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OSAC 2025-N-0007

Standard for the Medical Forensic Examination: Sexual Violence of Adolescents and Adults

Forensic Nursing Subcommittee
Medicine Scientific Area Committee (SAC)
Organization of Scientific Area Committees (OSAC) for Forensic Science



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OSAC Proposed Standard

OSAC 2025-N-0007 Standard for the Medical Forensic Examination: Sexual Violence of Adolescents and Adults

Prepared by
Forensic Nursing Subcommittee
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Disclaimer:

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55 **Foreword**

56 This document governs the process of medical forensic examinations of adolescent or adult
57 patients by a medical forensic examiner following concern for or disclosed sexual violence.
58 Patients are assured of a comprehensive medical forensic examination, including victim
59 advocacy. Institutions unable to meet this standard can utilize this document as a roadmap for
60 future achievement of the standard. Organizations unable to meet the standard can have policies
61 and procedures in place to determine who will perform the exam.

62
63 This document does not address the collection and preservation of specimens or samples that
64 may serve as evidence.

65
66 All hyperlinks and web addresses shown in this document are current as of the publication date
67 of this standard.

68
69 This document has been drafted by the Forensic Nursing Subcommittee of the Organization of
70 Scientific Area Committees (OSAC) for Forensic Science through a consensus process.

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87 **Keywords:** *evidence, evaluation, sexual assault, sexual abuse, sexual violence, medical forensic*
88 *examination, medical forensic examiner*

89

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127 **Standard for the Medical Forensic Examination: Sexual Violence of Adolescents and Adults**

128

129 **1 Scope**

130

131 This document establishes the process for the medical forensic examination of adolescent or
132 adult patients by a medical forensic examiner following suspected or disclosed sexual violence.
133 Every patient shall have access to a medical forensic examination without law enforcement
134 involvement. Except in situations covered by mandatory reporting laws, patients, not health care
135 workers, make the decision to report a sexual assault to law enforcement. Health care workers
136 in some jurisdictions are bound by law to report some or all forms of sexual assault, regardless
137 of patients' wishes. In the remaining jurisdictions, no report can be made without the consent of
138 patients (Normative Reference). Medical forensic examiners shall follow OSAC 2023-N-0014,
139 *Standard for the Medical Forensic Examination* when completing a medical forensic examination.
140 The order of the process should be dictated by the needs of the patient. This document does not
141 cover telehealth services, address medical forensic examination education, or interpretation of
142 physical findings.

143

144 **2 Normative References**

145

146 The following references are documents that are indispensable for the application of the
147 standard. For dated references, only the edition cited applies. For undated references, the latest
148 edition of the referenced document (including any amendments) applies.

149

150 International Association of Forensic Nurses (IAFN). *Sexual assault nurse examiner (SANE):*
151 *Educational guidelines*. IAFN.

152

153 Office on Violence Against Women. *A National Protocol for Sexual Assault Medical Forensic*
154 *Examinations: Adults/Adolescents (2nd Ed.)*. U.S. Department of Justice.

155

156 Sexual Assault Forensic Evidence Reporting (SAFER) Act Working Group. National best practices
157 for sexual assault kits: A multidisciplinary approach (NCJ 250384). Department of Justice, Office
158 of Justice Programs, National Institute of Justice.

159

160 **3 Terms and Definitions**

161

162 For purposes of this document, the following terms and definitions apply:

163

164 **3.1**

165 **access to medical forensic examination**

166 Patients have the ability to access timely medical forensic healthcare services either at the facility
167 they present to, through transportation of the patient to a facility with a qualified healthcare
168 provider, or through telehealth services.

169

170

171 **3.2**
172 **adult/adolescent**
173 Individuals who have reached onset of menses or have developed secondary sex characteristics
174 (Adapted from IAFN SANE education guidelines, p. 4).
175

176 **3.3**
177 **capacity**
178 Patients must be capable to make a voluntary decision about whether to undergo the procedure
179 or intervention.
180

181 **3.4**
182 **informed consent**
183 Process in which a healthcare provider educates a patient about the risks, benefits, and
184 alternatives of a given procedure or intervention and allows the patient's right to direct what
185 happens to their body. (Parth Shah; Imani Thornton; Danielle Turrin; John E. Hipskind; 2022).
186

187 **3.5**
188 **medical forensic examination**
189 Examination of a patient by a medical forensic examiner following suspected or disclosed
190 violence. (Adapted from normative reference).
191

192 **3.6**
193 **medical forensic examiner**
194 Healthcare provider who applies medical knowledge and practices to the medicolegal aspects of
195 death, injury, neglect, or behavior. (Adapted from National Commission on Forensic Sciences,
196 n.d.).
197

198 **3.7**
199 **sexual assault kit (SAK)**
200 Collection of items used by medical personnel to collect and preserve physical sexual assault
201 evidence that can be used in a criminal investigation. (OSAC Lexicon)
202

203 **3.8**
204 **sexual violence**
205 Sexual act that is committed or attempted by another person without freely given consent of the
206 victim or against someone who is unable to consent or refuse. (Adapted from the CDC)
207

208 **3.9**
209 **victim advocate**
210 Victim service provider/sexual assault victim advocate who offers victims and their support
211 persons a range of services during, and following, the exam process.
212

213 **4 Requirements**

214

215 **4.1 Background**

216

217 The medical forensic examination of the patient shall occur after ensuring any life-threatening
218 medical issues have been addressed.

219

220 **4.2 Examination Location**

221

222 **4.2.1** A medical forensic examination may be conducted at a variety of locations. These
223 locations shall have access to a room that

- 224 • Is private
- 225 • Limits access and distractions from others
- 226 • Has an accessible bathroom (preferably private)

227

228 **4.3 Personnel**

229 **4.3.1** Medical forensic exams should be completed by healthcare providers who have
230 education specific to medical forensic examinations

231

232 **4.3.2** Whenever possible, the same provider(s) should conduct the entire medical forensic
233 exam

234

235 **4.3.3** Use of medical interpreters should comply with (Americans with Disability Act (ADA) and
236 Joint Commission standards, if applicable.

237

238 **4.4 Informed Consent**

239

240 **4.4.1** The patient shall be spoken with privately while electing whether to allow an advocate or
241 other support person(s) (e.g., trained, or professional advocate, family, or other support person)
242 to be present with them during the specific examination processes and procedures. The patient
243 shall be informed that they can choose whether any given person will be allowed to be present
244 or none, only for any subset of the examination procedures, or may be present or all.

245

246 **4.4.2** The medical forensic examiner shall obtain informed consent for the medical forensic
247 examination and inform the patient that they can decline any aspects of the examination at that
248 time or at any time during the examination.

249

250 **4.4.3** The medical forensic examiner shall provide the patient with transparent and detailed
251 options that will allow them to make the best-informed decisions for their care.

252

253 **4.4.4** The patient shall be informed that the examination is a separate process from reporting
254 to law enforcement and that consent can be revoked at any time.

255

256 **4.4.5** The program/institution shall have an informed consent policy that addresses patients
257 who do not have the capacity to give consent (e.g., due to age, intoxication, injury, disability,
258 other circumstances).

259

260 **4.5** Chief Complaint/Concern

261

262 Patient states why they are presenting for care.

263

264 **4.6** Medical History

265

266 A medical history shall be obtained on all patients as a standard of care. A medical history shall
267 include:

268

- Review of Systems
- Current medications and medication allergies
- Any abuse including past and current
- Past medical, gynecological history (including last menstrual period and number of pregnancies), and mental health history
- Past surgical history
- Any use of assistive devices or disabilities (physical, cognitive, and intellectual)
- Social history, smoking, ethanol use, and recreational drug use
- Any sexual contact that has occurred within a minimum of 5 days/120 hours prior to the examination
- Any sexual contact that has occurred within a minimum of 5 days/120 hours prior to the examination
- If condoms, diaphragms, or lubricants (including saliva) were used

279

280 **4.7** History of Chief Complaint

281

282 **4.7.1** A narrative history of the chief complaint/concern (including the name of the historian,
283 individuals present during the history) shall be used to guide the medical treatment, physical
284 examination, and specimen/sample collection using a standardized documentation tool or
285 format.

286

287 **4.7.2** All statements of the patient made during the narrative history shall be documented,
288 using verbatim quotes as much as possible. The examiner shall allow the patient to provide the
289 narrative history without interruption, paraphrasing, or making assumptions.

290

291 **4.7.3** Clarifying questions shall be used following the narrative history to provide additional
292 information and to guide specimen/sample collections and plan of care.

293

294 **4.7.4** The medical forensic examiner shall obtain a history separate from the law enforcement
295 interview.

296

297

298 **4.7.5** Prior to taking the history, patients should be informed that the presence of personal
299 support persons (other than advocates) may influence or be perceived as influencing their
300 statements. These individuals could be subpoenaed as witnesses in their case. If, after receiving
301 this information, patients choose to have personal support persons present during the history,
302 these individuals should be advised not to actively participate in the process (adapted from
303 normative reference).

304

305 **4.8** Physical Examination

306

307 The examination shall be individualized for each patient based on the history of the chief
308 complaint and patient preferences. If a patient is unable to provide a complete history, the
309 medical forensic examiner shall conduct the examination as though all types of sexual contact
310 could have occurred.

311

312 **4.8.1** Examination includes:

- 313 • Head to toe examination
- 314 • Anogenital examination
- 315 • Including documentation of patient position(s) during the examination

316

317 **4.8.2** The examination may include the use of adjunct tools that may assist with the assessment
318 and documentation of anogenital injuries following program/institution policy and relevant
319 education or training:

- 320 • Toluidine blue dye
- 321 • Swab (e.g., gyne swab)
- 322 • Alternate light source
- 323 • Foley catheter
- 324 • Forensic photography device (i.e. Colposcope or other special lighted
325 microscope/diagnostic instrument)

326

327 **4.8.3** Photographs

328

329 **4.8.3.1** Informed consent, separate from the medical forensic examination consent, shall be
330 obtained from the patient before photographs are taken.

331

332 **4.8.3.2** Informed consent for photographs shall include how photographs are securely stored,
333 who has access to photographs, the release of photographs to the criminal justice system, and
334 use for educational purposes.

335

336 **4.8.3.3** If the patient consents to the taking of photographs, photographs shall be taken according
337 to program/institution policy.

338

339 **4.8.3.4** Photographs shall be securely stored according to program/institution policy

340

341 **4.8.4** Speculum

342 Unless contraindicated, a speculum is necessary to complete a thorough assessment of the
343 internal genital structures with cases involving known or concern for vaginal penetration. If
344 program/institution policies dictate an advanced practice provider or physician shall complete
345 the speculum examination on a patient while another provider completes the remainder of the
346 examination, that advanced practice provider or physician shall limit the questions to the patient
347 to those relevant to providing diagnosis or treatment of injury.

348

349 **4.8.5 Anoscope**

350

351 If an Anoscope is used to assess rectal injuries, the provider shall follow their state licensing scope
352 of practice and program/institution policies.

353

354 If acute, non-assault-related medical or mental health issues are identified during the medical
355 forensic examination, an advanced practice provider or physician shall be consulted.

356

357 **4.9 Specimens/Samples**

358

359 **4.9.1** Timeframes of specimen/sample collection shall follow the normative reference (see
360 Normative Reference & OSAC 2023-N-0013, *Standard for Evidence Collection and Management*
361 *for Sexual Assault Medical Forensic Examinations*.

362

363 **4.9.2** Specimens/samples collected during the physical examination shall follow OSAC 2023-N-
364 0013, *Standard for Evidence Collection and Management for Sexual Assault Medical Forensic*
365 *Examinations* (reference to evidence doc).

366

367 **4.9.3** Specimen/samples shall never be left unattended by the medical forensic examiner until
368 sealed and/or secured in a sexual assault kit.

369

370 **4.10 Prophylaxis & Medication Options**

371

372 **4.10.1** Provider shall educate the patient about and offer prophylaxis to prevent sexually
373 transmitted infections (including HIV), emergency contraception, and vaccines based on the
374 provider's assessment, most recent CDC guidelines, and program/institution policies.

375

376 **4.10.2** In the event a provider is unable to offer the aforementioned prophylaxis, the provider
377 will inform the patient where these treatment options may be obtained.

378

379 **4.11 Discharge Instructions**

380

381 Discharge instructions shall be:

382

- Provided verbally and in writing
- Written clearly in the patient's preferred language

383

- 384 • Include after-care instructions and resources for healthcare follow up, advocacy, law
385 enforcement assistance, and mental health support
386
387

388 **4.12 Documentation**

389
390 Documentation shall include the following:

- 391 • Informed consent documents
392 • Medical history
393 • Narrative history of the chief complaint/concern
394 • Physical examination findings; No findings
395 • Body diagram/map
396 • Specimens/samples collected
397 • Chain of custody
398 • Photographs
399 • Medical care provided (including medications if provided)
400 • Discharge instructions
401

402 **4.13** Findings or the lack of findings shall be documented on an Injury Log and/or Body Diagram
403 and shall include the following:

- 404 • Location
405 • Injury type
406 • Measurement in centimeters (length, width, and depth if appropriate)
407 • Associated characteristics (color, shape, pain/tenderness, presence of bleeding/drainage,
408 stage of healing)
409

410 **4.14** The medical record associated with the medical forensic examination documentation
411 shall be completed and maintained by the healthcare institution based on program/institutional
412 and jurisdiction policy.
413

414 **4.15** If more than one examiner participates in the exam, each examiner shall document which
415 specific parts of their exam they provided, and any other individuals present during the parts of
416 the exam they provided.
417

418 **Annex A**
419 (informative)

420
421 **Bibliography**
422

423 The following bibliography is not intended to be an all-inclusive list, review, or endorsement of
424 literature on this topic. The goal of the bibliography is to provide citations and examples of
425 publications addressed in the standard. recognizes other publications on this subject can exist.
426

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