



Designation: ~~E1843—16~~ E1843 – 20

Standard Guide for Sexual Assault Violence Investigation, Examination, and Evidence Collection Protocol¹

This standard is issued under the fixed designation E1843; the number immediately following the designation indicates the year of original adoption or, in the case of revision, the year of last revision. A number in parentheses indicates the year of last reappraisal. A superscript epsilon (ϵ) indicates an editorial change since the last revision or reappraisal.

1. Scope

1.1 This guide ~~covers~~ outlines the basic components for the development of a sexual ~~assault~~ violence investigation ~~protocol~~, protocols, with specific attention to the examination of ~~assault—sexual violence~~ scenes, victims and suspects of sexual ~~assault, violence~~, the recovery of testimonial, physical, and behavioral evidence, and the preservation and custody of physical evidence.

1.2 This guide outlines ~~procedures~~ protocols requiring the experience of experts in a diversity of fields. A multidisciplinary team approach to sexual ~~assault~~ violence investigation is necessary and is the current standard of care. This team should include members skilled in the following disciplines: law enforcement, criminalistics, victim advocacy, and clinical, forensic practice.

1.3 This ~~guide offers a set of instructions for performing one or more specific operations. This standard cannot replace knowledge, skill, skills, or ability~~ offers a set of instructions for performing one or more specific operations. This standard cannot replace knowledge, skills, or abilities acquired through appropriate education, training, and experience (see Practice E2917 and should, Education and Training) and is to be used in conjunction with sound professional judgment. professional judgement by individuals with such discipline-specific knowledge, skills, and abilities.

1.4 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety, health, and environmental practices and determine the applicability of regulatory limitations prior to use.*

1.5 *This international standard was developed in accordance with internationally recognized principles on standardization established in the Decision on Principles for the Development of International Standards, Guides and Recommendations issued by the World Trade Organization Technical Barriers to Trade (TBT) Committee.*

2. Referenced Documents

2.1 ASTM Standards:²

E620 Practice for Reporting Opinions of Scientific or Technical Experts

E1020 Practice for Reporting Incidents that May Involve Criminal or Civil Litigation

E1188 Practice for Collection and Preservation of Information and Physical Items by a Technical Investigator

E1459 Guide for Physical Evidence Labeling and Related Documentation

E1492 Practice for Receiving, Documenting, Storing, and Retrieving Evidence in a Forensic Science Laboratory

E2123 Practice for Preservation of Evidence in Sexual Violence Investigation

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² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standards' standards's Document Summary page on the ASTM website.

[E2124 Specification for Equipment and Supplies in Sexual Violence Investigations](#)

[E2917 Practice for Forensic Science Practitioner Training, Continuing Education, and Professional Development Programs](#)

3. Terminology

3.1 Definitions:

3.1.1 *human trafficking, n*—recruitment, transportation, transfer, harboring, or receipt of persons by improper means (such as force, abduction, fraud, or coercion) for an improper purpose including forced labor or sexual exploitation). **(1)³**

3.1.2 *rape, n*—penetration, no matter how slight, of the vagina or anus with any body part or object, or oral penetration by a sex organ of another person, without the consent of the victim. **(2)**

3.1.3 *sexual assault, n*—physical, sexual activity without the consent of the other person or when the other person is unable to consent to the activity.

3.1.3.1 Discussion—

The activity or conduct may include physical force, violence, threat, intimidation, ignoring the objections of the other person, causing the other person’s intoxication or incapacitation (through the use of drugs or alcohol) or taking advantage of the other person’s intoxication (including voluntary intoxication).

3.1.4 *sexual violence, n*—a specific constellation of crimes including sexual harassment, sexual assault, and rape. **(3)**

3.1.5 *vulnerable populations, n*—populations at risk for poor physical, psychological, or social health.

3.1.5.1 Discussion—

Minors, unaccompanied minors, disabled people, elderly people, pregnant women, single parents with minor children and persons who have been subjected to torture, rape or other serious forms of psychological, physical or sexual violence, victims of trafficking. Any group or sector of society that is at higher risk of being subjected to discriminatory practices or violence, (such as women, children or the elderly), as defined by race/ethnicity, socio-economic status, geography, gender, age, disability status, risk status related to sex and gender, and among other populations identified to be at-risk for health disparities.

4. General Protocol

4.1 *General Information*—Sexual assault/violence is an underreported crime. The most serious misunderstandings displayed on the part of investigators are common misunderstandings of particular categories of victims (enumerated below) and a lack of Responders to sexual violence incidents should use a victim-centered and trauma- informed approach when developing protocols to engage victims of sexual violence. Victim-centered is defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a nonjudgmental manner. A trauma-informed approach considers the impact of trauma and victim safety considerations **willingness(4)**. to work Protocols should be developed to encourage and enable coordination and assistance with professionals in allied disciplines who also that provide valuable services in this area: services that address the following areas:

4.1.1 Sensitivity to victim needs,

3.1.2 The elderly victim;

3.1.3 The disabled victim;

3.1.4 The male victim;

3.1.5 The child victim (see Section 4);

4.1.2 The cultural heritage of the victim,

³ The boldface numbers in parentheses refer to a list of references at the end of this standard.

4.1.3 Vulnerable populations,

4.1.4 ~~The homosexual victim,~~ Victims of human trafficking, and

4.1.5 The deceased victim.

4.2 *Initial Law Enforcement Response*—~~Sexual assaults~~ violence most often ~~comes~~ comes to the attention of law enforcement personnel as initial responders. It is essential for initial responders to have mechanisms in place ~~mechanisms~~ for the immediate notification of allied professionals that must also respond in a timely manner to effect the proper investigation of these incidents. The following topical areas should be addressed in written procedures by law enforcement agencies responding to sexual ~~assaults~~ violence:

4.2.1 Victim safety and security;

4.2.2 Activate multidisciplinary team;

4.2.3 Initial victim interview and transport to examining facility;

4.2.4 Scene security;

4.2.5 Scene search;

4.2.6 Evidence identification, documentation, recovery, and security; and

4.2.7 Suspect detection, apprehension, and ~~interview.~~ interview, and

4.2.8 Personal protective equipment, safety, and contamination avoidance.

4.3 *Treatment Plan*—Each treatment facility that deals with individuals involved in sexual ~~assaults~~ violence as victims or suspects, or both, should promulgate written procedures that detail the following areas of attention:

4.3.1 Facility,

4.3.2 Transfer,

4.3.3 Intake,

4.3.4 Reporting,

4.3.5 Attending personnel,

4.3.6 Medico-legal consent, ~~and~~

4.3.7 Evidentiary and medical ~~examinations.~~ examinations,

4.3.8 HIPAA requirements, and

4.3.9 Personal protective equipment, safety, and contamination avoidance.

4.4 *Documentation and Evidence Collection*—~~Written standard~~ The medical-forensic exam and any suspect sample collection should be performed by a health care professional specifically trained in the collection of evidence relating to sexual violence cases such as a sexual assault nurse examiner or other appropriately medically trained professional. Written standard operating procedures concerning evidence collection and documentation should be published by any organization (law enforcement, health care, laboratory, private contractor, or volunteer organizations, or both) organizations involved in the investigation of sexual assaults. ~~investigation.~~ These procedures should address the following areas:

4.4.1 *General Information:*

4.4.1.1 Documentation and terminology,

4.4.1.2 Preserving the integrity of evidence,

4.4.1.3 Body diagrams/illustrations (genital and non-genital trauma), and

4.4.1.4 Photography.

4.4.1.5 Spermatozoa/semen,

4.4.1.6 Clothing,

4.4.1.7 Swabs and smears,

4.4.1.8 Bruising and patterned injuries,

4.4.1.9 Hair,

4.4.1.10 Fingernails,

4.4.1.11 Blood specimens,

4.4.1.12 Saliva specimens,

4.4.1.13 Urine, and

4.4.1.14 Other physical evidence.

~~3.4.2 *Spermatozoa/Semen,*~~

~~3.4.3 *Clothing,*~~

~~3.4.4 *Swabs and Smears,*~~

~~3.4.5 *Bitemarks or other patterned injuries,*~~

~~3.4.6 *Hair,*~~

~~3.4.7 *Fingernails,*~~

~~3.4.8 *Blood specimens,*~~

~~3.4.9 *Saliva specimens, and*~~

~~3.4.10 *Other physical evidence.*~~

4.5 *Laboratory Requests*—Laboratory requests should follow the guidelines of the specific laboratory to which the evidence will be submitted. Requests should follow a standard format and include pertinent details of the incident and the individuals involved so as to maximize laboratory capabilities:

4.5.1 Medical history,

4.5.2 Incident particulars, ~~and~~

4.5.3 Post-assault activities of those involved with the assault, and

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4.5.4 Examination procedures and findings.

4.6 ~~Transmittal of Evidence—Evidence—~~(see—It is important to maintain the integrity of evidence beginning the moment it is collected. Evidence cannot be comprised whether it be through a lack of proper documentation or improper handling, or storage methods. When handling and storing evidence, it is recommended that Guide [E1459](#) and Practice Practices [E1492](#); and [E2123](#) are referred to for:

4.6.1 Specimen ~~integrity;~~integrity;

4.6.2 Transport of ~~evidence, and~~evidence;

4.6.3 Chain of ~~eustody;~~custody; and

4.6.4 Timeframes for collection, submission to laboratories, storage, inventory/status audits.

4.7 *Post-Examination Procedures*—In the investigation of sexual assault, violence, post-examination procedures are important due to the emotional trauma generally involved in incidents of this type, for reasons of personal hygiene and continued care, and for the potential for the development of evidence that may not yet be apparent to investigators. The following areas concerning post examination procedures are important as a part of examining and investigating agency protocol:

4.7.1 Patient information;

4.7.2 Follow-up contacts;

4.7.3 Informational brochures;

4.7.4 Clean-up, change of clothing, and transportation;

4.7.5 Law enforcement investigative interview;

4.7.6 Case evaluation; and

4.7.7 Follow-up medical examination.

4.8 *Recommended Protocol*—Practitioners engaged in sexual violence investigation are recommended to follow *A National Protocol for Sexual Assault Medical Forensic Examinations: Adults/Adolescents (5)*.

5. Child Protocol

5.1 *General Information*—So many special considerations exist when thean investigation of sexual violence on a child sexual assault is undertaken that special ~~considerations and~~ protocols are required. The general categorical rules concerning adult sexual assault investigations, as enumerated in Section [34](#) is also applicable to the child sexual assault investigation, except where ~~superseded~~superseded below. Also, agencies undertaking child sexual assault investigation violence investigations should develop protocols addressing the issues enumerated below:

5.1.1 Major categories of child sexual assault and ~~abuse;~~abuse; and

5.1.2 ~~Communication~~—Communication between law enforcement, care-givers, victims, and family of victim.

5.2 *Initial Law Enforcement Response:*

5.2.1 General procedures,

5.2.2 Special considerations in cases involving child victims, and

5.2.3 Interagency coordination.

5.3 *Treatment Plan:*

- 5.3.1 Facility;
- 5.3.2 Intake or transfer, or both;
- 5.3.3 Reporting;
- 5.3.4 Attending personnel;
- 5.3.5 Consent; and
- 5.3.6 Child interviews.

5.4 *Documentation and Evidence Collection:*

- 5.4.1 General information.
- 5.4.2 Physical examination:
 - 5.4.2.1 Oral, perioral;
 - 5.4.2.2 Anal, perianal, and perineal areas; and
 - 5.4.2.3 Genitalia.
- 5.4.3 Evidence collection (differences between adult and child).
 - 5.4.3.1 Nucleic acid amplification testing (NAAT) as indicated.

5.5 *Post-Examination Procedures:*

- 5.5.1 Patient information, and
- 5.5.2 Law enforcement investigative interview; interview, and
- 5.5.3 Family services and other referrals.

5.6 Recommended Protocol—Practitioners engaged in investigations of sexual violence on children are recommended to follow A National Protocol for Sexual Abuse Medical Forensic Examinations: Pediatric (6).

6. Sexually Transmitted Diseases (STD)

6.1 *General Information*—Organizations undertaking sexual ~~assault~~ violence investigations ~~must~~ shall be cognizant of various sexually transmitted diseases and be prepared to identify, treat or refer for treatment infected persons, ~~or both,~~ as well as protect others from disease transmission. Protocols should be developed for the recognition, treatment, and prevention of the transmission of the following sexually transmitted ~~diseases;~~ infections:

- 6.1.1 Human Immunodeficiency Virus ~~immunodeficiency virus~~ (HIV),
- 6.1.2 Chlamydia,
- 6.1.3 Gonococcal infections,
- 6.1.4 Syphilis,

- 6.1.5 Genital herpes simplex virus infection (HSV),
- 6.1.6 Trichomonas vaginalis,
- 6.1.7 Genital and anal warts (condyloma acuminatum),
- 6.1.8 Vaginosis, and
- 6.1.9 Hepatitis.

7. Keywords

- 7.1 criminal investigation; criminalistics; forensic sciences; pediatric abuse; rape; sexual assault-violence

APPENDIXES

(Nonmandatory Information)

X1. EVIDENCE COLLECTION KIT SPECIFICATIONS

X1.1 Container Specifications

X1.1.1 Size, and

X1.1.2 Construction.

X1.2 Kit Components

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X1.2.1 *Paper Envelopes:*

X1.2.1.1 Miscellaneous envelopes,

X1.2.1.2 Hair combings,

X1.2.1.3 ~~Known hair,~~hair standards,

X1.2.1.4 Body fluid stain recovery, and

X1.2.1.5 Known body fluid.

X1.2.2 ~~Blood tubes,~~Blood collection cards.

X1.2.3 Combs,

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