

M E M O R A N D U M



TO: Sexual Assault Nurse Examiners/Law Enforcement/Criminal Justice Community

FROM: Bruce Reeve, DCI Laboratory Administrator

DATE: February 13, 2015

SUBJECT: New Sexual Assault Kits

As some of you may have heard, the State of Iowa has entered into an agreement with a new company to manufacture our Sexual Assault Evidence Collection Kits. The previous manufacturer was Trittech Forensics, our new manufacturer is Arrowhead Forensics. The kits will still be obtained by contacting the DNA section of the lab as always. (Sending me an email with the address where you want the kits sent works great!).

A quick note on requesting new kits: A box of kits contains 12 kits. For some of the more rural areas, this may be more kits than they will use in a decade. If you would like less than 1 box of kits (for example 6 kits) just let me know that in the email or phone call and we can send a partial box to you.

We have provided Arrowhead Forensics with very specific instructions on how we wanted the kits to look and what items we wanted in them. For that reason, the kits look very similar to the ones you have been seeing for the last 5 years. However, we did make a few changes to the kits and want to make sure you are aware of them.

Below is a description of the changes that you will see in the new kits.

- 1) **Kit packaging:** The previous versions of kits were sealed with a paper seal on the short end of the boxes that had to be cut through to open the box. The new version does not have a paper seal, they are shrink wrapped in plastic to ensure that they are sterile. If you have heard me speak about evidence collection, you know that plastic and DNA samples are not a good combination. Because these are unused kits, the plastic poses no harm to the collection of samples. However, please be advised **THE KIT SHOULD NOT BE SEALED IN ANY SORT OF PLASTIC AFTER SAMPLES HAVE BEEN COLLECTED**. There are evidence stickers inside the kit to seal the edges of the kit (just like what was done previously).

Another minor change to kit packaging is the addition of a space to fill out the hospital name on the front of the kit. This was added to aid the DNA analyst so if they have a question about the kit they know what hospital it was collected at.

- 2) **Packaging of paper forms inside the kit:** You will notice that all of the paper forms, evidence stickers, and biohazard stickers are now contained in a plastic bag inside the kit. This is simply for convenience for the medical personnel. The patient summary form is typically the only form that needs to be returned to kit

after collection, you do not have to put it back inside the plastic bag when sending it back.

You may also notice that there are now 3 white and red “Evidence” stickers. Two of these are to be used for sealing the kit as has been done in the past. The third sticker is to facilitate sealing the underwear bag if underwear is collected.

- 3) **Collected item envelopes:** The envelopes are now the “peel and stick” variety so they will be unsealed when the kit is opened and can easily be sealed after collecting the evidence.
- 4) **Ruler:** Per request of several nurses, a gray plastic flexible ruler has now been included in the kits for measuring injuries and for use during photography. These rulers do not need to be placed back in the kit – they can be thrown away after kit collection.
- 5) **Step 1 – Patient Summary Form:** We made two minor changes to the patient summary form. The questions referring to the race of the victim and race of the suspect were removed from the form. These questions were no longer used by analysts during the investigation so they were unnecessary on the form.
- 6) **Step 3 – Miscellaneous Collection:** An additional set of swabs and a swab box has been placed inside this envelope to facilitate additional skin swabs when needed.

Frequently Asked Questions/Common Mistakes:

I would also like to take a moment to provide answers to some commonly asked questions and/or problems that we see in the laboratory.

Vaginal/Cervical Swabs: We are starting to see nurses collecting multiple sets of swabs from the vaginal area more commonly. Often times different anatomical areas are being swabbed such as “vaginal vault,” “cervical,” “labia majora,” and “labia minora.” What we have found is that it is better to take one set of internal vaginal swabs (encompassing the vaginal vault and the cervical area) and one set of external vaginal swabs (encompassing external structures) – if needed. Taking multiple sets of swabs results in a smaller area being swabbed, and often a less than adequate DNA sample. Essentially, this has the result of diluting our sample onto multiple different swabs. We cannot combine multiple swabs into one evidence sample so we end up with lower quality DNA profiles that sometimes are too weak to be interpreted.

The possibility of diluting the DNA sample can apply to any swabs taken, for example skin swabs. It is best to try to cover a large area with as few as swabs (minimum of two) as possible to concentrate the DNA. For example, the entire neck area can be swabbed with one set of swabs (unless the victim states that a particular area was licked or kissed).

The consensual partner question on the patient summary sheet is very important to us. This question often determines whether or not a foreign DNA profile developed from the kit can be entered into CODIS (the State or National DNA database) or not. Whenever possible please complete the answer to this question and state when the last consensual intercourse took place if the patient can recall.

Make sure you collect a known sample any time you collect a kit. There is never a reason that a known sample should not be collected with the kit.

If you have a victim who is providing incoherent information when filling out the patient summary form, it may be best to state something to the effect of “the patient is not providing coherent answers.” We had a case where the victim’s description of the assault gave no actual description of the assault and appeared to be more incoherent ramblings that did not make sense. In this instance, if a kit is going to be collected, it may be best to state no coherent scenario could be obtained than right down the exact words the patient is saying. A copy of these forms are given to defense attorneys if they ask for our case file.

Similarly, if the patient is non-English speaking, do not have them complete the scenario portion of the patient summary form in their native language. If you don’t understand it, we probably don’t either! The best practice in this situation would be to get a translator to interpret the patient’s statements.

Finally, a note about “anonymous” kits: We have had some law enforcement agencies (particularly those associated with colleges) who have run into the situation where the victim would like to talk to law enforcement to find out their options, have the kit tested, and then decide if they are going to give a formal report. This occurs due to the interpretation of new Title IX rulings where universities are requiring the police to give them the name of the victim if it is provided when the victim reports. These victims are asking to wait and find out if there is evidence of foreign DNA present before they go through with a full report and investigation. Contrary to some beliefs, it is not impossible for the kit to be tested in this scenario, but it does take cooperation with an advocacy agency. Below is a procedure that can be followed in order to have these kits tested:

1. The kit would be collected and the nurse could use a hospital ID number instead of a name on the kit. The patient/victim would be given this hospital ID number with the other paperwork they are given after kit collection.
2. The victim could then talk to law enforcement and provide as much or as little detail to law enforcement as they would like, without giving their name to law enforcement. Law Enforcement would create a case number for the case using the hospital ID number (and Anonymous) as the victim’s name, they would also record the advocate’s name in the case information.
3. The kit would be submitted to the laboratory using the name “Anonymous Female (or Male) Hospital ID #” as the name. The kit would be tested, and the lab report would be sent back to the law enforcement agency.
4. The law enforcement agency would contact the advocate assigned to the case and let them know the results from the kit had been received. (Law enforcement should not give the actual results to the advocate).
5. The advocate would contact the victim and let them know the results of their kit are at the law enforcement agency and the victim needs to report there to get the results.
6. The victim can go to the law enforcement agency and obtain their results, still without giving their name to the law enforcement officer.
7. At this time, with the results in hand, and options fully explained to them, the victim can decide whether to provide their name and file a full report of the

assault with the law enforcement agency, understanding that their name would be passed on to the University Title IX coordinators.

I understand that this is a rather convoluted process – but it does provide a way for a victim to have all the information she/he needs when deciding whether to go forward with an investigation. Feel free to contact me if you have more questions about how this would work.

Although this procedure was designed with Universities in mind, it really can be used by any law enforcement agency if they have a victim who wants their kit tested without first giving their name (for example, they know someone working in that law enforcement agency).

If a victim refuses to talk to the police at all when having the kit collected, this is a different scenario and typically referred to as an “anonymous medical report.” These kits are typically not sent to the laboratory for testing. They will be picked up from the hospital by the law enforcement agency without any contact between law enforcement and the victim and housed at the law enforcement agency for a minimum of 10 years.

As always, feel free to contact me if you have any questions. I am happy to help in any way that I can. Both my phone and email address are listed at the bottom of this email. In addition, please feel free to pass this email on to anyone in your community who would be interested in it. I have tried to include as many SANEs, SART members, and other interested parties for which I have emails for.