



INJURY DOCUMENTATION

Sexual Assault Nurse Examiner Program Guidance Document

MAY 3, 2019

INTRODUCTION

This guidance document provides guidelines for sexual assault nurse examiners (SANE) in documenting injury identified at the time of an adult / adolescent medical forensic examination (MFE). It does not describe how to write a narrative of a sexual assault, how a body diagram is completed, or how to take or store photographs. Instead, it provides guidance on the tools available to assist in the documentation of injury in a sexual assault patient.

The Florida Department of Law Enforcement and Florida Council Against Sexual Violence (FCASV), along with a Best Practices Committee consisting of SANEs and Victim Advocates, developed the 2018 [Adult / Adolescent Forensic Examination form and the Medical History / Initial Assessment form](#). FCASV recommends using these forms when conducting an MFE and documenting findings.

We hope you find this guidance useful and informative in providing care to patients of sexual assault.

INJURY

Defining injury and using injury associated terms is an important aspect of forensic nursing. An injury refers to an area of the body where damage has occurred. The extent of the injury depends on the amount of force applied to the body, the body part affected, how much of the body's surface was affected, and the type of weapon used. The types of injury in sexual assault may include blunt force, sharp force, gunshot or thermal injuries.

A blunt force injury occurs when an object hits or strikes the body and the skin remains intact. The severity of the injury will vary and most often is dependent on how hard the object has hit the body and where the body was hit. The location of blunt force injury may have swelling, pain/tenderness, laceration (tear), abrasion (scratches and grazes), bruise (contusion) and / or fracture of a bone (Besant-Matthews).

A sharp force injury is a type of penetrating injury that occurs when a sharp/pointed object penetrates the skin. The severity of a sharp force injury is dependent on the type of object and the force with which the object has penetrated the body. The location of sharp force injury will have bleeding, swelling, pain/tenderness and an opening of the skin (a cut, incision or incised wound).

A gunshot injury is a type of penetrating injury and occurs when a bullet or other projectile is shot into or through the body. The severity of a gunshot wound is dependent on the type of projectile, the entry point on the body, and the speed of the projectile. The location of the gunshot wound will have bleeding (internally and externally), an opening of the skin, possible damage to the tissue or organs, and possible broken bones.

A thermal injury occurs when heat is exposed to the skin. The severity of a thermal injury is related to the type of heat source, the length of time it is in contact with the skin, and the temperature of the source. The location of the thermal injury may be red, black, brown or white, have blistering, pain, numbness, fluid oozing, and (or) swelling.

DOCUMENTATION

“Comprehensive documentation for sexual assault medical-forensic examinations should include three different types of documentation: narrative, diagrammatic, and photographic.” (Henry, 2013)

A. Narrative

A SANE's written documentation/narrative, should be objective, legible, unbiased, and adhere to accepted medical abbreviations. It should be the history as told by the patient; the SANE may use quotation marks when documenting the assault history to reflect verbatim statements made by the patient. The narrative should include descriptive details, which will identify where there may be potential injury. This context is noteworthy since future legal proceedings depend on the assault history and corroborating evidence. Per Archambault, Lonsway, and Keenan (2019), "The written report of a sexual assault case serves a number of key purposes, including:

- Recording and transmitting information regarding the case
- Providing a written narrative of the facts and findings from an investigation
- Providing the foundation upon which a prosecutor will build a case, and
- Becoming the official memory of the department for use in trials, appeals, and civil suits."

What may seem insignificant to the SANE may be of significance to investigators, attorneys, and the court. Payne-James, Crane and Hinchliffe (2005) state, "Because interpretation of wounds and injuries may be undertaken by review of documents, for example written descriptions, body chart mapping, or photographs, it is imperative that the descriptions are comprehensible to all."

Tools exist to assist the SANE with documenting injuries. The tools include medical terminology, injury descriptors, body diagram, and photographs.

B. Medical Terminology (Appendix I)

"SANEs may be requested to testify or to give a deposition; therefore, it is important to use appropriate and precise terms when describing injuries or wounds in forensic cases." (Besant-Matthews)

Descriptions of sexual assault injuries should be in medical terms and the SANE must be able to explain the medical term in a court of law. The failure to competently explain a medical term to a jury will cast doubt on the SANE's credibility as a professional.

C. Descriptors (Appendix II)

The SANE must establish a vocabulary of injury descriptors since proper use of descriptive terms greatly enhances one's ability to provide meaningful information to others. Descriptors provide additional information to the medical term for the injury. Once the injury descriptors are regularly used, describing an injury becomes easier over time. There are two mnemonics, (BALD STEP and TEARS, Appendix III), or memory aides, used in forensic nursing that may assist the SANE in documenting injuries at the time of a medical forensic exam (MFE). When describing the location of the injury, use of anatomical landmarks that are easily understood and explained, can be helpful when providing testimony, e.g. 1 cm under the left lower eyelid. The use of the clock face may also be helpful when describing the location of the injury, e.g. 1 cm under the left lower eyelid at the 6 o'clock position.

D. Body Diagram / Chart Documentation (Appendix IV)

The body diagram is a tool used to document the location and description of the injury (location, appearance, size, and tenderness). An example of an injury description may be, "outer aspect of right upper arm midway between the shoulder and elbow, 4 x 3 cm circular bruise – light purple and red in color, tender to touch (4 out of 10 on pain scale)."

NOTES:

- Every injury mapped on the body diagram must be numbered and inserted next to the corresponding photograph on page 11 (Appendix V) of the [FDLE's Adult / Adolescent Forensic Examination form](#).
- If there is no injury observed at the time of the head to toe exam, the SANE will document "No injuries related to sexual assault at the time of the exam" on each page a body diagram exists. This wording helps to distinguish between previous injury and sexual assault injury.

E. Photographic Documentation

Per the [National Protocol for Sexual Assault Medical Forensic Examinations, Adult and Adolescent](#),

"Taking photographs of patients' anatomy that was involved in the assault should be part of the medical forensic examination process in sexual assault cases." Photographs should never be the only means of documenting injuries; they are a supplement to the narrative and body diagram.

Injury documentation (other than ano-genital) via photography should include the following shots, an orientation shot, close-up/macro without scale and close-up/macro with scale. A scale - preferably an ABFO (American Board of Forensic Odontology) right angle scale - provides size reference and measurement.

For ano-genital injury, a digital 35 mm handheld camera, DSLR (digital single-lens reflex) camera or a colposcope with photographic capabilities may be used. A colposcope has magnification capability, which provides the SANE the ability to discern injury not visible to the naked eye. The camera type and colposcope should be documented.

NOTES:

1. Photo documentation is completed prior to disturbing / swabbing the injury and, if cleaning is needed, and if possible, after the injury is cleaned.
2. Photo documentation should occur on page 11 of the [FDLE's Adult / Adolescent Forensic Examination form](#) or a similar type photo log.
3. Proper documentation of photos begins and ends with a patient label/identifier that includes the patient's name, date of exam, case number, and photographer's name and initials.
4. The "Injury #" should correspond with the number on the body diagram (Appendix V).
5. "Location of Injury/Photo" and "Description of Injury/Photo" columns (Appendix V) should be completed or marked N/A.
 - a. Note: The description of the injury is placed on the body diagram and the description of the injury/photo is what type of photo is taken, i.e. orientation shot, macro with, and macro without scale.
6. NO photos should be deleted from the camera prior to transferring to the properly labeled permanent documentation storage device.
 - a. If a photo is deleted in error, document "Photo # x deleted in error."
 - b. If a photo is taken in error, document "Photo # x taken in error."
7. If a photo is blurry, document the photo taken and make a note, "blurry."
8. Camera date and time imprinting is a form of documentation and should be used.

9. It is best practice to photograph clothing, prior to packaging, if there is damage (tears, cuts, etc.) or stains (blood, semen, dirt, etc.) related to the assault.

F. Additional Documentation

- Document if T-Blue is used; photograph before and after use.
 - Ano-genital use of T-blue is not used for diagnostic purposes, it is used to confirm or deny a suspected laceration.
- The [International Association of Forensic Nurses Non-Fatal Strangulation Documentation Toolkit's](#) Non-fatal Strangulation Documentation Form is an excellent resource when a non-fatal strangulation has occurred.

APPENDIX I

COMMON TERMS USED IN DOCUMENTATION OF SEXUAL ASSAULT INJURY

1. Abrasion: Wound caused by the scraping or rubbing away of skin.
2. Avulsion: Wound caused by the pulling or tearing away a part of the body.
3. Bite mark: Patterned wound caused by the act of biting.
4. Bruise: A wound that occurs when blunt force ruptures or tears a blood vessel resulting in leakage of blood into the tissue. Also known as a contusion.
5. Cut: Wound caused by dragging a sharp object along tissue. Also known as an incised wound.
6. Contusion: See definition for bruise.
7. Drag mark: Oval-shaped bruise or abrasion on the skin overlying the spinous processes.
8. Ecchymosis (singular), Ecchymoses (plural): Hemorrhagic spot or patch caused by extravasation of blood into the tissue. Caused by leaking of a hematological nature, **not trauma**.
9. Erythema (redness): Redness of the skin or mucous membrane as a result of dilation of capillaries.
10. Excoriation: Superficial linear abrasions resulting from intense itching or chaffing.
11. Finger-pad mark: Bruise caused by pressure of the finger pad or tip during grabbing, holding, pressing, or squeezing.
12. Grip mark: Bruise pattern that reflects the grip impression left by a hand.
13. Gunshot wound: Wound caused by the discharge of a gun.
14. Incised wound: See definition for cut.
15. Laceration: Wound caused by tearing, ripping, crushing, overstretching, or shearing of tissue.
16. Macule: Flat area of discoloration on the skin that is less than 1 cm in diameter.
17. Nodule: Elevated solid lesion larger than 1 cm in diameter that extends into the dermis.
18. Papule: Superficial, elevated solid lesion less than one cm in diameter.
19. Petechiae: Red, non-elevated bruising that is less than 3 mm in diameter and results from rupture of capillaries.
20. Pustule: an elevated collection of turbid fluid less than one cm in diameter.
21. Slap mark: Wound pattern that reflects the outline of the palm and fingers caused by the force of an open hand hitting the skin.
22. Stab wound: Wound that occurs when a sharp, pointed instrument penetrates the skin and underlying tissue.
23. Strangulation: Applying external pressure to the neck causing interruption of oxygen exchange to the brain by impeding blood flow or respiration.
24. Swelling or Edema: an excess of fluid collection in the cavities or tissues of the body.
25. Vesicle: An elevated collection of clear, serous fluid less than one cm in diameter.
26. Wheal: Superficial, transitory, edematous plaque caused by infiltration of the dermis with fluid.

APPENDIX II

INJURY DESCRIPTORS

APPEARANCE

- Include color, depth, length, width
- Surrounding condition of nearby skin (e.g. swelling, bruise)
- Document drainage
- Appearance:
 - Rolled under edges
 - Well-defined edges
 - Attached
 - Unattached
 - Pattern
 - Any directionality
 - Physical evidence present (e.g. grass, gravel)
- Document if there is evidence of healing

SHAPE

- Round
- Oval
- Elliptical
- Linear
- Triangular
- Stellate
- Irregular
- Crescentic
- Annular
- Square
- Rectangular

TENDERNESS

- Tender to touch
- Pain scale 0 – 10 (0 being no pain)

LOCATION

- Anterior/posterior -front/back
- Proximal/distal - close to structure/away from structure
- Medial/lateral/away from midline
- Inferior/superior
- Above/below
- Measure distance from anatomical landmark

TYPE

- Blunt force
- Sharp force
- Puncture
- Slashing
- Burn
 - Dry
 - Scald
 - Chemical

SIZE

- Use scale
- Measure in mm/cm if possible – indicate which used
- Width
- Length
 - Measure length with wound closed
- Depth
 - Measure width at widest points

World Health Organization (2003). *Guidelines for Medico-Legal Care for Victims of Sexual Violence*

APPENDIX III

Mnemonics

B	bleeding, bruise, burn, or bite-mark
A	abrasion, avulsion
L	laceration
D	deformity (acute)
S	stain (+ if FI = fluorescent), swelling
T	tenderness to palpation, trace evidence
E	erythema
P	patterned (+ injury type), petechiae, penetrating (+ incised, stab, or bullet)

Carter-Snell, C. (2011). *Injury Documentation: Using BALD STEP Mnemonic and the RCMP Sexual Assault Kit*.

T	tears
E	ecchymosis
A	abrasion, avulsion
R	redness
S	swelling

Slaughter and Brown as cited in Lynch and Duval (2011), *Forensic Nursing Science* (2nd ed.). St. Louis, Missouri: Mosby, Inc.

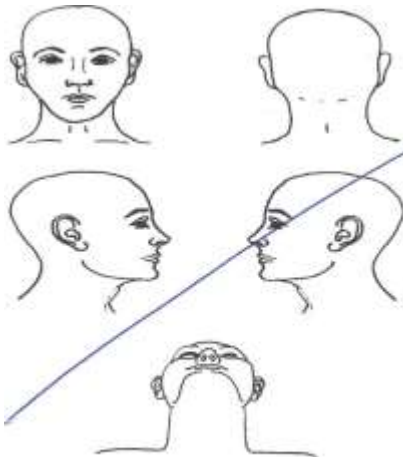
Patient Name	<u>Jane Doe</u>
DOB	<u>3-5-99</u>
Case #	<u>RH0012234</u>

APPENDIX IV

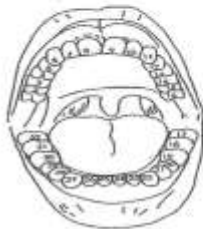
Pages 5 – 8 of the [FDLE's Adult / Adolescent Forensic Examination form](#)

POST ASSAULT ACTIVITY							
Since assault has patient:	Yes	No	If yes, please note number of times	Since assault has patient:	Yes	No	If yes, please note number of times
Urinated	x		Three times	Brushed teeth	x		once
Bowel movement		x		Rinsed mouth		x	
Showered		x		Ate or drank	x		lunch
Washed off/ wiped off		x		Vomited		x	
Changed clothing		x		Douched		x	
Changed underwear		x		Changed pad / tampon		x	
Other:			Other:				

LEGEND: Types of Findings			
AB Abrasion	EC Echymosis (bruise)	MS Moist Secretion	SO Suction
Bite	ER Erythema (redness)	OF Other Foreign	Occurred
BIJ Burn	F/H Fiber/Hair	Materials (describe)	SW Swelling
CS Control Swab	FB Foreign Body	01 Other Injury (describe)	TB Toluidine Blue
DE Debris	IN Induration	PE Petechiae	TE Tenderness
DF Deformity	IW Incised Wound	ps Potential Saliva	VIS Vegetation/Soil
DS Dry Secretion	LA Laceration	SHX Sample Per History	WL Wood's Lampe



*No injuries noted
ref to SA exam*



Initials Ra Date 10/1/18

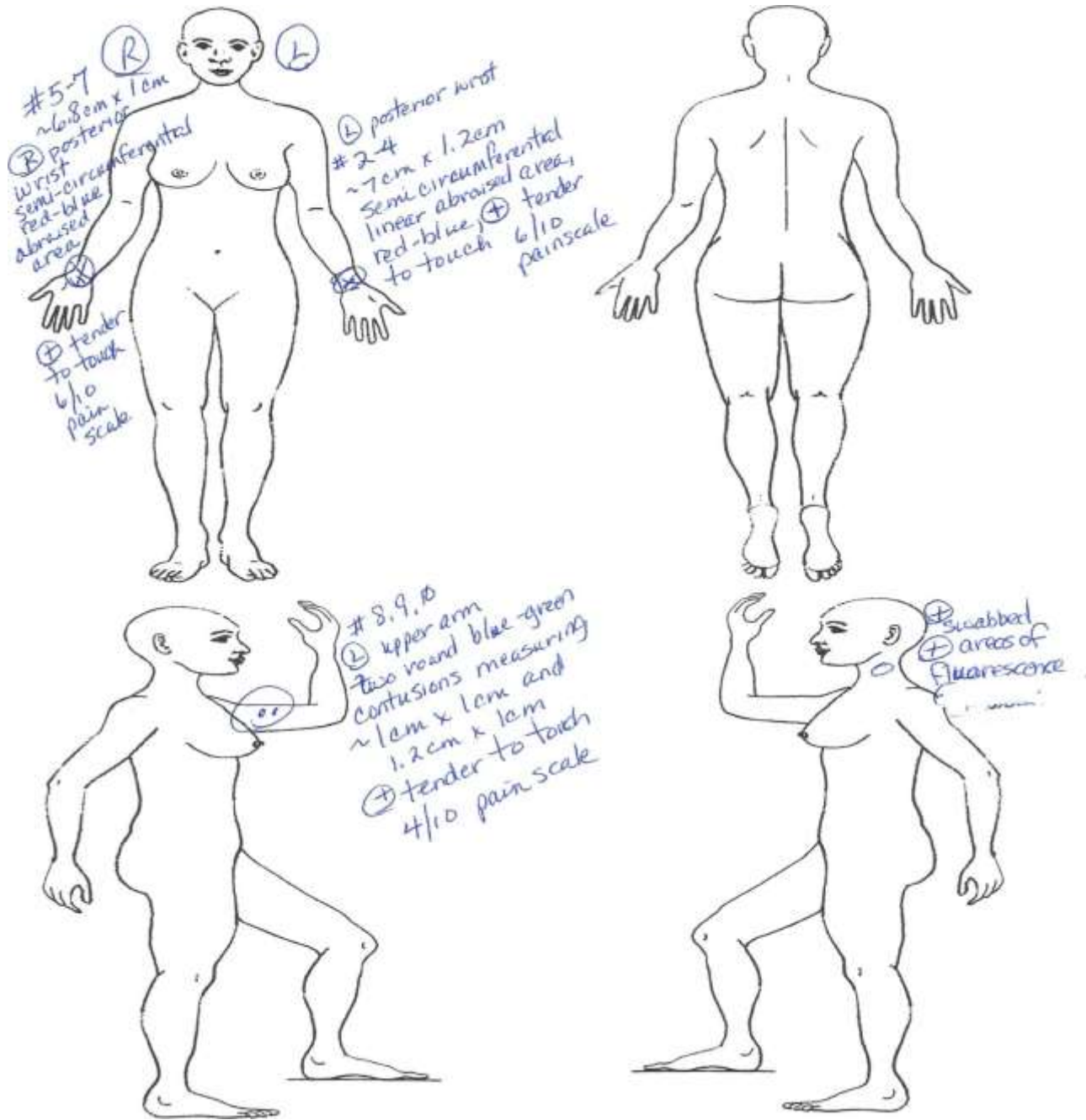
Original Copy Medical Chart

Copy 2 Law Enforcement

Copy 3 - Inside Crime Lab Envelope

Patient Name Jane Doe
 DOB 3-5-99
 Case # RH0012234

Page 6 of the Adult/Adolescent Forensic Examination Form



Original Copy Medical Chart

Copy 2 Law Enforcement

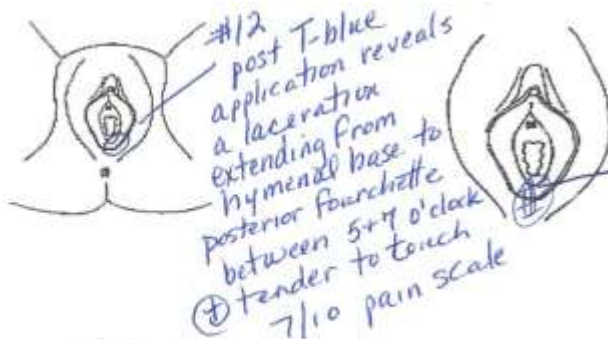
Copy 3 - Inside Crime Lab Envelope

Patient Name Jane Doe

DOB 3-5-99

Case # RH0012234

Page 7 of the Adult/Adolescent Forensic Examination Form

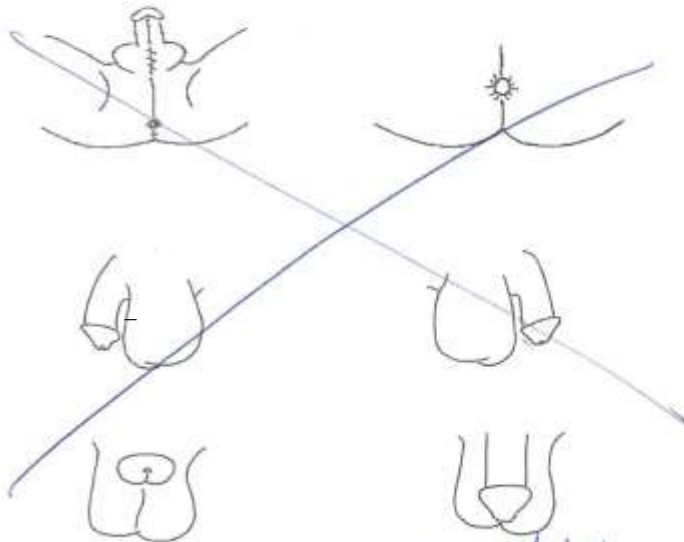


#11,12
Area of erythema extending from 4-7 o'clock position floor of vaginal orifice to posterior fourchette
⊕ tender to touch
5/10 pain scale

none
ted Fe
A exam
#13 photo
Cx, smooth, pink

none noted
Fe SA exam

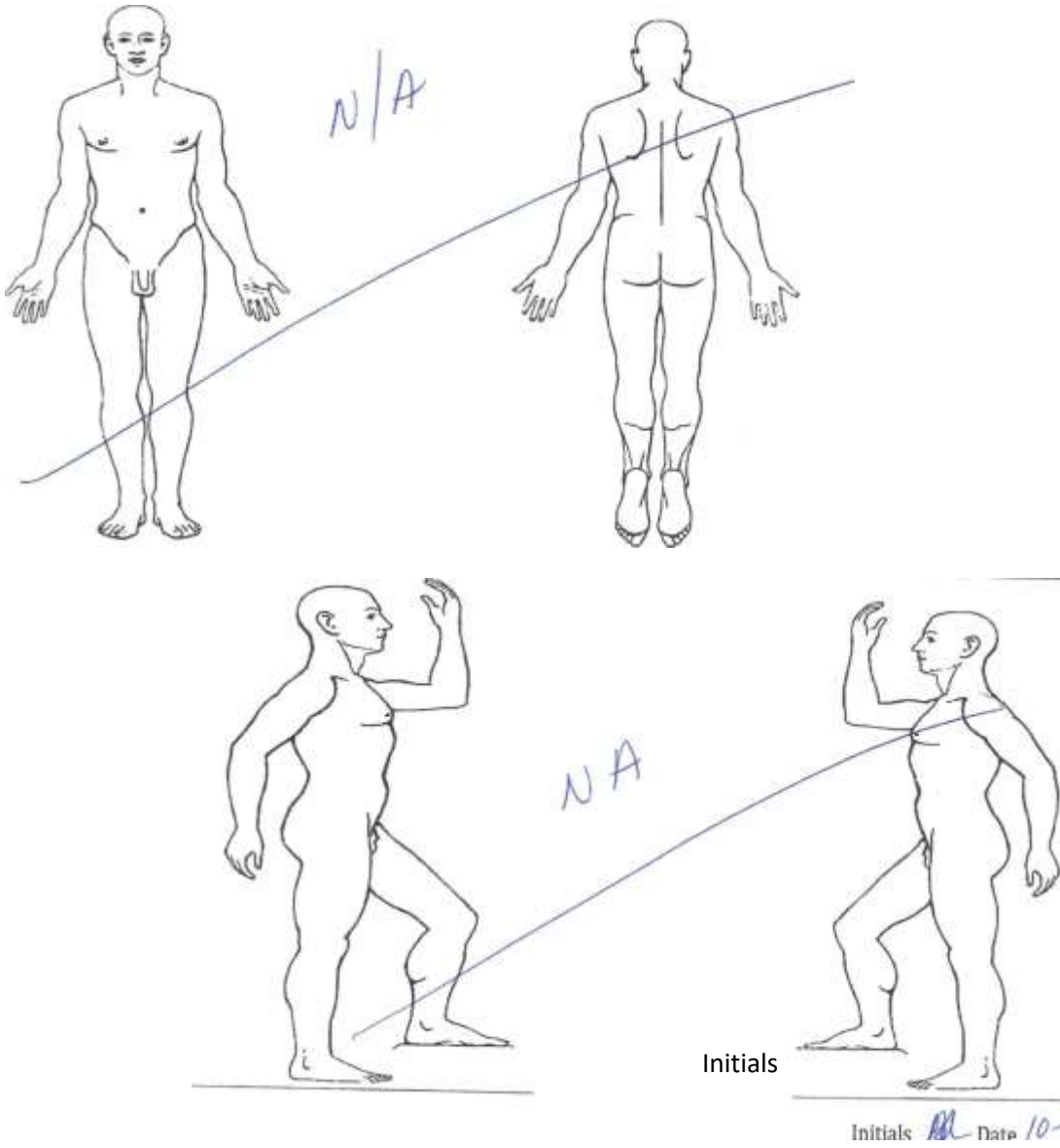
N/A



Initials Ra Date 10/1/18

Patient Name Jane Doe
DOB 3-5-99
Case # RH0012234

Page 8 of the Adult/Adolescent Forensic Examination Form



Original Copy Medical Chart

Copy 2 Law Enforcement

Copy 3 - Inside Crime Lab Envelope

Patient Name	<u>Jane Doe</u>
DOB	<u>3-5-99</u>
Case #	<u>RH 0012234</u>

APPENDIX V

Page 11 of the Adult/Adolescent Forensic Examination Form

Total number of photos taken: 14 including case labels Camera Type: Sony Alpha 580

Injury #	Photo #	Location of Injury/Photo	Description of Injury/Photo
N/A	1	N/A	Printed patient label
2	2	L. wrist	Orientation
3	3	L. wrist	Macro without scale
4	4	L. wrist	Macro with scale
5	5	R. wrist	Macro without scale
6	6	R. wrist	Macro with scale
7	7	R. wrist	Orientation
8	8	L. upper arm	Orientation
9	9	L. upper arm	Macro without scale
10	10	L. upper arm	Macro with scale
11	11	External genitalia	Macro without scale, post t-blue
12	12	External genitalia	Macro without scale
13	13	Cervix	Macro without scale
	14	N/A	

Photo documentation continued on additional pages: ___ Yes X No

Original Copy Medical Chart

Copy 2 Law Enforcement

Copy 3 - Inside Crime Lab Envelope

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