



Part A – Sexual Offense Evidence Collection Kit **Information and Instructions**

If you have any questions, please contact the Division of Criminal Justice Services (DCJS) Office of Forensic Services (OFS) at kits@dcjs.ny.gov or 518-457-1901.

To Order Additional Kits

The Sexual Offense Evidence Collection Kit (SOECK) order form is available on the DCJS website at the following web address:

https://www.criminaljustice.ny.gov/ofpa/pdfdocs/sexual_offense_kit_2020_order_form.pdf.

Completed order forms should be returned electronically to kits@dcjs.ny.gov.

Background

DCJS provides New York State SOECKs free of charge to approved medical providers in the State.

The NYS SOECK was developed and updated through the collaborative efforts of DCJS, the New York State Department of Health (DOH), the New York State Office of Victim Services (OVS), the New York State Office for the Prevention of Domestic Violence (OPDV), New York State public forensic laboratories, as well as medical and legal practitioners.

The NYS SOECK, and recommended evidence collection protocol, is informed by the following documents from the US Department of Justice (DOJ):

- National Best Practices for Sexual Assault Kits: A Multidisciplinary Approach (2017)
- A National Protocol for Sexual Assault Medical Forensic Examinations (2013)
- A National Protocol for Sexual Abuse Medical Forensic Examinations, Pediatric (2016)
- National Training Standards for Sexual Assault Medical Forensic Examiners (2018)

(It is generally recommended to refer to latest available DOJ guidance and documentation on sexual assault)

NYS DOH also administers the State's Sexual Assault Forensic Examiner (SAFE) Program. Please refer to the DOH website for additional information: <https://www.health.ny.gov/professionals/safe/>

General Notes

- Every hospital in New York State is required to provide care and evidence collection to sexual assault patients.
- Evidence can be collected by any registered nurse, nurse practitioner, physician's assistant, or physician.
 - It is recommended that providers be SAFEs and/or Sexual Assault Nurse Examiners (SANEs).
- Evidence collection kits are designed to assist in the uniform collection of evidentiary specimens in any case in which the crime/incident involved is a sexual assault.
- These kits may be used for an adult, adolescent, or pediatric sexual assault patient.
 - With prepubertal patients please refer to the included Prepubertal Patient Information Sheet and Step 11 envelope instructions.
- It is acknowledged that while the completion of every evidence collection step is generally recommended, the medical practitioner may elect to not complete one or more steps based on the physical and/or emotional wellbeing of the patient, or the patient's history.
- It is also acknowledged that the patient has the right to refuse one or more individual steps without relinquishing the right to have evidence collected.
- Medical practitioners are asked to appropriately document deviations from the recommended examination procedure.

- The patient is not required to report the assault to the police to receive evidence collection.
- Each individual kit is designed to collect evidence from only one sexual assault patient.
- Medical providers should not analyze collected evidence.

Pre-Sexual Offense Evidence Collection Considerations

- **Triage and Medical Treatment:** Every sexual assault patient should be given a complete medical exam before evidence collection. Generally, the patient must be medically stable and able to provide consent before evidence collection can begin.
- **Medical Provider Notes:**
 - Practitioners should change gloves for each step.
 - Please document the names of all medical personnel present during the examination in the patient's medical record.
- **Patient Rights:** The New York State Sexual Assault Victim Bill of Rights must be provided to every presenting sexual offense victim before a medical facility commences a physical examination of a sexual offense victim. The medical practitioner conducting the exam shall inform the victim of the victim's rights by providing a copy of the sexual assault victim bill of rights and offering to explain such rights. This document details a patient's legal rights. Patients must also be provided with the contact information for the police agency, prosecutorial agency, or other law enforcement agency personnel who are trained in trauma and victim response.
- **Consent:** The entire sexual assault medical forensic exam is conducted at the patient's discretion. Written or oral, informed consent must be obtained and documented for the medical exam, evidence collection, photography, and evidence storage or release of evidence and information to law enforcement. If a patient is unconscious and unable to give consent, please refer to medical provider's policy.
- **Advocacy:** Hospital personnel shall advise sexual assault patients of the availability of services from a local rape crisis program, if any, to accompany the patient through the medical-forensic exam. If the patient wishes the presence of an advocate, the hospital shall contact the appropriate organization and request that one be provided.

SOECK Components

There are two distinct NYS Sexual Offense Evidence Collection Kits, **Part A** and **Part B**.

- The Part A Kit is to be used for the collection and preservation of sexual offense forensic evidence. This kit is generally used within 120 hours of a sexual assault.
- The Part B Kit is to be used **only** in cases where there is a suspicion of a drug facilitated sexual assault. The Part B Kit **must** be used in conjunction with the Part A Kit and cannot be used on its own. This kit is also generally used within 120 hours of a sexual assault.

Part A Kit

The Part A Kit includes twelve (12) examination steps. The individual instructions for each examination step are printed on the corresponding sample envelope, which are included sequentially in the kit. The Part A Kit is generally ordered for the examination to proceed from "head-to-toe."

The Part A Kit examination steps are:

Step 1 – Trace Evidence & Debris

Step 2 - Underwear

Step 3 - Clothing (no envelope provided for this step, collected clothing items must be packaged separately in paper bags)

Step 4 - Oral Swabs

Step 5 - Buccal Swab

Step 6 - Fingernail Swabs

Step 7 - External Dried Secretion & Bitemark Swabs (non-genital)

Step 8 - Pubic Hair Combing

Step 9 - Perianal & Anal Swabs

Step 10 - Vulvar or Penile Swabs

Step 11 - Vaginal / Cervical Swabs (combined swabbing; in same envelope)

Step 12 - Tampon / Pad / Liner

The Part A Kit also includes the following documents and forms:

For the Provider –

- Patient Consent Form
- Part B Kit Information Sheet
- Prepubertal Patient Information Sheet
- Provider Reimbursement Claim Form and Instructions
- Forensic Laboratory Supplemental Information Form
- Evidence Seals

For the Patient –

- Patient Reimbursement Claim Applications and Instructions
- HIV Testing Pamphlet (English & Spanish)
- Emergency Contraception Pamphlet

For medical providers that do not utilize their own documentation forms, the following are also available for download on the DCJS website at <https://www.criminaljustice.ny.gov/evidencekit.htm>:

- Medical Record Sexual Assault Form
- Patient Information Form
- Patient Diagram Form

Part B Kit

As indicated above, the Part B Kit is to be used **only** in cases where there is a suspicion of a drug facilitated sexual assault. If asked, please advise the patient that Part B Kit evidence has limited probative value without the collection of corresponding Part A Kit evidence.

The Part B Kit contains:

- Blood and Urine Specimen Collection Instructions
- Drug Facilitated Sexual Assault Patient Examination Form
- Authorization Form for Release to Law Enforcement for Drug Screening
- Antiseptic Prep Pad
- 2x 6ml Gray Top Blood Tubes
- 100 ml Urine Specimen Bottle
- Urine Specimen Bottle Ziplock Bag
- Liquid Absorbing Sheet
- Evidence Seals
- Security Seal

Medical Provider and Victim Reimbursement

The Office of Victim Services directly reimburses medical providers for forensic rape examinations if victims of sexual assault do not have access to private health insurance or choose not to use their private health care insurance for the examination.

OVS also provides compensation to victims and certain other parties for compensation of out-of-pocket expenses not covered by insurance or other resources.

Medical Providers

Please see the enclosed Medical Provider Forensic Rape Examination Direct Reimbursement Claim Form. Also refer to the following OVS webpage for additional information:

<https://ovs.ny.gov/forensic-rape-examination-direct-reimbursement-program>

Victims

Please see the enclosed Claim Application and Instructions. Also refer to the following OVS webpage for additional information:

<https://ovs.ny.gov/victim-compensation>

Post-Sexual Offense Evidence Collection Considerations

- **Photography:** Taking photographs may be a part of the medical forensic exam process. However, do not include photographs in the SOECK. Any photos should be stored in the patient's medical record, and/or released to the investigating officer as determined by the institution's policy.
- **Completing the SOECK:** Make sure each envelope used contains all requested items and information. Be sure to indicate no or declined on any envelopes that were not used. Return all envelopes to the kit. Sign the Evidence Seal and use it to seal the kit. Do not seal patient documents or consent form inside kit. Fill in all Medical Provider Information on box top.
- **Procedures for Release of Evidence:** If the patient has consented to notify and release evidence to law enforcement, the sealed kit and clothing bags must be given to the investigating law enforcement officer. If the officer is not present, the evidence must be temporarily stored in the hospital or a contracted entity.
- **Procedure for Storage of Evidence:** Patients may choose not to authorize notification or release of evidence at the time of examination. The hospital, or a contracted entity, must maintain sexual offense evidence in a locked, separate, and secure area, for no less than twenty years. At any time thereafter, the patient may direct the hospital to surrender their evidence to the police, or for certain kinds of evidence, the police may request its surrender.
- **Proper Storage of Evidence:** Where appropriate, clothing and swabs must be dried, stored in paper bags, and labeled. Part B Kit evidence must be refrigerated. Evidence must be kept in a locked, separate, and secure area. For more information on storage condition recommendations, refer to the hospital's local forensic laboratory. Please also refer to DOJ best practice recommendations.
- **Chain of Custody:** Chain of custody refers to a chronological log of who handled evidence and the area where it was maintained. The area must have limited access and all access must be logged. The log must also reflect any movement of the evidence from one area to another. All evidence must be properly labeled and sealed. Each item of evidence must be marked and logged with a number corresponding to the sexual assault victim's medical record.
- **Patient Discharge and Follow-up:** Prior to discharge, review all materials with the patient, as appropriate. Also prior to discharge, hospital personnel must assess the patient's medical and mental health needs, and safety concerns. The hospital must provide information and referrals, as needed. Patient's must also be provided with oral and written medical instructions, and arrangements for follow-up care.



Division of Criminal Justice Services

Part A Kit – Sexual Assault

Patient Consent Form for Evidence Collection and Release or Storage

ATTACH PATIENT LABEL

Or Enter Patient Name: _____

Additional Information

Patient Phone: _____

Patient Email: _____

Facility Name: _____

Instructions: This form is to be used when a sexual assault patient or guardian authorizes the collection of evidence. Please include patient's / guardians' initials on designated lines; complete signatures are required at the bottom of the form.

A mature minor who presents at a hospital emergency department may consent or may choose not to consent, without parental involvement, to a forensic exam, in the course of post-sexual assault care.

This consent form is not meant to describe all components of a sexual assault medical forensic exam. Fully informed consent must be obtained from the patient throughout the exam through ongoing verbal communication between the provider, the patient and the guardian, if any. Save this form in the patient's electronic medical record. A copy may be distributed to the authorizing person (patient and or guardian) and law enforcement, if released.

Consent for Sexual Offense Evidence Collection

I agree to let the provider examine me and collect sexual assault evidence using the *New York State Sexual Offense Evidence Collection Kit, Part A*. I understand that this may include asking me about my personal and medical history, examining me for possible injuries or other medical issues, and taking samples for evidence. I may also choose to consent to photographs of injuries, if needed. This evidence will be used if I want to report the crime to law enforcement.

I understand that I can say no to any or all parts of this exam and evidence collection at any time. The provider has told me about my rights by giving me a copy of the "New York State Sexual Assault Victim Bill of Rights" and offering to explain it to me.

Please put your initials next to your choice:

Collection of Evidence

Yes _____ No _____

Photographs

Yes _____ No _____

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Pursuant to New York Executive Order No. 26 "Statewide Language Access Policy," translated versions of this document are available in the designated languages at <https://www.criminaljustice.ny.gov/evidencekit.htm>

Consent for Release or Storage of Sexual Offense Evidence

I can decide to let law enforcement know about my case and to give the information and evidence collected from me to law enforcement. Evidence may include the *New York State Sexual Offense Evidence Collection Kit Part A*, *New York State Sexual Offense Evidence Collection Kit Part B*, photographs, and/or any other personal items collected during the exam. Law enforcement will give my evidence to a forensic lab for testing.

Or, I can decide that I do not want to notify law enforcement or allow my evidence and information collected to be given to them. I have been told that my collected evidence will be kept in secure storage for 20 years. If I do not want my evidence given to law enforcement within the 20-year storage period, it will subsequently be discarded in accordance with state and local laws.

I understand that I may choose to release my evidence to law enforcement at any time until it has been discarded. To release my evidence, I can contact the medical provider that collected it, law enforcement, victim assistance programs, or the secure storage facility. If my evidence is going to be moved, and before it is discarded, someone will make a diligent effort to notify me.

I understand that my clothes and any other personal items collected as evidence will be returned to me if I ask for them.

Please put your initials next to your choice:

Notify Law Enforcement

Yes _____ No _____

Release Evidence to Law Enforcement

(If responding no, evidence will be sent to long-term storage)

Yes _____ No _____

Release Photography to Law Enforcement

Yes _____ No _____

Release Other Items (specify) _____

Yes _____ No _____

Person authorizing consent is: ☐ Patient ☐ Patient's Parent ☐ Patient's Guardian

☐ Other (specify): _____

Signature of Authorizing Person	Print Name	Date
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Signature of Medical Provider	Print Name	Date
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Signature of Interpreter (if any)	Print Name	Date
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Distribution: Original in patient medical record; Copy to patient;
Copy to law enforcement, if notifying

Do not place consent form in Part A Kit box

Pursuant to New York Executive Order No. 26 "Statewide Language Access Policy," translated versions of this document are available in the designated languages at <https://www.criminaljustice.ny.gov/evidencekit.htm>



Division of Criminal Justice Services

Part B Kit – Drug Facilitated Sexual Assault

Patient Consent Form for Evidence Collection and Release or Storage

AFFIX PATIENT LABEL

Or Enter Patient Name: _____

Additional Information

Patient Phone:		Patient Email:	
Facility Name:			

Instructions: This form is to be used when a sexual assault patient or guardian authorizes the collection of sexual assault evidence **and there is suspicion of a drug facilitated sexual assault**. Please include patient's / guardians' initials on designated lines; complete signatures are required at the bottom of the form.

A mature minor who presents at a hospital emergency department may consent or may choose not to consent, without parental involvement, to a forensic exam, in the course of post-sexual assault care.

This consent form is not meant to describe all components of a sexual assault medical forensic exam. Fully informed consent must be obtained from the patient throughout the exam through ongoing verbal communication between the provider, the patient and the guardian, if any. Save this form in the patient's electronic medical record. A copy may be distributed to the authorizing person (patient and or guardian) and law enforcement, if released.

Consent for Drug Facilitated Sexual Offense Evidence Collection

I agree to let the provider collect blood and urine specimens using the *New York State Sexual Offense Evidence Collection Kit, Part B*. I understand that this is for the purpose of identifying the presence of drugs as a part of a sexual assault exam. This evidence will be used if I want to report the crime to law enforcement.

I understand that I can say no to any or all parts of this exam and evidence collection at any time. The provider has told me about my rights by giving me a copy of the "New York State Sexual Assault Victim Bill of Rights" and offering to explain it to me.

Please put your initials next to your choice:

Collection of Blood

Yes _____ No _____

Collection of Urine

Yes _____ No _____

Consent for Release or Storage of Drug Facilitated Sexual Offense Evidence is included in the Part A Consent for the kit as a whole.

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Person authorizing consent is: ☐ Patient ☐ Patient's Parent ☐ Patient's Guardian

☐ Other (specify): _____

Signature of Authorizing Person	Print Name	Date
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Signature of Medical Provider	Print Name	Date
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Signature of Interpreter (if any)	Print Name	Date
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Distribution: Original in patient medical record; Copy to patient

Do not place consent form in Part B Kit box



Drug Facilitated Sexual Assault (DFSA) Information Sheet

What is it?

Rape or sexual assault facilitated by the use of drugs to incapacitate the patient.

What are the signs?

- Memory loss including “snapshots” or “cameo memories”
- Confusion
- Impaired motor skills
- Reduced inhibition
- Dizziness
- Drowsiness
- Impaired judgement
- Intoxication disproportionate to the amount of alcohol consumed

How do I determine if a sexual assault may have been drug facilitated?

Be aware of the following scenarios that could possibly indicate that the patient was drugged:

- If the patient remembers taking a drink but cannot recall what happened for a period of time after consuming the beverage.
- If the patient feels a lot more intoxicated than their usual response to the amount of alcohol consumed or feels intoxicated after drinking a non-alcoholic beverage.
- If the patient woke up feeling “hung over” or “fuzzy,” experiencing memory lapses and unable to account for a period of time.
- If the patient feels as though someone had sex with them but cannot recall any or all of the incident.
- If the patient wakes up in a strange or different location without knowing how they got there.
- If the patient’s clothes are absent, inside out, disheveled, or not theirs.
- If the patient has “snapshots” or “cameo memories.”

What do I do if I recognize the possibility of DFSA?

Use the **Part B – Drug Facilitated Sexual Assault Kit**. Notes:

- Collection should be done within 120 hours of the suspected drug ingestion.
- You must obtain separate patient consent (form is included in the Part B Kit or available on the DCJS website at <https://www.criminaljustice.ny.gov/evidencekit.htm>).
- You must complete the Part A Kit forensic exam before using the Part B – DFSA Kit.

What if our facility does not have any Part B – DFSA Kits available?

- Use 2 gray top blood tubes and a standard sterile urine collection cup to collect samples.
 - **The patient’s first urine is critical.** If a urine specimen is collected at the start of the exam for a pregnancy test, the leftover urine should not be thrown out.
 - Do not use clean catch method for urine collection.
 - Collect 100 ml of urine, or as much as possible.
- **You must obtain separate, signed consent from the patient.** Download and print the consent form available on the DCJS website at the above web address.
- Do not include DFSA evidence in the Part A Kit box.
- Collected evidence must be stored in a refrigerated, secure area, in accordance with medical provider’s protocol. If the patient consented, release sealed evidence to law enforcement official. If not, coordinate evidence transfer to long term storage. Be sure to properly document chain of custody.



Part B – Drug Facilitated Sexual Assault Kit **Evidence Collection Information and Instructions**

If you have any questions, please contact the Division of Criminal Justice Services (DCJS) Office of Forensic Services (OFS) at kits@dcjs.ny.gov or 518-457-1901.

The Part B Kit is to be used **only** in cases where there is a suspicion of a drug facilitated sexual assault. The Part B Kit **must** be used in conjunction with the Part A Kit and cannot be used on its own. This kit is generally used within 120 hours of a sexual assault. Collected kits must be refrigerated.

Collect **both** blood and urine specimens from patients in all cases.

Urine specimens should be collected as soon as possible, but **not** before completing the Part A Kit evidence collection. The first urine after the drugging is critical; every time the patient urinates the chance of detecting a drug, if present, diminishes. Therefore, every effort should be made to obtain the first urine specimen. If a urine specimen is collected at the start of the exam for a pregnancy test, the leftover urine should **not** be thrown out.

The Part B Kit contains:

- Blood and Urine Specimen Collection Instructions
- Drug Facilitated Sexual Assault Laboratory Information Form
- Patient Consent Form for Evidence Collection and Release or Storage
- Antiseptic Prep Pad
- 2x 6ml Gray Top Blood Tubes
- 100 ml Urine Specimen Bottle
- Ziptop Bag
- Liquid Absorbing Sheet
- 3x Evidence Seals
- Security Seal

Instructions

STEP 1 The provider should review and complete the Part B Kit - Drug Facilitated Sexual Assault Patient Consent Form with the authorizing patient or guardian.

STEP 2 Fill out the Drug Facilitated Sexual Assault Forensic Laboratory Information Form.

Blood Specimen Collection

Blood specimen collection must be performed by a physician, registered nurse, or trained phlebotomist. If the provided blood tubes have expired, use two gray top tubes from the medical provider's supply.

STEP 3 Cleanse the blood collection site with the provided alcohol-free prep pad. Following normal provider procedure, use the provided gray top blood tubes to collect blood specimens from the patient. Fill both tubes to the maximum volume.

Immediately after blood collection, assure proper mixing of anticoagulant powder by slowly and completely inverting the blood tube several times. *Do not shake vigorously.*

- STEP 4** Write the patient's name directly on the white label on the blood tube. Fill in the date on two of the three provided evidence seals. Affix center of the seals to the top of the blood tube rubber stoppers and press ends of seals down the sides of the blood tubes. Return filled and sealed tubes to specimen holder.

Urine Specimen Collection

- STEP 5** Have the patient void directly into the provided urine specimen bottle. Do not use clean catch method. Collect 100 ml. of urine, or as much as possible.
- STEP 6** After specimen collection, replace cap and tighten down to prevent leakage.
- STEP 7** Fill in the date on the remaining evidence seal. Affix center of seal to the top of the bottle cap and press ends of seal down the sides of the bottle. Return filled and sealed bottle to specimen holder.
- STEP 8** Place specimen holder inside the provided ziptop bag, then squeeze out excess air and close bag. Be sure to place liquid absorbing sheet inside ziptop bag. Place specimen holder in kit box.
- STEP 9** Make three copies of the Drug Facilitated Sexual Assault Forensic Laboratory Information Form. Place the original in the Part B Kit box, retain a copy in the patient's medical record, provide a copy to the patient, and provide the third copy to law enforcement, if releasing evidence.
- STEP 10** Close the Part B Kit box, fill in the date and provider's initials on the security seal, and seal the Part B Kit box.
- STEP 11** Complete information requested on Part B Kit box top.
- STEP 12** Place completed, sealed kit in a secure and refrigerated storage area, in accordance with medical provider's protocol. If the patient consented to releasing evidence, give sealed Part B Kit to law enforcement official. If the Part B Kit is not being released to law enforcement, coordinate the transfer of collected evidence to the long term storage facility. Be sure to properly document chain of custody.



Division of Criminal Justice Services

Drug Facilitated Sexual Assault Forensic Laboratory Information Form

Patient's Name: _____

Patient's Height (approximate): _____ Weight (approximate): _____

Did the patient experience unconsciousness and for how long? _____

Date and time of the Alleged Drugging: _____

Specimen Collection:

Blood (2 gray top tubes): Date: _____ Time: _____

Urine (bottle): Date: _____ Time: _____ cc's collected: _____

Since the incident, how many times did the patient void prior to this collection? _____

How much alcohol did the patient consume? _____ Type of alcohol? _____

Please circle "Hx" (patient history) or "Obs" (observed by examiner). Circle both, if appropriate.

Disturbance of Consciousness	Memory Impairment	Neurological	Psycho physiological	GI/GU
Drowsiness Hx Obs	Confusion Hx Obs	Muscle Relaxation Hx Obs	Excitability Hx Obs	Nausea Hx Obs
Sedation Hx Obs	Memory Loss Hx Obs	Dizziness Hx Obs	Aggressive Behavior Hx Obs	Vomiting Hx Obs
Stupor Hx Obs		Weakness Hx Obs	Sexual Stimulation Hx Obs	Diarrhea Hx Obs
Loss of Consciousness Hx Obs		Slurred Speech Hx Obs	Loss of Inhibitions Hx Obs	Incontinence Urine/Feces Hx Obs
		Paralysis Hx Obs	Hallucinations Hx Obs	
		Seizures Hx Obs	Dissociation Hx Obs	
		Pupil Size Hx Obs		

List any drugs taken prior to and after the incident, include recreational, prescription, and OTC drugs.

	Name	Date	Time	Amount
Prior to incident:				
After incident:				

Medical Provider: _____ Date: _____ Time: _____

Distribution: Original in Part B Kit box; Copy in patient medical record



Division of Criminal Justice Services

Forensic Laboratory Supplemental Information Form

Patient's Name: _____ Age: _____
DOB: ____/____/____ Sex Classification at Birth: ☐ M ☐ F

Incident information relevant to evidence collection:

1. Date and approximate time of the assault:
Date: ____/____/____
Time: _____ ☐ AM ☐ PM
2. Where did assault occur (i.e., bed, car, living room)?

3. ☐ Single assailant ☐ Multiple assailants
If assailant(s) is known, relationship: _____

Description of assault:

Recent sexual activity:

From **120-hours prior** to the incident **until the time of this examination**, has the patient had sexual contact?

☐ Yes ☐ No

If yes, (Consensual Partner: ☐ M ☐ F) Vaginal date: ____/____/____ Anal date: ____/____/____ Oral date: ____/____/____

Type of sexual contact:

1. Contact with patient's vagina by: ☐ Not applicable (**male** patient) ☐ Penis ☐ Finger/hand ☐ Mouth
☐ Foreign object ☐ Unknown ☐ No contact; Did penetration occur? ☐ Yes / ☐ No / ☐ Unknown
2. Contact with patient's penis by: ☐ Not applicable (**female** patient) ☐ Vagina ☐ Finger/hand ☐ Mouth
☐ Foreign object ☐ Unknown ☐ No contact; Did penetration occur? ☐ Yes / ☐ No / ☐ Unknown
3. Contact with patient's rectum by: ☐ Penis ☐ Finger/hand ☐ Mouth ☐ Foreign object ☐ Unknown
☐ No contact; Did penetration occur? ☐ Yes / ☐ No / ☐ Unknown
4. Oral contact with patient's genitals: ☐ Yes / ☐ No / ☐ Unknown
If yes, ☐ on patient by assailant(s); ☐ on assailant(s) by patient
5. Did ejaculation occur: ☐ Yes / ☐ No / ☐ Unknown
If yes, indicate location(s): ☐ Mouth ☐ Vulvar Area ☐ Vagina ☐ Rectum
☐ Body surface _____; ☐ Clothing _____; ☐ Other _____

Did any of the following occur:

- Use of condom ☐ Yes ☐ No ☐ Unsure
- Sucking/kissing/biting/licking ☐ Yes ☐ No If yes, Location: _____
- Patient scratch assailant? ☐ Yes ☐ No ☐ Unsure
- If yes, was assailant bleeding? ☐ Yes ☐ No ☐ Unsure
- Patient menstruating at time of incident? ☐ Yes ☐ No
- If yes, was a tampon/pad utilized during or after the incident? ☐ Yes ☐ No
- If yes, was the tampon/pad collected? ☐ Yes ☐ No
- Patient wearing underwear at time of incident? ☐ Yes ☐ No
- Underwear collected? ☐ Yes ☐ No

Post assault hygiene and activity:

- Did the patient bath/shower since the assault? ☐ Yes ☐ No
- Changed underwear ☐ Yes ☐ No
- Changed clothes ☐ Yes ☐ No
- Washed clothes worn during assault ☐ Yes ☐ No

Medical Facility Name
Examination Performed By
Date of Examination
Form Completed By
Form Completion Date



Prepubertal Patient Information Sheet

This SOECK is designed for any registered nurse, nurse practitioner, physician's assistant or physician to obtain sexual assault evidence.

- Under NO circumstances should a child be forced, restrained or sedated for the purpose of evidence collection.
- Clinicians only need reasonable concern that sexual abuse may have occurred.
- Remember that children frequently do not disclose the full extent of what has happened.

**DO NOT INTERVIEW THE PATIENT
AVOID UNNECESSARY TRANSFER OF PATIENT TO ANOTHER FACILITY
CONSIDER PHONE CONSULT WITH AVAILABLE SANE, CHILD ABUSE PEDIATRICIAN,
OR CHILD ADVOCACY CENTER**

Evidence collection is recommended when children disclose or there is concern for:	<ul style="list-style-type: none">• Any suspected and/or reported sexual assault/sexual abuse within past 120 hours. This includes, but is not limited to sexual touching/fondling (however slight), licking, biting, or penetration of the body cavities.• Anogenital injury, bleeding, or discharge consistent with reported history.• Possible ejaculate or saliva on child's body• History of abduction or suspicious report of child missing• Suspicious/unusual circumstances based on clinical judgement.
Evidence collection is <u>NOT</u> recommended:	<ul style="list-style-type: none">• Sexual assault/sexual contact is suspected and/or reported to have occurred more than 120 hours before ED presentation• Solely based on behavioral changes such as bedwetting, masturbation, or sexualized behaviors, which may have another etiology.

A CHILD WITH AN INTERNAL INJURY AND/OR BLEEDING, OR A FOREIGN BODY MAY REQUIRE SEDATION FOR EXAM AND/OR EVIDENCE COLLECTION.

When Completing the Evidence Collection Kit:

1. If the child provides spontaneous case related information, document their remarks using quotations.
2. Obtain a brief history from the parent or caregiver accompanying the child. Ensure that this is completed outside the presence of the child.

Mandated Reporting

When it is suspected that sexual abuse/assault has occurred, whether or not forensic evidence is collected, a hotline report should be made:

- ☐ **NYS Central Register 1-800-342-3720**

Considerations for Contacting Law Enforcement

Clinicians can assist parents/guardians who choose to report to law enforcement.

Inform parents/guardians that early law enforcement involvement can be helpful:

- A timely crime scene investigation helps minimize evidence loss.