***Child Exploitation*** under RSA 649-B:3 by soliciting sexual conduct of or with any child or ***Certain Uses of Computer Services*** under RSA 649-B:4 by using a computer to seduce, solicit, lure, or entice a child to engage in sexual activity;
- ***Obscene Matter*** under RSA 650:2 by presenting or directing an obscene play, dance or performance, or participating in that portion thereof which makes it obscene when it involves a child.
- ***Trafficking in Persons*** under RSA 633:7 by making a person perform a commercial sex act or sexually explicit performance for the benefit of another.
- ***Aggravated Felonious Sexual Assault*** under RSA 632-A:2:V whereby upon proof that the victim and defendant were intimate partners or family or household members, (defined in RSA 631:2-b, III) a Domestic Violence related assault can be recorded as "Aggravated Felonious Sexual Assault--Domestic Violence" upon conviction.

OTHER IMPORTANT LEGAL PRINCIPLES

Victim's Testimony: If a case goes to trial, the victim will almost certainly have to testify.

Rape Shield Privilege: Consensual sexual activity with someone other than the perpetrator is generally inadmissible. It is not admissible to show promiscuous character. It may be admissible to show the source of semen or injury. Sexual activity with the perpetrator is generally admissible with adult victims to demonstrate consent.

Clothing: Manner of dress is inadmissible to imply consent.

Spousal Privilege: Inapplicable to sexual assault cases.

Corroboration: In many, if not most, sexual assaults there are no eye witnesses and no physical evidence. According to New Hampshire law (RSA 632-A:6), the credible and reliable testimony of a victim is sufficient to prove any sexual assault, even where there is no independent proof. Notwithstanding this statute, accurate evidence collection and documentation are part of meeting the medical standard of care for treatment of the patient.

EMOTIONAL NEEDS OF THE PATIENT

CRISIS CENTER ADVOCACY

In all instances the hospital or provider shall immediately call an advocate from the local community based crisis center to come to the hospital and meet with the patient. Only advocates from the New Hampshire crisis centers listed in *Appendix B* are able to provide confidential, privileged communication in the State of New Hampshire under RSA 173-C:2. In your role as a medical provider it is your responsibility to ensure that an advocate from a local crisis center that meets the criteria for confidential communication is present.

Crisis center advocates are specially trained to provide patients with free, confidential, non-judgmental, emotional support, information, and resources so that they 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 exam and to help the patient understand the process and options that are available to them. Sexual assault is a traumatic experience that can be difficult to process, and patients may experience a wide range of emotions. The crisis center advocate, whose communication with the victim is privileged under RSA 173-C:2, can help address these emotional needs while maintaining the patient's confidentiality. Patients who have experienced sexual assault are usually better able to respond to procedures when they are supported, believed and safe.

The advocate should be introduced to the patient, and the patient should be allowed to choose whether or not to speak with the advocate. Having the advocate already present at the hospital will allow the patient to more readily access the support offered by the local crisis center, if she/he chooses. Confidential patient record information should not be shared with the crisis center advocate unless it is done so by the patient, thus avoiding any medical records confidentiality issues.

It is important that the Emergency Department staff be familiar with their local crisis center(s) and the services that they offer (*See Appendix B*).

WORKING WITH VICTIMS

Sexual Assault is a form of interpersonal violence that is prevalent in the United States and here in New Hampshire. Anyone can become a victim of sexual assault, and sexual violence transcends every socio-economic, cultural, gender, sexual orientation, age, physical ability, mental development and religious classification. Sexual offenses can be in the form of different kinds of crimes, including sexual assault with or without penetration, incest, sexual harassment, indecent exposure, child molestation, marital sexual assault and voyeurism. In each of these cases, the assailant uses sex to exert control and power over the victim. The offender may be a stranger to the victim, but most often the offender is someone the victim knows and trusts. Indeed, the offender may be an acquaintance, partner, husband, parent or other family member. A pre-existing relationship between the victim and offender does not make the crime any less serious or traumatic, and may in fact, present additional challenges for the victim.

As with all forms of trauma, each individual has her/his own way of coping with the effects of trauma. Sexual assault is certainly no different, and in the aftermath of an assault a victim may present exhibiting a wide range of emotions. Some victims may appear calm, indifferent,

submissive, angry, uncooperative or even hostile to those trying to help them. They may also laugh or giggle at seemingly inappropriate times. Everyone reacts differently following a sexual assault; victims should be allowed to express their emotions in a non-judgmental and supportive environment. **It is critical that medical staff understand that there is no 'right' or 'wrong' way for a victim to respond following an assault, and a victim's emotional reaction should in no way influence the quality of care a patient receives**. How a victim presents emotionally at the hospital is in no way indicative of the degree of seriousness of the assault, nor should it be taken as evidence that an assault did or did not occur.

While reactions to a sexual assault may vary significantly for each individual, there are certain common feelings and fears that many victims face including:

- Fear of not being believed
- Fear of being blamed for the assault
- Fear that the offender may come back, and/or retaliate
- Fear of unknown medical and/or criminal justice processes
- Fear of friends and family finding out
- Fear of being labeled a 'victim'
- Feelings of shame and/or embarrassment
- Feelings of guilt
- Feeling suspicious and/or hyper-vigilant
- Feeling unsafe or scared
- Feeling a loss of control (over their own body, what is happening to them, etc.)

It is the duty and obligation of the responding personnel to do their best to address these concerns in a way that is appropriate and respectful to the needs of the victim.

RESPONDING TO VICTIMS

Members of the hospital and/or medical staff may be the first contact that a victim has after being sexually assaulted. As such, **it is crucial that the response the victim receives be non-judgmental, supportive and trauma-informed to ensure that they do not experience further trauma.** An appropriate response by the hospital and/or medical staff can have a significant positive impact on the long-term recovery of victims. Below are some suggestions for responding appropriately to the needs of sexual assault victims in a hospital setting.

- Be aware that some victims may have had previous negative experiences with medical personnel, and may be wary of how they will be treated now. If the victim is previously known to the medical facility or provider for other reasons unrelated to the sexual assault, it

is important that the victim be treated in a fair and impartial way, regardless of any previous contact.

- In order to prevent making incorrect assumptions, nothing about the victim's life or the nature of the assault should ever be assumed. This is especially true in regards to the sexual orientation of either the victim or the offender. There are many documented instances of same-sex sexual assault, and these assaults should be addressed in the same manner as all other forms of sexual assault. Also, the gender of the offender should never be assumed, since both men and women are capable of perpetrating sexual assaults.

- Experiencing a sexual assault is in many ways the ultimate loss of control (over their own body, what is happening to them, etc.) for victims. 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. It is important that the medical personnel respect any choices made by the victim. See *Appendix N* for frequently asked questions about the laboratory analysis of sexual assault evidence.

- LGBTQ (Lesbian, Gay, Bisexual, Transgender, Questioning) populations often have experiences which make them even less trustful of medical and law enforcement personnel. As stated above, all victims should be treated in a fair and non-judgmental way. These populations may experience feelings of loss of control (over their own body, what is happening to them, etc.). Asking the victim their preferred name and pronouns is a good first step to giving them back control of their care. Transgender and other gender non-conforming patients are also at a higher risk of violence if they leave the hospital without clothing or accessories (wigs, binders, etc.) which help them to identify with their chosen gender. Therefore, if any of these materials have been collected as evidence, it is important to supply clothes and accessories appropriate to the victim's chosen gender when they leave the hospital.

- It is important to note that offenders can often be family members or caretaker/service providers, especially in child abuse and elderly/vulnerable adult abuse cases. There may also be times where the offender presents as the "secondary victim" or "helping friend." Professionals need to be aware of this so the patient does not experience re-victimization, or have their decisions unduly influenced by the unwanted presence of this individual. Always ask the victim (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 victim. Victims may have difficulty communicating for a number of reasons including: shock from having experienced trauma, having been drugged, not speaking English, being hearing impaired, having a cognitive defect or impaired 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. Medical personnel should make every possible effort to clearly and effectively communicate at a level that is appropriate and commensurate with the victim's ability.

- When treating the **hearing impaired patient**, Section 504 of the Federal Rehabilitation Act of

1973 establishes that any agency (including hospitals and police departments) that directly receives federal assistance or indirectly benefits from such assistance, must be prepared to offer a full variety of communication options in order to ensure that hearing impaired persons are provided with effective health care services. These options, which must be provided at no cost to the patient, include an arrangement to provide interpreters who can accurately and fluently communicate information in sign language. Please refer to your hospital policies and protocols. In addition, examiners may contact **the Northeast Deaf and Hard of Hearing Services during business hours at 1-603-224-1850 x. 250 and the *Emergency Interpreter Referral System,* seven days a week, 24 hours a day at *1-800-552-3202,* for emergencies only.**

- Feelings of guilt and shame, and that the victim somehow 'caused' the assault are common experiences after a sexual assault. These feelings can be especially strong in cases where alcohol was involved, or when a male is the victim of the assault. Victims 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 victims 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. The family and friends of the sexual assault victim are also, in many ways, victims of the sexual assault and may experience feelings similar to those of the actual victim. 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 primary victim when they themselves are receiving support and services.

- Certain victims may be hesitant to present for care out of fear that they will get in trouble because of their conduct before or after the assault. This can be a particular concern for the minor and college student populations where underage drinking, drug consumption and sneaking out or lying to their parents or caregivers may have occurred. It is important to reassure victims that any decision or choice they made does not mean they deserved to be sexually assaulted.

PRESENTATION OF PATIENT

EMERGENCY MEDICAL SYSTEM (EMS) RESPONSE

- A life-threatening emergency should be treated as dictated by area Emergency Medical Services (EMS) protocols.
- Because of the health implications associated with sexual assault, the patient should always be encouraged to seek medical care as soon as possible.
- If the patient is 18 or older, and a sexual assault has occurred, the patient should be asked if she/he would like the police contacted.
- If the patient is under 18, and a sexual assault has occurred, the police and DCYF must be contacted immediately.
- The patient should be advised not to eat, drink, shower, douche, go to the bathroom or change clothing if at all possible.
- If pre-hospital personnel are called and there is no life-threatening situation and the crime is being reported, they should wait for police to secure the scene, as this is a crime scene.
- If a cellular phone or HEAR system is used, the word "assault" **not** "sexual assault" should be used in reporting with further details given at the hospital. In order to protect the privacy of the patient, whenever possible, a landline should be used to report to the hospital.
- If the patient has removed clothes worn during the assault, they should be put in separate **paper** bags and be brought to the hospital with the patient.
- If for any reason, regardless of gender, EMS personnel need to touch the patient, verbally request permission to do so from the patient, explaining what needs to be done and why.
- Limit the amount of physical contact with the patient to avoid unnecessary transfer of physical evidence.
- When transferring the patient to a local hospital for treatment, call dispatch and request that crisis center personnel be dispatched to the hospital to meet with the patient.
- If the patient declines treatment and/or transport to the hospital, document the patient's statement of what occurred, all findings and observations, and complete the necessary paperwork.
- For more information, please refer to the Attorney General's *A Model Protocol for Response to Adult Sexual Assault Cases*.

LAW ENFORCEMENT ACCOMPANIMENT

- In order to maintain the integrity of the medical exception to the hearsay rule, law enforcement investigators may not be present during the examiner's history taking.
- **There is no time when it would be appropriate for the law enforcement officer to be**

present during the physical examination and evidence collection.

- For information regarding the use of body-worn cameras by law enforcement when accompanying a patient to the hospital, please see page 18.
- The role of law enforcement in sexual assault investigations is thoroughly discussed in the Attorney General's *A Model Protocol for Response to Adult Sexual Assault Cases*.
- When a patient has reported the assault to law enforcement, it is appropriate and expected that the examiner share pertinent information with that law enforcement official regarding the sexual assault.

For clarification regarding the Health Information Portability and Accountability Act (HIPAA) see *Appendix L*.

EMERGENCY DEPARTMENT RESPONSE

- Whether the sexually assaulted patient arrives by ambulance, alone or with law enforcement, the sexual assault should be treated as a medical emergency.
- In hospitals that provide Sexual Assault Nurse Examiner (SANE) services, the SANE should be notified as soon as the patient presents at the emergency room.
- The patient should be escorted as soon as possible to a private location within the hospital where an examination and treatment can take place.

> - **THE HOSPITAL SHALL IMMEDIATELY CALL A SEXUAL ASSAULT CRISIS ADVOCATE FROM THE LOCAL CRISIS CENTER AND HAVE THAT PERSON AVAILABLE TO MEET WITH THE PATIENT.**

- The examiner and/or hospital personnel should explain to the patient that crisis center advocates provide free, confidential crisis intervention, on-going counseling and emotional support, both to the patient and the patient's family. The advocate can also explain legal procedures and provide necessary referrals such as support groups and therapists.
- Communications between a victim and a crisis center advocate are *generally* considered to be confidential, and thus, legally protected. (See RSA 171-C:1,2) However, the presence of an extraneous third party during communications between a victim and crisis center advocate may constitute waiver of the privilege (See RSA173-C:3,5) Accordingly, it is important that the patient be given some time alone with the advocate for communication.
- Upon crisis center advocate arrival to the hospital, the patient should be given the option of meeting privately with that advocate. While the examiner may have already begun the exam, at any point convenient for the examiner, this meeting may occur. If the patient declines, the examiner should give the patient contact information about the local crisis center. Whenever possible, the crisis center advocate should wait until the examination is complete to ensure the patient has not changed her/his mind. The patient should be offered the opportunity to call the local crisis center at the end of the exam.

- Regardless of who will complete the medical/forensic evaluation, all the available options should be reviewed with the patient. The patient's decision, whenever possible, should be carried out by the health care providers.

OUT-OF-STATE SEXUAL ASSAULT

Because the state of New Hampshire borders Canada, Vermont, Maine and Massachusetts, it is not only conceivable but also probable that a victim of sexual assault, who experienced the assault in another state or country, will come to a New Hampshire hospital for an examination.

- In the event the sexual assault occurred outside the state of New Hampshire, the examiner should utilize the **New Hampshire** *Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation* and the accompanying *New Hampshire sexual assault evidence collection kit.*

In all cases of reported sexual assault, the **law enforcement agency in the jurisdiction where the assault occurred** is the law enforcement agency charged with investigating the assault and facilitating transfer of the evidence collected from the hospital to the appropriate forensic laboratory in the state or country where the assault occurred. **If the crime occurred outside of New Hampshire or the local law enforcement agency in the jurisdiction where the crime occurred cannot pick up the kit, the hospital should contact the New Hampshire State Police to request assistance in transporting the evidence collection kit to the appropriate agency.**

SPECIAL PROGRAMS

THE SEXUAL ASSAULT NURSE EXAMINER (SANE) PROGRAM

New Hampshire's goal is to provide statewide consistent care that respects the emotional and physical needs of the sexually assaulted patient while collecting the best possible medical/forensic evidence. While it is recognized that many emergency room doctors and nurses provide excellent care to victims of sexual assault, the Sexual Assault Nurse Examiner (SANE) Program was created in an effort to ensure that this care is uniform and standardized throughout the state.

A SANE is a Registered Nurse (RN) who has been specially trained to provide comprehensive care to patients who have experienced sexual assault. The RN has demonstrated competency in conducting a medical/forensic examination as well as the ability to testify in court when necessary. There is differentiation made between the SANE who evaluates the adolescent and adult population, and the SANE who is also trained in the evaluation of the pre-pubertal child.

While the goal is to have all sexual assault medical/forensic examinations in New Hampshire performed by Sexual Assault Nurse Examiners or physicians and other advanced practice professionals who have gone through the SANE training or its equivalent, in communities where this approach is not possible, appropriate education of emergency department personnel is a top priority. For more information on educational opportunities email the SANE Program at ***sane@nhcadsv.org.***

NEW HAMPSHIRE VICTIMS' COMPENSATION PROGRAM

A victim is NEVER billed for the medical/forensic examination or billed for co-payments or deductibles relating the medical/forensic examination. If a victim opts not to use their insurance, does not have insurance or wishes to remain anonymous, the Victims' Compensation Program is directly billed, using the State of New Hampshire, Victims' Compensation Forensic Sexual Assault Examination Billing form (See Appendix Step 16A).

The New Hampshire Victims' Compensation Program automatically covers the cost of the medical/forensic examination for victims of sexual assault, one follow up exam and a second follow up exam with infectious diseases, when HIV nPEP Prophylaxis medications are provided to the patient. See *Appendix K* for additional information on the HIV nPEP billing protocol.

In some instances, Victims' Compensation will cover the cost of the medical/forensic examination associated with a sexual assault, even after the five day window to utilize the evidence collection kit has passed following the sexual assault.

Patients who are victims of sexual assault may also be eligible to **apply** to the New Hampshire Victims' Compensation Program for compensation above and beyond the standard medical/forensic examination such as medical/dental expenses, mental health therapy expenses, lost wages or other out-of-pocket expenses not covered by insurance or other resources available to the victim. The compensation must be directly related to the victim's condition, as a result of

the crime. Property losses and pain and suffering cannot be compensated using this method of compensation.

In order to qualify for compensation, above and beyond the standard medical/forensic examination, the victim must report the crime to law enforcement. Or, if the victim agrees to a forensic evidence collection, and if the examination is sought within **five days** of the assault, the victim shall be deemed to have made a report to law enforcement indicating that an eligible crime has occurred. The victim should be told to call ***1-800-300-4500*** for information about the compensation program or to speak with the crisis center advocate about the program. For more information, go to: https://www.doj.nh.gov/grants-management/victims-compensation-program/index.htm.

To receive compensation for additional crime-related expenses, a victim must file a claim with the New Hampshire Victims' Compensation Program. An application may be submitted using the program's online application or by completing the paper application form. Links to the online application as well as the paper application are available on our website at: https://ccvcnh.org/ or at www.doj.nh.gov (click on Crime Victims and then Victims' Compensation Program.) The victim is also provided with information about applying for Victim's Compensation as part of their discharge information contained in the sexual assault evidence collection kit. See *Appendix D* for a list of Victim/Witness Assistance Programs.

PATIENT OPTIONS

CHILDREN/MINORS

A medical evaluation holds an important place in the assessment of child sexual abuse due to the short and long-term health consequences. All children who are suspected victims of child sexual abuse or assault should be offered a medical evaluation by a provider who has received specialized training.

The goal of the medical evaluation is to establish the safety, health and well-being of the child and to collect and preserve potential evidence that may be used in future legal proceedings. In addition, this evaluation will establish any follow up referrals necessary in establishing and maintaining good health.

The timeframe in which evidence may be collected differs in the prepubescent and adolescent populations, so the following guideline should be followed:

- Prepubescent — Within 72 hours of abuse or assault[2]
- Adolescent — Within 120 hours of abuse or assault[3]

While many children do not come forward immediately following the sexual abuse, children who DO present in an acute manner (within the time frames specified above) will require thorough evidence collection procedures. In those instances, the State of New Hampshire Sexual Assault Evidence Collection Kit should be modified to accommodate the examination of the child. The highlights of these modifications can be found on the instruction sheet.

In these types of cases, it is critical that there be a consistent approach to diagnosis, evaluation, and medical/forensic treatment. To this end, the New Hampshire Attorney General's Task Force on Child Abuse and Neglect, the Department of Health and Human Services and the Granite State Children's Alliance (formerly known as the New Hampshire Network of Child Advocacy Centers) has also developed a comprehensive document entitled ***Child Abuse Investigation Protocol*.** This protocol can be found on the Attorney General's web site by following this link: https://www.doj.nh.gov/criminal/victim-assistance/protocols.htm

When examining a child, the local crisis center should be contacted to support the non-offending parents/family members during the exam.

CHILD ADVOCACY CENTERS

There is a Child Advocacy Center (CAC) (*See Appendix C*) in each county. The purpose of these centers is to provide a comprehensive, culturally competent, multidisciplinary team response to child abuse and neglect cases, in a dedicated child-friendly setting. The team response includes representatives from law enforcement, DCYF, prosecution, mental health, medical, and victim/witness and crisis center advocates. The goals of a CAC include reducing

[2] http://c.ymcdn.com/sites/www.kidsta.org/resource/resmgr/Docs/national_pediatric_protocol_.pdf
[3] https://c.ymcdn.com/sites/safetasource.site-ym.com/resource/resmgr/Protocol_documents/SAFE_PROTOCOL_2012-508.pdf

the trauma to child victims by decreasing the number of interviews, promoting collaboration among disciplines and enhancing the overall investigation and prosecution of child abuse and neglect cases. At present, unless the CAC is medically based, referrals come in through law enforcement and DCYF, and as such, medical providers should encourage law enforcement and/or DCYF to make a referral.

REPORTING TO LAW ENFORCEMENT AND OTHER STATE AGENCIES

Recognizing that a successful prosecution of a sexual assault case is dependent upon a cooperative victim, **most sexual assault cases of patients over the age of 18 are not required to be reported to the police, and it is the victim's decision whether or not to report the crime.** New Hampshire's current reporting law under RSA 631:6 is as follows:

1. **If the sexual assault victim is under the age of 18**, any injury or child maltreatment that has been caused or suspected to have been caused by abuse or neglect must be reported to the New Hampshire Division of Children Youth and Families (DCYF) Central Intake Office at 1-800-894-5533 and to law enforcement. There are no exceptions.

2. **If the sexual assault victim is 18 years of age or older and has received a gunshot wound or other serious bodily injury**, the injuries must be reported to law enforcement.
    - "Serious bodily injury" is defined by RSA 161-F as "any harm to the body which causes or could cause severe, permanent or protracted loss of or impairment to the health or the function of any part of the body".

3. **Vulnerable and/or Elderly Adults**: RSA 161-F provides protection for vulnerable adults who are abused, neglected or exploited. A report must be made to the Bureau of Elderly and Adult Services (BEAS) Central Intake Office at 1-800-949-0470.
    - This Statute defines "vulnerable" as any person that is 18 years of age or older where the physical, mental, or emotional ability of the person is such that he/she is unable to manage personal, home, or financial affairs in his or her own best interests, or he/she is unable to delegate responsibility to a responsible caretaker or caregiver of any age over 18.
    - Currently, there is no statute that requires a report to law enforcement or BEAS if an elderly victim has the physical, mental, and emotional ability to care for and manage affairs for oneself.

CHILD ABUSE REPORTING LAW

In accordance with New Hampshire RSA 169-C:29, information by any citizen regarding the

suspected abuse or neglect of a child is not confidential and must be reported to the child protection agency, the Division for Children Youth and Families (DCYF), if the victim is under the age of 18. The law specifically states: "Any physician, surgeon, county medical examiner, psychiatrist, resident, intern, dentist, osteopath, optometrist, chiropractor, psychologist, therapist, registered nurse, hospital personnel (engaged in admission, examination, care and treatment of persons), Christian Science practitioner, teacher, school official, school nurse, school counselor, social worker, day care worker, any other child or foster care worker, law enforcement official, priest, minister, or rabbi or any other person having reason to suspect that a child has been abused or neglected shall report the same in accordance with this chapter." (*See Appendix E).*

Failure to comply with this law is a misdemeanor offense under RSA 169-C:39.

PROCEDURES FOR REPORTING CHILD ABUSE

Anyone who has reason to suspect child abuse and neglect must report to the DCYF Central Intake Office by telephone at **1-800-894-5533** or **603-271-6562.**

In an emergency, life-threatening situation or a violent or near violent situation, **9-1-1** should be called for an immediate law enforcement response. The statewide enhanced **9-1-1** system will automatically connect the caller to the proper law enforcement agency based on where the call originates.

A sample of reporting information needed for your report to DCYF is located in *Appendix F*.

IMMUNITY

New Hampshire requires the reporting of ALL **suspected** child abuse and neglect. Absolute proof of abuse or neglect is not required before reporting. Those who are uncertain about reporting because of concern regarding the legal consequences of their action should make a "good faith" decision. New Hampshire law provides protection against civil and criminal liability if a citizen makes a "good faith" report.

In accordance with RSA 169-C:31: "Anyone participating in good faith in the making of a report pursuant to this chapter is immune from any liability, civil or criminal, that might otherwise be incurred or imposed. Any such participant has the same immunity with respect to participation in any investigation by the department or judicial proceeding resulting from such report."

ABUSE OF ELDERLY AND VULNERABLE ADULTS REPORTING LAW

Elderly and vulnerable adults are at extremely high risk for experiencing a sexual assault. New Hampshire has a **mandatory reporting law. Any person who has reason to believe that any vulnerable adult, as defined in RSA 161-F:46** (*See Appendix G*) **has been subjected to physical abuse, neglect or exploitation must report the abuse to the New Hampshire Bureau of Elderly and Adult Services (BEAS) Central Intake at 1-800-949-0470**. See *Appendix H* for a list of BEAS offices. For more information, call the **Bureau of Elderly and Adult Services at 1-800-949-0470 or 603-271-7014** during business hours. See *Appendix F* for a sample of information needed for your call/report to BEAS.

Reasons Why Elderly Victims May Not Want, or are Unable, to Report or Assist with the Investigation

- Victims may be reluctant to talk about the attack, report it, or accept help because of the stigma attached to being a victim of sexual abuse or out of fear of retaliation by the perpetrator. Generational values may make it difficult for some victims to talk about sexual abuse and/or body parts.
- Where the abuser is a relative or home caregiver, the victim may be completely dependent upon the caregiver to meet those essential needs (food, medicine, shelter, and hygiene) that allow her/him to remain in her/his home.
- Impaired memory, vision or hearing loss may limit a victim's ability to report episodes or be an accurate witness.
- Examination may be much more difficult or even impossible as a result of physical conditions such as the victim's limited ability to move or reposition themselves for an examination.
- As a result of dementia, victims may not be able to understand that they were assaulted and may be unable to cooperate with exams.

REPORTING ANONYMOUSLY

Some patients who present themselves to the emergency department for medical/forensic treatment may, because of the trauma they have experienced, be undecided over whether to report the crime to law enforcement. These patients have the option to remain anonymous yet have a sexual assault examination completed. **The Anonymous Kit cannot be completed on anyone under the age of 18.**

Recognizing the dual importance of being sensitive to the needs of the patient and the timely collection and preservation of physical evidence, the anonymous reporting procedure was developed. The anonymous reporting procedure ensures that victims of sexual assault who are undecided over whether or not to report the assault to law enforcement have the opportunity to retrieve evidence that would otherwise be destroyed through normal activity. Patients may maintain their anonymity with law enforcement until such time as they decide to report the crime.

The evidence is collected in accordance with the State of New Hampshire Office of the Attorney General's *Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation*, except that the identity of the patient is not documented on any of the specimens or paperwork provided in the Sexual Assault Evidence Collection Kit. A unique serial number is provided on the end of each Evidence Collection Kit box and this serial number is used in place of the victim's name on all specimens and paperwork.

Once the examination is complete, and the patient is discharged, the examiner will turn over the anonymous kit (the same procedure as for other kits) to the law enforcement agency in the jurisdiction where the crime occurred, if the crime occurred in New Hampshire. If the crime occurred outside of New Hampshire or the local law enforcement agency in the jurisdiction where the crime occurred cannot pick up the kit, the examiner will turn over the anonymous

kit to the New Hampshire State Police. **Law Enforcement will then transport the evidence from assaults occurring in New Hampshire to the New Hampshire State Police Forensic Laboratory, just as they would in a reported case.**

VERY IMPORTANT: ALL KITS FOR ASSAULTS WHICH OCCURRED IN NH, INCLUDING ANONYMOUS KITS, SHALL BE TRANSPORTED TO THE STATE POLICE LABORATORY AS SOON AS POSSIBLE.

If the patient ultimately **chooses to report** the crime to law enforcement, she/he will have the serial number from the medical record received upon hospital discharge. The patient will provide that number to the police so that the evidence may then be associated with the reporting victim and an investigation of the crime, including the examination of the evidence, may commence.

The anonymous kit is kept in storage at the forensic laboratory for 60 days after the date of the medical/forensic examination. If the victim has not reported the crime to law enforcement during this time period, the evidence will be returned to the submitting police department. **The patient is informed that if she/he ultimately chooses not to report the crime to law enforcement, the unanalyzed evidence, including clothing, will not be returned but will be sent back to the police department for storage or disposal.**

If the anonymous victim has not reported the incident to law enforcement within 60 days of the date of the medical/forensic examination, it is strongly recommended that the law enforcement agency store the kit in evidence, upon its return from the forensic laboratory, until the statute of limitations for the offense has run out.

It is important to recognize that any crime victim 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, which will take into account many factors (e.g., statute of limitations).

THE MEDICAL/FORENSIC EVALUATION

LOCATION

All patients, regardless of age, when presenting acutely, should be treated in a hospital emergency department or a specially designed area with rapid access to the hospital emergency department. Hospitals providing sexual assault treatment should have a 24-hour emergency room facility with staff trained in sexual assault medical/forensic examinations.

HIPAA

The Health Insurance Portability and Accountability Act (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 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 health care providers' obligation to report that which is reportable under New Hampshire law.**

The federal rules do not preempt state laws that are more protective of patient privacy. In addition, the regulation does not preempt state laws that authorize or prohibit disclosure of health information about a minor to a parent or guardian. New Hampshire statutorily grants a patient the right of access to his or her medical records, which are owned by the patient but housed in the possession of the facility or provider (RSA 151:21).

See *Appendix L* for more information regarding HIPAA.

USE OF BODY-WORN CAMERAS BY LAW ENFORCEMENT AND MAINTAINING HIPAA COMPLIANCE

The statute regulating a law enforcement agency's use of body-worn cameras (BWC), RSA 105-D, became effective on January 1, 2017. It requires any law enforcement agency implementing the use of BWCs to adopt policies and procedures relating to their use, as well as in regard to retention and destruction of the data collected on them.

While it is being encouraged that law enforcement agencies use a victim centered, trauma-informed approach in the use of BWCs when interacting with victims, health care organizations such as hospitals are strongly encouraged to develop in-house policies and procedures that prohibit the use of BWCs by law enforcement in patient-care areas unless such agencies are responding to a 911 emergency at the facility. In a health care facility there is both an expectation of privacy and an expectation of informed consent as it applies directly to the health care professionals providing care. The use of BWCs in a health facility increases the potential for a violation of all patients' HIPAA privacy rights.

CONSENT

It is standard hospital practice to obtain a patient's written consent before conducting a medical examination or administering any treatment. However, informed consent is a continuing process that involves more than obtaining a signature on a form. Therefore, all procedures should be explained as much as possible, and as many times as necessary, so the patient can understand what the examiner is doing and why. Explanation of the examination and treatment process are solely the responsibility of the examiner.

If at any time, a patient expresses resistance or non-cooperation, the examiner should immediately discontinue that portion of the process, discuss any concerns or questions the patient may have regarding that procedure and make a determination about whether or not they can continue. The examiner may consider returning to that procedure at a later time in the examination, but only if the patient then agrees. In either event, the patient should have the right to decline one or more portions of the exam or to decline to answer any question without that decision negatively impacting the remainder of the exam.

The Adolescent Patient

Because state law governs the circumstances under which a minor may seek treatment without parental consent for specific health concerns, and institutional policies support those laws, it is important to provide care within the confines of institutional policy.

An adolescent brought into the emergency department for sexual assault care must give her/his own consent. If the circumstances permit, parental/guardian consent to examine the patient should be obtained but it is not absolutely necessary. An adolescent 14 years or older can present at an emergency department for reproductive health needs without parental/guardian consent (RSA 141-C:18).

In the case of a patient under the age of 18 years, follow institutional policies for obtaining consent for the examination. If there is reason to believe the consenting adult is the offender, or the consenting adult is refusing the exam, DCYF and law enforcement should be notified. Hospital administration, DCYF personnel and law enforcement should jointly agree on an appropriate approach to obtaining the evidence if it is deemed necessary.

The patient should be told that if she/he is under the age of 18, it is mandatory for the examiner to notify the Division for Children, Youth and Families. See *Appendix F* for a sample report form for DCYF.

The Incoherent/Unconscious Patient

Every patient has a right to make informed decisions about their care including participation in or denial of any or all portions of the sexual assault evidence collection kit. There may be situations where there is a high degree of suspicion that a sexual assault has occurred and the patient is unable to provide informed consent due to unconsciousness for reasons that may be permanent or temporary with causes such as head trauma or psychoactive substances.

There may be situations where the patient does not have a health care directive, family

member, guardian, or surrogate decision-maker. There may also be situations where that designated individual is the suspected offender. It may not be in the patient's best interest for any medical staff to approach a suspected offender for consent, regardless of their relationship to the patient.

The standard of care in sexual assault cases is a timely medical/forensic exam that includes evidence collection, as evidence is lost with the passage of time. In cases where a patient is determined unable to give formal informed consent, and in the absence of an appropriate proxy, health care institutions will follow their internal consent policies and, where appropriate, utilize the **anonymous evidence collection protocol** for forensic evidence collection until an informed decision can be made by the patient. If the patient regains consciousness they will be given the option to provide consent to law enforcement for the evidence kit to be analyzed. If the patient dies as a result of suspicious circumstances, a report to law enforcement will be made by the healthcare facility and the evidence kit made available for analysis.

A **Sexual Assault Nurse Examiner** (SANE) should be contacted to facilitate such examinations whenever possible as the coordination and facilitation of medical/forensic procedures is crucial to the successful examination of sexual assault patients.

In all cases where there is a question of reduced capacity, the attending/staff physician should determine capacity.

If there is a conflict regarding capacity and consent recommendations, health care institutions should utilize their resources, including the attending/staff physician, hospital administrator, SANE, Bioethics Committee, Risk Management, and psychiatry as appropriate.

In cases where it is determined the patient is currently incapacitated due to circumstances that will allow the patient to regain consciousness in a reasonable timeframe (e.g., within a few hours due to alcohol intoxication), care should be taken to secure clothing or other items of evidentiary value and preserve evidential integrity. Health care professionals should not destroy or remove evidence from the patient's person or their belongings. Do not bathe the patient, brush the patient's teeth or perform perineal care until such time as the patient is capable of providing consent.

Suspects

See the Policy and Procedure for Suspect Exams in *Appendix M* for additional information.

ACUTE VERSUS NON-ACUTE SEXUAL ASSAULT

A medical/forensic examination should be performed in all cases of sexual assault, regardless of the length of time that may have elapsed between the time of the assault and the examination. Some patients may ignore symptoms that would ordinarily indicate serious trauma, both physical and psychological or disease process. There may also be areas of tenderness which will later develop into bruises, but which are not apparent at the time of initial examination.

In the case of an adolescent or adult, if the assault occurred within five days (120 hours) of the examination it should be considered acute, and an evidence collection kit should be used. If it is determined that the assault took place more than five days before the examination, it is generally not necessary to use an evidence collection kit. However, the examiner should use their discretion on when to collect evidence beyond the five days based upon details of the assault and patient presentation. For example, in the case of a kidnapping where the victim has been gone for a week, evidence may still be collected after five days.

In the case of a prepubescent child, if the assault occurred within three days (72 hours) of the examination it should be considered acute, and an evidence collection kit should be used. If it is determined that the assault took place more than three days before the examination, it is generally not necessary to use an evidence collection kit. It is important that the examiner realize that evidence may still be gathered by documenting findings made during the medical/forensic history and examination, as well as taking photographs.

The job of the examiner is to obtain a history, examine the patient thoroughly, describe the findings objectively, collect necessary forensic evidence and treat the patient on an individual basis. Each case should be completed with the knowledge that the examiner may be expected to give testimony as to the patient's evaluation and treatment.

When a medical/forensic examination is performed, it is vital that the medical and evidence collection procedures be integrated at all times. The coordination of medical and forensic procedures is crucial to the successful examination of sexual assault patients. For example, in order to minimize patient trauma, blood drawn for medical purposes should be done at the same time as blood drawn for evidence collection purposes. When evidence specimens are collected from the oral, vaginal, or anal orifices, cultures for sexually transmitted infection should be taken at the same time.

STRANGULATION

Strangulation, as a result of external pressure or blunt force trauma to the neck, is a type of asphyxia characterized by closure of the blood vessels or air passages (Iserson, 1984). Studies indicate that 23- 68% of female domestic violence victims will experience at least one strangulation related incident at the hands of their abusive male partner during their lifetime (Wilbur, 2001). In addition, women who experience intimate partner sexual violence often experience strangulation as a co-occurring issue (Shields, 2010). New Hampshire statute RSA 631:2 defines strangulation as a felony, and states that strangulation, "means the application of pressure to another person's throat or neck, or the blocking of the person's nose or mouth, that causes the person to experience impeded breathing or blood circulation or a change in voice."

Patients may present with potentially lethal conditions such as fractured trachea, carotid aneurysm or cerebral artery infarct (Anscombe, 1996; Lumb, 2002), similar to patients who've experienced blunt force trauma to the neck due to accidental means (McKevin, 2002).

Because the clinical picture can vary dramatically, from a patient without visible injury, to one with significant visible injury, and because the patient may not mention the strangulation

component of their assault, **asking about strangulation directly is an important aspect of clinical care** (Clements, 2015).

See *Appendix O* for a Strangulation tool, as well as recommendations for discharge, that may aid the provider in their assessment of the living strangulation victim.

Some references that may be helpful to the examiner:

Iserson KV. Strangulation: Review of ligature, manual and postural neck compression injuries. Ann Emerg Med. 1984; 13(3): 179-185.

Anscombe, AM & Knight BH. Case report. Delayed death after pressure on the neck: possible causal mechanisms and implications for mode of death in manual strangulation discussed. Forensic Science International. 1996; 78(3): 193-197.

Wilbur L, Higley M, Hatfield J, Suprenaut Z, Taliaferro E, Smith DJ. Survey results of women who have been strangled while in abusive relationships. J Emerg Med. 2001; 21(3); 297-302.

Shields LBE, Corey TS, Weakley-Jones B, Stewart D. Living victims of strangulation: a 10 year review of cases in a metropolitan community. AM J Med Pathol. 2010;31(4): 320-325

Lumb PD, Milroy CM, Whitwell HL. Neuropathological changes in delayed death after strangulation. Emerg Med News. 2002;24(5):1-42

McKevin EC, Kirkpatrick AW, Vertesi L, Granger R, Simons RK. Blunt vascular neck injuries: diagnosis and outcomes of extracranial vessel injury. J Trauma Inj Infect Crit Care. 2002;53(3):472-476.

INCARCERATED PATIENTS

Like all other populations, incarcerated individuals may experience sexual assault during their time of incarceration. It is imperative that these individuals receive access to a medical/forensic exam that addresses their immediate and long term health needs in a way that also preserves the safety of the hospital staff, Correctional Officers, and community. Transport to the hospital can be one of the most likely times for violence or escape and as such, the following protocol outlines the precautions that must be taken to avoid a potentially dangerous situation. While these policies might seem inhumane or unnecessary to hospital staff and others, these policies exist to ensure safety of the inmate victim, accompanying Correctional Officers, treating hospital staff and others.

For clarification purposes: Prison is typically for more serious levels of crimes and defendants serving more than one year sentences. Jail is for individuals awaiting trial and defendants serving sentences of less than one year.

Prison Patients

Inmates will most often arrive at the hospital accompanied by a minimum of two Department of Corrections (DOC) staff. In the case of female inmates, there should be at least one female

staff person. In all cases a DOC staff person will remain in the examination room. The officer in charge of the transport determines which staff member will be present with the inmate throughout the exam. Although a DOC staff person must remain in the room, it is appropriate that they be seated at the head of the bed and/or in a manner where they would not directly observe certain portions of the medical/forensic exam, including but not limited to the ano-genital exam. It is important that the examiner's report accurately reflect the name of the DOC staff person in attendance during the exam, and precisely where that DOC staff person was placed in an effort to maintain the dignity and privacy of the inmate.

Inmates will present to the hospital handcuffed in either waist cuff or leg iron restraints. They should remain handcuffed throughout the exam. If it becomes necessary to remove handcuffs for the purposes of the exam, the DOC staff person will facilitate their removal in the most appropriate manner necessary to ensure staff safety. Inmates will present in the clothing they disclosed in, which may or may not be the clothing worn at the time of the assault. If clothing does need to be collected for purposes of the kit, the transporting DOC staff will provide the inmate with appropriate clothing at the conclusion of the exam.

As always, the patient must consent to all portions of the medical/forensic examination. Although the DOC staff person is present during the exam, they should not influence the inmate in relation to the examination at any time.

Once the medical/forensic examination is complete, if an evidence kit has been collected and sealed, the kit is transferred using proper chain of custody to a DOC staff person who then transports the evidence to the state forensic laboratory. If the state laboratory is closed, the evidence kit will be stored in a secure refrigerator at DOC until such time as it can be delivered to the state forensic laboratory, at all times maintaining the chain of custody. The manner in which evidence is transferred remains the same whether the sexual assault is inmate-on-inmate, or staff-on-inmate.

According to the Prison Rape Elimination Act Policy and Procedure Directive (PREA PPD), inmate victims of sexual assault shall not be within sight or sound of the perpetrator. Any staff involved in a sexual assault would not be allowed near the inmate and should not be transporting or receiving the evidence. If for any reason there is a question about the chain of custody, the New Hampshire State Police should be called and the New Hampshire State Police Prison Liaison will pick-up and transport the evidence collection kit to the appropriate location for analysis.

Jail Patients

New Hampshire county jails are also required to have PREA policies, but these policies may vary between jails. It is encouraged that the jails and/or DOCs make their PREA policies available to the local hospitals responsible for treating inmates and to develop policies that address the appropriate care of sexual assault victims that include/address the way an inmate will present and the unique safety issues outlined above. As with the prison population, jail staff must remain in the room during the entire exam as outlined above and any and all safety measures required by jail staff should be followed at all times. When an inmate victim presents from a jail, the evidence kit is released to the local police department or local county sheriff while maintaining chain of custody.

COLLECTING AND PACKAGING EVIDENCE

- Once the evidence kit is open, then the examiner needs to be in complete control of that evidence until the time at which it is sealed and handed over to law enforcement.
- The examiner should always wear powder-free gloves when collecting and packaging evidence.
- The examiner 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 the plastic bag is left open for ventilation.
- **Urine specimens obtained should be sealed in a biohazard bag, placed in the paper evidence collection bag and sealed, and placed in another biohazard bag before it is placed on ice. Urine specimens should NEVER BE PLACED INSIDE THE EVIDENCE KIT**. Please remind law enforcement to keep on ice or transfer to a freezer. Ice should never be contained within the sealed bag with the urine cup.
- All hospital 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.

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 is a prerequisite to admitting the evidence in court.

At the completion of the examination, each item of evidence must be labeled with the name of the patient or kit serial number, the sexual assault examiner 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 by keeping the evidence in a secure place. This also applies to any clothing or other items collected that are not sealed in the kit. The chain of custody of a piece of evidence begins when the evidence is first collected from the patient. Each subsequent transfer of the evidence to another individual or storage location is documented along with the date and time the transfer occurs. It is important to emphasize that the documentation of the chain of custody includes the receipt, storage, and transfer of evidence.

STEP 1: AUTHORIZATION AND DISCLOSURE FORM

Fill out all requested information and have patient (or parent/guardian when applicable) and witness sign where indicated. This form should be completed in all instances, regardless of patient age. Fill out all information requested and have patient (or parent/guardian, if applicable) and witness sign where indicated. The bottom of the form indicates where each duplicate copy should go.

NOTE: The top section should be completed in all instances. The REPORTED CASES section should be completed in reported/reportable cases. The ANONYMOUS CASES section should be completed in anonymous cases.

STEP 2A AND 2B: SEXUAL ASSAULT MEDICAL/FORENSIC REPORT FORM

Fill out all requested information utilizing the forms provided. **This form should be completed in all instances, regardless of patient age.** Do not copy and enclose the rest of the patient's medical record in the evidence kit.

When gathering information necessary to perform the medical/forensic examination the examiner should focus on statements made by the patient as they relate to the assault and any anticipated evidence collection and treatment that will be required, as well as observations made during the examination. Drawing unfounded conclusions should be avoided.

Sex Assigned at Birth

Please indicate the sex assigned at birth.

Date and Time of Examination/Date and Time of the Assault

It is essential to know the period of time that has elapsed between the time of the assault and the collection of evidence. The presence or absence of foreign body fluids such as blood, semen or saliva may correspond with the interval since the assault. If the day or time is unknown, as may be the case in child abuse cases, provide the date and time the patient was last in the possible perpetrator's care.

Number and Sex of Assailants

The gender of the offender may provide information regarding the type of foreign secretions that may be found on the patient's body and clothing.

Action of Patient Since the Assault

The quality of evidence is critically affected both physically and chemically by actions taken by the patient and by the passage of time. For example, the length of time that elapses between the assault and the collection of evidence, as well as self-cleansing efforts of the patient, can affect the rate of drainage of semen from the vagina or rectum. The presence of evidence such

as foreign hairs or fibers deposited on the patient by the assailant or transferred to the patient at the crime scene may also be affected. It is important for the analyst to know what, if any, activities were performed prior to the examination, any of which could help explain the absence of secretions or other foreign material. Failure to explain the circumstances under which semen or other body fluids could have been destroyed might jeopardize criminal prosecution if apparent contradictions cannot be accounted for in court.

At the Time of the Assault

The quality of evidence is affected both physically and chemically by actions taken by the patient and the assailant during or after the time of the assault, as well as physiological factors outside the patient's control. For example, if the assailant wore a condom, or the patient had her menses at the time of the assault, this could affect the presence of DNA material. If a weapon was used during the assault, this may affect the injuries found on the patient. If the patient was strangled, this could alter her/his recollection of events and alter the course of the medical evaluation. When a drug-facilitated sexual assault is suspected and biological samples are collected for analysis, it is important to know what drugs the patient may be taking to know whether the presence of any drugs found during testing can be explained. And, if there was a witness to the assault, this could alter the course of the investigation.

At the Time of the Exam

Tampons and sanitary napkins can absorb the assailant's semen, as well as any menstrual blood present. Additionally, the presence of blood on the vaginal swabs could either be from trauma or as a result of menstruation.

Consensual Sexual Activity

When semen specimens are analyzed in sex-related crimes, forensic analysts sometimes find genetic markers that are inconsistent with a mixture of DNA from only the patient and an assailant. A mixture of semen from an assailant and the patient's pre-assault or post-assault sexual partner could lead to DNA evidence which, if unexplained, could conflict with the patient's own account of the assault.

Forensic analysts request that the examiner ask patients if they engaged in voluntary sexual intercourse within several days prior to or after the assault. If so, patients are then asked the date of the contact in order to help determine the possibility of semen remaining from such activity.

The date of last consensual sexual activity should be asked during the physical examination. Semen can remain in the vagina and cervix from several hours to several days, and for shorter periods of time in the rectum. Although the majority of sexual assault cases involve detectable semen lasting up to 72 hours, the disappearance of semen from the vaginal or rectal orifice usually is gradual, not sudden. The amount of residual semen can vary, depending on the patient's own physiology, any cleansing activities following sexual activity, the original volume of semen, the effectiveness of the medical collection procedure, and the sensitivity of the analytical method employed by the forensic laboratory. If the patient has had recent consensual sexual activity, then the ejaculate of that sexual partner could be present on the specimen. Therefore, it may be important to obtain a saliva sample from a consensual partner to determine whether any

semen detected is from the consensual partner or the assailant. Knowing who the prior sexual contact was is significant only to the extent that saliva samples from the individual involved can be made available for comparison if needed. Therefore, this person's identity is not relevant either to the medical examination or for the initial findings of the forensic laboratory and should not be sought at time of the initial examination.

Details of the Assault

An accurate but brief description of the assault is crucial to the collection, detection, and analysis of physical evidence. This includes the discovery of attempted oral, anal, and vaginal penetration of the victim, oral contact by the offender, ejaculation (if known by the victim) and penetration digitally or with foreign object(s). Other facility forms should not be used to substitute completion of the forms supplied in the kit. Do NOT fill out the details of the assault by referencing nurse's notes which are then not accessible to the forensic analyst.

The bottom of each form indicates where each duplicate copy should go.

STEP 3A AND 3B: TOXICOLOGY BLOOD AND URINE SAMPLES

(COLLECT ONLY IF DRUG FACILITATED SEXUAL ASSAULT IS SUSPECTED – DO NOT COLLECT IN ALL CASES.)

Note: In order to minimize patient discomfort, blood needed for other tests, including pregnancy, should be drawn at this time. **THESE TEST RESULTS SHOULD NOT BE INCLUDED IN THE KIT, BUT SHOULD REMAIN AT THE HOSPITAL. All blood tubes and urine collection cups should be taken from the hospital supply**

Suspected Drug Facilitated Sexual Assault

Unknown drug ingestion has become a common tool used by sex offenders to aid in the commission of their crimes. Commonly used drugs include Ketamine, Rohypnol, Gamma Hydroxybutyrate (GHB), Ecstasy and a variety of prescription medications. These drugs are often mixed with alcohol or other beverages to incapacitate the victim. Once the victim recovers from the effects of the drug, anterograde amnesia may make it difficult to recall the events following the ingestion of the drug. For this reason, sexual assault victims may not be aware of the assault or whether or how they were drugged.

The examiner should be aware of the possibility of unknown drug ingestion and discuss the possibility with the patient. Ask the patient to describe any symptoms that may indicate the use of a drug and offer to test for the drug's presence in the body. It is important for the examiner to realize that their hospital-based laboratory may be limited in its ability to test for specific substances.

On October 12, 1996, a federal law entitled "The Drug-Induced Rape Prevention and Punishment Act of 1996" was enacted. The bill provides penalties of up to 20 years imprisonment for persons who intend to commit a crime of violence by distributing a controlled substance to another individual without that individual's knowledge.

Testing for the Presence of Drugs Used to Facilitate Sexual Assault

If the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of unknown drug ingestion, the patient should be asked for consent to have a blood and/or urine sample collected for identification of drugs commonly used to facilitate sexual assault.

If the patient consents to the testing, the following procedures should be followed:

1. If ingestion was within **24 hours**, collect both blood and urine samples.
2. If ingestion was between **24 and 120 hours**, collect a urine sample only.
3. If ingestion was **over 120 hours**, neither sample should be collected.

Blood Sample

Except in pre-pubertal cases, if the ingestion occurred within **24 hours,** collect **two 4 ml samples of liquid blood** into two hospital supplied Purple Top (EDTA) tubes, using normal blood drawing procedures. In pre-pubertal cases, check with your hospital lab to determine the appropriate amount of blood to be collected. For reported cases, label tube with: Patient's name, DOB, phlebotomist's initials, date and time. For anonymous cases, label with: Kit #, DOB, phlebotomist's initials, date and time. Place blood tube in bubble wrap and into the envelope. Seal and fill out all information on the envelope.

Urine Sample

In addition to blood, if the ingestion occurred within **120 hours,** collect a **90 ml urine sample** in hospital-supplied urine sample container. For reported cases, label with: Patient's name, DOB, collector's initials, date and time. For anonymous cases, label with: Kit #, DOB, collector's initials, date and time. Place urine container in a liquid tight re-sealable plastic bio-hazard bag and **leave outside the kit** for law enforcement personnel. **Freeze the urine specimen or place the urine specimen immediately on ice. DO NOT PLACE URINE SAMPLE IN THE SEXUAL ASSAULT EVIDENCE COLLECTION KIT.** No toxicology testing will be performed on samples collected anonymously until such incidents are reported.

NOTE: IF BLOOD/URINE SAMPLE IS TAKEN ASK PATIENT IF SHE/HE IS ON ANY PRESCRIPTION DRUGS AND DOCUMENT DRUGS ON STEP 2A.

STEP 4: OUTER CLOTHING and STEP 5: UNDERPANTS/DIAPER

Clothing frequently contains 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 assailant'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 can 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 underpants, blouses, shirts, and slacks. 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 in the case.**

A patient's eyeglasses, 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 assailant onto the victim's jewelry, the jewelry should be swabbed using sterile water and swabs, and packaged appropriately as part of the foreign materials section of the evidence collection kit.

When the determination has been made that the victim's clothing contains possible evidence related to the assault, **with patient consent**, those items should be collected. The patient has the right to decline to turn over any article of clothing. If the patient is seen within five days of the sexual assault the underpants worn by the victim should be collected.

In the process of criminal activity, different garments may have contact with different surfaces and debris from both the crime scene and the assailant. Keeping garments separate from one another permits 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.**

If it is determined that the patient is not wearing the same clothing worn at the time of or immediately after the assault, the examiner should inquire as to the location of the original clothing. This information should be given to the investigating officer so that he or she can make arrangements to retrieve the clothing before any potential evidence is destroyed.

The patient may be wearing a sanitary napkin at the time of the exam. The underpants should be collected and put in the underpants bag. The napkin should be collected as evidence by drying as much as possible and folding the napkin in on itself, inserting the napkin into the foreign materials collection bag, and labeling and sealing the bag accordingly.

Clothing Collection Procedure

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

After air-drying items when necessary, underpants, hosiery, slips, or bras should be put into individual small paper bags. Any wet stains, such as blood or semen, should be allowed to air dry before items are 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. If additional clothing bags are required, use only new paper bags. Additional bags may also be obtained from law enforcement.

Swab and Smear Collection Procedure

The purpose of making smears is to provide the forensic analyst with a nondestructive method of identifying semen. This is accomplished through the identification of the presence of spermatozoa. If no spermatozoa are present, the analyst will then proceed to test the swabs for the presence of seminal plasma components to detect the presence of semen.

If patients must use bathroom facilities 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 secretions until after the evidence has been collected.

The number of tests that lab personnel can perform is limited by the quantity of semen or other fluids collected; therefore, two swabs should be in a pair or simultaneously used when collecting specimens from the oral and anal cavities. For the vaginal cavity, all four swabs should be used in pairs when collecting specimens.

When taking swabs, the examiner should take special care not to contaminate the individual collections with secretions or matter from other areas, such as vaginal to rectal or penile to rectal. Such contamination may unnecessarily jeopardize future court proceedings.

Depending upon the type of sexual assault, semen may be detected in the mouth, vagina, anus or rectum. 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 rectal penetration, it is recommended that the patient be encouraged to allow examination and collection of specimens from both the vagina and anus.

In cases where a victim is certain that contact or penetration involved only one or two orifices (or in some circumstances, no orifices at all**)**, **it is important for the victim to be able to decline these additional tests.** This "right of refusal" also will serve to reinforce a primary therapeutic principle - that of returning control to the victim.

Each of the oral, vaginal and anal collection envelopes contains the applicable slide with which to create the smear. When swabs are collected from each of these orifices, the first two 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 within the white circle with the collected specimen. Care should be taken to be sure the correct side of the slide is used to make the smear. The correct side of the slide is indicated by the label marked “oral” or “vaginal” or “anal.” ***The smear should not be fixed or stained.***

STEP 6: ORAL SWABS AND SMEAR

In cases where the patient was forced to perform orally, 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 persist.

If the sexual assault occurred within 24 hours of the patient's presentation, swab the oral cavity using the two swabs provided, either individually or together. Attention should be paid to those areas of the mouth where semen might remain for the longest amount of time, such as between the upper and lower lip and gum. Prepare the oral smear by wiping both swabs across the surface of the labeled glass slide within the white circle. ***The smear should not be fixed or stained.*** Allow oral swabs and smear to air dry. Return the smear to the slide holder and place the swabs in the swab box. Return the slide holder and swab box to the Oral Swabs and Smear envelope (Step 6). Seal and fill out all information requested on the envelope.

STEP 7: DNA SAMPLE/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. It is important to note that these swabs should be collected after the oral swabs in Step 6.

Swab the inner aspects of both cheeks with both swabs until moistened. Allow both swabs to dry. Place swabs in the box. Return the box to the DNA Sample/Buccal Swabs envelope. Seal and fill out all information requested on the envelope.

NOTE: DNA/BUCCAL SWABS SHOULD BE TAKEN FOR ALL PATIENTS, INCLUDING PREPUBESCENT

STEP 8: FOREIGN MATERIALS/PUBIC HAIR COMBINGS

Semen and saliva are the most common secretions deposited on the patient by the assailant, which can be analyzed by laboratories to aid in the identification of the perpetrator. It is important that the examiner examine the patient's body for evidence of foreign matter.

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

Oral contact with the victim's breast or genitalia is common. It is important to ask the patient directly if and where the assailant put his/her mouth, or where the suspect ejaculated on the patient's body. If the patient reports that the assailant puts his or her mouth on their body anywhere and/or ejaculated on the patient's body and they are still within 5 days of the assault, a specimen should be collected.

Dried secretions are collected by dampening the swab with sterile water and gently swabbing the indicated area. After allowing the swab to air dry, it should be returned to the swab box

provided. The Foreign Materials/Pubic Hair Combings (Step 8) envelope should be marked as to where on the patient's body the sample was collected and what substance is suspected (e.g., blood, semen, saliva, etc.). In the event multiple sites require collection, the examiner should obtain additional swabs and envelopes from the hospital supply and label accordingly.

Where there is evidence of semen or other matted material on pubic or head hair, it may be collected in the same manner as other dried fluids. The swab should be placed in a small paper envelope and labeled "possible secretion sample from head/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.

If the victim was bitten and the bite mark occurred within five days of the exam, a sample is collected from the bite mark area by moistening a sterile swab with a minimum of sterile water and gently swabbing the affected area, following the same procedures as instructed for other dried fluids.

Pubic Hair Collection Procedure

Due to the advent of DNA analysis, pulled pubic hairs are no longer necessary under any circumstances.

The paper napkin is to be placed under the female patient's buttocks or under the male patient's scrotum. Combing of the pubic hair should be done vigorously and thoroughly to lessen the chance that valuable evidence may be missed. Return the comb to the center of the paper napkin and fold the napkin in on itself to ensure that evidence is contained within the napkin. The pubic hair combings and the comb are placed in the Foreign Materials/Pubic Hair Combings envelope (Step 8). Seal and fill out all information requested on the envelope.

STEP 9: ANAL SWABS AND SMEAR

If the circumstances of the assault suggest contact between the victim's anus and the assailant's mouth and/or penis, or if there is suspected drainage from the vagina onto the anus, even without anal penetration, it is recommended that the patient be encouraged to allow examination and collection of anal swabs.

If the sexual assault took place within 48 hours of the patient's presentation, and 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 and have the patient bear down as though having a bowel movement. These actions allow for dilatation of the sphincter muscles. Allow approximately 2 minutes for anal dilation to occur. Swab the anal cavity using the two swabs provided, either individually or together. To minimize patient discomfort, these swabs may be moistened slightly with sterile water. Prepare the anal smear by wiping both swabs across the top, labeled surface of the microscope slide within the white circle. **The smear should not be fixed or stained.** Allow all swabs and smear to air dry. Return the smear to the slide holder and place both swabs in the swab box. Return the slide holder and swab box to the Anal Swabs and Smear envelope. Seal and fill out all information requested on the envelope.

At this time, any additional examinations or tests involving the anus should be conducted.

STEP 10: EXTERNAL GENITALIA/PENILE SWABS

EXTERNAL GENITALIA

If the circumstances of the assault suggest there has been contact between the victim's genitalia and the assailant's mouth or penis **within 72 hours of the examination,** and the patient has not bathed or showered since the assault, there exists the possibility that saliva or seminal fluid 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 and the entire pubic area should be swabbed gently. Allow the swabs to air dry. Place both swabs in the swab box. Return the swab box to the External Genitalia envelope. Seal and fill out all information requested on the envelope.

PENILE SWABS

For the 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 secretions could help corroborate that the penis was introduced into a vaginal orifice; and feces or lubricants might be found if rectal penetration occurred.

If the assault took place **within 72 hours of the examination** and if the male patient has not bathed or showered, the proper method of swabbing the penis is to slightly moisten the swabs provided with sterile water, and thoroughly swab the external surfaces of the penile shaft and glans. The swabs should be used two at a time. All outer areas of the penis and scrotum where contact is suspected should be swabbed. **Care should be taken to avoid the urethral meatus as this could result in obtaining a DNA sample of the victim instead of the suspect.** Allow all swabs to air dry. Place both swabs in the swab box.

Return the swab box to the Penile Swabs envelope. Seal and fill out all information requested on the envelope.

Any other applicable hospital testing should be done at this time.

EVALUATION FOR GENITAL TRAUMA

It is important to note that the majority of sexual assault cases do not involve genital trauma. However, recognition and documentation of trauma can both corroborate the patient's statements and show the level of force used in the commission of the crime. Visual inspection is the most common and available examination technique to detect genital trauma. Careful inspection of the ano-genital region is essential. Traumatic injury may include tears, bruising, abrasions, and abnormal redness. The areas where these types of injuries are often found include the posterior fourchette, fossa navicularis, labia minora and the hymen. Not all injuries are easily seen.

There are times when the barrier to care may involve a cultural practice that the provider is unaware of, and may complicate the overall care of the patient, such as **female genital mutilation** (FGM). In this instance it is critically important that the provider be educated in the cultural practice, origins, sexual assault care and appropriate follow ups. For more information go the World Health Organization website at *www.who.int/en/*.

A few techniques have been studied that enhance the examiner's ability to recognize and/or enhance possible identified areas of genital injuries. Availability of equipment and skilled examiners limits the application of these techniques but they should be considered appropriate options:

Toluidine Blue Dye

1% Toluidine blue dye has been employed as an objective adjunct in the evaluation of ano-genital trauma because of its sensitivity for exposed dermal nuclei. Trauma can injure the epidermis and expose the nuclei of cells. Normal intact skin contains no nuclei on its surface. Toluidine blue dye is only applied to the posterior fourchette, fossa navicularis and external tissue such as the perianal folds with subsequent removal by means of a destaining reagent, such as lubricant jelly (K-Y), diluted acetic acid or a 10% vinegar solution. While the dye has been shown to increase the detection rate of micro abrasions and lacerations by up to 58% in sexual assault patients, **it should be used only to highlight injury that has already been identified and is not necessary in every case**.

The Foley Catheter Technique

The foley technique is utilized on female patients who have reached the onset of their menses to visualize the hymen and better detect injury. A foley (12-16F) with balloon is inserted into the vaginal vault, without lubrication, following visualization and prior to the speculum examination. The foley is inserted until the balloon tip is inside the vaginal vault. The balloon is then inflated with air using a 30-60cc syringe. The balloon on average is inflated with approximately 30-50cc of air. The foley is then gently tugged on allowing the hymenal tissue to sit on the descending balloon. Should injuries to the hymen be found, appropriate photographic techniques should be employed.

To avoid loss of evidence, the foley tip can be swabbed, and the swab dried, labeled and sent to the crime lab with the other evidence for analysis.

Some references that may be helpful to the examiner:

McCauleyJ, Gorman RL, Guzinski G(1986). Toluidine blue in the Detection of perineal lacerations in pediatric and adolescent sexual abuse victims. *Pediatrics, 78(6)*, 1039-1044.

Sugar NF, Fine DN, Eckert LO. (2004) Physical findings after sexual assault: findings of a large case series. Am J Obstet Gynecol. 2004 Jan; 190(1):71-6.

Hochmeister MN, Whelan M, Borer UV, Gehrig C, Binda S, Berzlanovich A, Rauch E, Dirnhofer R. (1997) Effects of toluidine blue and destaining reagents used in sexual assault examinations on the ability to obtain DNA profiles from postcoital vaginal swabs. *J Forensic Sci*. 42(2):316-9.

STEP 11: VAGINAL/CERVICAL SWABS AND SMEAR

Vaginal/cervical swabs and smears should be taken if the assault occurred within 5 days of the patient's examination and should not be collected from pre-pubertal patients.

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

Utilizing a speculum in the patient who has reached the onset of menses, swab the vaginal cavity using two of the four swabs provided, as a pair. Prepare the vaginal smear by wiping one pair of swabs across the top, labeled surface of the microscope slide within the white circle. **The smear should not be fixed or stained.** Use the second set of swabs one at a time to gently swab the cervical os of the patient. Allow all swabs and smear to air dry. Return the smear to the slide holder and place each pair of swabs in their respective swab boxes, marking them appropriately "vaginal" or "cervical". Return the slide holder and swab boxes to the Vaginal/Cervical Swabs and Smear envelope. Seal and fill out all information requested on envelope.

DO NOT COLLECT FROM PREPUBERTAL PATIENTS. In the pre-menses girl no speculum is utilized during the exam, and the set of cervical swabs is not obtained. The remaining two vaginal swabs should be moistened slightly with sterile water and used to swab the introitus.

Immediately following this procedure, the remainder of the pelvic examination should be performed and appropriate medical intervention and treatment should occur.

Collection of Tampons as Evidence

The sexual assault examiner may find that the patient has inserted a tampon in response to menstruation. The tampon may have absorbed residual semen from the assailant. It will therefore be necessary to collect the tampon as evidence. Obtain a sterile urine specimen collection container from hospital supply. Label the container with the name of the patient (or kit serial number if being collected anonymously), date, time and collector's initials. Punch three or four 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. Cover the specimen container and place it into a **paper bag**. Label the bag with the name of the patient (or kit serial number if being collected anonymously), date, time and collector'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 box.

STEP 12: SEXUAL ASSAULT EVIDENCE COLLECTION KIT INVENTORY FORM

Fill out all requested information, date and sign. This form should be completed in all instances, and will give the examiner an account of what was and was not collected at the time of the exam should the information be necessary during testimony. **This should be retained with the medical record.**

STEP 13: MEDICAL/FORENSIC EXAMINATION FORM

Step 13 forms include two pages for male patients and two pages for female patients. Using the appropriate set of forms, the examiner should use the body and genital diagrams to describe any

assessment findings. Examiners are encouraged to label the body diagram on page 1 with numbers indicating areas of findings. The corresponding number should be listed below with a detailed description of the finding to include type of injury, approximate size, color and location.

Findings from the medical/forensic examination should be documented as completely as possible on the forms provided, which will become part of the patient's medical record. Sexual assault prosecutions may not always require the presence or testimony of the attending examiner; however, there will be times when it is necessary. If testimony is needed, a thoroughly completed and legible medical record and accompanying body diagram and/or photographs will assist medical staff in recalling the incident. The forms should be retained with the medical record.

EVALUATION FOR SEXUALLY TRANSMITTED DISEASES (STDs)

According to the latest *Centers for Disease Control STD Treatment Guidelines*, Trichomoniasis, Bacterial Vaginosis, gonorrhea and chlamydial infection are the most frequently diagnosed infections affecting women who have been sexually assaulted. Because the prevalence of these infections is high among sexually active women, their presence post-assault does not necessarily signify acquisition during the assault. Chlamydial and gonococcal infections among females are of special concern because of the possibility of ascending infection. In addition, post-assault evaluation can detect the Hepatitis B Virus, which may be prevented by post-exposure administration of the Hepatitis B vaccine. It is recommended that the most recently published *CDC STD Treatment Guidelines* be adhered to whenever possible. *(www.cdc.gov)*

Prophylaxis

Knowing that follow up can be difficult, the CDC provides specific prophylactic recommendations. Because these recommendations are routinely updated as a result of new science, providers should follow the most up to date treatment guidelines found at the CDC website: http://www.cdc.gov/std/treatment/default.htm

Risk for Acquiring HIV and non-occupational Postexposure Prophylaxis (nPEP)

The decision to recommend post-exposure prophylaxis (PEP) must balance the risks and benefits of PEP. The risks are primarily of an adverse drug reaction (ADR). The benefit is the potential prevention of HIV acquisition. The decision analysis required to balance the two is made difficult by the low risk of transmission after a single sexual exposure to HIV, the unknown efficacy of PEP after sexual exposure, and the potential toxicity of the medications. The risk of transmission is highest after unprotected receptive penile-anal sexual exposure (0.1-3%), less after receptive penile-vaginal exposure (0.1-0.2%), and much less after receptive oral exposure (risk not defined).

There are no available data to estimate the efficacy of PEP after sexual exposure. Theoretical support is provided by the efficacy of PEP after occupational exposure and by the efficacy of antiretroviral therapy (ART) for the prevention of transmission from mother to child during pregnancy. Studies of PEP administered to health care workers after occupational exposure have documented a high rate of adverse drug reactions (ADRs). In some studies, as many as 50-90% of those who received PEP reported subjective side effects, and as many as 24-36% reported side effects severe enough to discontinue therapy. The newer agents which are now often

recommended for PEP are better tolerated, but the risk of ADRs remains.

In keeping with the CDC guidelines, New Hampshire makes the following recommendations for post-exposure assessment of adolescent and adult patients **within 72 hours** of the sexual assault:

1. Review HIV/AIDS local epidemiology and assess risk for HIV infection in assailant.

2. Evaluate circumstances of assault that may affect risk for HIV transmission.

3. Consult with a specialist in HIV (Infectious Disease) treatment if post-exposure prophylaxis is considered.

4. If the patient appears to be at risk for HIV transmission from the assault, discuss antiretroviral prophylaxis, including toxicity and unknown efficacy, testing and follow up recommendations.

5. If the patient chooses to receive antiretroviral post-exposure prophylaxis, **follow the recommended algorithm in** *Appendix I*.

6. The patient should be given a **minimum of a 7-day dose**, with the first dose to be taken immediately. The **remainder of the 28-day dosage must be made available to the patient as soon as possible, at no cost to the patient.** See *Appendix I* for the medication guidelines.

NOTE: The State of New Hampshire Board of Pharmacy, at their August 16, 2006 meeting, (see Appendix J) voted to waive rule 709.07 that limits emergency rooms from dispensing more than a 3 day dose of medications, and allow dispensing the full 28 day dose pack of this medication in this circumstance. The hospital will be reimbursed for the cost of the medication by the New Hampshire Attorney General's Office. See payment for HIV nPEP on page 47.

If HIV nPEP is prescribed to the patient, the following steps should be taken:

1. Dispense a minimum of a 7-day dose with the first dose taken immediately.

2. Give the patient a copy of the **HIV nPEP Patient Information Form** which is included in the protocol (*See Appendix P, Step 14A).*

3. Despite the fact that scheduling and adhering to follow up may be difficult in this patient population, it remains essential in order to detect new infection, document healing of injury, counsel regarding treatment for other STIs or complete requested vaccinations. For these reasons the most recent CDC recommendations regarding follow up and post exposure prophylaxis should be adhered to whenever possible. The CDC guidelines can be found at www.cdc.gov.

   Provide the patient with information regarding the necessary follow-up testing and counseling by the patient's Primary Care Provider, an Infectious Disease doctor, or another appropriate clinician. If possible, facilitate the scheduling of the follow-up. **The State will pay for one follow-up visit for infectious disease purposes and one general**

follow-up, at the Fee for Service Medicaid Rate. See page 48 for payment instructions and *Appendix P* for the follow-up voucher form.

4. The clinician should facilitate a follow-up phone call within 3 days to check in with the patient regarding the status of their follow-up care.

5. Provide the remainder of the 28-day dosage to the patient, at no cost to the patient.

The patient should be offered HIV counseling as soon as possible by a trained counselor in order to realize that the possibility of contracting HIV is outweighed by the probability that a single exposure will not transmit the infection. All persons electing to be tested for HIV should receive pretest and posttest counseling.

EVALUATION FOR PREGNANCY AND PREVENTION

The incidence of pregnancy after one unprotected mid cycle intercourse is between 1 and 17%. Patients who have experienced a sexual assault that could result in an unintended pregnancy should not experience barriers to accessing Emergency Contraception (EC).

The National Protocol recommends that health care providers discuss the probability of pregnancy with female patients, administer a pregnancy test for all patients with reproductive capability and discuss treatment options.

All victims must be offered emergency medical treatment. Offering counseling to female victims about pregnancy prevention and the importance of timely action is also necessary.

There are two available oral emergency contraceptives that can be offered to sexual assault patients:

- Levonorgestrel tablets
- Ullipristal acetate tablets

It is important that providers access the most up-to-date pharmacological information on these options prior to giving them. This can be achieved through the pharmacy department or online medical/pharmacological resources. Optimally, treatment should be initiated as soon as possible after the assault.

Health care facilities or physicians that do not offer these services or choose not to provide emergency contraception as a treatment option following the completion of a medical/forensic examination for victims of sexual assault must immediately provide the victim a referral to another facility that does provide this treatment option. The type and dosage of any medication administered or prescribed and any referral arrangements must be recorded in the medical chart and also be provided to the victim.

Sources:

Gemzell-Danielsson K, Berger C, Lalitkumar PGL. Emergency contraception – mechanisms of action. Contraception. 2012; 87: 300-308.

Glasier A, Cameron S, et al. Ulipristal acetate versus levonorgestrel for emergency contraception: a randomised non-inferiority trial and meta analysis. Lancet. 2010; 375: 555-562.

PHOTOGRAPHS

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 (e.g., a bite mark) 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 may only be taken with the written consent of the patient/guardian. Photographs may be taken without parent/guardian consent if there is a suspicion of abuse (RSA 169-C:33). Photographs should not be taken in the place of diagrams or written descriptions, and should be taken by the examiner. Only in cases where the examiner is unable to take photographs should other medical personnel, who are trained to take photographs of injuries, be called in. **In addition, photographs taken in the context of the medical/forensic examination become part of the medical record**. Examiners should adhere to their institution's photography policy for proper storage, disposition and release of photographs. **Photographs should <u>not</u> be placed in the evidence kit.** The existence of photographs should be noted on the Medical/Forensic Examination Form (Step 13).

Generally speaking, digital cameras should be utilized to take photographs in the medical setting. Use of film can create challenges with knowing in advance whether the photographs accurately depict the image, and may violate the patient's privacy in the development process.

When photographs are taken, make sure to:

- Begin and end the series with a patient identifier (i.e. a patient label with name, date of birth, medical record number, etc.) visible.

- Keep body surface and genital photographs in a manner that is easy for the viewer/reviewer to differentiate. One example is to separate the two sets of images with a patient sticker/identifier, clearly marking one as "body surface" and the other as "genital." Patient release may necessitate release of one series but not the other.

- Please ensure development of and adherence to institutional policy regarding the storage and release of photos.

- Take an orientation photograph of the patient. An orientation image would be a full length photograph that includes the patient's head and body. The patient should be clothed or

properly draped. The orientation image should not contain the patient holding any objects and should only include an image of the patient from the front/anterior aspect; no facial side profile images should be taken.

- Take a mid-distance photograph of the injury without a color/measure standard, taking care to include identifiable structures on either side (e.g., If photographing a forearm, include the proximal elbow joint and distal wrist joint in the image).

- Take a close-up photograph of the injury with and without a color/measure standard, preferably the American Board of Forensic Odontology (ABFO) #2 standard.

- Adhere to institutional policy for specific storage, disposition and release of photographs taken.

- Indicate on the body diagrams contained on Step 13 where the photographed injury is located and give a written description of the injury including size in the medical/forensic record.

- Do not take genital photography without, at a minimum, a digital zoom capability, or a colposcope or its equivalent.

- **Re-photograph injuries in follow-up when appropriate.** This will help to show the extent of the injuries, their severity and their healing over time.

- **Order of Body Surface Photographs:**

    - A patient sticker or identifier photograph

    - Head-to-Toe Identifier photograph of the patient (with the patient properly clothed or draped, take a full length photograph)

    - Photograph series of each identified body surface injury:

        - Orientation photograph of injury

        - Close up photograph of injury

        - Close up photograph of the injury utilizing a measuring tool/standard

    - A patient sticker or identifier photograph

- **Order of Ano-genital Photographs:**

    - A patient sticker or identifier photograph

    - If possible, an orientation shot of the genitalia

    - Orientation shot of the injury (this means you can tell by the photograph the structural surface where the injury is located, i.e. abrasion to the labia minora)

    - Close-up of the injury

- A patient sticker/identifier photograph to complete the series
- Photographs should attempt to capture all female genital or male genital structures.
- Follow your institutional policy regarding deleting any photographs.

Bite Mark Procedure

Bite marks may be found on patients as a result of sexual assault and other violent crime, and should not be overlooked as important evidence. Saliva, like semen, may demonstrate the DNA profile of the individual from whom it originated. The collection of possible 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.

The collection of possible 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 samples.

It is important that photographs of bite marks be taken properly. An individual, deemed appropriate for the situation and who has sufficient photography skills, should be contacted immediately to take photographs of bite mark evidence utilizing an ABFO #2 standard.

STEP 14: PATIENT INFORMATION FORM

This is a discharge instruction form for the patient which outlines testing completed, medications administered and other important information. The discussion of follow up services for both medical/forensic and counseling purposes is an important treatment aspect for sexual assault victims. Before the patient leaves the hospital, a *Patient Information Form* should be completed. The type and dosage of any medication prescribed or administered should be recorded on the first portion of this form.

The original copy of the patient information form should be given to the patient and the second copy retained for the hospital's records.

STEP 14A: HIV PROPHYLAXIS (HIV nPEP) PATIENT INFORMATION SHEET

If HIV nPEP was given to the patient, fill out all information requested on the *HIV Prophylaxis (HIV nPEP) Information Form* and give to the patient prior to discharge.

GIVE THE PATIENT THE FOLLOWING FORMS:

STEP 15A: FOLLOW UP EXAMINATION VOUCHER FORM
STEP 15: SEXUAL ASSAULT CRISIS CENTER LIST
STEP 15C: FINANCIAL AID FOR VICTIMS CARD (HELP FOR VICTIMS OF SEXUAL ASSAULT)

STEP 16A: FORENSIC SEXUAL ASSAULT EXAMINATION BILLING FORM

See detailed instructions provided in *Appendix P*.

STEP 16B: POST CARD MAILING

Every evidence collection kit contains a self-addressed, postage paid postcard. The examiner is required to document the date of examination, the receiving police department, the kit serial number **(do NOT use the patient's name)** on the kit used for the exam, name of examiner, whether the examiner was a SANE, the hospital where the exam was completed, date of the exam, whether it was reported or anonymous and the name of the police department accepting the evidence kit for transfer to the forensic laboratory. The post card should then be put into the nearest mail system. The information contained on the card is being obtained for statistical purposes and **IT IS VERY IMPORTANT THAT A POST CARD IS MAILED FOR EVERY KIT USED.**

RELEASE OF EVIDENCE

All medical and forensic specimens collected during the sexual assault examination must be kept separate, both in terms of collection and processing. Those required only for medical purposes should be kept and processed at the examining hospital, and those required strictly for forensic analysis transferred with the evidence collection kit to the forensic laboratory for analysis. When all evidence specimens have been collected, they should be placed back into the kit, making certain that everything is properly labeled and sealed.

Under no circumstances should the patient be allowed to handle evidence after it has been collected. Only a law enforcement official or duly authorized agent should transfer physical evidence from the hospital to the forensic laboratory for analysis.

Evidence collection items should not be released from a hospital without the written authorization and consent of the informed adult patient, or an authorized third party acting on the patient's behalf, if the patient is unable to understand or execute the release. Step 1 in the medical/forensic kit entitled, *"Authorization and Disclosure Form*", should be completed, making certain that all items being transferred are checked off. Signatures must also be obtained on the Chain of Custody Form on the front of the evidence collection kit from the examiner turning over the evidence, as well as from the law enforcement representative who picks up the evidence and the officer that transports it to the New Hampshire State Forensic Laboratory.

One copy of Step 1, *"Authorization and Disclosure Form*", should be kept at the hospital and the other copy returned to the kit.

All required information should then be filled out on the top of the kit box just prior to sealing it. The red evidence tape provided should be used to seal at the indicated areas. Initial the evidence tape after sealing. To complete the proper chain of custody identify by checking the appropriate boxes the kit, the number of sealed clothing bags, and any other samples that need to be retrieved by law enforcement. The completed kit and clothing bags should be kept

together and stored in a safe area**. Paper bags are to be placed next to, but not inside, the completed kit.** If a urine sample for DFSA was collected, it must be sealed outside the kit and the box for urine collection should be checked Yes. If no urine sample was collected, check the No box. If a blood sample was collected, it would be sealed inside the evidence collection kit and the box indicating that the kit must be refrigerated should be checked Yes. **If no blood sample was collected, the kit does not require refrigeration and the No box should be checked.** If enough information is known about the suspect to determine that the suspect is a juvenile (under 18), please check the appropriate box. The examiner should hand the sealed evidence kit and other external bags over to law enforcement ensuring that the receiving officer signs the chain of custody on the front of the kit with the date and time that they received it and who they received it from.

Although the vast majority of sexual assault victims consent to have their evidence specimens released to law enforcement subsequent to the medical examination and evidence collection process, there may be instances when a patient will not authorize such a release. If consent is not initially received, an **Anonymous Sexual Assault Reporting System** is in place. All forms, as well as the kit box and clothing bags should be marked with the evidence collection kit serial number found on the end of the kit box, instead of the patient's name. If the anonymous sexual assault reporting system is in place, the copies of Steps 1 and 2A/B are to be sealed inside the evidence collection kit (*See **Reporting Anonymously, Page 17*****).**

DISCHARGE OF THE PATIENT

COUNSELING

Since sexual assault is a violent crime, patients are often left feeling vulnerable, helpless, anxious, or phobic. Long-term counseling as well as short-term crisis intervention with a therapist or support organization may be needed to help the patient regain equilibrium.

Sexual Assault Crisis Centers offer peer support regarding the signs and symptoms of Rape Trauma Syndrome or Post Traumatic Stress Disorder and will also make referrals to a therapist upon request. The local crisis center should always be notified, and the list of crisis centers found inside the evidence collection kit should always be given to the patient. The examiner should determine whether immediate psychiatric consultation is necessary.

FOLLOW UP CONTACT

Any further contact with sexual assault victims must be carried out in a very discreet manner. In an effort to avoid any breach of confidentiality or unnecessary embarrassment, patients should be asked before leaving the hospital whether they may be contacted about follow up services. If the patient agrees they should be asked to provide an appropriate mailing address and/or telephone number where they can be reached.

Informational brochures on sexual assault and its aftermath are available from most sexual assault crisis centers. A copy should be provided to all victims and their families before they leave the hospital.

CHANGE OF CLOTHING

Many patients would like to wash after the examination and evidence collection process. If possible, the hospital should provide the basics required, such as mouth rinse, soap, and a towel.

If garments have been collected for evidence purposes and no additional clothing is available, **arrangements should be made to ensure that no patient has to leave the hospital in an examining gown.** Some patients may wish to have a family member or friend contacted to provide substitute clothing. When the patient has no available personal clothing, necessary items may be supplied by hospital volunteer organizations and/or local victim assistance agencies. Some crisis centers supply alternative clothing for this purpose. The hospital should contact their local crisis center to arrange for clothing to be available.

TRANSPORTATION

Transportation should be arranged when the patient is ready to leave the hospital. In some cases, this will be provided by a family member, friend, or victim advocate who may have been called to the hospital for support. In other cases, transportation may be provided by the local police department as a community service.

PAYMENT FOR MEDICAL/FORENSIC EXAMINATION/HIV nPEP PROPHYLAXIS BILLING/FOLLOW UP VISIT

It is the intent of the New Hampshire Attorney General's Office to provide financial assistance to a victim of sexual assault and, on behalf of the victim, provide payment for the cost of the examination and follow-up care associated with a sexual assault.

These expenses may include the following:

1. The sexual assault medical/forensic examination and evidence collection kit.
2. Medications for prophylaxis, including HIV prophylaxis, pregnancy prevention and STIs.
3. A follow-up medical visit in accordance with clinical guidelines.
4. If started on HIV nPEP, a second medical follow up visit with infectious diseases.

In addition to the examination process, the licensed examiner must discuss the billing process with the patient and complete the attached billing form for every patient who receives a forensic sexual assault examination (FSAE). **FOR EVERY PATIENT, A NEW HAMPSHIRE BILLING EXEMPTION FORM MUST BE FILLED OUT.** Please find the billing exemption form on page 64 of this protocol.

NOTE: The State of New Hampshire Victims' Compensation Program is responsible for the payment of medical/forensic sexual assault examinations not covered by medical insurance or other third party payment when the examination is conducted for purposes that include collecting evidence.

The following guidelines should be used in regard to hospital billing:

1. **The patient should NEVER be billed for the Medical/Forensic Sexual Assault Examination.**
2. In **Anonymous Reporting cases**, all bills, regardless of whether or not the patient has Medicaid or private health insurance, should be sent directly to the Attorney General's Office, Victims' Compensation Program for payment. **The patient's insurance should not be billed under any circumstances if the kit was completed anonymously.**
3. If the patient has health insurance and chooses to bill their insurance, then insurance information should be obtained by appropriate hospital personnel, and the insurance company should be billed directly for the cost of the examination. **The patient and Victims' Compensation should not be billed for anything above the insurance coverage limit.**
4. If the patient indicates that she or he does not want their insurance billed for the examination or HIV nPEP medication, the examining facility will forward all charges related to the medical/forensic examination to the Attorney General's Office, Victims' Compensation Program.

5. If the patient has no insurance, the Victims' Compensation Program should be billed directly.

6. If the patient is covered by Medicaid/Medicare, and it is **not an anonymous reporting kit**, then all bills must be sent to Medicaid/Medicare for payment. **The patient and Victims' Compensation should not be billed for anything above the coverage limit.**

PAYMENT FOR HIV nPEP

The State of New Hampshire has determined that it will be responsible for the cost of HIV nPEP at the **Fee for Service Medicaid Rate,** when it is recommended for a patient following an acute sexual assault, and when the patient has no medical insurance. *See Appendix K* for HIV nPEP payment guidelines.

Because payment for these medications will come from the New Hampshire Victims' Compensation Program, there are several caveats to billing and payment that all medical providers should be aware of:

- Costs for the treatment of injuries (such as x-rays) and pre-existing medical conditions are not eligible for payment under this protocol. Additional charges not related to the collection of evidence and preventative medications may be billed to the patient or patient's insurance.

- The HIV nPEP prescription cost is covered, whether or not the patient reports the crime to law enforcement, **as long as the patient presents for care within 5 days of the assault.**

- If additional medical costs (beyond the acute forensic sexual assault examination and follow up circumstances listed above) are incurred by the patient as a result of the sexual assault and subsequent treatment, the patient cannot access Victims' Compensation funding without reporting the crime;

- Victims' Compensation funds cannot be third-party billed for what patient health insurance fails to cover;

- This protocol applies only to patients whose crime occurred in New Hampshire.

- Forensic Sexual Assault Examinations and HIV nPEP prescriptions must be received on separate itemized billing statements (universal UB forms), with appropriate medical codes and back up documentation in order to be considered for payment.

NOTICE

As of January 1, 2013, all forensic sexual assault examination expenses (including one follow-up visit and, if necessary, one follow-up visit with Infections Disease) will be paid at the Fee for Service Medicaid Rate. The caps of $800 for exam/$200 for follow up will no longer be applied.

Eligible bills and forms should be submitted directly to the following address:

New Hampshire Victims' Compensation Program
Office of the Attorney General
33 Capitol Street
Concord, NH 03301
1 800 300-4500 (In NH only) (603) 271-1284
FAX: 603-223-6291

PAYMENT FOR NECESSARY FOLLOW-UP VISIT

There are many reasons why it may be in the patient's best interest to see a health care professional in follow up to the acute examination. Some of these reasons include:

- The patient sustained physical injuries that warrant a re-check with or without photographs
- The patient opted to begin the HIV nPEP regimen
- The patient showed signs of significant psychological distress
- The patient required testing for other STI's

If the patient agrees to see their original examiner for a follow-up visit and has no health insurance**, the examiner/facility can bill the Fee for Service Medicaid Rate for a follow-up visit directly to the Attorney General's Office** regardless of whether the patient has reported the crime to law enforcement. See *Appendix P* for the Follow-Up Visit Voucher Form.

MEDICAL RECORDS

When a patient is seen for a sexual abuse or assault medical forensic examination, whether or not evidence is collected, a full and complete record of the visit is retained by the health facility that provided care. The record includes any associated care for the visit, including: triage information, electronic and written/typed records (including documentation from the evidence kit marked as "retain with medical record") generated by any providers during the visit, photographs, laboratory and radiologic testing, referrals and consultations and discharge instructions. These records should be permanently retained by the institution as the statute of limitations cannot easily be determined until the criminal justice system is involved.

If the case moves to a criminal prosecution, the provider will need access within the confines of facility policy and the law in order to familiarize themselves with the record prior to appearing at a disposition or in court. Providers should work with their health information and risk management staff to ensure a smooth process of access.

Because storage of records may differ between institutions, appropriate release of records requests or release of information (ROI) forms should indicate the need for a copy of all records associated with the patient on the visit date, including but not limited to:

- Electronic records;
- Handwritten records;
- Handwritten documentation from the evidence collection kit;
- Laboratory results;
- Radiology reports;
- Consultations;
- Body surface photographs; and
- Any subsequent associated follow-up visits.

APPENDICES

APPENDIX A:
SEXUAL ASSAULT PROTOCOL/EVIDENCE COLLECTION KIT AND DOMESTIC VIOLENCE PROTOCOL STATUTE

RSA 21-M:8-c ***Victim of Alleged Sexual Offense***. If a physician or a hospital provides any physical examination of a victim of an alleged sexual offense to gather information and evidence of the alleged crime, these services shall be provided without charge to the individual. Upon submission of appropriate documentation, the physician or hospital shall be reimbursed for the cost of such examination by the Department of Justice to the extent such costs are not the responsibility of a third party under a health insurance policy or similar third party obligation. The bill for the medical examination of a sexual assault victim shall not be sent or given to the victim or the family of the victim. The privacy of the victim shall be maintained to the extent possible during third party billings. Billing forms shall be subject to the same principles of confidentiality applicable to any other medical record under RSA 151:13. Where such forms are released for statistical or accounting services, all personal identifying information shall be deleted from the forms prior to release.

RSA 21-M:8-d ***Standardized Rape Protocol and Kit and Domestic Violence Protocol***. The Department of Justice shall adopt, pursuant to RSA 541-A, and implement rules establishing a standardized rape protocol and kit and a domestic violence protocol to be used by all physicians or hospitals in this state when providing physical examinations of victims of alleged sexual offenses; and alleged domestic abuse, as defined in RSA 173-B:1.

APPENDIX B:
NEW HAMPSHIRE SEXUAL ASSAULT CRISIS CENTERS

NH Domestic Violence Hotline: 1-866-644-3574
Statewide Sexual Assault Hotline: 1-800-277-5570

These centers provide the following free, confidential services to victims of sexual assaults:

*** 24 Hour Crisis Line Medical and Legal Options and Referrals Court Advocacy**
*** Peer Counseling and Support Groups Emotional Support**

RESPONSE to Sexual & Domestic Violence
54 Willow Street
Berlin, NH 03570
1-866-662-4420 (DV crisis line)
603-752-5679 (Berlin office)
603-636-1747 (Groveton office)
www.coosfamilyhealth.org/response.php

Turning Points Network
11 School Street
Claremont, NH 03743
1-800-639-3130 (crisis line)
603-543-0155 (Claremont crisis line)
603-863-4053 (Newport office)
http://www.turningpointsnetwork.org/

Crisis Center of Central New Hampshire (CCCNH)
PO Box 1344
Concord, NH 03302-1344
1-866-841-6229 (crisis line)
603-225-7376 (main office)
www.cccnh.org

Starting Point: Services for Victims of Domestic & Sexual Violence
PO Box 1972
Conway, NH 03818
1-800-336-3795 (crisis line)
603-447-2494 (Conway office)
603-539-5506 (Ossipee office)
www.startingpointnh.org

Sexual Harassment & Rape Prevention Program (SHARPP)
8 Ballard Street Wolff House **Durham**, NH 03824
1-888-271-SAFE (7233) (crisis line)
603-862-SAFE (7233) (local crisis line)
603-862-3494 (office)
www.unh.edu/sharpp

Monadnock Center for Violence Prevention
12 Court Street
Keene, NH 03431-3402
888-511-6287 (toll free crisis line)
603-352-3782 (crisis line)
603-352-3782 (Keene office)
603-209-4015 (Peterborough)
www.mcvprevention.org

New Beginnings Without Violence and Abuse
PO Box 622
Laconia, NH 03247
1-866-644-3574 (DV crisis line)
1-800-277-5570 (SA crisis line)
603-528-6511 (office)
www.newbeginningsnh.org

WISE
38 Bank Street
Lebanon, NH 03766
1-866-348-WISE (9473) (crisis line)
603-448-5525 (local crisis line)
603-448-5922 (office)
www.wiseuv.org

The Support Center at Burch House
PO Box 965
Littleton, NH 03561
1-800-774-0544 (crisis line)
603-444-0624 (Littleton office)
www.tccap.org/support_center.htm

YWCA Crisis Service
72 Concord Street
Manchester, NH 03101
603-668-2299 (crisis line)
603-625-5785 (Manchester office)
www.ywcanh.org

Bridges: Domestic & Sexual Violence Support
PO Box 217
Nashua, NH 03061-0217
603-883-3044 (crisis line)
603-889-0858 (Nashua office)
603-672-9833 (Milford office)
www.bridgesnh.org

Voices Against Violence
PO Box 53
Plymouth, NH 03264
603-536-1659 (crisis line)
603-536-5999 (office)
www.voicesagainstviolence.net

HAVEN
20 International Drive
Suite 300, Pease International Tradeport
Portsmouth, NH 03801
603-994-SAFE (7233) (crisis line)
603-436-4107 (main office business line)
https://havennh.org/

APPENDIX C:
GRANITE STATE CHILDREN'S ALLIANCE

(Formerly the New Hampshire Network of
Child Advocacy Centers)

603-380-3095

www.cac-nh.org

Belknap
Greater Lakes Child Advocacy Center
95 Water Street
Laconia, NH 03246
603-524-5497

Carroll
The Child Advocacy Center of Carroll County
56 Union Street
P.O. Box 948
Wolfeboro, NH 03894
603-569-9840
www.carrollcountycac.org

Cheshire
Monadnock Region Child Advocacy Center
164 Emerald Street
Keene, NH 03431
603-352-0413

Coos
The Child Advocacy Center of Coos County
3 State Street, Suite #1
Groveton, NH 03582
(603) 636-1999

Grafton/Sullivan
CAC of Grafton and Sullivan Counties at
Dartmouth Hitchcock Medical Center
1 Court Street, Suite 39
Lebanon, NH 03766
603-653-9012
www.dhmc.org/goto/CAC

24 Tremont Square
Claremont, NH 03743

260 Cottage Street
Littleton, NH 03561

Hillsborough
Child Advocacy Center
of Hillsborough County

Nashua Location
2 Wellman Avenue, Suite 140
Nashua, NH 03064
603-889-0321

Manchester Location
960 Auburn Street
Manchester, NH 03103
603-623-2300

Merrimack
Merrimack County Advocacy Center
10 Green Street
Concord, NH 03301
(603) 219-0627

Rockingham
Child Advocacy Center of Rockingham County
100 Campus Drive, Suite 11
Portsmouth, NH 03801
603-422-8240

Strafford
Strafford County Child Advocacy Center
259 County Farm Road, Suite 201
P.O. Box 799
Dover, NH 03821
603-516-8100

APPENDIX D:
NEW HAMPSHIRE VICTIM/WITNESS ASSISTANCE PROGRAMS

State Office of Victim/Witness Assistance
Attorney General's Office
33 Capitol Street
Concord, NH 03301
603 271-3671

Belknap County Victim/Witness Program
Belknap County Superior Courthouse
64 Court Street
Laconia, NH 03246
603 527-5440

Carroll County Victim/Witness Program
P.O. Box 218
Ossipee, NH
03864 603 539-
7476

Cheshire County Victim/Witness Program
12 Court Street
Keene, NH 03431.
603 352-0056

Coos County Victim/Witness Program
55 School Street
Lancaster, NH 03584
603-788-5559

Grafton County Victim/Witness Program
3785 Dartmouth College Highway, Box 7
No. Haverhill, NH 03774
603 787-2040 or 603 787-6968

Hillsborough County Victim/Witness Program Northern District
300 Chestnut Street
Manchester, NH 03101
603 627-5605

Hillsborough County Attorney's Office
Southern District Victim Witness Program
19 Temple Street
Nashua, NH 03060
603 594-3255

Merrimack County Victim/Witness Program
4 Court Street
Concord, NH 03301
228-0529

Rockingham County Victim/Witness Program
P.O. Box 1209
Kingston, NH 03848
603 642-4249

Strafford County Victim/Witness Program
259 County Farm Road, Suite 201
Dover, NH 03821-0799
603 749-2808

Sullivan County Victim/Witness Program
Sullivan County Attorney's Office
14 Main Street
Newport, NH 03773
603 863-8345

United States Attorney's Office
District of New Hampshire
James C. Cleveland Federal Bldg.
55 Pleasant St., Suite 312
Concord, NH 03301
603 225-1552

APPENDIX E:
CHILD ABUSE AND NEGLECT MANDATORY REPORTING LAW

l. Reporting is Mandatory

New Hampshire Law (RSA l69-C) requires that any person who has reason to suspect that a child under the age of l8 has been abused or neglected must report the case to: **Central Intake Unit of the New Hampshire Division for Children, Youth and Families (DCYF) 1-800-894-5533.**

II. An Abused Child is one who has:

A. Been sexually molested; or
B. Been sexually exploited; or
C. Been intentionally physically injured; or
D. Been psychologically injured so that said child exhibits symptoms of emotional problems generally recognized to result from consistent mistreatment or neglect; or
E. Been physically injured by other than accidental means.

III. A Neglected Child means a child:

A. Who has been abandoned by his parents, guardian, or custodian; or
B. Who is without proper parental care or control, subsistence, education as required by law, or other care or control necessary for his physical, mental or emotional health, when it is established that his health has suffered or is very likely to suffer serious impairment; and the deprivation is not due primarily to the lack of financial means of the parents, guardian or custodian; or
C. Whose parents, guardian or custodian are unable to discharge their responsibilities to and for the child because of incarceration, hospitalization or other physical or mental incapacity.

Note: A child who is under treatment solely by spiritual means through prayer, in accordance with the tenets of a recognized religion by a duly accredited practitioner thereof, shall not for that reason alone be considered to be neglected.

IV. Nature and Content of Report

A. Oral - immediately by telephone or otherwise.
B. Written - within 48 hours if requested.
C. Content - if known.
   l. Name and address of the child suspected of being neglected or abused.
   2. Name of parents or persons caring for child.
   3. Specific information indicating neglect or the nature of the abuse (including any evidence of previous injuries).
   4. Identity of parents or persons suspected of being responsible for such neglect or abuse.
   5. Any other information, which might be helpful or is required by the bureau.

V. Immunity from Liability

Anyone who makes a report in good faith is immune from any liability, civil or criminal. The same immunity applies to participation in any investigation by the bureau or judicial proceedings resulting from such a report.

VI. Abrogation of Privileged Communication

"The privileged quality of communication between a professional person and his patient or client, except that between attorney and client, shall not apply to proceedings instituted pursuant to this chapter and shall not constitute grounds for failure to report as required by this chapter."

VII. Penalty

Violation of any part of the New Hampshire Child Protection Act, including failure to report is punishable by law. "Anyone who knowingly violates any provision of this subdivision shall be guilty of a misdemeanor." (RSA l69-C:39.) In New Hampshire, a misdemeanor is punishable by up to one year's imprisonment, a one thousand-dollar fine, or both

APPENDIX F:
SUGGESTED INFORMATION TO INCLUDE IN REPORT TO DCYF and/or BEAS

ABUSE AND NEGLECT REPORT FORM

Patient Name:_____ DOB:_____ Age:_____
Patient Address:_____
Hospital Name and Address:_____
Name and title of Person filing report:_____
Contact information:_____
Agency contacted: ☐DCYF Intake worker:_____
☐BEAS Intake worker:_____
☐Law Enforcement Officer:_____
Agency:_____
Report called to: ☐DCYF 1-800-894-5533
Report faxed to: ☐BEAS (603) 271-4743

Significant Others	Full Name	Address	Phone	Aware of report
Mother				☐ Yes ☐ No
Father				☐ Yes ☐ No
Siblings				☐ Yes ☐ No
Who has custody?				☐ Yes ☐ No
Suspected abuser?				☐ Yes ☐ No

What explanation for the ED visit /hospitalization was given, and by whom? _____
_____
Is the explanation plausible/consistent with the injuries/situation? ☐Yes ☐No
If no, explain why_____
What are your concerns? _____
_____
Describe any injuries (if body map was used, please include): _____
_____
_____

Prior ED visits/hospitalizations: _____
_____
Patient aware of DCYF/BEAS report? ☐Yes ☐No
Additional Comments: _____

APPENDIX G:
ELDERLY AND ADULT SERVICES MANDATORY REPORTING LAW

RSA 161-F:46 Reports of Adult Abuse; Investigations. – Any person, including, but not limited to, physicians, other health care professionals, social workers, clergy, and law enforcement officials, suspecting or believing in good faith that any adult who is or who is suspected to be vulnerable has been subjected to abuse, neglect, self-neglect, or exploitation or is living in hazardous conditions shall report or cause a report to be made as follows:

I. An oral report, by telephone or otherwise, shall be made immediately, followed by a written report, if so requested, to the commissioner or his authorized representative. When oral reports are made after working hours of the department or on weekends or holidays, such reports shall be made to the police department of the appropriate political subdivision, or to the sheriff of the county, in which the alleged abuse, neglect or exploitation occurred. Law enforcement officials receiving reports under this paragraph shall notify the commissioner within 72 hours of receipt of such reports.

II. Within 72 hours following receipt by the commissioner or his authorized representative of such oral reports, an investigation shall be initiated by the commissioner or his authorized representative.

III. Investigations shall not be made if the commissioner or his authorized representative determines that the report is frivolous or without a factual basis.

Source. 1989, 7:1. 1995, 310:175, 183. 2002, 36:3, eff. July 1, 2002. 2016, 59:2, eff. July 4, 2016.

APPENDIX H:
NEW HAMPSHIRE BUREAU OF ELDERLY AND ADULT SERVICES DISTRICT OFFICES

To make all mandatory reports, contact Central Intake at:
1-800-949-0470
603-271-7014

Or contact:
New Hampshire Division of Elderly and Adult Services
129 Pleasant Street, Concord, NH 03301-3857
1-800-852-3345 or TDD Access: Relay NH 1-800-735-2964

Berlin District Office
650 Main Street, Suite 200
Berlin, NH 03570
603-752-8340 or
1-800-972-6111

Claremont District Office
17 Water Street
Claremont, NH 03743
603-542-9544 or
1-800-982-1001

Concord District Office
40 Terrill Park Drive
Concord, NH 03301
603-271- 6200 or
1-800-322-8191

Conway District Office
73 Hobbs Street
Conway, NH 03818
603-330-7441or
1-800-552-4628

Keene District Office
111 Key Road
Keene, NH 03431
603- 283-6502 or
1-800-624-9700

Laconia District Office
65 Beacon Street West
Laconia, NH 03246
603-524-4485 or
1-800-322- 2121

Littleton District Office
80 North Littleton Road
Littleton, NH 03561
603-752-8343 or
1-800-552-8959

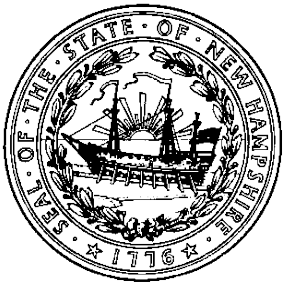
Manchester District Office
1050 Perimeter Rd., Suite 501
Manchester, NH -03103
603--665-8348 or
1-800-852-7493

Southern District Office
3 Pine Street Ext., Suite Q
Nashua, NH 03060
603-579-0332 or
1-800-852-0632

Seacoast District Office
50 International Drive
Portsmouth, NH 03801
603-334-4316 or
1-800-821-0326

Rochester District Office
150 Wakefield Street, Suite 22
Rochester, NH 03867
603-330-7441 or
1-800-862-5300

APPENDIX I:
HIV POST-EXPOSURE PROPHYLAXIS (PEP) MEDICATION GUIDELINES



NH Victim Compensation Program
NH Attorney General's Office
33 Capitol Street
Concord, NH 03301
(800) 300-4500

Although HIV-antibody seroconversion has been reported among persons whose only known risk factor was sexual assault or abuse, the risk for acquiring HIV infection through a single episode of sexual assault is low. The overall probability of transmission of HIV during a single act of intercourse from a person known to be HIV-infected depends on many factors.

- Following the CDC guidelines, the medical provider should evaluate the patient, and determine whether s/he fits the criteria to be given PEP.
- If so, the patient should be given the 7-day dose pack* dispensed at time of exam (1st dose taken right away)
- The remaining dosage must be dispensed within 7 days of initial dose at no cost to the patient.
- The patient should never be given a prescription to take to a local pharmacy to fill.
- The patient should be given a copy of the **HIV nPEP Patient Information Sheet** which outlines the importance of follow up care and the side effects of the medication. *(See Appendix P, Step 14A)*
- If the patient does not have medical insurance, the Hospital should send a **detailed bill, separate from the bill for the medical/forensic examination**, to the *New Hampshire Victims' Compensation Program at the above address.* The patient **should not** be charged for any out of pocket expenses for filling these prescription(s).

APPENDIX J:
EXCERPT FROM NH BOARD OF PHARMACY
AUGUST 16, 2006 MEETING MINUTES

B. **Emergency Dispensing of Antiretroviral Drugs**

Sandra Matheson, Director
Attorney General's Office of Victim Witness Assistance

The Board reviewed the provisions of *Ph 709.07* *Drug Control in Ambulatory Patient Treatment Areas* pursuant to a request that would allow **hospital**

emergency rooms to dispense a **one-time, 30-day supply** of antiretroviral drugs (properly labeled) specifically for the treatment of rape and/or assault victims who may have been subjected to risks of contracting HIV or AIDS.

Motion (Bowersox/Petrin) to waive Ph 709.07(a) and to allow for the dispensing of antiretroviral drugs in the emergency room but only as delineated in the paragraph immediately preceding this motion. Voted (unanimous).

APPENDIX K:
NH DEPARTMENT OF JUSTICE VICTIMS' COMPENSATION PROGRAM MEDICAL/FORENSIC SEXUAL ASSAULT EXAMINATION BILLING PROTOCOL

It is the intent of the New Hampshire Department of Justice to provide financial assistance to a victim of sexual assault and, on behalf of the victim, provide payment for the cost of the examination and follow-up care associated with a sexual assault. These expenses may include the following:

1. The sexual assault examination and evidence collection.
2. Medications for prophylaxis, including HIV prophylaxis, pregnancy prevention and STDs.
3. A follow-up medical visit in accordance with clinical guidelines.
4. A follow-up medical visit with infectious diseases, as necessary.

In addition to the examination process, the licensed examiner must discuss the billing process with the patient and complete the attached billing form for every patient who receives a forensic sexual assault examination (FSAE).

NOTE: The State of New Hampshire Victims' Compensation Program is responsible for the payment of forensic sexual assault examinations not covered by medical insurance or other third party payment when the examination is conducted for purposes that include collecting evidence. The following guidelines should be used in regard to hospital billing:

1. **The patient should never be billed for the Forensic Sexual Assault Exam.**

2. In **Anonymous Reporting** cases, all bills, regardless of whether or not patient has Medicaid or private health insurance, should be sent directly to the Attorney General's Office, Victims' Compensation Program for payment. The patient's insurance should not be billed under any circumstances.

3. If the patient has health insurance and chooses to bill their insurance, then insurance information should be obtained by appropriate hospital personnel, and the insurance company should be billed directly for the cost of the examination. **The patient and Victims' Compensation should not be billed for anything above the coverage limit.**

4. If the patient indicates that she or he does not want their insurance billed for the examination or HIV nPEP medication, the examining facility will forward all charges related to the FSAE to the Attorney General's Office, Victims' Compensation Program.

5. If the patient has no insurance, the Victims' Compensation Program should be billed directly.

6. If the patient is covered by Medicaid/Medicare, and it is **not an anonymous reporting kit**, then all bills must be sent to Medicaid/Medicare for payment. **The patient and Victims' Compensation should not be billed for anything above the coverage limit.**

PAYMENT FOR HIV nPEP

The State of New Hampshire has determined that it will be responsible for the cost of HIV nPEP at the **Fee for Service Medicaid Rate** when it is recommended for a patient following an acute sexual assault, and when the patient has no medical insurance for HIV nPEP payment guidelines.

Because payment for these medications will come from the New Hampshire Victims' Compensation Program, there are several caveats to billing and payment that all medical providers should be aware of:

- Costs for the treatment of injuries (such as x-rays) and pre-existing medical conditions are not eligible for payment under this protocol. Additional charges not related to the collection of evidence and preventative medications may be billed to the patient or patient's insurance.
- The HIV nPEP prescription cost is covered, whether or not the patient reports the crime to law enforcement, **as long as patient presents to a hospital within 5 days of the assault;**
- If additional medical costs (beyond the acute forensic sexual assault examination and follow-up circumstances listed above) are incurred by the patient as a result of the sexual assault and subsequent treatment, the patient cannot access Victims' Compensation funding without reporting the crime;
- Victims' Compensation funds cannot be third-party billed for what patient health insurance fails to cover;
- This protocol applies to patients whose crime occurred in New Hampshire.

- Forensic Sexual Assault Examinations and HIV nPEP prescriptions must be received on separate itemized billing statements (universal UB forms), with appropriate medical codes and back up documentation in order to be considered for payment.

NOTICE

As of January 1, 2013, all forensic sexual assault examination expenses (including one follow-up visit and, as necessary, a follow-up visit with Infections Diseases) will be paid at the Fee for Service Medicaid Rate. The caps of $800 for exam/$200 for follow up will no longer be applied.

Eligible bills and forms should be submitted directly to the following address:

New Hampshire Victims' Compensation Program
Office of the Attorney General
33 Capitol Street
Concord, NH 03301
1 800 300-4500 (In NH only)
(603) 271-1284
FAX: 603-223-6291

STATE OF NEW HAMPSHIRE
FORENSIC SEXUAL ASSAULT EXAMINATION BILLING FORM
INSTRUCTIONS

1. The patient has the right to remain anonymous or provide their name when submitting a forensic sexual assault exam. Please list anonymous OR the patient's name in this section.
2. **Payment options:**
   a. **Option 1**: If this option is selected the hospital will be reimbursed by the New Hampshire Victims' Compensation Program at the Fee for Service Medicaid rate for evidence collection.
   b. **Option 2**: If this option is selected, the patient cannot be billed for co-payment or deductibles. The New Hampshire Victims' Compensation Program will not provide payment for co-payments or deductibles. This balance must be a charitable write off by the hospital.
   c. **Option 3**: If this option is chosen, neither the patient nor the insurance provider is billed. The hospital will be reimbursed by the New Hampshire Victims' Compensation Program at the Fee for Service Medicaid rate for evidence collection.
3. A forensic sexual assault examination kit number and patient's date of birth must be provided in order for the New Hampshire's Victims' Compensation Program to consider payment at the Fee for Service Medicaid rate.
4. An itemized billing statement (universal UB form), with appropriate medical codes, must be submitted with the billing form for payment consideration. Failure to provide billing statement/payment form will result in payment denial of the claim.
5. Complete all other sections of this form as indicated. Incomplete forms are subject to payment denial.
6. Once completed, MAIL/FAX this form and required billing documentation to:

The New Hampshire Victims' Compensation Program
33 Capitol Street
Concord, NH 03301
603-271-1284
FAX: 603-223-6291

STATE OF NEW HAMPSHIRE
FORENSIC SEXUAL ASSAULT EXAMINATION BILLING FORM

_____ (name of patient/if anonymous reporting, then write "Anonymous") has been informed that the New Hampshire Victims' Compensation Program can provide payment for the examination, collection of evidence, and treatment related to the visit for sexual assault; including HIV Post Exposure Prophylaxis, if necessary. It is the intent of this form to allow the patient to make an informed decision concerning the method of payment she/he chooses.

(Please choose one option below):

Option 1_____Patient does not have insurance that would cover this treatment.
Option 2_____Patient does have insurance or Medicaid, which will be billed for the treatment been provided. Patient will not be charged for any co-payments or deductibles associated with this treatment.
Option 3_____Patient does have insurance that would cover this treatment but does not want insurance carrier billed

---

This section must be completed by the SANE provider or treating physician:

Forensic Sexual Assault Examination Kit #_____Patient's Account #_____
Patient's Date of Birth (**REQUIRED**) _____
RX # (for HIV nPEP medications **ONLY**)_____
# of days dispensed (for HIV nPEP medications **ONLY)**: _____
Was 7 days HIV nPEP medications dispensed in ER?: **Yes or No**
The Town/City/State and/or Country where this assault occurred: _____

(If assault occurred in another state, New Hampshire Victims' Compensation Program cannot provide payment. Please contact the Victims' Compensation Program in the state where crime occurred)

HIV POST EXPOSURE PROPHYLAXIS PRESCRIPTION MEDICATIONS WILL BE PAID TO THE HOSPITAL/FACILITY AT MEDICAID COSTS BY THE NEW HAMPSHIRE VICTIMS' COMPENSATION PROGRAM.

_____ _____ _____
SANE or Attending Physician (Please Print) Telephone

_____
Signature of SANE or Attending Physician

_____ _____
Name of Facility Date of Service

_____ _____
Name of Billing Contact Person Telephone

All charges should be received on the universal UB invoice with back up documentation, including the services provided and appropriate medical coding. This form must be attached with UB invoice. Failure to provide all requested information will result in denial of payment. When completed, please mail or fax these documents to:

New Hampshire Victims' Compensation Program
Office of the Attorney General
33 Capitol Street
Concord, NH 03301
FAX: 603-223-6291

Note to provider: Be sure that your billing department has a copy of this completed Billing Form and the Billing/Payment Instructions sheet.

NOTICE

As of January 1, 2013, all forensic sexual assault examination expenses (including the follow- up visit and, as necessary, a follow-up visit with Infections Diseases) will be paid at the Fee for Service Medicaid Rate. The caps of $800 for exam/$200 for follow up will no longer be applied.

09/2011

APPENDIX L:
HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) required that the United States Secretary of Health and Human Services (HHS) issue health privacy regulations if Congress did not enact comprehensive health privacy protections by August 21, 1999. Congress failed to act by the deadline. The Secretary released proposed regulations in November 1999.

As required by HIPAA, HHS published the final regulation on December 28, 2000. By April 14, 2004, all covered entities (health care providers, health plans and health care clearinghouses**)** had to be in compliance. Despite the new regulations, many entities that regularly receive health information, including employers, casualty and property insurance companies and workers compensation carriers, are not required by this federal law to protect patient privacy.

The new federal rules do not preempt state laws that are more protective of patient privacy. In addition to not preempting more protective state laws, **the regulation does not preempt state laws that authorize or prohibit disclosure of health information** about a minor to a parent, guardian or person acting in loco parentis. For a summary of state privacy laws see the Georgetown University Health Privacy Project's *The State of Health Privacy: An Uneven Terrain* [Health Privacy Project (July 1999)].

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 HHS for enforcement purposes. This regulation requires entities to make a good faith effort to inform patients in a notice of privacy practices about how sensitive information is used and disclosed.

There are several circumstances where covered entities may use or disclose protected health information without the written consent or authorization of the patient, including disclosures to report child abuse and neglect; about a victim of abuse, neglect or domestic violence under certain circumstances; for law enforcement purposes; for judicial and administrative proceedings; and for public health purposes to a public health authority authorized by law to receive such a report. **Mandatory reporting laws** fall under the provision relating to disclosures *required by law*. Entities may, however, disclose information to law enforcement officials without informing the subject of the information pursuant to a court order or court-ordered warrant or a subpoena, summons issued by a judicial officer, grand jury subpoena, or an administrative request.

APPENDIX M:
POLICY AND PROCEDURE FOR EVIDENCE COLLECTION FROM SUSPECTS IN SEXUAL ASSAULTS

Despite the fact that the majority of sexual assault victims know their offender, the suspect of the crime is often overlooked in the evidence-collection process during the investigation. The goal of this section is to educate participating professionals in the "when, where, what, how and why" of evidence collection from suspects in sexual assault cases.

SUSPECT EVIDENCE COLLECTION
POLICY AND PROCEDURE

Policy:

In the course of a law enforcement criminal investigation of a sexual assault, it may become necessary for law enforcement to collect evidence from the body of a suspect. In these instances, the requesting law enforcement agency may call upon the evidentiary expertise of the SANE (Sexual Assault Nurse Examiner) to collect specific evidence. The specimens collected may be obtained pursuant to either of the following circumstances:

- Search warrant/Court-ordered evidence collection of a suspect, or
- Evidence collection only with informed consent of a suspect.

Physical evidence from suspects will be obtained using hospital medical supplies. **The Sexual Assault Evidence Collection Kit will NOT be used.**

In order to avoid evidence contamination, the same forensic examiner should not collect evidence from a suspect and the victim within 24 hours of each other. In the event that the same nurse must attend to both the alleged suspect and the victim within a 24 hour period, the nurse should completely change her/his examination clothes and the exams should be completed in different examination rooms if possible.

A law enforcement officer **must be present** during the suspect examination for purposes of security, documentation and evidence chain of custody.

Process:

1. When a suspect presents to a hospital and does **not** request an evaluation or treatment of a medical condition, a medical screening examination is **NOT** required pursuant to the Emergency Medical Treatment and Active Labor Act. Examiners should adhere to hospital policies and procedures regarding the registration and assessment of emergency department patients. When presenting to the Emergency Department for evidence collection, the suspect must be registered in order to generate a medical record so that the RN can document their interventions. The SANE may ONLY collect all that is stipulated in the search warrant. (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_v_emerg.pdf)

2. The following outlines the suspect evidence collection procedures:

   - The suspect is evaluated and registered according to hospital protocol.

   - In cases involving a search warrant, **review** the search warrant and ascertain what items have been authorized for collection. **Only the evidence specified on the search warrant will be collected.** The examiner should note any items of possible evidentiary value found on the suspect but not listed on the warrant**.**

If additional evidence is discovered, examiners should discretely inform the officer so that he/she can contact the judge and request a verbal amendment to the warrant to allow the collection of that evidence. ***Please make sure that any conversation is NOT done in the suspect's presence and do not collect the evidence without the court's permission.*** **Proper steps should be taken by the SANE and the officer not to leave the suspect alone in the exam room to hold this conversation out of regard for possible evidence tampering or contamination and for security reasons.**

   - A medical history is obtained, a physical evaluation is completed and all information is documented.

   - Evidence is collected using hospital medical supplies. **DO NOT USE the State of New Hampshire Sexual Assault Evidence Collection Kit.**

   - Chain of custody is maintained.

   - Evidence is released to the investigating law enforcement agency.

3. The New Hampshire Victims' Compensation Program will not be responsible for payment of the suspect examination.

4. The examiner should document any findings or observations made during the evidence collection process on the Forensic Evaluation Suspect Form and on the Male/ Female Body Diagram. Documentation should also include the demeanor of the suspect, any statements made by the suspect during the examination, the suspect's appearance, physical anomalies, tattoos, piercings, specific odors, indicators of force or injury and any other characteristics.

AUTHORIZATION TO EVALUATE SUSPECT FOR EVIDENCE COLLECTION BY CONSENT

Informed Consent (This form does not need to be used if there is a search warrant in place).

1. I understand that an examination for evidence can, with my consent, be conducted by an examiner to discover, identify and preserve evidence of a crime.

2. I understand that the forensic evaluation may include history gathering, a physical assessment and evidence collection.

3. Information concerning the examination will be released to the investigating law enforcement agencies.

4. Photographs and video may also be obtained. Like all evidence collected during the examination, this evidence will be used for legal purposes.

Authorization to Collect Evidence:

I give my permission for a forensic examination of my person. I certify that I have read, understand, and agree to the conditions described above.

This written permission is being given by me freely, voluntarily and without threats or promises expressed or implied of any kind.

_____	_____	_____
Suspect Signature	Witness	Date

Authorization to photograph:

I understand the collection of evidence may include photographs and/or video and these may include the genital area. Knowing this, I consent to having photographs and/or video taken.

This written permission is being given by me freely, voluntarily and without threats or promises expressed or implied of any kind.

_____	_____	_____
Suspect Signature	Witness	Date

_____	_____	_____
Law Enforcement Officer	Witness	Date

_____	_____
Examiner	Date

FORENSIC EVALUATION SUSPECT FORM

Name: _____
D.O.B.:_____Age:_____Sex: _____
Address: _____

_____

Date, Time and Location of Exam: _____

Law Enforcement Agency: _____
Investigating Officer: _____

Authorization for Examination (please check appropriate box):

Suspect Consent
Search Warrant
Other Court Order

EVIDENCE COLLECTION INVENTORY

1. Liquid Blood Toxicology Sample	Collected	Not Collected	
2. Urine Toxicology Sample	Collected	Not Collected	
3. Outer Clothing (If worn at the time of the assault and/or immediately afterward)	Collected	Not Collected	# of Bags ____
4. Underpants	☐ Collected	☐ Not Collected (If worn at the time of the assault and/or immediately afterward)	
5. Oral Swabs and Smear	Collected	Not Collected	
6. DNA Sample – Buccal Swabs	Collected	Not Collected	
7. Foreign Material	Collected	Not Collected	
8. Pubic Hair Combings	Collected	Not Collected	
9. Anal Swabs and Smear	Collected	Not Collected	
10. External Genitalia/Penile Swabs	Collected	Not Collected	
11. Vaginal/Cervical Swabs and Smear	Collected	Not Collected	
12. Additional Evidence	Collected	Not Collected	

Please list: _____

_____

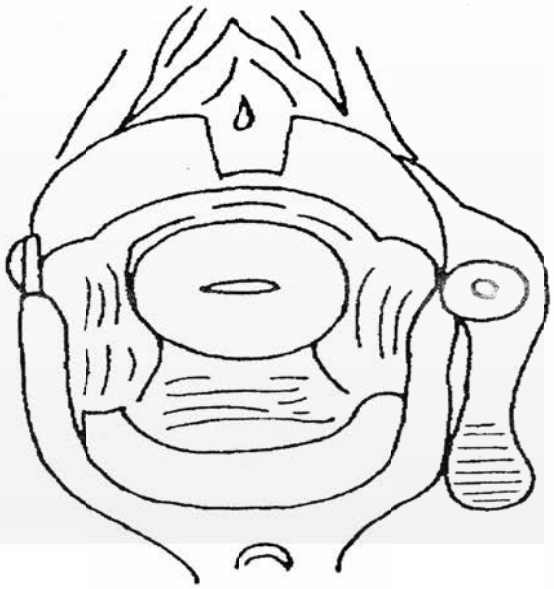
____ Use of Male Body Diagram to identify location of sample(s) collected

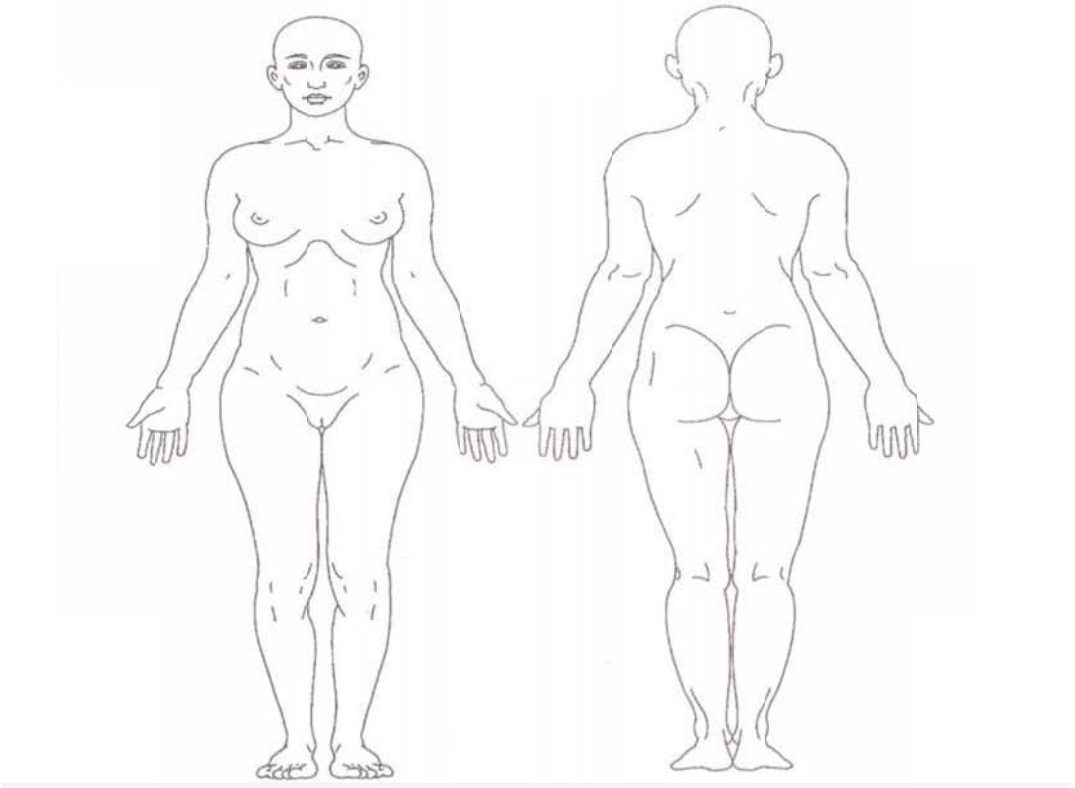
____ Use of Female Body Diagram to identify location of sample(s) collected

Notes/findings: _____

FEMALE BODY DIAGRAM

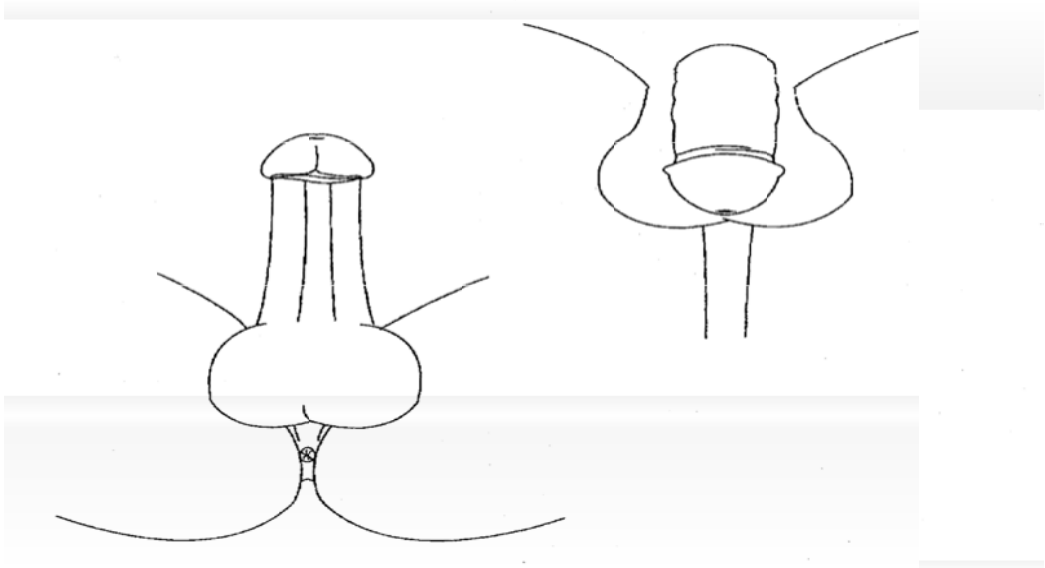
Examiner Signature_ _____

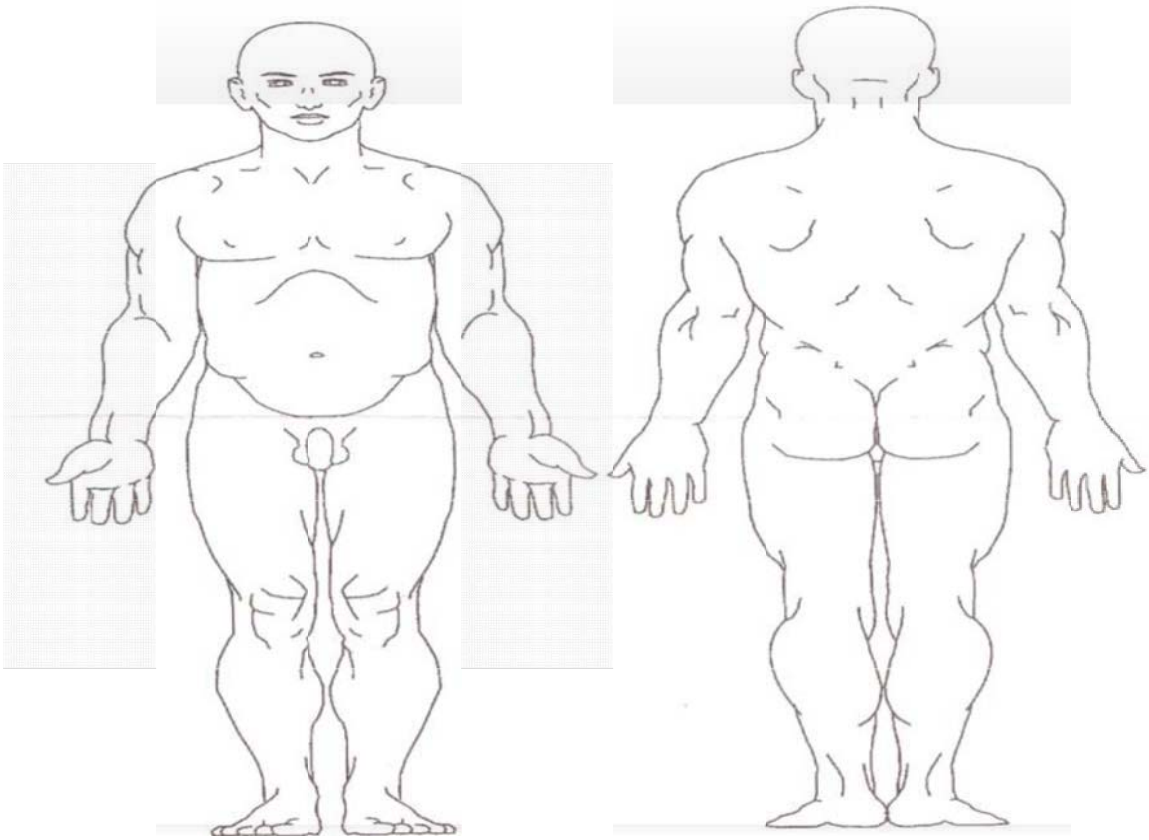




MALE BODY DIAGRAM

Examiner Signature_____





APPENDIX N:
SEXUAL ASSAULT EVIDENCE ANALYSIS FREQUENTLY ASKED QUESTIONS FROM PATIENTS

- **What happens to the evidence collection kit and my clothing after I leave the hospital or clinic?**

The police will be notified and they will take custody of the evidence collection kit and any clothing collected by hospital personnel. The evidence will then be transported to the State Police Forensic Laboratory.

- **How long will it take for the Forensic Laboratory to test the evidence collection kit or my clothing?**

If the crime has been reported to a law enforcement agency, the analysis of sexual assault evidence will begin in the Serology Section of the Forensic Biology Unit. Serology Section personnel will examine the evidence for relevant biological materials like semen or saliva. Analyses from the backlog of evidence in the Serology Section can range anywhere from as little as 1-2 weeks to as many as 6-9 months after the evidence is received. The actual testing of the evidence can take from as little as 1-2 days up to 2-3 weeks depending on the case.

- **What happens after the analyses in the Serology Section are completed?**

At the conclusion of testing, a report is prepared and sent to the police department informing them of the lab's findings and, if necessary, advising them that DNA analyses are pending. After serological testing, the evidence collection kit and any items of clothing are returned to the police department.

In some instances, samples from the evidence collection kit and/or clothing are forwarded to the DNA Unit for DNA testing. The analysis of sexual assault evidence from the backlog of evidence in the DNA Section ranges from as little as 4-6 weeks to as many as 6-9 months. The actual DNA testing will take approximately 2 weeks depending on the number of specimens tested and various other factors. A second report is sent to the police department informing them of the results of the DNA analysis. The DNA samples are eventually returned to the police department.

- **Can I ever get any of my clothing back from the police?**

Because your clothing has been collected as evidence in connection with a criminal investigation, items of clothing cannot generally be returned without the permission of the County Attorney. In some cases the clothing has been marked or samples of fabric have been removed from the clothing for forensic testing. This typically renders the clothing unsuitable for continued use.

- **How can I find out the results of the analysis of the evidence collection kit or clothing?**

Information regarding the results of any forensic testing may be obtained only through the police department and/or the County Attorney's office.

- **Can I contact the Forensic Laboratory directly for the results of the analysis of the evidence collection kit or clothing?**

No. The policy of the State Police Forensic Laboratory is to release any case related information only to the police department and/or the County Attorney's office.

- **What happens to the urine sample that was collected from me during my exam?**

Urine samples are customarily submitted to the State Police Forensic Laboratory along with the evidence collection kit and any items of clothing. Urine samples may be analyzed for the presence of alcohol or drugs if the assault has been reported to the police. When urine samples are tested, the forensic lab will forward the toxicology report to the police department. Information regarding the results of toxicological testing may be obtained only through the police department and/or the County Attorney's office.

- **What happens to the evidence collection kit and my clothing if I report the crime anonymously?**

Evidence collection kits collected from victims of sexual assault who initially choose to report the crime anonymously are also submitted to the New Hampshire State Police Forensic Laboratory. Once received, anonymous evidence collection kits are stored at the forensic laboratory for **60 day**s from the date of the sexual assault examination. Should you decide to report the crime to the police within that 60 days, you will have to provide the evidence collection kit serial number to the police so that the police can notify the forensic laboratory that a particular evidence collection kit already in their possession is now associated with a reported crime. Once notified, forensic laboratory personnel will then begin to analyze the contents of the evidence collection kit and/or any clothing.

The evidence collection kit serial number should be recorded on the Patient Information Form (Step 14) given to you at the end of your hospital examination. If not, please contact the medical records department of the hospital where you were treated to obtain this information. In some cases the police may be able to determine which evidence collection kit was collected during your exam based upon the date of the examination, the name of the nurse or doctor who treated you or the name of the hospital where you were treated.

After 60 days, anonymous evidence collection kits are returned unopened to the police department. Depending on the police department and its ability to store evidence long term, the anonymous evidence collection kits will be stored for some period of time beyond the initial 60 days. However evidence may not be kept indefinitely.

- **What happens to the evidence collection kit and my clothing if I decide to report the crime to the police after 60 days?**

Victims of sexual assault are always encouraged to report the crime to the police as soon as possible. Should you decide to report the crime to the police beyond 60 days, the police may have placed the evidence collection kit and any clothing in storage. Once you provide the police with the evidence collection kit serial number, the police are now able to associate you with a particular evidence collection kit and any clothing taken from you during your sexual assault examination. The police may submit the previously anonymous evidence collection kit and clothing to the forensic laboratory for testing whenever necessary. If stored properly, the evidence collected from you will not be significantly affected by the mere passage of time.

APPENDIX O:
STRANGULATION EVALUATION TOOL

Exam Date_____ **Exam Time**_____
Strangulation Date_____ **Strangulation Time** _____

Glascow 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 (enter)	

Description of strangulation event(s) in patient's own words: _____

Signature: _____ Date: _____

Strangulation Evaluation Tool

Method/Manner of Strangulation:

- ☐ One hand Estimated length of time:_____seconds_____minutes
- ☐ Two hands Estimated length of time:_____seconds_____minutes
- ☐ "Chokehold" Estimated length of time:_____seconds _____minutes
- ☐ Approached from the front
- ☐ Approached from behind
- ☐ Multiple strangulation attempts during incident (how many)_____
- ☐ Jewelry on patient's neck during strangulation
- ☐ Jewelry on suspect's hands/wrist during strangulation
- ☐ Ligature used (describe if possible)_____
- ☐ Smothering attempt (describe)_____
- ☐ Other (describe)_____

During strangulation did the patient note any of the following:

- ☐ Loss of consciousness/blacking out/passing out _____Number of times
- ☐ Incontinence of Urine ☐ Incontinence of Stool
- ☐ Bleeding (describe)_____
- ☐ Patient's feet were lifted off the ground
- ☐ S/he was smothered in addition to strangled (with what)_____

Since the strangulation, has the patient noted any of the following symptoms:

☐ Coughing	☐ Drooling	☐ Dyspnea
☐ Dysphagia	☐ Odynophagia	☐ Headache
☐ Lightheadedness	☐ Neck Pain	☐ Neck swelling
☐ Nose Pain	☐ Nausea	☐ Vomiting
☐ Sore throat	☐ Crepitus/Subcutaneous emphysema	

- ☐ Uncontrolled shaking ☐ Combativeness/irritability/restlessness
- ☐ Voice changes (describe)_____
- ☐ Vision changes (describe)_____
- ☐ Loss of memory (describe)_____
- ☐ Bleeding (describe)_____
- ☐ Weakness/numbness of extremities (describe)_____

Signature:_____**Date:**_____

Strangulation Evaluation Tool

On a scale of zero (0) meaning no pressure and ten (10) meaning the worst pressure you can imagine, how hard was the suspect's grip or pressure (circle the one that applies):

0 1 2 3 4 5 6 7 8 9 10

☐ Wong-Baker FACES Scale used (insert score)_____

Examination:

Patient Pregnant: ☐ No ☐ Yes Number of weeks_____

Fetal Heart Rate _____

Pregnancy related symptoms during or since strangulation:

_____

_____

O2 Saturation:

Time:_____ Level:_____

Time:_____ Level:_____

Lung Sounds:_____

Heart Sounds:_____

☐ Abnormal carotid pulse (describe)_____

☐ Petechiae ☐ Facial_____

☐ Ears_____

☐ Eyes_____

☐ Conjunctival_____

☐ Tongue injury _____

☐ Oral cavity injuries_____

☐ Subconjunctival hemorrhage_____

☐ Neurologic findings: ☐ Ptosis ☐ Facial droop ☐ Unilateral weakness

☐ Paralysis ☐ Loss of sensation

☐ Absence of normal crepitus felt during manipulation of cricoid cartilage

☐ Visible Injury (described on body maps below)

☐ Digital photographs taken

Signature:_____ Date:_____

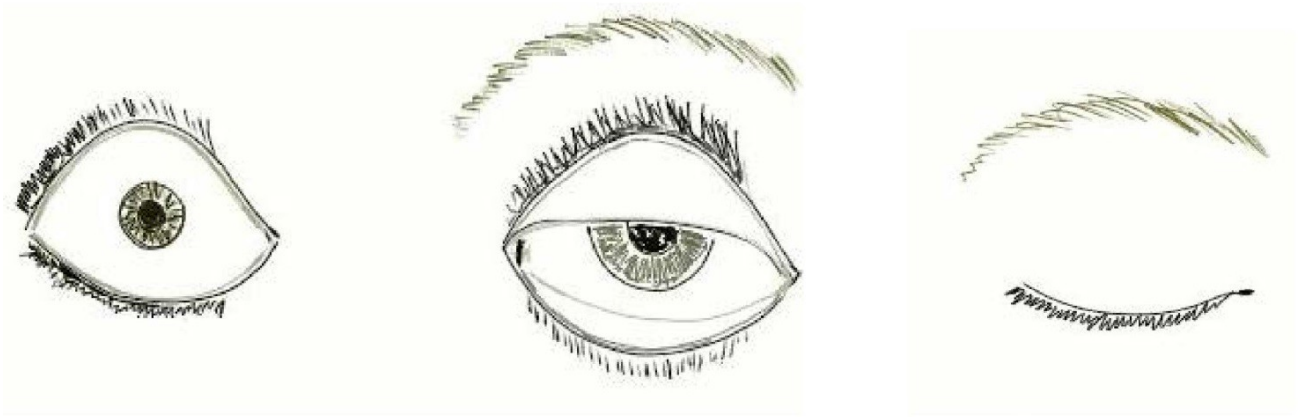
Strangulation Evaluation Tool

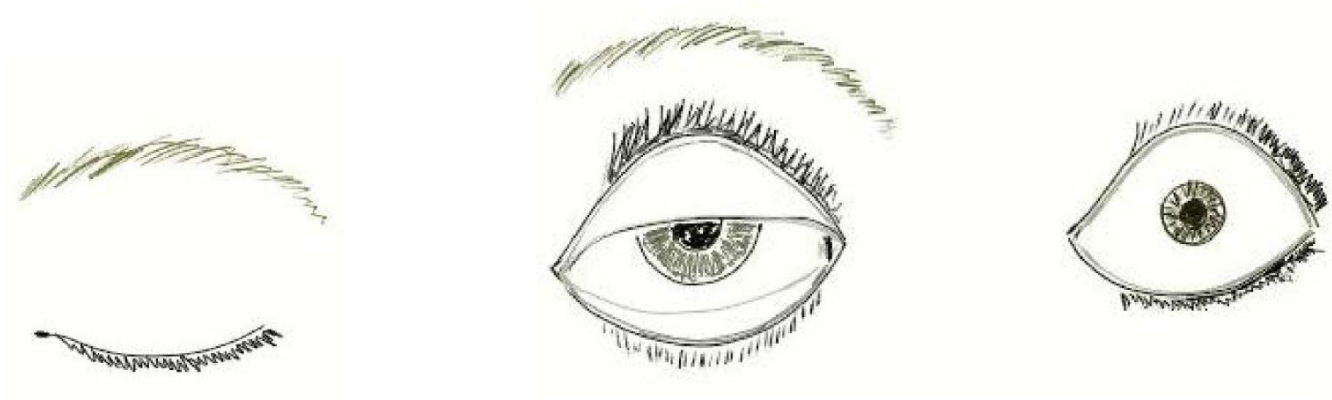
Cranial Nerve Assessment

CN I	
CN II	
CN III	
CN IV	
CN V	
CN VI	
CN VII	
CN VIII	
CN IX	
CN X	
CN XI	
CN XII	

Signature:_____Date: _____

Strangulation Evaluation Tool





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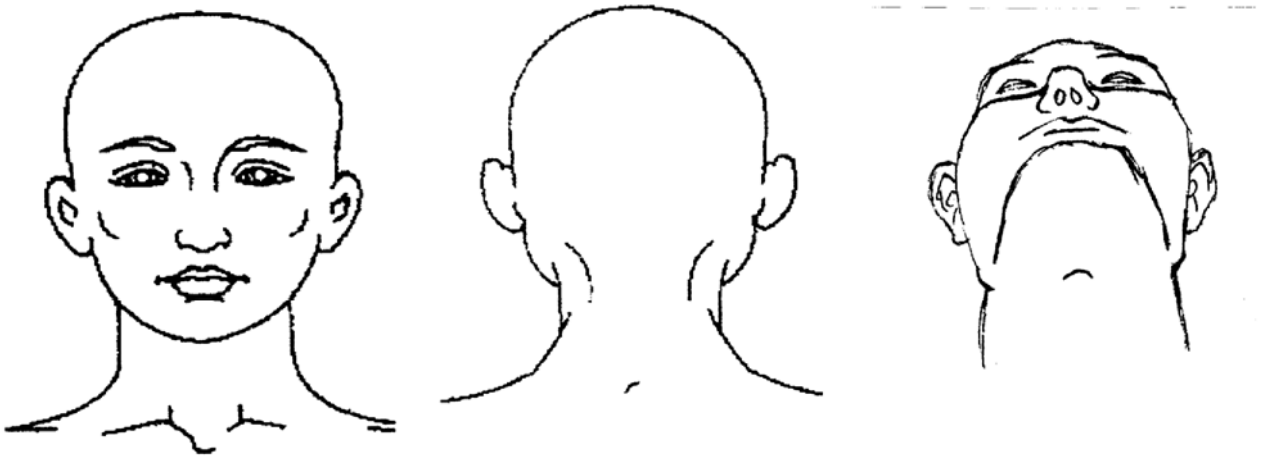
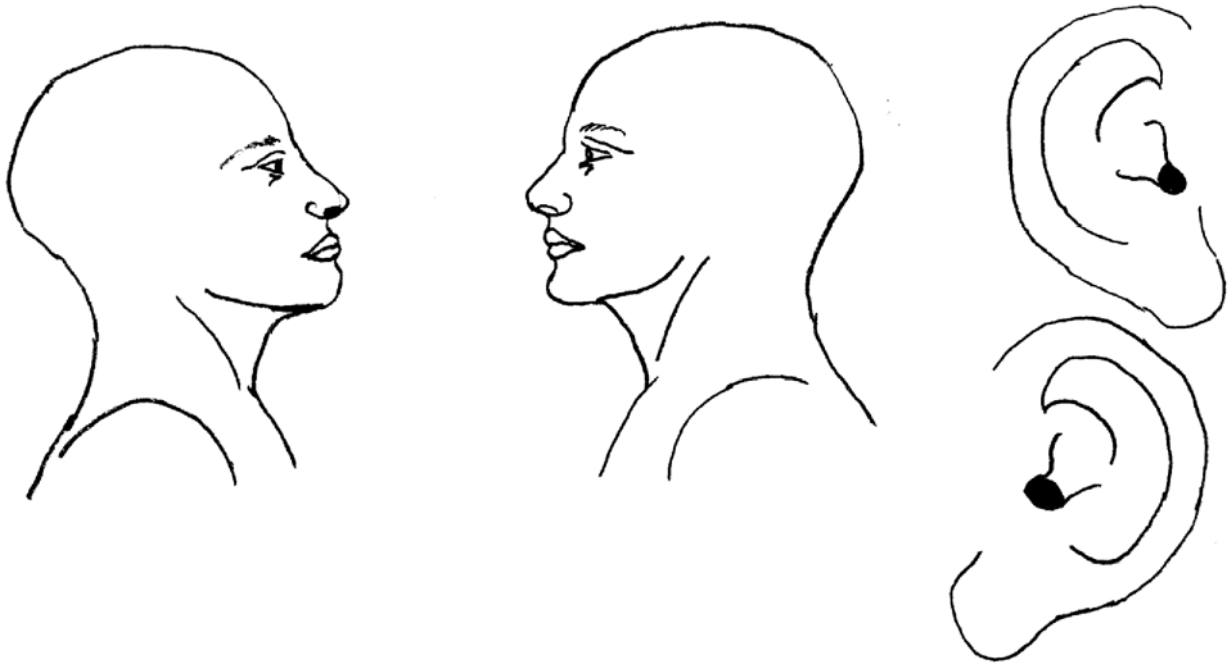
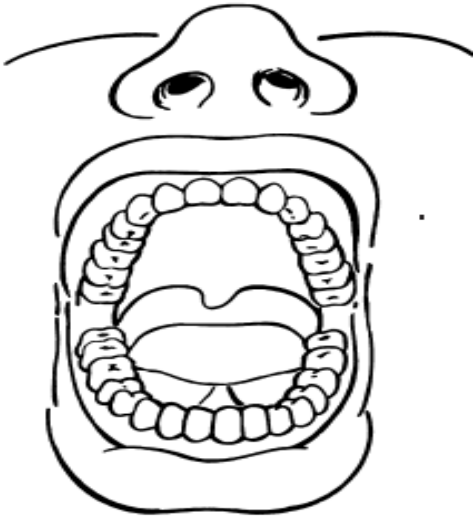
Strangulation Evaluation Tool





Signature:_____ Date: _____

Strangulation Evaluation Tool



_____

_____

_____

Signature:_____Date: _____

Post-Strangulation
Treatment and Follow-up Care
Instructions

You were examined and treated for strangulation-related injuries today by

_____, an ER physician and

_____, a Sexual Assault Nurse Examiner.

The police officer/department responding was_____.

The crisis center advocate who responded was_____.

Strangulation is a form of asphyxia (lack of oxygen) caused by closure of the blood vessels and air passages of the neck as a result of external pressure on the neck, and is a life-threatening event.

Sometimes associated health complications are seen immediately following a strangulation event, **but they can also develop a few days after** the event.

Concerning Signs & Symptoms 72 hours post strangulation. **If any of these symptoms occur, please return to the emergency department.**

- Increasing/severe headache pain
- Increasing neck pain
- Drooping eyelid
- Difficulty speaking or understanding speech
- Difficulty walking
- Difficulty breathing
- Dizziness or lightheadedness
- Numbness, paralysis, or weakness, usually on one side of the body
- Seizure
- Sudden confusion
- Sudden decrease in the level of consciousness
- Sudden loss of balance or coordination
- Sudden vision problems (e.g., blurry vision, blindness in one eye)
- Vomiting
- Vaginal bleeding (if you are pregnant)
- Thoughts of suicide

If you are being seen immediately following the strangulation event, some of your injuries may not yet be apparent. **If any of the following develop or get worse in the next three days, please return to have a follow-up examination**:

- Pinpoint red or purple dots on your face or neck
- Bruises on your face, neck or body
- Burst blood vessels in your eye
- Swelling of your face or neck

Follow Up Recommendations

___Please return to the SANE program on_____for a follow-up examination.

___ Please follow-up with your local crisis center to clarify your options and formal safety planning.

___If you have questions or concerns regarding your legal case, please contact the police department and officer involved.

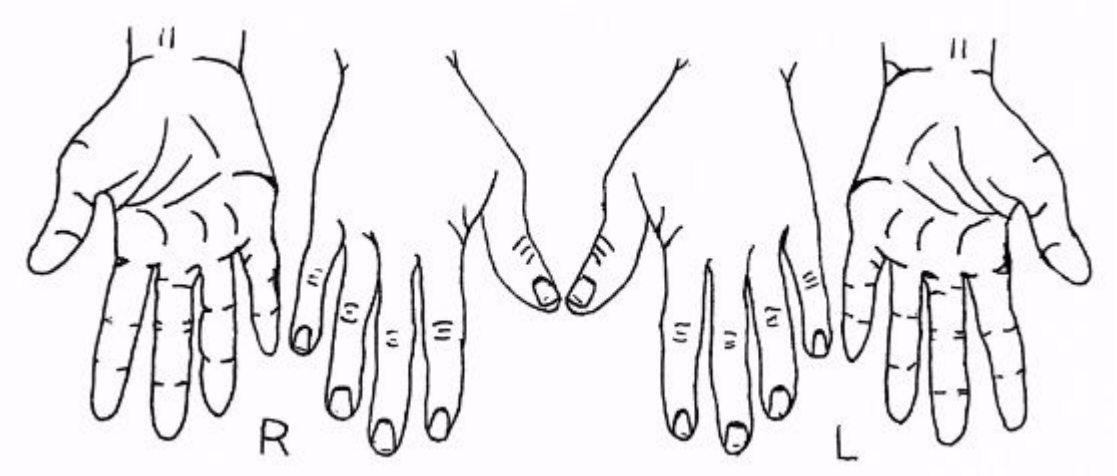
If You are Pregnant

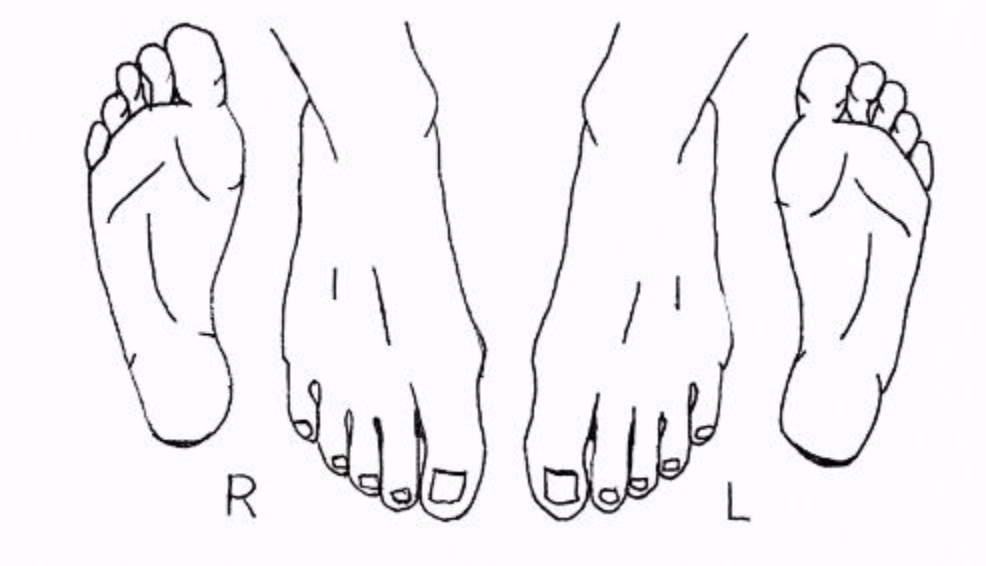
If you are pregnant at the time of your strangulation, it is important that you report any of the following signs or symptoms to your doctor, and let him/her know that you experienced a strangulation event:

Decreased movement of the baby
Vaginal spotting or bleeding
Abdominal pain
Contractions

Please know that we are always here for you. If you experience further abuse, you should return to the E.D. for evaluation.

APPENDIX P:
ADDITIONAL MEDICAL ILLUSTRATIONS





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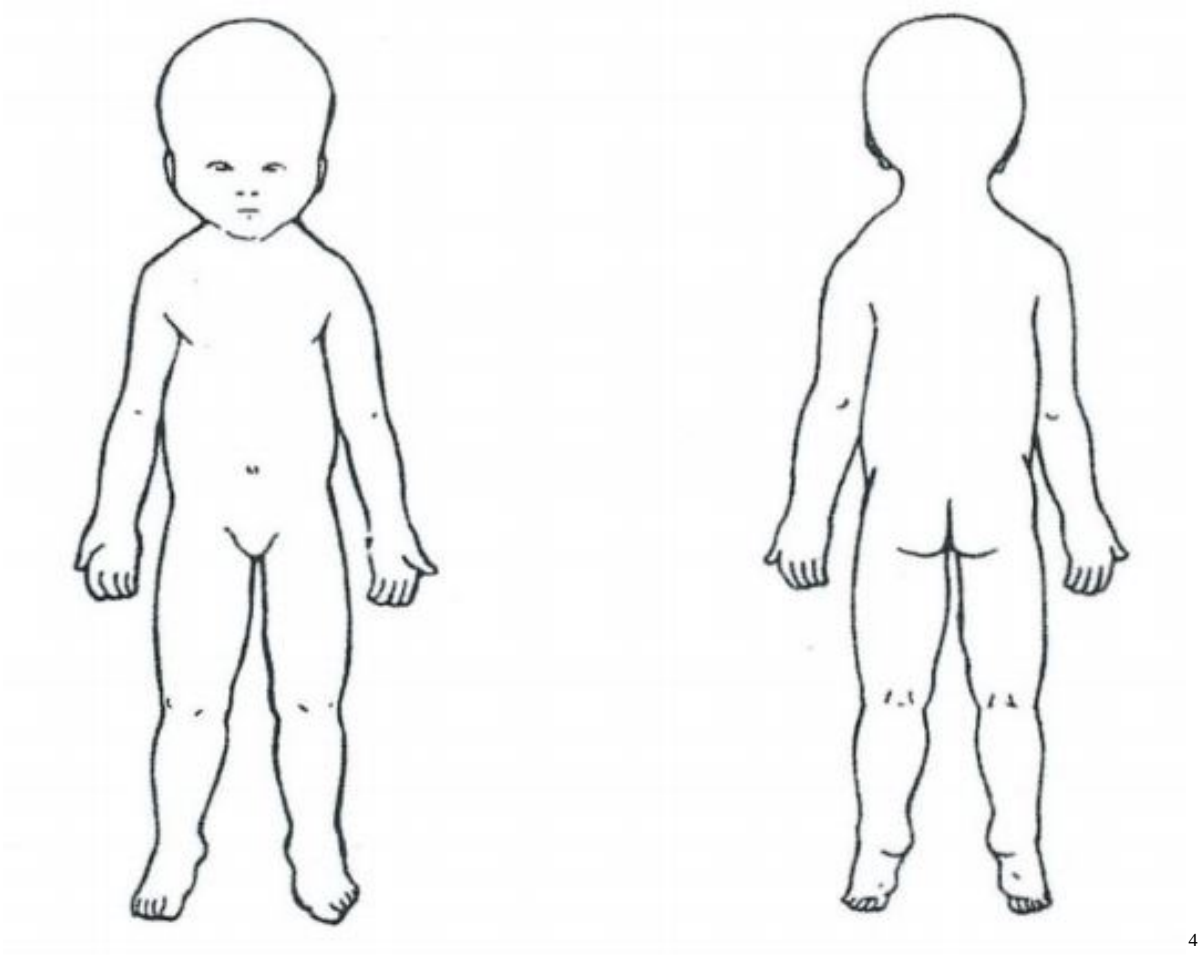
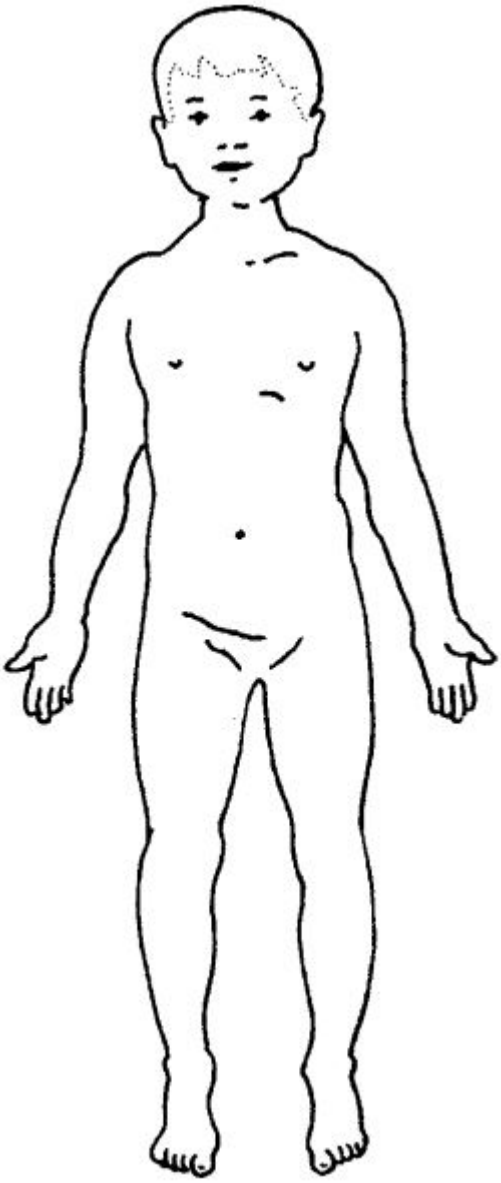
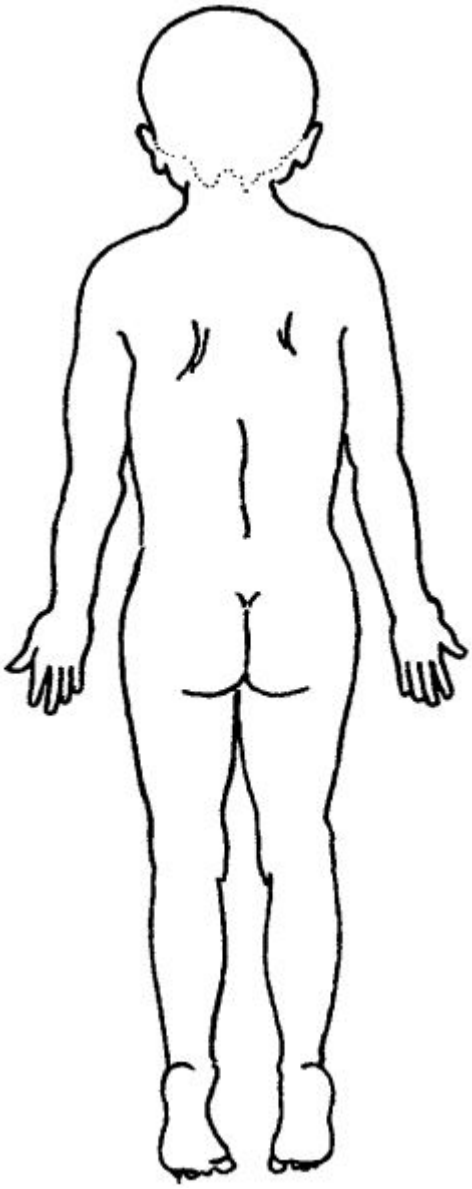


[4]

Signature:_____ Date: _____

[4] https://health.mil/Military-Health-Topics/Research-and-Innovation/Armed-Forces-Medical-Examiner-System/Armed-Forces-Medical-Examiner/Autopsy-Diagrams-Paperwork

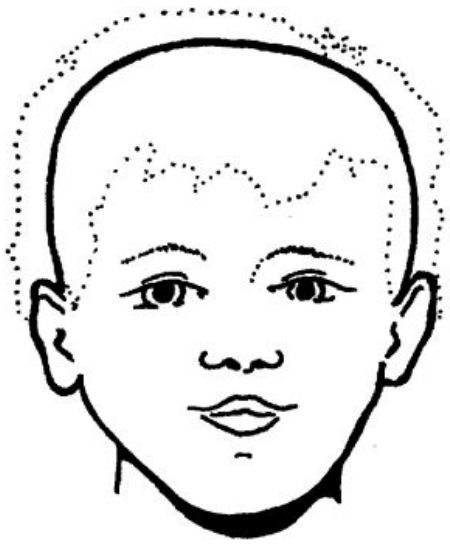


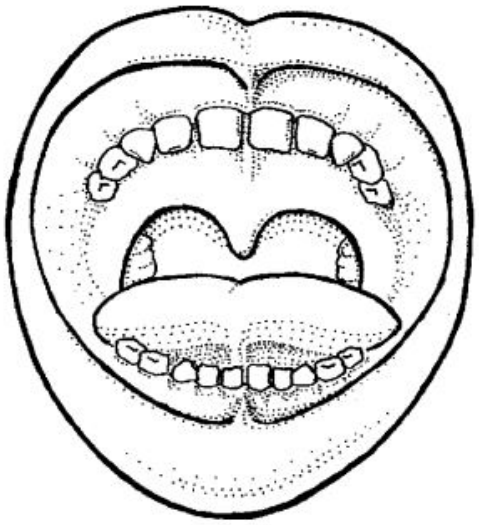


[5]

Signature: _____ Date: _____

[5] https://www.ccfmtc.org/forensic-medical-examination-forms/





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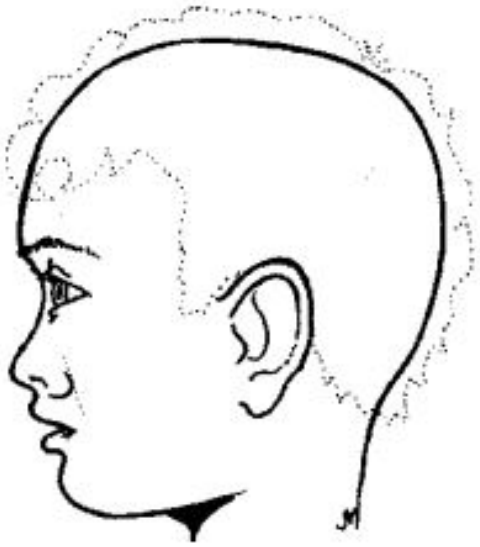

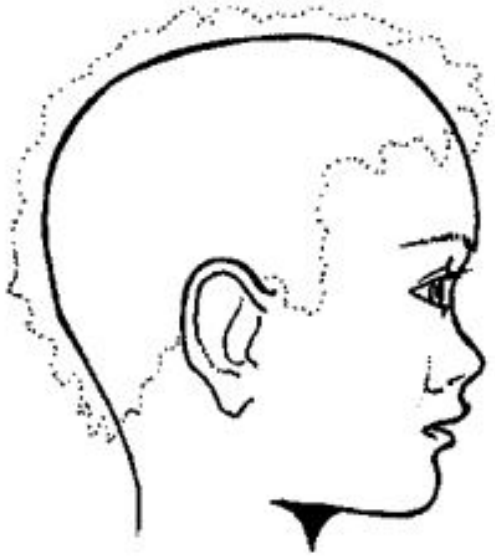

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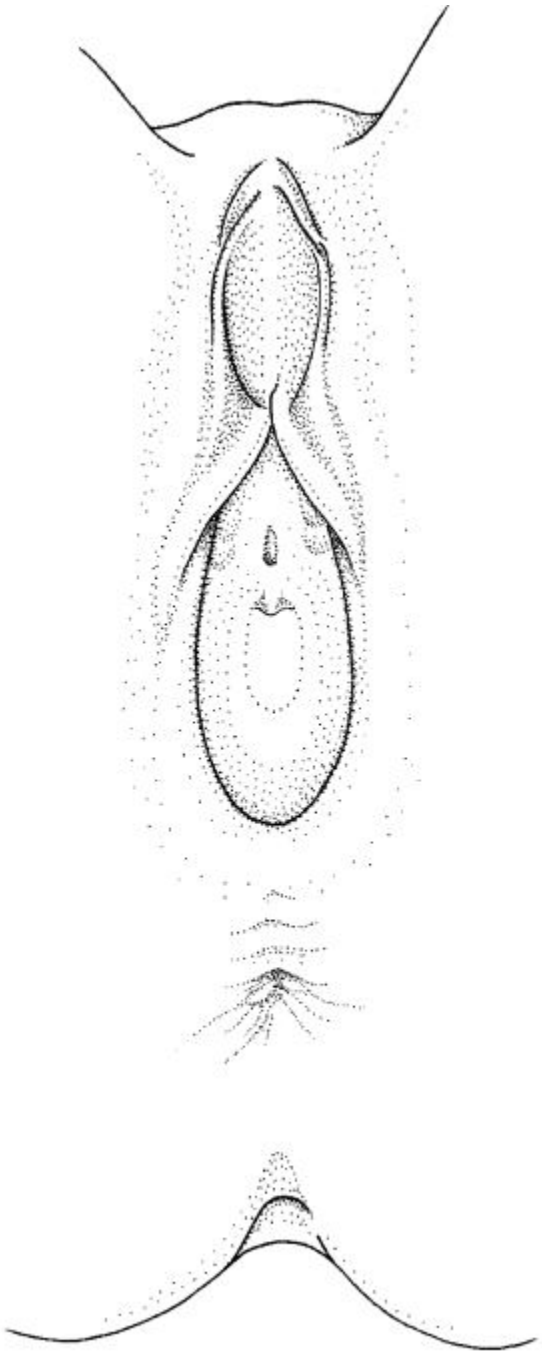
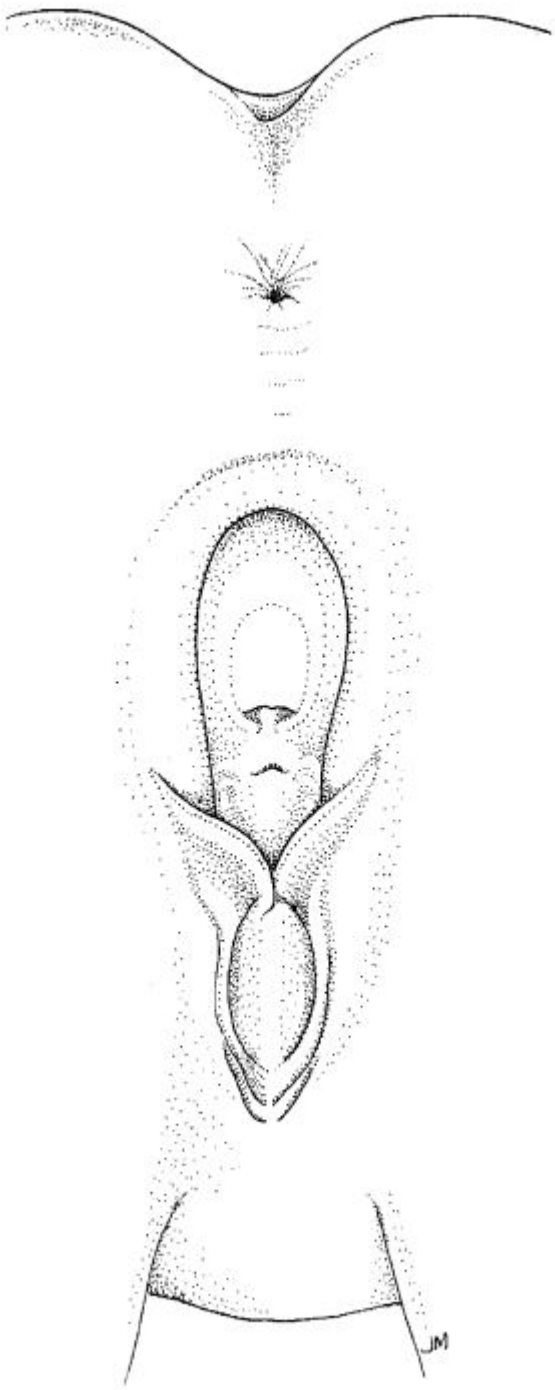


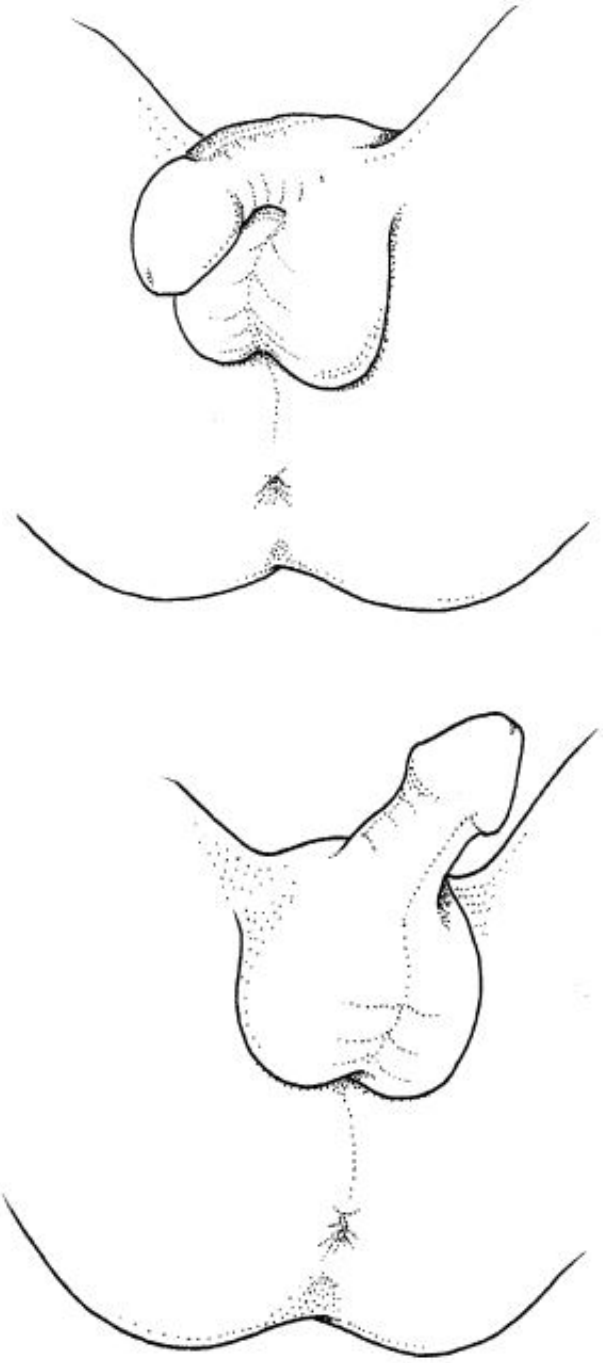
Supine



Knee-Chest

5

Signature:_____ Date: _____



5

Signature:_____ Date: _____

APPENDIX Q:
SEXUAL ASSAULT EVIDENCE KIT FORMS

KIT COVER (CHAIN OF CUSTODY)

AFFIX BIOHAZARD STICKER-HERE

STATE OF NEW HAMPSHIRE
SEXUAL ASSAULT EVIDENCE COLLECTION KIT

PATIENT'S NAME: _____ D.O.B: _____
(replace with kit serial number for anonymous reports)
HOSPITAL: _____
DATE OF EXAM: _____
SEXUAL ASSAULT EXAMINER: _____
(Print name)

CHAIN OF CUSTODY

I certify that I have received the following items (check those which apply):
One sealed evidence kit Sealed clothing bag(s) Number of bags _____
☐ Urine Sample (on ice) ☐ Other _____ ☐ _____
☐ ☐

RECEIVED **FROM:** _____
DATE: _____ TIME: _____
ACCEPTED **BY:** _____

RECEIVED **FROM:** _____
DATE: _____ TIME: _____
ACCEPTED **BY:** _____

RECEIVED **FROM:** _____
DATE: _____ TIME: _____
ACCEPTED **BY:** _____

ALWAYS DELIVER THE KIT TO THE CRIME LABORATORY WITHOUT DELAY
Kit must be refrigerated: ☐ Yes ☐ No Urine collected: ☐ Yes ☐ No
MUST ALWAYS FREEZE URINE
Check this box if the SUSPECT is a juvenile (under 18): ☐

For questions about collection procedures refer to: The State of New Hampshire
Office of the Attorney General Sexual Assault: An Acute Care Protocol for Medical/Forensic Evaluation
http://www.doj.nh.gov/criminal/victim-assistance/documents/acute-care-protocol.pdf
OR
Call the State Police Forensic Laboratory (603) 223-3854

TO REORDER KITS: CALL (603) 271-6817
KITS ARE PROVIDED FREE OF CHARGE BY THE STATE OF NEW HAMPSHIRE DEPARTMENT OF JUSTICE

STEP 1

STEP 1 AUTHORIZATION AND DISCLOSURE FORM

Patient Label (top copy only)

Kit Number: _____

Date of Birth: _____

Date of Examination: _____
(Month/Day/Year)

Hospital received permission to contact patient: ☐By Telephone ☐By Mail ☐Permission Denied ☐ Other_____

Description of evidence to be transferred:

☐ Evidence kit documentation forms
☐ One sealed evidence collection kit containing evidence (including blood)
☐ Urine Sample for "Drug-Facilitated Sexual Assault" Test (**sealed in biohazard bag OUTSIDE KIT)**
☐ Evidence bags sealed outside of kit (examiner please indicate # _____ not including urine sample)

Evidence Bags	**Article**	**Description**
No. 1	_____	_____
No. 2	_____	_____
No. 3	_____	_____
No. 4	_____	_____

REPORTED CASES:

Person authorizing release of information is (check one): ☐ Patient ☐Patient's Parent/Guardian ☐Other _____

DISCLOSURE OF PROTECTED HEALTH INFORMATION/RECORD RELEASE

I hereby authorize _____ (Health Care Facility) to collect and transfer my evidence collection kit, clothing and any other evidence to the below listed law enforcement agency for transport to the NH State Police Forensic Lab for analysis. I further authorize the use/disclosure of my individually identifiable health information (which may include information concerning treatment for drug/alcohol abuse, mental health and HIV status, if applicable). I understand that if the recipient authorized to receive the information is not a covered entity, (e.g. insurance company or health care provider), the disclosed information may no longer be protected by federal and state privacy regulations.

Purpose of the use and/or disclosure: Mutually share information for health and safety

Do NOT sign this section if completing an ANONYMOUS kit. Go to the bottom of the ANONYMOUS CASES segment of the form.

I hereby authorize _____ to release the following information covering treatment
(Hospital/Record Holder)

given to me on _____ to _____.
(Month/Day/Year) (Law Enforcement Agency/DCYF)

Name of person authorizing release of information (please type or print): _____
(Last) (First) (Middle)

_____ _____
Patient Signature (Or Parent/Legal Guardian if applicable) Date

_____ _____
Witness/Examiner Signature Date

ANONYMOUS CASES: (Anonymous collection ONLY on patients 18 years of age or older)

DISCLOSURE OF PROTECTED HEALTH INFORMATION/RECORD RELEASE

I hereby authorize _____ (Health Care Facility) to collect and **transfer** my evidence collection kit, clothing and any other evidence to the _____ Police Department for transport to the NH State Police Forensic Lab. I understand that the law enforcement agency has **not** been given the right to view my record, or analyze the evidence, **and will not** be given that right except by my authority in the next 60 days. I further understand that if I do not report the crime within 60 days the evidence may be disposed of.

Patient Signature _____ Date_____

Please Print Patient Name Here _____

WHITE- Retain for Medical Records YELLOW-Return to Evidence Kit PINK-Law Enforcement if reported OR Kit if Anonymous

STEP 2A

STEP 2A **SEXUAL ASSAULT MEDICAL/FORENSIC REPORT FORM**

Please complete in ALL cases regardless of patient's age.

Kit Number: _____ Date of Birth/Age: _____
Sex Assigned at Birth: _____
Date and Time of the **Examination**: _____
Date and Time of the **Assault**: _____
Number of Assailants: _____ Sex of Assailants: _____

Patient Label (top copy only)

Indicate by checking the appropriate box what the patient has done since the assault (if unsure, please state the reason why):

Bathed/Showered ☐Yes ☐No ☐Unsure _____
If yes, what did this consist of? _____ (Sponge bath, fully submerged, etc.)
(The purpose of this question is to determine whether or not there may be forensic evidence still present on the patient's body.)

Urinated ☐Yes ☐No ☐Unsure _____
Defecated ☐Yes ☐No ☐Unsure _____
Brushed Teeth ☐Yes ☐No ☐Unsure _____
Changed Outer Clothing ☐Yes ☐No ☐Unsure _____
Changed Underpants ☐Yes ☐No ☐Unsure _____
Had Food/Drink ☐Yes ☐No ☐Unsure _____
Vomited ☐Yes ☐No ☐Unsure _____
Used Mouthwash ☐Yes ☐No ☐Unsure _____
Douched ☐Yes ☐No ☐Unsure _____

At the time of the assault was:

A condom used by assailant? ☐Yes ☐No ☐Unsure _____
Patient menstruating? ☐Yes ☐No ☐Unsure _____
Patient wearing a tampon or pad? ☐Yes ☐No ☐Unsure _____
Weapon used/threatened by assailant? ☐Yes ☐No ☐Unsure _____
Patient strangled (choked)? ☐Yes ☐No ☐Unsure _____
Drug-facilitated assault suspected? ☐Yes ☐No
If blood/urine sample is taken, is the patient taking any prescription drugs? yes ☐ no ☐
If yes, which prescription drugs? _____
Any other witnesses to assault? ☐Yes ☐No ☐Unsure _____

At the time of the exam was:

Patient menstruating? ☐Yes ☐No ☐Unsure _____
Patient wearing a tampon or pad? ☐Yes ☐No ☐Unsure _____

Within the past five days has the patient:

Engaged in consensual sexual activity? ☐Yes ☐No
If yes, on what date _____
Was a condom used ☐Yes ☐No

Date _____ Signature of Examiner _____
Printed Name of Examiner _____

WHITE- Retain for Medical Records YELLOW-Return to Evidence Kit PINK-Law Enforcement if reported OR Kit if Anonymous

STEP 2B

STEP 2B **SEXUAL ASSAULT MEDICAL/FORENSIC REPORT FORM**

Please complete in ALL cases regardless of patient's age.

Patient Label (top copy only)

Kit # (please print): _____

Details of the assault obtained by patient (check all that apply):

☐ Patient was unable to give history of the assault ☐ Due to age ☐ Due to lack of memory
☐ Other _____

Were photos or video taken during the assault? ☐ Yes ☐ No ☐ Unknown
Please describe: _____

Penetration performed by perpetrator:

☐ Penile/Oral ☐ Penile/Genital ☐ Penile/Anal
☐ Oral /Anal ☐ Oral/Genital ☐ Digital/Genital ☐ Digital/Anal
☐ Other (please describe) _____
☐ Other (please describe) _____
☐ Foreign object (please describe) _____

☐ Oral contact by perpetrator (please describe) _____
☐ Oral contact by patient (please describe) _____
☐ Ejaculation deposited on patient's body (please identify location and swab area): _____

Describe any other pertinent details of the assault: _____

Date _____ Signature of Examiner _____
Printed Name of Examiner _____

WHITE- Retain for Medical Records YELLOW-Return to Evidence Kit PINK-Law Enforcement if reported OR Kit if Anonymous

STEP 3A

STEP 3A TOXICOLOGY BLOOD SAMPLES

USE ONLY FOR SUSPECTED DRUG FACILITATED SEXUAL ASSAULT

KIT #:_____

DATE COLLECTED:_____ TIME: _____AM/PM

COLLECTED BY:_____

- IF INGESTION WAS WITHIN **24 HOURS**, COLLECT BLOOD SAMPLE.
- IF INGESTION WAS OVER **24 HOURS**, DO NOT COLLECT.

☐ Two 4ml EDTA lavender top tubes (up to 24 hours)

(Use blood tubes from hospital supply)

STEP 3B

STEP 3B

TOXICOLOGY URINE SAMPLE

USE ONLY FOR SUSPECTED DRUG FACILITATED SEXUAL ASSAULT

DO NOT PLACE URINE SAMPLE INSIDE KIT

KIT #:_____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY:_____

- IF INGESTION WAS WITHIN **120 HOURS**, COLLECT URINE.
- IF INGESTION WAS OVER **120 HOURS**, DO NOT COLLECT.

☐ up to 90ml urine (up to 120 hours)

Urine

Collect urine in a sterile urine container (hospital supply) and seal in a biohazard bag.

Place urine container in this paper evidence collection bag, seal, and properly label.

Put "KEEP FROZEN" sticker on this paper evidence collection bag.

Freeze or place on ice immediately upon collection to preserve sample.

Advise law enforcement to KEEP FROZEN.

STEP 3B

TOXICOLOGY URINE SAMPLE

KEEP URINE SAMPLE FROZEN

CHAIN OF CUSTODY

RECEIVED **FROM**_____

DATE: _____TIME: _____AM/PM

ACCEPTED **BY**_____

RECEIVED **FROM**_____

DATE: _____TIME: _____AM/PM

ACCEPTED **BY**_____

RECEIVED **FROM**_____

DATE: _____TIME: _____AM/PM

ACCEPTED **BY**_____

RECEIVED **FROM**_____

DATE: _____TIME: _____AM/PM

ACCEPTED **BY**_____

STEP 4

STEP 4 **OUTER CLOTHING**

KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

LIST ITEM ENCLOSED: _____

CHAIN OF CUSTODY

RECEIVED **FROM:** _____

DATE: _____ TIME: _____ AM/PM

ACCEPTED **BY:** _____

RECEIVED **FROM:** _____

DATE: _____ TIME: _____ AM/PM

ACCEPTED **BY:** _____

STEP 5

STEP 5 **UNDERPANTS/DIAPER**

KIT NUMBER: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

CHAIN OF CUSTODY

RECEIVED **FROM** _____

DATE _____ TIME: _____ AM/PM

ACCEPTED **BY** _____

RECEIVED **FROM** _____

DATE _____ TIME: _____ AM/PM

ACCEPTED **BY** _____

STEP 6

STEP 6 **ORAL SWABS AND SMEAR**

KIT #: _____

DATE COLLECTED: _____ TIME: _____AM/PM

COLLECTED BY: _____

- **COLLECT WITHIN 24 HOURS**

STEP 7

STEP 7 **DNA SAMPLE/BUCCAL SWABS**

KIT #: _____

DATE COLLECTED: _____ TIME: _____AM/PM

COLLECTED BY: _____

THIS SAMPLE MUST BE COLLECTED ON **EVERY PATIENT**

- SWAB THE INNER ASPECTS OF BOTH CHEEKS WITH BOTH SWABS UNTIL MOISTENED.

STEP 8

STEP 8 **FOREIGN MATERIALS/PUBIC HAIR COMBINGS**

KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

Collect any foreign material such as hair and fiber, etc. well as any potential biological fluids left on body.

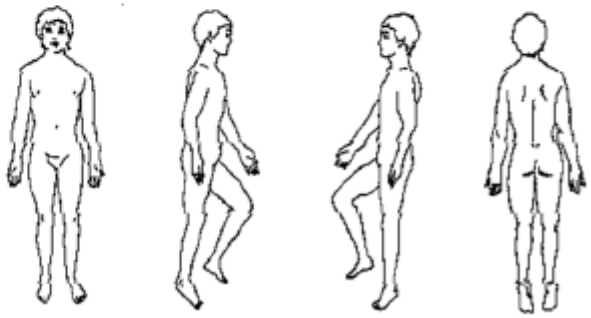
Was Pubic Hair Combing Sample Collected? (please circle) YES NO

Was Foreign Material/Body Swabbing Sample Collected? (please circle) YES NO

IDENTIFY LOCATION SAMPLE(S) COLLECTED FROM:

Sample suspected to be:

- ☐ Saliva
- ☐ Semen
- ☐ Blood
- ☐ Hair
- ☐ Other: _____



STEP 9

STEP 9 **ANAL SWABS AND SMEAR**

KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

- **COLLECT WITHIN 48 HOURS**

STEP 10

STEP 10 **EXTERNAL GENITALIA / PENILE SWABS**

KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

- **COLLECT WITHIN 72 HOURS OF THE ASSAULT**
- **ALWAYS COLLECT SWABS IN PRE-PUBERTAL CASES**

STEP 11

STEP 11 **VAGINAL / CERVICAL SWABS AND SMEAR**

KIT #: _____

DATE COLLECTED: _____ TIME: _____ AM/PM

COLLECTED BY: _____

ADULT/ADOLESCENTS:

- **COLLECT WITHIN 120 HOURS OF ASSAULT**
- **COLLECT 2 VAGINAL SWABS AND 2 CERVICAL SWABS**
- **PREPARE 1 VAGINAL SMEAR**

PRE-PUBERTAL PATIENTS:

- **DO NOT COLLECT**

STEP 12

STEP 12

SEXUAL ASSAULT EVIDENCE COLLECTION KIT INVENTORY FORM

Kit Number: _____

Patient Label

Check collected or not collected as appropriate

	Collected	Not Collected	Form Completed
Step 1: Authorization			*Always complete*
Step 2A: Medical/Forensic Report Form			*Always complete*
Step 2B: Medical/Forensic Report Form			*Always complete*
Step 3A: Blood Toxicology Sample *			
Step 3B: Urine Toxicology Sample *			
Step 4: Outer Clothing			
Number of Bags _____			
Step 5: Underpants/Diaper			
Step 6: Oral Swabs and Smear			
Step 7: DNA Sample/ Buccal Swabs			
Step 8: Foreign Material			
Step 8: Pubic Hair Combings*			
Step 9: Anal Swabs and Smear *			
Step 10: External Genitalia/Penile Swabs			
Step 11: Vaginal/Cervical Swabs and Vaginal Smear *			
Step 12: Sexual Assault Evidence Collection Kit Inventory Form			*Always complete*
Step 13: Medical/Forensic Examination Forms			*Always complete*
Step 14: Patient Information Form			*Always complete*
Step 14A: HIVnPEP Patient Information Form			*Always when giving nPEP*
Step 15: Patient Forms			
a. Follow Up Examination Voucher Form			*Give to PT*
b. Sexual Assault Crisis Center List			*Give to PT*
c. Financial Assistance for Victims Card			*Give to PT*
Step 16: Postcard (Provider MUST complete and mail)			*Always complete*
Step 16A: Forensic Sexual Assault Examination Billing Form			*Always complete*
Additional Evidence:			
Please list_____			
Additional Evidence:			
Please list_____			

***Any step with an asterisk is NOT routinely required with a pre-pubertal child.**

Date _____ Signature of Examiner _____

Retain for Medical Records

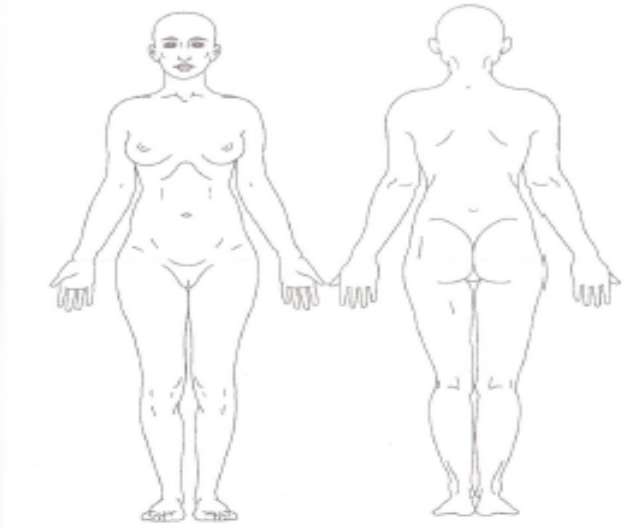
STEP 13 (FEMALE)

STEP 13 (*PAGE 1*) MEDICAL/FORENSIC EXAMINATION FORM
FEMALE BODY DIAGRAM

Patient label:

Kit number: _____

Please number findings on the body map with descriptors below.



Number	*Description (eg: Purple round bruise on right lateral wrist measuring .5cm)*

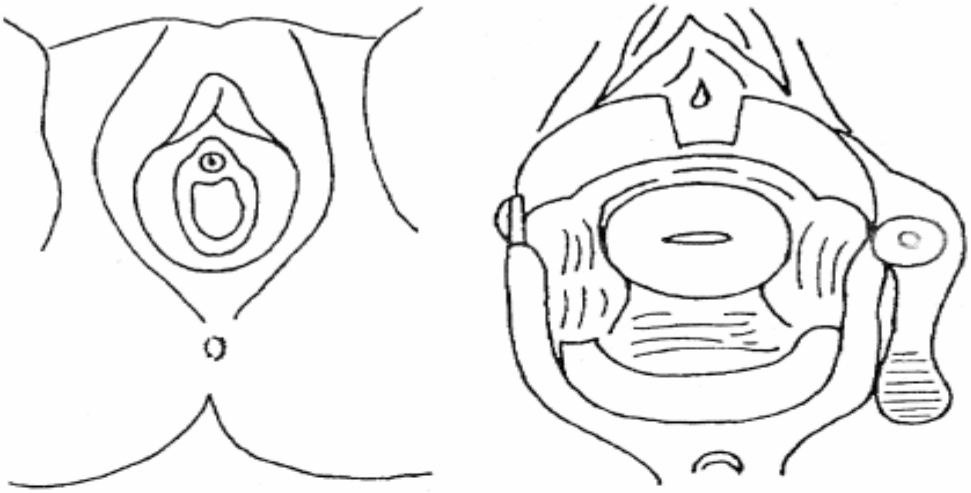
_____ _____
Signature of Examiner Date

Retain for medical records

STEP 13 (*PAGE 2*) MEDICAL/FORENSIC EXAMINATION FORM
FEMALE GENITAL EXAM

Patient label:

Kit Number: _____



FEMALE EXAMINATION:
Tanner Stage Breast _____ Tanner Stage Pubic Hair _____

EXTERNAL GENITALIA:
Labia Majora _____
Clitoral Hood & Clitoris _____
Labia Minora _____
Posterior Fourchette/Commissure _____
Urethral Meatus _____
Hymen _____

Indicate by checkmark visualization adjunct used:
- ☐ Foley catheter balloon technique (pubertal only)
- ☐ Toluidine Blue Dye
- ☐ Colposcopy
- ☐ Other _____

OTHER ANO-GENITAL STRUCTURES:
Vagina _____
Cervix _____
Adnexa _____
Anus _____
Rectum _____
Perineum _____

Were photographs taken by examiner? ☐ Yes ☐ No How Many _____
☐ Digital ☐ Digital Recorder ☐ Colposcope ☐ Other _____

What were photos taken of?
☐ Body Surface ☐ Genital

_____ _____
Signature of Examiner Date

Retain for medical records

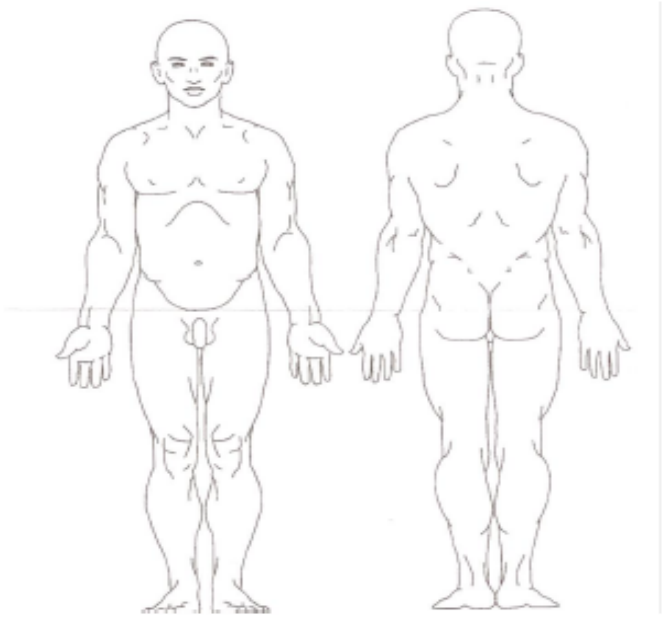
STEP 13 (MALE)

STEP 13 (*PAGE 1*) MEDICAL/FORENSIC EXAMINATION FORM
MALE BODY DIAGRAM

Kit number: _____

Patient label:

Please number findings on the body map with descriptors below.



Number	*Description (eg: Purple round bruise on right lateral wrist measuring .5cm)*

_____ _____

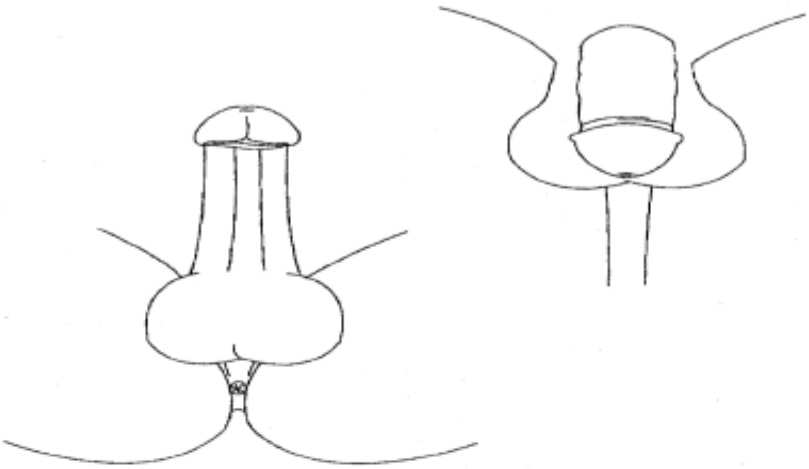
Signature of Examiner Date

Retain for medical records

STEP 13 (*PAGE 2*) MEDICAL/FORENSIC EXAMINATION FORM
MALE GENITAL DIAGRAM

Kit number: _____

Patient label:



MALE EXAMINATION:
Tanner Stage Pubic Hair ____Tanner Stage Genitalia _____

Penis:
Glans _____
☐Circumcised ☐Uncircumcised
Shaft _____
Urethral Meatus _____
Scrotum _____
Testicles _____
Perineum _____
Anus _____
Rectum _____

Were photographs taken by examiner? ☐Yes ☐No How Many _____
☐Digital ☐ Digital Recorder ☐ Colposcope ☐Other _____
What were photos taken of?
☐Body Surface ☐ Genital

_____ _____
Signature of Examiner Date

Retain for medical records

STEP 14

STEP 14 **PATIENT INFORMATION FORM**

Kit Number: _____

Hospital Name: _____

Hospital Telephone Number: _____

Date of Examination: _____
(Month/Day/Year)

Patient label (top copy only)

With your consent, the following tests were conducted (check all that apply):

☐ Syphilis ☐ Pregnancy test ☐ Hepatitis B ☐ HIV nPEP baseline labs
☐ Gonorrhea ☐ Chlamydia ☐ Trichomoniasis ☐ Other _____

The following is a list of medications you were given.
We recommend that you follow-up with your provider as directed to ensure that this treatment was effective.

Medication	Dose and Instructions

☐ Checking this box indicates that you chose not to be given medication that could prevent sexually transmitted infections.

☐ Checking this box indicates that you chose not to be given medication that could prevent pregnancy or the time frame had passed when Emergency Pregnancy Prevention would have been considered effective.

☐ You were given medicine called post-exposure prophylaxis (PEP) to reduce the risk of you becoming infected with HIV. You were given a copy of the **HIV PROPHYLAXIS (HIV N PEP) PATIENT INFORMATION FORM (STEP 14A)**. For more information on HIV PEP medications and side effects call the **National HIV N PEP Hotline at 1-888-448-4911** and/or log onto the Centers for Disease Control website at www.cdc.gov

☐ At the time of your evaluation, samples were obtained to look for suspected drug facilitated sexual assault. The samples are not evaluated by the hospital laboratory. Information regarding the results should be obtained through the investigating law enforcement agency. If you are reporting ANONYMOUSLY, the samples will NOT be analyzed until you report the crime to law enforcement.

☐ You have chosen to have the evidence collection obtained ANONYMOUSLY. The kit will be forwarded to the NH State Police Forensic Lab and will be held there, WITHOUT BEING ANALYZED, for up to 60 days from the date of your sexual assault examination. If you choose to report the crime to law enforcement during this time, **please call the _____Police Department at this phone number_____**. The SERIAL NUMBER identifying your kit is_____. If you choose not to report the crime during this time ALL EVIDENCE will then be returned to the police department having jurisdiction over where the crime occurred for storage or disposal. Regardless of this timeframe, **you can report your sexual assault to law enforcement at any time.**

☐ Under the law, NH health care professionals are obligated to report all cases of suspected child abuse or elder/vulnerable adult abuse. Because of the circumstances that brought you in today, a report will be made with the following agencies:

_____

☐ You were given necessary information and the phone number of the closest sexual assault crisis center for follow-up support and confidential free services.

☐ You were given a copy of the **FOLLOW UP EXAMINATION VOUCHER FORM.**

☐ You were given a copy of the **SEXUAL ASSAULT CRISIS CENTER LIST.**

☐ You were given a copy of the **FINANCIAL ASSISTANCE FOR VICTIMS CARD.**

☐ You were given information and the phone numbers for the Division of Children Youth and Families.

☐ If you do not have medical insurance, the State of NH will pay for the cost of this evaluation. If you have insurance, please be sure all necessary information is forwarded to the hospital for billing purposes.

Patient Signature _____ Date: _____

Examiner Signature _____ Date: _____

Time: _____

White Copy: Retain for medical records Yellow Copy: Give to patient

STEP 14A

STEP 14A

HIV PROPHYLAXIS (HIVnPEP)
PATIENT INFORMATION SHEET

You have been prescribed HIV post-exposure prophylaxis (PEP). These medicines can reduce the risk of becoming infected with HIV. The HIVnPEP medicines must be taken for a total of 28 days. Follow-up care from a nurse or doctor within 4-5 days is extremely important.

There are several important things that you need to know when starting the medicines:

IMPORTANT

- **THE HIV MEDICINES MUST BE TAKEN FOR A TOTAL OF 28 DAYS.**
- **YOU MUST FOLLOW UP WITH A NURSE OR DOCTOR WITHIN 4 TO 5 DAYS OF STARTING THESE HIV MEDICATIONS**

Follow-up Care: Due to the potential side effects of this medication, you must be seen by a nurse or doctor within **4-5 days**.

☐ Please call _____-_____ tomorrow to schedule an appointment with _____ (provider name) for your follow-up care regarding these HIV medications. **Bring this form with you to this appointment.**

OR

☐ Your appointment has been scheduled for ____/_____/_____ at _____ AM/PM with _____ (provider name). **Bring this form with you to this appointment.**

☐ **Medication Refills:** You were given a ____ day supply of medicines, and **you will need to get the remainder to complete the 28-day course of medicine.** You should obtain the rest of the prescription from _____

Taking your Medicine:

- *These medications need to be taken as directed.*
- It is important that you not miss any doses. Missing doses will decrease its effectiveness.
- If you miss a dose, start taking again as soon as possible and make sure you allow the recommended amount of time between doses.
- **NEVER** take more than the prescribed dose.
- ***DO NOT STOP TAKING THE MEDICATION WITHOUT FIRST TALKING WITH YOUR DOCTOR OR NURSE.***
- **CAUTION:** Keep medication away from children and pets.

Give to Patient if Prescribed HIVnPEP

Call your provider <u>IMMEDIATELY</u> if you experience rash, abdominal pain, fever or severe nausea.

You may experience other side effects from this medication. The most common side effects are: stomach upset, diarrhea and nausea, headache, muscle ache, insomnia, fatigue, dizziness, lightheadedness, impaired concentration, vivid dreams and 'feeling high.' You may feel weak or tired. If you experience any of these possible side effects, let your doctor or nurse know. They can help you manage these side effects. **Side effects usually go away after a few days; tell your provider if they do not.**

<u>NOTE:</u>

- **Avoid alcohol**
- **Take with food to decrease stomach upset.**

Contact your doctor or nurse before starting any new medication. New medications may interact with many other prescriptions and over the counter medications, as well as street drugs.

Frequently Asked Questions

What if I want to stop these medications?

Do not stop the medicines before you talk with your doctor or nurse. Take the medications as directed. They will not work as well if you miss a dose.

What do I do if I have a problem with side effects from the medicines?

Talk with your nurse or doctor if this happens. There are ways to manage side effects. Side effects usually get better after the first week.

How should I store the medicines?

Keep these medicines out of the reach of children and pets.

Should I be concerned if I take birth control pills?

Some of these medicines may make birth control pills less effective. We recommend that if you are sexually active, you use latex condoms. This is especially important while you are taking these medicines.

What if I take other drugs or medicines?

Be sure to tell your doctor or nurse what other medicines or drugs you take. Other medicines including over-the-counter medicines can interact with PEP medicines. Also, street drugs can interact with these medicines.

Will I need to have blood tests done?

Yes, your doctor or nurse will tell you when you need to have blood tests done. It is important to get them done when recommended.

ATTENTION: FOLLOW-UP MEDICAL PROVIDER

If you are NOT an Infectious Disease provider, consult with an Infectious Disease provider in your area for the recommended HIVnPEP regimen, treatment and testing for this patient.

Give to Patient if Prescribed HIVnPEP

STEP 15A

STEP 15A

SEXUAL ASSAULT MEDICAL/FORENSIC FOLLOW-UP EXAMINATION VOUCHER FORM

New Hampshire Victims' Compensation Program
NH Department of Justice
33 Capitol Street
Concord, NH 03301
Tel: 603-271-1284 Fax: 603-271-1255
Email: victimcomp@doj.nh.gov

Billing Instructions for Health Care Providers:

The State of New Hampshire is responsible for paying for the forensic/medical examination of victims of sexual assault (RSA 21-M:9-c), as well as one follow-up visit with the medical provider of her/his choice, **paid at the fee for service Medicaid rate**. The patient presenting this follow-up visit voucher, should not be required to pay any out of pocket costs for the follow-up examination you are performing, and should not be billed for any costs over the Medicaid rate. **Please mail the original Voucher, along with an itemized bill, to the New Hampshire Victim's Compensation Program at the above address.**

For the Medical Provider: (This voucher is not valid unless the following information is completed.)

I, **(Name of Patient)** _____voluntarily authorize the disclosure of billing information, including name, date of birth., diagnosis and procedure codes. The information is to be disclosed by **(Name of Provider):** _____ and is to be provided to the New Hampshire Victim's Compensation Program at the NH Attorney General's Office, 33 Capitol Street, Concord, New Hampshire 03301. The purpose of this disclosure is to verify patient information so that payment for treatment may be made.

The information to be disclosed from my health record is only information related to the care provided to me on **(Date)** _____ and I understand that my Protected Health Information (PHI) may be re-disclosed and therefore no longer protected under the Privacy Rule. I understand that the Attorney General's Office will maintain the privacy of my PHI in accordance with RSA 21-M:8-c and will not release it without additional authorization. I further understand that I have the right to revoke this authorization in writing except to the extent that it has already been relied upon. The authorization is valid for one-year following the treatment date.

Authorized by: _____ Date: _____
(Patient Signature)
Witness: _____ Date: _____

Relationship to Patient: _____

For the Follow-up Provider: (Please complete the following information so that we can pay you promptly.)
Medical Provider: _____
Federal Employer Identification Number: _____
Remittance Address: _____

GIVE FORM TO PATIENT TO BRING TO FOLLOW-UP EXAMINATION

STEP 15B

Step 15B NH DOMESTIC VIOLENCE and SEXUAL ASSAULT SUPPORT SERVICES

NEW HAMPSHIRE COALITION AGAINST DOMESTIC AND SEXUAL VIOLENCE
603-224-8893 (Office)
www.nhcadsv.org

NH Domestic Violence Hotline: **1-866-644-3574** Statewide Sexual Assault Hotline: **1-800-277-5570**

The New Hampshire Coalition is comprised of 13 programs throughout the state that provide services to survivors of sexual assault and domestic violence, stalking /or sexual harassment. You do not need to be in crisis to call. Services are free, confidential, and available to everyone regardless of age, race, religion, sexual preference, class, or physical ability. The services include: 24-hour crisis line, emergency shelter and transportation, legal advocacy in obtaining restraining orders against abusers, hospital and court accompaniment, Information about and help in obtaining public assistance.

RESPONSE to Sexual & Domestic Violence
54 Willow Street
Berlin, NH 03570
1-866-662-4220 (crisis line)
603-752-5679 (Berlin office)
603-636-1747 (Groveton office)
www.coosfamilyhealth.org/response

Turning Points Network
11 School Street
Claremont, NH 03743
1-800-639-3130 (crisis line)
603-543-0155 (Claremont office)
603-863-4053 (Newport office)
www.turningpointsnetwork.org

Crisis Center of Central New Hampshire (CCCNH)
PO Box 1344
Concord, NH 03302-1344
1-866-841-6229 (crisis line)
603-225-7376 (office)
www.cccnh.org

Starting Point: Services for Victims of Domestic & Sexual Violence
PO Box 1972
Conway, NH 03818
1-800-336-3795 (crisis line)
603-447-2494 (Conway office)
603-452-8014 (Wolfeboro office)
www.startingpointnh.org

Sexual Harassment & Rape Prevention Program (SHARPP)
2 Pettee Brook
Wolff House
Durham, NH 03824
1-888-271-SAFE (7233) (crisis line)
603-862-3494 (office)
www.unh.edu/sharpp

Monadnock Center for Violence Prevention
12 Court Street
Keene, NH 03431-3402
1-888-511-6287 (crisis line)
603-352-3782 (crisis line)
603-352-3782 (Keene office)
603-209-4015 (Peterborough)
www.mcvprevention.org

New Beginnings – Without Violence and Abuse
PO Box 622
Laconia, NH 03247
1-866-841-6247 (crisis line)
603-528-6511 (office)
www.newbeginningsnh.org

WISE
38 Bank Street
Lebanon, NH 03766
1-866-348-WISE (9473) (crisis line)
603-448-5525 (local crisis line)
603-448-5922 (office)
www.wiseuv.org

The Support Center at Burch House
PO Box 965
Littleton, NH 03561
1-800-774-0544 (crisis line)
603-444-0624 (Littleton office)
www.tccap.org/support_center.htm

YWCA crisis Service
72 Concord Street
Manchester, NH 03101
603-668-2299 (crisis line)
603-625-5785 (Manchester office)
www.ywcanh.org

Bridges: Domestic & Sexual Violence Support
PO Box 217
Nashua, NH 03061-0217
603-883-3044 (crisis line)
603-672-9833 (Milford office)
603-889-0858 (Nashua office)
www.bridgesnh.org

Voices Against Violence
PO Box 53
Plymouth, NH 03264
1-877-221-6176 (crisis line)
603-536-1659 (local crisis line)
603-536-5999 (public office)
www.voicesagainstviolence.net

HAVEN
20 International Drive, Suite 300
Portsmouth, NH 03801
603-994-SAFE (7233) (crisis line)
603-436-4107 (Portsmouth office)
(Offices in Portsmouth, Rochester and Salem)
www.havennh.org

GIVE TO EVERY PATIENT

STEP 15C

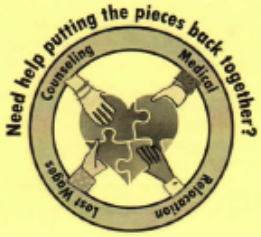
The aftermath of sexual assault can be a confusing and overwhelming time. Sexual assault victims may be eligible to receive financial compensation for a variety of crime related expenses and/or lost wages and support. You may be eligible for compensation for some of the expenses listed on the back of this card.

Your local Crisis Center provides information, support and referrals 24 hours a day, and can provide short term emergency funds for expenses such as having your locks changed, and replacing emergency items that may have been lost or damaged as a result of the assault.

These services are free and confidential.

To contact the Crisis Center nearest you call the Statewide Sexual Assault Hotline at 1-800-277-5570

Help for Victims of Sexual Assault



VICTIMS OF SEXUAL ASSAULT SHOULD NOT BE BILLED FOR THE FOLLOWING SERVICES:

- The **Forensic / Medical Examination** following the assault, including the collection of evidence in a sexual assault kit. Even if you have an evidence collection kit performed, it is your decision whether or not to report the crime, unless you are a minor. Collecting evidence as soon as possible after the assault is crucial to possible prosecution of the perpetrator.
- **One Follow-up Examination** with the medical provider of your choice.
- **Payment of HIV Prevention Medications** if determined to be appropriate by the medical provider.
- **Testing for "Date-Rape" drugs.** If you suspect you were drugged prior to being assaulted, get tested immediately, while the drug is still in your system.

ADDITIONAL EXPENSES THAT MAY BE COVERED INCLUDE:

- **Medications,** such as those to prevent pregnancy, Hepatitis B, and other sexually transmitted infections.
- **Clothing and Bedding** that are taken as evidence by law enforcement.
- **Lost Wages** due to inability to work as a result of the physical an psychological aftermath of the assault.
- **Mental Health Counseling** with a licensed practitioner.

To receive compensation for additional crime-related expenses, you must file a claim with the **New Hampshire Victim Assistance Commission**. You must report the crime to local law enforcement or report to the hospital within 5-days of the assault and comply with evidence collection. The maximum overall compensation amount is **$30,000**.

For more information call
1-800-300-4500
Or e-mail victimcomp@doj.nh.gov

Applications and additional information are available online at www.doj.nh.gov/grants-management/victims-compensation-program

STEP 16A

STATE OF NEW HAMPSHIRE

Forensic Sexual Assault Examination Billing Form

INSTRUCTIONS

1. The patient has the right to remain anonymous or provide their name when submitting a forensic sexual assault exam. Please list anonymous OR the patient's name in this section.
2. **Payment options:**
   a. Option 1: If this option is selected the hospital will be reimbursed by the NH Victims' Compensation Program at the Fee for Service Medicaid rate for evidence collection.
   b. Option 2: If this option is selected, the patient cannot be billed for co-payment or deductibles.
   c. Option 3: If this option is chosen, neither the patient nor the insurance provider is billed. The hospital will be reimbursed by the NH Victims' Compensation Program at the Fee for Service Medicaid rate for evidence collection
3. A forensic sexual assault examination kit number and patient's date of birth must be provided in order for the NH Victims' Compensation Program to consider payment at the Fee for Service Medicaid rate.
4. An itemized billing statement (universal UB form), with appropriate medical codes, must be submitted with the billing form for payment consideration. Failure to provide billing statement/payment form will result in payment denial of the claim.
5. Complete all other sections of this form as indicated. Incomplete forms are subject to payment denial.
6. Once completed, MAIL/FAX this form and required billing documentation to:

The New Hampshire Victims' Compensation Program

33 Capitol Street
Concord, NH 03301
603-271-1284
victimcomp@doj.nh.gov

Step 16A

Hospital Label

STATE OF NEW HAMPSHIRE VICTIMS' COMPENSATION FORENSIC SEXUAL ASSAULT EXAMINATION BILLING FORM

_____(name of patient/or "anonymous") has been informed that the NH Victims' Compensation Program can provide payment for the examination, collection of evidence, and treatment related to this sexual assault visit; including HIV Post Exposure Prophylaxis, if necessary. It is the intent of this form to allow the patient to make an informed decision concerning the method of payment she/he chooses.

Please choose an option:

- _____Patient does not have insurance that would cover this treatment.
- _____Patient does have insurance or Medicaid which will be billed. Patient will not be charged for any co-payments or deductibles associated with this treatment.
- _____Patient does have insurance that would cover this treatment but does not want insurance carrier billed.

This section must be completed by the SANE provider or treating physician:

Forensic Sexual Assault Examination Kit #_____ Patient's Account #_____
Patient's Date of Birth **(REQUIRED)**_____ RX (for HIV nPEP medications ONLY):_____
# of days HIV nPEP medications dispensed:_____ Was 7 days HIV nPEP medications dispensed in ER? **Yes No**
The City/State/County where assault occurred:_____

(NH Victims' Compensation Program can only provide payment for assaults occurring in NH. If assault occurred in another state, please contact the Victims' Compensation Program of that state.)

HIV POST EXPOSURE PROPHYLAXIS PRESCRIPTION MEDICATIONS WILL BE PAID TO THE HOSPITAL/FACILITY AT MEDICAID RATE BY THE NH VICTIMS' COMPENSATION PROGRAM.

SANE or Attending Physician (please print)	Signature of SANE or Attending Physician	Telephone

Name of Facility	Name of Billing Contact Person	Telephone	Date of Service

Please use the universal UB invoice with back up documentation, including the services provided and appropriate medial coding. This form must be attached to UB invoice. Failure to provide all requested information will result in denial of payment. When completed, please mail these documents to:

New Hampshire Victims' Compensation Program
Office of the Attorney General
33 Capitol Street
Concord, NH 033301
Telephone: 603-271-1284
victimcomp@doj.nh.gov

Note to provider: Be sure that your billing department has a copy of this completed Billing Form and Instructions.

10/2015

STEP 17

Kit Serial #: _____

Name of Examiner:_____ SANE __yes __ no

Hospital: _____

Date Collected: _____/_____/_____

☐ Anonymous ☐ Reported

Police Department accepting Kit for transfer to Crime Lab:

_____

(City and State)

IN ***ALL*** CASES, PLEASE FILL OUT AND MAIL UPON COMPLETION OF THE EVIDENCE COLLECTION KIT.

NO POSTAGE STAMP NECESSARY
POSTAGE HAS BEEN PREPAID BY:

NHCADSV
PO BOX 353
CONCORD, NH 03302