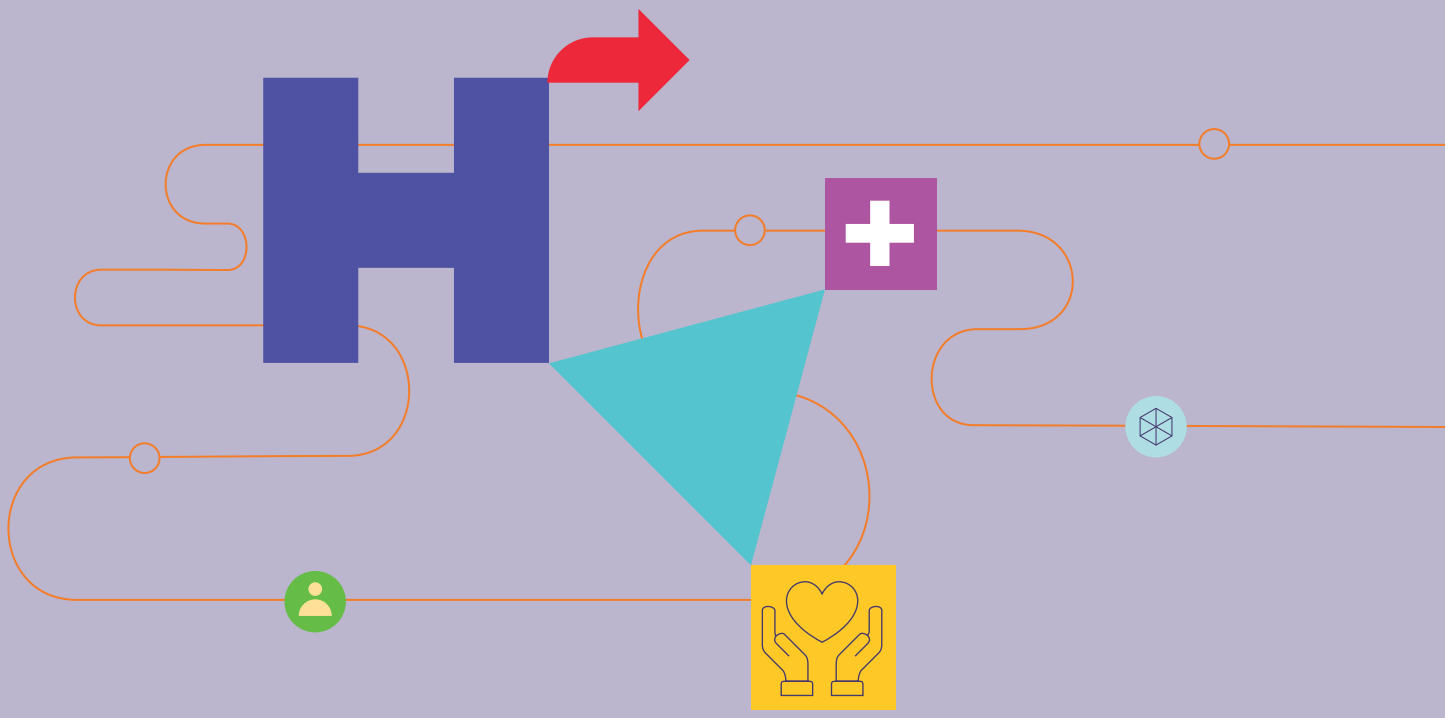
# Hospital Guidelines for the Treatment of Persons Who Have Been Sexually Assaulted

**THIRD EDITION**



Ontario Hospital Association

# 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. These Guidelines were developed by the Ontario Network of SA/DVTCs (the Network), with the assistance of the Ontario Hospital Association (OHA).

The original guideline development was funded by 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.

Throughout these Guidelines, the term survivor, victim, client, and patient are used interchangeably to refer to a person who has been sexually assaulted, as we recognize the variance in how individuals wish to be identified.

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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 (SA/DVTCs) across Ontario.

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

The Network strives to ensure that all persons 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, psycho-social, and forensic needs.

The Network consists of nurses, social workers, physicians, and support staff. Working closely with medical professional, 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 36 hospital-based programs around the province that provide 24-hour care to persons who have been sexually assaulted or who have experienced intimate partner violence. Services include: emergency medical and nursing care; testing and treatment of sexually transmitted infections (STIs), including HIV; emergency contraception; crisis intervention; safety planning; collection of forensic evidence; arrangement of health care follow-up; counselling; and referrals 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 them 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.

While most sexual assaults are perpetrated against women[1], sexual assault is also experienced by men, transgender, and non-binary individuals. 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 (STIs).

Unfortunately, despite such significant health impacts, sexual assault survivors frequently encounter difficulty seeking post-assault care and forensic evidence collection from traditional hospital emergency departments. Treating sexual assault survivors negatively or not assisting them 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.[2]

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 as well as those who work with sexual assault survivors.

## Purpose of the Guidelines

Sexual assault is a complex issue that requires a multidisciplinary response to meet victim needs. Although anyone can be sexually assaulted, it is a gender-based crime, where the overwhelming majority of victims are female and perpetrators are male. When a person has been sexually assaulted, they require prompt physical and emotional care. In addition to meeting health care needs, there are also 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 to ensure the person's best interests are served and to assist the person in the healing process.

These Guidelines have been developed to assist hospitals and health care providers in delivering 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 compassion on the part of health care providers, it is hoped that victims feel supported in seeking care.

Specifically, these Guidelines:

- Outline the roles and responsibilities of hospital management staff, governing boards, and health care professionals;
- Outline the role of hospital-based SA/DVTCs and how neighbouring hospitals may utilize their services;
- Provide details on the options available regarding care, treatment, and collection and release of information and/or evidence to the police;
- Provide a list of locations of hospital-based SA/DVTCs in Ontario;
- Set out the legislative provisions of the *Criminal Code* (*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;

1 Perreault, S. (2015). Criminal Victimization in Canada, 2014. *Juristat*. November. Statistics Canada catalogue no. 85-002-X. https://www150.statcan.gc.ca/n1/pub/85-002-x/2015001/article/14241-eng.htm

2 Cambell, R., Patterson, D. & Lichty, L. (2005). The effectiveness of sexual assault examiner (SANE) programs. Trauma, Violence & Abuse, 6(4), 313-329. DOI: 10.1177/1524838005280328

- 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 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 an 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 receive 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 victims with disabilities will also need to be addressed. Hospital staff need to be knowledgeable about community resources that can provide ongoing support for victims.

### Recommendation 6

Hospital staff need to be knowledgeable about mandatory reporting obligations, particularly those related to children who have been abused/assaulted.

# Roles and Responsibilities

When a person has been sexually assaulted, the response to their ordeal is often multi-dimensional. This section outlines the roles and responsibilities for governing boards, management, and health care professionals to consider. The role of hospitals, police, and community agencies in responding 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 with respect to 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 of persons who have been sexually assaulted and present at the hospital.

## Management

It is incumbent upon hospital management 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 an SA/DVTC, it should consider establishing a relationship with a neighbouring hospital that has an 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 neighbouring SA/DVTC, the local police, or from the Centre of Forensic Sciences in Toronto;
- If the hospital does not have an 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 neighbouring hospital with an SA/DVTC:
  - Education and training should include training requirements under the *Accessibility for Ontarians with Disabilities Act, 2005* and should incorporate cultural sensitivity components to recognize the unique needs of Ontario's diverse population;
- Collaborate with neighbouring hospitals, community agencies, and local police regarding protocols and program development; and
- Have policies and procedures in place which address:
  - The initial assessment of persons who have been sexually assaulted to determine whether patient transfer to a hospital with an 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 the health of the person who has been sexually assaulted. Treatment and care of persons who have been sexually assaulted must be provided with respect and in a way that restores and maintains 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 interpretation services and additional community resources for referral; and
- Participate in and/or provide community education.

## Hospitals Providing Treatment

Hospitals may provide care, support, and referral to persons who have been sexually assaulted, to facilitate healing, and restore dignity and self-esteem. Thirty-six hospitals in Ontario have, to date, been funded as SA/DVTCs (See Appendix A for a list of hospitals).

Each hospital is encouraged to review the list of SA/DVTCs provided in Appendix A and determine the most appropriate hospital with which it may maintain ongoing contact and develop protocols for 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 acute care to individuals who have been sexually assaulted and/or who are victims/survivors of domestic violence (intimate partner violence). Any emergency medical care is provided by emergency department staff.

Services may include:

- Crisis intervention and support;
- Testing and prophylactic treatment of sexually transmitted infections (STIs), including HIV;
- Emergency contraception;
- Collection of forensic evidence;
- Documentation of injuries (including photographs);
- Medical follow-up and counselling; 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 neighbouring 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 care professionals, and the community at large. SA/DVTCs participate in community coordinating committees that address issues related to sexual assault and domestic violence.

Through specialized training, the multidisciplinary SA/DVTC care providers have acquired expertise in education and consultation allowing them to share and foster collaboration with neighbouring 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 the Network's core beliefs.

## 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 Assistance Programs;
- Community counselling services;
- Multicultural community agencies;
- Family Resource Centres;
- Child development centres;
- Child and family services;
- Victim Services;
- Services for male survivors; and
- Trans services.

## Police

The person who has been sexually assaulted makes the decision as to whether or not the police should be contacted. They may decide to contact police right away or wait to involve police at a later date, if at all. It is up to the police to determine if charges will be laid.

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 delineate roles, as well as work with police to establish a protocol based on the unique service needs within each region. Protocols should address the following:

- A trauma-informed approach to care;
- 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, etc.);
- 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 manner as for patients who are immediately reporting to the police, and is then stored at the hospital (generally for up to six months) to give the victim time to make a decision. Care and continuity of specimens and other evidence must be ensured and documented, and specimens or other evidence should not be left unattended at any point once the collection of evidence begins.

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 of Forensic Sciences.

## 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 they can obtain any evidence of the crime, including 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.[3] 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.

3 Guidelines for the Person Who is Unable to Provide Consent can be accessed at www.sadvtreatmentcentres.ca.

# 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. Language interpreters should be utilized as needed. Family members and untrained staff should not be relied upon as language 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 to them, so the person can decide what is most appropriate for themselves;
- Contact the nearest SA/DVTC to arrange care based on the memorandum of understanding (MOU) between the SA/DVTC's host hospital and the hospital where the patient presented;
- Provide the person with a private place to wait for further treatment (with an appropriate supportive person of the person's choosing, if possible); and
- Provide unconditional and non-judgmental support to the client.

## Care and Treatment Options

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

### (I) Emotional support

Hospital staff should provide the person with counselling and assistance. Safety concerns, especially those associated with returning home, should be assessed, with alternatives such as an emergency shelter or a friend's home suggested as possible options. Crisis counselling may be provided by appropriately trained staff or physicians, members of the clergy, nurses, psychiatrists, social workers, or counsellors at community rape crisis centres. Before leaving the hospital, clients should receive information about available community support services.

### (II) Medical examination

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 (STIs), including HIV and Hepatitis B, and for pregnancy. Only treatment for which consent has been obtained should be provided to the patient. Referral for follow-up treatment and counselling should be offered.[4]

4 These guidelines are from the Canada Public Health Agency, 2016 www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php

### (III) Medical-legal examination

Hospital staff should collect and document medical-legal evidence using the SAEK (see Appendix B) to assist the police in apprehending and/or prosecuting the alleged perpetrator. This examination will include a physical examination that 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 pubic hair, and taking of samples from the vagina, anus, and rectum.

It 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 medical examination. Copies of the SAEK forms should also be provided to the 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 minimum period of 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, unless authorized by law. The *Health Care Consent Act, 1996* guides the health care professional when obtaining patient consent for health care/treatment.[5]

The patient's consent is required for the performance of the medical-legal examination. However, the collection of forensic evidence from a person is not considered to be "treatment" and is excluded from the *Health Care Consent Act, 1996.*

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 care professional.[6]

## Confidentiality, Disclosure of Information, and Duty to Report

A hospital, its employees, and health care professionals who have privileges at the hospital are not obligated to disclose to the police or other authorities information related to a sexual assault obtained either while treating a patient or reviewing their 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 they have reasonable grounds to suspect that a child is suffering, may be suffering, or may have suffered abuse, to report this suspicion and the information on which it is based to a society forthwith.[7]

5 *Health Care Consent Act*, 1996, S.O. 1996, c. 2, Sched. A, Part ii (s. 8 – s. 37.1).

6 "Guidelines for the Collection of Forensic Evidence from the Person Who is Unable to Consent" can be accessed at www.sadvtreatmentcentres.ca.

7 *Child, Youth and Family Services Act*, S.O. 2017, c.14, Sched. 1, s.125. For information on reporting suspected abuse and/or neglect, please visit: http://www.children.gov.on.ca/htdocs/English/childrensaid/reportingabuse/index.aspx

# Legislation Related to Sexual Assault

## *Criminal Code*[8]

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.

8 *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 than those of adults. In addition, there are different legislative reporting obligations and requirements for consent.[9]

The *Criminal Code* provides that the age of consent for sexual activity is **16 years**.[10] It was raised from 14 years to 16 years on May 1, 2008. This was the first change to the age of consent law since 1890.

9 The document "Ontario Pediatric Sexual Assault/Abuse Training Manual" provides detailed information and can be accessed on the Networks website at www.sadvtreatmentcentres.ca, under "Resource Library".

10 *Criminal Code of Canada (Criminal Code)*, R.S.C., 1985, c. C-46, s. 150.1(1).

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

**The age of consent is 18 years when the sexual activity is "exploitive"** – when it involves prostitution or pornography, or when a relationship of ***power/authority, trust or dependency*** (e.g., when a young person becomes sexually involved with a teacher, coach or babysitter) exists. 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.[11]

**Other exceptions:**

A **14 or 15 year** old **can consent** to sexual activity with a partner who is **less than 5 years older** and where there is no relationship based on power/authority, trust, or dependency.[12]

A **12 or 13 year old can consent** to sexual activity with a partner who is less **than 2 years older** and where there is no relationship based on power/authority, trust, dependency, or other exploitation of the young person.[13]

## *Child, Youth and Family Services Act*[14]

### Reporting Instances of Child Abuse and/or Neglect

For the purposes of child protection (Part V of the *Child, Youth and Family Services Act, 2017*), a child is a person who is or appears to be under the age of 16 years.[15]

11 *Criminal Code of Canada (Criminal Code)*, R.S.C., 1985, c. C-46, s. 152, 153.

12 *Ibid*, s. 150.1(2.1).

13 *Ibid*, s. 150.1(2).

14 *Child, Youth and Family Services Act*, S.O. 2017, c.14, sched. 1.

15 In 2018, the *Child, Youth and Family Services Act*, S.O. 2017, c.14, sched. 1 officially came into effect, replacing the previous *Child and Family Services Act*, R.S.O. 1990, c.11. The new Act raises the age of protection to 18 years. See "Duty to report does not apply to older children" and "Society agreements with 16 and 17 year olds" for additional information.

## DUTY TO REPORT

### Duty to report child in need of protection

***125 (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 abused 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 abuse or sexual exploitation and fails to protect the child.

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 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 the treatment or access to the treatment, or, where the child is incapable of consenting to the treatment under the *Health Care Consent Act, 1996*, refuses or is unavailable or unable to consent to, the treatment on the child's behalf.

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 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act*, 1996, refuses or is unavailable or unable to consent to, 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 6 i, ii, iii, iv or v 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 6 i, ii, iii, iv or v and the child's parent or the person having charge of the child does not provide services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act*, 1996, refuses or is unavailable or unable to consent to, 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 the treatment or access to the treatment, or where the child is incapable of consenting to the treatment under the *Health Care Consent Act*, 1996, refuses or is unavailable or unable to consent to, treatment to remedy or alleviate the condition.

11. The child's parent has died or is unavailable to exercise 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 younger than 12 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 services or treatment or access to services or treatment, or, where the child is incapable of consenting to treatment under the *Health Care Consent Act*, 1996, refuses or is unavailable or unable to consent to treatment.

13. The child is younger than 12 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.

**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.

**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.

**Duty to report does not apply to older children**

(4) Subsections (1) and (2) do not apply in respect of a child who is 16 or 17, but a person may make a report under subsection (1) or (2) in respect of a child who is 16 or 17 if either a circumstance or condition described in paragraphs 1 to 11 of subsection (1) or a prescribed circumstance or condition exists.

**Society agreements with 16 and 17 year olds**

77 (1) The society and a child who is 16 or 17 may make a written agreement for services and supports to be provided for the child where,

(a) the society has jurisdiction where the child resides;

(b) the society has determined that the child is or may be in need of protection;

(c) the society is satisfied that no course of action less disruptive to the child, such as care in the child's own home or with a relative, neighbour or other member of the child's community or extended family, is able to adequately protect the child; and

(d) the child wants to enter into the agreement.

## Consent for treatment of a child

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

In every case, attempts should be made to obtain consent from a parent, guardian or legal custodian as a hospital cannot legally permit medical examination or treatment of a child without consent. Treatment should not be given to a child whose parents, guardian or legal custodian refuses 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.[16]

16 *Child, Youth and Family Services Act*, S.O. 2017, c.14, sched. 1, s. 81(9), 86(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.

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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.

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Public Health Agency of Canada. (2016). Canadian Guidelines on Sexually Transmitted Infections. www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php .


## 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

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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.

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*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.

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*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.

## Online Training

The Ontario Network of Sexual Assault and Domestic Violence Treatment Centres offers a variety of free online training courses. Relevant courses currently available include:

- Emergency Department Staff Training
- Addressing Past Sexual Assault in Clinical Settings
- Recognizing and Responding to the Commonly Misunderstood Reactions to Sexual Assault
- HIV Post-exposure Prophylaxis

Courses can be accessed at www.sadvtreatmentcentres.ca under “Resources”.

# Injury Compensation

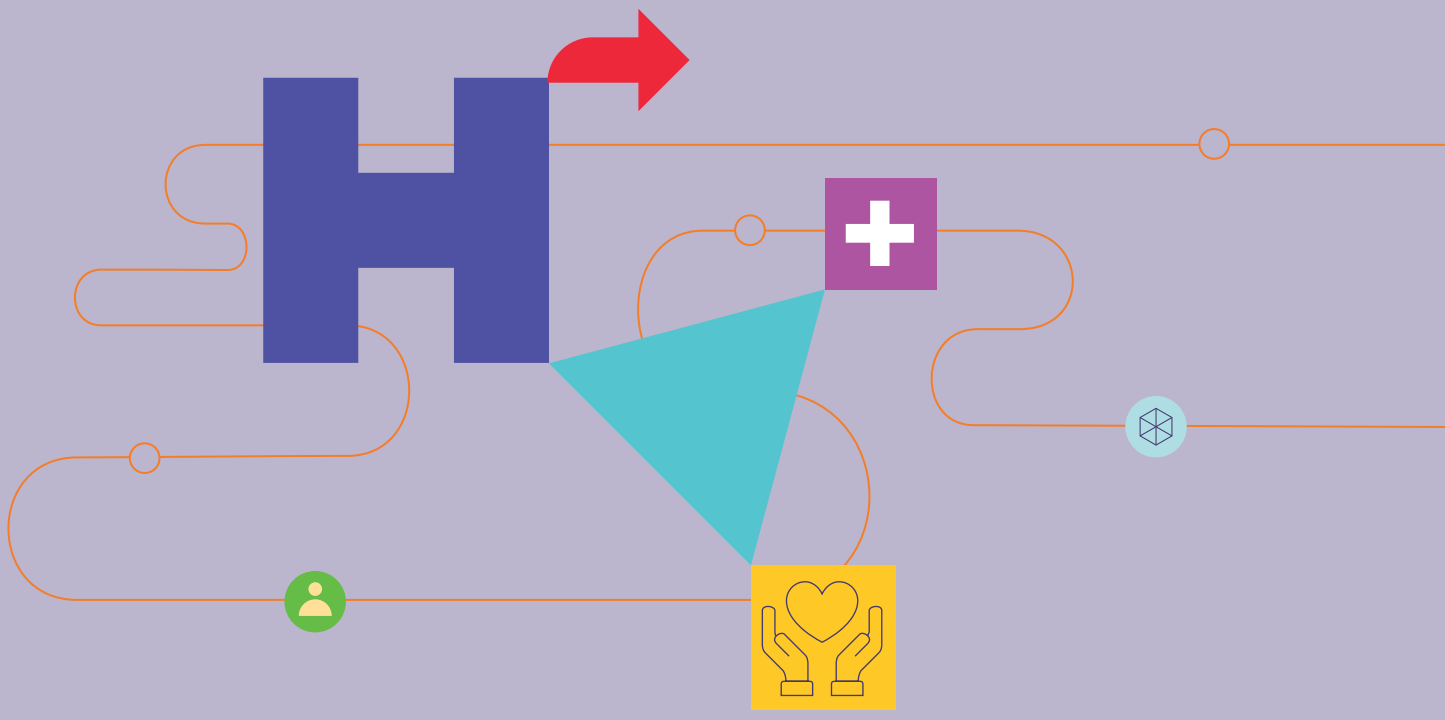
## Ontario Criminal Injuries Compensation Board

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



ONTARIO HOSPITAL ASSOCIATION

# Appendix A: Sexual Assault/Domestic Violence Treatment Centres in Ontario

Listed by Local Health Integration Network

## Central

### York Region

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

Mackenzie Health
10 Trench Street
Richmond Hill, ON – L4C 4Z3
Tel: 905-832-1406 ext. 2
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 and Domestic Violence Program**

Peterborough Regional Health Centre
1 Hospital Drive
Peterborough, ON – K9J 7C6
Tel: 705-743-4132

### Scarborough

**Sexual Assault / Domestic Violence Care Centre**

Scarborough Health Network
3030 Birchmount Road
Scarborough, ON – M1W 3W3
Tel: 416-495-2555

## Central West

### Orangeville

**Domestic and Sexual Assault Treatment Program**

Headwaters Health Care Centre
100 Rolling Hills Drive
Orangeville, ON – L9W 4X9
Tel: 519-941-2702 ext. 2214

## Champlain

### Cornwall

**Assault and Sexual Abuse Program**

Cornwall Community Hospital
840 McConnell Avenue
Cornwall, ON – K6H 5S5
Tel: 613-938-4240 ext. 4202

### Hawkesbury

**Sexual Assault, Partner and Elder Abuse Care Program/ Programme de soins aux victimes d'agression sexuelle, de violence conjugale et de violence envers les aînés**

Hawkesbury & District General Hospital/Hôpital général de Hawkesbury et district
111 Ghislain Street
Hawkesbury, ON – K6A 3G5
Tel: 613-632-1111 x51012

### 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
1053 Carling Ave. Ottawa, ON – K1Y 4E9
Tel: 613-798-5555 ext. 13770

**Ottawa – Pediatric Sexual Assault**

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

### Renfrew

**Regional Assault Care Program**

Renfrew Victoria Hospital
499 Raglan Street
North Renfrew, ON – K7V 1P6
Tel: 613-432-4851 ext. 818

## Erie St. Clair

### Chatham

**Sexual Assault / Domestic Violence Treatment Centre**

Chatham-Kent Health Alliance
80 Grand Ave West
Chatham, ON – N7M 5L9
Tel: 519-352-6400 ext. 6382

### Sarnia

**Sexual Assault / Domestic Assault Treatment Centre**

Bluewater Health
89 Norman Street, Level 2
Sarnia, ON – N7T 6S3
Tel: 519-464-4522

### Windsor

**Sexual Assault / Domestic Violence Treatment Centre**

Windsor Regional Hospital - Metropolitan Campus
1995 Lens Avenue
Windsor, ON – N8W 1L9
Tel: 519-255-2234

## Hamilton Niagara Haldimand Brant

### Brantford

**Sexual Assault/Domestic Violence Care and Treatment Centre**

Brant Community Healthcare System
200 Terrace Hill Street
Brantford, ON – N3R 1G9
Tel: 519-751-5544 ext. 4449

### Burlington

**Nina's Place**

Joseph Brant Hospital
1245 Lakeshore Rd.
Burlington, ON – L7S 0A2
Tel: 905-632-3737 ext. 5708

### Hamilton

**Sexual Assault / Domestic Violence Care Centre**

Hamilton Health Sciences
1200 Main Street West
Hamilton, ON – L8N 3Z5
Tel: 905-521-2100 ext. 73557

### St. Catharines

**Sexual Assault/Domestic Violence Treatment Program**

Niagara Health System
1200 Fourth Ave.
St. Catharines, ON – L2S 0A9
Tel: 905-378-4647 ext. 45300

## Mississauga Halton

### Mississauga

**Peel Region Sexual Assault / Domestic Violence Program**

Trillium Health Partners
100 Queensway West
Mississauga, ON – L5B 1B8
Tel: 905-848-7580 ext. 2548

## 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

**Sexual Assault/Partner Assault Clinic**

Sault Area Hospital
750 Great Northern Road
Sault Ste. Marie, ON – P6B 0A8
Tel: 705-759-5143

### Sudbury

**Violence Intervention and Prevention Program**

Health Sciences North
South Tower, Level 1
41 Ramsey Lake Road
Sudbury, ON – P3E 5J1
Tel: 705-675-4743

## North Simcoe Muskoka

### Orillia

**Regional Sexual & Domestic Assault Program of Simcoe & Muskoka**

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

**Sexual Assault / Domestic Violence Program**

Dryden Regional Health Centre
58 Goodall Street
P.O. Box 3003
Dryden, ON - P8N 2Z6
Tel: 807-223-7427

### Kenora

**Sexual Assault / Partner Abuse and Safekids Programs**

Lake Of The Woods District Hospital
21 Sylvan Street West
Kenora, ON – P9N 3W7
Tel: 807-468-9861 ext. 2428

### Sioux Lookout

**Sioux Lookout Assault Care & Treatment Program**

Meno Ya Win Health Centre
1 Meno Ya Win Way
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 of Leeds & Grenville**

Brockville General Hospital
100 Strowger Blvd,Suite 102
Brockville, ON – K5V 5J9
Tel: 613-345-3881

### Kingston

**Sexual Assault / Domestic Violence Program**

Kingston General Hospital
76 Stuart St.
Kingston, ON - K7L 2V7
Tel: 613-549-6666 ext. 4880

### Lanark County

**Lanark County Sexual Assault / Domestic Violence Program**

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 Memorial Hospital
242 King Street
Trenton, ON – K8V 3X1
Tel: 613-969-7400 ext. 5024

## South West

### London

**Sexual Assault / Domestic Violence Treatment Centre**

St. Joseph's Health Care - St. Joseph's Hospital
268 Grosvenor Street
London, ON – N6A 4V2
Tel: 519-646-6100 ext. 64224

### Owen Sound

**Sexual Abuse/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

**Suspected Child Abuse & Neglect (SCAN) Program**

The Hospital for Sick Children
555 University Avenue, 6th floor
Toronto, ON – M5G 1X8
Tel: 416-813-6275

**Sexual Assault / Domestic Violence Care Centre**

Women's College Hospital
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 ext. 2728

### Waterloo Region

**Waterloo Region Sexual Assault and Domestic Violence Treatment Centre**

St. Mary's General Hospital
911 Queen's Blvd.
Kitchener, ON – N2M 1B2
Tel: 519-749-6994

# Appendix B: Sexual Assault Evidence Kit



Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

## 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 (SAEK).**

The 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 Sexual Maturity Rating 3) and post-menopausal women (one year without a period)
- The copper intra-uterine device (IUD) can be inserted into the uterus up to 7 days post sexual assault in females who are greater than 80 kg

Exemptions include: tubal ligation, any highly effective hormonal method of birth control taken without interruption (patch, ring, BCP), and pregnancy.

**Recommended prophylaxis:**
First choice for females less than 80 kg: Plan B (1.5mg levonorgestrel) 1.5 mg tablet by mouth as soon as possible x 1 dose
First choice for females greater than 80 kg: Copper IUD. It is preferable to also give the Plan B (1.5mg levonorgestrel) 1.5 mg tablet by mouth as soon as possible x 1 dose

If IUD is contraindicated in client or client declines IUD insertion as option then second choice: Plan B (1.5mg levonorgestrel) 1.5 mg tablet by mouth as soon as possible x 1 dose

**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:** Ceftriaxone 250 mg intramuscularly (IM) with 0.9 mL of 1% lidocaine. If client declines injection, then 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, if allergy to macrolides (e.g. azithromycin) Doxycycline 100 mg orally BID for 7 days. If allergy to macrolides and pregnant/breastfeeding, then amoxicillin 500 mg orally TID for 7 days

ii) Adolescents

**Gonorrhea:** Cefixime 800 mg orally

**Chlamydia:** Azithromycin 1g orally once OR Doxycycline 100 mg orally BID for 7 days. Consult with physician or pharmacist if contraindication or allergy to macrolides and pregnant/breastfeeding

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 IM 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 (Note: if patient knows that they have been vaccinated and the serology is negative, a booster vaccination can be given)

HIV

It is recommended that ALL patients be counselled 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 recommendations are as follows:

For adults and adolescents >12 years old (pregnant or non-pregnant):

**Tenofovir 300 mg/emtricitabine (Truvada) 200 mg** - 1 tablet once a day x 28 days
**Dolutegravir 50 mg (Tivicay)** - 1 tablet once a day x 28 days

For adolescents <12 years old or unable to swallow tablets:

**Zidovudine/lamivudine (Combivir)** - Dose according to weight
**Raltegravir (Isentress)** - Dose according to weight

When considering HIV PEP for prepubertal children (<12 years old) 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.

# HOSPITAL INSTRUCTIONS

## INTRODUCTION

- The Sexual Assault Evidence Kit (SAEK; comprised of a CORE Kit and AUXILIARY Pack) 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.

## DOCUMENTATION

- All forms should be completed by the physician/nurse examiner.
- Medical care such as prophylaxis for sexually transmitted infections and emergency contraception 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

**GIVE TO POLICE:**

- Consent to Release Sexual Assault Evidence Kit to Police (yellow copy)
- Forensic Evidence Form (yellow and blue copies)
- Physical Examination Form (yellow copy)

**Note: the above documentation can be stored within the envelope on the outside of the kit prior to release to police. Please ensure all copies of form are legible. If necessary, please photocopy the white copy of the forms and attach a copy to both the blue and yellow copies.**

## 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, refrigerator & 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.

**EXCEPTIONS:**

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

## USE OF THE CORE KIT AND AUXILIARY PACK

- The SAEK is divided into two boxes:
    - The CORE Kit contains all of the paperwork and collection items that are frequently used, and is identified by a unique SAEK number. It is used for one patient only.
    - The AUXILIARY Pack contains collection items that are less frequently used and is designed to supplement multiple examinations.
- An indication is provided in each collection step whether the required collection items are in the CORE Kit or in the AUXILIARY Pack.
- All items collected during an examination should be placed into the CORE Kit box and sealed for submission to the CFS.

## CONTINUITY

The following approach may be followed to ensure the continuity of samples in the AUXILLARY Pack (note that this may not be necessary where alternate procedures are in place to maintain the integrity and continuity of these items):

- When collection items from the AUXILIARY Pack are required, the physician/nurse examiner breaks the seal to the AUXILIARY Pack and removes the items required for the examination (using clean gloves) as required.
- Following the examination, the physician/nurse examiner affixes a new seal that is provided inside the AUXILIARY Pack.
- The Access Log on top of the AUXILIARY Pack box is filled out by each physician/nurse examiner and the seal numbers are recorded in the appropriate area on the last page of the Forensic Evidence Form.

## 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 may 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.
- For any steps that are not relevant where you have indicated that the step is not applicable ('N/A' box has been checked), there is no need to check any additional boxes or fill out any additional information for that particular step.
- It is recommended that a clean pair of examination gloves be used for each step to prevent contamination.
- If possible, the patient should not urinate/defecate until **Steps 1 to 9** have been completed to avoid loss of evidential material. If not possible, avoid wiping **or** save the wiping tissue in jar **6-4** 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 5 of the ***Forensic Evidence Form*** to explain why certain steps should have been completed, but were not (e.g. patient declined collection). Record any additional information that may be of forensic relevance.
- Place all evidence items in the kit, with the exception of the refrigerator, freezer and clothing bags. Bagged small clothing items, such as underwear, may be placed directly into the kit.

## STEP 1: CLOTHING AND DROP SHEET

**Items for the collection of the underwear and one additional clothing item are in the CORE Kit (STEP 1 envelope and paper bags loose in kit). Items for the collection of all other clothing are in the AUXILIARY Pack (drying pouches, small and large paper bags, loose in box).**

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

**COLLECT:**

- **Underwear (always collect if possible)**
- **If underwear was not worn after the assault, collect the article of clothing that was worn on the lower half of the body in the absence of underwear (e.g. leggings, pants, skirt, etc.)**
- **Clothing worn during or immediately after the assault suspected to contain evidence of external ejaculation / drainage / blood / saliva transfer**

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.
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

**Swabs and swab boxes are in the CORE Kit (in the STEP 2, 4, 7, 8 and 9 Envelope). Additional swabs and swab boxes are provided in the AUXILIARY Pack.**

**COLLECT IF ALL OF THE FOLLOWING APPLY:**

- **Within 24 hours**
- **Oral penetration (penile) is suspected or unknown (Collect regardless of possible condom use, eating, drinking or brushing of teeth following sexual act)**

1. Take 2 oral swabs (preferably taken simultaneously) by thoroughly rubbing along gum and teeth margin.
2. 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.

**If the oral swabs are collected,** it is important that any recent sexual acts of fellatio or cunnilingus completed by the patient on individuals before the sexual assault be disclosed, as there is an expectation that body fluids from these individuals may also be present. This information will allow scientists to focus their examination on the most pertinent items collected and assist them in their analysis of any detected body fluids or DNA profiles.

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

## STEP 3: FINGERNAIL SAMPLES

### Items for the collection of fingernail samples are found in the AUXILIARY Pack (STEP 3 envelope)

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

**COLLECT IF ALL OF THE FOLLOWING APPLY:**

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

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

### Swabs and swab boxes are in the CORE Kit (in the STEP 2, 4, 7, 8 and 9 Envelope). Additional swabs and swab boxes are provided in the AUXILIARY Pack.

**COLLECT IF ALL OF THE FOLLOWING APPLY:**

- **Within 72 hours**
- **Patient did not shower / bathe prior to SAEK (exception: where biting alleged, collect regardless whether patient showered/bathed)**
- **Suspected transfer of blood / semen / saliva (licking/kissing/biting) to non-genital areas alleged**
- **Note: Collect regardless of observed luminescence with alternate light source**
- **ALSO collect a swab of each breast if patient does not recall events and first two points from above apply**

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: BLOOD SAMPLE

**Items for the collection of the blood sample are found in the CORE Kit in the STEP 5 envelope. An extra blood collection envelope is provided in the AUXILIARY Pack.**

*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 (note: this sample is not necessary to collect if there is no relevant history to support the taking of the sample)**

1. Take 1 tube of blood (grey top) for **forensic analysis.**
2. Place the tube in the protective foam holder.
3. Fill out the information required on the Blood bag (**5-1**), place foam holder inside blood bag (XXXXXL where XXXXX is the SAEK number) and seal the bag.
4. Place sealed blood bag in the Refrigerator Transport Bag (XXXXXR where XXXXX is the SAEK number). Do not seal this bag until Step 11 is complete.
5. Enter the correct SAEK number on the Blood and Refrigerator Transport bags if using the collection kit from the AUXILIARY Pack.

**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.

## STEP 6: PUBIC HAIR AND FOREIGN MATERIAL

**Items for the collection of pubic hair and foreign material samples are found in the AUXILIARY Pack (STEP 6-1, 6-3, 6-4 and 6-5 envelopes). The pubic hair comb (STEP 6-2) is found in the CORE Kit.**

**ITEM 6-2 ALWAYS COLLECT (if pubic hair is present)**

**ITEMS 6-1, 6-3 and 6-4 COLLECT IF ALL OF THE FOLLOWING APPLY:**

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

**ITEM 6-5 (Tampons, sanitary napkins and diapers) COLLECT up to 12 days regardless of shower/bathing 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 **6-1**.
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 **6-2**.
5. Place any foreign material (i.e. hairs, fibres, etc.) found in pubic hair, the external genitalia and anal area on a new drop sheet, fold and place in an envelope and seal. Label envelope **6-3**.
6. If foreign material requires freezing (i.e. used condom, post-void toilet tissue), place material in jar and affix label **6-4**. Enter the correct SAEK number on the Freezer Transport bag. Place jar in Freezer Transport Bag. Do <u>not</u> seal bag until Step 9 is complete.
7. Place used tampons, sanitary napkins, or diapers in the white bag or a paper bag provided and affix item label **6-5.** Place in Freezer Transport Bag. Do <u>not</u> seal bag until Step 9 is complete.

## STEP 7: EXTERNAL GENITALIA SAMPLES

**Swabs and swab boxes for the collection of external genitalia samples are in the CORE Kit (in the STEP 2, 4, 7, 8 and 9 Envelope). Additional swabs and swab boxes are provided in the AUXILIARY Pack.**

**COLLECT IF <u>ANY</u> OF THE FOLLOWING APPLY:**

**<u>For Female Patients (Anatomical sex):</u>**

- **Suspected or unknown penile penetration of the vagina (with or without condom) – collect within 12 days <u>regardless</u> of shower / bathing prior to SAEK**
- **Suspected or unknown penile penetration of the anus (with or without condom) – collected within 3 days regardless of shower/bathing prior to SAEK.**
- **Suspected or unknown cunnilingus – collect within 72 hours and only if patient did <u>not</u> shower / bathe prior to SAEK**
- **Suspected or unknown digital penetration of the vagina– collect within 7 days**
- **Suspected or unknown digital penetration of the anus– collect within 3 days**

1. Use two swabs (preferably taken simultaneously) moistened with sterile water to collect any potential deposits on external genitalia.

2. 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 **7-1** to the first box and **7-2** to the second box

**If the external genitalia swabs are collected,** it is important that any recent sexual acts of vaginal and/or anal penetration (including digital penetration) without a condom or cunnilingus completed on the patient by individuals before the sexual assault be disclosed, as there is an expectation that body fluids from these individuals may also be present. This information will allow scientists to focus their examination on the most pertinent items collected and assist them in their analysis of any detected body fluids or DNA profiles.

**For Male Patients (Anatomical sex):**

- **Suspected or unknown penetration of the assailant's vagina or anus by the patient's penis – collect within 72 hours and only if the patient did not shower / bathe prior to SAEK**
- **Suspected or unknown fellatio – collect within 72 hours and only if the patient did not shower / bathe prior to SAEK**
- **Suspected or unknown penile (with or without condom) or digital penetration of the patient's anus – collect within 3 days.**

1. Use two swabs, moistened with sterile water, to collect material from the exterior surface of the penis (regardless of condom use). The same two swabs should also be used to swab the scrotum, focusing on the area in closest proximity to the penis. For uncircumcised individuals, retract the foreskin and roll the swabs around the internal foreskin and the remaining areas of the penis. If staining is present (e.g. lipstick or blood-like) on the penis and/or scrotum, use an additional (separate) swab moistened with sterile water for collection of this material.
2. 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 **7-1** to the first box and **7-2** to the second box.

**If the external genitalia swabs are collected,** it is important that any recent sexual acts of vaginal and/or anal penetration without a condom completed by the patient or fellatio completed on the patient by individuals before the sexual assault be disclosed, as there is an expectation that body fluids from these individuals may also be present. This information will allow scientists to focus their examination on the most pertinent items collected and assist them in their analysis of any detected body fluids or DNA profiles.

## STEP 8: VAGINAL SAMPLES

**Swabs and swab boxes are in the CORE Kit (in the STEP 2, 4, 7, 8 and 9 Envelope). Additional swabs and swab boxes are provided in the AUXILIARY Pack.**

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

**COLLECT IF:**

- **Within 12 days (<u>regardless</u> of possible condom use) for penile penetration**
- **Within 7 days for digital penetration.**

**AND IF ANY OF THE FOLLOWING APPLY:**

- **Penile penetration of the vagina is suspected or unknown**
- **Digital penetration of the vagina is suspected or unknown**

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. 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.
5. Use container **6-4** and the Freezer Transport bag (see Step 6 - AUXILIARY Pack) for foreign material found in the vagina. Affix the appropriate item labels. Do <u>not</u> seal freezer transport bag until Step 9 is complete.

**If the vaginal swabs are collected,** it is important that any recent sexual acts of vaginal penetration (including digital penetration) without a condom completed on the patient by individuals before the sexual assault be disclosed, as there is an expectation that body fluids from these individuals may also be present. This information will allow scientists to focus their examination on the most pertinent items collected and assist them in their analysis of any detected body fluids or DNA profiles.

**For Hospital Use Only - Do not submit with kit. Swabs are not included in the kit.**
**<u>Adult Females</u>:** Do a cervical swab for gonorrhea and chlamydia and a vaginal swab for trichomonas if vaginal penetration is suspected or alleged.
**<u>Prepubertal Females</u>:** Moisten swabs in appropriate transport medium and swab introitus for gonorrhea, chlamydia and trichomonas if vaginal penetration is suspected or alleged.

10 ***Once the kit is open, never leave evidence unattended. Use the tamper evident seals provided.***
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## STEP 9: ANAL CANAL SAMPLES

### Swabs and swab boxes are in the CORE Kit (in the STEP 2, 4, 7, 8 and 9 Envelope). Additional swabs and swab boxes are provided in the AUXILIARY Pack.

**COLLECT IF:**

- **Within 3 days (regardless of possible condom use) for penile penetration**

**AND IF ANY OF THE FOLLOWING APPLY**

- **Penile penetration of the anus is suspected or unknown**
- **Digital penetration of the anus is suspected or unknown**

1. After cleansing anal area with sterile water, take two anal canal swabs (preferably taken simultaneously).
2. 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.
3. Use container **6-4** and the Freezer Transport bag (see Step 6 – AUXILIARY Pack) for foreign material found in the rectum. Affix the appropriate item labels.
4. Seal the Freezer Transport Bag and **freeze** until the kit is forwarded to the investigating police officer.

**If the anal swabs are collected,** it is important that any recent sexual acts of anal penetration (including digital penetration) without a condom completed on the patient by individuals before the sexual assault be disclosed, as there is an expectation that body fluids from these individuals may also be present. This information will allow scientists to focus their examination on the most pertinent items collected and assist them in their analysis of any detected body fluids or DNA profiles.

**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 is suspected or alleged.

## STEP 10: DNA REFERENCE SAMPLE

### Items for the collection of the DNA reference sample are in the CORE Kit (STEP 10 envelope)

**ALWAYS COLLECT (if possible)**

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).

***Once the kit is open, never leave evidence unattended. Use the tamper evident seals provided.*** 11
**CFS SAEK 2018**

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 **10-1** to the self-sealing bag.

## STEP 11: URINE SAMPLE

**Items for the collection of the urine sample are found in the CORE Kit in the STEP 11 envelope.**

**COLLECT IF:**

- **Within 7 days (note: this sample is not necessary to collect if there is no relevant history to support the taking of the sample)**

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 (**5-2**) in the Refrigerator Transport Bag with the blood collected in Step 5.
6. Seal the Refrigerator 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 if kit contains moist clothing items/Freezer Transport Bag) until forwarded to the investigating police officer.**

## 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)

_____
Date

## 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)

_____
Date

| Hospital Records - White Copy | Physician/Nurse Examiner – Yellow copy | Hôpital - copie blanche | Médecin/infirmier(ère) en charge de l'examen - copie jaune |
|---|---|---|---|

## 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

| Hospital Records - White Copy | Police - Yellow Copy | Hôpital - copie blanche | Police - copie jaune |
|---|---|---|---|

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

**Kit No. _____**



| Patient's Surname | Given Name | Birth Date (DD/MM/YYYY) | Age |
|---|---|---|---|
| | | | |

| Date (DD/MM/YYYY) | Time admitted to ED: | Time SADVTC contacted | Time of Physician/Nurse Examiner Arrival | Time SAEK Opened |
|---|---|---|---|---|
| | | | | |

| Did police accompany patient to hospital? ☐ Yes ☐ No | Police Service & Division/Detachment | Officer's Name | Badge No. | Telephone No. |
|---|---|---|---|---|
| | | | | |

| Date (DD/MM/YYYY) and time of assault: | Location (e.g. patient's home, assailant's home, outdoors, etc.) |
|---|---|
| | |

| Between the assault and the evidence collection, did the patient: | Yes | No | U/K | N/A |
|---|---|---|---|---|
| Shower / bathe? | ☐ | ☐ | ☐ | ☐ |

| **STEP 1 – CLOTHING AND DROP SHEET** | | | | **EVIDENCE (Itemize)** |
|---|---|---|---|---|
| | Yes | No | U/K | |
| Did the patient have any bleeding injuries? | ☐ | ☐ | ☐ | |
| | Yes | No | N/A | 1-1 _____ |
| Are these the clothes worn during the assault? | ☐ | ☐ | ☐ | |
| | | | | 1-2 _____ |
| If clothes were changed, are they available? | ☐ | ☐ | ☐ | |
| | | | | 1-3 _____ |
| Have the clothes worn during the assault been washed? | ☐ | ☐ | ☐ | |
| | | | | 1-4 _____ |
| Have the clothes worn during the assault been damaged? | ☐ | ☐ | ☐ | |
| | | | | 1-5 _____ |
| Underwear or relevant item (see hospital instructions): Check ALL that apply to when each pair was worn relative to the occurrence of the assault. | | | | |
| | | | | 1-6 _____ |
| | Before | During | Immed. after | To hospital |
| Bag 1- _____ | ☐ | ☐ | ☐ | ☐ |
| | | | | 1-7 _____ |
| Bag 1- _____ | ☐ | ☐ | ☐ | ☐ |
| | | | | 1-8 _____ |
| Bag 1- _____ | ☐ | ☐ | ☐ | ☐ |
| | | | | 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 ☐ | U/K ☐ | |
| _____ | | | | |
| _____ | | | | |

| **STEP 2 – ORAL SAMPLES** | Yes | No | U/K | N/A | **EVIDENCE** | Done | Not Done |
|---|---|---|---|---|---|---|---|
| Was there penetration or attempted penetration of the patient's **mouth** within the last 24 hours by the assailant's penis (fellatio)? | ☐ | ☐ | ☐ | ☐ | | | |
| If answer is 'yes' or 'u/k': Within the past 24 hours, was there oral penetration of the patient without a condom, <u>other than during the assault</u>? | ☐ | ☐ | ☐ | ☐ | **2-1** Oral swab | ☐ | ☐ |
| | | | | | **2-2** Oral swab | ☐ | ☐ |
| Within the past 24 hours, was there cunnilingus **by** the patient, <u>other than during the assault</u>? | ☐ | ☐ | ☐ | ☐ | **Time**: _____ | | |

| **CFS SAEK 2018** | **Hospital – White Copy** | **CFS – Blue Copy** | **Police – Yellow Copy** |
|---|---|---|---|

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

**Kit No. _____**



| **STEP 2 – ORAL SAMPLES** | Yes | No | U/K | N/A | **EVIDENCE** |
|---|---|---|---|---|---|
| During the assault: | | | | | |
| Was there ejaculation? | ☐ | ☐ | ☐ | ☐ | |
| If 'yes', specify: Internal ☐ External ☐ | | | | | |
| If external, specify location: _____ | | | | | |
| | Yes | No | U/K | N/A | |
| Was a condom used? | ☐ | ☐ | ☐ | ☐ | |
| Was an object used? If "yes', specify: _____ | ☐ | ☐ | ☐ | ☐ | |
| Was a lubricant used? | ☐ | ☐ | ☐ | ☐ | |

| **STEP 3 – FINGERNAIL SAMPLES** | Yes | No | U/K | N/A | **EVIDENCE** | Done | Not Done |
|---|---|---|---|---|---|---|---|
| Did the patient scratch the assailant within the last 72 hours? | ☐ | ☐ | ☐ | ☐ | **3-1** Fingernail samples - left hand | ☐ | ☐ |
| | | | | | **3-2** Fingernail samples - right hand | ☐ | ☐ |

| **STEP 4 – SKIN SAMPLES** | Yes | No | U/K | N/A | **EVIDENCE** | Reason collected? |
|---|---|---|---|---|---|---|
| Did the assailant potentially transfer bodily fluids to a non- genital area on the patient's **skin** (e.g. external ejaculation, kissing / licking / biting / strangulation)? If 'yes', specify: _____ | ☐ | ☐ | ☐ | ☐ | Swabs of deposits on skin | |
| | | | | | **4-1** Site _____ | _____ |
| | | | | | **4-2** Site _____ | _____ |
| Was the patient strangled? | ☐ | ☐ | ☐ | ☐ | **4-3** Site _____ | _____ |
| If 'yes', specify, with what _____ | | | | | **4-4** Site _____ | _____ |
| If patient does not recall events, collect a swab of each breast | | | | | | |

| **STEP 5 – BLOOD SAMPLE** | Yes | No | U/K | N/A | **EVIDENCE** | Done | Not Done |
|---|---|---|---|---|---|---|---|
| Within the 24 hours prior to the assault, was there any: | | | | | | | |
| Prescription, over-the-counter, or recreational drug use? | ☐ | ☐ | ☐ | ☐ | **5-1** Blood sample | ☐ | ☐ |
| Alcohol use? | ☐ | ☐ | ☐ | ☐ | | | |
| If 'yes', describe type, amount and time period. _____ | | | | | | | |
| After the assault but prior to sample collection, was there any: | | | | | **Time**: | | |
| Prescription, over-the-counter, or recreational drug use? | ☐ | ☐ | ☐ | ☐ | _____ | | |
| Alcohol use? | ☐ | ☐ | ☐ | ☐ | | | |
| If 'yes', describe type, amount and time period. _____ | | | | | | | |
| After the time of the assault but prior to sample collection, were drugs administered in hospital? If 'yes', describe type, amount and time period. _____ | ☐ | ☐ | ☐ | ☐ | | | |
| Describe any physical or mental impairment experienced prior to, during, or after the assault. When were the symptoms experienced? _____ | | | | | | | |

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|---|---|---|---|

**FORENSIC EVIDENCE FORM**
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**Kit No.** _____ 

| **STEP 6 – PUBIC HAIR AND FOREIGN MATERIAL** | | **EVIDENCE** | | |
|---|---|---|---|---|
| | | Done | Not Done | None Found |
| | **6-1** Deposits in pubic hair | ☐ | ☐ | ☐ |
| | **6-2** Combing of pubic hair **Collect always – if possible** | ☐ | ☐ | ☐ |
| | **6-3** Foreign material - Location & Description _____ | ☐ | ☐ | ☐ |
| | **6-4** Foreign material requiring freezing - Location & Description _____ | ☐ | ☐ | ☐ |
| | **6-5** Tampon ☐ Sanitary napkin ☐ Diaper ☐ | ☐ | ☐ | ☐ |

| **STEP 7 – EXTERNAL GENITALIA SAMPLES** | | | | | **EVIDENCE** | | |
|---|---|---|---|---|---|---|---|
| **For female patients (anatomical sex):** | Yes | No | U/K | N/A | | Done | Not Done |
| Did the assailant attempt or complete cunnilingus or vaginal/anal penetration (digital or penile) on the patient? | ☐ | ☐ | ☐ | ☐ | | | |
| If answer is 'yes' or 'u/k': | | | | | **7-1** External genitalia swab | ☐ | ☐ |
| Within the past 12 days was there vaginal penetration of the patient without a condom other than during the assault? | ☐ | ☐ | ☐ | ☐ | | | |
| Within the past 72 hours was there anal penetration of the patient without a condom, other than during the assault? | ☐ | ☐ | ☐ | ☐ | **7-2** External genitalia swab | ☐ | ☐ |
| Within the past 72 hours was there cunnilingus **on** the patient, other than during the assault? | ☐ | ☐ | ☐ | ☐ | | | |
| **For male patients (anatomical sex):** | | | | | | | |
| Did the assailant digitally penetrate the patient's anus? | ☐ | ☐ | ☐ | ☐ | | | |
| Was there penetration or attempted penetration of the assailant's vagina/anus/mouth by the patient's penis? | ☐ | ☐ | ☐ | ☐ | | | |
| If answer is 'yes' or 'u/k' to either of the above: | | | | | | | |
| Within the past 72 hours was there vaginal and/or anal penetration of another individual **by** the patient without a condom, other than during the assault? | ☐ | ☐ | ☐ | ☐ | | | |
| Within the past 72 hours was there fellatio **on** the patient, other than during the assault? | ☐ | ☐ | ☐ | ☐ | | | |
| During the Assault: | | | | | | | |
| Was the patient wearing a condom during fellatio, vaginal and/or anal penetration of the assailant? | ☐ | ☐ | ☐ | ☐ | | | |
| Was a lubricant used? | ☐ | ☐ | ☐ | ☐ | | | |

| **STEP 8 – VAGINAL SAMPLES** | | | | | **EVIDENCE** | | |
|---|---|---|---|---|---|---|---|
| | Yes | No | U/K | N/A | | Done | Not Done |
| At the time of the assault, was the patient menstruating or bleeding? | ☐ | ☐ | ☐ | ☐ | | | |
| At the time of the examination, was the patient menstruating or bleeding? | ☐ | ☐ | ☐ | ☐ | **8-1** Vaginal swab | ☐ | ☐ |
| | | | | | **8-2** Vaginal swab | ☐ | ☐ |
| Was there penetration or attempted penetration of the patient's **vagina** by: | | | | | **Time**: | | |
| the assailant's mouth/tongue (cunnilingus)? | ☐ | ☐ | ☐ | ☐ | | | |
| the assailant's finger(s)? | ☐ | ☐ | ☐ | ☐ | _____ | | |
| the assailant's penis? | ☐ | ☐ | ☐ | ☐ | | | |

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| **STEP 8 – VAGINAL SAMPLES** | Yes | No | U/K | N/A | **EVIDENCE** |
|---|---|---|---|---|---|
| If answer to any of the previous is 'yes' or 'u/k': | | | | | |
| Within the past 12 days was there vaginal penetration of the patient without a condom, other than during the assault? | ☐ | ☐ | ☐ | ☐ | |
| If 'yes", specify number of days elapsed: _____ | | | | | |
| During the assault: | | | | | |
| Was an object used for penetration? If 'yes', specify: _____ | ☐ | ☐ | ☐ | ☐ | |
| Was there ejaculation by the assailant? | ☐ | ☐ | ☐ | ☐ | |
| If 'yes', specify: Internal ☐ External ☐ | | | | | |
| **If external, specify location:** _____ | | | | | |
| Was a condom used? | ☐ | ☐ | ☐ | ☐ | |
| Was a lubricant used? | ☐ | ☐ | ☐ | ☐ | |

| **STEP 9 – ANAL CANAL SAMPLES** | Yes | No | U/K | N/A | **EVIDENCE** | Done | Not Done |
|---|---|---|---|---|---|---|---|
| Was there penetration or attempted penetration of the patient's **anus** by: | | | | | | | |
| the assailant's mouth/tongue? | ☐ | ☐ | ☐ | ☐ | **9-1** Anal swab | ☐ | ☐ |
| the assailant's finger(s)? | ☐ | ☐ | ☐ | ☐ | | | |
| the assailant's penis? | ☐ | ☐ | ☐ | ☐ | **9-2** Anal swab | ☐ | ☐ |
| If answer to any of the above is 'yes' or 'u/k': | | | | | | | |
| Within the past 72 hours was there anal penetration of patient without a condom, other than during the assault? | ☐ | ☐ | ☐ | ☐ | | | |
| If 'yes', specify number of days elapsed: _____ | | | | | **Time**: _____ | | |
| During the assault: | | | | | | | |
| Was an object used for penetration? If 'yes', specify: _____ | ☐ | ☐ | ☐ | ☐ | | | |
| Was there ejaculation by the assailant? | ☐ | ☐ | ☐ | ☐ | | | |
| If 'yes', specify: Internal ☐ External ☐ | | | | | | | |
| **If external, specify location:** _____ | | | | | | | |
| Was a condom used? | ☐ | ☐ | ☐ | ☐ | | | |
| Was a lubricant used? | ☐ | ☐ | ☐ | ☐ | | | |

| **STEP 10 – DNA REFERENCE SAMPLE** | **EVIDENCE** | Done | Not Done |
|---|---|---|---|
| **Collect – if possible** | **10-1** DNA reference sample | ☐ | ☐ |

| **STEP 11 – URINE SAMPLE** | **EVIDENCE** | Done | Not Done |
|---|---|---|---|
| | **5-2** Urine sample | ☐ | ☐ |
| | **Time**: _____ | | |

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**Kit No. _____**



If any of the previous was not completed, but should have been based on history, please explain.

Patient Declined the following steps:

Other reason(s), please explain:

Any additional information of forensic relevance, please specify:

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**FORENSIC EVIDENCE FORM**
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**USE BALLPOINT PEN, PRINT LEGIBLY AND PRESS HARD**

**Kit No. _____**



## Medical Staff

| Hospital name | Hospital address | Hospital telephone number |
|---|---|---|
| | | |

| Physician/Nurse Examiner (Print name) | Signature | Date |
|---|---|---|
| | | |
| Assistant Nurse (Print name) | Signature | Date |
| | | |
| SAEK Sealed | Date | Time |
| | | |
| Auxiliary Pack Seal Broken (If relevant): | Auxiliary Pack Seal Applied (If relevant): | Date |
| | | |

## Person transferring SAEK to police (to be completed by the physician / nurse examiner / hospital staff member)

Ensure that officer receives:

- ☐ Kit including **blue** copy of the Forensic Evidence Form
- ☐ Clothing, if separately packaged from the kit box
- ☐ Refrigerator Transport Bag for blood & urine
- ☐ Freezer Transport Bag for frozen items
- ☐ **Yellow** copy of Consent to Release Sexual Assault Evidence Kit to Police
- ☐ **Yellow** copy of Physical Examination Form
- ☐ **Yellow** copy of the Forensic Evidence Form

| Name (print) | Signature | Date and Time of transfer |
|---|---|---|
| | | |

## Police officer receiving SAEK

| Officer Name (print) | Badge | Signature |
|---|---|---|
| | | |

| Police Service (print) | Division/Detachment |
|---|---|
| | |

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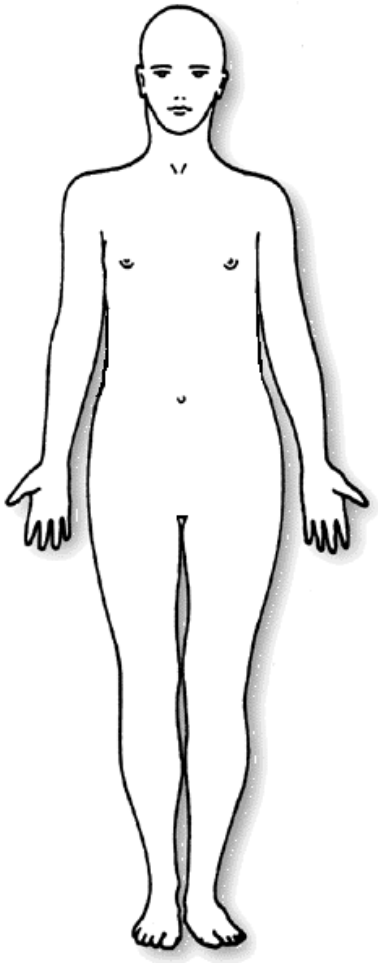
|---|---|---|---|

## PHYSICAL EXAMINATION FORM

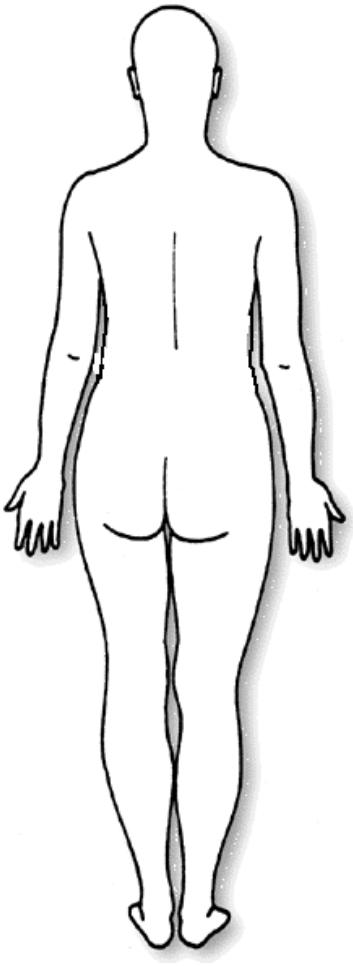
Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and alternative light source 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.**

Body – Front



Body - Back



☐No injuries observed

| Physician/Nurse Examiner's Signature | Date | Time |
|---|---|---|
| | | |

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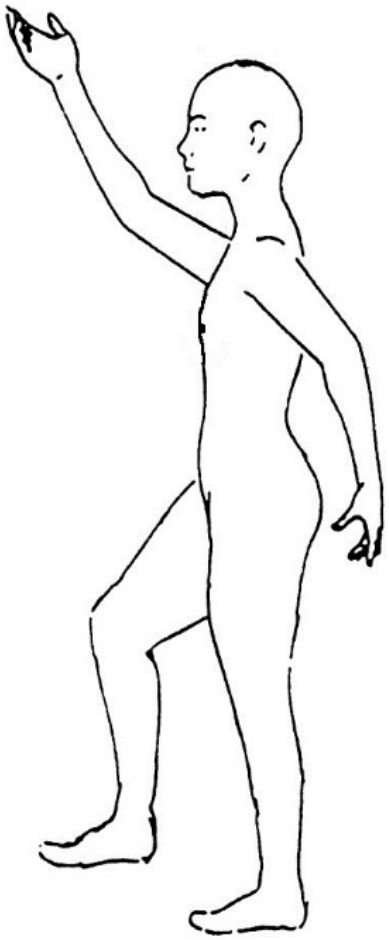
## PHYSICAL EXAMINATION FORM

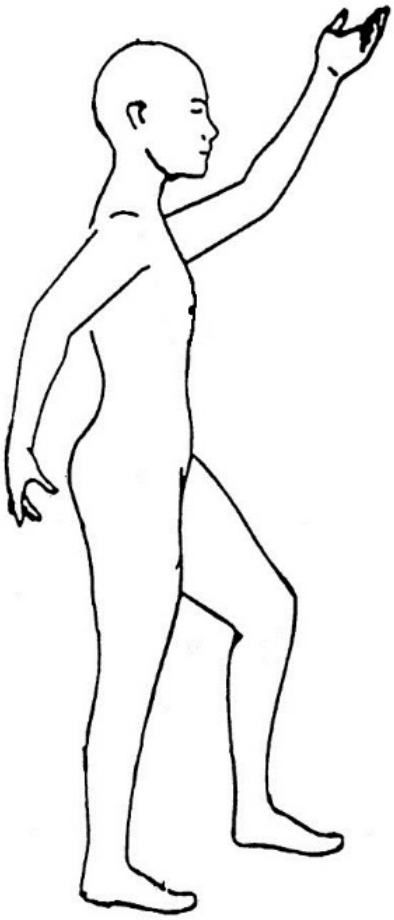
Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and alternative light source 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.**

Body – Left Profile



Body – Right Profile



☐No injuries observed

| Physician/Nurse Examiner's Signature | Date | Time |
|---|---|---|
| | | |

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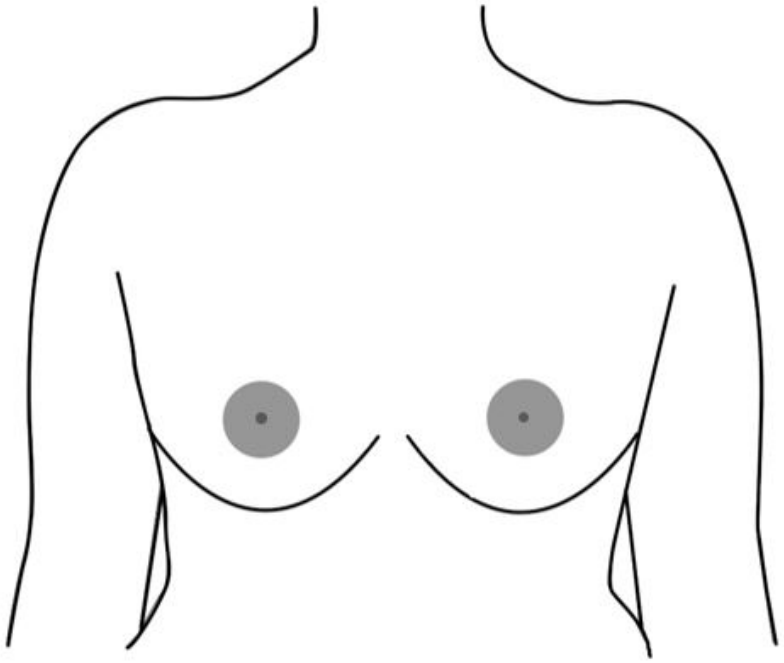
## PHYSICAL EXAMINATION FORM

Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and alternative light source 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.**

Breasts - Front



☐No injuries observed

| Physician/Nurse Examiner's Signature | Date | Time |
|---|---|---|
| | | |

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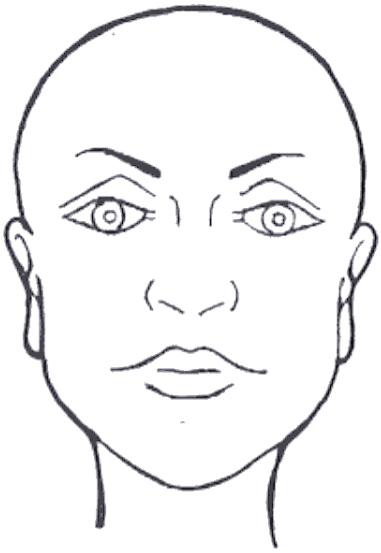
## PHYSICAL EXAMINATION FORM

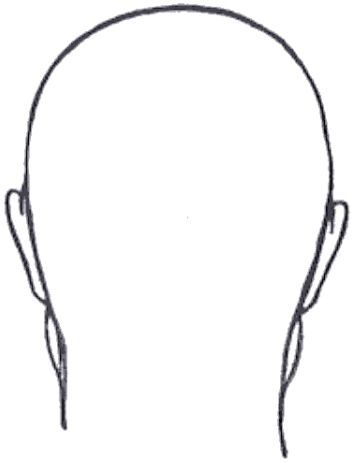
Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and alternative light source 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



☐No injuries observed

| Physician/Nurse Examiner's Signature | Date | Time |
|---|---|---|
| | | |

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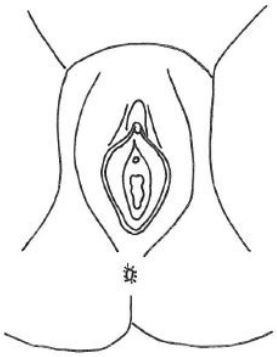
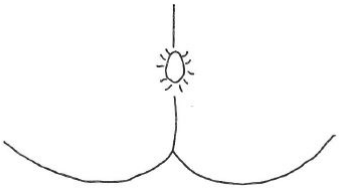
## PHYSICAL EXAMINATION FORM

Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and alternative light source 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.**

FEMALE PATIENT





Prepuce/Clitoris:

Labia Majora and Minora:

Hymen:

Vagina:

Posterior Fourchette and Introitus:

Fossa Navicularis:

Cervix:

Os:

Left vaginal wall:

Right vaginal wall:

Anus:

Perineum:

| Physician/Nurse Examiner's Signature | Date | Time |
|---|---|---|
| | | |

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## PHYSICAL EXAMINATION FORM

Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and alternative light source 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.**

☐No injuries observed

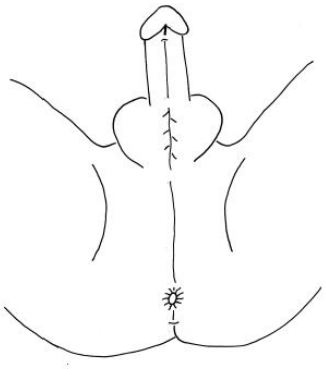
MALE PATIENT

Penis:

Scrotum:

Anus:

Rectum:



☐No injuries observed

Physician/Nurse Examiner's Signature Date

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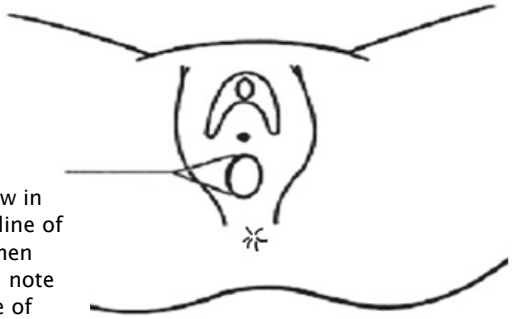
## PHYSICAL EXAMINATION FORM

Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and alternative light source 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:

☐No injuries observed

CHILDREN

Stages of secondary sex characteristic development should be noted for all children/adolescents according to the Sexual Maturity Rating (SMR) described below[1]:

Girls: Breasts _____ Pubic Hair _____

Boys: Genitals _____ Pubic Hair _____

Males: Pubic Hair
Stage 1: Preadolescent
Stage 2: Scanty, long, slightly pigmented, primarily at base of penis
Stage 3: Darker, coarser, starts to curl, small amount
Stage 4: Coarse, curly; resembles adult type but covers smaller area
Stage 5: Adult quantity and distribution, spread to medial surface of thighs

[1] Tanner J M. Growth at Adolescents. 2nd edition. Oxford : Blackwell Scientific Publication. 1962, p. 32-38.

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|---|---|---|
| | | |

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## PHYSICAL EXAMINATION FORM

Kit No. _____

Mark all injuries relevant to the assault as well as areas of tenderness and alternative light source 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.**

Males: Genitals

| *Penis* | *Testes* |
|---|---|
| Stage 1: Preadolescent | Preadolescent |
| Stage 2: Slight or no enlargement | Beginning enlargement of testes and scrotum; scrotal skin reddened, texture altered |
| Stage 3: Longer | Further enlargement of testes and scrotum |
| Stage 4: Larger in breadth, glans penis develops | Testes and scrotum nearly adult |
| Stage 5: Adult | Adult |

Females: Pubic Hair
Stage 1: Preadolescent
Stage 2: Sparse, slightly pigmented, straight, at medial border of labia
Stage 3: Darker, beginning to curl, increased amount
Stage 4: Coarse, curly, abundant, but amount less than in adult
Stage 5: Adult feminine triangle, spread to medial surface of thighs

Females: Breasts
Stage 1: Preadolescent; elevation of papilla only
Stage 2: Breast and papilla elevated as small mound; areola diameter increased
Stage 3: Breast and areola enlarged with no separation of their contours
Stage 4: Projection of areola and papilla to form secondary mound above the level of the breast
Stage 5: Mature; projection of papilla only, areola has recessed to the general contour of the breast

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

## Core Values

1. All individuals have a right to a life free of violence.

2. Women are disproportionately affected by domestic violence and sexual violence, as evidenced by research. As such, we recognize that violence is gender-based, wide-spread, and a human rights violation. It reflects and reinforces gender inequities and compromises the health, dignity, security, and autonomy of its victims/ survivors.

3. Sexual violence and domestic violence have long-term negative impacts on individuals, families, and society.

4. Sexual violence and domestic violence are crimes and individuals who use violence against others need to be held accountable.

5. Sexual violence and domestic violence must be addressed collectively by the health care, legal, social, and political systems.

6. Everyone has the right to services to aid in their recovery.

7. Services must be accessible and staff appropriately trained to provide care to all community members.

8. Access to trauma specific services can mitigate harm and facilitate healing and post-traumatic growth.

## Principles of Service

### Inclusion and Equity

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

### Client-Centred

Our services must be individualized, culturally appropriate, accessible, consistent, sensitive, and nonjudgmental.

### Informed Choice

Information must be delivered in a timely, accessible, and responsive way to facilitate a client's right to make informed choices.

### Education

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

### Collaboration

Collaboration and networking encourages information exchange, reduces isolation, and facilitates resource sharing.

### Accountability

SA/DVTCs and professionals demonstrate accountability to both the individuals receiving our services and our funders through data collection, program evaluation, and the delivery quality, evidence-based services.

### Trauma-Specific Services

Each SA/DVTC will provide trauma-specific services.

200 Front Street West, Suite 2800
Toronto, Ontario M5V 3L1
www.oha.com