



**Descriptive Analysis of
Sexual Assault Nurse Examinations
in Fairbanks: 2005-2006**

by

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The Alaska Department of Law
State of Alaska



JC #0501

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Acknowledgments

This project was supported by Grant No. 2004-WB-GX-0003 awarded by the National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Points of view in this document are those of the authors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

The principal investigators, André B. Rosay and Tara Henry, sincerely thank Fairbanks Memorial Hospital. In particular, we thank Angie Ellis (Forensic Nursing Services Patient Care Coordinator) and all forensic nurse examiners that participated. They include Shany Fair, Debbie Verkyk, Kathleen Gumbleton, Paula Ciniero, Ilene DuToit, and Carol Meyer.

Principal investigators also sincerely thank the Alaska Department of Law. In particular, we acknowledge Susan Parkes (former Deputy Attorney General) and Lu Woods (Criminal Records Information and Management Exchange System [CRIMES] Coordinator).

Descriptive Analysis of Sexual Assault Nurse Examinations in Fairbanks: 2005-2006

Executive Summary

This project examined the characteristics of sexual assault victimizations, as observed and recorded by sexual assault nurse examiners. The sample utilized for this analysis includes all sexual assault nurse examinations conducted in Fairbanks in 2005 and 2006 ($N = 144$). More specifically, this report documents the demographic characteristics of patients, pre-assault characteristics, assault characteristics, post-assault characteristics, exam characteristics and findings, suspect characteristics, and legal resolutions. Key descriptive results are summarized below.

An important limitation of this analysis is that it is based on medical / forensic examinations of sexual assault victims and therefore excludes all victims who did not have a medical / forensic examination. In addition, all information included herein is based on self reports from the patients and on medical / forensic examinations that include observations, physical assessments, and laboratory tests. Finally, it is important to emphasize that the goal of this report is limited to description. Nonetheless, we hope that this description will be useful to practitioners and policy makers to develop and strengthen comprehensive responses to sexual assaults.

Demographic Characteristics of Patients

Almost all patients (97%) were female and most were Native or White (54% and 40% respectively). In terms of age, 13% of patients were under the age of 18, 38% were between the ages of 18 to 24, 25% were between the ages of 25 to 34, 17% were between the ages of 35 to 44, and 8% were over the age of 44. Most patients (92%) did not report being homeless at the time of the assault and most did not report being disabled (3% reported being mentally disabled, 3% reported being physically disabled, and 4% reported being psychiatrically disabled).

Pre-Assault Characteristics

Very few patients reported they had engaged in anal or oral sex within three days prior to the assault, but 27% reported they had engaged in vaginal sex. The most common locations of initial contact with the suspect were private residences (for 54% of assaults). Other common locations of initial contact included bars (for 12% of assaults) and outdoors (for 11% of assaults).

Assault Characteristics

Most assaults (75%) took place within the City of Fairbanks (others took place elsewhere but were referred to Fairbanks for a medical / forensic examination). The most

common location for assaults was a private residence. More specifically, 70% of assault locations included the patient's house, the suspect's house, or another's house. Other common locations included hotels (for 10% of assaults). Over half of the assaults (57%) involved weapons, physical blows, physical restraints, strangulation, or verbal threats. Eight percent of assaults involved strangulation. For all locations (both of initial contact and assault), the most prevalent method used during the assault was grabbing. Many patients (71%) were alcohol intoxicated at the time of the assault and 5% were drug intoxicated. Some were severely intoxicated, with 31% of patients having passed out or blacked out prior to or during the assault. Most assaults were felonious, with 80% of assaults including penile penetration of the vagina. Other common sexual acts reported included digital penetration of the vagina, sexual contact (e.g., kissing, touching breasts, touching vagina), and oral copulation. Penile penetration of the anus was reported by 11% of patients and digital penetration of the anus was reported by 4% of patients. Overall, 98% of assaults included penetration or attempted penetration of the vagina or anus. Relatively few suspects (12%) used a condom during the assault.

Post-Assault Characteristics

Post-assault characteristics are important because they may affect the extent to which forensic evidence is still available to collect. Prior to the examination, the majority of patients (82%) reported that they urinated and over half reported that they changed their clothing (60%), wiped or washed genitalia (55%), and ate or drank (54%). Few patients (4%) inserted or removed sponges, diaphragms, tampons, or pads after the assault and few (4%) engaged in consensual sex. Most reports (93%) to the sexual assault nurse examiner were made within three days, with 15% of reports occurring within two hours of the assault, 29% occurring within four hours, 54% occurring within 12 hours, and 69% occurring within 24 hours.

Exam Characteristics and Findings

Most reports (81%) led to a complete exam. The most common reasons for not completing the medical / forensic exam were attributable to lack or withdrawal of patient consent. Most patients were described as cooperative (77%) and controlled (59%) but many (44%) were tearful. Many were also described as calm (33%) and quiet (24%) and a noticeable number were fidgeting (18%), trembling (13%), angry (12%), fearful (12%), tense (11%), and sobbing (10%). The majority of patients had clothing that appeared intact or clean (92% and 50% respectively). Upon arrival, 12% of patients required emergency medical care and one patient was admitted to the hospital. Most patients (77%) had a sexual assault evidence collection kit completed during the medical / forensic examination. Speculum and colposcope exams were common (in 75% and 77% of cases, respectively). An alternative light source (e.g., Wood's lamp, blue max, LED) was used in 50% of exams and fluorescence was found in 24% of these exams. The most common locations for finding fluorescence included legs, feet, buttocks, hips, and the abdomen. Sixty percent of patients were tested for sexually transmitted infections and other genital infections; and 27% of them tested positive. Among patients who tested positive, the most common type of infections included bacterial vaginosis (65%) and

yeast infections (22%). Non-genital injuries were recorded for 53% of patients. The most common non-genital injury types included bruising and abrasions and the most common non-genital injury locations included legs and arms. Genital injuries were recorded in 18% of patients. The most common genital injury type included a laceration and the most common genital injury locations included the posterior fourchette, the fossa navicularis, and the labia minora. Eleven percent of patients received a follow-up examination or consultation, performed, on average, seven days after the first exam.

Suspect Characteristics

The average number of suspects per assault was 1.12. Only one suspect was female, 99.2% were male. Overall, 93% of patients were assaulted by a single suspect and 86% of suspect identities were known. Most patients were Native (55%) or White (41%). Victimization were most likely intra-racial. In terms of age, 15% of suspects were 10 to 19 years of age, with over half of them being 18 or 19. Additionally, 54% of suspects were 20 to 29, 21% were 30 to 39, 8% were 40 to 49, and 3% were 50 or older. Alcohol use was more common than drug use, with 86% of suspects using alcohol prior to the assault and 36% using drugs. Thirteen percent of patients were assaulted by strangers and 87% were assaulted by non-strangers. Among patients assaulted by non-strangers, 80% were assaulted by someone known as a friend or acquaintance.

Legal Resolutions

Legal resolutions were obtained from the Alaska Department of Law only for a sub-sample of the cases included in this report. More precisely, legal resolutions were obtained only for examinations conducted in 2005 (because legal resolutions for examinations conducted in 2006 were not yet completed by the time of data collection). Of the original 144 sexual assault nurse examinations, 50 (35%) were searched in the Alaska Department of Law records. Results show that 30% were referred for prosecution, 14% were accepted for prosecution, and 10% resulted in a conviction. Of the referred cases, 47% were accepted. Of the accepted cases, 71% resulted in a conviction.

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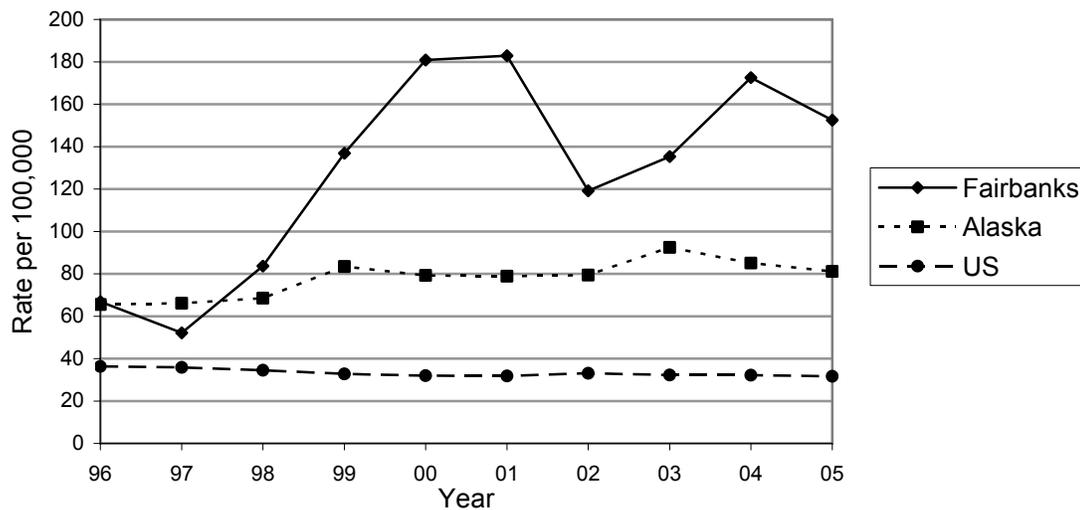
This report provides an overview of the characteristics of sexual assault victimizations, as observed and recorded by sexual assault nurse examiners. It is also the first report that documents the characteristics of sexual assault victimizations in the Fairbanks area. We hope that this report provides a valuable source of information about sexual assault victimizations and that this will be useful to practitioners and policy makers to develop and strengthen comprehensive responses to sexual assaults.

We begin this report by providing a brief overview of sexual assault rates in Fairbanks and of sexual assault nurse examinations. We then discuss the purpose of this study, its methodology, and limitations. Results are then presented. Results presented in this report are descriptive only. No inferential analyses are presented in this report. Inferential analyses will be provided in subsequent reports by the University of Alaska Anchorage Justice Center.

Rates of Sexual Assault in Fairbanks

The City of Fairbanks has high rates of forcible rape reported to law enforcement. Forcible rapes are defined in the Uniform Crime Reports as “the carnal knowledge of a female forcibly and against her will.” The Uniform Crime Reports tabulate the rate of reported forcible rapes and attempted forcible rapes in Fairbanks, Alaska, and the U.S. These data are shown in Figure 1. Although this study focuses on sexual assaults reported in 2005 and 2006, a historical trend is displayed in Figure 1 (from 1996 to 2005).

Figure 1. Rates of Forcible Rape Reported to Law Enforcement



Source of data: Uniform Crime Reports (1996-2005)

During this time period, the average rate of forcible rape reported to law enforcement was 128.3 per 100,000 in Fairbanks, 78.0 per 100,000 in Alaska, and 33.3 per 100,000 in the U.S. By comparison, the average rate of forcible rape reported to law enforcement was 79.8 per 100,000 in Anchorage (data not shown). The average rate of forcible rape reported to law enforcement was therefore 64.5% higher in Fairbanks than in Alaska, was 88.1% higher in Fairbanks than in Anchorage, and was 285.8% higher in Fairbanks than in the U.S. Stated differently, the average rate of forcible rape reported to law enforcement was almost five times higher in Fairbanks than in the U.S. In both 2004 and 2005, the Fairbanks North Star Borough had the highest rates of reported forcible rape among all metropolitan statistical areas in the United States.

These statistics only provide a partial description of the sexual assault problem because they do not include statutory rapes, incapacitated rapes, and other sex offenses, generally included under the umbrella category of “sexual assault.” Unlike the federal definition of forcible rape, sexual assaults include acts (and attempted acts) perpetrated against males as well as acts (and attempted acts) without forceful carnal knowledge against the victim’s will (e.g., sexual contact, incapacitated rape, statutory rape).

Sexual Assault Nurse Examinations

The sexual assault nurse examiner plays a critical role in our response to sexual assault victims. Once a sexual assault has been reported to law enforcement, it may be referred to the sexual assault nurse examiner (SANE) for a medical / forensic examination. The SANE is a component of the Sexual Assault Response Team (SART). Other members of SART include law enforcement and victim advocates. If law enforcement determines that it would be worthwhile to conduct a medical / forensic examination, SART is called into action. Generally speaking, this determination is based on the need for medical attention, the likelihood of collecting forensic evidence, and minimum legal requirements of proof. In general, referrals to SART will not be made if the time elapsed from assault to report is greater than 96 hours because the likelihood of collecting forensic evidence becomes remote (and because the need for medical attention is no longer urgent). In Fairbanks, SART/SANE services are provided by Fairbanks Memorial Hospital. Victim advocates are provided by the Interior Alaska Center for Non-Violent Living and law enforcement personnel primarily include the Fairbanks Police Department and the Alaska State Troopers.

Prior to the SART/SANE protocol, victims of sexual assault who needed emergency medical care were referred to emergency rooms where they often waited long periods of time before seeing a nurse or doctor. Although emergency rooms have the capacity to provide excellent emergency care, they do not have the luxury of spending additional time with victims of sexual assault to address their many emotional and medical needs. In addition, victims of sexual assault were triaged with other patients (who often needed more urgent care) and were required to report the details of their victimization several times for medical care, police reports, and to receive victim advocacy. The SART/SANE protocol now provides a significantly better response to victims of sexual assault, by utilizing a collaborative team of a law enforcement official, a forensic nurse, and a victim advocate. Although some victims may still be referred to emergency rooms for urgent care of serious to life threatening injuries (e.g., extensive trauma, respiratory distress), most can be effectively treated by trained sexual assault nurse examiners. In addition, sexual assault nurse examiners have been specifically trained for the documentation and collection of forensic evidence. Examinations follow a standard sexual assault protocol that utilizes specialized (and expensive) instruments such as a colposcope.

The main goals of the SANE intervention include the assessment of injury, the objective documentation of health history to determine bio/psycho/social risks and the risk of medical sequelae, the objective non-judgmental documentation of the history of the crime, the collection and preservation of forensic data, the prevention of potential psychological and physical health risks associated with the assault, the facilitation of client control over assault and abuse issues, and the facilitation of healthy reorganization and re-adaptation following a sexual assault (International Association of Forensic of Forensic Nurses, SANE Standards of Practice, 1996).

The SART/SANE protocol presents a clear benefit for the provision of medical care and the collection and documentation of forensic evidence. It is hoped that the enhancement in our ability to collect and document forensic evidence will facilitate the prosecution of perpetrators. But even if it does not, the SART/SANE protocol still

presents a significantly more compassionate response to victims of sexual assault than was previously provided by emergency rooms. In particular, the SART/SANE response is both more specialized and more sensitive to victims' immediate and emergent needs. The victim advocate plays a key role in providing support to the victim. The coordinated response between law enforcement, trained medical personnel, and victim advocates also reduces the need for multiple and redundant interviews with victims that may enhance secondary victimizations and lower victims' desire to pursue a criminal justice response.

Purpose of this Study

Data from sexual assault nurse examinations conducted in Fairbanks in 2005 and 2006 were collected for three primary reasons. The first was to gather information about the characteristics and prosecutorial outcomes of sexual assaults in Fairbanks and to create a report that summarizes this additional information. This goal is accomplished here in this descriptive report.

A second goal was to examine the effect of patient condition at the time of the assault on anogenital injury to test the hypothesis that incapacitation would decrease the likelihood of anogenital injury. As part of this second goal, we will examine the effect of patient condition at the time of the assault and of anogenital injuries on legal resolutions. Finally, this project was designed to describe and explain the time elapsed between the assault and the report. More specifically, we will examine whether time elapsed reduces the ability of the sexual assault nurse examiners to collect forensic evidence and to provide needed medical care. As part of this third goal, we will also examine if the unsuccessful collection of forensic evidence lowers the probability of successful prosecution. These (second and third) goals will be accomplished in subsequent reports by the University of Alaska Anchorage Justice Center.

To summarize, data were collected from medical / forensic evaluations of sexual assault victims to provide additional information on sexual assault victimizations and to better understand the effects of patient condition at the time of the assault and of time elapsed from assault to report. In particular, this project was designed to better understand the effects of patient condition at the time of the assault and time elapsed from assault to report on the ability of (1) the sexual assault nurse examiner to document anogenital injury and (2) the prosecutor to secure a conviction.

This study was also conducted in Kotzebue, Nome, Bethel, Kodiak, Kenai Peninsula, and Anchorage. All sexual assault nurse examiners in the State of Alaska (except for Dillingham) participated. Study results from these other sites are presented in other reports by the University of Alaska Anchorage Justice Center.

In this report, we accomplish our first goal which was to describe the characteristics of sexual assault victimizations in Fairbanks, as observed and recorded by sexual assault nurse examiners. We now describe the data collection procedures, discuss limitations, and then present results.

Methodology

All examinations conducted in Fairbanks in 2005 and 2006 were included in the sample. A total of 144 examinations were collected. About half of these cases (51%) were referred from local police (i.e., Fairbanks Police Department, North Pole Police Department, Tanana Police Department, and University of Alaska Fairbanks Police Department). Another 42% were referred from the Alaska State Troopers and 7% were referred from military police.

An extensive array of information was collected to describe sexual assault characteristics. More specifically, the information contains demographic characteristics of patients, pre-assault characteristics, assault characteristics, post-assault characteristics, exam characteristics and findings, and suspect characteristics (see Appendix A for data collection instrument).

Demographic characteristics of patients include gender, race / ethnicity, and age, whether the patient was disabled, and whether the patient reported being homeless. Pre-assault characteristics include whether the patient reported engaging in consensual sex within three days prior to the assault and information on the location of the initial contact with the suspect. Assault characteristics include information on the location of the assault, methods employed by the suspect, the patients' condition at the time of the assault, the patients' use of drugs and alcohol, and a detailed description of the assault itself. This detailed description includes the patient's position during the assault, whether protection and lubricants had been used, whether ejaculation occurred, and an inventory of 17 different sexual acts. Post-assault characteristics include information on post-assault actions taken by the patient, whether the patient engaged in consensual sex between the time of the assault to the examination, and the time elapsed from the assault to the examination.

Exam characteristics and findings include information on whether the exam was completed, the type of exam that was conducted, the patients' appearance and demeanor during the exam, whether the patient required emergency medical care, whether the presence of sperm was documented, whether patients tested positive for sexually transmitted infections, whether the patient was pregnant, and whether injuries were documented. Injury characteristics included descriptions of both non-genital and genital injury. A total of 108 indicators of non-genital injury were captured. These included nine possible injuries (i.e., bruising, redness, abrasions, lacerations, swelling, fractures, bite marks, pain, and other) to 12 possible sites (i.e., head/face, mouth, neck, shoulders, arms, hands, chest, abdomen, back, buttocks/hips, legs, and feet). A total of 60 indicators of genital injury were also captured. These included four possible injuries (i.e., bruising, abrasions, lacerations, and tenderness) to 15 possible sites (i.e., mons pubis, labia majora, labia minora, labia majora / minora junction, clitoral hood, clitoris, periurethra, hymen, fossa navicularis, posterior fourchette, perineum, vaginal walls, cervix, anus, and rectum).

Suspect characteristics included the number of suspects, whether the identity of the suspect was known, demographic characteristics (gender, race/ethnicity, and age), whether the suspect had used alcohol or drugs, and the relationship between the patient and the suspect. Overall, these data provide a thorough description of sexual assault, as observed and recorded by sexual assault nurse examiners.

All prosecutorial outcome data were gathered directly from the Alaska Department of Law. These data were gathered only for a sub-sample of the 144 medical / forensic examinations included in the sample. More specifically, searches through the Alaska Department of Law records excluded 10 cases referred from the military, one case with an unknown law enforcement case number, and all 83 cases reported to law enforcement in 2006. Cases reported in 2006 were excluded because outcome data were not yet available at the time of data collection. This data collection was therefore only performed on the non-military cases reported in 2005 with a known law enforcement case number (final N=50). These 50 cases were tracked by case number to determine if they had been referred by police to the Alaska Department of Law for prosecution, if the Alaska Department of Law had accepted the cases for prosecution, and if the cases resulted in a conviction. Again, this data collection was only performed for 50 (35%) of the original 144 cases.

This project was approved with a full review conducted by the University of Alaska Anchorage Institutional Review Board and utilized a Privacy Certificate issued by the National Institute of Justice. Although we also sought approval from the Alaska Area Institutional Review Board at the Alaska Native Medical Center, a formal notification of their decision was never obtained. All data collection was organized and supervised by Tara Henry (RN, BSN, SANE-A/P).

This report simply describes the results of this investigation. All results presented in this report are descriptive only. Future reports will examine these results in greater detail. Before discussing these descriptive results, it is important to emphasize some key limitations of this research.

Sample and Data Limitations

There are several key limitations that are important when interpreting all results presented in this report. First and foremost, the sexual assault cases that are included in this report are not representative of all sexual assault cases. Many sexual assault cases are not reported to law enforcement and consequently are excluded from this analysis. This analysis also excludes all cases reported to law enforcement that were not referred to the sexual assault nurse examiner (SANE/SART). Cases are generally referred to the sexual assault nurse examiner if medical or forensic evidence can still be collected. If the time elapsed from the assault to the report is greater than 96 hours, the likelihood of collecting forensic evidence becomes remote and the likelihood of requesting a medical / forensic examination subsequently decreases dramatically. Overall, results uncovered by this study should only be generalized to victims of sexual assault who reported their victimization to law enforcement and were examined by a sexual assault nurse examiner. Furthermore, this analysis is only based on medical / forensic examinations conducted in Fairbanks. Medical / forensic examinations conducted elsewhere are not included in this report. Characteristics of patients, assaults, and exams may vary substantially.

In addition to these sample limitations, there are some important data limitations. First, all data collected by this investigation are based on self-reported information by the patient and on observations, physical assessments and laboratory tests performed by the sexual assault nurse examiner. Second, as the reader will notice, sample sizes vary dramatically across tables. Differences in sample size are due to differences in the rate of missing data (i.e., in the rate of unknown information). Because data were collected retrospectively and because medical / forensic examinations are necessarily individualized, not every single data element presented here was included in all medical / forensic examinations. Retrospective data collection is inherently limited by the contents of the medical / forensic reports. In particular, when data are missing from the reports, it is difficult, if not impossible, to determine the reason for these data to be missing. Common reasons may include the lack of patient consent or difficulties with recall (victims of violent crime often do not remember the specific details of their victimization). In addition, although the sexual assault nurse examiner protocol is standardized, it must also be individualized. Because the specifics of the examination vary across patients, data documentation and collection necessarily does as well. Overall, the data collection instrument was designed to focus on key aspects of the medical / forensic examination that would generally be included (but of course, these are not always included and cannot be). In order to provide the most valid estimates, missing data are not presented in tables. As the number of missing data increases (i.e., as sample sizes decrease), the reader is cautioned that data uncertainties are necessarily increased.

Perhaps the most important limitation of this report is that it is only descriptive. No inferential analysis is included in this report (these will be included in subsequent reports). Again, the sole goal for this report was to describe sexual assault victimizations, as observed and recorded by sexual assault nurse examiners. Sexual assault victims that were not examined by a sexual assault nurse examiner are necessarily excluded from this evaluation (and results should therefore not be overly-generalized).

Demographic Characteristics of Patients

The vast majority (97%) of patients were female. Only four patients were male. The primary race or ethnicity reported by patients is shown in Table 1. In rare cases when patients reported multiple races or ethnicities, the minority class was selected.

Table 1. Race and Ethnicity of Patients

Column Percentages

Race	Patients	
	N	%
White	57	40.1 %
Native	5	3.5
Black	76	53.5
Hispanic	4	2.8
Asian	0	0.0
Pacific Islander	0	0.0
Total	142	

Source of data: SANE data (2005-2006)
N = 144; 2 (1.4%) missing

Over half (54%) of patients were Native; 40% were White, 4% were Black, and 3% were Hispanic. At the time of the report, over 50% of patients were 24 years of age or younger. More precisely, 13% of patients were under the age of 18, 38% were 18 to 24 years of age, 25% were 25 to 34 years of age, 17% were 35 to 44 years of age, and 8% were 45 years of age or older (see Table 2).

Table 2. Age of Patients

Column Percentages

Age	Patients	
	N	%
0 to 17	18	12.6 %
18 to 24	54	37.8
25 to 34	35	24.5
35 to 44	24	16.8
45 to 54	9	6.3
55 or over	3	2.1
Total	143	

Source of data: SANE data (2005-2006)
N = 144; 1 (0.7%) missing

Most patients (92%) did not report being homeless at the time of the assault (12 of the 144 patients did report being homeless). Most patients did not report being disabled at the time of the assault (3% reported being mentally disabled, 3% reported being physically disabled, and 4% reported being psychiatrically disabled). Again, these statistics are based on assessments and observations only, including self-reports (see sample and data limitations).

Pre-Assault Characteristics

Table 3 describes whether patients reported they had engaged in anal, oral, or vaginal sex within three days prior to the assault. Results show that none of the patients reported they had engaged in anal sex and very few reported they had engaged in oral sex within three days prior to the assault. However, 27% reported they had engaged in vaginal sex within three days prior to the assault.

Table 3. Sex within Three Days Prior to Assault

Row Percentages

Sex	No		Yes		Total
	N	%	N	%	
Anal	119	100.0 %	0	0.0 %	119
Oral	115	97.5	3	2.5	118
Vaginal	87	73.1	32	26.9	119

Source of data: SANE data (2005-2006)
N = 144; 25 to 26 (17.4 to 18.1%) missing

Where the initial contact between the patient and the suspect was reported to have occurred is shown in Table 4. The most common locations of initial contact prior to the assault were private residences. More specifically, 54% of initial contacts were in private residences, with 20% at the patient's house, 15% at the suspect's house, 6% at the patient and suspect's house, and 14% at another's house. Other common locations of initial contact included bars (12%) and outdoors (11%).

Table 4. Location of Initial Contact Prior to Assault

Column Percentages

Location	Initial Contacts	
	N	%
Outdoors	12	11.0 %
Work	3	2.8
Vehicle	6	5.5
Patient's house	22	20.2
Suspect's house	16	14.7
Patient and suspect's house	6	5.5
Other's house	15	13.8
Hotel	9	8.3
Bar	13	11.9
Other indoor location	7	6.4
Total	109	

Source of data: SANE data (2005-2006)
N = 144; 35 (24.3%) missing

Assault Characteristics

Most assaults (75%) took place within the City of Fairbanks. Other assaults (25%) took place outside the City of Fairbanks but patients were referred to Fairbanks for the medical / forensic examination (in most cases because a medical / forensic examination was not available in the patient's home community). Where assaults took place is shown in Table 5.

The most common locations of assault included private residences. More specifically, 70% of assaults took place in private residences (i.e., 30% at the patient's house, 22% at the suspect's house, 14% at another's house, and 5% at the patient and suspect's house). Other common locations included hotels (for 10% of assaults).

Table 5. Location of Assault

Column Percentages

Location	Assaults	
	N	%
Outdoors	9	7.8 %
Work	1	0.9
Vehicle	9	7.8
Patient's house	34	29.6
Suspect's house	25	21.7
Patient and suspect's house	6	5.2
Other's house	16	13.9
Hotel	12	10.4
Bar	0	0.0
Other indoor location	3	2.6
Total	115	

Source of data: SANE data (2005-2006)

N = 144; 29 (20.1%) missing

By comparing Table 4 (Location of Initial Contact Prior to Assault) and Table 5 (Location of Assault), we see that private residences were common locations for both initial contacts and assault locations. More specifically, 54% of contacts initiated in private residences and 70% of assaults occurred in private residences. These private residences included the patient's house, the suspect's house, the patient and suspect's house, and another's house. Although 12% of initial contacts occurred in bars, none of the assaults occurred in bars.

Table 6 describes the methods used during the assault. More specifically, we examined the extent to which each assault involved weapons, physical blows by hands or feet, grabbing, grasping, or holding, physical restraints, strangulation, toxic or chemical burns, and verbal threats.

Table 6. Methods Used During Assault

Row Percentages

Method	No		Yes		Total
	N	%	N	%	
Weapon	130	94.9 %	7	5.1 %	137
Physical blows by hands or feet	120	87.6	17	12.4	137
Grabbing, grasping, holding	88	64.2	49	35.8	137
Physical restraints	132	96.4	5	3.6	137
Strangulation	126	92.0	11	8.0	137
Toxic or chemical burns	137	100.0	0	0.0	137
Verbal threats	118	86.1	19	13.9	137

Source of data: SANE data (2005-2006)

N = 144; 7 (4.9%) missing

Over half (57%) of assaults did not involve any of these methods while 23% involved one and 20% involved at least two (results not shown). The most common methods included grabbing, grasping, and holding (36% of assaults), verbal threats (14% of assaults), and physical blows by hands or feet (12% of assaults). It is important to emphasize that these estimates only reflect the contents of the SANE examination reports, not the characteristics of assaults. It is possible that these methods were more common than reflected here (i.e., they were not documented). On the other hand, the SANE examination may have captured information on strangulation to a much better extent than other records (e.g., police reports). Eleven patients (8%) reported being strangled as part of the assault. The high incidence of physical force noted in the SANE examinations (by physical blows, grabbing, grasping, holding, restraints, and strangulation) further documents the violent nature of these offenses.

Methods used during the assault may vary substantially by locations of initial contact (where assaults *initiated*) and locations of assault (where assaults *occurred*). These results may also be quite valuable from a policy point of view. The following two tables show how methods of assault vary by locations of initial contact (Table 7) and how methods of assault vary by locations of assault (Table 8).

Table 7. Common Methods by Common Locations of Initial Contact

Cell Percentages

Initial Contact	Weapon		Blows		Grabbing		Restraints		Strangle		Threats	
	N	%	N	%	N	%	N	%	N	%	N	%
Outdoors	1	8.3 %	2	16.7 %	7	58.3 %	0	0.0 %	0	0.0 %	3	25.0 %
Patient's house	0	0.0	3	13.6	9	40.9	1	4.5	1	4.5	4	18.2
Suspect's house	1	6.3	2	12.5	8	50.0	1	6.3	1	6.3	2	12.5
Other's house	1	6.7	2	13.3	5	33.3	0	0.0	3	20.0	3	20.0
Bar	1	7.7	0	0.0	4	30.8	1	7.7	1	7.7	3	23.1

Source of data: SANE data (2005-2006)

N = 144; 35 (24.3%) missing

More specifically, Table 7 shows the different methods used for the 12 assaults that *initiated* outdoors, the 22 that *initiated* at the patient's house, the 16 that *initiated* at

the suspect's house, the 15 that *initiated* at another's house, and the 13 that *initiated* in bars. We did not examine the different methods used for assaults that initiated at work ($N = 3$), in vehicles ($N = 6$), at the patient and suspect's house ($N = 6$), in hotels ($N = 9$), or in other indoor locations ($N = 7$) because of low sample sizes. Similarly, we did not include toxic or chemical burns as a method since toxic and chemical burns were never documented. Table 8 shows the different methods (excluding toxic or chemical burns) used for the 34 assaults that *occurred* at the patient's house, the 25 that *occurred* at the suspect's house, the 16 that *occurred* at another's house, and the 12 that *occurred* in hotels. We did not examine the different methods used for assaults that occurred outdoors ($N = 9$), at work ($N = 1$), at the patient and suspect's house ($N = 6$), in bars ($N = 0$), or in other indoor locations ($N = 3$) because of low sample sizes.

Table 8. Common Methods by Common Locations of Assault

Cell Percentages

Assault	Weapon		Blows		Grabbing		Restraints		Strangle		Threats	
	N	%	N	%	N	%	N	%	N	%	N	%
Patient's house	1	2.9	3	8.8	10	29.4	1	2.9	1	2.9	6	17.6
Suspect's house	1	4.0	4	16.0	10	40.0	2	8.0	1	4.0	5	20.0
Other's house	0	0.0	2	12.5	3	18.8	0	0.0	2	12.5	1	6.3
Hotel	0	0.0	2	16.7	4	33.3	0	0.0	2	16.7	1	8.3

Source of data: SANE data (2005-2006)

N = 144; 29 (20.1%) missing

Results show that weapons were used in 8% of assaults that *initiated* outdoors, 8% of assaults that *initiated* in bars, 7% of assaults that *initiated* at the suspect's house, and 7% of assaults that *initiated* at another's house (Table 7). Results in Table 8 show that weapons were used in 4% of assaults that *occurred* at the suspect's house and in 3% of assaults that *occurred* at the patient's house. Overall, however, weapons were not frequently used (see Table 6). Blows were most frequent in assaults that *initiated* outdoors (in 17% of these assaults), at the patient's house (in 14% of these assaults), at the suspect's house (in 13% of these assaults), and at another's house (in 13% of these assaults). Blows were most frequent in assaults that *occurred* in hotels (in 17% of these assaults), at the suspect's house (in 16% of these assaults), in another's house (in 13% of these assaults), and at the patient's house (in 9% of these assaults). As shown in Table 6, the most common method used during the assault involved grabbing, grasping, and holding. These methods were prevalent in all locations of initial contact. More precisely, the prevalence of grabbing varied from a low of 31% in assaults *initiated* in bars to a high of 58% for assaults *initiated* outdoors. Grabbing, grasping, and holding were similarly prevalent in all locations of assault. More precisely, their prevalence varied from a low of 19% in assaults that *occurred* in another's house to a high of 40% in assaults that *occurred* at the suspect's house. Restraints were not very common. They were most commonly used in assaults that *initiated* in bars (for 8% of these assaults) and in assaults that *occurred* at the suspect's house (for 8% of these assaults). Overall, strangulation occurred in 8% of assaults (see Table 6). Strangulation was most prevalent for assaults that *initiated* at another's house (in 20% of these assaults). Strangulation was also prevalent for assaults that *occurred* at another's house (in 13% of these assaults) and in

hotels (in 17% of these assaults). Finally, threats were relatively common across both locations of initial contact and locations of assault. They were most common for assaults that *initiated* outdoors (for 25% of these assaults), were least common for assaults that *initiated* at the suspect's house (for 13% of these assaults), most common for assaults that *occurred* at the suspect's house (for 20% of these assaults), and least common for assaults that *occurred* at another's house (for 6% of these assaults).

Overall, assaults that *initiated* outdoors were the most likely to involve weapons, blows, grabbing, and threats. Assaults that *initiated* at another's house were the most likely to involve strangulation. Assaults that *initiated* in bars were the most likely to involve restraints. Assaults that *occurred* at the suspect's house were the most likely to involve weapons, grabbing, restraints, and threats. Assaults that *occurred* in hotels were the most likely to involve blows and strangulation. For all locations of initial contact, the most prevalent method used during the assault included grabbing. Similarly, for all locations of assault, the most prevalent method included grabbing.

Patient condition at the time of the assault is described in Table 9. Intoxication was relatively frequent, with 71% of patients reporting being alcohol intoxicated at the time of the assault and 5% reporting being drug intoxicated. Levels of intoxication were sometimes quite high. More precisely, 31% of patients were passed out or had blacked out at the time of the assault.

Table 9. Patient Condition at Time of Assault

Row Percentages

Condition	No		Yes		Total
	N	%	N	%	
Alcohol intoxicated	34	28.6 %	85	71.4 %	119
Drug intoxicated	113	95.0	6	5.0	119
Sober	89	74.8	30	25.2	119
Sleeping	117	98.3	2	1.7	119
Passed out / blacked out	82	69.5	36	30.5	118
Unconscious from trauma	118	99.2	1	0.8	119

Source of data: SANE data (2005-2006)
N = 144; 25 to 26 (17.4 to 18.1%) missing

During the examination, 75% of patients indicated that they had used alcohol prior to the assault and 9% indicated that they had used drugs prior to the assault (results not shown). Table 10 shows patient drug and alcohol use measured at the time of the exam by breathalyzer, blood alcohol test, and urine toxicology screen. These results are imperfect measures of alcohol and drug use prior to the assault because of the time elapsed from the assault to the exam and the use of substances may have occurred after the assault. Nonetheless, these results do further support the relatively frequent use of alcohol and drugs.

Table 10. Measures of Drug and Alcohol Use

Row Percentages

Measure	No		Yes		Total
	N	%	N	%	
Breathalyzer	141	99.3 %	1	0.7 %	142
Blood alcohol	139	97.9	3	2.1	142
Urine tox screen	134	93.7	9	6.3	143

Source of data: SANE data (2005-2006)
N = 144; 25 to 26 (17.4 to 18.1%) missing

Among the nine patients who received a urine toxicology screening, 43% tested negative and 57% tested positive (results not shown). Patients tested positive for alcohol, THC (marijuana), benzodiazepines, cocaine, opiates, and amphetamines.

A total of 17 sex acts were recorded from the SANE examinations (see Table 11), as self-reported by patients. More specifically, we examined whether patients reported the following sexual acts had been completed or attempted. These included kissing, touching breasts, touching the vagina, touching the penis, touching the anus, oral copulation of patient's genitals, oral copulation of suspect's genitals, oral copulation of patient's anus, oral copulation of suspect's anus, masturbation of the patient, masturbation of the suspect, penetration of the vagina by a finger, penile penetration of the vagina, penetration of the vagina by an object, penetration of the anus by a finger, penile penetration of the anus, and penetration of the anus by an object. Sample sizes are low due to recall difficulties. Patients may not always know or remember the details of the assault.

Table 11. Sex Acts Reported

Row Percentages

Sex Act	No		Attempted		Yes		Total
	N	%	N	%	N	%	
Kissing	38	45.8 %	1	1.2 %	44	53.0 %	83
Touching breast	45	64.3	0	0.0	25	35.7	70
Touching vagina	30	46.2	0	0.0	35	53.8	65
Touching penis	67	91.8	1	1.4	5	6.8	73
Touching anus	69	94.5	0	0.0	4	5.5	73
Oral copulation of patient genitals	66	79.5	0	0.0	17	20.5	83
Oral copulation of suspect genitals	80	86.0	1	1.1	12	12.9	93
Oral copulation of patient anus	79	98.8	0	0.0	1	1.3	80
Oral copulation of suspect anus	94	100.0	0	0.0	0	0.0	94
Masturbation of patient	78	94.0	0	0.0	5	6.0	83
Masturbation of suspect	87	96.7	1	1.1	2	2.2	90
Penetration of vagina by finger	36	52.2	0	0.0	33	47.8	69
Penetration of vagina by penis	13	16.0	3	3.7	65	80.2	81
Penetration of vagina by object	80	98.8	0	0.0	1	1.2	81
Penetration of anus by finger	80	96.4	0	0.0	3	3.6	83
Penetration of anus by penis	75	88.2	1	1.2	9	10.6	85
Penetration of anus by object	85	100.0	0	0.0	0	0.0	85

Source of data: SANE data (2005-2006)
N = 144; 50 to 79 (34.7 to 54.9%) missing

The most common sexual act reported was penile penetration of the vagina. This was reported by 80% of patients. Statutorily, these are aggravated offenses that meet the legal requirements for sexual assaults in the first, second, or third degree (and sexual abuse of a minor in the first, second, or third degree), all punishable as felonies (unclassified, class B, or class C). Attempted penile penetration of the vagina, reported by an additional three patients, may also fit the statutory definitions of these felonious assaults. Generally speaking, any form of penetration or attempted penetration, defined by Alaska Statute § 11.81.900 as “genital intercourse, cunnilingus, fellatio, anal intercourse, or an intrusion, however slight, of an object or any part of a person’s body into the genital or anal opening of another person’s body” will be punishable as a felony.

These data clearly reveal that the vast majority of assaults were serious enough to be punishable as felonies. Overall, 98% of assault included penetration or attempted penetration of the vagina or anus and 29% of assaults included oral copulation or attempted oral copulation of the patient’s or suspect’s genitals or anus (results not shown). Other common forms of penetration included digital penetration of the vagina (reported in 48% of assaults) and penile penetration of the anus (reported in 11% of assaults). The most common forms of oral copulation included the oral copulation of the patient’s genitals (reported in 21% of assaults) and the oral copulation of the suspect’s genitals (reported in 13% of assaults). Over half of assaults also included kissing and sexual contact with breasts and vagina.

None of the assaults (0%) were statutory. Statutory sexual assaults include sexual acts prohibited by law because of the victim’s age, the suspect’s age, and the age difference between the victim and suspect. For example, an 18 year old suspect may be charged with sexual abuse of a minor in the third degree (AS §11.41.438) if the victim is 15 years of age. In these statutory cases, consent is not at issue. Regardless of whether the victim consented to the sexual acts, the suspect may be charged and convicted.

Table 12. Position at Time of Assault

Row Percentages

Position	No		Yes		Total
	N	%	N	%	
Supine	9	11.5 %	69	88.5 %	78
Standing	75	96.2	3	3.8	78
Straddling	75	96.2	3	3.8	78
Prone	70	89.7	8	10.3	78
Knee chest	78	100.0	0	0.0	78
Lying on side	75	96.2	3	3.8	78
Sitting	73	93.6	5	6.4	78
Other	76	97.4	2	2.6	78

Source of data: SANE data (2005-2006)

N = 144; 66 (45.8%) missing

Table 12 identifies the position of the patient at the time of the assault. The most common position during the assault was supine, with 89% of patients being assaulted in the supine position. Other positions were far less common, with prone as the next most common, reported by 10% of patients. This information, along with other assault characteristics, is important because it may affect the collection and documentation of

forensic evidence (whether it does so will be published in subsequent reports). In particular, positions at time of assault may affect the presence and patterning of injury.

Whether ejaculation by the suspect had occurred was rarely known by the patient. Of the 144 patients, 25 (17%) reported that the suspect had ejaculated during the assault and 23 (16%) reported that the suspect had not ejaculated during the assault (and 96 or 67% did not know). Focusing on the 25 patients who reported that the suspect had ejaculated during the assault, Table 13 describes ejaculation locations. Not surprisingly, given the sex acts reported previously, the most common ejaculation locations were the vagina (noted as the ejaculation location in 67% of assaults) and the rectum (noted as the ejaculation location in 13% of assaults).

Table 13. Ejaculation Location, for Suspects that Ejaculated During the Assault

Row Percentages

Location	No		Yes		Total
	N	%	N	%	
Vagina	8	33.3 %	16	66.7 %	24
Rectum	21	87.5	3	12.5	24
Mouth	22	91.7	2	8.3	24
Stomach	22	91.7	2	8.3	24
Back	24	100.0	0	0.0	24
Napkin / cloth	24	100.0	0	0.0	24
Bed	23	95.8	1	4.2	24
Clothing	23	95.8	1	4.2	24
Condom	23	95.8	1	4.2	24
Other	21	87.5	3	12.5	24

Source of data: SANE data (2005-2006)

N = 25; 1 (4.0%) missing

Relatively few suspects used a condom during the assault (12%) and none used contraceptive jelly or foam. Only 2% of assaults included the use of lubricants.

Post-Assault Characteristics

Post-assault actions taken by the patient are shown in Table 14. These actions may be important because they may affect the collection of forensic evidence. More specifically, they may affect the extent to which forensic evidence is still available to collect. Forensic evidence will decay over time and post-assault actions may enhance the decay of forensic evidence and, in some cases, may eliminate forensic evidence (e.g., by washing it away).

Table 14. Post-Assault Actions

Row Percentages

Actions	No		Yes		Total
	N	%	N	%	
Urinated	22	18.5 %	97	81.5 %	119
Defecated	71	59.7	48	40.3	119
Genital Wipe / Wash	54	45.4	65	54.6	119
Bath / Shower	73	61.3	46	38.7	119
Douche	117	98.3	2	1.7	119
Ate / Drank	55	46.2	64	53.8	119
Brushed Teeth	72	60.5	47	39.5	119
Oral Gargle / Wash	92	77.3	27	22.7	119
Changed Clothing	48	40.3	71	59.7	119
Steam	119	100.0	0	0.0	119

Source of data: SANE data (2005-2006)
N = 144; 25 (17.4%) missing

Prior to the examination, the majority of patients (82%) reported that they urinated and over half reported that they changed their clothing (60%), wiped or washed genitalia (55%), and ate or drank (54%). Other common post-assault actions included defecating (40%), bathing or showering (39%), brushing teeth (40%), and gargling (23%).

Table 15. Consensual Sex Between Assault and Examination

Row Percentages

Sex	No		Yes		Total
	N	%	N	%	
Anal	120	100.0 %	0	0.0 %	120
Oral	120	100.0	0	0.0	120
Vaginal	115	95.8	5	4.2	120

Source of data: SANE data (2005-2006)
N = 144; 24 (16.74%) missing

Other factors that may affect the collection of forensic evidence are whether patients engaged in consensual sex between the assault and the examination (Table 17). Engaging in consensual sex between the assault and the examination could contaminate the forensic evidence from the assault. Very few patients engaged in any form of consensual sex and none engaged in anal or oral sex after the assault. More precisely,

only five patients (4%) engaged in consensual vaginal sex between the assault and the examination.

Whether patients inserted or removed sponges, diaphragms, tampons, or pads is shown in Table 16. Insertions and removals of sponges, diaphragms, tampons, and pads were also relatively rare. More precisely, four patients (3%) inserted or removed a tampon and only one patient (1%) placed or removed a pad. No patients (0%) inserted or removed sponges or diaphragms.

Table 16. Post-Assault Insertions and Removals

Row Percentages

Item	No		Yes		Total
	N	%	N	%	
Sponge	120	100.0 %	0	0.0 %	120
Diaphragm	120	100.0	0	0.0	120
Tampon	116	96.7	4	3.3	120
Pad	119	99.2	1	0.8	120

Source of data: SANE data (2005-2006)

N = 144; 24 (16.7%) missing

Table 17 shows that most reports to the sexual assault nurse examiner (93%) occurred within three days of the assault. More precisely, 15% of reports occurred within two hours of the assault, 29% occurred within four hours, 54% occurred within 12 hours, 69% occurred within one day, and (again) 93% occurred within three days.

Table 17. Time Elapsed Between Assault and Report

Column Percentages

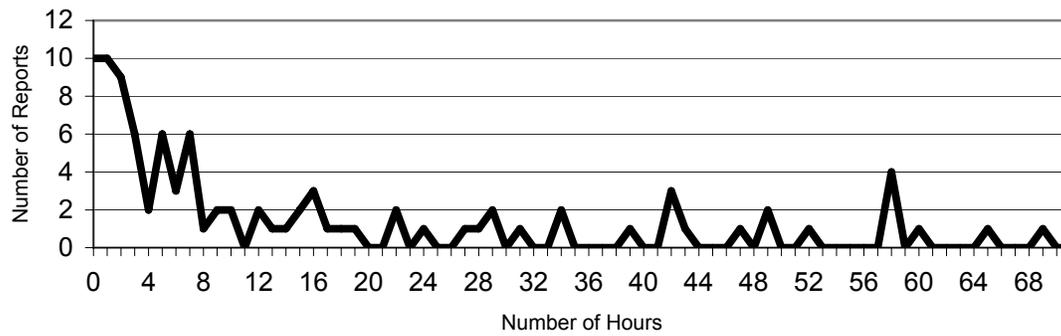
Time	Patients		
	N	%	cum. %
< 2 hours	20	14.6 %	14.6 %
2 to < 4 hours	20	14.6	29.2
4 to < 12 hours	34	24.8	54.0
12 to < 24 hours	21	15.3	69.3
1 to < 3 days	32	23.4	92.7
3 days or more	10	7.3	100.0
Total	137		

Source of data: SANE data (2005-2006)

N = 144; 7 (4.9%) missing

For those reports that occurred within 3 days of the assault, the number of hours from the assault to the report is shown in Figure 2. For reports that occurred within 3 days of the assault, the average number of hours between the assault and the report to the sexual assault nurse examiner was 15.6 hours ($s = 18.8$). Over half (51%) of assaults were reported to the sexual assault nurse examiner within 12 hours.

Figure 2. Hours Elapsed Between Assault and Report, for Reports Within Three Days of Assault



Source of data: SANE data (2004-2005; N=95)

Exam Characteristics and Findings

Exam characteristics and findings are based on the sexual assault nurse examiner's observations, physical assessments, and laboratory tests. Low sample sizes may preclude strong interpretations and results should not be generalized to sexual assault victims who did not receive a medical / forensic examination.

The traumatic effects of sexual victimizations can be clearly observed by patients' physical and emotional state during exams. All reports were read to record whether patients were described as controlled, quiet, calm, expressive, staring, sleeping, cooperative, stoic, agitated, fearful, tearful, fidgeting, tense, hysterical, sobbing, yelling, listless, loud, trembling, or angry. These statistics reflect the patient's physical and emotional behaviors observed and documented by the SANE but may not depict all of the physical and emotional feelings the patients were experiencing at the time. Nonetheless, data in Table 18 clearly show that most patients were cooperative (77%) and controlled (59%). Many were tearful (44%), calm (33%), and quiet (24%). A noticeable number were fidgeting (18%), trembling (13%), angry (12%), fearful (12%), tense (11%), and sobbing (10%). Overall, 63% of patients were either agitated, fearful, tearful, fidgeting, tense, hysterical, sobbing, yelling, listless, loud, trembling, or angry at some point during the medical / forensic exam (result not shown).

Table 18. Patients' Physical and Emotional State at Time of Exam

Row Percentages

State	No		Yes		Total
	N	%	N	%	
Controlled	49	41.2 %	70	58.8 %	119
Quiet	91	76.5	28	23.5	119
Calm	80	67.2	39	32.8	119
Expressive	118	99.2	1	0.8	119
Staring	117	98.3	2	1.7	119
Sleeping	114	95.8	5	4.2	119
Cooperative	27	22.7	92	77.3	119
Stoic	112	94.1	7	5.9	119
Agitated	114	95.8	5	4.2	119
Fearful	105	88.2	14	11.8	119
Tearful	67	56.3	52	43.7	119
Fidgeting	98	82.4	21	17.6	119
Tense	106	89.1	13	10.9	119
Hysterical	116	97.5	3	2.5	119
Sobbing	107	89.9	12	10.1	119
Yelling	119	100.0	0	0.0	119
Listless	115	96.6	4	3.4	119
Loud	117	98.3	2	1.7	119
Trembling	104	87.4	15	12.6	119
Angry	105	88.2	14	11.8	119
Other	117	98.3	2	1.7	119

Source of data: SANE data (2005-2006)

N = 144; 25 (17.4%) missing

Most reports to the sexual assault nurse examiner (81%) led to a complete exam. Not surprisingly, given patients' physical and emotional state, 19% did not complete the

examination. Reasons for not completing exams are shown in Table 19. The most common reason was attributable to lack (or withdrawal) of patient consent.

Table 19. Reasons for Not Completing Exams

Column Percentages

Reasons	Patients	
	N	%
Patient declined exam	18	72.0 %
Partial exam	3	12.0
RN stopped call out process	3	12.0
False report	1	4.0
Total	25	

Source of data: SANE data (2005-2006)

N = 27; 2 (7.4%) missing

At the time of the SANE examination, 38% of patients were not wearing the same clothing as that worn during the assault. The appearance of patients' clothing at the time of the examination is described in Table 20. Very few patients had clothing that appeared dirty, wet, bloody, or torn, and only one had missing clothing. The majority of patients had clothing that appeared intact or clean (92% and 50% respectively).

Table 20. Appearance of Patients' Clothing

Row Percentages

Clothing	No		Yes		Total
	N	%	N	%	
Intact	9	8.0 %	104	92.0 %	113
Clean	57	50.4	56	49.6	113
Dirty	105	92.9	8	7.1	113
Wet	108	95.6	5	4.4	113
Bloody	112	99.1	1	0.9	113
Torn	113	100.0	0	0.0	113
All missing	113	100.0	0	0.0	113
Partially missing	112	99.1	1	0.9	113
Buttons missing	113	100.0	0	0.0	113

Source of data: SANE data (2005-2006)

N = 144; 31 (21.5%) missing

As a result of the assault, one patient was admitted to the hospital and 17 (12%) required emergency medical care (results not shown). Patients requiring emergency medical care were not necessarily admitted to the hospital. Reasons for requiring emergency medical care are shown in Table 21. The most common reason for requiring emergency medical care was related to non-genital injuries suffered by patients.

Table 21. Reasons for Emergency Medical Care*Row Percentages*

Reason	No		Yes		Total
	N	%	N	%	
Non-genital injury	128	90.1 %	14	9.9 %	142
Genital injury	141	99.3	1	0.7	142
Alcohol level	138	97.2	4	2.8	142
Other	135	96.4	5	3.6	140

*Source of data: SANE data (2005-2006)**N = 144; 2 to 4 (1.4 to 2.8%) missing*

Few patients were pregnant at the time of the examination (3% of female patients) but most were mothers (56% of female patients; results not shown). Of the female patients, 10% were menstruating at the time of the assault (result not shown).

The vast majority of patients (77%) had a sexual assault evidence collection kit completed during the medical / forensic examination (the evidence collection kit a preassembled kit used to collect and preserve forensic samples following a sexual assault). Speculum and colposcope exams occurred in 75% and 77% of cases, respectively. The speculum exam is an examination that utilizes an instrument to enhance the visualization of the vaginal walls and cervix while the colposcope exam is an examination of the genitalia with an instrument that provides illumination and magnification. Anoscope exams (examinations of the rectum using a small tube-shaped speculum) were less common (in 7% of exams).

An alternative light source was used in 50% of exams. An alternative light source is a light source that emits a different wavelength of electromagnetic radiation that stimulates fluorescence. Fluorescence is the production of light by radiant energy. Fluorescence was found in 17 cases (i.e., in 24% of exams conducted with an alternative light source).

Table 22. Location of Fluorescence, for Cases Where Fluorescence was Found*Row Percentages*

Location	No		Yes		Total
	N	%	N	%	
Abdomen	15	88.2 %	2	11.8 %	17
Arms and hands	16	94.1	1	5.9	17
Legs and feet	7	41.2	10	58.8	17
Buttocks and hips	11	64.7	6	35.3	17
Chest	16	94.1	1	5.9	17
Vagina and groin	17	100.0	0	0.0	17
Neck	16	94.1	1	5.9	17
Back	16	94.1	1	5.9	17
Face	16	94.1	1	5.9	17

*Source of data: SANE data (1996-2004)**N = 17; 0 (0.0%) missing*

Table 22 describes where fluorescence was found, for exams in which an alternative light source was used and fluorescence was found ($N = 17$). The most

common locations where fluorescence was found included legs and feet, buttocks and hips, and the abdomen.

A wet prep examination (a microscopic examination of fluid obtained from the vaginal vault) was conducted for 70 (49%) of the patients, and the nurse observed spermatozoa on five (7%) of these examinations.

Sixty percent of patients were tested for sexually transmitted infections and other genital infections; and 27% of them tested positive. The specific types of infections that these patients tested positive for are displayed in Table 23 ($N = 23$). Among patients who tested positive, the most common type of infections included bacterial vaginosis (65%) and yeast infections (22%).

Table 23. Infections, for Patients Who Tested Positive

Row Percentages

Infection	Negative		Positive		Total
	N	%	N	%	
Bacterial vaginosis	8	34.8 %	15	65.2 %	23
Chlamydia	23	100.0	0	0.0	23
Genital warts	22	95.7	1	4.3	23
Gonorrhea	23	100.0	0	0.0	23
HIV	23	100.0	0	0.0	23
Herpes	22	95.7	1	4.3	23
Trichomoniasis	21	91.3	2	8.7	23
Hepatitis B	23	100.0	0	0.0	23
Syphilis	23	100.0	0	0.0	23
Yeast	18	78.3	5	21.7	23
Hepatitis C	23	100.0	0	0.0	23

Source of data: SANE data (1996-2004)
N = 23; 1 (4.3%) missing

Very detailed injury information was recorded from each medical examination. Injury information included both non-genital and genital injury. Non-genital injuries included nine injuries (i.e., bruising, redness, abrasions, lacerations, swelling, fractures, bite marks, pain, and other) to 12 sites (i.e., head/face, mouth, neck, shoulders, arms, hands, chest, abdomen, back, buttocks/hips, legs, and feet). Genital injuries for females included bruising, abrasions, lacerations, and tenderness to 15 different genital sites. These sites included the mons pubis, labia majora, labia minora, labia majora / minora junction, clitoral hood, clitoris, periurethra, hymen, fossa navicularis, posterior fourchette, perineum, vaginal walls, cervix, anus, and rectum. Genital injuries for males included bruising, abrasions, lacerations, and tenderness of the anus and rectum.

Non-genital injuries were recorded for 53% of patients. Overall, 14% of patients had non-genital injuries to the head or face, 3% to the mouth, 13% to the neck, 4% to shoulders, 29% to arms, 10% to hands, 11% to the chest, 2% to the abdomen, 10% to the back, 10% to buttocks or hips, 33% to legs, and 5% to feet. The most common non-genital injury types included bruising (documented for 50% of patients) and abrasions (documented for 19% of patients). Other non-genital injury types were far less common. Detailed results by non-genital injury site and type are shown in Table 24. Each cell in this table represents the number and percentage of patients with documented non-genital injuries.

The detailed data Table 24 show that the most common non-genital injury was bruising to the legs, documented in 31% of patients, and bruising of the arms, documented in 27% of patients. Other common non-genital injuries included bruising to the head or face (documented in 12% of patients) and bruising to the neck (documented in 10% of patients).

Table 24. Number and Percent of Patients With Non-Genital Injury

Cell Percentages

Location	Bruising		Redness		Abrasions		Lacerations		Swelling	
	N	%	N	%	N	%	N	%	N	%
Head / face	14	11.9 %	2	1.7 %	3	2.5 %	4	3.4 %	7	5.9 %
Mouth	2	1.7	0	0.0	2	1.7	1	0.8	1	0.8
Neck	12	10.2	2	1.7	2	1.7	0	0.0	2	1.7
Shoulders	5	4.2	0	0.0	0	0.0	0	0.0	0	0.0
Arms	32	27.1	4	3.4	8	6.8	1	0.8	1	0.8
Hands	10	8.5	0	0.0	3	2.5	0	0.0	0	0.0
Chest	10	8.5	1	0.8	3	2.5	0	0.0	0	0.0
Abdomen	1	0.8	0	0.0	1	0.8	0	0.0	0	0.0
Back	8	6.8	2	1.7	6	5.1	0	0.0	1	0.8
Buttocks / hips	11	9.3	3	2.5	5	4.2	0	0.0	1	0.8
Legs	37	31.4	3	2.5	9	7.6	0	0.0	2	1.7
Feet	3	2.5	1	0.8	3	2.5	0	0.0	0	0.0
Total	59	50.0	8	6.8	22	18.6	4	3.4	9	7.6

Location	Fracture		Bite Mark		Pain		Other		Total	
	N	%	N	%	N	%	N	%	N	%
Head / face	0	0.0 %	1	0.8 %	5	4.2 %	0	0.0 %	16	13.6 %
Mouth	0	0.0	0	0.0	0	0.0	0	0.0	4	3.4
Neck	0	0.0	0	0.0	2	1.7	0	0.0	15	12.7
Shoulders	0	0.0	0	0.0	0	0.0	0	0.0	5	4.2
Arms	0	0.0	1	0.8	2	1.7	0	0.0	34	28.8
Hands	0	0.0	0	0.0	0	0.0	0	0.0	12	10.2
Chest	0	0.0	0	0.0	0	0.0	0	0.0	13	11.0
Abdomen	0	0.0	0	0.0	0	0.0	0	0.0	2	1.7
Back	0	0.0	0	0.0	0	0.0	0	0.0	12	10.2
Buttocks / hips	0	0.0	0	0.0	1	0.8	0	0.0	12	10.2
Legs	0	0.0	0	0.0	1	0.8	0	0.0	39	33.1
Feet	0	0.0	0	0.0	1	0.8	0	0.0	6	5.1
Total	0	0.0	1	0.8	5	4.2	0	0.0	62	52.5

Source of data: SANE data (1996-2004)

N = 144; 26 (18.1%) missing

Genital injuries were documented in 18% of patients. Overall, the most common genital injury type documented for patients was a laceration (12%), followed by abrasions (8%), bruising (2%), and tenderness (1%). The most common genital injury locations identified for female patients included the posterior fourchette (7%), the fossa navicularis (7%), and the labia minora (5%). No anatomical site had injury documented for more than 10% of patients.

Table 25. Number and Percent of Patients With Genital Injury*Cell Percentages*

Location	Bruising		Abrasions		Lacerations		Tenderness		Total	
	N	%	N	%	N	%	N	%	N	%
Mons pubis	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %	0	0.0 %
Labia majora	0	0.0	2	1.8	0	0.0	0	0.0	2	1.8
Labia minora	1	0.9	2	1.8	3	2.6	1	0.9	6	5.3
Labia maj/min junction	1	0.9	0	0.0	1	0.9	0	0.0	1	0.9
Clitoral hood	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Clitoris	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Periurethra	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hymen	2	1.8	1	0.9	1	0.9	0	0.0	3	2.6
Fossa navicularis	0	0.0	2	1.8	7	6.1	1	0.9	8	7.0
Posterior fourchette	0	0.0	1	0.9	7	6.1	0	0.0	8	7.0
Perineum	0	0.0	2	1.8	3	2.6	0	0.0	5	4.4
Vaginal walls	0	0.0	0	0.0	1	0.9	0	0.0	1	0.9
Cervix	0	0.0	0	0.0	1	0.9	0	0.0	1	0.9
Anus	0	0.0	0	0.0	2	1.7	0	0.0	2	1.7
Rectum	0	0.0	1	0.9	0	0.0	0	0.0	1	0.9
Total	2	1.7	9	7.7	14	12.0	1	0.9	21	17.9

*Source of data: SANE data (1996-2004)**N = 140; 26 (18.6%) missing; for anus, rectum, and total rows, N = 144; 27 (18.8%) missing*

Eleven percent of patients received a follow-up examination or consultation. On average, follow-up examinations occurred one week after the first exam ($s = 6.3$ days). More specifically, 64% occurred within one week and 93% within two weeks (results not shown).

Suspect Characteristics

Suspect characteristics were self-reported by the patients. Rates of missing data for suspect characteristics were often high. Suspect characteristics were not always documented by the sexual assault nurse examiner and, in some cases, suspects were not well-known by patients. Readers are cautioned to take into account the rate of unknown information prior to making strong inferences. More specifically, 24 reports (17%) had no suspect information at all.

For the remaining 120 reports, the average number of suspects per assault was 1.12 ($s = 0.5$), for a total of 131 suspects. The number of suspects per assault is shown in Table 26. Results show that 93% of patients were assaulted by one suspect, 5% by two suspects, 3% by more than two suspects.

Table 26. Number of Suspects per Report

Column Percentages

Number of Suspects	Reports		
	N	%	cum. %
One	111	92.5 %	92.5 %
Two	6	5.0	97.5
Three	1	0.8	98.3
Four	2	1.7	100.0
Total	120		

Source of data: SANE data (1996-2004)

N = 144; 24 (16.7%) missing

Suspect information includes the gender, race or ethnicity, and age of the suspect, whether the suspect has used alcohol or drugs, and the relationship between the suspect and the patient. Not surprisingly, the vast majority (99.2%) of suspects were male (only one was female). The majority (86%) of suspect identities were known.

Table 27. Race and Ethnicity of Suspects

Column Percentages

Race	Suspects	
	N	%
White	53	40.5 %
Native	72	55.0
Black	4	3.1
Hispanic	2	1.5
Asian	0	0.0
Pacific Islander	0	0.0
Total	131	

Source of data: SANE data (1996-2004)

N = 131; 0 (0.0%) missing

Table 27 identifies the race and ethnicity of suspects. In rare cases when patients reported multiple races or ethnicities for suspects, the minority class was selected.

Overall, the race of suspects is similar to the race of patients. In particular, results show that 55% of suspects were Native (when 53% of patients were Native) and 41% of suspects were White (when 40% of patients were White). Additional detail on suspect and patient race is shown in Table 28.

Table 28. Suspect Race and Ethnicity by Patient Race and Ethnicity

Row Percentages

Patients	Suspects										Total
	White		Native		Black		Hispanic		Pacific Islander		
	N	%	N	%	N	%	N	%	N	%	
White	30	65.2 %	5	10.9 %	10	21.7 %	1	2.2 %	0	0.0 %	46
Native	12	17.9	41	61.2	11	16.4	0	0.0	3	4.5	67
Black	0	0.0	1	33.3	2	66.7	0	0.0	0	0.0	3
Hispanic	0	0.0	1	100.0	0	0.0	0	0.0	0	0.0	1

Source of data: SANE data (2004-2005)

N = 131; 14 (10.7%) missing

Results in Table 28 show that most victimizations are intra-racial. This was true for White, Native, and Black patients. Among White patients (N=46), 65% were assaulted by White suspects. Among Native patients (N=67), 61% were assaulted by Native suspects. Among Black patients (N=3), 67% were assaulted by Black suspects.

Alcohol use was frequent among suspects, with 86% of suspects using alcohol (result not shown). Drug use was also frequent, with 36% of suspects using drugs (result not shown). Again, these statistics are all based on self-reported information by the patient and their true validity therefore remains unknown.

Table 29 describes the age of suspects. Unless the suspect was well known by the patient, this information is likely to be missing. Suspect age was known for 39 (30%) of the suspects. Results show that 15% of suspects were 10 to 19 years of age (and over half of them were 18 or 19 years of age, result not shown), 54% were 20 to 29 years of age, 21% were 30 to 39 years of age, 8% were 40 to 49 years of age, and 3% were 50 years of age or older.

Table 29. Age of Suspects

Column Percentages

Age	Suspects	
	N	%
10 to 19	6	15.4 %
20 to 29	21	53.8
30 to 39	8	20.5
40 to 49	3	7.7
50 to 59	0	0.0
60 to 69	1	2.6
Total	39	

Source of data: SANE data (2004-2005)

N = 131; 92 (70.2%) missing

Patient-suspect relationship is shown in Table 30. Overall, 13% of patients were assaulted by strangers and 87% were assaulted by non-strangers, ranging from current spouses to acquaintances known for less than 12 hours. The most common relationships included friends and acquaintances. Overall, 70% of patients reported being assaulted by someone they knew as a friend or an acquaintance. Among patients assaulted by non-strangers, 80% were assaulted by someone known as a friend or acquaintance.

Table 30. Relationship Between Suspects and Patients

Column Percentages

Relationship	Suspects		
	N	%	% of non-stranger
Stranger	17	13.3 %	
Friend / acquaintance (> 24 hrs)	58	45.3	52.3 %
Acquaintance (< 24 hrs)	6	4.7	5.4
Acquaintance (< 12 hrs)	25	19.5	22.5
Current spouse	3	2.3	2.7
Former spouse	0	0.0	0.0
Current partner	4	3.1	3.6
Former partner	8	6.3	7.2
Relative	4	3.1	3.6
Authority figure	3	2.3	2.7
Total	128		

Source of data: SANE data (2004-2005)

N = 131; 3 (2.3%) missing

Legal Resolutions

Prosecutorial outcomes were collected directly from the Alaska Department of Law, but were collected only for a sub-sample of the examinations included in this report. More precisely, searches through the Alaska Department of Law records were limited to examinations in 2005, because legal resolutions from 2006 were not yet available electronically at the time of data collection. In addition, searches through the Alaska Department of Law records excluded 10 cases referred from the military and excluded one case with an unknown law enforcement number. Consequently, we examined the legal resolutions for the 50 examinations conducted in 2005 (i.e., for 34.7% of the original 144 examinations included in the sample). These legal resolutions are summarized in Table 31.

Table 31. Case Outcomes by Stage

Stage	N	% of reported	% of referred	% of accepted
Reported	50	100.0 %		
Referred	15	30.0	100.0 %	
Accepted	7	14.0	46.7	100.0 %
Convicted	5	10.0	33.3	71.4

Source of data: Alaska Department of Law (2005)
N = 50; 0 (0.0%) missing

As previous analyses of Alaska Department of Law data have revealed, the greatest point of attrition is from report to referral. Of the 50 reports examined, 30% were referred to the Alaska Department of Law for prosecution. Once referred for prosecution, cases had a higher likelihood of getting accepted (47%) and once accepted, cases had a higher likelihood of resulting in a conviction (71%). Overall, 30% of reported cases were referred, 14% were accepted, and 10% resulted in a conviction.

Future analyses will examine the factors that increase the likelihood of police referring a case to the Alaska Department of Law for prosecution, the likelihood of the Alaska Department of Law to accept a case for prosecution, and the likelihood of gaining a conviction.

Appendix A – Data Collection Instrument



Examining the Characteristics, Processes, and Outcomes of Sexual Assaults in Alaska

NIJ Grant No. 2004-WB-GX-0003

André Rosay and Tara Henry
Co-Principal Investigators

SECTION 1. BASIC INFORMATION

- UAA Case Number: _____
- Law enforcement agency: _____
- Victim race (Check all that apply):
 - Caucasian
 - Black
 - Alaska Native / American Indian
 - Asian
 - Hispanic
 - Pacific Islander
 - Other (specify): _____
- Victim sex:
 - Female
 - Male
- Victim age: _____
- Consensual / statutory?
 - Yes
 - No
- Was victim homeless at time of assault?
 - Yes
 - No
 - Unknown
- Was exam completed:
 - Yes
 - No
- If exam was not completed, why not? _____
- Time from assault to report: _____

SECTION 2. PATIENT MEDICAL HISTORY

- Is the patient pregnant? Yes No
 Para: _____

- Was patient menstruating at time of attack? Yes No

- Within 96 hours prior to assault:
 - Consensual vaginal sex? Yes No If yes, when? _____
 - Consensual anal sex? Yes No If yes, when? _____
 - Consensual oral sex? Yes No If yes, when? _____

- Post assault actions of patient (check all that apply):
 - Urinated Defecated Genital wipe / wash
 - Bath / shower Douched Ate / drank
 - Brushed teeth Oral gargle / wash Changed clothing
 - Steam

- Post assault removal / insertion of (check all that apply):
 - Sponge Diaphragm Tampon
 - Pad

- Consensual vaginal sex since assault? Yes No
- Consensual anal sex since assault? Yes No
- Consensual oral sex since assault? Yes No

- Is patient's clothing on arrival same as clothing during assault?
 Yes No

- Appearance of patient's clothing on arrival (check all that apply):
 - Intact Clean Dirty
 - Wet Bloody Torn
 - All missing Partially missing Buttons missing

SECTION 3. INCIDENT DESCRIPTION (PART 1)

- Location of initial contact with suspect (just prior to assault):
 - Outdoors
 - Patient's house
 - Other's house
 - Other indoor location
 - Work
 - Suspect's house
 - Hotel
 - Vehicle
 - Patient and suspect's house
 - Bar

- Location of assault:
 - Outdoors
 - Patient's house
 - Other's house
 - Other indoor location
 - Work
 - Suspect's house
 - Hotel
 - Vehicle
 - Patient and suspect's house
 - Bar

- Did assault take place within Municipality of Anchorage?
 - Yes
 - No
 - Unknown

- Methods employed by assailant (check all that apply):
 - Weapon used
 - Physical blows by hands / feet
 - Grabbing / grasping / holding
 - Physical restraints used
 - Strangulation
 - Burns (toxic / chemical)
 - Verbal threats

- Patient's position during assault:
 - Supine
 - Prone
 - Sitting
 - Standing
 - Knee chest
 - Other
 - Straddling suspect
 - Lying on side

SECTION 4. INCIDENT DESCRIPTION (PART 2); SEX ACTS REPORTED

- Kissing, licking, biting, scratching:

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
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- Touching / fondling with hands of the:

Breast	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Vagina	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Penis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Anus	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted

- Oral copulation of genitals:

Of victim by suspect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Of suspect by victim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted

- Oral copulation of anus:

Of victim by suspect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Of suspect by victim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted

- Masturbation:

Of victim by suspect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Of suspect by victim	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted

- Penetration of vagina by:

Finger	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Penis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Foreign Object	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted

- Penetration of anus by:

Finger	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Penis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Foreign Object	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted

- Did ejaculation occur?

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
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If yes, specify ejaculation location (check all that apply):

<input type="checkbox"/> Vagina	<input type="checkbox"/> Rectum	<input type="checkbox"/> Mouth	<input type="checkbox"/> Stomach
<input type="checkbox"/> Back	<input type="checkbox"/> Napkin / cloth	<input type="checkbox"/> Bed	<input type="checkbox"/> Clothing
<input type="checkbox"/> Condom	<input type="checkbox"/> Other		

- Lubricants, condoms, contraceptives:

Condom used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Contraceptive foam used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Contraceptive jelly used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted
Lubricant used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	<input type="checkbox"/> Attempted

SECTION 5. EXAMINATION (PART 1)

- Patient's behavior observed during exam (check all that apply):

<input type="checkbox"/> Controlled	<input type="checkbox"/> Quiet	<input type="checkbox"/> Calm
<input type="checkbox"/> Expressive	<input type="checkbox"/> Staring	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Stoic	<input type="checkbox"/> Agitated
<input type="checkbox"/> Fearful	<input type="checkbox"/> Tearful	<input type="checkbox"/> Fidgeting
<input type="checkbox"/> Tense	<input type="checkbox"/> Hysterical	<input type="checkbox"/> Sobbing
<input type="checkbox"/> Yelling	<input type="checkbox"/> Listless	<input type="checkbox"/> Loud
<input type="checkbox"/> Trembling	<input type="checkbox"/> Angry	
<input type="checkbox"/> Other		

- Evidence kit collected: Yes No
- Speculum exam: Yes No
- Colposcope exam: Yes No
- Anoscope exam: Yes No

- Alternative light source? Yes No
- Fluorescence found? Yes No

If yes, indicate where: _____

- Admitted to hospital? Yes No

- Received ER treatment for nongenital injuries: Yes No
- Received ER treatment for genital injuries: Yes No
- Received ER treatment for alcohol level: Yes No
- Received ER treatment for other reason: Yes No

- Victim's use of alcohol: Yes No Unsure

- Victim's use of drugs: Yes No Unsure

- Blood alcohol done: Yes No Alcohol level: _____

- Breathalyzer done: Yes No Alcohol level: _____

SECTION 6. EXAMINATION (PART 2)

- Urine tox screen done: Yes No
 - If done, results: Positive Negative
 - If positive, check all that apply:

<input type="checkbox"/> EtOH	<input type="checkbox"/> Barbiturates
<input type="checkbox"/> MDMA	<input type="checkbox"/> THC
<input type="checkbox"/> Benzodiazepines	<input type="checkbox"/> Ketamine
<input type="checkbox"/> Cocaine	<input type="checkbox"/> Opiates
<input type="checkbox"/> GHB	<input type="checkbox"/> Amphetamines
<input type="checkbox"/> Other	

 - Disabilities (check all that apply):
 - Mental
 - Physical
 - Psychiatric

 - Condition at time of assault (check all that apply):

<input type="checkbox"/> Alcohol intoxicated	<input type="checkbox"/> Drug intoxicated	<input type="checkbox"/> Sober
<input type="checkbox"/> Sleeping	<input type="checkbox"/> Passed out	<input type="checkbox"/> Unconscious from trauma

 - Infections at exam?
 - Yes
 - No
 - Not tested

Infections tested positive for (check all that apply):

<input type="checkbox"/> Bacterial vaginosis	<input type="checkbox"/> Chlamydia
<input type="checkbox"/> Genital warts	<input type="checkbox"/> Gonorrhea
<input type="checkbox"/> HIV	<input type="checkbox"/> Herpes
<input type="checkbox"/> Trichomoniasis	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Syphilis	<input type="checkbox"/> Yeast
<input type="checkbox"/> Hepatitis C	

 - Sperm seen on wet prep? Yes No No data Not done

 - Sperm motile? Yes No Not seen

 - Follow-up done? Yes No
- Time from exam to follow-up: _____

SECTION 7. NONGENITAL INJURIES

- Nongenital trauma? Yes No If yes, check all that apply:
- | | | | |
|------------------|--------------------------------------|-----------------------------------|------------------------------------|
| Head / face: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Mouth: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Neck: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Shoulders: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Arms: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Hands: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Chest: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Abdomen: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Back: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Buttocks / hips: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Legs: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |
| Feet: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Redness | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Swelling | <input type="checkbox"/> Fracture |
| | <input type="checkbox"/> Bite Mark | <input type="checkbox"/> Pain | <input type="checkbox"/> Other |

SECTION 8. ANOGENITAL INJURIES

- Anogenital trauma? Yes No If yes, check all that apply:
- | | | |
|---------------------------|--------------------------------------|-------------------------------------|
| Mons pubis: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Labia majora: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Labia minora: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Labia maj / min junction: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Clitoral hood: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Clitoris: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Periurethra: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Hymen: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Fossa navicularis: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Posterior fourchette: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Perineum: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Vaginal walls: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Cervix: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Anus: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |
| Rectum: | <input type="checkbox"/> Bruising | <input type="checkbox"/> Abrasions |
| | <input type="checkbox"/> Lacerations | <input type="checkbox"/> Tenderness |

SECTION 9. SUSPECT INFORMATION

- Number of suspects: _____

If more than one suspect, please fill out section 9 for each suspect separately.

- Is suspect's identity known? Yes No
- Suspect race (Check all that apply):
 - Caucasian
 - Black
 - Alaska Native / American Indian
 - Asian
 - Hispanic
 - Pacific Islander
- Suspect sex: Female Male
- Estimated suspect age: _____
- Alcohol use by suspect: Yes No Unknown
- Drug use by suspect: Yes No Unknown
- Victim / suspect relationship (from victim's point of view):
 - Acquaintance / friend (≥ 24 hours)
 - Acquaintance (< 24 hours)
 - Acquaintance (< 12 hours)
 - Current spouse
 - Former spouse
 - Current partner
 - Former partner
 - Relative
 - Stranger
 - Authority figure