

## DEPARTMENT OF THE ARMY TECHNICAL BULLETIN

# PROCEDURES FOR MEDICOLEGAL EXAMINATIONS IN ALLEGED SEX CRIMES

Headquarters, Department of the Army, Washington, D.C.  
30 May 1975

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**1. Purpose.** *a.* To provide guidelines for the medicolegal investigation of alleged sexual assault, including medical examination and care, the collection of relevant physical evidence, the handling and transfer of this evidence, and the supportive medical laboratory testing.

*b.* Users of this manual are encouraged to submit recommended changes and comments to improve the publication. Comments should be keyed to the specific page, paragraph, and line of the text in which the change is recommended. Reasons should be provided for each comment to insure understanding and complete evaluation. **Comments should be prepared using DA Form 2028 (Recommended Changes to Publications and Blank Forms) and forwarded direct to The Surgeon General, Department of the Army, ATTN: DASG-HHC, Washington, D.C. 20314.**

**2. Introduction.** Alleged sexual assault is a medicolegal emergency in which the attending physician and his consultants play a key role. Only they can conduct the necessary medical

inquiry, perform the physical examination, collect the indicated evidence from body orifices, assess the emotional status of the patient, and render therapeutic measures as needed. For optimum overall case investigation, it is essential that the attending physician and his consultants work in full cooperation with the CID special agent, the medical laboratory officer, and the military police.

**3. Procedures.** *a.* The attending or examining physician will provide initial emergency medical care as indicated.

*b.* The attending physician will see that the following personnel are notified and summoned:

- (1) The OB-GYN duty physician;
- (2) The medical laboratory duty officer;
- (3) The CID special agent on duty;
- (4) The military police;
- (5) The Patient Administrator; and
- (6) The staff duty officer. Other consulting

physicians may be summoned as deemed appropriate.

*c.* A medical history (app A), including past and present illnesses, family history, review of systems, personal history will be elicited and recorded by the attending physician.

*d.* DA Form 4352-R (Request and Permission for Complete Medicolegal Examination) (fig 1) will be used to obtain the written permission of the patient before physical aspects of the medicolegal examination are undertaken. DA Form 4352-1-R (Request and Permission for Complete Medicolegal Examination (Medicolegal Photographs)) (fig 2) will be used to obtain written permission for making and producing photographs relating to the assault. Both DA Form 4352-R and DA Form 4352-1-R will be locally reproduced on white 8- x 10<sup>1</sup>/<sub>2</sub>-inch paper.

*e.* DA Forms 4352-R and 4352-1-R may also be used for alleged assailants. If alleged assailants are subject to the Uniform Code of Military Justice and decline to submit to any procedures, the Staff Judge Advocate, or an attorney designated by him, should be called regardless of the hour. If alleged victims or assailants are not eligible for medical care at a military hospital and do not require emergency medical care, the hospital commander should be called for disposition.

*f.* In the event that a child under 18 years of age and not a military member is to be examined, permission should be obtained from the child, if capable of consenting, or from a parent or legal guardian if one is reasonably available when the child is not capable of consenting. When a parent or guardian is not available and the physician believes the child incapable of consenting to the examination or treatment due to the child's condition of lack of maturity, or due to the complexity of the proposed treatment, the Staff Judge Advocate should be consulted.

*g.* When questions arise concerning the legality of procedures and documents, consultation should be obtained from the Staff Judge Advocate's Office before instituting examinations.

*h.* General physical examination will be performed and recorded by the attending physician (app A).

*i.* Whenever practical a gynecologic examina-

tion will be performed and recorded by the OB-GYN duty physician (app B). Along with the findings of the gynecologic physician examination, the OB-GYN duty physician should record a pertinent gynecologic-obstetric history which he has elicited.

*j.* To assure the proper selection, collection, handling and transfer of evidence, the attending physician and OB-GYN duty physician should communicate with the medical laboratory officer and the CID special agent. The latter individuals may provide valuable advice in these matters.

*k.* The medical laboratory officer (or in his absence the examining physician) will be responsible for the correct labeling, processing, transporting and safe keeping of specimens and evidence in accordance with appendixes B and C.

*l.* The Chain of Custody (DA Form 4137 (Military Police Reports Receipt)) which is initiated upon collection of the specimens will be utilized and carefully documented with all transfer of specimens and evidence. Every effort will be made to expeditiously release and transfer the physical evidence to the CID special agent investigating the alleged crime. Prior to the transfer either the examining physician or medical laboratory officer will ensure that the evidence is secured in such a manner as to prevent tampering with or contamination to the specimens.

*m.* The CID representatives will accept all evidence using the Military Police Property Receipt Form (DA Form 4137). Outlying clinics will contact the nearest CID field office or resident agency. If CID representatives are unavailable, military police personnel should be contacted and utilized.

*n.* If there is any religious or moral objection to examination procedures or to anticipated treatment or medication, the hospital commander should be notified for disposition before such examination procedures are carried out or before such treatment or medication is administered.

**4. Reports.** *a.* The attending physician will prepare a medical report of the incident in quadruplicate by Disposition Form addressed to the facility commander. This report together with four copies of the treatment sheet and

**REQUEST AND PERMISSION FOR COMPLETE MEDICOLEGAL EXAMINATION**

(For use of this form, see TB MED 293 ; the proponent agency is the Office of The Surgeon General)

DATE AND HOUR OF EXAMINATION

I, \_\_\_\_\_  
(Name of patient OR parent/legal guardian and patient's name)

hereby request the Staff of \_\_\_\_\_  
(Name of treatment facility)

to perform such examinations and procedures as are deemed necessary, including but not limited to fingernail clippings, specimens for toxicologic examinations to include alcohol and other drugs, medical specimens, pubic hair specimens, clothing and any other evidence on (myself), (my daughter \_\_\_\_\_)  
(name)

(my son, \_\_\_\_\_), (my \_\_\_\_\_),  
(name) (name)

relating to an assault which occurred \_\_\_\_\_  
(hour and date)

\_\_\_\_\_  
(Signature)

WITNESS:

\_\_\_\_\_

**REQUEST AND PERMISSION FOR COMPLETE MEDICOLEGAL EXAMINATION (Medicolegal Photographs)**

(For use of this form, see TBMED 293 ; the proponent agency is the Office of The Surgeon General)

I, \_\_\_\_\_  
(Patient OR parent/legal guardian and patient's name)

hereby request the staff \_\_\_\_\_ to make  
(Name of treatment facility)

and produce photographs as deemed necessary relating to the above-mentioned  
assault on (myself, my daughter, my son, my \_\_\_\_\_).  
(Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date and hour)

WITNESS:

\_\_\_\_\_  
(Time and date of photographs)

\_\_\_\_\_  
(Signature)

four copies of the laboratory report(s) will be submitted to the Patient Administrator. On weekends, holidays and during other than normal duty hours, the Administrative Officer-of-the-Day will receive these reports.

b. Distribution of complete reports will be made as follows:

(1) Original to Chief, Patient Administration Division, for maintenance and disposition in accordance with AR 340-18-9;

(2) First copy to Chief, Department of OB-GYN, for information;

(3) Second copy to local US Army Criminal Investigation Command Field Office Commander or CID Special Agent in Charge, upon presentation of an official Request (AR 40-42).

(4) Third copy to the Provost Marshal, upon presentation of an official request (AR 40-42).

# APPENDIX A

## MEDICAL HISTORY AND PHYSICAL EXAMINATION

Whenever a patient alleges a sex crime, the responsible duty physician will obtain and record a pertinent medical history and physical examination.

Female patients, in the presence of a female witness, will be completely examined (*exclusive of the pelvic organs*) for remote or recent injuries, disturbances of her clothing, blood stains, spermatic stains, foreign hairs, or other foreign

substances on the body (especially under the fingernails) or on the clothing. This examination will be recorded at the earliest possible time. The date and hour of the examination should be specified. The relationship between the patient and the alleged assailant should also be recorded. Appropriate modifications of the history and physical examination will be necessary for male victims and alleged assailants.

### *Check List*

History	
Last menstrual period .....	antecedent pregnancy
Related infections .....	especially signs and symptoms of venereal disease
Recency of intercourse .....	will influence interpretation of lab results
Aspects of recent intercourse .....	indications of sado-masochistic activity may influence interpretation of wounds
Resistance .....	dishevelment, fatigue, fear, hair, skin scrapings, blood or thread from the appropriate hand, fingers or heels
Trauma .....	laceration, abrasion, contusion, ecchymosis, hematoma
Disrobing .....	condition of outer and undergarments
Unsuccessful penetration .....	interpretation of results
Abnormal sexual acts .....	anal sodomy, oral sodomy and other
Post assault cleanup .....	interpretation of results
Mental status .....	assessment of reliability of victim's historical account, evaluate patient's need for further mental counseling

## APPENDIX B

### SOP FOR GYN EXAMINATION FOR SEX CRIMES

(To be performed by OB-GYN duty physician, or authorized duty physician)

1. *Dates and times* of the alleged assault, and of the examination should be included. Any error in recording will be lined out and will be initialed by the physician. Written permission should be obtained for the medicolegal examination.
2. A female nurse or female attendant *will* be present at all times during physical examination, and procurement of specimens.
3. Before the various anatomic structures are manipulated or essentially disturbed, specimens should be collected from appropriate areas as ascertained from the history. Suggested areas may include:
  - a. Vulva
  - b. Introitus
  - c. Mid vagina
  - d. Posterior fornix (aspirate some fluid, if possible)
  - e. Cervix
  - f. Anus and rectum
  - g. Oral cavity
  - h. Other sites, as necessary
4. The OB-GYN physician will then perform and record a complete pelvic examination. Particular attention will be directed toward inspection of the genitalia, including the vulva, introitus, fourchette, hymen, vagina and cervix for evidence of recent and remote trauma, abrasions, contusions, lacerations, ecchymoses, etc. The examination will also be concerned with discovering blood stains, foreign hairs, or other foreign substances on the body or clothing, and evidence of venereal disease.
5. As soon as all necessary examinations and all necessary procurement of specimens have been successfully accomplished, the patient's personal hygiene should be assured.
6. Blood will be drawn for serologic evaluation for syphilis and blood group and Rh type for comparison with any blood stains on the individual's clothing. The patient is to be scheduled for a *repeat blood serology* in 6 to 12 weeks.
7. If there is, in the opinion of the OB-GYN physician, clinical evidence of exposure to gonococci, the patient may be treated by one of the following standard methods (as currently recommended by the Disease Control Center, Atlanta, Georgia):
  - a. 4.8 million units aqueous procaine penicillin IM—preceded by 1 Gm. probenecid.
  - b. 4 Gms. spectinomycin IM.
  - c. Tetracycline 1.5 Gms. PO initially—followed by 0.5 Gm. q.i.d. for a total of 9.0 Gms.
8. If the assault has occurred at the appropriate time during the menstrual cycle that impregnation is likely or possible, the patient may, at the discretion of the OB-GYN physician, be given stilbesterol, 50 mgm. per day for 5 days, for prevention of nidation.

## APPENDIX C

### LABORATORY PROCEDURES IN SEX CRIMES

1. *Examination of the Victim and/or Suspect.* a. Carefully review the history.

b. Review the physical findings as—

(1) Evidence of injury to the body, including mouth, breasts, anus and genitalia;

(2) Condition of clothing including blood and seminal fluid stains remembering that the clothing is still evidence and may contain hairs and fibers and that seminal fluid stains fluoresce under Wood's lamp;

(3) Presence of hairs, fibers, blood and seminal fluid stains on body including genitalia and fingernails;

(4) Evidence of intoxication by alcohol or other drugs.

c. Plan the laboratory examination.

2. *Specimens Collected.* The following specimens may be collected as deemed necessary:

a. Suspected seminal deposits.

(1) Wet mounts.

(2) Dry smears.

(3) Seminal fluid grouping.

(4) Prostatic acid phosphatase.

(5) Others.

b. Venous blood—obtain permission.

(1) Grouping.

(2) Serologic test for syphilis.

(3) Toxicologic examination for alcohol and other drugs.

c. Cultures for *Neisseria gonorrhoea*.

d. Clothing.

e. Saliva specimen for typing.

f. Fingernail clippings—obtain permission (when indicated, fingernail scrapings—no permission required).

g. Washings of oral, rectal, or vaginal cavities for sperm.

h. Urine pregnancy test.

i. Photographs of injuries—black and white and color—notify medical photographer.

j. Pubic hair combings and samples—obtain permission.

3. *Specimen Identification.* a. Each specimen which may be used as evidence should be labeled with a surgical slide label. The label should contain:

(1) the assigned surgical pathology case number.

(2) patient's last name and initial(s).

(3) source of specimen.

(4) the medical laboratory officer's initials.

b. The date and hour of examination, the patient's full name and the medical laboratory officer's full name can be indicated on SF 515, Clinical Record—Tissue Examinations, that should be issued for the examined material(s).

4. *Recommended Procedures for Collecting Specimens.* a. Wet smears for motile sperm—

place in small amount of saline. These may later be centrifuged and separated into concentrated solids for smears and supernatant for acid phosphatase.

b. Stained smears for sperm, any stain demonstrating spermatozoa is adequate. Cover slips will be applied. These slides will be permanently retained.

c. Saliva specimen—collect washings in labeled sputum cup if a search for sperm is indicated. For typing saliva collect on filter paper or other absorbent paper and air dry. Mark areas without specimen to serve as control in typing. Label and seal in plastic bag.

d. Seminal fluid for typing—dry stains on the patient may be scraped with spatula and placed in a dry test tube. Fluid may be smeared on slides and air (not heat) dried. The clothing should be kept intact and have a disposition with the other evidence. (See 5c below.)

e. Prostatic acid phosphatase of seminal fluid—use supernatant from wet smears. Place in freezer until test is done. If spermatozoa are identified, acid phosphatase determinations need not be done.

f. Pubic hair combings and samples—comb hair of victim and then place comb and attached hair in a labeled paper envelope. The same procedure should be performed on the suspect. Twelve representative hairs should be plucked from the various areas of the pubic region of both the victim and suspect. The plucked hairs will serve as a known sample and should be packaged and labeled separately from the combed specimen, which may contain foreign hairs and which serve as the questioned specimens.



*g.* All clothing worn at the time of the alleged incident should be collected, since there is no way to prejudge which items subsequently become important. The clothing is collected for purposes of examination for stains, hairs and fibers. If wet stains are present, air dry completely (no heat applied) before sealing in plastic or paper bag to prevent mildew.

*h.* Secure nail clippings or scrapings, if indicated. If permission is not obtained to secure nail clippings, scrape residue under fingernails with an instrument such as an orange stick. Hairs, fibers, tissue and blood are possibly obtained from the fingernails and are most useful. Permission is not required to take fingernail scrapings of an assailant.

5. *Specimen Disposition.* *a.* Chain of Custody is defined as the record of successive transfer of physical evidence from one person to another. All transfers must be scrupulously documented and all persons responsible successively must have complete physical control for specimens and other evidence.

*b.* Maintain chain of custody on *all evidence* using the Military Police Property Receipt (DA Form 4137). Evidence will not be disposed of without checking first with the CID or military police custodians, as appropriate.

*c. Specimen processing.*

(1) Examine wet smears as soon as possible—motility may disappear within a few hours. Wet smears need not be saved unless they contain evidence which is not present on stained smears.

(2) Submit specimens for acid phosphatase and toxicology to Chemistry Section supervisor via Military Police Property Receipt (DA Form 4137). During other than regular duty hours, store specimens for chemical and toxicologic study in locked freezer.

(3) Maintain chain of custody on stained smears of sperm for record until case is settled then place in surgical file. Photographs of sperm may be convenient in court if your ability to recognize them is questioned.

(4) The chain of custody must be maintained until determined by CID special agents that the specimens are not needed as evidence.

*d.* All other specimens are evidence which will be processed elsewhere. Give it to CID or military police, as appropriate, using Military Police Property Receipt (DA Form 4137). Remember to protect specimens in containers to prevent breakage and subsequent specimen contamination. Avoid use of glass containers if possible. DA Form 4002, Military Police Property Identification Tag will be affixed to each separate item of evidence as a means of identification.

6. *Reports.* *a.* Submit results of medical laboratory studies to Chief, Laboratory Service.

*b.* Obtain a surgical number and prepare a Clinical Record-Tissue Examination (SF 515) in quintuplicate for the Department of Pathology file and for the pathologist for possible use in court. Keep chemistry and bacteriology slips with pathology file copy.

By Order of the Secretary of the Army:

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