

Tips for Documentation and Photography

Sexual assault forensic exam forms

You must fill out and have the physician/provider performing the exam sign the following forms in every case where an evidence collection exam was completed:

- Kit Forms (triplicate forms x 2) (these are in the Sexual Assault Evidence collection kit)
- Victim Medical History and Assault Information
- Anatomical Drawings

** one copy stays in the kit, one copy stays with the medical records, and one copy is given to officers when the assault has been reported. If the kit is non-reported, simply rubber band the law enforcement copy to the kit prior to placing it in storage.

- SAFE Exam/Billing form, <http://cvcb.ky.gov/Pages/default.aspx>
- SAFE Evidentiary Form, <http://cvcb.ky.gov/Pages/default.aspx>

**These forms are found on the website provided and should be printed and kept available within your department.

Consider:

HIV Prophylaxis (Patient must have evidence collection exam to be eligible for vouchers), <http://cvcb.ky.gov/Pages/default.aspx>

1. *HIV Post Exposure Treatment Voucher* – must be signed by the examining physician and GIVEN TO THE PATIENT
2. *HIV Post Exposure INITIAL Exam/Billing Form*: for the exam and baseline labs before initiating NPEP medications on the same date as the SAFE exam in the ED and must be signed by the examining physician.
3. The following forms should be printed off and given to the patient to take to their PCP for their weekly follow ups while on NPEP:
 - HIV Post-Exposure FIRST Follow-Up Exam/Treatment Billing Form
 - HIV Post-Exposure Second Follow-Up Exam/Treatment Billing Form
 - HIV Post-Exposure Third Follow-Up Exam/Treatment Billing Form
 - Kit Forms (triplicate forms x 2) (these are in the Sexual Assault Evidence collection kit)

All Billing forms may be downloaded from Kentucky Crime Victim Compensation Website cvcb.ky.gov <http://cvcb.ky.gov/Pages/default.aspx>. It is a good idea to keep copies available in the department.

Additional documentation considerations

1. You may choose to use charts, diagrams, body injury maps, photographs, skin assessment forms, drawings, and narrative descriptions that are different than or in addition to the forms provided in the kit, this is acceptable. When additional forms are used, provide copies for the kit. Regardless of the forms used in your hospital, you will still need to completely fill out the kit forms.
Type of injury/pain sustained
2. Tips for areas to address when gathering a history and documenting
 - a. Type of injury or pain sustained
 - b. Sites, size, depth, coloration of injuries
 - c. Direct or indirect threats disclosed
 - d. Details, details, details
 - e. Utilize patient quotes everywhere
 - f. Record objective findings
 - g. Record patient's description of incident and perpetrator
 - h. Record all physical findings and references by patient to any objects used to cause injuries.
3. Don't forget to document:
 - a. Treatment given
 - b. Referrals to primary care providers or specialists
 - c. Safety plan/informational resources discussed/offered
4. Write legibly – Law Enforcement, prosecutors, jurors, defense need to be able to read your handwriting
5. Pain scales-give them a point of reference as pain scales are very subjective (i.e. "Rate your pain on a scale of 1-10 with 10 being the worst pain you can imagine and 5 being painful enough that you would have to take something for it")

6. If utilizing the “kit” forms, you may add additional information by writing it on the form.
7. Where it asks about urination, shower/bath, stools etc. Write out how many times of each.
8. Remember that you cannot leave out information because it “might be damaging to the case or the victim’s image.”
9. You are there to record what you hear, see, smell, and feel.
10. Remember that injuries may not be detected at the time of the examination due to a short interval from assault to exam and the patient being “in shock” or still under the influence of substance(s) diminishing pain responses.
11. Law enforcement typically should not be present when gathering medical history specific to the sexual assault incident, but, dependent on various factors and with consent of the patient, law enforcement may be present, in order to reduce the number of times that the patient will need to repeat the details. Note, this is not the time for law enforcement to conduct an interview and there is no need to delay conducting this portion of the forensic exam if law enforcement is not present. Consider patient factors, facility restrictions, and jurisdictional requirements.
12. Before using any audio recording devices ensure with your facilities legal counsel, and potentially with the prosecutor in your jurisdiction, if utilization of audio recordings is acceptable as well as what if any potential storage requirements may exist. Also, if one is being used, please notify the patient and seek their consent.

Medicolegal Photography

Using photographs is an excellent way to document injuries and physical characteristics/conditions that may change over time. Photo documentation helps tell the story. Consider, these photos may be admissible in the court when certain requirements are satisfied.

Most people are visual learners, and forget a large portion of what they hear, so having those photos help jurors recall information given.

Legal requirements for photos

Informed Consent

Consent must be obtained from individuals who are competent to consent. Informed consent is designed to allow patients to make rational choices about their treatment before it begins. The patient should be informed of who the photographs will be release, i.e. law enforcement, prosecutors, defense attorneys, etc. This consent form should be in addition to the consent for treatment form they signed upon registering for services and may be included in the consent for the forensic exam as long as it is specifically addressed.

Fair & Accurate Representation

You need to be able to take photos that are a reflection of what you are seeing, and you will be asked to testify that the photographs you have taken accurately represents what you were seeing at that time. You may be asked:

- ✓ Do you recognize this photograph?
- ✓ Do these photographs accurately and fairly depict the scene as it appeared the day they were taken?
- ✓ When were these photographs taken?
- ✓ Are there any alterations or deletions to the photographs?

Anatomical Location, Shape & Size

Take three pictures!!!

The position of an injury is one of the simplest things to document but when medical records are reviewed it is often one of the most undocumented or vaguely documented portions of the medical record.

- (1)When you take any picture, the first picture you take should provide a frame of reference for where the injury is located on the patient's body.
- (2)The next picture should be a close-up picture, close enough to show greater detail but at a 90 degree angle so as not to distort the image.
- (3)Finally, a third photo should be take using a measuring devise so that you are correctly recording the size.

Protocol for Saving & Storage

There have always been legal issues associated with the introduction of photographic evidence, but the digitalization of photographs presents new challenges to maintaining the integrity of the image. The question that arises is whether or not the photo is authentic. The pictures and the processes used to generate them need to be accurate and reliable. This being said you don't need to delete bad, or out of focused images. They need to be saved in a chronological order. Courts require that trial documents be kept for decades. Storing all those photographs can be a huge issue; you can't just save images on a hard drive and expect them to be there forever. The facility needs to have protocols on saving and storing of these photographs.

Types of Camera Utilized

Digital cameras are rapidly replacing 35 mm cameras. There are so many digital cameras on the market. Most programs use a Digital SLR (single lens reflex) which means you are seeing exactly what the camera is. They have the capabilities to interchange lenses and change camera settings as well as accommodate for flash accessories.

Basic Techniques

1. Take photos before and after area cleaned
2. "Rule of thirds" Overall (Injured Body Part), Close-up (Injury- Bruise, laceration, abrasion), With a measuring device.
3. Minimum focus distance- depending on the lens you use the minimum distance that the camera will focus is different. It should say on the camera, however on average its 5 to 12 inches.
4. Take photos at a 90-degree angle -If you take a picture that is not at a 90-degree angle then image will be distorted. For example, if you take a photo of a circle not at a 90-degree angle it will look like an oval, or if you a photo of a square then it will look rectangular-
5. Use of measurement scales- A measurement scale should be included in each photograph to indicate approximate size of injury.
6. The American Board of Forensic Odonatologists (ABFO) has developed a standardized "right angle" ruler recommended for known or suspected bite injuries. ABFO scales contain a metric scale, black and white regions to help the camera focus, circular targets to ensure the photograph was taken at 90 degrees, and a gray scale to ensure the lighting didn't alter the color of the photograph.

7. With/without flash- This can help to show different tones, and to eliminate shadows that the external/overhead lightening may cause in the photo.
8. Labeling Images- All photographic images need to be indexed with the patient's name, DOB, name of photographer, date and time photos taken. Take a picture of a paper or card with this information on it. Making this picture your first and last picture will index all of the patient's photos.
9. Use Body Diagrams- document wounds on a pre-printed body diagram, noting- Area of body, Type of injury, Size of injury.
10. Follow-up photos- there are times when the patient will need to contact law enforcement or SANE to have injuries re-photographed. Bruising or other injuries may appear in 2-5 days that were not present at the time of the exam and the patient would need to have these documented at a later time.

Please contact the Kentucky Association of Sexual Assault Programs if you have questions or feedback. 502-226-2704/www.kasap.org/info@kasap.org