

Understanding Your Options:

An Overview of the Sexual Assault Forensic Exam Process

You have presented to a Maryland Sexual Assault Forensic Exam (SAFE) Program with concerns of sexual assault or abuse. As a patient seeking medical forensic care, you have several options which include a forensic exam and reporting the sexual assault to law enforcement.

A sexual assault forensic exam contains the component listed below. **You are not required to participate in all portions of the exam and may decline completion of any individual component. You may withdraw consent for any part of the exam at any time.**

Exam components are listed below:

EXAM COMPONENTS:

- Medical History
- Assault History
- Medical Care and Treatment
- Toxicology Testing
- Physical Examination
- Photographs of Body and/or Genitals
- Collection of Evidence

REPORTING OPTIONS:

It is important to know that in the State of Maryland some cases, such as those directly or indirectly involving a minor child, vulnerable adult, use of a lethal weapon, moving vessel, and other circumstances that meet mandatory reporting criteria, we are required to file a report with law enforcement and/or child or adult protective services. You will be informed if your care provider is mandated to report the assault or abuse and the collection of evidence and/or an exam by a licensed forensic nurse examiner (FNE) will not be collected without your express consent, regardless of your age.

The following information outlines your options for medical forensic care and reporting to law enforcement. Please review these options carefully. An informed FNE is available to answer any questions or concerns you may have.

A. MEDICAL EXAM:

With this option, there will be no police involvement and evidence of the assault will **NOT** be collected. However, you will receive medical attention, care, and any necessary medication without reporting the assault or abuse to the police. A victim advocate will be offered to provide support and accompaniment during this process. Additional referrals for support services, such as counseling, may be made by the victim advocate.

This option includes, but is not limited to, the following:

- A complete medical exam;
- Consultation with an FNE;
- Medication to prevent pregnancy and sexually transmitted infections.

B. MEDICAL FORENSIC EXAM with REPORTING TO LAW ENFORCEMENT:

If you decide to select this option, you are choosing to report the sexual assault to law enforcement for criminal investigative purposes. You will receive a sexual assault forensic exam and medical care for injuries related to the assault free of charge.

You can expect the following events to take place:

- Police will be notified that you are reporting a sexual assault or sexual abuse
- A victim advocate will be available to provide support and accompaniment
- A complete medical exam
- Medication to prevent pregnancy and sexually transmitted infections
- A sexual assault forensic exam conducted by an FNE or physician
- Evidence will be provided to the police within the next 30 days
- Potential completion of DNA testing and analysis
- Communication with the police, victim advocate, and State's Attorney's Office.

If you choose this reporting option, your sexual assault evidence kit will be considered for DNA testing and analysis. You have the right to be informed by the investigating law enforcement agency regarding the decision to test your kit and the results of said testing. You can request this information, at any time during the investigation, by contacting the appropriate agency.

Please see MCASA document *"Your Sexual Assault Evidence Kit: Know Your Rights"* for more information on Maryland laws and policies regarding the testing, retention, and destruction of sexual assault evidence kits.

C. MEDICAL FORENSIC EXAM with ANONYMOUS REPORTING:

The Anonymous reporting option was established to provide victims of sexual assault that may not want to file a police report immediately, but who may choose to report to the police at a later date, with the opportunity to have evidence collected.

With this option you will have the opportunity to receive all components of a sexual assault forensic exam, including the collection of evidence free of cost and without immediately reporting the sexual assault to law enforcement and your identity will remain confidential until you choose to engage the police.

If you choose this option, you can expect the following to take place:

- A victim advocate will be available to provide support and accompaniment
- A complete medical exam
- Medications to prevent pregnancy and sexually transmitted infections
- A sexual assault forensic exam conducted by an FNE or physician

After the completion of your exam and collection of evidence, the police will be notified that an **anonymous exam** was completed, and the evidence will be transferred to law enforcement for storage within 30 days of the exam. Law enforcement will not receive any of your personally identifiable information and at no point in time will you be required to speak with an officer.

Your sexual assault evidence kit will be stored by law enforcement for a minimum of 20 years, per state law, or in accordance with the legally mandated timeframe established by the jurisdiction in which the event took place, whichever is longer. If you choose to report the sexual assault during this timeframe you may contact the police at any time. It is at this time that your name and identifying information will be available to the investigating law enforcement agencies.

Making the decision to report the sexual assault to law enforcement may be difficult and complex. You should be aware that the sooner the sexual assault is reported to police, the sooner they can collect evidence from the crime scene that otherwise may be lost and speak to potential witnesses if necessary. This may assist in the prosecution of a potential criminal case. If you need support in making the decision to report to law enforcement, you can contact your local Rape Crisis Center to speak with an advocate.

Patient label

Insert your hospital logo here

If you choose not to report the sexual assault during the 20-year retention period but would like to request that your kit be stored longer, you can contact the Sexual Assault Legal Institute at 301-565-2277 to discuss your options.

By signing below, you are consenting to the Anonymous Reporting program.

I, _____, have been counseled
(First and last name)

regarding the Anonymous Reporting program and fully understand that by not reporting the sexual assault to police at this time, crime scene evidence may be lost that may jeopardize the future investigation and prosecution. I understand that I can contact law enforcement at any time during this 20-year minimum timeframe to report the sexual assault or abuse and pursue a criminal investigation.

Signature: _____ Date: _____
(MM/DD/YYYY)

CONTACTING LAW ENFORCEMENT

The contact information for the law enforcement agency responsible for the testing, retention, and destruction of your sexual assault evidence kit is provided below. You may contact this agency for information about the testing, retention, and destruction of your sexual assault evidence kit. Upon receiving your request for the responsible law enforcement agency has 30 days to provide the requested information.

If you have chosen the “anonymous” reporting option, this agency is responsible for the storage of your sexual assault evidence kit for a minimum of 20 years. If you chose to report the sexual assault or abuse to law enforcement during this timeframe, you will need to contact the below law enforcement agency to report the sexual assault or abuse. Please use the below contact information, and case identifier, for reporting purposes.

Contact Information for Investigating Agency

Law Enforcement Agency: _____

Phone number: _____

Officer (if known): _____

Case Identifier: _____

ADDITIONAL SERVICES

The following information outlines additional services and care that you may be eligible for.

HIV TESTING AND COUNSELING:

Today, you will be counseled on your risk of acquiring HIV and other infectious diseases as part of your Sexual Assault Forensic Exam. You have the right to receive preventative medication, known as nPEP. If you are deemed to be at risk and in need of preventative care, your healthcare provider will discuss treatment instructions and care. You are not required to provide your health insurance information or personal information to a payment assistance program in order to receive this treatment. The medication, and follow-up care, including labs, provided up to 180 days after your initial visit, is provided free of cost.

If you are reporting to police that you have been sexually abused or assaulted, you have the right to request that the reported perpetrator be tested for HIV and the results provided to you. In order for the State’s Attorney’s Office to make this request of the court, the accused person must be charged by the police department. If you are interested in making this request, the FNE working with you can make a referral to the local State’s Attorneys’ office or appropriate service provider, such as the local certified Rape Crisis Center, the local Sexual Assault Response Team, or law enforcement agency investigating the assault, to complete this process.

D. FOLLOW-UP CARE:

You have the right to have follow-up care for health-related concerns including, but not limited to, injuries related to the sexual assault up to 90 days after the initial medical forensic exam and HIV prophylaxis, follow-up care, and associated laboratory services up to 180 days after the sexual assault paid for by the Maryland Sexual Assault Reimbursement Unit .

Follow-up Appointments

I would prefer to follow-up with my primary care provider or other health care provider

I would prefer that the hospital make a referral for follow-up care:

Provider Name: _____

Phone Number: _____

Address: _____

Appointment Date/Time (if applicable): _____

Patient label

Insert your hospital logo here

PATIENT ACKNOWLEDGMENT:

By signing below, you acknowledge that you have reviewed the above information regarding medical forensic care, reporting sexual assault or abuse to law enforcement, follow-up care, and other related services.

Signature: _____ Date: _____
(First and Last Name) (MM/DD/YYYY)

Relationship to Patient: _____
(self, guardian, authorized individual)

FOR STAFF USE ONLY:

Signature: _____ Date: _____
(staff/witness) (MM/DD/YYYY)

Copy Provided to Patient: Yes No