# REPORT TEMPLATE FOR SEXUAL ASSAULT ASSESSMENTS

# INSTRUCTIONS FOR AUTHORS

# HOW TO COMPLETE THIS REPORT TEMPLATE

***(Insert contact details/use the Letterhead for your service)***

***E.G. Victorian Forensic Paediatric Medical Service***

***Royal Children’s Hospital***

***50 Flemington Road, PARKVILLE VIC 3052***

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

***Fax No: 9345 4105***

**Date signed**

**Report prepared for: Title Name and address of professional for whom the report is written (usually the referrer. Include email address)**

**CONFIDENTIAL FORENSIC MEDICAL REPORT**

**RE Name: Subject’s full name and ‘also known as’ names (ie the child/adolescent who is the subject of this report)**

**Date of birth:**

**Hospital unit record number: (of admitting hospital. Add RCH MRN if known)**

**Author of report**

I, (author’s full name) am a medical practitioner registered with the Australian Health Practitioners Regulation Agency (Ahpra) to practice in Australia. I hold the qualifications (list qualifications) . I am currently employed as (current title and place of employment) . My training and experience in relation to child sexual assault or abuse is (briefly list all relevant training. Briefly state experience in relation to child sexual abuse/assault) .

This report was prepared in consultation with …. / under the supervision of (name the person and their position - delete if not applicable ….

**Acknowledgement of Form 44A Expert Witness Code of Conduct**

Should this matter be heard in the Magistrates Court of Victoria, County Court of Victoria or Supreme Court of Victoria then the author acknowledges that she/he has read Form 44A Expert Witness Code of Conduct and agreed to be bound by it.

The author declares that, at the time of preparation of this report, she/he has made all the inquiries and considered all the issues which the author believes are desirable and appropriate, and that no matters of significance which the author regards as relevant have, to the knowledge of the author, been withheld.

The opinion expressed is based on the author’s knowledge, experience and sources of information listed in this report.  Should, however, additional information become available that might have a bearing on the author's conclusions, the author retains the right to modify the opinion expressed.

**Reason for Medical Assessment**

 (subject’s name) is a (number) years and (number) months old (girl/boy or male/female/non-binary person) who was referred by (name of referrer – include title such as DSC Max BROWN) at (time) on (date) for a forensic medical assessment in relation to (select alleged/suspected/possible) sexual assault.

**Site and time of assessment(s)**

I assessed (subject’s name) with (counsellor’s name) on the (date) between the hours of (number – starting time) and (finish time) at (site where examination occurred).

**Consent**

At (time when consent form signed) hours on (date) , (name of subject’s parent or guardian who signed the consent form or name and job title of whoever signed the consent form and indicate the source of this authority if not a person with parental authority) signed the VFPMS Assessment Consent Form, providing consent for the following:

1. A complete medical evaluation including physical examination of (Subject’s name) …………………………
2. Collection of medical and medico-legal specimens.
3. Photographic documentation.
4. Colposcopic assisted recording of genital examination findings for the purpose of peer review. (Delete this if a genital examination is not undertaken).
5. Investigations as recommended by the examining doctor.
6. Treatment.
7. Release of a Medical Report to Child Protection and Victoria Police.
8. Information associated with the examination being used for teaching and audit purposes, providing all identifying data is removed.
9. (Consenting person’s name) also provided consent for me to contact (list all names and organisations for which consent has been given for contact to occur) with regard to obtaining more background information regarding (subject’s name) .

**Mature Minor Consent Form** (Use this consent form as appropriate for Gillick competent minors, instead of or as well as gaining consent from a guardian.)

I assessed (subject’s name) to be 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). (subject’s name) demonstrated a capacity to make a choice about whether or not to consent to the procedure (in part or in whole).

At (time) on (date) ( subject’s name) signed the VFPMS Mature Minor Assessment Consent Form, providing consent for the following:

1. A complete medical evaluation including physical examination
2. Collection of medical and medico-legal specimens.
3. Photographic documentation.
4. Colposcopic assisted recording of genital examination findings for the purpose of peer review. (Delete this if a genital examination is not undertaken).
5. Investigations as recommended by the examining doctor.
6. Treatment.
7. Release of a Medical Report to Child Protection and Victoria Police.
8. Information associated with the examination being used for teaching and audit purposes, providing all identifying data is removed.
9. (subject’s name) also provided consent for me to contact (list all names and organisations for which consent has been given for contact to occur) with regard to obtaining more background information.

**Observers**

List names of people who observed some or all of the consultation (dot point) + job title and employing organisation.

**Sources of information**

List all sources of information including documentation, telephone calls, emails and conversations. Include dates if known

**History of presenting complaint**

*The following information was obtained from (name or names + relationship/connection to the subject)*

The following information was obtained to direct the examination and sample collection. It might not constitute a complete account of alleged events.

This section should “tell the story”.

Since the (most recent) alleged sexual contact, the subject had (include information from the VFPMS Sexual Assault Proforma regarding activities such as toileting / showering or bathing/menstruation etc that might wipe or wash away body fluids)

**Current Symptoms** *Information was provided by (name)*

**Past Medical History** *Information was provided by (name)* Can be omitted if 16/17 years old and report is ONLY for police and author is comfortable with this approach.

The amount of detail will vary according to circumstances but should include past and current medical diagnoses, treatments, therapy and interventions including mental health diagnoses and treatments.

**Gynaecological History** *(omit if not relevant)* Can be omitted if 16/17 years old and report is ONLY for police

Menarche occurred at the age of ….. Her menstrual periods usually last … days and occur every … days. Her last menstrual period commenced on …

For contraception she uses ………………

**Developmental Assessment or HEEADSSS Assessment** Can be omitted if 16/17 years old and report is ONLY for police

* For children aged less than approximately 12 years consider developmental assessment or comment on academic progress at school.
* For Children aged approximately 12 years and older consider HEEADSSS screen. https://www.rch.org.au/clinicalguide/guideline\_index/Engaging\_with\_and\_assessing\_the\_adolescent\_patient/

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| --- | --- |
| **Home:** | including who, where, recent moves, relationships, violence. |
| **Education & Employment:** | including where, attendance, year, performance, relationships, supports, recent moves, bullying, disciplinary actions, future plans, and work details |
| **Eating:** | including weight (heaviest, lightest, recent changes), dieting, exercise and menstrual history. |
| **Activities:** | outside of school, including sport, organised groups, clubs, parties, TV/ computer use |
| **Drugs and Alcohol:** | including cigarettes, alcohol and illicit drug use by friends, family and the patient. Enquire into patterns & frequency of use & about any regrets from using these substances. Also ask about how use is financed and about negative consequences. |
| **Sexuality:** | including close relationships, sexual experiences, number of partners (total and in the last 3 months), gender of sexual partners (don't assume sexual preferences), uncomfortable situations/ sexual abuse, risk of pregnancy and previous pregnancies (relevant to males as well as females), contraception, condoms and STIs. |
| **Suicide, Depression & Self-harm:** | Presence and frequency feeling down or sad as well as current feelings eg. "How do you feel in yourself at the moment on a scale of 1 to 10?" Actions when down, supports. Self-harm- thoughts and actions. Suicide risk- thoughts, attempts, plans, means and hopes for future. |
| **Safety from injury &Violence:** | including serious injuries, use of safety gear for sports and seatbelts for cars, riding with an intoxicated driver and exposure to violence at school and in neighbourhood. For high risk youths ask about carrying or use of weapons and other criminal behaviours/ incarceration of youth or family/ friends. |

**Genogram and Family History** Can be omitted if 16/17 years old and report is ONLY for police

*Information was obtained from (names or sources if documents used)………………………………..*

**Examination** (modify example text below as necessary)

(Subject’s name) was examined approximately (number) hours after the alleged event/most recent sexual contact.

(S)he/they appeared (describe appearance and demeanour, consider MMS and signs of intoxication/tiredness/emotional upset))…………………………

Height (number) cm ( %ile)

Weight (number) kg ( %ile)

 (Subject’s name) was examined in room lighting without magnification or an additional light source other than the colposcope used during examination of her genitals. The genital examination findings were/were not digitally recorded. (Subject’s name) cooperated well with all aspects of the examination.

(Subject’s name) was examined in the supine frog-legged and prone knee chest positions using labial separation and labial traction techniques. Good views of the vaginal vestibule and hymen were obtained.

**Forensic Specimen Collection**

Contamination Reduction Kit number (CRK Number) was used. Materials supplied in Forensic Medicine Examination Kit (FMEK) No (FMEK number) were used to collect a sample of buccal mucosal cells for patient reference DNA. Swabs /The Easicollect apparatus was/were labelled and sealed with a tamper evident seal into the respective labelled envelope and handed separately to Police.

Forensic Medicine Examination Kit (FMEK) No (FMEK number) was also used to collect the following specimens, which were labelled and sealed in separate, labelled envelopes and placed into the FMEK which was then sealed with the tamper evident seals provided and handed to Police.

Alter this list as appropriate for your case:

1. Patient underwear.
2. Wet and dry skin swabs (1 wet, 1 dry) from (site) and a slide prepared from the wet swab.
3. From the labia majora, a wet swab, a dry swab and a slide made from the wet swab.
4. From the vaginal vestibule a swab, and a slide made from the swab.
5. From the perineum, a swab and slide made from the swab.
6. A low vaginal swab and slide made from the swab.
7. A high vaginal swab and slide made from the swab.

The following items were each placed in a patient clothing bag and sealed with patient identification labels: list clothing items or omit if not relevant in this case

Urine and blood were obtained for toxicology testing. Samples were labelled, sealed in a tamper evident bag and handed separately to Police. Alter or omit if not relevant in this case

The specimens detailed above were handed to (title and name of SOCIT police officer) at (time) hours on (date).

**Medical Investigations – Alter or omit as appropriate for this case**

 This section can be omitted if 16/17 years old and report is ONLY for police

* Urine for PCR tests (gonorrhoea, chlamydia, trichomonas, mycoplasma genitalium)
* Serology (Hep B, Hep C, HIV, syphilis)
* Swabs for microscopy culture and sensitivities at hospital laboratory
* Swabs in viral culture medium
* Swabs in special medium
* Full blood examination
* Clotting studies (PT, APPT, Fibrinogen)
* Other blood tests
* Radiology investigations (list)
* Pregnancy test

**Medical Management – Alter or omit as appropriate for this case**

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* Emergency contraception was provided with (E.g. Levonorgestrel 1.5 mg taken orally during the consultation).
* 1 gram of Azithromycin to be taken orally as prophylaxis against chlamydia and gonorrhoea infection.
* Hep B booster was administered
* NPEP was provided
* PREP was recommended
* A letter was provided for her general practitioner requesting follow up investigations as follows: pregnancy test and urine and chlamydia gonorrhoea PCR in two to four weeks’ time; Hepatitis B, Hepatitis C, HIV and syphilis serology in 3 months and HIV serology in 6 months.

**Information Sharing** This can be omitted if 16/17 years old and report is ONLY for police

Information in this report was provided to SOCIT officers and staff of the Department of Health and Human Services at the time of the consultation.

Results of medical tests have been provided to (subject’s name or parent’s name) .

**Limitations to Opinion** Alter oromit if report has been modified because subject is 16/17 years old and report is ONLY for police

I am dependant on my pathology colleagues for analysis and interpretation of medical investigations.

**OPINION**

 (Subject’s name) is a (number) year old (girl/boy or female/male/gender-fluid /non-binary person) who reported a (if relevant include word such as alleged/suspected/ possible) sexual assault by (a known adult male or some other way of describing this person without using pejorative terms) .

On examination of her genital area, (number) hours after last reported sexual contact, no fluids, discharge or acute injuries were found.

Genital examination findings were within the normal range.

These findings do not discriminate between children/adolescents who have been sexually assaulted and those who have not. These findings do not confirm or refute the allegations made in relation to a sexual assault.

Forensic samples were/were not collected.

**Recommendations** This section can be omitted if 16/17 years old and report is ONLY for police

1. I support plans for Victoria Police to investigate this matter.
2. I recommend that (subject’s name) has medical follow up with her General Practitioner in 2 weeks for urine testing for gonorrhoea and chlamydia, blood tests for Hep B, Hep C, HIV and syphilis as well as pregnancy testing.
3. I further recommend additional blood tests at 3 months (serology tests for Hep C and HIV) and 6 months (serology for HIV).

This medical report is not to be released to a third party without the consent of the author unless the matter is before the court.

The report has been reviewed by …………(name)……………………Consultant Paediatrician, VFPMS**.**

Signed …………………………………………………….

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_