TRIFECTA SEXUAL ASSAULT FORENSIC NURSING REPORT

FILE DEMOGRAPHICS

Plaintiff Name:	State of [redacted]	**Attorney:**	
Victim:	[redacted]	**Victim Date of Birth:**	24Jan80
Defendant:		**Victim Forensic Examiner:**	[redacted]
Date of Incident:	8Feb20	**Victim Facility**	[redacted]
Date of Birth:	16Sept81	**Marital Status:**	Divorced
Occupation:	Unknown		

Indictment:
Count 1: Rape in the 1st Degree – Constituting Domestic Violence
Count 2: Sodomy in the 1st Degree – Constituting Domestic Violence
Count 3: Sexual Abuse in the 1st Degree – Constituting Domestic Violence
Count 4 Sexual Abuse in the 1st Degree – Constituting Domestic Violence
Count 5: Endangering a person protected by a family abuse prevention act restraining order
Count 6: Tampering with a witness
Count 7: Assault in the 4th Degree – Constituting Domestic Violence
Count 8: Assault in the 4th Degree – Constituting Domestic Violence
Count 9: Assault in the 4th Degree – Constituting Domestic Violence

Referral request/ Attorney Questions:

1. Written summary of the medical records with explanations for non-healthcare professionals.
2. Question as to whether Ms. [redacted] was under the influence of methamphetamine at the time of the alleged assault.

Victim Name: Ms. [redacted]
Date of Death: N/A

Date of Incident: 2/08/20

Records Reviewed:

1. Reviewed the entire discovery package with a focused analysis of the following:
   a. Facility name – [redacted] [Pages: Bates #0076 – 0090]
      2/08/20 – Forensic Exam
   b. Police interview summary reports of Officer [redacted]
      2/08/20- Initial Response Summary Report [Pages: Bates #0004 – 0009]
      2/08/20- Summary Report of Follow up Interview with Ms. [redacted] ~ 1336
      [Pages: Bates #0012 – 0016]

Missing/ Additional Pertinent Records:

1.	2/08/20- [redacted] ED encounter of Ms. [redacted] – medical screening prior to SANE exam, areas of interest include: 1) whether medical drug/alcohol blood or urine laboratory studies were performed 2) what information regarding symptoms of pain and the locations of pain Ms. [redacted] relayed to the ED providers 3) whether any diagnostic procedures were performed.

I. Abstract of Nursing Analysis:

Medical findings resulting from a forensic examination neither confirm nor refute consent for sexual contact. Consent is a legal term determined by the trier of fact based on consideration of the totality of evidence.

In this case, there is no medical evidence to support anal penetration; this is not unusual as most sexual assaults result in no identifiable injuries. The finding in the labial region may or may not support sexual contact as described by the patient, but is inconclusive. ***The labial finding is documented as either an abrasion or blisters with no documented steps taken to definitely distinguish between the two. This is a potentially vital piece of information as abrasions result from blunt force trauma and would support sexual contact; whereas blisters are far more likely to be the result of a skin irritant or medical process, which would not be related to physical sexual contact.*** Based on the documentation of this finding, we are unable to render a complete analysis of its origin or an expert professional opinion as to its significance, if any, to the matters at hand. It is unusable.

Regarding the physicality as reported by Ms. [redacted]***, there is no objective medical evidence to support such claims.*** Ms. [redacted] verbal account of the slapping, hair grabbing, and slamming of her head into the wall are the only obtained evidence of such actions. The forensic examination cannot verify or refute the veracity of patient accounts of assault. Upon examination, Ms. [redacted] reported occipital, neck and shoulder tenderness; there were no visible injuries or findings to support these symptoms except for a small area of redness. Redness is considered a non-specific finding because it can result from medical or traumatic causes; therefore, it is possible this finding is consistent with Ms [redacted] allegations, but not conclusive. A summary of the forensic examination is provided along with a comprehensive analysis and conclusions. This is where the submitted medical records end.

II. Forensic Nursing Conclusions:

Allegations/Issues:

1. Possible methamphetamine usage by victim, Ms. [redacted]
2. Evidence collection and documentation standards.
3. Documentation standards.

4. Sexual intercourse by means of forcible compulsion
5. Anal intercourse by means of forcible compulsion
6. Sexual contact by touching the vagina by means of forcible compulsion
7. Sexual contact by touching her anus by means of forcible compulsion
8. Physical injury to the vagina with use or attempted use of physical force or the threatened use of a deadly weapon
9. Injury to the anus with the use or attempted use of physical force or the threatened use of a deadly weapon
10. Physical injury to the neck with use or attempted use of physical force or the threatened use of a deadly weapon

Issue	Case Strengths	Case Weaknesses	LNC Rationale for Findings
#1 Possible methamphetamine usage by Ms. [redacted]	Responding police identified Ms. [redacted] demeanor and actions as being under the influence of alcohol; no breathalyzer or other drug/alcohol tests were performed by the police to verify.	Possible Prosecution reasoning: The SANE drug/alcohol facilitated assessment showed no indication for forensic blood/urine samples to be collected and analyzed. There are no ED records available to review; therefore, it is unknown whether medical drug/alcohol screenings were performed.	The responding officers' observations support Ms. [redacted] admission of drinking alcohol prior to the alleged assault. There is no medical evidence available to confirm or refute methamphetamine use. The patient did not meet the criteria for the collection of forensic toxicology samples.
#2 Evidence collection and	Evidence collection: head and pubic hair standards. Head hair was collected; pubic standard samples were not collected due to minimal amount of hair present. This	Possible Prosecution reasoning: Whether or not the collection of head or pubic hair standards is performed is not	Evidence collection process: Current national standards as of 2017 do NOT include the collection of standard

documentation standards	practice does not meet the current national evidence collection standards.	relevant to this case in particular and demonstrates no indication of substandard evidence collection techniques. Despite the current national recommendations excluding the collection of head/pubic hair standards, it may be the protocol of the jurisdictional forensic laboratory to include these samples.	head/pubic hair samples. (The reference for these standards is provided). Not having access to the facility SANE policies & procedures manual or the testing forensic laboratory standards and recommendations, it is unclear whether the SANE evidence collection procedures are out of date or if the forensic examiner's knowledge level is lacking.
	Swabbing of external genitals and bilateral thighs was noted to be completed for potential saliva as indicated by the documentation. Using the history as a guide to the examination and evidence collection, these areas would have been swabbed for the suspect's skin cells from touching the vagina/thigh regions with his hands or penis, or sperm cells ejected from the penis, not saliva. The patient relayed no history of the suspect putting his mouth or tongue on the upper thigh or external genital regions. The documentation of these evidence samples should have been noted in the	These are minor documentation oversights and do not indicate a lack of critical thinking and analytic skills of the forensic examiner.	Though this may be a documentation oversight, attention to detail is paramount in general and forensic healthcare documentation as it demonstrates the provider's competency and is a source of communication to other healthcare providers. Evidence collection must not be conducted by route; there must be critical thinking involved in where and why each sample is collected using the patient's history of assault and the forensic examiner's current knowledge of evidence transfer, collection and analysis techniques. Though, as stated, swabbings of the external vaginal and thigh regions were prudent in this case based on the patient's history provided, but for skin

	"Additional Evidence" documentation section not the "Possible Saliva" section.		cells from physical contact with either the suspect's hand and/or penis. It is not relevant to this case to be swabbing those regions for saliva; therefore, it calls into question the forensic examiner's critical thinking of the case elements versus route sample collection.
#3 Documentation standards	The SANE documentation indicates the forensic examiner to be [redacted] There are no credentials of Ms. [redacted] noted anywhere on the documentation to indicate whether she is a certified sexual assault nurse examiner (SANE), registered nurse (RN) or physician (MD) or to indicate that she was qualified in any manner to conduct the forensic examination. Weapons/force used section of the forensic examination documentation: Verbal threats and hitting were marked with accompanying descriptions. Other physical force was also checked *without* an accompanying description. Physical Assessment section of the forensic examination documentation: Discomfort to the occiput and neck/shoulders tender posteriorly are documented.	Possible Prosecution reasoning: These are minor documentation oversights that have no bearing on the quality of the forensic examination performed or the accuracy of the findings. The forensic examination document does not provide a designated area for the forensic examiner to provide her credentials. The other documentation inconsistencies are, again, minor oversights that have no bearing on the quality of the forensic examination or the validity of the findings.	Documentation standards include the healthcare provider document his/her credentials somewhere on the document. While the documentation inconsistencies related to the physical and signs and symptoms may be considered to be minor, precise and complete documentation in any healthcare setting is imperative to accurately and comprehensively communicate with other healthcare providers who may review this documentation in follow-up or future encounters with the patient. Additionally, forensic examination documentation serves as a historical record and refresher for the forensic examiner to be able to provide accurate testimony if requested by the courts to assist triers of fact in determining the guilt or innocence of a defendant.

	Injury Diagrams: The discomfort to the occiput is identified as tenderness (not soreness) on Diagrams D and H as well as the Injury Log, which includes documentation of a 5/10 pain level. The physical finding of redness to the posterior neck region is documented on Diagram H and the Injury Log along with an associated pain level of 4/10. The tenderness to the neck/shoulder region is not identified on any of the body diagrams, nor is it documented in the Injury Log. Is it to be presumed that the tenderness to the posterior neck/shoulder region is associated with and limited to the area redness? Does the tenderness to the neck/shoulder area extend beyond the 1cm area of redness or is it limited to that area?		
	Documentation of labial abrasion OR blisters – this is addressed in depth under Issue #8.		
Forcible compulsion as included in Issues #4 - #7	Consent: outside of the reported history of assault, the medical findings from the forensic examination do not unrefutably support the sexual trauma occurred without consent.	The majority of sexual assaults result in no physical injury to the external anogenital area. Despite the lack of injury, Ms. [redacted] claim of sexual assault and the fact that she underwent the SANE will	Minor anogenital injuries can occur with consensual and non-consensual intercourse. With that said, despite the labial findings being questionable, if the jury was to believe they are injury from a

		be presented to the jury as credible evidence.	sexual encounter, this finding alone cannot be used to determine whether Ms. [redacted] consented. Consent is a legal term not a medical diagnosis.
	Documented inconsistencies in Ms. [redacted] history of assault provided to Officer [redacted] in his initial and follow-up (approximately 13 after the initial interview) interviews with Ms. [redacted] and the information provided to the forensic examiner during the forensic examination, which was conducted approximately 5 hours after the Officer's follow-up interview with Ms. [redacted]. **Initial interview by Officer Mitchell:** - Ms [redacted] reported "he grabbed me by the back of the neck and sexually assaulted me in the ass for 20 minutes." - Mr. [redacted] grabbed her by the back of her head and threw her up against the mirror hanging on the wall, so the front of her body was facing the wall. - "He choked me until the neighbors knocked on the door and he threw me outside."	Sexual assault victims' memories and detailed aspects of the assault are impacted by their response to trauma. In the trauma response, the areas of the brain responsible for memory formation are inhibited and it may take up to 2 sleep cycles for the memories to be consolidated and transferred to long term memory. Because of this, victim may provide inconsistent and/or fragmented memories when relaying details of the assault at different times after the assault.	The neurological effect due to traumatic events impact memory storage and recall in the immediate aftermath. Due to this, it is not uncommon for victims to relay the accounts of a traumatic event in fragmented or non-chronological order or to provide inconsistent accounts based on the memory consolidation and storage process interruptions immediately following a traumatic event. Despite the effect of trauma on memory, there is no method to verify the veracity of the patient's report of sexual assault versus consensual intercourse. Additionally, there is no method to verify the victim's recall of physical acts of violence or compulsion utilized during the alleged assault if no associated physical findings are identified. Even when physical findings are identified that are consistent with the victim's accounts, there is no method to verify if all of the acts were done to compel the victim or if the victim willing engaged in "rough"

	Follow-up interview by Officer [redacted]: - Mr. [redacted] quickly walked up behind her and "grabbed me so hard by my hair and back of my head I thought he was going to break my neck." - Mr. [redacted] then pushed her into the wall causing her forehead to "slam" into the wall. - Mr. [redacted] still having a fist full of her hair and the back of her head, slammed her onto the bed and open-handedly hit her multiple times in the face, then ripped off all her clothing. - According to Ms. [redacted] Mr. [redacted] then saw a bruise to her inner thigh and accused her of sleeping with someone else. He then became extremely aggressive and again grabbed her by her hair, Ms. [redacted] then began crying and screaming; she stated to the Officer, "he held me down and had sex with me violently (vaginally) while I was trying to get away."		sexual intercourse. In this situation, there were no objective physical findings to support Ms. [redacted] claims of her hair being pulled, Mr. [redacted] open-handedly slapping her, verbal threats. Ms. [redacted] relayed subjective information related to the soreness/tenderness to the occipital head and posterior shoulder and neck regions; however, again, the actual presence of such symptoms and the truthfulness of Ms. [redacted] claims cannot be verified through this physical examination. The reddened area to the posterior neck region could be argued as an objective finding that supports Ms. [redacted] claim of being grabbed in that region; however, redness is a non-specific finding that can result from causes other than trauma.

	- Ms. [redacted] then reported, "he flipped me over and then sodomized (anal penetration) me." - She also reported he had her neck pulled back so far and so tight, she couldn't move. - Officer [redacted] asked Ms [redacted] if Mr. [redacted] had "choked" her from the front or back at any time; to which she responded, "no." Assault history and information provided to the forensic examiner: - "he sat everything down (her items), grabbed me by the back of my hair, wound his hand around the back of my head, pushed me into the wall" - "After, he threw me down onto the bed, yelling at me. I said, 'please stop.'" - He ripped my clothes off and grabbed me by my hair again, slapped me a few times, man-handled me." -		

	- "That's when he roughly (vaginally) penetrated me. He was rough and mean and yelling at me the whole time." - "He flipped me over by grabbing my hair and proceeded to penetrate me rectally."		
	Lack of objective, physical findings consistent with Ms. [redacted] report of physical acts of compulsion utilized by Mr. [redacted]: Hair grabbing: There was no hair forcefully pulled from Ms. [redacted] head or contusion noted. Grabbing of the back of her neck: No identified or documented contusions or abrasions noted to Ms. [redacted] neck. The forensic examination identified an area of redness to the posterior neck region; however, redness is a non-specific	Possible prosecution rationale: Despite the lack of objective findings related to the trauma reported by Ms. [redacted], she consistently reported soreness/tenderness to the back of the head and neck areas. Additionally, though they could have resulted from non-traumatic means, the reddened areas are consistent with where Ms. [redacted] indicated Mr. [redacted] grabbed her. It would be reasonable to associate those areas of redness to be resulting injuries from Mr. [redacted] grabbing her.	

	finding that results from causes other than trauma. Officer [redacted] identified an area of redness to Ms. [redacted] anterior (front) neck region upon initial response; however, redness can result from varied causes in addition to blunt force trauma. Open-handed slaps: No contusions, abrasions or other injuries noted to Ms. [redacted] face were identified or documented. Slamming her forehead into the wall/mirror: No contusion or lacerations were noted to the forehead. Ms. [redacted] did not indicate pain or soreness to the forehead.		
		Officer [redacted] interviewed the witness, [redacted] who occupied the room adjacent to the [redacted] hotel room. She reported hearing banging, screaming and a woman yelling, "get off me, get off me" repeatedly. Ms. [redacted] also reported that a male (fitting the description of Mr. [redacted]) ran out of the hotel room after Ms [redacted], both naked, and was	There is no indication that the interviewed witness had any connection to or knowledge of either the victim or suspect and no motivation to be anything other than truthful in her statements.

		apologizing and trying to get Ms. [redacted] back into the room. This account by Ms. [redacted] can be used to support Ms. [redacted] claims of a non-consensual encounter.	
#4 Sexual intercourse #5 Anal intercourse Sexual contact as included in Issues #6 & #7	Lack of objective medical evidence to support the victim's allegations of sexual contact to either the vagina or anus. There were no physical injuries or other findings to the anal region and the labial findings cannot be confirmed as injury or to have been caused by sexual contact or trauma. Swabbings of the anogenital and internal vaginal regions were collected, but there is no Forensic DNA analysis report included in the discovery packet. If the samples were not tested for Mr. [redacted] DNA/sperm, the sexual contact to either the vaginal or anal areas cannot be confirmed.	Possible prosecution reasoning: Lack of findings: the majority of sexual assault patients have no visible signs of trauma from vaginal or anal penetration upon evaluation by a SANE or other healthcare provider. Therefore, the lack of injury cannot and does not directly refute the claims of sexual contact or vaginal or anal intercourse. The fact that Ms. [redacted] underwent the invasive forensic examination provides a level of support for her claims. *"Why would someone who wasn't sexually assaulted submit to this type of sensitive and intrusive examination?"*	It is not unusual for sexual contact and intercourse, vaginally and anally, to result in no injury, therefore, the lack of findings do not directly refute Ms. [redacted] claims of sexual contact and intercourse. While there are no injuries or other physical findings to support Ms. [redacted] claims of sexual contact and vaginal and anal intercourse; there are also no physical findings to refute her claims. The forensic examination cannot determine the veracity or truthfulness of a patient's claims of a sexual assault.
	Inconsistent statements regarding vaginal penetration provided by Ms. [redacted] In the initial interview with the responding officers, Ms. [redacted] indicated only anal sodomy. There was no mention of vaginal penetration.	The initial shock and neurological impact of the trauma focuses victim's attentions to specific elements more so than it does others. It also impedes short term memory formation and retrieval. Therefore, it is not unusual for trauma	It is possible that the initial impact of trauma led Ms. [redacted] to focus on the alleged anal sodomy versus the vaginal penetration. It is also possible that the vaginal intercourse was consensual (it is also possible the anal penetration was

	Vaginal penetration was reported to Officer [redacted] during the follow up interview later that day and to the forensic examiner.	victims to relay conflicting facts of a traumatic event in subsequent interviews.	consensual) and was not viewed as an issue to Ms. [redacted] in the initial report. She also may not have had a firm memory of the vaginal penetration due to the neurological impact of trauma to immediate memory retrieval she experienced.
#8 Physical injury to the vagina	Lack of physical findings to indicate vaginal injury other than the labial finding, which may or may not actually be an injury that could have resulted from sexual contact/assault. Additionally, Ms. [redacted] declined the internal vaginal examination by the forensic examiner. Therefore, the presence or absence of cervical or internal vaginal injury can neither be confirmed nor denied through the forensic examination. There are no ED records provided regarding Ms. [redacted] encounter; however, it is not customary for ED providers to perform speculum examinations unless required for life saving or emergent healthcare concerns. However, because the ED records are not available for review, it is unknown	The absence of visible physical injury to the vaginal area also does not refute the claims of injury. The level or type of force applied may have been enough to cause physical discomfort to the underlying tissues/muscles of that area, but not enough to cause bruising or breaks in the skin. The fact that Ms [redacted] declined the speculum examination does not indicate the absence of vaginal injury. After suffering a sexual assault, undergoing the forensic examination may also be traumatic to patients and they have the right to decline any or all portions of the examination.	Because of the absence of documented vaginal discomfort/pain and Ms. [redacted] declining of the vaginal speculum examination, the forensic examination provides no objective or subjective data regarding vaginal injury outside of the labial finding, which is discussed in detail below. The only evidence to support this charge is Ms. [redacted] verbal description of vaginal soreness and throbbing to Officer [redacted], which he documented in the police report/summary.

	whether Ms. [redacted] reported vaginal soreness or throbbing to the ED provider.		
	The labia minora finding was documented as blisters *OR* laceration. There is no documentation of efforts made to identify the exact nature of the finding, which may have included: - Photography - Use of a magnifying device - Consultation with another SANE or provider - Use of toluidine blue dye – if the finding was an abrasion, the dye would have been absorbed into the wound; if the finding was blisters, they would not have absorbed the dye.	Possible prosecution rationale: Though a very remote possibility, a blister to the labia could be caused by sexual intercourse/trauma; therefore, it does not matter if the injury is an abrasion or blister. It is an injury that resulted from sexual assault.	There is a marked difference between blisters and lacerations (scratches). Lacerations are the result of blunt force trauma that forcefully removes superficial skin layers resulting in a break in skin integrity. Blisters are fluid-filled vesicles that may result from friction trauma in many parts of the body surface; however, it is extremely unlikely that friction to the labia would result in blistering. Blistering to the anogenital region is more than likely the result of a medical condition or a topical irritant or allergen not related to trauma, much less sexual trauma. The uncertainty as to whether the finding is an abrasion over blisters, renders this finding's relevancy to the alleged assault or even sexual contact questionable at best. I am not able to provide an informed expert opinion as to the origins of the finding or whether it substantiates Ms. [redacted] claims of nonconsensual sexual contact or intercourse. I am more

			inclined to exclude this finding from the analysis of the evidence due to the lack of clarity on its identification.
	Ms. [redacted] inconsistent reporting of vaginal discomfort to the police and the forensic examiner. Officer [redacted] follow-up interview with Ms. [redacted]: Ms. [redacted] reported vaginal soreness and throbbing, 3/10 at the time of the interview and that the vaginal pain was a 7/10 after the alleged assault. - There is no report of vaginal soreness, tenderness or other forms of discomfort or pain documented in the forensic examination report.	At the time of the forensic examination, Ms. [redacted] may not have had the vaginal soreness or throbbing she experienced earlier that day or at the time of the alleged assault. The absence of this symptom during the forensic examination does not refute physical injury was sustained.	
#9 Injury to the anus	During Officer [redacted] follow up interview with Ms. [redacted], she indicated that she was "very sore," 3/10 pain, and had some spotting and bleeding from her anus that morning from the sodomization. This anal soreness and bleeding/spotting was not indicated on the forensic examination documentation.	The pain symptoms relayed to the officer are consistent with injury from anal penetration, as is the bleeding and spotting.	Understandably, Ms. [redacted] may have felt the need to be thorough in the information she provided to the police. In regard to the spotting and anal bleeding that morning, one would also reasonably expect a patient to relay that information to a healthcare provider during an examination.

	Absence of objective findings associated with anal injury: There is no documented pain, discomfort, injuries, or bloody drainage identified upon visual inspection of the anus by the forensic examiner. Ms. [redacted] declined the anoscopic examination, which would have provided the forensic examiner an opportunity to visually inspect the inner anal and rectal canals for injury and active bleeding. The ED records are not available for review, so it is unknown whether Ms. [redacted] reported these signs and symptoms to the ED provider during the forensic examination medical screening. If so, it would be documented in the ED record.	Possible prosecution rationale: Since the ED records are not available for review, it is possible that Ms. [redacted] reported the signs and symptoms of anal soreness and bleeding/spotting to the ED provider who may have addressed the issue. It is also possible that the soreness resolved prior to the forensic examination and Ms. [redacted] did not find it pertinent to report. Ms [redacted] may have also not seen it relevant to report the bleeding and spotting to the forensic examiner as that had, too, resolved prior to the forensic examination. As with the speculum examination, Ms. [redacted] was already violated from the assault and may not have had the strength to tolerate the anoscopic examination.	The forensic examination was devoid of any signs or symptoms related to anal pain/discomfort or external injury that could have been the source of the spotting and bleeding Ms. [redacted] reported to the officer earlier that day. However, the fact that Ms. [redacted] did not report anal spotting and bleeding to a healthcare provider during a physical examination and, moreover, declined the internal visual inspection of the anal and rectal canal calls into question the validity of the claims of anal soreness, bleeding and spotting she reported to the police. If Ms [redacted] reported the bleeding/spotting to the ED physician, he/she more than likely would not have conducted an in-depth examination of the area unless life-threatening bleeding was occurring that required immediate attention. In which case, the forensic examiner would have been alerted of the findings and actions take as they would have altered the forensic examination findings and evidence available for collection. Furthermore, Ms. [redacted] denied any procedures/surgeries as

			documented in the medical history section of the forensic examination document. These facts also call into question the validity of Ms. [redacted] claims of anal soreness, bleeding and spotting.
#10 Injury to the neck	Lack of objective findings: Hair grabbing: There was no hair forcefully pulled from Ms. [redacted] head or contusion noted. Grabbing of the back of her neck: No identified or documented contusions or abrasions noted to Ms [redacted] neck. The forensic examination identified an area of redness to the posterior neck region; however, redness is a non-specific finding that results from causes other than trauma. Officer [redacted] identified an area of redness to Ms. [redacted] anterior (front) neck region upon initial response; however, redness can result from varied causes in addition to blunt force trauma. This finding was not documented on the forensic examination.	Ms. [redacted] consistently describes Mr. [redacted] grabbing her neck and describes her pain/soreness symptoms to both police and the forensic examiner. The lack of injury or physical findings to the neck do not negate Ms. [redacted] reports of pain and discomfort; instead, the level and manner of force utilized by Mr. [redacted] was enough to pain and internal injury but not to the level of leaving visible injury. The prosecution could also assert that the forced applied when grabbing the hair and neck, though were painful as reported by Ms [redacted], was not enough to result in visible injury. The small reddened area to the posterior neck region could be argued as an objective physical injury to support Ms. [redacted] claims of physical assault, along	Despite the lack of physical findings, the force utilized could have been to a degree that caused internal discomfort/pain without leaving external, visible signs of trauma. The validity of Ms. [redacted] claims of neck injury are only supported by the symptoms of discomfort and soreness she reported to the forensic examiner and police; and there is no objective or established manner of verifying the accuracy of her claims of soreness and tenderness, much less the levels (0-10 scale) reported. The areas of redness cannot be conclusively attributed to trauma. Redness is a physical indicator of either trauma, skin irritant or allergen, or could result from a medical condition. It is unknown and cannot be ruled out that the redness resulted from causes other than

	ED evaluation: The ED records of Ms. [redacted] medical screening prior to the forensic examination were not provided in the discovery package. It is unknown at this time whether Ms. [redacted] reported the head/neck trauma or discomfort symptoms to the ED provider or if there were diagnostic procedures conducted to evaluate for internal injury.	with the area of redness identified by Officer [redacted] upon initial response.	trauma despite the location consistent with Ms. [redacted] accounts of physical acts.
	Lack of forensic evidence: Swabbings of the neck region were obtained by the forensic examiner; no Forensic DNA analysis report is provided in the discovery. It is unknown if these samples were tested for Mr. [redacted] DNA, which would indicate that he may have touched her neck. Even if Mr. [redacted] DNA was identified on Ms. [redacted] neck, that would not have conclusively indicated that he forcefully grabbed her or caused her injury.	The prosecution would focus on the presence of Mr. [redacted] DNA on Ms. [redacted] neck (if testing was completed and the results were positive) support her claims of him forcefully grabbing her. If the tests yielded no DNA from Mr. [redacted], the prosecution would argue that the DNA was washed away or somehow wiped off of the neck area and/or that touch DNA is tenuous and too much time passed between his depositing of skin cells/DNA and the evidence collection.	It is unknown if forensic analysis of the neck swabs was conducted. The results of which could support that Mr. [redacted] (if his DNA is identified) may have touched Ms. [redacted] neck at some point. Though a timeframe of when Mr. [redacted] may have touched the neck area may be provided, forensic analysis would not be able to identify a specific time. There is also the consideration of secondary transfer of DNA; there is the possibility it was transferred by means other than direct contact/grabbing by Mr. [redacted]. Finally, if Mr. [redacted] DNA would have been identified on Ms. [redacted] neck, the amount of pressure (whether he 'grabbed' her tightly as she described) would not be able to be determined.

III. Recommendations:

1.	Consider soliciting a SANE expert witness. Not knowing how the prosecution may address the labial finding or how the forensic examiner will respond, it may be prudent to identify an expert who would be able to testify as to the lack of clarity in the identification of the labial finding as well as the irrelevance of the finding.
2.	File a motion to exclude the labial finding. If the forensic examiner, who is trained to identify and distinguish injuries and physical findings, was unable to accurately identify the labial finding, then how could a jury of lay people be expected to do the same? If there was confusion between the finding being an abrasion or a laceration, then the relevancy of the finding would stand as both injuries result from trauma. But, in this case, the confusion is between an abrasion and blistering. There is a far more likely chance of a blister resulting from a medical condition rather than physical trauma; therefore, if it was a blister then it would be irrelevant to the case. An abrasion, on the other hand, results from applied force/trauma. If the finding was, in fact, an abrasion, it may be relevant to this case. Because of the absence of clarity as to which type of finding it was; the very distinct causes of blisters versus abrasions; the failure of the forensic examiner to perform due diligence in attempting to accurately identify the finding; and the absence of a photograph for other forensic examiners to analyze and render a professional opinion, this finding cannot be effectively applied to this case and to do so may actually confuse jurors or lead them to form poorly informed conclusions regarding the finding.
3.	If DNA is of interest to the case, consult a Forensic DNA Analyst.
4.	If the veracity of Ms. [redacted] claims regarding consensual versus non-consensual intercourse or other aspects of this case are of issue, a Clinical or Forensic Psychologist may be able to provide insight to motivations for fabrication or exaggeration of the facts.
5.	A Clinical or Forensic Psychologist or Forensic Toxicologist may also be able to provide information regarding the effects of methamphetamine use on situational awareness/interpretation, memory, and actions.

IV. MEDICAL HISTORY AT TIME OF FORENSIC EXAMINATION

Height/Weight:	Not documented
Past Medical History:	Negative
Past Surgical History:	Negative
Birth Control	Essure

V. Medications: None documented

VI. Co-Morbidities: None documented

VII. Post-assault Activities: Activities which may alter or impact the physical and evidentiary findings of the examination the patient performed after the alleged assault and prior to the SANE:
1) changed clothes and provided the clothing worn prior to/during the alleged assault to the police
2) drank fluids/eaten
3) urinated
4) defecated
5) last shower/bath was on 2/7/20; denied bathing since the alleged assault

VIII. Medical Fact Chronology Timeline

Medical Fact Chronology Timeline				
Date	**Provider**	**Event**	**Outcome**	**Bates Pg #**
2/08/20	Facility name: [redacted] Provider name: No ED Records available	**ER VISIT:** Medically screened and cleared prior to sexual assault nurse examination (SANE). ED records not available for review.	**ASSESSMENT:** Not available **PLAN:** Not available	Not provided
2/08/20 @ 1830	Facility name: [redacted] Provider name: RN [redacted]	**SANE** – approximately 18hrs post-assault.	**ASSESSMENT:** See below	0076 – 0090
HISTORY OF ASSAULT: The following is a summary of the history provided by Ms. [redacted] the complete history is located on pg 82/210 of the Discovery packet. Ms. [redacted] identified the assailant as her ex-husband, Mr. [redacted] She indicated they met for dinner and possible reconciliation on the evening of 2/7/20. Ms. [redacted] reported Mr. [redacted] demeaner at dinner was				

Victim Name: Ms. [redacted]
Date of Incident: 2/08/20
Date of Death: N/A

Medical Fact Chronology Timeline

Date	Provider	Event	Outcome	Bates Pg #
"oddly calm" and "he was sucking drinks down like crazy." She indicated she was also drinking, "but not at the same pace." Ms [redacted] then indicated they went to their hotel room after dinner around midnight. She then reports, "he sat everything down (her items), grabbed me by the back of my hair, wound his hand around the back of my head, pushed me into wall. After, he threw me down onto the bed, yelling at me. I said, 'please stop.' He ripped my clothes off and grabbed me by my hair again, slapped me a few times, man-handled me. That's when he roughly (vaginally) penetrated me. He was rough and mean and yelling at me the whole time. He flipped me over by grabbing my hair and proceeded to penetrate me rectally. After that he picked me up again, pushed me towards the door, out of the room without any clothes on."				
ACTS DESCRIBED BY THE PATIENT:				
1. Vaginal penetration with penis – ejaculation unknown				
2. Anal penetration with penis – ejaculation unknown				
3. No ejaculation outside of the areas penetrated				
4. Acts by the assailant		- Use of condom – NO - Use of lubrication – NO - Oral contact – kissed on lips during dinner - Touched patient in any other way – pulled hair, slapped face		
5. Injuries to assailant - NONE				
6. Weapons/force used:		- Hitting – "he slapped me across the face a couple of times" - Verbal threats – 'he was yelling at me, but I don't remember what he said" - Other physical force (grabbed, grasped, held down) – marked 'yes' without further explanation outside of narrative history		
INFORMATION PERTAINING TO THE ASSAULT:				
Location of assault:		Shilo hotel room		
Assailant:		[redacted] ex-husband		
Patient (victim) consumption of drugs/alcohol prior to assault		4 vodka sodas		
Patient (victim) post- assault consumption of drugs/alcohol		1 beer		
DRUG-FACILITATED SEXUAL ASSAULT ASSESSMENT				
Appeared impaired, intoxicated, altered mental status		Negative		
Reported memory lapse, amnesia, blackout		Negative		

Victim Name: Ms. [redacted]
Date of Incident: 2/08/20
Date of Death: N/A

Medical Fact Chronology Timeline

Date	Provider	Event	Outcome	Bates Pg #
Concern for possible drugging		Negative		
Neither blood nor urine samples were collected for forensic toxicology studies				
PHYSICAL ASSESSMENT				
Patient affect/demeanor		Intermittently tearful, crying at times; sat slouched; volunteered information, answered questions and maintained eye contact.		
PHYSICAL ASSESSMENT				
Head		Discomfort to occiput		
		Diagrams D & H: #1. Tenderness to occiput "where he grabbed my hair".		
Neck/Shoulders		Posterior tenderness		
		Diagram H: #2. 1cm circular reddened area		
		Diagram H: 1cm area of Redness documented (not indicated on the Physical Assessment documentation section)		
Anogenital Examination		Tanner stage - IV		
		Labia majora: laceration/blister noted @ 7 o'clock position		
		Diagram M: 3 small blisters noted, possibly abraded area / Diagram key 'A' for abrasion noted on diagram		
		Patient declined speculum examination		
		Patient declined anoscope examination		
EVIDENCE COLLECTION				
Head hair standards - 24 shed/pulled hairs		Oral swabs - 4		
Vaginal/cervical swabs – 4 collected via blind swabs		Anal swabs – 1 damp/1 dry		
Posterior neck/reddened area – from aggressive handling		Entire neck – from aggressive handling		
Possible saliva – 2 swabs to bilateral upper thighs		Possible saliva – 2 swabs to external genitalia		
Evidence NOT collected		**Rationale**		
Pubic hair standards		Minimal hair noted		
Pubic hair combings		Minimal hair noted		
Rectal swabs		Patient declined		
Alternative light source (ALS) evidence collection		ALS performed, negative fluorescence		

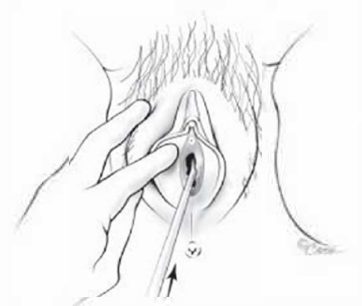
Victim Name: Ms. [redacted]
Date of Incident: 2/08/20
Date of Death: N/A

Medical Fact Chronology Timeline				
Date	**Provider**	**Event**	**Outcome**	**Bates Pg #**
Photography not performed – NO camera				

VIII. Glossary of Terms / Abbreviations / Definitions

Essure Birth Control Device: non-hormonal or other such chemical, birth control device implanted into the fallopian tubes via the cervix. The physical presence of the device forms a barrier that prevents sperm from reaching an egg, thus preventing fertilization. There was no indication as to when the device was implanted noted on the SANE documentation.

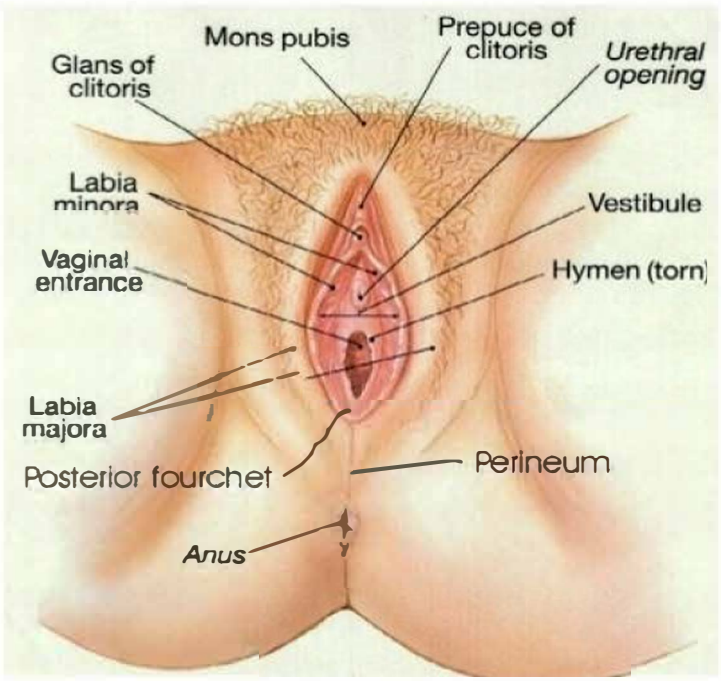
Speculum: duck-bill-shaped device used to see inside the vaginal canal; it opens the walls of the vagina to allow visual inspection, examination and evidence collection of the inner vagina, vaginal walls and cervix.



Blind vaginal swabbing: vaginal introitus is opened slightly utilizing traction; a swab is gently introduced beyond the hymen, taking care not to touch the external structures, and is advanced towards the vaginal vault to collect forensic evidence samples.

Anoscope (anal speculum): rigid tube inserted into the anus/rectal area to visualize the anus and rectum.

FEMALE EXTERNAL GENITALIA



Mons Pubis: Fat pad that lies over the pubis symphysis (pubic bones) of females.
Glans of Clitoris: Erectile tissue of the female reproductive system.
Prepuce of Clitoris: Fold of skin that surrounds and protects the clitoral glans.
Urethral Opening: Opening to the urethra, tube through which urine flows from the bladder.
Labia Minora: Inner lips of the female external genitalia.
Labia Majora: Outer lips of the female external genitalia.
Vaginal Entrance: Opening of the vaginal canal, also known as the introitus.

Posterior Fourchette: Tense band or fold of tissue in the posterior of the external vaginal area that connect the ends of the labia minora.
Vestibule: Space between the labia minora of the external female genitalia.
Hymen: Membranous tissue that surround the vaginal opening. An estrogenized hymen is one affected by the female sex hormone estrogen after puberty, it becomes less sensitive, increased vascularization, and thickens.
Perineum: External surface that lies between the posterior fourchette and anus.
Anus: Opening of the rectum.

Thank you kindly for this referral. These conclusions and recommendations have been based on those documents currently on file and previously submitted. Should further information become available, this should be reviewed by Trifecta Legal Nurse Consulting to determine content and relationship to the case.

Respectfully Submitted,

Trifecta Legal Nurse Consulting

[redacted]

Consulting Expert: [redacted] MSN, RN, AFN-BC, SANE-A