



Standard Guide for Sexual Assault Investigation, Examination, and Evidence Collection¹

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1. Scope

1.1 This guide covers the basic components for the development of a sexual assault investigation protocol, with specific attention to the examination of assault scenes, victims and suspects of sexual assault, the recovery of testimonial, physical, and behavioral evidence, and the preservation and custody of physical evidence.

1.2 This guide outlines procedures requiring the experience of experts in a diversity of fields. A multidisciplinary team approach to sexual assault investigation is necessary and is the current standard of care. This team should include members skilled in the following disciplines: law enforcement, criminalistics, victim advocacy, and clinical, forensic practice.

1.3 This guide offers a set of instructions for performing one or more specific operations. This standard cannot replace knowledge, skill, or ability acquired through appropriate education, training, and experience and should be used in conjunction with sound professional judgment.

1.4 *This standard does not purport to address all of the safety concerns, if any, associated with its use. It is the responsibility of the user of this standard to establish appropriate safety and health practices and determine the applicability of regulatory limitations prior to use.*

2. Referenced Documents

2.1 ASTM Standards:²

E620 [Practice for Reporting Opinions of Scientific or Technical Experts](#)

E1020 [Practice for Reporting Incidents that May Involve Criminal or Civil Litigation](#)

E1188 [Practice for Collection and Preservation of Information and Physical Items by a Technical Investigator](#)

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² For referenced ASTM standards, visit the ASTM website, www.astm.org, or contact ASTM Customer Service at service@astm.org. For *Annual Book of ASTM Standards* volume information, refer to the standards' s Document Summary page on the ASTM website.

[E1459 Guide for Physical Evidence Labeling and Related Documentation](#)

[E1492 Practice for Receiving, Documenting, Storing, and Retrieving Evidence in a Forensic Science Laboratory](#)

3. General Protocol

3.1 *General Information*—Sexual assault is an underreported crime. The most serious misunderstandings displayed on the part of investigators are common misunderstandings of particular categories of victims (enumerated below) and a lack of willingness to work with professionals in allied disciplines who also provide valuable services in this area:

- 3.1.1 Sensitivity to victim needs,
- 3.1.2 The elderly victim,
- 3.1.3 The disabled victim,
- 3.1.4 The male victim,
- 3.1.5 The child victim (see Section 4),
- 3.1.6 The cultural heritage of the victim,
- 3.1.7 The homosexual victim, and
- 3.1.8 The deceased victim.

3.2 *Initial Law Enforcement Response*—Sexual assaults most often come to the attention of law enforcement personnel as initial responders. It is essential for initial responders to have in place mechanisms for the immediate notification of allied professionals that must also respond in a timely manner to effect the proper investigation of these incidents. The following topical areas should be addressed in written procedures by law enforcement agencies responding to sexual assaults:

- 3.2.1 Victim safety and security;
- 3.2.2 Activate multidisciplinary team;
- 3.2.3 Initial victim interview and transport to examining facility;
- 3.2.4 Scene security;
- 3.2.5 Scene search;
- 3.2.6 Evidence identification, recovery, and security; and
- 3.2.7 Suspect detection, apprehension, and interview.

3.3 *Treatment Plan*—Each treatment facility that deals with individuals involved in sexual assaults as victims or suspects, or both, should promulgate written procedures that detail the following areas of attention:

- 3.3.1 Facility,
- 3.3.2 Transfer,

- 3.3.3 Intake,
- 3.3.4 Reporting,
- 3.3.5 Attending personnel,
- 3.3.6 Medico-legal consent, and
- 3.3.7 Evidentiary and medical examinations.

3.4 *Documentation and Evidence Collection*—Written standing operating procedures concerning evidence collection and documentation should be published by any organization (law enforcement, health care, laboratory, private contractor, or volunteer organizations, or both) involved in the investigation of sexual assaults. These procedures should address the following areas:

- 3.4.1 *General Information*:
 - 3.4.1.1 Documentation and terminology,
 - 3.4.1.2 Preserving the integrity of evidence,
 - 3.4.1.3 Body diagrams/illustrations (genital and non-genital trauma), and
 - 3.4.1.4 Photography.
- 3.4.2 *Spermatozoa/Semen*,
- 3.4.3 *Clothing*,
- 3.4.4 *Swabs and Smears*,
- 3.4.5 *Bitemarks or other patterned injuries*,
- 3.4.6 *Hair*,
- 3.4.7 *Fingernails*,
- 3.4.8 *Blood specimens*,
- 3.4.9 *Saliva specimens*, and
- 3.4.10 *Other physical evidence*.

3.5 *Laboratory Requests*—Laboratory requests should follow a standard format and include pertinent details of the incident and the individuals involved so as to maximize laboratory capabilities:

- 3.5.1 Medical history,
- 3.5.2 Incident particulars, and
- 3.5.3 Examination procedures and findings.

3.6 *Transmittal of Evidence* (see Guide [E1459](#) and Practice [E1492](#)):

- 3.6.1 Specimen integrity,
- 3.6.2 Transport of evidence, and
- 3.6.3 Chain of custody.

3.7 *Post-Examination Procedures*—In the sexual assault, post-examination procedures are important due to the emotional trauma generally involved in incidents of this type, for reasons of personal hygiene and continued care, and for the potential for the development of evidence that may not yet be apparent to investigators. The following areas concerning post examination procedures are important as a part of examining and investigating agency protocol:

- 3.7.1 Patient information;
- 3.7.2 Follow-up contacts;
- 3.7.3 Informational brochures;
- 3.7.4 Clean-up, change of clothing, and transportation;
- 3.7.5 Law enforcement investigative interview;
- 3.7.6 Case evaluation; and
- 3.7.7 Follow-up medical examination.

4. Child Protocol

4.1 *General Information*—So many special considerations exist when the investigation of a child sexual assault is undertaken that special considerations and protocols are required. The general categorical rules concerning adult sexual assault investigations, as enumerated in Section 3 is also applicable to the child sexual assault investigation, except where superceded below. Also, agencies undertaking child sexual assault investigation should develop protocols addressing the issues enumerated below:

4.1.1 Major categories of child sexual assault and abuse, and

4.1.2 Communication.

4.2 *Initial Law Enforcement Response*:

4.2.1 General procedures,

4.2.2 Special considerations in cases involving child victims, and

4.2.3 Interagency coordination.

4.3 *Treatment Plan*:

4.3.1 Facility;

4.3.2 Intake or transfer, or both;

4.3.3 Reporting;

4.3.4 Attending personnel;

4.3.5 Consent; and

4.3.6 Child interviews.

4.4 *Documentation and Evidence Collection*:

4.4.1 General information.

4.4.2 Physical examination:

4.4.2.1 Anal, perianal, and perineal areas; and

4.4.2.2 Genitalia.

4.4.3 Evidence collection (differences between adult and child).

4.5 *Post-Examination Procedures*:

4.5.1 Patient information, and

4.5.2 Law enforcement investigative interview.

5. Sexually Transmitted Diseases (STD)

5.1 *General Information*—Organizations undertaking sexual assault investigations must be cognizant of various sexually transmitted diseases and be prepared to identify, treat or refer for treatment infected persons, or both, as well as protect others from disease transmission. Protocols should be developed for the recognition, treatment, and prevention of the transmission of the following sexually transmitted diseases:

5.1.1 Human Immunodeficiency Virus (HIV),

5.1.2 Chlamydia,

5.1.3 Gonococcal infections,

5.1.4 Syphilis,

5.1.5 Genital herpes simplex virus infection (HSV),

5.1.6 Trichomonas vaginalis,

5.1.7 Genital and anal warts (condyloma acuminatum),

5.1.8 Vaginosis, and

5.1.9 Hepatitis.

6. Keywords

6.1 criminal investigation; criminalistics; forensic sciences; sexual assault

APPENDIXES**(Nonmandatory Information)****X1. EVIDENCE COLLECTION KIT SPECIFICATIONS****X1.1 Container Specifications**

- X1.1.1 Size, and
- X1.1.2 Construction.

X1.2 Kit Components

- X1.2.1 *Paper Envelopes:*
 - X1.2.1.1 Miscellaneous envelopes,
 - X1.2.1.2 Hair combings,
 - X1.2.1.3 Known hair,
 - X1.2.1.4 Body fluid stain recovery, and
 - X1.2.1.5 Known body fluid.
- X1.2.2 *Blood tubes,*
- X1.2.3 *Combs,*
- X1.2.4 *Prepackaged swabs,*
- X1.2.5 *Frosted-end slides,*
- X1.2.6 *Evidence sealing tape,*

- X1.2.7 *Large and small paper bags,*
- X1.2.8 *Large white paper or sheet,*
- X1.2.9 *Nail evidence retrieval devices, and*
- X1.2.10 *Saliva retrieval devices.*

X1.3 Kit Printed Materials

- X1.3.1 Outside cover label,
- X1.3.2 Inside cover inventory label,
- X1.3.3 Instructions to examining team,
- X1.3.4 Physical examiner's report,
- X1.3.5 Examinee interview report,
- X1.3.6 Authorization for release of information form,
- X1.3.7 Chain of custody form, and
- X1.3.8 Forensic Science Laboratory Request/Report.

X2. ADDITIONAL EXAMINATION MATERIALS**X2.1 Instruments**

- X2.1.1 Speculum.

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