



Victorian Forensic Paediatric Medical Service  
**Record of forensic evaluation  
 in relation to suspected  
 sexual assault**



.....  
**Patient details**

Surname	
Given name(s)	Gender <input type="radio"/> Male <input type="radio"/> Female
Date of birth     /     /	Age in years
Address	Postcode

Mother's name	
Mother resides with child <input type="radio"/> Yes <input type="radio"/> No	Telephone
Father's name	
Father resides with child <input type="radio"/> Yes <input type="radio"/> No	Telephone
Address (if different to above)	Postcode
Guardian (if not parent)	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 parent/guardian

Name (print)

Relationship to child

Date     /     /

Time     :

**OR**

Signature of Child Protection practitioner

Name (print)

Under *Children Youth and Families Act 2005* 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Consent may be withdrawn at any time during the assessment.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     :
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\_\_\_\_\_

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     :
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Consent may be withdrawn at any time during the assessment.  
Specific consent will be required for additional medical procedures.

## 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/HEADSS assessment**

**Behavioural problems (particularly sexualised behaviour)**

**Prior Child Protection/Child FIRST reports/referrals and interventions**

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

**Details from police or Child Protection practitioner**

Information obtained from

Region

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

When?      Date      /      /      Time      :

What agencies are currently involved?

**Details from child or parent/guardian**

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 menstruating at time of alleged events or since alleged events?

**Questions to consider when assessing a 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 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 must be completed even when findings are normal)

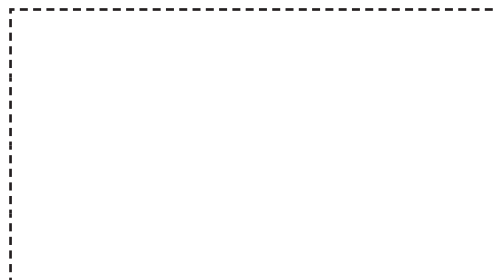
Document light sources and use of magnification

Document areas of body NOT examined

Ht ( %ile) Wt ( %ile) HC ( %ile)



## FMEK sticker



Name \_\_\_\_\_

Date of birth    /    / \_\_\_\_\_

## Forensic samples form (to be sealed in FMEK with samples)

<b>Examination details</b>		<b>Comparison samples</b>
Date of assault    /    / _____	Date of examination    /    / _____	<input type="radio"/> 2 × buccal swabs for DNA
Time of assault _____	Time of examination _____	Please keep reference swab separate from other samples when handing over to police ( <i>i.e. put in separate labelled envelope</i> )
Examiner _____	FMEK# _____	

**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) \_\_\_\_\_

**Body evidence**

Oral swill 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 \_\_\_\_\_

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**

VIFM kit for alcohol and drugs

Blood \_\_\_\_\_ Time taken \_\_\_\_\_

Urine \_\_\_\_\_ Time taken \_\_\_\_\_

Other details of relevance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Handed to \_\_\_\_\_

Time and date \_\_\_\_\_ Signed \_\_\_\_\_



**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



**Victorian Forensic Paediatric Medical Service**

**Tel No RCH: 1300 66 11 42**

**Fax No: 9345 4105**

Dear Dr

Re

Thank you for the ongoing care of \_\_\_\_\_

who was allegedly sexually assaulted on \_\_\_\_\_

and underwent a forensic medical examination at MCH/RCH on \_\_\_\_\_.

In association with this examination the following was performed:

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

The following STI testing was performed at the assessment:

- Urine PCR chlamydia, gonorrhoea, trichomonas     Yes     No    Result \_\_\_\_\_
- Hepatitis B serology     Yes     No    Result \_\_\_\_\_
- Hepatitis C serology     Yes     No    Result \_\_\_\_\_
- Syphilis serology     Yes     No    Result \_\_\_\_\_
- HIV serology     Yes     No    Result \_\_\_\_\_

I recommend further testing and management for STI risk as follows and have requested the family make an appointment:

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

Yours Sincerely

\_\_\_\_\_ Date    /    /