# REPORT TEMPLATE FOR SEXUAL ASSAULT ASSESSMENTS

# INSTRUCTIONS FOR AUTHORS

# HOW TO COMPLETE THIS REPORT TEMPLATE

***(Insert contact details / use the Letterhead for your service)***

***E.G. Victorian Forensic Paediatric Medical Service***

***Royal Children’s Hospital***

***50 Flemington Road, PARKVILLE VIC 3052***

***Tel No: 1300 66 11 42***

***Fax No: 9345 4105***

**Report prepared for:**

Title, Name

Organisation

Address

Email address

**CONFIDENTIAL FORENSIC MEDICAL REPORT**

**RE Name:** (Subject’s (child’s) full name and ‘also known as’ names)

**Date of birth:**

**Hospital unit record number:** (of admitting hospital. Add RCH MRN if known)

**Author of report**

I, (author’s full name) am a medical practitioner registered with the Australian Health Practitioners Regulation Agency (Ahpra) to practice in Australia. I hold the qualifications (list qualifications). I am currently employed as (current title and place of employment). My training and experience in relation to child sexual assault or abuse is (briefly list all relevant training. Briefly state experience in relation to child sexual abuse / assault).

This report was prepared in consultation with …. / (trainees write “under the supervision of ...” (name the person and their position - delete this paragraph if not applicable …..

**Acknowledgement of Form 44A Expert Witness Code of Conduct**

Should this matter be heard in the Magistrates Court of Victoria, County Court of Victoria or Supreme Court of Victoria then the author acknowledges that the author has read Form 44A Expert Witness Code of Conduct and agreed to be bound by it.

The author declares that, at the time of preparation of this report, the author has made all the inquiries and considered all the issues which the author believes are desirable and appropriate, and that no matters of significance which the author regards as relevant have, to the knowledge of the author, been withheld.

The opinion expressed is based on the author’s knowledge, experience and sources of information listed in this report.  Should, however, additional information become available that might have a bearing on the author's conclusions, the author retains the right to modify the opinion expressed.

**Reason for Medical Assessment**

(subject’s name) is (number) years and (number) months old (girl / boy or male /female / non-binary person) who was referred by (name of referrer – include title such as DSC Max BROWN) at (time) on (date) for a forensic medical assessment in relation to (select alleged / suspected / possible) sexual assault.

**Site and time of assessment(s)**

I assessed (subject’s name) with (counsellor’s name) on the (date) between the hours of (number – starting time) and (finish time) at (site where examination occurred).

**Consent**

At (time when consent form signed) hours on (date), (name of subject’s parent or person with parental authority who signed the consent form or name and job title of whoever signed the consent form and indicate the source of this authority) signed the VFPMS Assessment Consent Form, providing consent for the following:

1. A complete medical evaluation including physical examination of (Subject’s name).
2. Collection of medical and medico-legal specimens.
3. Photographic documentation.
4. Colposcopic assisted recording of genital examination findings for the purpose of peer review. (Delete this dot point if a genital examination was not undertaken).
5. Investigations as recommended by the examining doctor.
6. Treatment.
7. Release of a Medical Report to Child Protection and Victoria Police.
8. Information associated with the examination being used for teaching and audit purposes, if all identifying data is removed.
9. (Consenting person’s name) also provided consent for me to contact other individuals (or list all names and organisations for which consent has been given for contact to occur) to obtain information regarding (subject’s name).

If you wish, you could add “… (subject’s name) assented to the examination and collection of samples for forensic analysis.”

**Mature Minor Consent Form**

(Use this consent form as appropriate for Gillick competent minors, instead of or as well as gaining consent from a person with parental responsibility.)

I assessed (subject’s name) to be a mature minor on the basis of his / her demonstrated capacity to understand the nature and purpose of the forensic medical procedure (including sample collection for forensic analysis and potential use of results of sample analysis in the criminal justice system). (subject’s name) demonstrated a capacity to make a choice about whether or not to consent to the procedure (in part or in whole).

At (time) on (date), ( subject’s name) signed the VFPMS Mature Minor Assessment Consent Form, providing consent for the following:

1. A complete medical evaluation including physical examination.
2. Collection of medical and medico-legal specimens.
3. Photographic documentation.
4. Colposcopic assisted recording of genital examination findings for the purpose of peer review. (Delete this dot point if a genital examination is not undertaken).
5. Investigations as recommended by the examining doctor.
6. Treatment.
7. Release of a Medical Report to Child Protection and Victoria Police.
8. Information associated with the examination being used for teaching and audit purposes, if all identifying data is removed.
9. (subject’s name) also provided consent for me to contact other individuals (or list all names and organisations for which consent has been given for contact to occur) to obtain information.

**Observers**

List names of people who observed some or all of the consultation (dot points). Include job titles and employing organisations.

**Sources of information**

List all sources of information including documentation, telephone calls, emails and conversations. Include dates information obtained.

**History of presenting complaint**

*The following information was obtained from (name or names + relationship / connection to the subject).*

The following information was obtained to direct the examination and sample collection. It might not constitute a complete account of alleged events. This section should “tell the story”.

Since the (most recent) alleged sexual contact, the subject had (include information from the VFPMS Sexual Assault Proforma regarding all activities such as toileting / showering or menstruation and sexual activity etc (activities that might wipe or wash away body fluids)).

**Current Symptoms**

*Information was provided by (name).*

**Past Medical History**

*Information was provided by (name).*

Can be omitted if 16/17 years old, report is ONLY for police and author is comfortable with this approach.

The amount of detail will vary according to circumstances but should include past and current medical diagnoses, treatments, therapy and interventions including mental health diagnoses and treatments. Dot points are acceptable.

**Gynaecological History** *(omit if not relevant)*

Can be omitted if 16/17 years old and report is ONLY for police.

Menarche occurred at the age of …... .Her menstrual periods usually last… days and occur every … days. Her last menstrual period commenced on … .For contraception she uses ……………….

**Developmental Assessment or HEEADSSS Assessment**

Can be omitted if 16/17 years old and report is ONLY for police.

* For children aged less than approximately 12 years consider developmental assessment or comment on academic progress at school.
* For Children aged approximately 12 years and older consider HEEADSSS screen. https://www.rch.org.au/clinicalguide/guideline\_index/Engaging\_with\_and\_assessing\_the\_adolescent\_patient/

**Genogram and Family History**

Can be omitted if 16/17 years old and report is ONLY for police.

*Information was obtained from (names or sources if documents used)….*

**Examination**

(Suggested wording: modify text below as necessary for your case)

(Subject’s name) was examined approximately (number) hours after the alleged event / most recent sexual contact.

(S)he / they appeared (describe appearance and demeanour, consider asking mini mental state (MMS) questions and documenting signs of intoxication / tiredness / emotional upset))….

Height (number) cm ( %ile).

Weight (number) kg ( %ile).

(Subject’s name) was examined in room lighting without magnification or an additional light source other than the colposcope used during examination of her genitals. The genital examination findings were / were not digitally recorded. (Subject’s name) cooperated well with all aspects of the examination.

Examination revealed....(insert non-genital findings here) References are made to the body in the standard anatomical position.

(Subject’s name) was examined in the supine frog-legged and prone knee chest positions (alter as required) using labial separation and labial traction techniques (alter as required). Good views of the vaginal vestibule and hymen were obtained.

Genital examination findings were.....(insert ano-genital findings here).

**Forensic Specimen Collection**

Contamination Reduction Kit number (CRK Number) was used. Materials supplied in Forensic Medicine Examination Kit (FMEK) No (FMEK number) were used to collect a sample of buccal mucosal cells for patient reference DNA. Swabs / The Easicollect apparatus was / were labelled, placed in the envelope labelled “Reference sample”, sealed with a tamper-evident seal and handed separately to Police.

Forensic Medicine Examination Kit (FMEK) No (FMEK number) was also used to collect the following specimens, which were labelled and sealed in separate, labelled envelopes, placed in the FMEK which was sealed with tamper-evident seals, then handed to Police.

Alter this list as appropriate for your case:

1. Patient underwear.
2. Swab of the lips and a slide made from the swab.
3. Oral rinse (10ml).
4. Wet and dry skin swabs (1 wet, 1 dry) from (site) and a slide prepared from the wet swab.
5. From the labia majora, a wet swab, a dry swab and a slide made from the wet swab.
6. From the vaginal vestibule a swab, and a slide made from the swab.
7. From the perineum, a swab and slide made from the swab.
8. A low vaginal swab and a slide made from the swab.
9. A high vaginal swab and a slide made from the swab.
10. A peri-anal swab and a slide made from the swab.

The following items were each placed in a patient clothing bag (1 item per bag) which was / were sealed with patient identification label/s: list clothing items or omit if not relevant in this case.

Urine and blood samples were obtained for toxicological testing. Samples were labelled, sealed in a tamper evident bag and handed separately to Police. Alter or omit if not relevant in this case.

The specimens detailed above were handed to (title and name of SOCIT police officer) at (time) hours on (date).

**Medical Investigations**

Alter or omit as appropriate for this case.

This section can be omitted if 16/17 years old and report is ONLY for police.

* Urine for PCR tests (gonorrhoea, chlamydia, trichomonas, mycoplasma genitalium)
* Serology (Hep B, Hep C, HIV, syphilis)
* Swabs for microscopy culture and sensitivities at hospital laboratory
* Swabs in viral culture medium
* Swabs in special medium
* Full blood examination
* Clotting studies (PT, APPT, Fibrinogen)
* Other blood tests
* Radiological investigations (list)
* Pregnancy test

**Medical Management**

**Alter or omit as appropriate for this case.**

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* Emergency contraception was provided with (E.g. Levonorgestrel 1.5 mg taken orally during the consultation).
* 1 gram of Azithromycin to be taken orally as prophylaxis against chlamydia and gonorrhoea infection.
* Hep B booster.
* NPEP was provided with a scheduled appointment for Infectious Diseases Clinic on…
* PREP was recommended.
* A letter was provided for her general practitioner requesting follow up investigations as follows:
  + pregnancy test in 2 – 4 weeks
  + urine for chlamydia and gonorrhoea PCR tests in 2 - 4 weeks
  + Hepatitis B, Hepatitis C, HIV and syphilis serology in 3 months.

**Information Sharing**

This can be omitted if 16/17 years old and report is ONLY for police.

Information in this report was provided to SOCIT officers and staff of the Department of Families Fairness and Housing (alter as required).

Results of medical tests have been provided to (subject’s name or person with parental responsibility).

**Limitations to Opinion**

Alter oromit if report has been modified because subject is 16/17 years old and report is ONLY for police.

I rely on pathologists’ and radiologists’ (omit as required) expertise regarding results of investigations.

**OPINION**

(Subject’s name) is a (number) year old (female / male / gender-fluid / non-binary person) who reported a (if relevant include word such as alleged / suspected / possible) sexual assault by (an adult male or some other way of describing this person without using pejorative terms).

On examination of her genital area, (number) hours after last reported sexual contact, no fluids, discharge or acute injuries were found.

Genital examination findings were within the normal range.

These findings (insert interpretation here) Example: do not discriminate between children / adolescents who have been sexually assaulted and those who have not. These findings are neutral which means that they do not confirm or refute the allegations made in relation to a sexual assault.

Forensic samples were / were not collected.

Results of investigations were ... (omit if desired).

**Recommendations**

This section can be omitted if 16/17 years old and report is ONLY for police.

1. I support plans for Victoria Police to investigate this matter.
2. I recommend that (subject’s name) has medical follow up with her General Practitioner in 2 weeks for urine testing for gonorrhoea and chlamydia, blood tests for Hep B, Hep C, HIV and syphilis as well as pregnancy testing.
3. I further recommend additional blood tests at 3 months (serology tests for Hep C and HIV).

This medical report is not to be released to a third party without the consent of the author unless the matter is before the court.

The report has been reviewed by …………(name)……………………Consultant Paediatrician, VFPMS**.**

Electronically signed on …………………………………………………….

Date: ………………………………………..