

**Sexual Assault Nurse Examiner (SANE) / Forensic Nurse Examiner (FNE)**

**Pediatric Sexual Assault Report**

September 12, 2013

This documentation form was developed by members of the Wisconsin Chapter of the International

Association of Forensic Nurses (WI-IAFN). This form is recommended for the documentation of the care of the

prepubertal victim of sexual assault. It is not intended to include all that may be needed for an

individual patient and not all that is included in this form will be appropriate for every patient. The

purpose of this form is to provide direction for SANE/FNE in documentation of the care provided to the

prepubertal sexual assault patient. This form represents what should be included in every

documentation form but does not preclude the addition of what a particular SANE/FNE Program might

consider necessary for their program.

The forensic interview of the child is investigative, performed to gather facts regarding suspicions, allegations or specific incidents. Forensic interviewing is conducted only by those specifically trained in the forensic interviewing of children. Forensic interviewing is NOT included in the education of the pediatric SANE/FNE. Whenever possible follow community protocol regarding the timing of the forensic interview and SANE/FNE exam. Consider obtaining minimal facts from the child at the time of the acute SANE/FNE exam and referring to the Child Advocacy Center for a forensic interview. Interviewing of the parent/guardian or other adult who accompanies the child should not be performed in front of the child.

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| **WI-IAFN PEDIATRIC SEXUAL ASSAULT REPORT** |  |

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of arrival\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caucasian  African-American  Hispanic  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
SANE/Forensic Nurse Examiner (FNE)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of arrival\_\_\_\_\_\_\_\_

Referral source\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Law Enforcement Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Officer’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Case number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sexual Assault Victim Advocate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Protective Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Family/Friend present\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who brought child in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Father’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_

Patient’s primary residence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s primary language\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Translator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY**

Vital signs: B/P­\_\_\_\_\_\_\_\_\_\_\_\_P\_\_\_\_\_\_\_\_\_\_R\_\_\_\_\_\_\_\_\_\_T\_\_\_\_\_\_\_\_\_\_

Pain\_\_\_\_\_\_\_\_\_\_Pain Scale\_\_\_\_\_\_\_\_\_\_\_\_Intervention(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_\_\_ Weight\_\_\_\_\_\_\_\_\_ Primary physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Clinic \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Latex allergy  Yes  No  Unknown

Present/recent medications\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current & ongoing medical concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Constipation  YES  NO Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Toilet trained  YES  NO Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bed wetting  YES  NO Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bubble baths  YES  NO Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diarrhea  YES  NO Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recent UTI  YES  NO Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General hygiene\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgical history\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immunizations up to date  YES  NO Hepatitis B Series  YES  NO  Unknown Last tetanus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical disability:  YES  NO Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cognitive disability:  YES  NO Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Prior sexual abuse YES NO Reported YES NO Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

mn day yr

# Prior physical abuse YES NO Reported YES NO Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

mn day yr

# Prior emotional abuse YES NO Reported YES NO Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_

mn day yr

SANE / FNE Signature­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **WI-IAFN PEDIATRIC SEXUAL ASSAULT REPORT** |  |

# Previous SANE exam YES NO Where \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

mn day yr

Recent behavioral/emotional changes  YES  NO Describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prior events which could affect exam physical findings:

Genital/Anal injuries  YES  NO Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Diagnostic procedures  YES  NO Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical treatments  YES  NO Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surgeries  YES  NO Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HISTORY OF ASSAULT**

Forensic interview  YES  NO When/Where\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person providing history\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Time of assault \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_  Multiple incidents over time

mn day year Time

Location/Address of assault\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical surroundings \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assailant(s) (name/age/ethnicity/distinguishing characteristics) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assailant(s)  Family  Friend  Acquaintance  Stranger  Unknown

HIV risk assessment: Is assailant(s)

Gay  Bisexual  IV drug user  HIV positive  From endemic area  Prostitute  Unknown

Loss of memory  YES  NO  Unknown Lapse of consciousness  YES  NO  Unknown

Drug Facilitated Sexual Assault (DFSA) suspected  YES  NO If yes, obtain specimen(s) for toxicology  Not indicated

Type/amount of alcohol/drugs consumed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When consumed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical injuries, pain and /or bleeding following assault\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient’s name for female genitalia\_\_\_\_\_\_\_\_\_\_\_\_\_\_male genitalia\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_breasts\_\_\_\_\_\_\_\_\_\_\_\_\_\_anus\_\_\_\_\_\_\_\_\_\_\_\_

Were pictures/videotapes taken  or shown ?  NO  Unknown? If yes, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SANE / FNE Signature­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **WI-IAFN PEDIATRIC**  **SEXUAL ASSAULT REPORT** |  |

What happened during assault\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SANE / FNE Signature­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **WI-IAFN PEDIATRIC SEXUAL ASSAULT REPORT** |  |

**METHODS USED BY ASSAILANT FOR CONTROL**

Details Described

Mere presence (Coercion,  YES  NO  Unknown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intimidation, Grooming)

Threat of harm  YES  NO  Unknown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was the threat\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To whom or what\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grasping/Holding/Grabbing  YES  NO  Unknown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Body as restraint  YES  NO  Unknown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Use of ligature (where used)  YES  NO  Unknown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presence of weapon (what kind)  YES  NO  Unknown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Weapon inflicted injuries  YES  NO  Unknown\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Blows

Hands  YES  NO  Unknown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Feet  YES  NO  Unknown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Strangulation  YES  NO  Unknown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***(If yes, use Strangulation Documentation Form)***

Bites (where bitten)  YES  NO  Unknown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Burns  YES  NO  Unknown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other methods of control used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury to assailant  YES  NO  Unknown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ORAL CONTACT**

Did assailant kiss patient?  YES  NO  Attempted  Unknown Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did assailant lick patient?  YES  NO  Attempted  Unknown Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did assailant bite patient?  YES  NO  Attempted  Unknown Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did assailant’s mouth contact patient’s genitals?  YES  NO  Attempted  Unknown

Did patient’s mouth contact assailant’s genitals?  YES  NO  Attempted  Unknown

Did assailant’s mouth contact patient’s anus?  YES  NO  Attempted  Unknown

Did patient’s mouth contact assailant’s anus?  YES  NO  Attempted  Unknown

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Fondling:  YES If yes, location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NO  Attempted  Unknown

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SANE / FNE Signature­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **WI-IAFN PEDIATRIC SEXUAL ASSAULT REPORT** |  |

**GENITAL CONTACT**

Did assailant’s penis contact patient’s external genitals?  YES  NO  Attempted  Unknown

Did assailant’s penis enter patient’s vagina?  YES  NO  Attempted  Unknown

Did assailant’s fingers contact patient’s external genitals?  YES  NO  Attempted  Unknown

Did assailant’s fingers enter patient’s vagina?  YES  NO  Attempted  Unknown

Did a foreign object contact patient’s external genitals?  YES  NO  Attempted  Unknown

Did a foreign object enter patient’s vagina?  YES  NO  Attempted  Unknown

Describe object\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did assailant have patient touch assailant’s genitals?  YES  NO  Attempted  Unknown

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ANAL CONTACT**

Did assailant’s penis contact patient’s anus?  YES  NO  Attempted  Unknown

Did assailant’s penis enter patient’s anus?  YES  NO  Attempted  Unknown

Did assailant’s fingers contact patient’s anus?  YES  NO  Attempted  Unknown

Did assailant’s fingers enter patient’s anus?  YES  NO  Attempted  Unknown

Did a foreign object contact patient’s anus?  YES  NO  Attempted  Unknown

Did a foreign object enter patient’s anus?  YES  NO  Attempted  Unknown

Describe object\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did assailant have patient touch assailant’s anus?  YES  NO  Attempted  Unknown

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did assailant wear a condom?  YES  NO  Unknown

Was jelly, foam, lubricant used?  YES  NO  Unknown

If yes, describe substance and location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did assailant ejaculate?  YES  NO  Unknown

If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Injury to assailant?  YES  NO  Unknown

If yes, describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position(s) of patient during assault\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unknown

Additional Information \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SANE / FNE Signature­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **WI-IAFN PEDIATRIC**  **SEXUAL ASSAULT REPORT** |  |

**POST-ASSAULT ACTIVITY**

Voided  YES  NO Vomited  YES  NO

Defecated  YES  NO Genital wipe/Wash  YES  NO Changed clothing  YES  NO

Bath/Shower  YES  NO Location of clothing worn during/after assault

Drank fluids  YES  NO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral gargle/Swish  YES  NO Missing clothing  YES  NO

Brushed teeth  YES  NO If yes, what\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICAL ASSESSMENT**

Sexual Maturation Rating:  Stage 1  Stage 2  Stage 3  Stage 4  Stage 5

Exam method:  Direct visualization  Colposcope  Other magnification

Exam positions/methods: Separation Traction

Supine

Prone / Knee Chest

Lateral decubitus

|  |  |  |  |
| --- | --- | --- | --- |
|  | No Injury Noted | Injury/Variant (Describe or See Body Map) | Not Done |
| Head |  |  |  |
| Face |  |  |  |
| Mouth |  |  |  |
| Neck |  |  |  |
| Chest/Breasts |  |  |  |
| Right arm |  |  |  |
| Left arm |  |  |  |
| Abdomen |  |  |  |
| Hip/Pelvis |  |  |  |
| Back |  |  |  |
| Buttocks |  |  |  |
| Right leg |  |  |  |
| Left leg |  |  |  |

SANE / FNE Signature­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **WI-IAFN PEDIATRIC**  **SEXUAL ASSAULT REPORT** |  |

**FEMALE GENITAL ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No Injury Noted | Injury/Variant (Describe or See Body Map) | Not Done |
| Inner thighs |  |  |  |
| Mons |  |  |  |
| Labia majora |  |  |  |
| Clitoral hood |  |  |  |
| Clitoris |  |  |  |
| Periurethral tissue |  |  |  |
| Urethral meatus |  |  |  |
| Labia minora |  |  |  |
| Perihymenal tissue |  |  |  |
| Posterior fourchette |  |  |  |
| Hymen |  | Annular  Crescentic  Other\_\_\_\_\_\_\_\_\_\_\_\_\_  Hymenal estrogenation: Yes  Partial  No |  |
| Vaginal vault |  |  |  |
| Perianal |  |  |  |
| Anus |  |  |  |

**MALE GENITAL ASSESSMENT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | No Injury Noted | Injury/Variant (Describe or See Body Map) | Not Done |
| Inner thighs |  |  |  |
| Penis |  | Circumcised  Uncircumcised |  |
| Urethral meatus |  |  |  |
| Scrotum |  |  |  |
| Perianal |  |  |  |
| Anus |  |  |  |

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| **WI-IAFN PEDIATRIC**  **SEXUAL ASSAULT REPORT** |  |

Photographs taken by SANE / FNE:

Colposcope  YES  NO If yes, complete log

Camera  YES  NO If yes, complete log

Medical specimens:

Pregnancy test:  YES  NO Type:  Urine  Serum  Pregnancy test not indicated

Results:  Positive  Negative

STD testing:  Gonorrhea  Chlamydia  Wet Prep  Syphilis  HIV  Not indicated

Microscopic / presence of sperm:  YES  NO Type: Urine  Wet Prep   Not indicated

Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (List): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Behaviors observed during exam:

Fidgeting  Restless  Withdrawn  Lack of eye contact

Loud  Quiet  Staring  Sobbing

Tearful  Trembling  Tense  Yelling

Responded only when asked questions Responded in 1 – 2 word sentences

Responded in full sentences Talked and cried at the same time

Other(describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Statements made during exam/additional information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Referred to ED staff for evaluation  YES  NO Report given to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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SANE / FNE Signature­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Page 9 of 9

|  |  |
| --- | --- |
| **WI-IAFN PEDIATRIC  SEXUAL ASSAULT REPORT** |  |

**SANE/FNE Program Evidence Collection Sheet**

Name of Examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time of Collection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exam Room #\_\_\_\_\_\_\_\_ Name(s) of person(s) present during exam: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| **WI Crime Lab Sexual Assault Evidence Collection Kit** | **Collected** | **Not Collected, Why** |
| Sexual Assault Report Form |  |  |
| Optional Toxicology – Blood   * 10mL gray top tube within 24 hrs of ingestion |  |  |
| Optional Toxicology – Urine   * 10mL gray top tube within 4 days of ingestion |  |  |
| Oral Swabs & Smear & Floss |  |  |
| Buccal Cell Standard (DNA) |  |  |
| Fingernail Evidence – scraping/swabbing |  |  |
| Clothing   * List pieces of clothing collected * Note anything unusual about clothing * Note location on clothing of possible evidence * Collect sheet over which patient undressed |  |  |
| Debris |  |  |
| Dried Secretions   * Note location where swab(s) obtained |  |  |
| Pubic Hair Combing |  |  |
| Pubic Hair Standards |  |  |
| Vaginal Swabs & Smear |  |  |
| Rectal Swabs & Smear |  |  |
| Other evidence obtained |  |  |

**Star (\*) item(s) most likely to contain forensic evidence**

Date/Time when evidence collection completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_

mn day yr time

Date/Time when evidence given to law enforcement: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_\_\_

mn day yr time

Items which require further drying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Officer’s Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badge #\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Law Enforcement Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SANE / FNE Signature­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

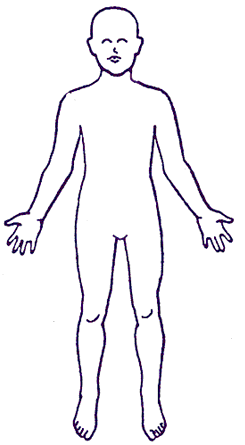
**WI-IAFN PEDIATRIC**

**SEXUAL ASSAULT REPORT**

**Pediatric Anatomical Front View**  (Pt. Sticker)

Description of injuries to include size, color, shape

and how sustained. Note areas of c/o pain.



SANE/FNE Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

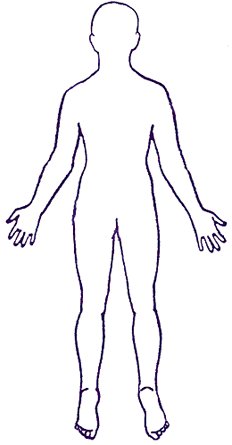
**WI-IAFN PEDIATRIC**

**SEXUAL ASSAULT REPORT**

**Pediatric Anatomical Sheet - Back View** (Pt. Sticker)

Description of injuries to include size, color, shape

and how sustained. Note areas of c/o pain.



SANE/FNE Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SANE/FNE Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WI-IAFN PEDIATRIC**

**SEXUAL ASSAULT REPORT**

**Pediatric Female Anatomical Sheet - Genital** (Pt. Sticker)

Description of injuries to include size, color, shape

and how sustained. Note areas of c/o pain.

Use diagram that best illustrates the findings.



Knee-Chest



Supine

SANE/FNE Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

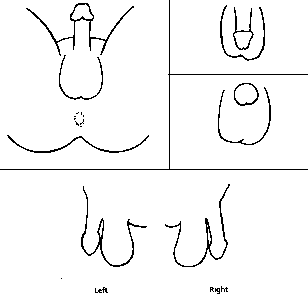
**WI-IAFN PEDIATRIC**

**SEXUAL ASSAULT FORM**

**Pediatric Male Anatomical Sheet - Genital** (Pt. Sticker)

Description of injuries to include size, color, shape

and how sustained. Note areas of c/o pain.



SANE/FNE Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WI-IAFN PEDIATRIC**

**SEXUAL ASSAULT FORM**

(Pt. Sticker)

**Discharge Summary / Instructions**

During your visit we have discussed the following concerns:

**Pregnancy**

Your child was tested for pregnancy: Yes \_\_\_ No \_\_\_ The pregnancy test result was: Positive \_\_\_ Negative \_\_\_ Testing not indicated \_\_\_\_

You were given verbal and written information about emergency contraception. Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your child was given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as emergency contraception to prevent pregnancy.

You have decided that your child **not** receive emergency contraceptive at this time. Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sexually Transmitted Infections**

Your child was tested for sexually transmitted infections: Yes\_\_\_\_ No\_\_\_\_

Your child was tested for the following sexually transmitted infections:

Gonorrhea \_\_\_\_ Chlamydia \_\_\_\_ Trichomoniasis \_\_\_\_

HIV \_\_\_\_ Syphillis \_\_\_\_ Other \_\_\_\_

Your child received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as treatment to prevent Gonorrhea.

Your child received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as treatment to prevent Chlamydia.

Your child received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Your child received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as treatment for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Your healthcare provider may provide treatment at the time of follow-up if results to tests for STIs done today are positive and if treatment was not given today.

You have decided thatyour child **not** receive preventive treatment for STIs at this time. Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIV Risk Assessment**

We have discussed with you the potential risk factors for exposure to HIV from the assault.

\_\_\_\_\_Your child’s exposure was not considered to be high risk. We recommend that you have a baseline HIV test done within two weeks.

\_\_\_\_\_Your child’s exposure was considered to be high risk. Referral made to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*Medications which may prevent HIV MUST be started within 72 hours of the assault.\*\***

**Evidence Collection**

\_\_\_ While your child was here, evidence was collected and given to law enforcement officers to become part of the legal record. It may take bruises hours or days to be seen. If you see new bruises, please contact law enforcement or the SANE Program to arrange for documentation / pictures to be taken of any bruises that appear after your child’s exam today.

\_\_\_While your child was here, evidence was not collected for the Crime Lab.

**Safety**

Discharged to : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow-up Phone Call**

I will call you in \_\_\_\_\_\_\_ days to give you your child’s test results and see how your child is doing. If you need to speak with me before that time, please call and leave a message at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I will call you back.

Phone numbers: Home **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Best time to call: Daytime \_\_\_\_\_\_\_\_\_ Evening \_\_\_\_\_\_\_\_\_\_ Is it okay to leave a message? Yes\_\_\_\_ No\_\_\_\_**

**Counseling**

You have been given a folder containing information about the care provided today, community resources that are available to assist you and important issues related to your child’s recovery. In addition, if you would like to talk with a Sexual Assault Crisis Advocate, call \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Medical Follow-up**

**It is extremely important to seek follow-up care with your child’s healthcare provider.**

Please call and make an appointment to be seen in \_\_\_\_\_\_\_\_\_\_\_ days.  
**\*\*Important Note\*\***

When your child sees your healthcare provider for follow-up we recommend you discuss the need for further or repeat testing for pregnancy and sexually transmitted infections. If your child has not received the Hepatitis B vaccine series, it is recommended you also discuss the initiation/completion of this series with your follow-up healthcare provider.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SANE/FNE Date/Time Parent/Legal Guardian Date/Time