

16 NOVEMBER 2004



Medical

**RAPE PROTOCOL SUPPORT FROM
CIVILIAN HOSPITALS**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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Pages: 4
Distribution: F

This instruction implements AFPD 44-1, *Medical Operations*. It incorporates the AETC/CC's policy memorandum, 25 Mar 2004, *Rape Protocol Support from Civilian Hospitals*. It establishes procedures and assigns responsibility to ensure that alleged sexual assault victims receive timely medical support by providers trained and privileged in performing sexual assault examinations, and in completing legally sufficient rape protocols. It applies to all AETC units with medical treatment facilities (MTF). This publication does not apply to Air National Guard and Air Force Reserve Command units. Ensure all records created as a result of processes prescribed in this publication are maintained in accordance with AFMAN 37-123, *Management of Records*, and disposed of in accordance with the Air Force Records Disposition Schedule (RDS) (available at <https://webrims.amc.af.mil/rds/index.cfm>). See **Attachment 1** for a glossary of references and supporting information.

Section A—MTF Responsibilities

1. Local Instructions:

1.1. MTFs must develop a local instruction clarifying steps to take to manage an alleged sexual assault victim. If the victim presents to the MTF, life saving procedures will take precedence over initiating rape protocols.

1.1.1. MTFs with an emergency department (ED) have the option of managing victims within the military facility or having the victim managed at a civilian hospital or by an equivalent civilian provider of service, such as a sexual assault nurse examiner (SANE) group. The decision of whether to offer this service at an MTF is dependent on currency of staff responsible for performing examinations. Physicians must be privileged for this procedure and ideally work in a setting where currency can be maintained. Limited currency may result in dependence on a local civilian hospital or a SANE group with expertise in performing sexual assault examinations.

1.1.2. MTFs without an ED need to establish a relationship with a civilian or military hospital, or an equivalent civilian provider of service that can provide sexual assault examinations.

1.2. MTF instruction must clarify the notification process to ensure earliest possible involvement of the Air Force Office of Special Investigations (AFOSI), regardless of the location of the sexual assault examination. Prompt notification is essential. Realizing each assault case is unique, AFOSI input may influence addition or deletion of particular tests during victim examination. In addition, if the same medical facility is used for both, victim and alleged perpetrator, appropriate management of the alleged perpetrator is needed, to include a medical examination. Place emphasis on limiting interaction with the victim and prevention of contamination of evidence.

1.3. MTF instruction must identify any agreements or memorandum of understanding (MOU) with a civilian hospital or other equivalent civilian provider of service and clarify requirements addressed in paragraph 2.2.

1.4. Address followup medical care options in MTF instructions, to include support for physical and/or psychological pain, and other appropriate medical issues related to the alleged sexual assault.

1.5. MTF personnel should receive annual training on this topic to ensure understanding and compliance with local instructions.

2. Memorandum of Understanding (MOU) with Civilian Provider of Service:

2.1. When involvement of civilian providers is necessary, the MTF must have an MOU with the facility or group that specifically addresses sexual assault.

2.2. Review the MOU and appropriate MTF instruction annually at a meeting involving representatives from the MTF, AFOSI, Judge Advocate (JA), the civilian provider of service (hospital or SANE group), and civilian law enforcement to ensure concurrence with policies and procedures. If a rape crisis center (or its equivalent) is present in the local community, it is recommended they be included at the annual meeting.

Section B—Civilian Provider of Service Support

3. Sexual Assault Examination:

3.1. Sexual assault examinations can only be performed by providers privileged to complete this examination. Specialized training of providers is needed for pediatric cases. SANE or ED physicians are the preferred sexual assault experts for adult cases. Standard examinations need to encompass the following five general areas, at a minimum:

3.1.1. Complete documentation of history provided by the alleged victim.

3.1.2. Trace evidence collection (for example, hairs, fibers, soil, glass, etc.).

3.1.3. Search and collection of biologic evidence (for example, saliva, semen, blood).

3.1.4. Written and photographic documentation of injuries.

3.1.5. Collection of known standards from both the victim and subject/alleged perpetrator (hair and blood).

3.2. Consider these additional tests:

3.2.1. Screen for drug-facilitated sexual assault (blood alcohol test and urine toxicology).

3.2.2. Sexually transmitted disease screen.

3.3. Examinations should be accomplished for all alleged victims within 19 days of the event as per AFOSI guidance. State limitations may only authorize examinations within 72 hours of the event at civilian hospitals. Options for unique scenarios involving input from AFOSI should be addressed in the MOU, realizing that cases beyond 72 hours will be the exception.

3.4. If a DoD sexual assault evidence collection kit is not used at a civilian hospital (which is generally the case), the MTF should verify with the regional AFOSI forensic sciences consultant (FSC) that the kit in use meets medical-legal expectations. Coordinate this through your local AFOSI detachment.

4. Chain of Custody:

4.1. Clarify chain of custody of completed sexual assault kits with civilian facilities or other equivalent providers of service to ensure legal sufficiency as per AFOSI requirements.

4.1.1. When assaults occur off-base, kits will be given to civilian law enforcement unless the civilian law enforcement agency declines investigative jurisdiction over the case. If that occurs, release kits to AFOSI. Coordination between AFOSI and civilian law enforcement is needed in these situations.

4.1.2. When assaults occur on base, and AFOSI is present in the medical facility with the alleged victim, give kits to the AFOSI.

Section C—Additional Support for MTFs

5. AFOSI:

5.1. AFOSI FSCs are available to educate military physicians on the use of sexual assault kits.

5.2. A military physician may need to complete an examination for an emergent case when prearranged civilian care is not available. AFOSI support is available for this unique situation, though not necessarily resident at the local AFOSI detachment. Prior training and planning with the regional FSC is highly recommended.

5.2.1. Nonexpert providers who complete these examinations may ultimately be called upon by the legal system, but only as fact witnesses.

5.3. Additional guidance as to procedures and policies followed by AFOSI in dealing with rape protocols is available through your local AFOSI detachment and the FSC.

TED J.W. ROGERS, Colonel, USAF, MSC
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Attachment 1**GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPD 44-1, *Medical Operations*

AFMAN 37-123, *Management of Records*

AETC/CC's policy memorandum, 25 Mar 2004, *Rape Protocol Support from Civilian Hospitals*

Abbreviations and Acronyms

AFOSI—Air Force Office of Special Investigation

ED—emergency department

FSC—forensic sciences consultant

JA—Judge Advocate

MOU—memorandum of understanding

MTF—medical treatment facility

SANE—sexual assault nurse examiner