Evaluation and Management of Sexual Assault Victims

History
- Circumstances of the assault (date, time, location, use of weapons, force, restraints, threats)
- Description of assailant
- Was there loss of consciousness (implying need for lab testing of date rape drugs)?
- Recent consensual sexual activity before or after the assault (details re: oral, genital, anorectal) and condom use
- Activities following assault performed which may lower forensic evidence collection: (bathing, changed clothing, eaten, toothpaste, enemas, changing of tampon or barrier contraception)

Physical
- Sheet placed beneath patient to collect falling debris for evidence
- Document trauma; photographs of injuries should be taken with patient’s consent
- Careful examination of breasts, external genitalia, vagina, anus, rectum
- Use UV light to identify foreign debris or semen on skin

Forensic Evaluation – Patient must consent to a rape kit
- Providers should use commercially-available evidence collection kits, following the instructions carefully for specimen collection. Kits must be sealed, labeled and stored according to instructions to ensure rigor in maintaining an unbroken chain of evidence.
- Samples collected should include:
  - Victim’s clothing
  - Swabs and smears of buccal mucosa, vagina, rectum, and other areas highlighted by UV light
  - Combed specimens from scalp and pubic hair
  - Control samples of victim’s scalp and pubic hair
  - Fingernail scrapings and clippings
  - Whole blood sample
  - Saliva sample

Labs
- Gonorrhea/chlamydia
- UCG
- Drug screen for flunitrazepam (rohypnol, “the date rape drug”)

Empiric Treatment
- STD’s:
  - Azithromycin 1 g PO (Chlamydia)
  - Ceftriazone 125 mg IM (Gonorrhea)
  - Flagyl 2 g PO (Trich)
- Hep B: Vaccinate (if not previously vaccinated) and give HBIG
- HIV: prophylactic treatment is controversial since risk of transmission for vaginal (consensual sex) is 0.1% and anal is 2%. However, consensus says that you should at least offer post-exposure prophylaxis to patients.
- Pregnancy: Plan B or Yuzpe regimen (ethinyl estradiol 100 mcg and 0.5 mg levonorgestrel q12h x2 doses) should be given to all patients

Rape victim services on following page . . .
Rape Victim Services

- **Rape Response (medical care, counseling, will arrange for shelter)**
  
  *Meg McGlamery* (205) 458-8981  
  3600 8th Avenue South, Suite 501, Bham, AL  
  www.crisiscenterbham.com

**Immediate Services** - Medical advocacy is available 24 hours a day, every day at the Crisis Center’s **SANE** facility or local emergency rooms. Our Rape Response advocates stay with the victim until they are discharged, providing emotional support and practical information.

**Aftercare Services** - After a victim is discharged, follow-up counseling is provided as needed by our professional staff. If a client wishes to press charges against her assailant, our staff will serve as an advocate throughout the law enforcement and criminal justice proceedings. If the client does not wish to press charges, our counselor will support this decision as well.

- **YWCA (counseling, will arrange for shelter)**

  *Jennifer Carraway*, Director of Domestic Violence: 322-9922  
  *Amanda Carmichael*, YWCA Support Group Counselor: 322-9922  
  *Crisis Line*: 322-4878  
  309 23rd St. North, Birmingham AL  
  www.ywcabham.org

- **Guiding Light Church (emergency shelter)**

  1800 John Rogers Dr  
  Birmingham, AL 35210-7309  
  (205) 838-1386  
  www.guidinglight.org

- **Salvation Army (emergency shelter)**

  2100 11th Avenue North  
  Birmingham, AL 35234  
  (205) 328-2420  
  www.birminghamsalvationarmy.org

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