



Victorian Forensic Paediatric Medical Service

Record of forensic evaluation in relation to suspected sexual assault



The Royal **Children's**
Hospital Melbourne

Patient details

Surname

Given name(s)

Gender: ☐ Female ☐ Male ☐ Nonbinary ☐ Transgender ☐ OtherSex recorded at birth: ☐ Female ☐ Male ☐ Intersex

Date of birth / /

Age in years

Address

Postcode

Mother's name

Mother resides with child ☐ Yes ☐ No

Telephone

Father's name

Father resides with child ☐ Yes ☐ No

Telephone

Address (if different to above)

Postcode

Person/s with parental responsibility (if not both parents)

Telephone

Examination

Date / /

Time commenced:

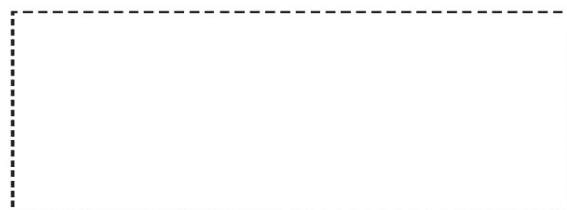
Time concluded:

Place

Persons present in interview

Persons present in examination

Name of doctor performing assessment

FMEK sticker


VFPMS assessment consent form

You can choose whether or not to consent to a forensic evaluation.

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

I am aware that the findings of the medical evaluation will be documented and a report prepared.

Following such examination or in association with the examination (please tick if consent is given):

- ☐ I consent to collection of medical and medico-legal specimens,
- ☐ I consent to photographic documentation,
- ☐ I consent to colposcopic-assisted video-documentation for the purpose of peer review,
- ☐ I consent to investigations as recommended by the examining doctor,
- ☐ I consent to treatment,
- ☐ I consent to release of a medical report to Child Protection and Victoria Police,
- ☐ I consent to information in relation to my child/myself being obtained from others,
- ☐ I consent to information associated with the evaluation being used for teaching purposes but only if all identifying data is removed.

Signature of person/s with parental responsibility	Signature of person/s with parental responsibility
Name (print)	Name (print)
Relationship to child	Relationship to child
Date / / Time :	Date / / Time :

OR

Signature of Child Protection practitioner
Name (print)
Under <i>Children Youth and Families Act 2005</i> section
Date / / Time

Consent may be withdrawn at any time during the assessment.

Specific consent will be required for additional medical procedures.

C O N F I D E N T I A L

VFPMS assessment adolescent (mature minor) consent form

You can choose whether or not to consent to forensic evaluation.

I, _____ hereby consent to

a complete medical evaluation including physical examination of myself by a medical practitioner. I am aware that the findings of the medical evaluation will be documented and a report prepared.

Following such examination or in association with the examination (please tick if consent is given):

- ☐ I consent to collection of medical and medico-legal specimens,
 - ☐ I consent to photographic documentation,
 - ☐ I consent to colposcopic-assisted video-documentation for the purpose of peer review,
 - ☐ I consent to investigations as recommended by the examining doctor,
 - ☐ I consent to treatment,
 - ☐ I consent to release of a medical report to Child Protection and Victoria Police,
 - ☐ I consent to information being obtained from others,
 - ☐ I consent to information associated with the evaluation being used for teaching purposes but only if all identifying data is removed.
-

Signature

Name (print)

Date / /

Time

I, Doctor

hereby state that this person has been assessed as being a mature minor on the basis of his/her demonstrated capacity to understand the nature and purpose of the forensic medical procedure (including sample collection for forensic analysis and potential use of results of sample analysis in the criminal justice system), and that he/she has demonstrated a capacity to make a choice about whether or not to consent to the procedure (in part or in whole).

Date / /

Time

Consent may be withdrawn at any time during the assessment.

Specific consent will be required for additional medical procedures.

C O N F I D E N T I A L

Medical history

Name of person providing this information

Antenatal and perinatal history

Medical/surgical/mental health history

e.g. clotting or bleeding disorders, past illnesses including constipation and UTI or STI, injuries (particularly to genitalia), surgery. For post-pubertal females - menarche, menstrual cycle and date of LNMP, contraception, genital symptoms

Allergies

Medications

Immunisation

e.g. hepatitis B vaccination

☐ Up to date

Genogram/family history

Consider renal and liver disease, bleeding disorders, fractures and dislocations, abuse and neglect (and sexual assault)

Record sexual relationships between family members, STI in close contacts, Registered Sex Offenders (RSO)

Development/H EADSS assessment

Behavioural problems (particularly sexualised behaviour)

Prior Child Protection/Orange Door referrals and interventions

Details of court orders to which the child is subject (name of order, date issued, expiry date)

Information obtained from police or Child Protection practitioner

Name

Region

Document the name of the person who referred the child to VFPMS

When? Date / / Time

What agencies are currently involved?

C O N F I D E N T I A L

Information from child/young person or person with parental responsibility

Information obtained from

Include date of assault, time, location, sites on child's body where injuries might have occurred, implements used, post assault pain/bleeding, whether alcohol/drugs consumed and identities of alleged assailants

Note detailed information of nature of sexual contact/s (what went where), and if any symptoms or signs suggestive of ejaculation. Note possible transmission of body fluids

Note symptoms and signs that might be associated with non-fatal strangulation

Since sexual contact has the child/young person (tick as appropriate):

- | | |
|-------------------------------------------------|---------------------------------------------------------|
| <input type="radio"/> Drunk liquid/rinsed mouth | <input type="radio"/> Bathed |
| <input type="radio"/> Brushed teeth | <input type="radio"/> Showered |
| <input type="radio"/> Eaten | <input type="radio"/> Changed clothes |
| <input type="radio"/> Voided | <input type="radio"/> Used menstrual hygiene product(s) |
| <input type="radio"/> Defecated | <input type="radio"/> Had sexual intercourse |
| <input type="radio"/> Douched/washed genitalia | |

Current symptoms

Consider pain, discharge or genital fluids, bleeding and other genitourinary, respiratory and neurological symptoms.

Was child/young person menstruating at time of alleged events or since alleged events?

Questions to consider when assessing a child/young person alleging TFSA

Technology-facilitated sexual assault - when the primary contact between victim and perpetrator has been facilitated by technology, document the following:

Platform or modality used for very first contact, and device used (e.g. Snapchat, dating app, smartphone, iPad, laptop)

Platform or modality used for ongoing communication (if different)

Relationship of alleged perpetrator and victim prior to alleged assault (e.g. known face to face prior to any online contact, known only online prior to alleged assault)

Age of alleged perpetrator

How was the modality used? Details of communication e.g. image sharing, coercive contact, sexualised communication, arranging a meeting

Period of online communication prior to alleged assault (as specific as possible - days, weeks, months)

Number of times alleged perpetrator and victim met face to face prior to alleged assault

The identity of the alleged perpetrator - was it the same as the online identity?

Examination findings

Child's /young person's appearance, interaction and behaviour

Emotional state, intellect, interactions, clothing, nutrition, effects of alcohol/drugs, cooperation, limitations

Examination findings

Use body charts for diagrams (note genital diagram should be completed even when findings are normal)

Document light sources and use of magnification

Document areas of body NOT examined

Ht	%ile	Wt	%ile	HC	%ile
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CRK & FMEK stickers

Name _____

Date of birth / / _____

Forensic samples form (to be retained in proforma / medical record)

Examination details

Date of assault / / _____

Date of examination / / _____

Time of assault _____ Time of examination _____

Examiner _____ FMEK# _____

Comparison samples

☐ 2 x buccal swabs for DNA or Easicolect. Please keep reference sample separate from other samples when handing over to police (*i.e. put in separate labelled envelope*)

Data available

Number of persons accused _____

☐ Vaginal ☐ Ejaculation☐ Anal ☐ Ejaculation☐ Oral ☐ Ejaculation

Other site of ejaculation _____

☐ Condom☐ Lubricant

☐ Sexual contact prior to the assault (<7 days) or sexual contact after the alleged assault

Body evidence

☐ Oral swill, lip swab and slide _____

☐ Foreign material on body
Site _____

☐ Skin swab(s)/slide for semen/saliva [wet/dry]
Site _____

☐ Skin swab(s)/slide for semen/saliva [wet/dry]
Site _____

☐ Skin swab(s)/slide for semen/saliva [wet/dry]
Site _____

☐ Fingernail scrapings
Left _____
Right _____

☐ Hair (not comparison sample)

Clothing

☐ Underpants

☐ Clothing
(bags) contents

☐ Drop sheet☐ Tampon/pad☐ Other (specify) _____

Ano-genital evidence

☐ Foreign material _____☐ Vulval swab(s) and slide(s) Number _____☐ High vaginal swab(s) and slide(s) Number _____☐ Low vaginal swab(s) and slides(s) Number _____☐ Endocervical swab(s) and slide(s) Number _____☐ Penile shaft swab(s) and slide(s) Number _____☐ Penile glans swab(s) and slide(s) Number _____☐ Anal swab(s) and slide(s) Number _____☐ Other (specify) _____

Drug screening - complete VIFM toxicology form

For VIFM laboratory: Samples for alcohol and drug tests

☐ Blood _____ Time taken _____☐ Urine _____ Time taken _____

Other details of relevance _____

Handed to _____

Time and date _____ Signed _____

C O N F I D E N T I A L

CRK & FMEK stickers

Name _____

Date of birth / / _____

Forensic samples form (to be sealed in FMEK with samples)**Examination details**

Date of assault / /

Date of examination / /

Time of assault _____ Time of examination _____

Examiner _____ FMEK# _____

Comparison samples

☐ 2 x buccal swabs for DNA or Easicollect. Please keep reference sample separate from other samples when handing over to police (*i.e. put in separate labelled envelope*)

Data available

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☐ Vaginal ☐ Ejaculation☐ Anal ☐ Ejaculation☐ Oral ☐ Ejaculation

Other site of ejaculation _____

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Body evidence☐ Oral swill, lip swab and slide _____

☐ Foreign material on body
Site _____

☐ Skin swab(s)/slide for semen/saliva [wet/dry]
Site _____

☐ Skin swab(s)/slide for semen/saliva [wet/dry]
Site _____

☐ Skin swab(s)/slide for semen/saliva [wet/dry]
Site _____

☐ Fingernail scrapings
Left _____
Right _____

☐ Hair (not comparison sample)**Clothing**☐ Underpants

☐ Clothing
(bags) contents

☐ Drop sheet☐ Tampon/pad☐ Other (specify)

Ano-genital evidence☐ Foreign material _____☐ Vulval swab(s) and slide(s) Number _____☐ High vaginal swab(s) and slide(s) Number _____☐ Low vaginal swab(s) and slides(s) Number _____☐ Endocervical swab(s) and slide(s) Number _____☐ Penile shaft swab(s) and slide(s) Number _____☐ Penile glans swab(s) and slide(s) Number _____☐ Anal swab(s) and slide(s) Number _____☐ Other (specify) _____**Drug screening - complete VIFM toxicology form**

For VIFM laboratory: Samples for alcohol and drug tests

☐ Blood _____ Time taken _____☐ Urine _____ Time taken _____

Other details of relevance

Handed to _____ Time and date _____

Signed _____

C O N F I D E N T I A L

C O N F I D E N T I A L

Photography

Photography of body ☐ Yes ☐ No

List sites

By whom?

Date / / Time

Medication provided

Hospital microbiology/pathology/radiology

☐ Yes ☐ No

List

Toxicology

Follow-up arrangements and referrals

Letter to GP

☐ Yes ☐ No

Name and address of GP

C O N F I D E N T I A L

C O N F I D E N T I A L

Victorian Forensic Paediatric Medical Service**Telephone: 1300 6611 42**

Dear Dr

Re

Thank you for the ongoing care of _____
who was allegedly sexually assaulted on _____
and underwent a forensic medical examination on _____ at RCH/MCH.

In association with this examination the following was performed/prescribed:

- Emergency contraception (Levonorgestrel 1.5mgs) given ☐ Yes ☐ No Pregnancy test ☐ Pos ☐ Neg
- Azithromycin 1 gram given ☐ Yes ☐ No
- Hepatitis B vaccine/immunoglobulin given ☐ Yes ☐ No
- HIV prophylaxis commenced (under ID direction) ☐ Yes ☐ No
- There are injuries to be followed up ☐ Yes ☐ No
- Police have been informed ☐ Yes ☐ No
- Child Protection is assessing the situation ☐ Yes ☐ No
- Sexual assault counsellor/advocates are following up ☐ Yes ☐ No

The following STI testing was performed at the time of assessment:

- Urine PCR chlamydia, gonorrhoea, trichomonas ☐ Yes ☐ No
- Hepatitis B serology ☐ Yes ☐ No
- Hepatitis C serology ☐ Yes ☐ No
- Syphilis serology ☐ Yes ☐ No
- HIV serology ☐ Yes ☐ No

I recommend further testing and management as follows:

- At 2 to 4 weeks- urine PCR for chlamydia, gonorrhoea and trichomonas, pregnancy test, and blood test for hepatitis B, hepatitis C, syphilis and HIV serology
- At 3 months- hepatitis C and HIV serology
- Hepatitis B vaccine required ☐ Yes ☐ No

Yours Sincerely

Date / /

C O N F I D E N T I A L