



Hospital Guidelines for the Treatment of Persons Who Have Been Sexually Assaulted

Second Edition

Foreword

Ontarians who have experienced sexual assault and domestic violence have the right to receive the best possible care available. These Guidelines have been developed to ensure the existence of standardized and consistent care at hospitals province-wide. They inform health care providers of their accountabilities and inform the public of what to expect in a hospital setting where no Sexual Assault/Domestic Violence Treatment Centre (SA/DVTC) program is available. The Guidelines were developed by the Ontario Network of SA/DVTCs (the Network), with the assistance of the Ontario Hospital Association (OHA) and with funding from Echo: Improving Women’s Health in Ontario and the Ontario Women’s Directorate.

Guidelines such as these, along with federal and provincial laws and professional regulations, assist clinicians, program administrators and hospital administrators to understand their responsibilities and to make safe and effective decisions in their program planning and clinical practice. Designated treatment centres around the province are expected to serve as a regional resource to other hospitals in their treatment of Sexual Assault/Domestic Violence (SA/DV) clients and form partnerships to ensure that the best possible care is made available to all.

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Background

Introduction

The OHA would like to thank the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres (the Network) for undertaking this update of the OHA's Sexual Assault Guidelines. Established by the Ministry of Health and Long-Term Care (MOHLTC) in 1993, the Network provides leadership and support to hospital-based sexual assault and domestic violence treatment centres across Ontario.

Their goal is to establish standardization in service provision across the province. The Network represents the treatment centres, lobbies for change and works to influence public policy.

They strive to ensure that women, children and men who are survivors of sexual assault and/or domestic violence have access to timely support and the highest quality of specialized care to address their individual health and forensic needs.

The Network consists of nurses, social workers, physicians and support staff. Working closely with medical and legal professionals and community partners, they provide expertise, research, education and training in the prevention and treatment of sexual assault and domestic violence.

Within the Network, there are 35 hospital-based programs around the province that provide 24-hour care to women, children and men who have been sexually assaulted or who have experienced intimate partner violence. Services include: emergency medical and nursing care; crisis intervention; safety planning;

collection of forensic evidence; arrangement of health care follow-up; counseling; and referral to community resources.

A list of treatment centres can be found in Appendix "A".

The materials in these Guidelines are for general information only and should be adapted by each hospital that uses it to suit its circumstances. These Guidelines reflect the interpretation and recommendations regarded as valid at the time that they were published based on available information.

These Guidelines are not intended as, nor should they be construed as legal or professional advice or opinion. Hospitals concerned about the applicability of the legislative provisions to their activities are advised to seek legal or professional advice. The OHA will not be held responsible or liable for any harm, damage, or other losses resulting from reliance on the use or misuse of the general information contained in these Guidelines.

Options for Care and Treatment

Sexual assault is any form of unwanted sexual activity that is forced upon a person without consent. These acts can range from any form of unwanted sexual touching to forced intercourse. With over one-third of Canadian women reporting having had at least one experience of sexual assault since the age of 16, sexual assault of women is far more prevalent than sexual assault of men.¹

¹ Johnson, H. (2006). Measuring Violence Against Women—Statistical Trends 2006. Retrieved from www.statcan.ca/english/research/85-570-XIE/85-570-XIE2006001.htm.

However, while most sexual assaults are perpetrated against women, both women and men are sexually assaulted.

These crimes of violence can be the most traumatic incident in a person's life and have a significant impact on their health and well-being. Following an assault, many persons experience fear, anxiety, depression, withdrawal, shame, lack of confidence, an inability to relate to others and disruption in their intimate relationships. All of these reactions, and many others, are common. Acute physical effects of sexual assault can include injury, pregnancy and sexually transmitted infections (STI).

Unfortunately, despite such significant health impacts, sexual assault survivors frequently encounter difficulty seeking post-assault care and medical forensic evidence collection from traditional hospital emergency departments. According to Campbell et al (2005)², fewer than half of all sexual assault survivors that seek care from hospital emergency departments receive the basic health services they deserve. They are frequently denied basic services such as information about the risk of pregnancy, emergency contraception to prevent pregnancy and information on sexually transmitted infections and HIV/AIDS.³ Treating sexual assault survivors negatively or not assisting when they reach out for information and treatment can re-victimize these individuals. For many survivors, these negative experiences with the medical system can seem like a second assault.⁴

Recognizing that sexual assault is a crime of violence in which personal control is taken away, persons who have been sexually assaulted should be offered a number of options regarding their care and treatment. For these reasons, we must be committed to providing support to victims of sexual assault and to educating the community at large and those who work with sexual assault survivors.

Purpose of the Guidelines

Sexual assault is a complex issue that requires a multidisciplinary response in order to meet victim needs. Although anyone can be sexually assaulted, it is a gender based crime, where the overwhelming majority of the victims are female and the perpetrators are male. When a person has been sexually assaulted, she or he is in need of prompt physical and emotional care. In addition to meeting health care needs, there also are legal aspects associated with the occurrence of a sexual assault that may have to be addressed.

Both the health care and the legal systems must work in collaboration if the person's best interests are to be served and to assist the person in the healing process. These Guidelines have been developed to assist hospitals and health care providers in the provision of health and forensic care to those who present to the emergency department as a result of sexual violence. With these Guidelines in place and with a compassionate attitude of the health care provider, it is hoped that the ordeal of the sexual assault is eased for the person concerned.

Specifically, these Guidelines:

- Outline the roles and responsibilities of hospital management staff, the governing boards and health care professionals;
- Outline the role of the hospital-based Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs) and how neighbouring hospitals may utilize these services;
- Provide detail on options available regarding care, treatment and collection and release of information and/or evidence to the police;
- Provide a list of locations of the hospital-based SA/DVTCs in Ontario;

² Campbell, R., Patterson, D. & Lichty, Lauren. (2005). The effectiveness of sexual assault examiner (SANE) programs. *Trauma, Violence & Abuse*, 6(4), 313-329.

³ *Ibid.*

⁴ *Ibid.*

- Set out the legislative provisions of the *Criminal Code of Canada (Criminal Code)* related to sexual assault; and
- Provide a list of recommended literature and educational materials.

These Guidelines will assist health care professionals in hospitals to:

- Provide patients with immediate and appropriate care;
- Develop an effective standard of service for persons who have been sexually assaulted and present at the hospital;
- Educate health care professionals about the resources available within the region and the community that address the needs of persons who have been sexually assaulted; and
- Guide the hospital in developing partnership agreements with SA/DVTCs and other agencies in order to establish referral processes to meet the needs of persons who have been sexually assaulted.

Recommendations for Hospitals

To ensure that persons who have been sexually assaulted are treated as effectively as possible when presenting to a hospital, the following recommendations are proposed.

Recommendation 1

Hospitals should use these Guidelines to help clarify the role of the hospital with respect to care and treatment of persons who have been sexually assaulted, and to develop appropriate policies and procedures.

Recommendation 2

Hospital administrators and staff should review the list of SA/DVTCs in Ontario to:

- Determine the appropriate SA/DVTC with which to maintain ongoing contact and/or affiliation;
- Develop policies and procedures regarding patient transfer for treatment as necessary; and
- Identify opportunities for SA/DVTC staff to train staff of neighbouring hospitals that do not have a SA/DVTC.

Recommendation 3

Hospitals should develop a close working relationship and effective communication with local police to improve the process when a person who has been sexually assaulted is brought to the hospital for treatment and collection of forensic evidence. Protocols should be developed with the police to ensure that the needs of the person who has been sexually assaulted are most effectively met.

Recommendation 4

If it is determined that it is in the best interest of the person to provide the care and treatment at the local hospital, health care providers should utilize the medical and forensic guidelines as outlined in these Guidelines.

Recommendation 5

Hospital staff need to be aware of the role that a victim's culture may have in providing appropriate care. The needs of the victims with disabilities will also need to be addressed.

Hospital staff needs to be knowledgeable of community resources that can provide ongoing support for victims.

Recommendation 6

Hospital staff needs to be knowledgeable of mandatory reporting obligations, particularly related to children who have been abused/assaulted.

Roles and Responsibilities

When a person has been sexually assaulted, the response to her or his ordeal is often multi-dimensional. This section outlines roles and responsibilities for governing boards, management and health care professionals to consider. The role of hospitals, police and community agencies in the response to sexual assault is also summarized.

Governing Boards

The following are for the consideration of the Board of Directors:

- Define the role of the hospital in respect of the care and treatment of persons who have been sexually assaulted, including departmental roles, responsibilities and referral strategies; and
- Review and approve hospital policies that provide for the prompt appropriate care and treatment for persons who have been sexually assaulted and present at the hospital.

Management

It is incumbent upon management staff of the hospital to provide appropriate support and resources to hospital staff to ensure that hospital policies and procedures regarding the care and treatment of persons who have been sexually assaulted are effectively implemented.

The following are for the consideration of Management Staff:

- Clarify the role of the hospital with respect to the care and treatment of persons who have been sexually assaulted;

- If the hospital does not have a SA/DVTC, it should establish a relationship with a neighbour hospital that has a SA/DVTC;
- Hospitals that treat persons who have been sexually assaulted should have a Sexual Assault Evidence Kit (SAEK) available on site for use when required (see Appendix B); hospitals may obtain a kit from their neighbour SA/DVTC, the local police or from the Centre of Forensic Sciences in Toronto;
- If the hospital doesn't have a SA/DVTC, it should determine how it will provide immediate services including administering the SAEK;
- Make education and ongoing training available to hospital staff who are involved in the treatment of persons who have been sexually assaulted; this may be done through a neighbour hospital with a SA/DVTC;
 - Education and training should include training requirements under the *Accessibility for Ontarians with Disabilities Act* and should incorporate cultural sensitivity components to recognize the unique needs of Ontario's diverse population.
- Collaborate with neighbour hospitals, community agencies and local police regarding protocols and program development; and
- Have policies and procedures in place which address:
 - The initial assessment of the person who has been sexually assaulted to determine whether patient transfer to a hospital with a SA/DVTC is appropriate;

- Care and treatment of persons who have been sexually assaulted and present at the hospital;
- Confidentiality and disclosure of patient information and forensic evidence;
- The required documentation for the treatment of persons who have been sexually assaulted and who present at the hospital;
- The collection and/or storage of forensic evidence; and
- Media relations.

Health Care Professionals

Health care professionals, including physicians, nurses and others involved in the treatment of persons who have been sexually assaulted, should recognize that sexual assault is a crime of violence which impacts on the health of the person who has been sexually assaulted. Treatment and care of persons who have been sexually assaulted requires that care be provided with respect and dignity.

To most effectively provide care, health care professionals should:

- Follow hospital policies and procedures;
- Work in collaboration with a multidisciplinary team;
- Seek specialized training;
- Be aware of community resources for referral and interpretation services; and
- Participate in, and/or provide, community education.

Hospitals Providing Treatment

Hospitals may provide care, support and referral to women, children and men who have been sexually assaulted in order to facilitate healing and restore dignity and self-esteem. Thirty-five hospitals in Ontario have been funded as SA/DVTCs (See Appendix A).

Each hospital is encouraged to review the list of SA/DVTCs provided in Appendix A and determine the most appropriate hospital with a SA/DVTC with which it may maintain ongoing contact. Hospitals which do not have a SA/DVTC are encouraged to develop protocols in conjunction with the nearest hospital with a SA/DVTC with respect to the treatment of persons who have been sexually assaulted.

Protocols should reflect:

- Treatment;
- Patient transfer, if necessary; and
- Special training of hospital staff by SA/DVTC staff.

Sexual Assault/Domestic Violence Treatment Centres in Ontario

The SA/DVTCs provide 24/7 emergency care to women, children and men who have been sexually assaulted or who are victims or survivors of domestic violence (intimate partner) abuse.

Services include:

- emergency medical and nursing care;
- crisis intervention;
- collection of forensic evidence;
- medical follow-up and counseling; and
- referral to community resources.

It is important to note that service delivery may differ slightly among SA/DVTCs due to the unique needs of each community.

In addition, SA/DVTCs provide a specialized service to community agencies and neighbour hospitals by coordinating sexual assault and domestic violence health care services and the training of nurses, physicians and other hospital staff. SA/DVTCs provide education to sexual assault survivors, health professionals and the community at large. SA/DVTCs participate in community coordinating committees that address issues regarding sexual assault and domestic violence.

Through specialized training, the multidisciplinary SA/DVTC care providers have acquired expertise in education and consultation to share and foster collaboration with neighbour hospitals and community agencies.

SA/DVTCs operate on the basis of evidence-based standards, as outlined by the Network’s Standards of Care, which can be found online at www.sadvtreatmentcentres.ca.

See Appendix “C” for core beliefs of SA/DVTCs.

Community Agencies

Recognizing that a number of different community agencies provide counselling and follow-up care to persons who have been sexually assaulted, hospital staff may choose to contact these agencies to describe the role of the hospital with respect to treatment of persons who have been sexually assaulted.

Some examples of community agencies are:

- Rape Crisis Centres/Sexual Assault Centres
- Women’s Shelters
- Family Life Centres
- Victim Witness Programs
- Community Counselling Services
- Multicultural Community Agencies
- Family Resource Centres
- Child Development Centres
- Child and Family Services
- Victim Services
- Services for Male Survivors

Police

The person who has been sexually assaulted makes the decision as to whether or not the police should be contacted. It is up to the police to determine if charges will be laid. The person may change their mind about police involvement at any time.

Close working relations and effective communication with local police is key to improving the process when a person who has been sexually assaulted is brought to the hospital for medical treatment and collection of forensic evidence following an incident of sexual assault.

Protocols between police and health care professionals help ensure that the needs of persons who have been sexually assaulted are addressed. Health care providers should coordinate and outline a clear delineation of roles and work with police to establish a protocol, based on unique service needs within each region. Protocols should address the following:

- Ongoing, client-centred communication;
- Physical accessibility to examination rooms to maintain patient autonomy;
- Confidentiality;
- Transport to the most appropriate facility;
- Coordination of respectful treatment of the patient in the emergency setting (i.e., assure safety, assist person in regaining control);
- Consent for the collection of forensic evidence;
- Collection, storage and transfer of the forensic evidence once the kit is used;
- Culturally appropriate care including the provision of a cultural interpreter where required; and
- Education.

When a Person is Unsure About Police Involvement

For persons who are unsure about whether or not they want police involvement, they may choose to have forensic evidence collected and stored. Evidence is collected in the same way as patients who are immediately reporting to the police and then kept frozen until a decision is made. Care and continuity of specimens and other evidence must be ensured and documented.

Regional SA/DVTCs can serve as a support system for hospitals without treatment centres or the ability to store evidence in the manner outlined by the Centre for Forensic Sciences.

Specimens or other evidence should not be left unattended at any point after the collection of the evidence has begun. Care and continuity of specimens and other evidence should also be ensured and documented.

When a Person Chooses Immediate Police Involvement

Police officers in Ontario have their duties set out under provincial legislation. In the investigation of sexual assault, police must also follow policies and procedures established by their respective services.

Where a person who has been sexually assaulted chooses police involvement, the police officer will take a statement from the person to establish what has happened. The officer will also want to know where the offence occurred so that he or she may obtain any evidence of the crime and evidence to establish the identity of the assailant. It is important to preserve all evidence. Evidence which may appear to be insignificant may be of value to the police. The clothes the person was wearing at the time of the assault, for example, may be important evidence. Hospital staff may wish to consult with police to establish which evidence is of value.

A police officer is not present in the examination room during the collection of evidence as the examining nurse or physician ensures continuity of evidence. Consent must be obtained from the person for the collection and release of the SAEK to police. If the person is unable to provide consent due to injury, intoxication or short-term mental impairment, the exam should be deferred until the person's capacity to consent is regained. If there is a belief that the person will not regain the ability to consent within 72 hours of the assault, refer to the

document *Guidelines for the Person Who is Unable to Provide Consent* for direction.⁵ A police officer should be available to accept evidence directly from the nurse or physician immediately following the evidence collection.

Where the person consents to the release of the forensic evidence but a police officer is not available, the forensic evidence should be bagged, sealed and properly stored until handed over to the police. Evidence may be considered invalid if the seals are broken.

⁵ *Guidelines for the Person Who is Unable to Provide Consent* can be accessed at www.sadvreatmentcentres.net.

Treatment of Persons Who Have Been Sexually Assaulted

Throughout the treatment process and during the follow-up care, the person must be treated with respect and dignity by a supportive, non-judgmental care provider. Confidentiality must be maintained and care must be sensitive to cultural needs. Cultural interpreters should be utilized as needed. Family members and untrained staff should not be relied upon as cultural interpreters.

When a person who has been sexually assaulted presents at a hospital, the hospital staff should:

- Recognize clients as emergent or urgent patients and triage according to the Canadian Triage Acuity Scale (CTAS);
- Provide information to the person who has been sexually assaulted regarding treatment and the options available so the person can decide what is most appropriate for themselves;
- If possible, arrange transfer to a hospital with a SA/DVTC. Transfer according to pre-determined policies and procedures. Medical care is prioritized over forensic care. If the person cannot be transferred, consult with nearest SA/DVTC regarding the provision of sexual assault care;
- Provide the person with a private place to wait for further treatment (with an appropriate supportive person of the person's choice, if possible); and
- Provide unconditional and non-judgemental support to the client.

Care and Treatment Options

A person who has been sexually assaulted may consent to, or decline to consent to, all, or any part, of the options listed below. Also, they are free to revoke all, or any part, of their consent at any time during their examination.

(I) Emotional support

Hospital staff should provide the person with counselling and assistance. Whether the person should return home should be discussed as there may be concern for the person's safety. Alternatives such as a women's shelter or a friend's home may be options that can be discussed with the person. Crisis counselling may be provided by appropriately trained staff or physicians, clergy, nursing, psychiatry, social work or community rape crisis centres. Before leaving the hospital, clients should receive information about available community support services.

(II) Medical examination for the effects of a sexual assault

Hospital staff should examine and treat the person for the effects of sexual assault. The person should be informed about appropriate treatment and follow-up for sexually transmitted infections (STI), including HIV and Hepatitis B, and for pregnancy. Treatment for which consent has been obtained should be provided to the patient. Referral for follow-up treatment and counselling should be offered.⁶

⁶ These guidelines are from the Canada Public Health Agency, 2010 <http://www.phac-aspc.gc.ca/std-mts/sti-its/pdf/606sexassault-eng.pdf>.

(III) Medical-legal examination of the sexual assault

Hospital staff should collect and document medical-legal evidence using the SAEK (see Appendix B) for the purpose of assisting the police in apprehending and/or prosecuting the alleged perpetrator. This examination will include a physical examination which may involve an examination of the mouth, vagina, anus and rectum. In addition, it may include the removal and isolation of articles of clothing, combing of head and pubic hair, and samples taken from the vagina, anus and rectum. This may also include the collection of blood and urine specimens for analysis as appropriate. Any injuries noted during the examination should be accurately documented and described. Any relevant information obtained at a follow-up visit may also be included.

(IV) Release of the results of the medical-legal examination to the police

With patient consent, the hospital staff can assist in contacting the police to report that a sexual assault complaint has been made and provide them with any evidence collected during the course of the medical examination. Copies of the SAEK forms are also provided to police.

If a person expresses uncertainty about whether or not to involve police, they should be given the option of having the forensic evidence collected and stored at the hospital for a period up to six months.

Consent to Treatment

Treatment, care or any other type of interference with a person's body is not permitted without the person's informed consent or otherwise authorized by law. The *Health Care Consent Act* guides the health care professional when obtaining patient consent for health care/treatment.⁷

The patient's consent is also required for the performance of the medical-legal examination of the sexual assault. However, the collection of forensic evidence from a person is not considered to be "treatment", and is excluded from the *Health Care Consent Act*. For the person who has been sexually assaulted and is unable to provide consent for reasons of mental or physical incapacity (i.e., Alzheimer's disease, acute psychosis, unconscious due to injury), the need to and the process by which consent for the collection of forensic evidence is obtained is somewhat unclear. *Guidelines for the Collection of Forensic Evidence from the Person Who is Unable to Consent* can provide direction to the health professional.⁸

Confidentiality and Disclosure of Information and Duty to Report

A hospital, its employees and health professionals who have privileges at the hospital are not obliged to disclose to the police or other authorities information related to sexual assault obtained either in the course of treating a patient or found in his or her health record. The exception to this rule is where the patient consents to the disclosure of information or disclosure is authorized by law. For example, it is mandatory for a health care professional, where he or she has reasonable grounds to suspect that a child is, or may be, suffering or may have suffered abuse, to report this suspicion and the information on which it is based, to a society forthwith.⁹

7 *Health Care Consent Act*, 1996, S.O. 1996, c. 2, Sched. A, Part II (s. 8 - s. 371).

8 "Guidelines for the Collection of Forensic Evidence from the Person Who is Unable to Consent" can be accessed at www.sadvreatmentcentres.net.

9 *Child and Family Services Act*, R.S.O. 1990, c. 11, s.72. For information on reporting suspected abuse and/or neglect, please visit: <http://www.children.gov.on.ca/htdocs/English/topics/childrensaidd/reportingabuse/index.aspx>.

Legislation Related to Sexual Assault

*Criminal Code*¹⁰

Sexual assault covers the range of non-consensual sexual activity. The *Criminal Code* creates three offences as follows:

- sexual assault;
- sexual assault with a weapon, threats to a third party or causing bodily harm; and
- aggravated sexual assault.

Sexual assault

s. 271 (1) Everyone who commits a sexual assault is guilty of:

- (a) an indictable offence and is liable to imprisonment for a term not exceeding ten years; or
- (b) an offence punishable on summary conviction and liable to imprisonment for a term not exceeding eighteen months.

Sexual assault with a weapon, threats to a third party or causing bodily harm

s.272 (1) Every person commits an offence who, in committing a sexual assault:

- (a) carries, uses or threatens to use a weapon or an imitation of a weapon;

- (b) threatens to cause bodily harm to a person other than the complainant;
- (c) causes bodily harm to the complainant; or
- (d) is a party to the offence with any other person.

s. 272 (2) Every person who commits an offence under subsection (1) is guilty of an indictable offence and liable:

- (a) if a restricted firearm or prohibited firearm is used in the commission of the offence or if any firearm is used in the commission of the offence and the offence is committed for the benefit of, at the direction of, or in association with, a criminal organization, to imprisonment for a term not exceeding 14 years and to a minimum punishment of imprisonment for a term of
 - (i) in the case of a first offence, five years; and
 - (ii) in the case of a second or subsequent offence, seven years;
- (a.1) in any other case where a firearm is used in the commission of the offence, to imprisonment for a term not exceeding 14 years and to a minimum punishment of imprisonment for a term of four years; and
- (b) in any other case, to imprisonment for a term not exceeding fourteen years.

¹⁰ *Criminal Code of Canada (Criminal Code)*, R.S.C., 1985, c. C-46.

Aggravated sexual assault

s. 273 (1) Every one commits an aggravated sexual assault who, in committing a sexual assault, wounds, maims, disfigures or endangers the life of the complainant.

s. 273 (2) Every person who commits an aggravated sexual assault is guilty of an indictable offence and liable

(a) if a restricted firearm or prohibited firearm is used in the commission of the offence or if any firearm is used in the commission of the offence and the offence is committed for the benefit of, at the direction of, or in association with, a criminal organization, to imprisonment for life and to a minimum punishment of imprisonment for a term of

- (i) in the case of a first offence, five years; and
- (ii) in the case of a second or subsequent offence, seven years;

(a.1) in any other case where a firearm is used in the commission of the offence, to imprisonment for life and to a minimum punishment of imprisonment for a term of four years; and

(b) in any other case, to imprisonment for life.

Meaning of Consent

Section 273.1 of the *Criminal Code*

s. 273.1 (1) Subject to subsection (2) and subsection 265(3), “consent” means, for the purposes of sections 271, 272 and 273, the voluntary agreement of the complainant to engage in the sexual activity in question.

s. 273.1 (2) Where no consent obtained

No consent is obtained, for the purposes of sections 271, 272 and 273, where

(a) the agreement is expressed by the words or conduct of a person other than the complainant;

(b) the complainant is incapable of consenting to the activity;

(c) the accused induces the complainant to engage in the activity by abusing a position of trust, power or authority;

(d) the complainant expresses, by words or conduct, a lack of agreement to engage in the activity; or

(e) the complainant, having consented to engage in sexual activity, expresses, by words or conduct, a lack of agreement to continue to engage in the activity.

s. 273.1 (3) Nothing in subsection (2) shall be construed as limiting the circumstances in which no consent is obtained.

Note that this section supplements the definition of consent in subsection 265(3) which defines consent for all of the assault offences including sexual assault. The definition in this section applies only to the sexual assault offences.

Age of Consent

It is recognized that the health and forensic needs of children who have been sexually assaulted are different from adults. In addition, there are different legislative reporting obligations and requirements for consent.¹¹

The *Criminal Code* provides that the age of consent for sexual activity is **16 years**.¹² It was raised from 14 to 16 on May 1, 2008. This was the first change to the age of consent law since 1890.

There are some **exceptions** to the age 16 consent rule.

The age of consent is 18 years when the sexual activity is “exploitive” – when it involves prostitution, pornography

¹¹ The document “Ontario Pediatric Sexual Assault/Abuse Training Manual” provides detailed information and can be accessed by contacting the Network directly at www.sadvtreatmentcentres.net, under “Research/Resource Library”.

¹² *Ibid*, s. 151.

or in a relationship of *power/authority, trust or dependency* (e.g., when a young person becomes sexually involved with a teacher, coach or babysitter). Sexual activity may also be considered exploitive *depending on the nature and circumstances* of the relationship. Things that may be considered are the age of the young person, the age difference between the young person and their partner, how the relationship started and developed (e.g., in secret, very quickly, over the internet), and how the older partner may have influenced or controlled the young person.¹³

Other exceptions:

A **14 or 15 year old can consent** to sexual activity with a partner who is **less than 5 years older** and there is no relationship based on power/authority, trust or dependency.¹⁴

12 and 13 year olds can consent to sexual activity with a partner who is **less than 2 years older** and there is not a relationship based on power/authority, trust or dependency or other exploitation of the young person.¹⁵

*Child and Family Services Act*¹⁶

Reporting Instances of Child Abuse and/or Neglect

For the purposes of child protection (Part III of the *Child and Family Services Act*) a child is a person who is or appears to be under the age of 16 years. [Note that sections highlighted in blue/grey are not yet in force]

DUTY TO REPORT

Duty to report child in need of protection

72 (1) Despite the provisions of any other Act, if a person, including a person who performs professional or official duties with respect to children, has reasonable

grounds to suspect one of the following, the person shall forthwith report the suspicion and the information on which it is based to a society:

1. The child has suffered physical harm, inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
2. There is a risk that the child is likely to suffer physical harm inflicted by the person having charge of the child or caused by or resulting from that person's,
 - i. failure to adequately care for, provide for, supervise or protect the child, or
 - ii. pattern of neglect in caring for, providing for, supervising or protecting the child.
3. The child has been sexually molested or sexually exploited, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.

Note: On a day to be named by proclamation of the Lieutenant Governor, paragraph 3 is repealed by the Statutes of Ontario, 2008, chapter 21, subsection 3 (1) and the following substituted:

3. The child has been sexually molested or sexually exploited, including by child pornography, by the person having charge of the child or by another person where the person having charge of the child knows or should know of the possibility of sexual molestation or sexual exploitation and fails to protect the child.

See: 2008, c. 21, ss. 3 (1), 6

¹³ *Ibid*, s. 152, 153.

¹⁴ *Ibid*, s. 150.1(2.1).

¹⁵ *Ibid*, s. 150.1(2).

¹⁶ *Child and Family Services Act*, R.S.O. 1990, c. C.11.

-
4. There is a risk that the child is likely to be sexually molested or sexually exploited as described in paragraph 3.
 5. The child requires medical treatment to cure, prevent or alleviate physical harm or suffering and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, the treatment.
 6. The child has suffered emotional harm, demonstrated by serious,
 - i. anxiety,
 - ii. depression,
 - iii. withdrawal,
 - iv. self-destructive or aggressive behaviour, or
 - v. delayed development,

and there are reasonable grounds to believe that the emotional harm suffered by the child results from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

7. The child has suffered emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to remedy or alleviate the harm.
8. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 resulting from the actions, failure to act or pattern of neglect on the part of the child's parent or the person having charge of the child.

9. There is a risk that the child is likely to suffer emotional harm of the kind described in subparagraph i, ii, iii, iv or v of paragraph 6 and that the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, services or treatment to prevent the harm.
10. The child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.
11. The child has been abandoned, the child's parent has died or is unavailable to exercise his or her custodial rights over the child and has not made adequate provision for the child's care and custody, or the child is in a residential placement and the parent refuses or is unable or unwilling to resume the child's care and custody.
12. The child is less than 12 years old and has killed or seriously injured another person or caused serious damage to another person's property, services or treatment are necessary to prevent a recurrence and the child's parent or the person having charge of the child does not provide, or refuses or is unavailable or unable to consent to, those services or treatment.
13. The child is less than 12 years old and has on more than one occasion injured another person or caused loss or damage to another person's property, with the encouragement of the person having charge of the child or because of that person's failure or inability to supervise the child adequately.

Note: On a day to be named by proclamation of the Lieutenant Governor, section 72 is amended by the Statutes of Ontario, 2008, chapter 21, subsection 3 (2) by adding the following subsections:

Reporting child pornography

(1.1) In addition to the duty to report under subsection (1), any person who reasonably believes that a representation or material is, or might be, child pornography shall promptly report the information to an organization, agency or person designated by a regulation made under clause 216 (c.3). 2008, c. 21, s. 3 (2).

Seeking out child pornography not required or authorized

(1.2) Nothing in this section requires or authorizes a person to seek out child pornography. 2008, c. 21, s. 3 (2).

Protection of informant

(1.3) No action lies against a person for providing information in good faith in compliance with subsection (1.1). 2008, c. 21, s. 3 (2).

Identity of informant

(1.4) Except as required or permitted in the course of a judicial proceeding, in the context of the provision of child welfare services, otherwise by law or with the written consent of an informant, no person shall disclose,

- (a) the identity of an informant under subsection (1) or (1.1),
 - (i) to the family of the child reported to be in need of protection, or

- (ii) to the person who is believed to have caused the child to be in need of protection; or

- (b) the identity of an informant under subsection (1.1) to the person who possessed or accessed the representation or material that is or might be child pornography. 2008, c. 21, s. 3 (2).

Retaliation against informant prohibited

(1.5) No person shall dismiss, suspend, demote, discipline, harass, interfere with or otherwise disadvantage an informant under this section. 2008, c. 21, s. 3 (2).

See: 2008, c. 21, ss. 3 (2), 6.

Ongoing duty to report

(2) A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) shall make a further report under subsection (1) even if he or she has made previous reports with respect to the same child.

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (2) is repealed by the Statutes of Ontario, 2008, chapter 21, subsection 3 (3) and the following substituted:

Ongoing duty to report

(2) A person who has additional reasonable grounds to suspect one of the matters set out in subsection (1) or to believe that a representation or material is, or might be, child pornography under subsection (1.1) shall make a further report under subsection (1) or (1.1) even if he or she has made previous reports with respect to the same child. 2008, c. 21, s. 3 (3).

See: 2008, c. 21, ss. 3 (3), 6.

Person must report directly

(3) A person who has a duty to report a matter under subsection (1) or (2) shall make the report directly to the society and shall not rely on any other person to report on his or her behalf.

Note: On a day to be named by proclamation of the Lieutenant Governor, subsection (3) is repealed by the Statutes of Ontario, 2008, chapter 21, subsection 3 (3) and the following substituted:

Person to report directly

(3) A person who has a duty to report under subsection (1) or (2) shall make the report directly to the society, a person who has a duty to report under subsection (1.1) shall make the report directly to any organization, agency or person designated by regulation to receive such reports, and such persons shall not rely on any other person to report on their behalf. 2008, c. 21, s. 3 (3).

See: 2008, c. 21, ss. 3 (3), 6.

In every case, attempts should be made to obtain consent from a parent or lawful custodian because a hospital cannot legally permit medical examination or treatment of a child without consent. Treatment should not be given to a child whose parents refuse consent to the treatment. The exception is as follows:

- If the parents refuse to give consent or are unavailable to do so, a child protection worker has the authority, if the child has been apprehended, to give consent for the medical examination of the child.¹⁷

Consent for treatment of a child

Consent for treatment of a child, including the medico-legal examination and use of the SAEK, should be obtained from both the patient and the parent or guardian.

¹⁷ *Ibid*, s. 40(9), 44(5).

Recommended Literature and Educational Materials

Medical Care

- Berenson, A., Chacko, M., Weimann, C., Friedrich, W., & Grady, J. (2000). A case control study of anatomical changes resulting from sexual abuse. *American Journal of Obstetrics and Gynecology*, 182(4), 820-834.
- Cambell, R., Patterson, D. & Lichty, Lauren. (2005). The effectiveness of sexual assault examiner (SANE) programs. *Trauma, Violence & Abuse*, 6(4), 313-329.
- Cook, R.J., Dickens, B.M., & Thapa, S. (2005). Caring for victims of sexual abuse. *International Journal of Gynecology & Obstetrics*, 91(2), 194-199.
- Du Mont, J., Myhr, T.L., Husson, H., Macdonald, S., Rachlis, A., & Loutfy, M.R. (2008). HIV post-exposure use among Ontario female adolescent sexual assault victims: A prospective analysis. *Sexually Transmitted Diseases*, 35(12).
- Johnston, B.T. (2005). Outcome indicators for sexual assault victims. *Journal of Forensic Nursing*, 1(3), 118-132.
- Johnson, H. (2006). Measuring Violence Against Women—Statistical Trends 2006. Retrieved from <http://www.statcan.gc.ca/pub/85-570-x/85-570-x2006001-eng.pdf>.
- Light, D., & Monk-Turner, E. (2008). Circumstances surrounding male sexual assault and rape: Findings from the national violence against women survey. *Journal of Interpersonal Violence*, ePub.
- Morgan, J.A. (2008). Comparison of cervical Os versus vaginal evidentiary findings during sexual assault exam. *Journal of Emergency Nursing*, 34(2), 102-105.
- Public Health Agency of Canada. (2010). Canadian Guidelines on Sexually Transmitted Infections. <http://www.phac-aspc.gc.ca/std-mts/sti-its/pdf/606sexassault-eng.pdf>.

Forensic Evidence

- Du Mont, J., MacDonald, S., Rotbard, N., Asllani, E., Bainbridge, D., & Cohen, M. (2009). Factors associated with suspected drug-facilitated sexual assault. *The Canadian Medical Association Journal*, 180(5), 513-519.
- Du Mont, J., & Parnis, D. (2001). Constructing bodily evidence through sexual assault evidence kits. *The Griffith Law Review*, 10, 63-76.
- Du Mont, J., & Parnis, D. (2004). The doctor's dilemma: Caregiving and medicolegal evidence collection. *Medicine and Law*, 23(3), 515-529.
- McGregor, M.J., Du Mont, J., & Myhr, T.L. (2002). Sexual assault forensic medical examination: Is evidence related to successful prosecution. *Annals of Emergency Medicine*, 39(6), 639-647.
- Lewis-O'Connor, A. Lowe, M.S., Rahman, N., & Forster, G. (2009). Chain of evidence in sexual assault cases. *International Journal of Sexually Transmitted Infections and AIDS*, 20(11), 799-800.

Paediatrics

Adams, J.A., Kaplan, R.A., Starline, S.P., Mehta, N.H., Finkel, M.A., Botash, A.S., Kellogg, N.D. & Shapiro, R.A. (2007). Guidelines for medical care of children who may have been sexually abused. *Journal of Pediatric and Adolescent Gynecology*, 20(3).

Adams, J., Harper, K., Knudson, S., & Revilla, J., Saunders, B.E., Berliner, L., & Hanson, R.F. (Eds.). (2004). *Child Physical and Sexual Abuse: Guidelines for Treatment* (Revised Report: April 26, 2004). Charleston, SC: National Crimes Victims Research and Treatment Center.

Finkel, M.A., & Giardino, A.P. (2009). *Medical Evaluation of Child Sexual Abuse: A Practical Guide* (3rd ed.). American Academy of Pediatrics: Elk Grove Village, IL.

Heger, A., Ticson, L., Velasquez, O., & Bernier, R. (2002). Children referred for possible sexual abuse: Medical findings in 2384 children. *Child Abuse and Neglect*, 26(6-7), 645-659.

Horner, G. (2010). A normal ano-genital exam: Sexual abuse or not? *Journal of Pediatric Health Care*, 23(5), 283-288.

Kelly, P. & Koh, J. (2006). Sexually transmitted infections in alleged sexual abuse of children and adolescents. *Journal of Pediatrics and Child Health*, 42(7-9), 434-440.

Legislation

Criminal Code, R.S.C., 1985, c.C-46.
Retrieved from <http://laws-lois.justice.gc.ca/eng/acts/C-46/>

Child and Family Services Act, R.S.O. 1990, c.C.11.
Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c11_e.htm

Compensation for Victims of Crime Act, R.S.O. 1990, c.C.24.
Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90c24_e.htm

Health Care Consent Act, 1996, S.O. 1996, c.2, Sched. A.
Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm

Accessibility for Ontarians with Disabilities Act, 2005, S.O. 2005, c.11.
Retrieved from http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_05a11_e.htm

Injury Compensation

Ontario Criminal Injuries Compensation Board

Prior to departing the hospital, the person who has been sexually assaulted should be provided with information about the Criminal Injuries Compensation Board.

The Ontario Government (Ministry of the Attorney General) has recognized the need for financial assistance for victims of violent crimes. Financial awards, granted by the Criminal Injuries Compensation Board, may reflect medical costs, lost wages and out-of-pocket expenses resulting from the crime, as well as pain and suffering caused by the incident.

Further information, including brochures and application forms, are available from the Ontario Criminal Injuries Compensation Board at <http://www.cicb.gov.on.ca/>



Appendices

Appendix A: Sexual Assault Treatment Centres in Ontario

Listed by Local Health Integration Network

Central

York Region

Domestic Abuse & Sexual Assault (DASA) Care Centre Of York Region

Output services:
Upper Thornhill Centre
Mackenzie Health
955 Major Mackenzie Dr. West, 3rd Floor
Vaughan, ON – L6A 4P9
Tel: 905-832-1406 ext. 2 for DASA
Toll-free: 1-800-521-6004

Central East

Durham Region

Durham Region Domestic Violence / Sexual Assault Care Centre

Lakeridge Health Oshawa
1 Hospital Court
Oshawa, ON – L1G 2B9
Tel: 905-576-8711 ext. 3298

Peterborough

Sexual Assault / Domestic Violence Program

Women's Health Care Centre
Peterborough Regional Health Centre
1 Hospital Drive
Peterborough, ON – K9J 7C1
Tel: 705-743-4132

Scarborough

The Scarborough Hospital, Birchmount Campus

Sexual Assault / Domestic Violence Care Centre
3030 Birchmount Road
Scarborough, ON – M1W 3W3
Tel: 416-495-2555
Tel: 416-495-2556

Central West

Orangeville

Domestic And Sexual Assault Treatment Program

Headwaters Health Care Centre
Orangeville Campus
100 Rolling Hills Drive
Orangeville, ON – L9W 4X9
Tel: 519-941-2702 ext. 2519

Champlain

Cornwall

Cornwall Community Hospital

Assault and Sexual Abuse Program
510 Second Street East
Cornwall, ON – K6H 1Z6
Tel: 613-932-3300 ext. 4202

Ottawa

Sexual Assault & Partner Abuse Care Program (SAPACP) /Programme De Soins Aux Victimes D'agression Sexuelle Et D'abus Par Un Partenaire

The Ottawa Hospital/ L'Hôpital d'Ottawa
Civic Campus Emergency Department/Urgence -
Campus Civic
1053 Carling Avenue
Ottawa, ON – K1Y 4E9
Tel: 613-796-2268
Tel: 613-798-5555 ext. 13770

Ottawa – Pediatric Sexual Assault

Children's Hospital of Eastern Ontario (CHEO)
401 Smyth Road
Ottawa, ON – K1H 8L1
Tel: 613-737-7600 ext. 2939

Renfrew

Renfrew Victoria Hospital Regional Assault Care Program

499 Raglan Street North
Renfrew, ON – K7V 1P6
Tel: 613-432-4851 ext. 818
Toll-free: 1-800-363-7222

Erie St. Clair

Chatham

Chatham-Kent Health Alliance

Sexual Assault / Domestic Violence Treatment Centre
80 Grand Ave West
Chatham, ON – N7L 1B7
Tel: 519-352-6400 ext. 6382

Sarnia

Bluewater Health

Sexual & Domestic Assault Treatment Centre
89 Norman Street
Sarnia, ON – N7T 6S3
Tel: 519-464-4522

Windsor

Windsor Regional Hospital

Sexual Assault / Domestic Violence &
Safekids Care Centre
1995 Lens Ave
Windsor, ON – N8W 1L9
Tel: 519-255-2234

Hamilton Niagara Haldimand Brant

Brantford

Brant Community Healthcare System, Brantford General Site

Sexual Assault / Domestic Violence Program
200 Terrace Hill Street
Brantford, ON – N3R 1G9
Tel: 519-751-5544 ext. 4449

Burlington

Joseph Brant Hospital – Nina's Place

1230 North Shore Blvd
Burlington, ON – L7R 4C4
Tel: 905-632-3737 ext. 5708

Hamilton

Hamilton Health Sciences, McMaster University Medical Centre

Sexual Assault / Domestic Violence Care Centre
Hamilton Health Sciences (McMaster Site)
Room 4B24
1200 Main Street West
Hamilton, ON – L8N 3Z5
Tel: 905-521-2100 ext. 73557
www.hhsc.ca/Sadv

St. Catharines

Sexual Assault/Domestic Violence Treatment Program- Niagara

Niagara Health System
142 Queenston Street
St. Catharines, ON – L2R 7C6
Tel: 905-378-4647 ext. 45300

Mississauga Halton

Mississauga

Peel Region Sexual Assault / Domestic Violence Program

Trillium Health Centre and Credit Valley Hospital
Sexual Assault and Domestic Violence Services
100 Queensway West
Mississauga, ON – L5B 1B8
Tel: 905-848-7580

North East

North Bay

Sexual Assault And Domestic Violence Treatment Program

North Bay Regional Health Centre
50 College Drive
North Bay, ON – P1B 0A4
Tel: 705-474-8600 ext. 4478

Sault Ste. Marie

Sault Area Hospitals

Sexual Assault / Partner Assault Clinic
750 Great Northern Road
Sault Ste. Marie, ON – P6B 0A8
Tel: 705-759-3434 ext. 4657

Sudbury

Health Sciences North – Ramsey Lake Health Centre

Violence Intervention and Prevention Program
Level 1 South Tower
41 Ramsey Lake Road
Sudbury, ON – P3E 5J1
Tel: 705-675-4743

North Simcoe Muskoka

Orillia

Regional Sexual & Domestic Assault Program of Simcoe & Muskoka

c/o Orillia Soldiers' Memorial Hospital
170 Colborne Street West
Orillia, ON – L3V 2Z3
Tel: 705-325-2201 ext. 3284
Toll-free: 1-877-377-7438

North West

Dryden

Dryden Regional Health Centre

SA / DV Program
58 Goodall Street
P.O. Box 3003
Dryden, ON - P8N 2Z6
Tel: 807-223-7427

Kenora

Lake Of The Woods District Hospital

Sexual Assault/Partner Abuse and Safekids Programs
21 Sylvan Street West
Kenora, ON – P9N 3W7
Tel: 807-468-9861 ext. 2428

Sioux Lookout

Sioux Lookout Assault Care & Treatment Program

Sioux Lookout Meno Ya Win Health Centre
1 Meno Ya Win Way
Box 909
Sioux Lookout, ON – P8T 1B4
Tel: 807-737-6565 / 807-737-6566

Thunder Bay

Sexual Assault / Domestic Violence Treatment Centre

Thunder Bay Regional Health Sciences Centre
980 Oliver Road
Thunder Bay, ON - P7B 6V4
Telephone: 807-684-6065 / 807-684-6751

South East

Brockville

Assault Response & Care Centre

70 Charles Street – Suite 201
Brockville, ON – K6V 1T3
Tel: 613-345-3881

Kingston

Kingston General Hospital

Sexual Assault / Domestic Violence Program
76 Stuart St.
Dietary 3- Room 7-340
Kingston, ON - K7L 2V7
Tel: 613-549-6666 ext. 4880

Lanark County

Lanark County Sexual Assault / Domestic Violence Program

c/o Perth & Smiths Falls District Hospital
60 Cornelia Street West
Smiths Falls, ON – K7A 2H9
Tel: 613-283-2330

Trenton

Domestic Violence / Sexual Assault Response Program

Quinte Health Care – Trenton General
245 King Street
Trenton, ON – K8Y 5S6
Tel: 613-392-2540 ext. 5024

South West

London

St. Joseph's Health Care, London

Sexual Assault / Domestic Violence Treatment Centre
268 Grosvenor Street
London, ON – N6A 4V2
Tel: 519-646-6100 ext. 65007

Owen Sound

Sexual Assault & Partner Abuse Care Centre

Grey Bruce Health Services
1800 – 8th Street East
Owen Sound, ON – N4K 6M9
Tel: 519-376-2121 ext. 2458

Toronto Central

Toronto

The Hospital For Sick Children

SCAN – Unit, 6th Floor – Gerrard
555 University Avenue
Toronto, ON – M5G 1X8
Suspected Child Abuse & Neglect Program (SCAN)
Paediatric Sexual Assault Centre for Southern Ontario
Tel: 416-813-6178

Women’s College Hospital

Sexual Assault / Domestic Violence Care Centre
76 Grenville Street
Toronto, ON – M5S 1B2
Tel: 416-323-6040

Waterloo Wellington

Guelph

Guelph – Wellington Care And Treatment Centre For Sexual Assault And Domestic Violence

Guelph General Hospital
115 Delhi Street
Guelph, ON – N1E 4J4
Tel: 519-837-6440

Waterloo Region

Waterloo Region Sexual Assault / Domestic Violence Treatment Centre

St. Mary’s General Hospital
c/o 400 Queen Street South
Kitchener, ON – N2G 1W7
Tel: 519-749-6994

Appendix B: Sexual Assault Evidence Kit

Consent for Sexual Assault Evidence Collection

TO: _____
Name of Physician/Nurse Examiner

AND TO: _____
Name of Hospital

and other persons associated with the hospital.

I, _____
Name of person giving consent

hereby authorize you to examine and treat:

Name of patient

for the effects of sexual assault.

I understand that the collection and documentation of forensic evidence is for the purpose of the police investigation and potential prosecution.

This examination will include a physical examination that may involve:

- a) examination of the mouth, genitals, anus and rectum
- b) collection of articles of clothing, the combing of head hair and pubic hair, and the collection of samples taken from the vagina, anus, and rectum
- c) collection of blood and urine specimens for analysis to determine the presence of alcohol and/or other drugs
- d) buccal swab for DNA analysis
- e) photographs of any injuries

I understand that I am free to consent to all or any part of the above.

I understand that if I refuse to consent to any of the above, I will not be denied medical treatment.

I understand that I am free to withdraw all or any part of this consent at any time during the examination.

I understand that the evidence will be stored at the hospital for up to six months, if I do not report the matter to the police at this time.

Signature of Patient/Guardian

Signature of Physician/Nurse Examiner

Print Name and Title

Signature of Interpreter (if applicable)

Consentement à la collecte des pièces à conviction en cas d'agression sexuelle

À: _____
Nom de médecin/infirmier(ère) en charge de l'examen

ET À: _____
Nom de l'hôpital

et aux autres personnes associées à l'hôpital.

Je, _____
Nom de la personne donnant le consentement

vous autorise par la présente à examiner et soigner :

Nom du patient(e)

pour les conséquences d'une agression sexuelle.

Je reconnais que la collecte et la documentation des pièces à conviction médico-légales est réalisée aux fins d'enquête policière et de poursuite éventuelle.

Cet examen comprendra un examen physique qui peut inclure:

- a) un examen de la bouche, des organes génitaux, de l'anus et du rectum
- b) la collecte des vêtements, le peignage des cheveux et de la pilosité pubienne et le prélèvement de spécimens provenant du vagin, de l'anus et du rectum
- c) des prélèvements et échantillons biologiques (sang et urine) pour analyse afin de déterminer la présence d'alcool ou de drogue
- d) un écouvillonnage buccal à des fins d'analyse ADN
- e) photographie de toute blessure

Je reconnais que je suis libre de consentir, en tout ou en partie, aux points énumérés ci-dessus.

Je reconnais que si je refuse de consentir à l'un des points énumérés ci-dessus, des soins médicaux ne me seront pas refusés.

Je reconnais que je suis libre de résilier ce consentement, en tout ou en partie et en tout temps durant l'examen.

Je reconnais que les pièces à conviction seront entreposées à l'hôpital pour une période maximale de six mois, si je ne rapporte pas immédiatement l'agression à la police.

Signature du patient/patiente ou du tuteur/tutrice

Signature du médecin/infirmier(ère) en charge de l'examen

Nom et titre en caractères d'imprimerie

Signature de l'interprète (s'il y a lieu)

**Consent to Release Sexual Assault
Evidence Kit to Police**

Consent to release the forensic evidence collected during this examination to the police includes:

- a) all samples collected during the course of the medical examination;
- b) copies of the Sexual Assault Evidence Kit forms;
- c) the Physical Examination Form; and
- d) photographs of any injuries.

I am consenting to the above on the understanding that the forensic evidence is to be used by the police in their investigation of the case of which I am the complainant. This evidence could be used at a trial.

I am consenting to provide the forensic evidence to the police voluntarily.

I, _____
Name of complainant

Signature of Complainant/Guardian

Signature of Police Officer

Print Name and Title

Signature of Interpreter (if applicable)

Date

**Consentement de remise de la trousse
médico-légale à la police**

Le consentement de remise à la police des pièces à conviction médico-légales collectées durant cet examen vise:

- a) tous les spécimens recueillis au cours de l'examen médical;
- b) les copies des formulaires compris dans la trousse médico-légale en cas d'agression sexuelle;
- c) le formulaire relatif à l'examen physique; et
- d) les photographies des blessures.

Je consens à ce qui précède, sous réserve que les pièces à conviction médico-légales seront utilisées par la police dans le cadre de l'enquête sur l'affaire dont je suis le plaignant ou la plaignante. Ces pièces à conviction peuvent être utilisées dans le cadre d'un procès.

Je consens à remettre volontairement les pièces à conviction médico-légales à la police.

Je, _____
Nom du plaignant(e)

Signature de plaignant(e)/tuteur/tutrice

Signature de l'agent de police

Nom et titre en caractères d'imprimerie

Signature de l'interprète (s'il y a lieu)

Date

Guidelines For Medical/Health Care

Health care professionals provide medical/health care to persons who have been sexually assaulted in conjunction with the collection of the Sexual Assault Evidence Kit.

The Sexual Assault Evidence Kit (SAEK) is for the documentation of injuries and the collection of forensic evidence from the patient of a sexual assault only.

All information related to medical/health care should be documented on the hospital record and these records should not be included as part of the kit. Informed consent from the patient is required in order to release these records to the police.

Elements of medical/health care include:

1. Emotional Support

This includes crisis intervention, the assessment of emotional state, current and required support systems and the assessment of safety including safe discharge planning. If necessary, assist with finding shelter, and arrange follow-up support. In children, support for the non-offending caregiver is critical.

2. Relevant Medical History

Document any relevant medical conditions that may be exacerbated by the sexual assault or affect the medical treatment offered (i.e. chronic health conditions, current medications).

For pediatric patients ensure that the medical history does not include a formal forensic interview of the child by the medical practitioner. The details of the allegations should be obtained from the caregiver separately, CAS or police if possible.

3. Assessment of Non-Genital and Genital Injuries

This includes the examination of the entire body in a sensitive and respectful manner. Part of the examination may have to be omitted or deferred unless medically indicated. Serious physical injuries need to be treated with the appropriate urgency (e.g. head injuries, altered level of consciousness, continuous vaginal bleeding or signs of intra-abdominal injury). Urgent medical needs always take priority over forensic evidence collection.

- In children, photo documentation of examination findings is strongly encouraged.
- Tetanus prophylaxis should be offered as indicated.

- Recommend visit within 48 hours to provide medical/health follow-up care, and to document late-developing bruises.

4. Prophylaxis for the prevention of pregnancy

- This can be provided up to 120 hours (five days) post-assault for all females of reproductive age (includes prepubescent girls of Tanner staging 3) and post-menopausal women (one year without a period)
- Exemptions include: tubal ligation, any highly effective hormonal method of birth control taken without interruption (patch, ring, BCP).

Recommended prophylaxis:

First choice: Plan B (1.5mg levonorgestrel) 2 x 0.75 mg tablets by mouth as soon as possible x 1 dose

Second choice: Plan B divided dose (0.75 mcg po q 12 h) OR

Third choice: Ovrall II po q12h x 2, with anti-emetic prn

5. Prophylaxis for sexually transmitted infections

See the Canadian Public Health Agency website:

www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php

- Baseline testing in adults/adolescents should be considered and discussed as an option.
- Testing for Gonorrhea and Chlamydia will generally indicate pre-existing infection.
- Baseline testing in prepubertal children is not recommended.
- Swab any areas of penetration or attempted penetration (vagina, anus, penis, mouth-GC only)

Gonorrhea and Chlamydia

i) Adults

Gonorrhea: Cefixime 800 mg orally once. If cephalosporin allergy or immediate or anaphylactic penicillin allergy, then Azithromycin 2 g orally once.

Chlamydia: Azithromycin 1 g orally once OR Doxycycline 100 mg po BID for 7 days

ii) Adolescents

Gonorrhea: Cefixime 800 mg orally

Chlamydia: Azithromycin 1g orally once OR Doxycycline 100 mg po BID for 7 days

iii) Children

Presumptive treatment of sexually transmitted infections in prepubertal children is generally discouraged. If STI transmission is of concern the child should be brought back to a clinic for STI testing.

Hepatitis B

For oral-genital or genital-anal contact:

- Draw blood for Hepatitis serology - HBSAg and SAb
- HBIG 0.06 ml/kg TM up to 2 weeks (best efficacy within 48 hours) post-assault PLUS 1st dose of vaccine (Energix or Recombivax)
- Second and third dose of vaccine given at one and six months if serology negative

HIV

It is recommended that ALL patients be counseled about the possible risk of exposure to HIV from the assault. The option of taking HIV Post Exposure Prophylaxis (HIV PEP) should be discussed and offered. For clients at risk of HIV exposure who choose to accept HIV PEP, the current recommendation for adults and adolescents >50kg is:

Truvada 1 tablet once a day x 28 days

Kaletra 2 tablets twice a day x 28 days

When considering HIV PEP for prepubertal children (<50kg) consultation with a child abuse clinician, pharmacist or HIV expert should be obtained.

HIV PEP guidelines and information can be accessed and downloaded from the Sexual Assault/Domestic Violence Treatment Centre's website: <http://www.sadvtreatmentcentres.net/>.

FORENSIC EVIDENCE FORM
(To be completed by examining physician/nurse examiner)
USE BALLPOINT PEN, PRINT LEGIBLY AND PRESS HARD

Kit No. _____

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Patient's Surname		Given Name		Birth Date (YYYY/MM/DD)	Age	Sex <input type="checkbox"/> M <input type="checkbox"/> F	
Date (YYYY/MM/DD)	Admission Times	1) ER	2) SACC		3) Physician/Nurse Examiner Arrival		
Did police accompany patient to hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Service & Division/Detachment	Officer's Name		Badge No.	Telephone No.		
Date and time of assault:			Location (e.g. patient's home, assailant's home, outdoors, etc.)				
Prior to this assault, did the following sexual contact occur?				Yes		No	
Oral performed on patient (if within last 24 hours)				<input type="checkbox"/>	<input type="checkbox"/>	Was a condom used?	
Oral performed by patient (if within last 24 hours)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anal (if within last 3 days)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vaginal (if within last 7 days)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between the assault and the evidence collection, did the patient:				Yes		No	
Shower / bathe?				<input type="checkbox"/>	<input type="checkbox"/>	U/K	
Douche?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Void?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Defecate?				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

STEP 1 – CLOTHING AND DROPSHEET					EVIDENCE (Itemize)	
Describe the body site(s) of any bleeding injuries: _____						
Are these the clothes worn during the assault?					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
If clothes were changed, are they available?					<input type="checkbox"/>	<input type="checkbox"/>
Have the clothes worn during the assault been washed?					<input type="checkbox"/>	<input type="checkbox"/>
Have the clothes worn during the assault been damaged?					<input type="checkbox"/>	<input type="checkbox"/>
Underwear: Check ALL that apply to when each pair was worn relative to the occurrence of the assault.						
Bag 1- _____	Before	During	Immed after	To hospital	1-7	_____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Bag 1- _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-8	_____
Bag 1- _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-9	DROP SHEET
Did the assailant potentially transfer bodily fluids to the patient's clothing (e.g. external ejaculation, saliva, blood)? If yes, specify if possible:					Yes	No
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

FORENSIC EVIDENCE FORM
(To be completed by examining physician/nurse examiner)
USE BALLPOINT PEN, PRINT LEGIBLY AND PRESS HARD

Kit No. _____

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STEP 2 – ORAL SAMPLES	Yes	No	U/K	EVIDENCE	Done	Not Done
Was there penetration or attempted penetration of the patient's mouth by the assailant's penis (fellatio)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Was there ejaculation? If yes, specify: Internal <input type="checkbox"/> External <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-1 Oral swab	<input type="checkbox"/>	<input type="checkbox"/>
If external, explain _____				2-2 Oral swab	<input type="checkbox"/>	<input type="checkbox"/>
Was a condom used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-3 Oral smear	<input type="checkbox"/>	<input type="checkbox"/>
If yes, did it remain intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Time: _____		
Was an object used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, specify _____						
Was a lubricant used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

STEP 3 – FINGERNAIL SAMPLES	Yes	No	U/K	EVIDENCE	Done	Not Done
Did the patient scratch the assailant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3-1 Fingernail samples - left hand	<input type="checkbox"/>	<input type="checkbox"/>
				3-2 Fingernail samples - right hand	<input type="checkbox"/>	<input type="checkbox"/>

STEP 4 – SKIN SAMPLES	Yes	No	U/K	EVIDENCE	Swabs of deposits on skin	Reason collected?
Did the assailant potentially transfer bodily fluids to non-genital area the patient's skin (e.g. external ejaculation, kissing / licking / biting)? If yes, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
_____				4-1 Site _____	_____	_____
_____				4-2 Site _____	_____	_____
_____				4-3 Site _____	_____	_____
_____				4-4 Site _____	_____	_____

STEP 5 – HEAD HAIR SAMPLES	Yes	No	U/K	EVIDENCE	Done	Not Done
Was the patient's hair pulled? Collect always – if possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5-1 Head hair samples	<input type="checkbox"/>	<input type="checkbox"/>

STEP 6 – BLOOD SAMPLE	Yes	No	U/K	EVIDENCE	Done	Not Done
Were alcohol or drugs used within 24 hours prior to the assault? If yes, describe type, amount and time period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Collect always – if possible		

Were alcohol or drugs used by the patient or administered by the hospital between the time of the assault and sample collection? If yes, describe type, amount and time period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6-1 Blood sample	<input type="checkbox"/>	<input type="checkbox"/>
_____				Time: _____		

Describe any physical or mental impairment experienced prior to, during, or after the assault. When were these symptoms experienced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

FORENSIC EVIDENCE FORM
 (To be completed by examining physician/nurse examiner)
USE BALLPOINT PEN, PRINT LEGIBLY AND PRESS HARD

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STEP 7 – PUBIC HAIR AND FOREIGN MATERIAL	EVIDENCE		Done	Not Done
	7-1 Deposits in pubic hair		<input type="checkbox"/>	<input type="checkbox"/>
	7-2 Combing of pubic hair	Collect always – if possible	<input type="checkbox"/>	<input type="checkbox"/>
	7-3 Foreign material - Location & Description _____		<input type="checkbox"/>	<input type="checkbox"/>
	7-4 Foreign material requiring freezing - Location & Description _____		<input type="checkbox"/>	<input type="checkbox"/>
	7-5 Tampon <input type="checkbox"/> Sanitary napkin <input type="checkbox"/> Diaper <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

STEP 8 – EXTERNAL GENITALIA SAMPLES	EVIDENCE		Done	Not Done
Did the assailant attempt or perform cunnilingus/fellatio on the patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	U/K <input type="checkbox"/>	
	8-1 External genitalia swab		<input type="checkbox"/>	<input type="checkbox"/>
	8-2 External genitalia swab		<input type="checkbox"/>	<input type="checkbox"/>

STEP 9 – VAGINAL SAMPLES	EVIDENCE		Done	Not Done
At the time of the assault, was the patient menstruating or bleeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
At the time of the examination, was the patient menstruating or bleeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was there penetration or attempted penetration of the patient's vagina by: the assailant's penis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	U/K <input type="checkbox"/>	
Was there ejaculation by the assailant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, specify: Internal <input type="checkbox"/> External <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If external specify location: _____				
Was a condom used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, did it remain intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The assailant's mouth/tongue (cunnilingus)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the assailant's finger(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
an object? Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a lubricant used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	9-1 Vaginal swab		<input type="checkbox"/>	<input type="checkbox"/>
	9-2 Vaginal swab		<input type="checkbox"/>	<input type="checkbox"/>
	9-3 Vaginal smear		<input type="checkbox"/>	<input type="checkbox"/>
	Time: _____			

STEP 10 – RECTAL SAMPLES	EVIDENCE		Done	Not Done
Was there penetration or attempted penetration of the patient's anus by: the assailant's penis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	U/K <input type="checkbox"/>	
Was there ejaculation by the assailant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, specify: Internal <input type="checkbox"/> External <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If external specify location: _____				
Was a condom used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, did it remain intact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the assailant's mouth/tongue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
the assailant's finger(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
an object? Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Was a lubricant used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	10-1 Rectal swab		<input type="checkbox"/>	<input type="checkbox"/>
	10-2 Rectal swab		<input type="checkbox"/>	<input type="checkbox"/>
	10-3 Rectal smear		<input type="checkbox"/>	<input type="checkbox"/>
	Time: _____			

STEP 11 – DNA REFERENCE SAMPLE	EVIDENCE		Done	Not Done
Collect always – if possible	11-1 DNA reference sample		<input type="checkbox"/>	<input type="checkbox"/>

FORENSIC EVIDENCE FORM
(To be completed by examining physician/nurse examiner)
USE BALLPOINT PEN, PRINT LEGIBLY AND PRESS HARD

Kit No. _____

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STEP 12 – URINE SAMPLE	EVIDENCE		
Collect always – if possible	6-2 Urine sample	Done <input type="checkbox"/>	Not Done <input type="checkbox"/>
	Time: _____		

If any of the previous was not completed, please explain:

Any additional information of forensic relevance, please specify:

FORENSIC EVIDENCE FORM
 (To be completed by examining physician/nurse examiner)
USE BALLPOINT PEN, PRINT LEGIBLY AND PRESS HARD

Kit No. _____

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Medical Staff		
Hospital name	Hospital address	Hospital telephone number
Physician/Nurse Examiner (Print name)	Signature	Date
Assistant Nurse (Print name)	Signature	Date

Person transferring SAEK to police (to be completed by the physician / nurse examiner / hospital staff member)		
Ensure that officer receives: <ul style="list-style-type: none"> <input type="checkbox"/> Kit including blue copy of the Forensic Evidence Form <input type="checkbox"/> Clothing, if separately packaged from the kit box <input type="checkbox"/> Fridge Transport Bag for blood & urine <input type="checkbox"/> Freezer Transport Bag for frozen items <input type="checkbox"/> Yellow copy of Consent to Release Sexual Assault Evidence Kit to Police <input type="checkbox"/> Yellow copy of Physical Examination Form <input type="checkbox"/> Yellow copy of the Forensic Evidence Form 		
Name (print)	Signature	Date and Time of transfer

Police officer receiving SAEK		
Office Name (print)	Badge	Signature
Police Service (print)	Division/Detachment	

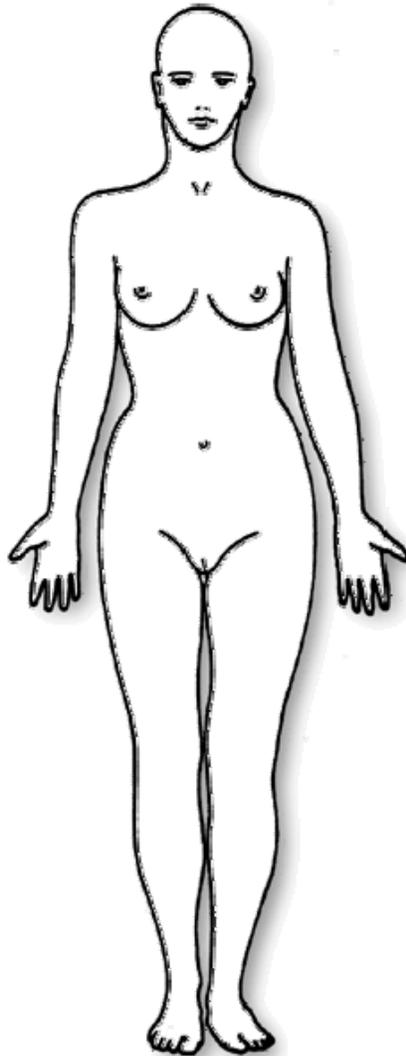
PHYSICAL EXAMINATION FORM

Kit No. _____

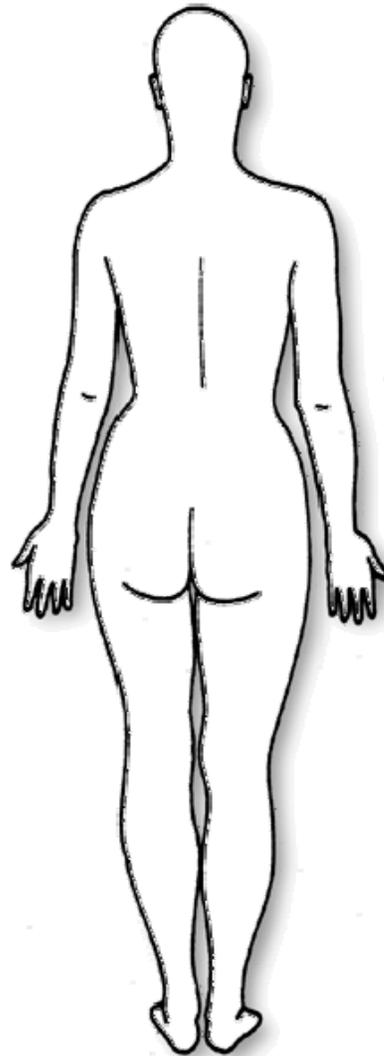
Mark all injuries relevant to the assault as well as areas of tenderness and Alternative Light Source (Polilight/Woods light) findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries. **USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE PATIENT.**

DESCRIPTION OF INJURIES

Body - Front



Body - Back



Physician/Nurse Examiner's Signature	Date	Time
CFS SAEK 2012	Hospital Records - White Copy	Police - Yellow Copy

PHYSICAL EXAMINATION FORM

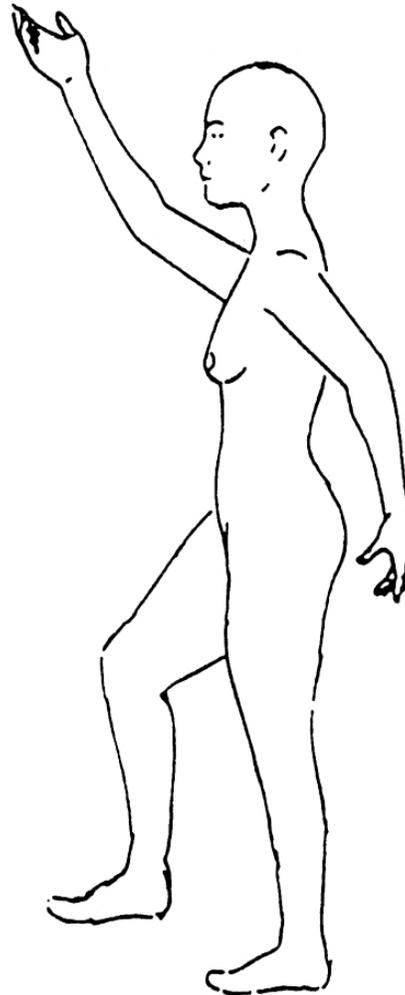
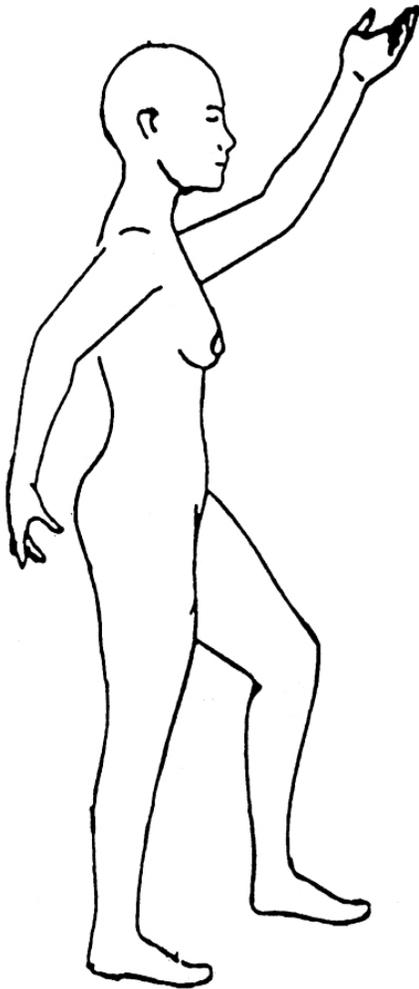
Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and Alternative Light Source (Polilight/Woods light) findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries. **USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE PATIENT.**

DESCRIPTION OF INJURIES

Body - Profile Right

Body - Profile Left



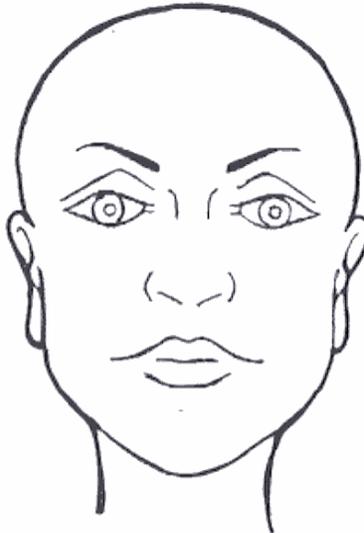
Physician/Nurse Examiner's Signature	Date	Time
CFS SAEK 2012	Hospital Records - White Copy	Police - Yellow Copy

PHYSICAL EXAMINATION FORM

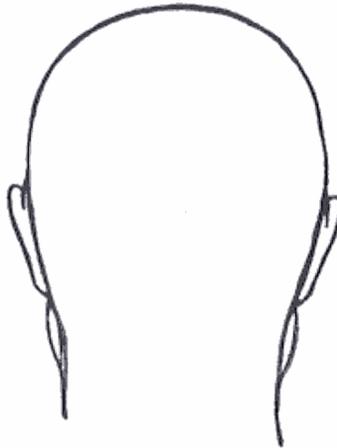
Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and Alternative Light Source (Polilight/Woods light) findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries. **USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE PATIENT.**

Head - Front



Head - Back

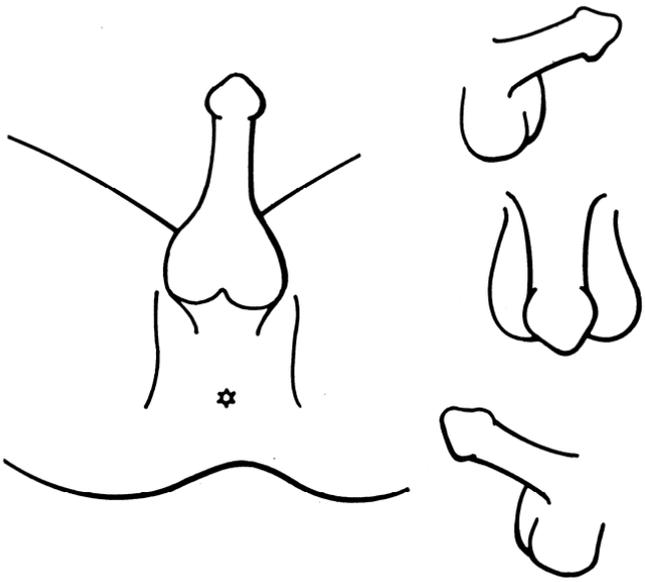


Physician/Nurse Examiner's Signature	Date	Time
CFS SAEK 2012	Hospital Records - White Copy	Police - Yellow Copy

PHYSICAL EXAMINATION FORM

Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and Alternative Light Source (Polilight/Woods light) findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries. **USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE PATIENT.**



FOR MALE PATIENT

Penis: _____

Scrotum: _____

Anus: _____

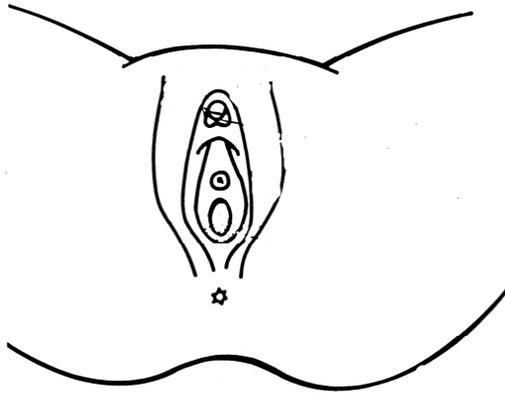
Rectum: _____

Physician/Nurse Examiner's Signature	Date	Time
CFS SAEK 2012	Hospital Records - White Copy	Police - Yellow Copy

PHYSICAL EXAMINATION FORM

Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and Alternative Light Source (Polilight/Woods light) findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries. USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE PATIENT.



FOR FEMALE PATIENT

Labia Majora and Minora: _____

Posterior Fourchette and Introitus: _____

Vagina: _____

Cervix: _____

Anus and Rectum: _____

Os: _____

Left vaginal wall: _____

Right vaginal wall: _____

Discharge: _____

Physician/Nurse Examiner's Signature		Date	Time
CFS SAEK 2012	Hospital Records - White Copy	Police - Yellow Copy	

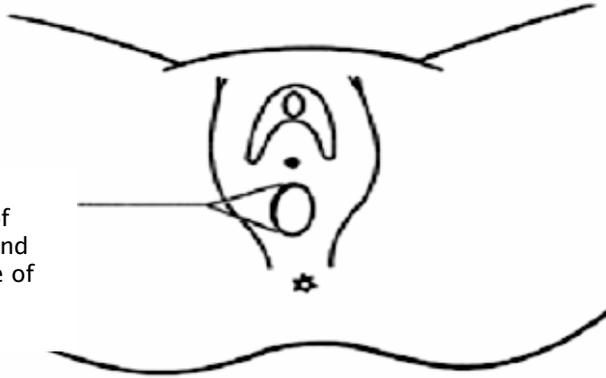
PHYSICAL EXAMINATION FORM

Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and Woods light findings on the diagram. Describe colour, appearance and size of injuries. Provide a brief history of injuries. **USE QUOTATION MARKS IF YOU ARE USING THE EXACT WORDS OF THE PATIENT.**

PREPUBERTAL FEMALE

Draw in outline of Hymen and note size of vaginal injuries



Labia, Majora and Minora: _____

Posterior Fourchette and Introitus: _____

Hymen: _____

Anus and Rectum: _____

CHILDREN

Stages of secondary sex characteristic development should be noted for all children/adolescents according to the Tanner staging described below:

Tanner Staging: Girls: Breasts _____ Pubic Hair _____
 Boys: Genitals _____ Pubic Hair _____

Girls: Breast development

- Stage 1: Pre-adolescent elevation of papilla only.
- Stage 2: Breast bud stage: elevation of breast and papilla as small mound. Enlargement of areola diameter.
- Stage 3: Further enlargement and elevation of breast and areola, with no separation of their contours.
- Stage 4: Projection of areola and papilla to form a secondary mound above the level of the breast.
- Stage 5: Mature stage: projection of papilla only, due to recession of the areola to the general contour of the breast.

Boys: Genital development:

- Stage 1: Pre-adolescent. Testes, scrotum and penis are of about the same size and proportion as in early childhood.
- Stage 2: Enlargement of scrotum and testes. Skin of scrotum reddens and changes in texture. Little or no enlargement of penis at this stage.
- Stage 3: Enlargement of penis, which occurs at first mainly in length. Further growth of testes and scrotum.
- Stage 4: Increased size of penis with growth in breadth and development of glands. Testes and scrotum larger scrotal skin darkened.
- Stage 5: Genitalia adult in size and shape.

Both sexes: pubic hair

- Stage 1: Pre-adolescent. The vellus over the pubes is not further developed than that over the abdominal wall (i.e. no pubic hair).
- Stage 2: Sparse growth of long, slightly pigmented downy hair, straight or slightly curled, chiefly at the base of the penis or along labia.
- Stage 3: Considerably darker, coarser and more curled. The hair spreads sparsely over the junction of the pubes.
- Stage 4: Hair now adult in type, but area covered is still considerably smaller than in the adult. No spread to the medial surface of thighs.
- Stage 5: Adult in quantity and type with distribution to the horizontal (or classically 'feminine') pattern. Spread to the medial surface of thighs but not up linea alba or elsewhere above the base of the inverse triangle (spread up the linea alba occurs late and is rated Stage 6)

Physician/Nurse Examiner's Signature	Date	Time
CFS SAEK 2012	Hospital Records - White Copy	Police - Yellow Copy

HOSPITAL INSTRUCTIONS

INTRODUCTION

- The Sexual Assault Evidence Kit (SAEK) is used to document the collection of physical evidence that may assist in the investigation of a sexual assault. All information provided with the SAEK is subject to disclosure and may be made available to the defence.
- Note that a lack of physical evidence neither confirms nor refutes a recent sexual assault.
- In general, there is a progressive loss of physical evidence with time. The patient should be examined as soon as possible by a physician or nurse examiner for the collection of evidence for forensic analysis.
- The physician or nurse examiner should **use discretion** as to which samples are collected for forensic evidence. Their decisions should be based on the history of the assault, the time interval between the assault and the examination for the collection of evidence samples, and if possible, consultation with the investigating officer.
- Hospital staff should not ask the patient for a detailed statement of the assault. Information about the assault should be gathered only to inform and guide the forensic medical exam. It is the responsibility of the police to obtain a detailed statement from the patient.
- Reactions to sexual assault vary widely and the examination may be difficult for the patient. In all cases the patient must be respected and part of the examination may have to be omitted or deferred unless medically indicated.

IMPORTANT: Attend to urgent medical needs before proceeding with the forensic examination.

CONSENT FOR EVIDENCE COLLECTION

The patient/guardian *must* give informed consent. Ensure that the ***Consent for Sexual Assault Evidence Collection*** form is signed in all the appropriate places and dated.

There is no age of consent for use of this kit. In order to give consent, the patient must be able to understand the information that is relevant to making a decision about the use of the kit *and* be able to appreciate the reasonably foreseeable consequences of a decision or lack of decision. If the patient is not capable of consenting, then consent from a guardian must be obtained.

Once the kit is open, never leave evidence unattended. Use the tamper evident seals provided.

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DOCUMENTATION

- All forms should be completed by the physician/nurse examiner.
- Medical care such as STD/pregnancy prophylaxis should be documented on the hospital chart. These records should not be included as part of the SAEK and therefore should not be forwarded to the police.

HOSPITAL TO RETAIN:

White copies of:

- Consent for Sexual Assault Evidence Collection
- Consent to Release Sexual Assault Evidence Kit to Police
- Forensic Evidence Form
- Physical Examination Form

ENCLOSE WITH KIT:

Blue copy of:

- Forensic Evidence Form

GIVE TO POLICE:

Yellow copies of:

- Consent to Release Sexual Assault Evidence Kit to Police
- Forensic Evidence Form
- Physical Examination Form

RELEASING SAEK TO POLICE

The patient *must* sign the ***Consent to Release Sexual Assault Evidence Kit to Police*** form in order to release the SAEK to the police; otherwise the police require a search warrant to obtain the evidence.

The consent form to release the kit must be signed by the police officer accepting the kit.

If the SAEK is turned over to the police immediately, the sealed kit, fridge & freezer transport bags and clothing bags must then be provided to the police officer, along with the relevant forms.

STORAGE

If the police are not involved immediately, the kit and any relevant clothing should be sealed and may be stored at room temperature with the following exceptions:

- Refrigerate blood & urine samples
- Freeze tampons, sanitary napkins, post-void toilet tissue, diapers and condoms

2 ***Once the kit is open, never leave evidence unattended. Use the tamper evident seals provided.***
CFS SAEK 2012

LEFT-OVER ITEMS

Unused item labels, seals and stickers must be discarded. Other kit items that are not used during the examination may be recycled. The hospital has the option to keep these left-over items for hospital use.

EVIDENCE COLLECTION

- Follow and complete the *Forensic Evidence Form*.
- For best forensic practice, collect evidence in the order outlined below
- It is recommended that a clean pair of examination gloves be used for each step to prevent contamination.
- If possible, the patient should not void until **Steps 1 to 10** have been completed to avoid loss of evidential material. If not possible, avoid wiping or save the tissue in jar 7-4 and freeze.
- Scissors are not included in this kit. Use a sterile pair of scissors when necessary.
- Secure all containers using the white stickers provided. Alternatively, clear tape may be used (not provided).
- Item labels are not tamper-evident. Do not use these as seals.
- If using the French item labels, be sure to write in the SAEK number as well.
- Ensure completed item labels are affixed to containers in a way that they can be easily read.
- Use page 4 of the *Forensic Evidence Form* to record any additional information that may be of forensic relevance.
- Place all evidence items in the kit, with the exception of the fridge, freezer and clothing bags. Small clothing items, such as underwear, may be placed directly into the kit.

STEP 1: CLOTHING AND DROP SHEET

Collect at discretion of physician/nurse examiner and in consultation with officer when possible.

COLLECT IF:

- **Underwear (always collect)**
 - **Clothing was worn during or immediately after the assault**
 - **Not washed after assault**
 - **External ejaculation / drainage / blood / saliva transfer on specific areas**
1. Have the patient stand on the two drop sheets provided. One sheet is placed on the floor; the other sheet is placed on top of the first sheet.
 2. Remove each item of clothing (including shoes) separately.
 3. Place articles of clothing in separate paper bags as removed. Bag items over drop sheet to prevent loss of trace material.
 4. Secure each bag with a white sticker, affix item label(s) 1-1 to 1-8 to the bag(s) and indicate the clothing item on each item label and on the form.
 5. Carefully fold the **top drop sheet** to enclose any debris and place in the **Step 1 Envelope**. Seal this envelope and affix item label 1-9. Discard the bottom drop sheet.
 6. The evidence-drying pouch may be used to hold the clothing bags or may be used to hold one large, bulky clothing item. Ensure the pouch is sealed. Affix SAEK number sticker to the evidence-drying pouch.

Once the kit is open, never leave evidence unattended. Use the tamper evident seals provided.

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CFS SAEK 2012

7. Place the envelope containing the drop sheet in the kit and any packaged clothing in the evidence-drying pouch in a secure location until forwarded to the investigating officer.

STEP 2: ORAL SAMPLES

COLLECT IF:

- **Within 24 hours**
- **Oral penetration (penile) is suspected or unknown**
- **No condom used / condom not intact / unknown**

1. Take 2 oral swabs (preferably taken simultaneously) by thoroughly rubbing along gum and teeth margin.
2. Using either swab, make an oral smear by holding the microscope slide with the frosted side up and rolling the swab within the clear portion.
3. Place each swab in a separate swab box. Ensure the boxes are properly closed, and secure each end with a white sticker. Affix item label 2-1 to the first box and 2-2 to the second box.
4. Allow slide to air dry and place in holder. Affix item label 2-3 on the holder, and secure the holder with a white sticker/tape.
5. Place holder into the envelope provided and seal.

**For Hospital Use Only - Do not submit with kit. Swab is not included in the kit:
Take pharyngeal swab for gonorrhea if oral penetration has occurred.**

STEP 3: FINGERNAIL SAMPLES

If clippings are to be done, do not take swabs. Use a different pair of scissors for each hand.

COLLECT IF:

- **Within 72 hours**
- **Scratching or a struggle is alleged**
- **Patient did not shower / bathe prior to SAEK**

1. Collect fingernail swabs / clippings (3-1 for left hand; 3-2 for right hand) for each hand separately.
2. Place hand over a collection sheet, clip or use a tapered swab (moistened with sterile water) to sample fingernails and fold the drop sheet to enclose clippings or loosened debris.
3. **For swabs:** place swabs for 3-1 and 3-2 in the separate swab tubes. Place tubes with corresponding folded collection sheet into separate envelopes and seal. Affix item labels to the envelopes.
4. **For clippings:** fold clippings for 3-1 and 3-2 within their own drop sheet, and place into separate envelopes and seal. Affix item labels to the envelopes.

STEP 4: SKIN SAMPLES

COLLECT IF:

- **Within 72 hours**
- 4 ***Once the kit is open, never leave evidence unattended. Use the tamper evident seals provided.***
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- Patient did not shower / bathe prior to SAEK
- Suspected transfer of blood / semen / saliva (licking/kissing/biting) to non-genital areas
- Patient does not recall events, collect swab of each breast
- Note: Collect regardless of observed luminescence with alternate light source (e.g. Woods Lamp)

1. Moisten a swab with sterile water.
2. Using swab, collect any potential deposits on the skin including bite marks.
3. Use one swab for each site.
4. Place each swab in a separate swab box. Ensure the box(es) is / are properly closed, and secure each end with a white sticker. Affix item label(s) 4-1, 4-2, 4-3, and 4-4 and indicate the body site swabbed on each item label and on the form.

STEP 5: HEAD HAIR SAMPLES

COLLECT ALWAYS (if available)

1. Over drop sheet, collect head hairs shed by patient by massaging scalp and combing hair.
2. Fold drop sheet containing hair and comb and place into envelope and seal.
3. Affix item label 5-1.

STEP 6: BLOOD SAMPLE

Note: The expiry date on blood collection tubes is the manufacturer's guarantee of the time period that the blood collection tube will retain an optimal vacuum. Use of the blood tube beyond the expiry date indicates to the user that the vacuum within the tube may not be sufficient to effectively draw blood. Nevertheless, based on previous experience the vacuum in expired tubes is still sufficient to permit the collection of a blood sample and would not be expected to have a forensically significant impact on toxicological analyses.

If blood cannot be collected into the tube, regardless if expired or not, another tube must be used.

COLLECT IF:

- **Within 3 days**
1. Take 1 tube of blood (grey top) for **forensic analysis**. Do not fill the tube completely.
 2. Place the tube in the protective foam holder.
 3. Fill out the information required on the blood bag (6-1), place foam holder inside blood bag (XXXXXL where XXXXX is the SAEK number) and seal the bag.
 4. Place sealed blood bag in the Fridge Transport Bag (XXXXXR where XXXXX is the SAEK number). Do not seal this bag until Step 12 is complete.

For Hospital Use Only - Do not submit with kit. Tubes are not included in the kit.

Collect 5 ml of BLOOD for Hepatitis B screen, 5ml of BLOOD for hold (future HIV testing or baseline HIV testing if patient accepts HIV PEP) and if necessary, 5 ml of BLOOD for HCG. Other tests may be medically indicated. Refer to **Guidelines for Medical Care** regarding HIV and hepatitis protocol.

Once the kit is open, never leave evidence unattended. Use the tamper evident seals provided. 5
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STEP 7: PUBIC HAIR AND FOREIGN MATERIAL

ITEM 7-2 COLLECT ALWAYS (if available)

ITEMS 7-1, 7-3 and 7-4 COLLECT IF:

- **Within 72 hours**
- **Patient did not shower/bathe prior to SAEK**

ITEM 7-5 (Tampons, sanitary napkins and diapers) COLLECT up to 7 days regardless of shower/bath prior to SAEK

1. Using a sterile pair of scissors, cut out any deposits found in the pubic hair.
2. Place deposits in a collection sheet provided, fold and place in an envelope and seal. Label envelope 7-1.
3. Using another drop sheet and the comb, comb the pubic hair for loose hairs, fibres, etc.
4. Place combings and comb on collection sheet, fold to enclose contents and place in an envelope and seal. Label envelope 7-2.
5. Place any foreign material (i.e. hairs, fibres, etc.) found in vagina/rectum on a new drop sheet, fold and place in an envelope and seal. Label envelope 7-3.
6. If foreign material requires freezing (i.e. used condom, post-void toilet tissue), place material in jar and affix label 7-4. Place jar in Freezer Transport Bag (XXXXXF where XXXXX is the SAEK number) . Do not seal bag until Step 10 is complete.
7. Place used tampons, sanitary napkins, or diapers in the white bag or a paper bag provided and affix item label 7-5. Place in Freezer Transport Bag (XXXXXF where XXXXX is the SAEK number). Do not seal bag until Step 10 is complete.

STEP 8: EXTERNAL GENITALIA SAMPLES

COLLECT IF:

- **Suspected or unknown penile penetration of the vagina or rectum (with or without condom) – collect within 7 days regardless of shower / bath prior to SAEK**

AND/OR

- **Suspected or unknown cunnilingus or fellatio – collect within 72 hours and only if patient did not shower / bathe prior to SAEK**

AND/OR

- **Suspected or unknown digital penetration of the vagina or rectum – collect within 72 hours and only if patient did not shower / bathe prior to SAEK**

1. Use two swabs (preferably taken simultaneously) moistened with sterile water to collect any potential deposits on external genitalia from a female patient.
2. For a male patient, use one swab only, moisten in sterile water and collect material from the exterior surface of the penis.
3. Place each swab in a separate swab box. Ensure the boxes are properly closed, and secure each end with a white sticker. Affix item label 8-1 to the first box and 8-2 to the second box.

- 6 ***Once the kit is open, never leave evidence unattended. Use the tamper evident seals provided.***

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STEP 9: VAGINAL SAMPLES

Note: Warm speculum under tap water – **DO NOT USE lubricant or lubricated specula.**

COLLECT IF:

- **Within 7 days**
- **Collect regardless of possible condom use**
 - **Penile penetration of the vagina is suspected or unknown**
 - OR**
 - **Digital penetration of the vagina is alleged**

1. Use speculum if possible. If speculum is not used, note this on the examination form.
2. Take two swabs of the vaginal fornix (not cervix) (preferably taken simultaneously). Swab thoroughly.
3. In pre-pubertal females use swabs moistened in sterile water and swab the introitus, which is the external area around the opening of the vagina to the hymen.
4. Using either swab, make a vaginal smear by holding the microscope slide with the frosted side up and rolling the swab within the clear portion.
5. Place each swab in a separate swab box. Ensure the boxes are properly closed, and secure each end with a white sticker. Affix item label **9-1** to the first box and **9-2** to the second box.
6. Allow slide to air dry and place in holder. Affix item label **9-3** on the holder, and secure the holder with a white sticker/tape.
7. Place holder into the envelope provided and seal.
8. Use containers **7-3** or **7-4** (see Step 7) for foreign material found in the vagina. Affix the appropriate item labels.

For Hospital Use Only - Do not submit with kit. Swabs are not included in the kit.

Adult Females: Do a cervical swab for gonorrhea and chlamydia and a vaginal swab for trichomonas.

Prepubertal Females: Moisten swabs in appropriate transport medium and swab introitus for gonorrhea, chlamydia and trichomonas.

STEP 10: RECTAL SAMPLES

COLLECT IF:

- **Within 3 days**
- **Collect regardless of possible condom use**
 - **Penile penetration of the rectum is suspected or unknown** OR
 - **Digital penetration of the rectum is alleged**

1. After cleansing anal area with sterile water, take two rectal swabs (preferably taken simultaneously).
2. Using either swab, make a rectal smear by holding the microscope slide with the frosted side up and rolling the swab within the clear portion.
3. Place each swab in a separate swab box. Ensure the boxes are properly closed, and secure each end with a white sticker. Affix item label **10-1** to the first box and **10-2** to the second box.

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4. Allow slide to air dry and place in holder. Affix item label **10-3** on the holder, and secure the holder with a white sticker/tape.
5. Place holder into the envelope provided and seal.
6. Use containers **7-3** or **7-4** (see Step 7) for foreign material found in the rectum. Affix the appropriate item labels.
7. Seal the Freezer Transport Bag and **freeze** until the kit is forwarded to the investigating police officer.

**For Hospital Use Only - Do not submit with kit. Swab is not included in the kit.
Do rectal swab for gonorrhea and chlamydia if rectal penetration has occurred.**

STEP 11: DNA REFERENCE SAMPLE

COLLECT ALWAYS

1. Have patient thoroughly rinse mouth with 10 ml sterile water and discard.
2. Using the foam-tipped applicator, thoroughly rub the inside of the cheeks, tongue and gums using an up and down motion.
3. Alternatively, the patient may perform this step if patient feels more comfortable.
4. Handle the collection card by the edges only (wearing gloves).
5. Firmly press both sides of the applicator onto the circle on the collection card using a rocking motion.
6. Place the collection card and desiccant into the self-sealing bag provided.
7. Discard the foam tip applicator.
8. Affix item label **11-1** to the self-sealing bag.

STEP 12: URINE SAMPLE

COLLECT IF:

- **Within 7 days**

1. Collect urine for **forensic analysis** in sterile container **not provided in the kit**.
2. Pour at least 20 ml of urine into jar provided.
3. Replace cap, close tightly.
4. Fill out the information required on the urine bag, place jar inside bag and seal the bag.
5. Place sealed urine bag (**6-2**) in the Fridge Transport Bag with the blood collected in Step 6.
6. Seal the Fridge Transport Bag and **refrigerate** until kit is forwarded to the investigating police officer.

Once complete, close the kit and secure with a SAEK seal and store at room temperature or in the freezer until forwarded to the investigating police officer.

- 8 ***Once the kit is open, never leave evidence unattended. Use the tamper evident seals provided.***

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Appendix C: Core Beliefs of Sexual Assault/ Domestic Violence Treatment Centres

We believe:

1. All individuals have the right to a life free of violence.
2. Violence is gender-based, wide-spread and a human rights violation. It reflects and reinforces inequities between men and women and compromises the health, dignity, security and autonomy of its victims.¹⁸
3. Sexual assault and domestic violence have a long-term impact on our society.
4. Sexual assault and domestic violence are crimes and perpetrators need to be held accountable.
5. Sexual assault and domestic violence must be addressed collectively by the health care, legal, social and political systems.
6. All individuals have the right to competent services that recognize and embrace individual differences.

Principles of Service

Inclusion and Equity

Everyone has the right to effective, equitable and timely services.

Client-Centred

Our services must be individualized, accessible, consistent, sensitive and non-judgmental.

Informed Choice

Clients can make informed choices when information is delivered in a timely, accessible and responsive way.

Education

Professional development and ongoing education are crucial to delivering quality services by competent professionals.

Collaboration

Collaboration and networking encourage information exchange, reduce isolation and facilitate resource sharing.

Accountability

Centres and professionals demonstrate accountability to the clients receiving our services and to our funding bodies through data collection, program evaluation and the delivery of evidence-based quality services.

¹⁸ Adapted from: United Nations Population Fund, <http://www.unfpa.org/swp/2005/english/ch7/>.

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