

Victorian Forensic Paediatric Medical Service

Record of forensic evaluation



The Royal **Children's** Hospital Melbourne

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		

Medico-legal report

Date dictated / /	Date typed / /
Sent to	Date / /
Sent to	Date / /
Sent to	Date / /

FMEK sticker



VFPMS assessment consent form

Consent to forensic evaluation is voluntary.

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 recording of genital examination findings for the purpose of peer review, *(delete when genital examination is not required)*
- 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 associated with the examination being used for teaching and audit 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Consent may be withdrawn at any time during the assessment.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.

VFPMS assessment adolescent (mature minor) consent form

Consent to forensic evaluation is voluntary.

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 recording of genital examination findings for the purpose of peer review, *(delete when genital examination is not required)*
- 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 associated with the examination being used for teaching and audit 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.

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, injuries, surgery

If considering sexual abuse—past genital trauma, constipation/treatment, urinary symptoms/UTI/investigations, infections



Allergies

Medications

Immunisation

e.g. hepatitis B vaccination

Up to date



Genogram/family history

Consider renal and liver disease, bleeding disorders, fractures, abuse

Development/HEADSS assessment



Behavioural problems



Gynaecological history

Menarche

LNMP

Cycle

Contraception

Was the patient menstruating at the time of the alleged assault? Yes No

Afterward? Yes No

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

Prior Child Protection/Child FIRST 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



Details from child or parent/guardian continued

Current symptoms

Consider pain, limitation of movement, bleeding and genitourinary, respiratory and neurological symptoms



Post assault (this section MUST be completed for a sexual assault victim)

Clothing worn at time of assault



Changed clothes Yes No

Cleaned clothes Yes No

Vaginal bleeding Yes No

Vaginal pain Yes No

Rectal bleeding Yes No

Bathed/showered Yes No

Voided Yes No

Defaecated Yes No

Intercourse during the past week Yes No Date / / Time :

Was condom/spermicide/lubricant used? Yes No

.....
Post sexual assault counselling referral made? Yes No

Referred to

Referred by Date of referral / /

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

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



Guidelines for VFPMS forensic examinations

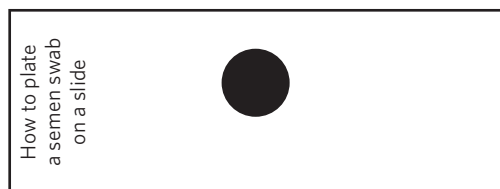
- When describing wounds, record: site, size, shape, surrounds, colour, contours, course, contents, borders, depth, healing.
- Classify wounds:
 - Abrasion—superficial disruption of the outer layer of the skin.
 - Bruise—an area of haemorrhage in or beneath the skin.
 - Laceration—splitting or tearing of tissues.
 - Incision—a cutting type of injury caused by sharp object
 - Stab—a wound of greater depth than length, produced by a sharp object.
- A speculum (or proctoscope) examination may be required for post pubertal sexually active children when sexual abuse is suspected. The speculum from FMEK should be lubricated with sterile water. Indications for speculum include:
 - genital pain when internal injury suspected
 - per vaginal bleeding (for proctoscope -per rectal)
 - foreign body (used during assault and possibly still present)
 - assaults >24 hours earlier when collection of a cervical canal specimen is planned
- Photographic documentation is considered to be good practice. Photographs provide a useful adjunct to wound descriptions and diagrams.
 - Self, police or hospital photographers may be appropriate.
 - Careful labelling of film/photos is important.
 - Video-colposcopic documentation of genitalia should be considered.

Collection of forensic specimens

- A result of forensic tests will usually not be available for the patient, unlike other tests done by medical practitioners.
- Once collected, the specimens should not be out of doctor's sight until handed to the police.
- This process is called 'continuity of evidence' or "chain of custody' and is designed to avoid allegations of specimen tampering.
- The name of the police officer to whom the specimens are handed and the date and time of transfer should be documented.
- The specimens are stored by the police and transported to the Victorian Forensic Science Centre (VFSC) in Macleod, Melbourne.
- Information regarding the recommended maximum times for forensic sample collection can be found at www.rch.org.au/vfpms/members/forensic-sample-collection

General points

- Wear gloves for examination and specimen collection. Change often.
- All forensic swabs are dry to begin with and should be dry to end with. Recap dried swabs and seal with a patient label if available.
- In order to find spermatozoa the laboratory need a slide and a swab. (See diagram for how to plate the specimen onto a slide)



- The sperm are then extracted from the swab for DNA typing.

Order of collection

- Clothing
 - Trace evidence from the patient's clothes will not be lost if the patient is instructed to undress over a large sheet of paper (drop sheet in FMEK) Ask the patient to stand on a drop sheet, behind a screen and hand out the items of clothing one by one, to be placed in individual paper bags. Note which items of clothing have been collected.
- Drop sheet
 - The drop sheet could have evidence from the offender such as pubic hairs, head hairs and clothing fibres.
 - The drop sheet could have evidence from the scene such as sand, fibres or vegetation.
 - The drop sheet is folded in a way to retain any evidence, sealed into a paper bag, sealed with a patient label and labelled.
- Sanitary pad/tampon
 - These items should be sealed in a sterile yellow topped container and placed in a "wet objects" envelope
- Fingernail scrapings (Only if victim scratched alleged offender) see envelopes in FMEK
 - An allegation of the victim scratching the assailant may leave foreign DNA or fibres under the nails. A wooden swab stick may be broken in half, one used for each hand and the remnants placed in a sterile urine jar. Alternatively, the fingernails may be cut and placed in a container.
- Oral swab or mouth washings
 - Spermatozoa in the mouth collect in the same places as saliva. Therefore the best reservoirs are the gingival margins of the lower teeth and under the tongue. This swab should be done if there is allegation of oral penetration in the past 12 hours. Alternatively, ask the child to take a mouthful of sterile water, swirl the water around the mouth and spit the fluid into a yellow sterile container.
- Saliva on skin
 - Assailant DNA can be recovered. The double swab technique involves (1) swabbing the affected area with a swab moistened with sterile water followed by (2) swabbing with a dry swab. Both swabs are submitted.
- Semen on skin
 - The double swab technique can be used for skin where dried semen may be present as well. Both the first moist swab and the second swab should have slides made from them. Use this technique wherever ejaculation may have occurred including the vulva/anus.
- Vaginal swab
 - A swab taken with or without the use of a speculum
- Endocervical swab
 - Collected with the use of a speculum for direct visualisation of the cervix. Use sterile saline or water to lubricate the speculum.
- Anal and rectal swab
 - An anoscope may be used, or the anus can be swabbed under direct vision.
- Victim DNA for comparison
 - A buccal swab may be taken IF no allegation of oral penetration within the past 12 hours. Otherwise blood will provide DNA for exclusion OR buccal swab may be collected at a later date.
- Blood for DNA
 - Collect into an EDTA tube.

Toxicology

- Blood for drugs
 - Use the traffic alcohol vials or a plain tube in VIFM Tox Kit.
- Urine for drugs
 - Instruct the patient to provide a full sterile container of urine.
 - Note these specimens should be refrigerated and delivered by police to VIFM not VFSC
 - Label, seal and ensure chain of evidence documentation. Do NOT package in FMEK.
 - A detailed guideline for specimen collection provided by the UK based RCPCH and FFLM is available at <http://fflm.ac.uk/librarydetail/4000068>

Photography

Photography of body Yes No

List sites

By whom?

Date / / Time :

Genital photography Yes No

Medication provided

Post coital contraception

STI prophylaxis

HIV post exposure prophylaxis

Other

Hospital microbiology/pathology/radiology

Yes No

List

Toxicology

Follow-up arrangements and referrals

Letter to GP

Yes No

Name and address of GP

Forensic samples

Date of assault / / Time of assault :
 Examiner (Print)
 Date of examination / / Time of examination :
 FMEK #

Data available

Number of offenders Known Acquaintance Unknown Other
 Vaginal penetration Finger Penis Ejaculation Other
 Anal penetration Finger Penis Ejaculation Other
 Oral penetration Penis Ejaculation
 Other site of ejaculation

Condom Lubricant
 Saliva suspected (kissed, licked or bitten?)
 Site

Forensic dentist consulted Yes No
 Showered/washed Yes No
 Suspected drug facilitated sexual assault Yes No
 Specific details regarding clothing? (i.e. washed post assault, location of marks/stains)

Sexual contact prior to the assault (<7 days)

Comparison samples

2 × buccal swabs/blood for DNA Yes No
Please keep reference swab separate from other samples when handing over to police (i.e. put in separate labelled envelope)

Hair Head Pubic

Clothing

Underpants Yes No
 Clothing (bags) contents

A photocopy of pages 11 and 12 may be used instead of pages 13 and 14

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

Body evidence

- Oral swab and slide Yes No
- Mouth rinsing (20 ml in a sterile container) Yes No
- Foreign material on body Yes No 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 Right Left
- Hair samples Yes No

Ano-genital evidence

- Foreign material Yes No
- Vulval swab(s) and slide(s) Yes No Number
- Vaginal vestibule swab(s) and slide(s) Yes No Number
- Low vaginal swab(s) and slide(s) Yes No Number
- High vaginal swab(s) and slide(s) Yes No Number
- Endocervical swab(s) and slide(s) Yes No Number
- Penile shaft swab(s) and slide(s) Yes No Number
- Penile glans swab(s) and slide(s) Yes No Number
- Anal swab(s) and slide(s) Yes No Number
- Other (specify)

Toxicology samples (VIFM kit/other)

- Blood for alcohol and drugs Yes No
- Urine for drugs Yes No

Other samples

- Tampon/pad Yes No
- Condom Yes No
- Other

- Drop sheet Yes No

Other information of relevance

Print names

Handed to _____ Signed _____

Received from _____ Signed _____

Date / / Time :

Forensic samples: detach list for forensic sciences centre

Date of assault / / Time of assault :
 Examiner (Print)
 Date of examination / / Time of examination :
 FMEK #

Data available

Number of offenders Known Acquaintance Unknown Other
 Vaginal penetration Finger Penis Ejaculation Other
 Anal penetration Finger Penis Ejaculation Other
 Oral penetration Penis Ejaculation
 Other site of ejaculation

Condom Lubricant

Saliva suspected (kissed, licked or bitten?)
 Site

Forensic dentist consulted Yes No
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Underpants Yes No

Clothing (bags) contents

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- Condom Yes No
- Other

- Drop sheet Yes No

Other information of relevance

Print names

Handed to _____ Signed _____

Received from _____ Signed _____

Date / / Time :