



VICTORIAN FORENSIC PAEDIATRIC MEDICAL SERVICE

RECORD OF EVALUATION

PATIENT DETAILS

SURNAME		
GIVEN NAME(S)	GENDER	
DATE OF BIRTH	AGE IN YEARS	
ADDRESS	POSTCODE	
MOTHER'S NAME	RESIDES WITH CHILD Y/N	TELEPHONE
FATHER'S NAME	RESIDES WITH CHILD Y/N	TELEPHONE
ADDRESS (IF DIFFERENT TO ABOVE)	POSTCODE	
GUARDIAN (IF NOT PARENT)		TELEPHONE

EXAMINATION

DATE	TIME
PLACE	
PERSONS PRESENT IN INTERVIEW	
PERSONS PRESENT IN EXAMINATION	
NAME OF DOCTOR PERFORMING ASSESSMENT	

REPORT

DICTATED	TYPED
SENT TO	
SENT TO	
SENT TO	

CONFIDENTIAL



Victorian Forensic Paediatric Medical Service

Assessment Consent Form

I,hereby consent to
a complete medical evaluation including physical examination of
..... by a medical practitioner.

The findings of the medical evaluation will be documented and a report prepared.

Following such examination or in association with such examination

- ❖ I consent to collection of medical and medico-legal specimens
- ❖ I consent to photographic documentation
- ❖ I consent to investigations as recommended by the examining doctor
- ❖ I consent to release of a medical report to Child Protection and Victoria Police
- ❖ I consent to treatment
- ❖ I consent to information associated with the examination being used for teaching and research purposes but only if all identifying data is removed

Signature of parent or guardian.....

NAME (print).....

Relationship to child.....

Date and time.....

- ❖ Delete if inappropriate or if consent is not provided



MEDICAL HISTORY

1. RELEVANT ANTENATAL AND PERINATAL HISTORY

2. RELEVANT MEDICAL/SURGICAL HISTORY

E.G. clotting or bleeding disorders, past illnesses, injuries, surgery

If considering sexual abuse - past genital trauma, constipation/treatment, urinary symptoms/UTI/investigations, infections

3. ALLERGIES

4. MEDICATIONS/IMMUNIZATION (e.g., Hepatitis B status)

5. GENOGRAM and Family History of illness/abuse



6. DEVELOPMENTAL HISTORY

7. HISTORY OF BEHAVIOURAL PROBLEMS

8. RELEVANT GYNAECOLOGICAL HISTORY

Menarche
Contraception

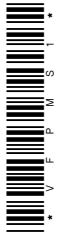
LNMP

CYCLE

Was patient menstruating at the time of the assault? Y/N

9. DETAILS FROM POLICE OR PROTECTIVE WORKER

NAME.....Region.....



10. DETAILS FROM CHILD OR PARENT NAME.....
(Include date of assault, time, location, sites on child's body where injuries might have occurred, implements used, post assault pain / bleeding, whether alcohol/drugs consumed and full names of alleged assailants)



SUMMARY OF ALLEGED SEXUAL ASSAULT

VAGINAL PENETRATION	<i>Assailant 1</i>	<i>Assailant 2</i>	<i>Assailant 3</i>	<i>Assailant 4</i>	<i>Assailant 5</i>
Attempted/successful/?					
Ejaculated Yes/No/?					

ANAL PENETRATION	<i>Assailant 1</i>	<i>Assailant 2</i>	<i>Assailant 3</i>	<i>Assailant 4</i>	<i>Assailant 5</i>
Attempted/successful/? (penetration of child's anus)					
Ejaculated Yes/No/?					

ORAL PENETRATION	<i>Assailant 1</i>	<i>Assailant 2</i>	<i>Assailant 3</i>	<i>Assailant 4</i>	<i>Assailant 5</i>
Attempted/successful/? (penetration of child's mouth)					
Ejaculated Yes/No/?					

	<i>Assailant 1</i>	<i>Assailant 2</i>	<i>Assailant 3</i>	<i>Assailant 4</i>	<i>Assailant 5</i>
EJACULATE ON BODY If 'Yes' list site					
SALIVA ON BODY If 'Yes' list site					
CONDOM USED (Yes/No/?)					
LUBRICANT USED (Yes/No/?)					

OBJECTS USED FOR PENETRATION	<i>Assailant 1</i>	<i>Assailant 2</i>	<i>Assailant 3</i>	<i>Assailant 4</i>	<i>Assailant 5</i>
VAGINA					
ANUS					
MOUTH					
OTHER					

.....
12. POST ASSAULT

Clothing worn at time of assault:

Changed clothes	Yes	No	Cleaned clothes	Yes	No
Bathed/showered	Yes	No	Had sexual intercourse	Yes	No
Vaginal bleeding	Yes	No	Vaginal pain	Yes	No

Intercourse during the past week (date/time/who)	Yes	No
Was condom/spermicide/lubricant used?	Yes	No



EXAMINATION

13. PERSONS PRESENT

14. CHILD'S INITIAL APPEARANCE
(emotional state; intellect; interactions, clothing; effects of alcohol/drugs; etc)

15. FINDINGS - Place notes here. Use body charts for diagrams.

GUIDELINES FOR THE FORENSIC EXAMINATION

- The extent of the examination will be directed by the history and clinical observations. When there is any doubt, a complete inspection of the skin is recommended.
- When describing wounds, record: site, size, shape, surrounds, colour, contours, course, contents, age, borders, depth.
- Classify wounds:
 - ◊ Abrasion: Disruption of the outer layer of the skin.
 - ◊ Bruise: An area of haemorrhage beneath the skin.
 - ◊ Laceration: Splitting or tearing of tissues secondary to blunt trauma.
 - ◊ Incision: A cutting type of injury with (usually) clear, regular margins.
 - ◊ Stab: A wound of greater depth than length, produced by a sharp object.
- A speculum (or proctoscope) examination may be required for postpubertal sexually active children when child sexual abuse is suspected. The speculum should be warmed and lubricated with water. Indications include:
 - ◊ genital pain
 - ◊ per vaginal or per rectal bleeding
 - ◊ foreign body (used during assault and possibly still present)
 - ◊ assaults > 24 hours earlier. Here a cervical canal specimen is preferred.
- Photography provides a useful adjunct to wound documentation.
 - ◊ Self, police or hospital photographers may be appropriate.
 - ◊ Careful labelling of film/photos is important.
 - ◊ Video-colposcopic documentation of genitalia should be considered.

Collection of Forensic Specimens

Informed consent specifically for specimen collection should be gained, and documented.

Explain that the specimens may be used for the criminal justice process should a legal action go ahead.

A result of the tests will usually not be available for the patient, unlike other tests done by medical practitioners.

Once collected, the specimens should not be out of doctor's sight until handed to the police.

This process is called 'continuity of evidence' and is designed to avoid allegations of specimen tampering.

The name of the police officer to whom the specimens are handed and the date and time of transfer should be documented.

The specimens are stored by the police and transported to the Victorian Forensic Science Centre (VFSC) in Macleod, Melbourne.

Instructions to the patient

If the patient alleges oral penetration with possible ejaculation in the mouth, drinking and toothbrushing should be postponed until oral forensic specimens are collected. If the patient is thirsty, the oral specimen can be collected prior to history taking and examination. (See below)

Use words like gather and collect, as opposed to take and scrape. A calm demeanor is helpful.

General points

Wear gloves for examination and specimen collection.

All forensic swabs are **dry** to begin with and should be **dry** to end with!

Recap dried swabs and seal with a patient label if available.

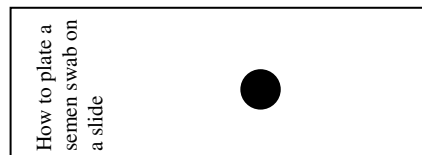
In order to find spermatazoa the laboratory need a slide and a swab.

The slide is used to look for sperm. (See diagram for how to plate the specimen)

The sperm are then extracted from the swab for DNA typing.

Specimens should be sealed into a Bio-Hazard bag.

The laboratory requests that doctors label each specimen as represented in the diagram adjacent.



SAMPLE LABEL	
Name of patient	Raelene Smith
Date & Time of collection	12.05.00 0400 hrs
Specific type of specimen	Endocervical swab
Name of doctor	Dr A Welborn

Order of collection

Clothing

Trace evidence from the patient's clothes will not be lost if the patient is instructed to undress over a large sheet of paper. One way of doing this is to ask the patient to stand on a sheet of paper, behind a screen and hand out the items of clothing one by one, to be placed in individual paper bags. Note which items of clothing have been collected. Check with police which items of clothing are required.

Drop Sheet

The drop sheet could have evidence from the offender such as pubic hairs, head hairs and clothing fibres.

The drop sheet could have evidence from the **scene** such as sand, fibres or vegetation.

The drop sheet is folded in a way to retain any evidence, sealed into a paper bag, sealed with a patient label and labelled.

Sanitary pad / Tampon - These items should be dried and sealed in a double paper bag.

Fingernail scrapings (Only if victim scratched alleged offender)

An allegation of the victim scratching the assailant may leave foreign DNA or fibres under the nails. A wooden swabstick may be broken in half, one used for each hand and the remnants placed in a sterile urine jar. Alternatively, the fingernails may be cut and placed in a container.



Head hair for comparison purposes (N.B. only if unidentified hair noted)

20 representative hairs are cut from over the head, placed on a piece of paper, folded as the dropsheet, sealed and bagged.

Oral swab or mouth washings

Spermatazoa in the mouth collect in the same places as saliva. Therefore the best reservoirs are the gingival margins of the lower teeth and under the tongue. This swab should be done if there is allegation of oral penetration in the last 12 – 24 hours. Alternatively, ask the child to take a mouthful of sterile water, swill the water around the mouth and spit the fluid into a yellow sterile container.

Saliva on skin

Assailant DNA can be recovered. The double swab technique involves (1)swabbing the affected area with a swab moistened with tap water followed by (2)swabbing with a dry swab. Both swabs are air dried and submitted.

Semen on skin

The double swab technique can be used for skin where dried semen may be present as well. Both the first moist swab and the second swab should have slides made from them. Use this technique wherever ejaculation may have occurred including the vulva/anus.

Pubic hair combing

Performed infrequently, if foreign hair noted on examination. Submit comb and products. Collect foreign materials with swabstick and submit in a sterile container.

Vaginal swab A swab taken with or without the use of a speculum, depending on patient/doctor preference.

Endocervical swab Collected with the use of a speculum for direct visualisation of the cervix. Use warm water to lubricate the speculum.

Anal and rectal swab An anoscope may be used, or the anus can be swabbed under direct vision.

Victim/ assailant DNA for comparison A buccal swab may be taken IF no allegation of oral penetration. Otherwise blood will provide DNA for exclusion. **Blood for DNA** Collected into an EDTA tube.

Blood for drugs Use the traffic alcohol vials or a plain tube. **Urine for drugs** Instruct the patient to provide a full sterile container of urine.

Note these specimens should be refridgerated and delivered by police to VIFM not VFSC

There is a doctor who has expertise in child sexual abuse (a paediatrician, forensic physician or gynaecologist) available 24 hours a day via the VFPMS. 1300.....

Forensic physicians are also available for advice 24 hours a day through the Coroners Office on (03) 9684 4480 or 9684 4444. Do not hesitate to call if you need advice.

.....

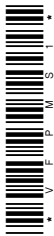
16. PHOTOGRAPHY Yes No By whom?
Date and time:

17. MEDICATION PROVIDED
Emergency Contraception
STD prophylaxis
HIV post exposure prophylaxis

18. HOSPITAL MICROBIOLOGY / PATHOLOGY Yes No
List

19. FOLLOW-UP ARRANGEMENTS

20. LETTER TO LMO Yes No
Name and Address of LMO



FORENSIC SAMPLES DOCTORS COPY

SAMPLES

- Clothing (bags)
- Drop sheet
- Sanitary pad/Tampon

BODY EVIDENCE

- Oral swab and slide
- Foreign material on body
- Semen-like stains on body
- Semen-like material on head hair
- Semen-like material on pubic hair
- Combings of pubic hair
- Fingernail scrapings
- Body swab (for saliva) - note site
- note site
- note site
- Other

ANO-GENITAL EVIDENCE

- Foreign material
- High vaginal swab and slide
- Endocervical swab and slide
- Anal swab and slide
- Rectal swab and slide
- Other (specify)

COMPARISON SAMPLES

- Pubic Hair
- Head hair
- Buccal swab for DNA
- Blood for alcohol and drugs (plain tube or fluoride/oxalate vial).....
- Urine for drugs

OTHER

- Other samples (list).

The samples listed were handed to:-

Name: Rank/Number:

Station/Squad:

Time and Date:

SIGNED





FORENSIC SAMPLES LABORATORY COPY

Date & Time Collected:hours on / /

SAMPLES

- Clothing (bags)
- Drop sheet
- Sanitary pad/Tampon

BODY EVIDENCE

- Oral swab and slide
- Foreign material on body
- Semen-like stains on body
- Semen-like material on head hair
- Semen-like material on pubic hair
- Combings of pubic hair
- Fingernail scrapings
- Body swab (for saliva) - note site
- note site
- note site
- Other (specify)

ANO-GENITAL EVIDENCE

- Foreign material
- High vaginal swab and slide
- Endocervical swab and slide.....
- Anal swab and slide
- Rectal swab and slide
- Other

COMPARISON SAMPLES

- Pubic Hair
- Head hair
- Buccal swab for DNA
- Blood for alcohol and drugs (plain tube or fluoride/oxalate vial).....
- Urine for drugs

OTHER

- Other samples (list).

COMMENTS (Specify purpose for taking swabs and which drugs need to be assayed.)

DOCTOR'S NAME:

*This copy to be enclosed with specimens and given to police officer to convey to Victorian Forensic Science Centre.
Note specimens for drug screen are to go to VIFM for analysis.





Victorian Forensic Paediatric Medical Service
Interim Medical Report

Prepared for.....
.....
.....

Re.....date of birth.....

I,, am a legally qualified medical practitioner practicing in the state of Victoria. I am employed in the position of at I examined on in the presence of

History of complaint

Other relevant details

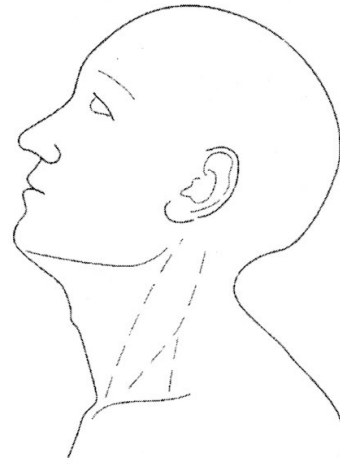
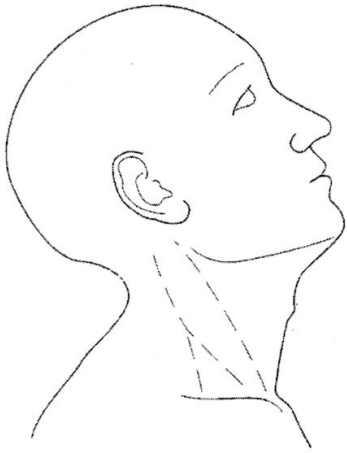
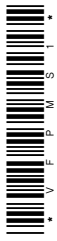
Examination findings were

Investigations performed were

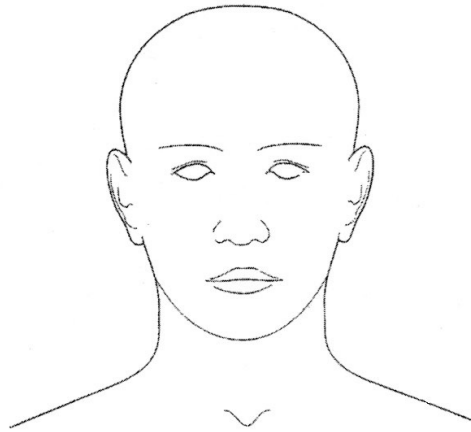
My opinion is

Signed..... (print name).....date.....

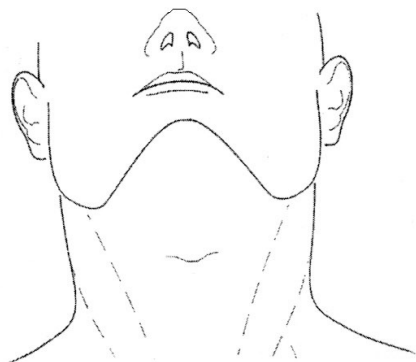


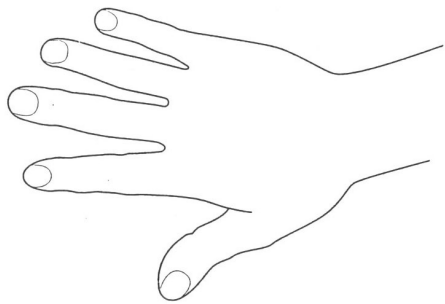


Right

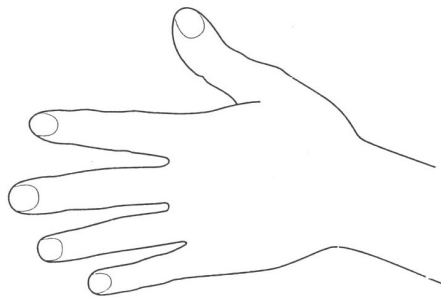
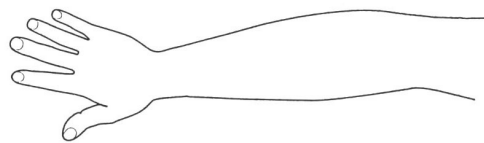


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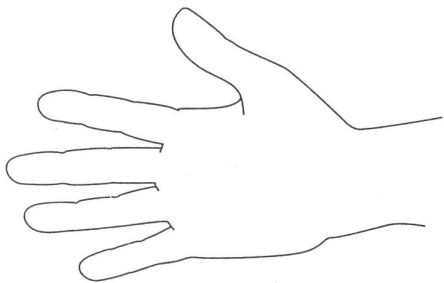
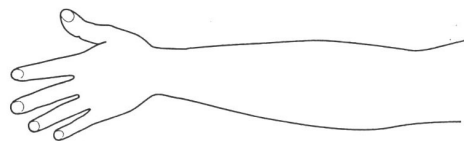




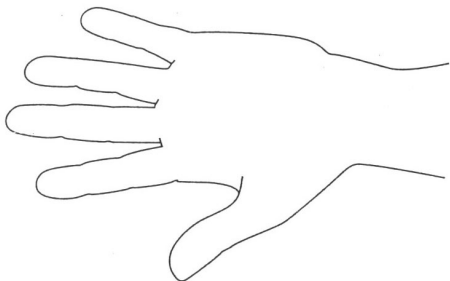
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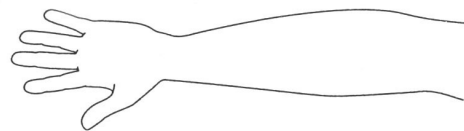
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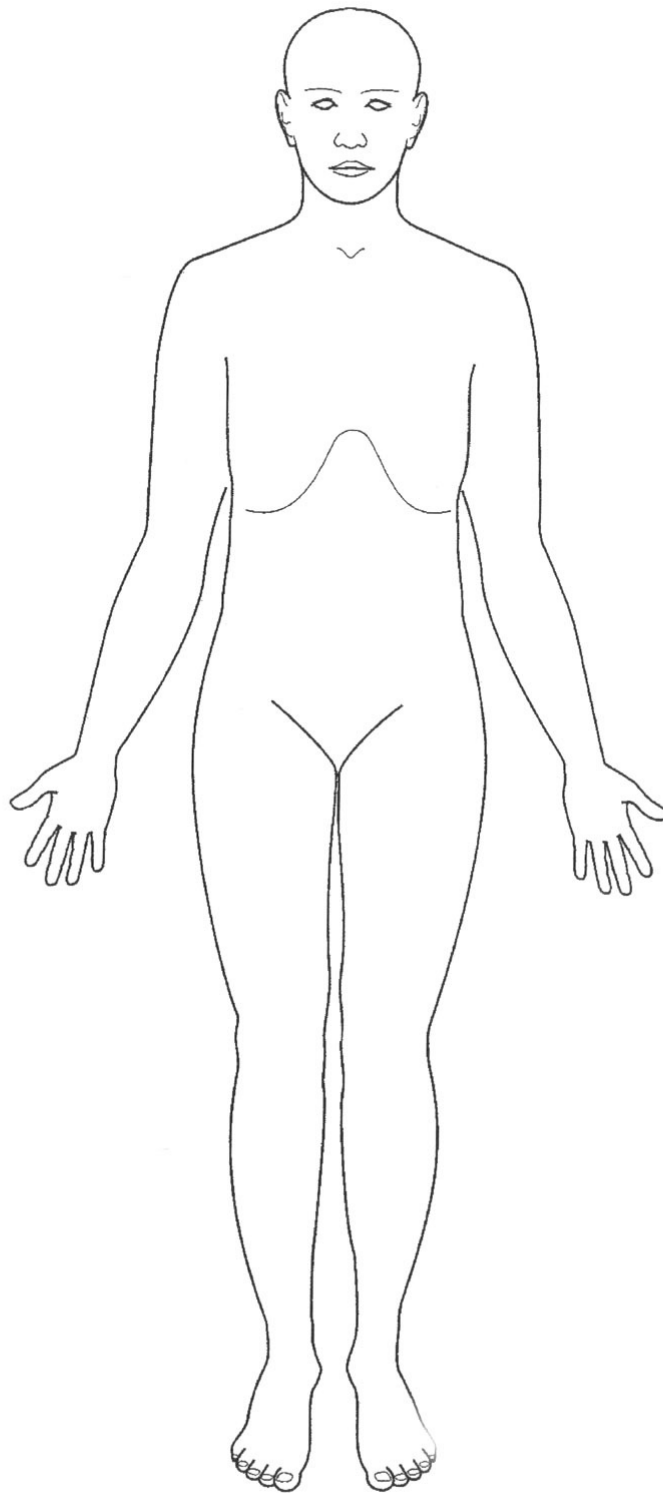
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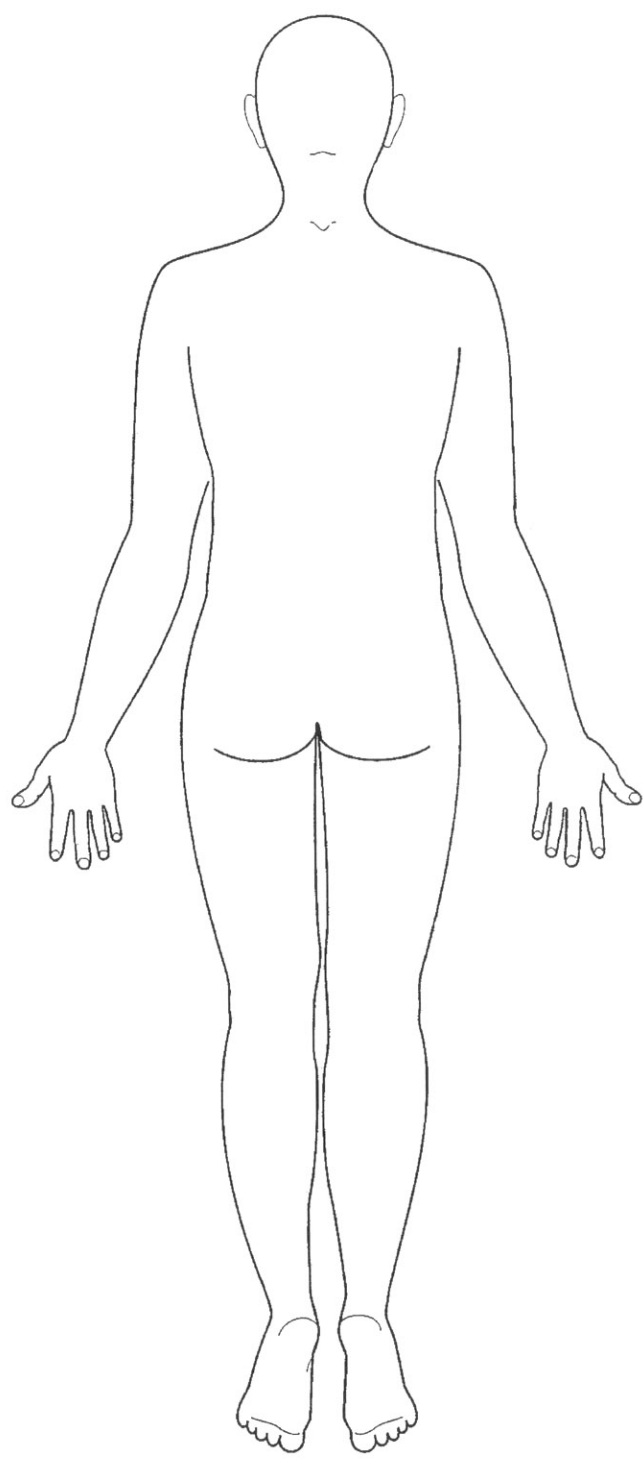
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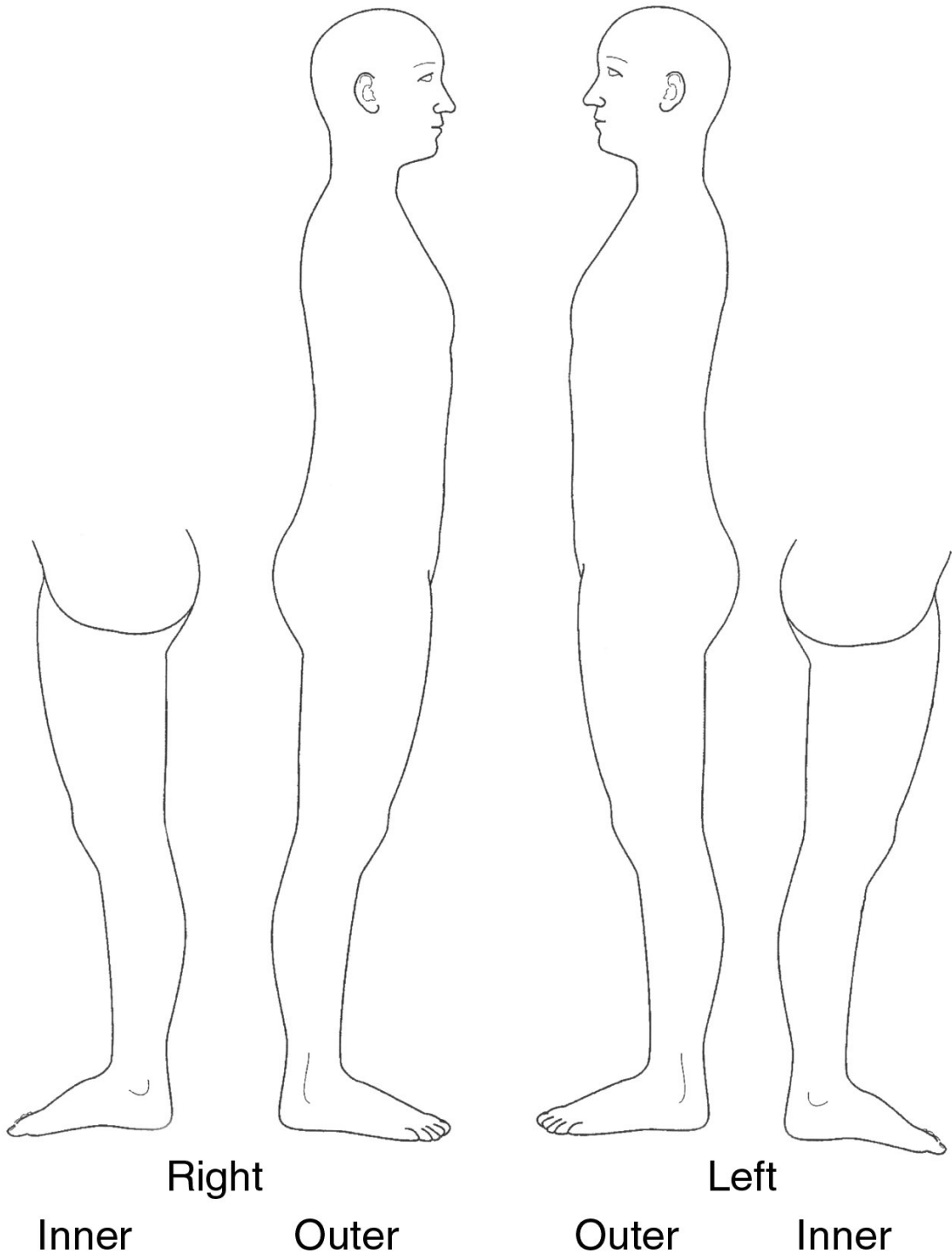




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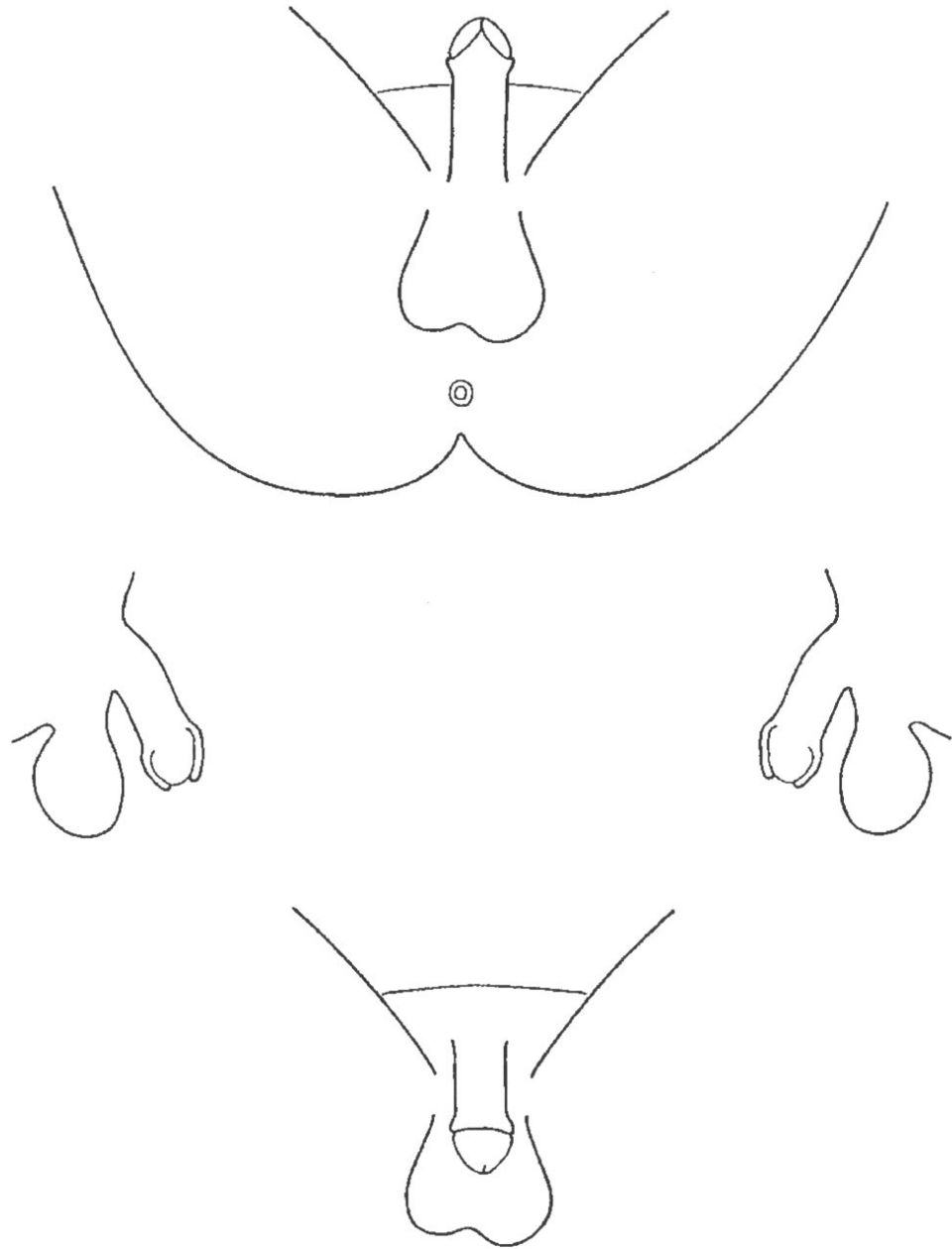






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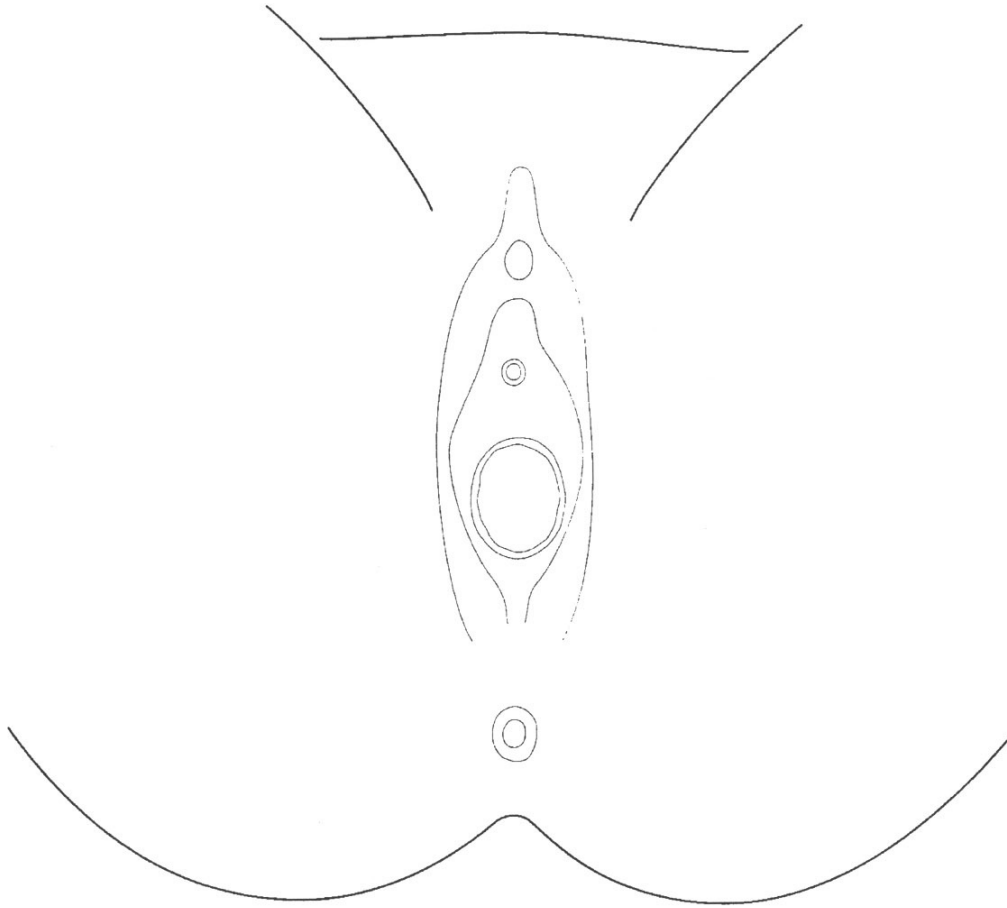
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Right

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Videocolposcopy performed
Speculum examination conducted
Proctoscopy conducted

YES NO
YES NO
YES NO

Colposcopy only (no video) YES NO

Findings:



SEXUAL ASSAULT EXAMINATION PROCEDURE

VIFM Interim Standards of Practice 2010

Health care practitioners will follow the below procedure when conducting a forensic medical examination. The technical checklist will be filled in at the conclusion of every case. Please ensure you have printed copies with you at the time of the examination as this checklist can be used as a prompt to your practice. Where necessary, please add notes.

Procedure	Technical Checklist
1. Check hospital cleaning log book for status	<input type="checkbox"/>
2. Wearing gloves and a mask and using designated cleaning fluid and a disposable wipe <ul style="list-style-type: none"> • Clean examination table • Clean patient chair • Clean bench/trolley top • Wipe your pen 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
3. Linen (with gloves on) <ul style="list-style-type: none"> • Cover examination table with 2 clean sheets • Cover pillow with new pillow case • Obtain clean blanket or sheet to cover patient • Place a bluey/sterile pack down to designate a specimen collection space (trolley and bed) 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
4. Bring patient into clinical examination room to commence the examination by taking a history	<input type="checkbox"/>
5. Glove and gown (mask is up to the discretion of the health care practitioner) to select equipment	<input type="checkbox"/>
6. Select from the secure storage cupboard a range of items that you may use in conducting the forensic medical examination. If during the examination you require more items than you initially select, you must change your personal protective gown and gloves before returning to the locked drawers/cupboards. Retrieve the items and recommence the examination.	<input type="checkbox"/>
7. Swabs <ul style="list-style-type: none"> • Swabs should be 'cut' with disposable scissors midway along the shaft of the tube prior to conducting the examination 	<input type="checkbox"/>
8. After selection of equipment (whilst still gloved and gowned) commence the physical examination	<input type="checkbox"/>
9. Separate new clean gloves should be used for each of the following components of the FME <ul style="list-style-type: none"> ○ Processing of specimens including cutting of swabs ○ Body examination ○ Genital examination ○ Collection of specimens that may leave residue on gloves (i.e. blood, semen on body, paint, debris etc) ○ Selecting more equipment from the secure storage cupboard 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. Dispose of all items that you selected and didn't use at the time of this examination. They should be disposed of in either the rubbish bin or sharps container.	<input type="checkbox"/>
11. Ensure there are no specimens or equipment left at the conclusion of the examination	<input type="checkbox"/>
12. Remove bed linen and place in linen basket	<input type="checkbox"/>
13. Using designated cleaning fluid and a disposable wipe <ul style="list-style-type: none"> • Clean examination table • Clean patient chair • Clean bench/trolley top • Wipe down any other non-disposable equipment you have used – phone, light source, sphygmomanometer, auroscope 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
CASE NAME: TECHNICAL CHECKLIST COMPLETED BY: SIGNED AND DATED:	

Where the checklist can not be completed a full explanation should be written next to the item. If there are concerns regarding the state of the facility or equipment, please ring the 2nd on call at the time of the examination.