

## APPENDIX: MS SEXUAL ASSAULT KIT

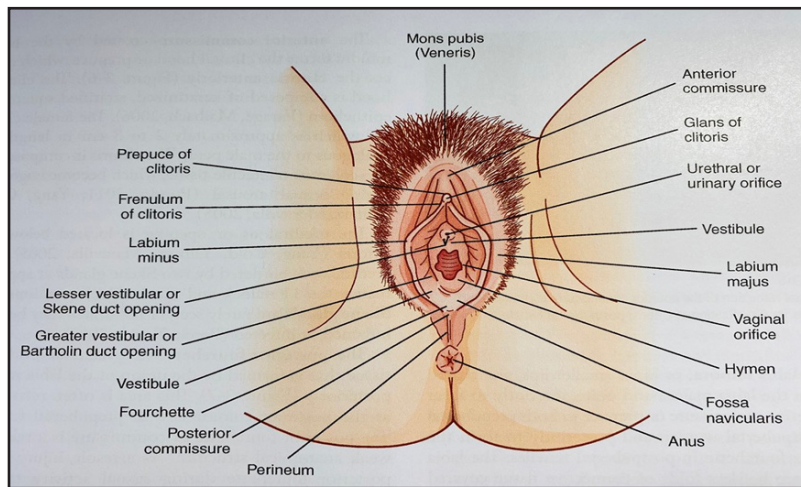
The following information is meant to be a guideline for the examiner in providing care to a patient that presents stating a sexual assault. Patient presentations can vary and the patient is the guide of the exam. Patients have the right to consent and withdraw consent at any time during the exam. The following information is to assist the examiner and not be the mandate for the Medical/Forensic episode of care. Medical care is the priority for any examination of a patient, including a patient that states a sexual assault occurred. This information is the recognized Standard of Care based on the National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, Second Edition. (Link provided below)

<https://www.ojp.gov/pdffiles1/ovw/241903.pdf>

### Anatomy & Physiology

#### Introduction

Understanding the normal anatomy and physiology in adults and adolescents forms the foundation for identification and interpretation of finding associated with a sexual assault. See diagrams below for structure identification.



#### Male Reproductive System

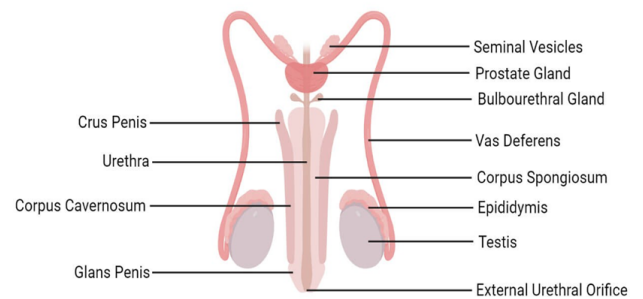
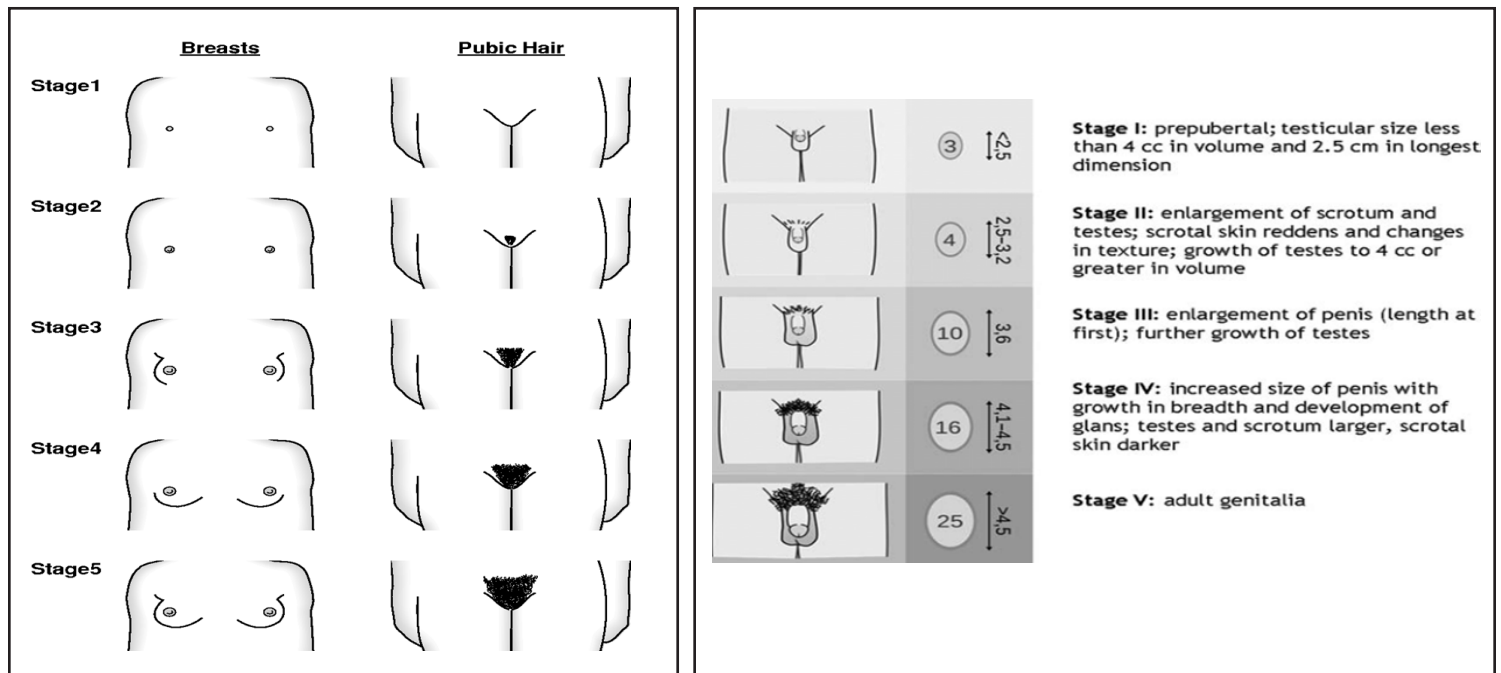


Figure: Structure of Male Reproductive System Designed By: Sagar Aryal. Created with biorender.com

**Tanner Staging** is a tool utilized to establish physiological developmental changes. See chart below for male and female Tanner Stages.

<https://www.ncbi.nlm.nih.gov/books/NBK470280/>



## Psycho-social Presentation

Patients presenting with an acute history of sexual assault may have interpreted this event with a Traumatic Psychological Phenomena known as “Neurobiology of Trauma”. The brain may have interpreted this event as a potentially lethal experience. Due to this experience the patient may have difficulty recalling the details of the event. The patient may present with varying demeanors based on the Amygdala driven response. The HPA axis driven response can explain the patient’s psychological presentation.

Some psychological presentations can include: flat affect, agitated, calm, cooperative, smiling, void of emotion, angry, etc. There is no “wrong way” for a patient to behave after a sexual assault.

Neurobiology of Sexual Assault Webinar: <https://nij.ojp.gov/media/video/24056>

## Strangulation

Patients that present and disclose a strangulation event need a strangulation assessment. Patients may use the term “Choking”. Choking is a foreign body that obstructs the airway. Strangulation is the interruption of circulation and/or airway due to pressure on the neck, face, chest. Below is a guideline on strangulation assessment:

- Face: Does the patient recall any changes in the sensation/appearance of their face?
- Eyes: Does the patient recall any changes in the sensation/appearance of their eyes?
- Visual acuity should be performed. Assessment should be conducted.
- Nose: Does the patient recall any changes in the sensation/appearance of their nose/ability to smell?
- Ears: Does the patient recall any changes in the sensation/appearance of their ears/hearing?
- Head/Scalp: Does the patient recall any changes in the sensation/appearance of their head and scalp?
- Neck/Under Chin: Does the patient recall any changes in the sensation/appearance of their neck and chin area? Thorough assessment should be performed.
- Shoulders: Does the patient recall any changes in the sensation/appearance of their shoulders/back?
- Chest: Does the patient recall any changes in the sensation/appearance of their chest area?
- Throat/Voice: Does the patient recall any changes in the sensation/appearance of their throat/oral-pharynx?
- Respiratory: Does the patient recall any changes in the sensation/appearance of their breathing? Lung sounds should be assessed.
- Genitourinary: Was the patient incontinent of urine/stool?
- Gynecological: Is the patient pregnant? Patient may be considered for fetal monitoring.
- Gastrointestinal: Has the patient experienced in nausea/vomiting/diarrhea?