



JUSTICE  
FREEDOM  
DIVERSITY

# MEDICAL ADVOCACY

eliminating racism  
empowering women

**ywca**

metropolitan chicago

## SEXUAL VIOLENCE AND SUPPORT SERVICES

### Medical and Legal Advocacy

Advocates provide 24-hour support to survivors through medical, police, and court proceedings.

So what is advocacy?

- ✓ ***According to the Social Work Dictionary;*** championing the rights of individuals or communities through direct intervention or through empowerment.



## **SEXUAL VIOLENCE CAN HAVE LONG TERM EFFECTS ON SURVIVORS**

94% of women who are raped experience symptoms of post-traumatic stress disorder (PTSD) during the two weeks following the rape.

30% of women report symptoms of PTSD 9 months after the rape.

33% of women who are raped contemplate suicide.

13% of women who are raped attempt suicide.

People who have been sexually assaulted are more likely to use drugs than the general public.

6 times more likely to use cocaine

10 times more likely to use other major drugs

<https://www.rainn.org/statistics/victims-sexual-violence>

## INDIVIDUAL ADVOCACY

We are the Rape Crisis Center for all of DuPage County, based in Addison.

Serve the 36 Police Departments and 6 Hospitals located throughout DuPage:

- Elmhurst
- Edward
- Central DuPage
- Glen Oaks
- Good Samaritan
- Hinsdale

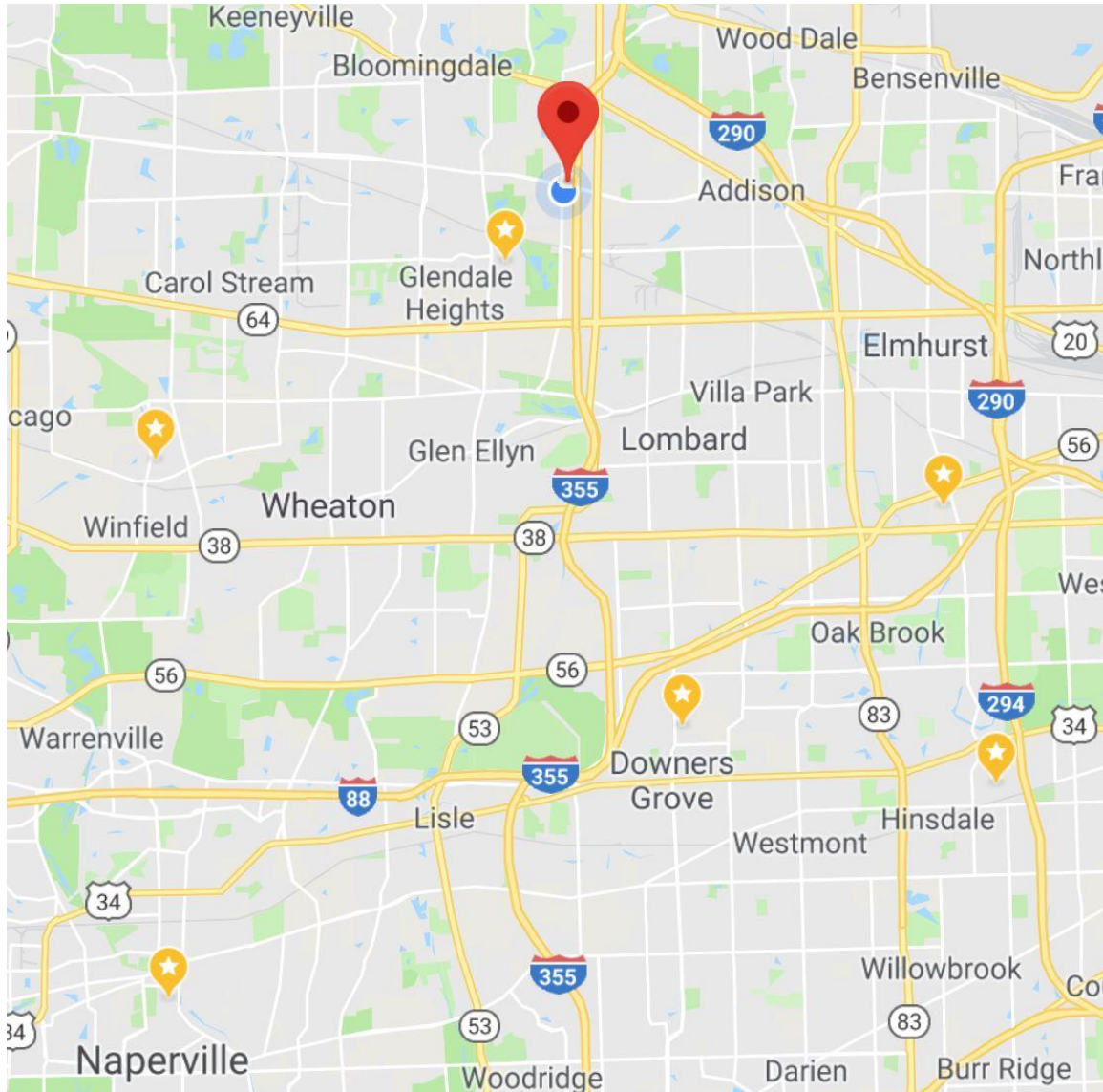
Three branches to Sexual Violence Support Services Department:

- Prevention
- Counseling
- Advocacy





# DUPAGE HOSPITAL LOCATIONS



## HOSPITALS:

- Elmhurst
- Edward
- Glen Oaks
- Good Sam
- Hinsdale
- CDH

## WHAT DOES AN ADVOCATE DO?

Explains to the victim their options, provides them information, and lets them decide what is best for them.

Stays with and supports the victim during the evidence collection process, if victim wishes.

Supports & educates victim's non-offending significant others.

Assist the victim in navigating the criminal justice system.

Assist with civil remedies, such as CNCOs, and ancillary services such as CVC, VESSA, SHA, and Title IX concerns.

Provides appropriate referrals to patients as needed.

Work with all sexual assault survivors, including men, women, children, the elderly, LGBTQIA+, the incarcerated, those with disabilities, etc.

# CONFIDENTIALITY

We have absolute privilege under the law.

Same level as attorneys and clergy.

We are not able to discuss clients/hospital calls with anyone that is not under the supervision of a Rape Crisis Center.

This can be hard in particular with not telling loved ones details of calls.

Having this confidentiality really allows our survivors to open up to us without fear of repercussions. It helps to foster trust and rapport, as they are unable to have the same guarantee from medical staff or law enforcement.

EXCEPT for mandated reporter situations.

Illinois Criminal Identification Act...

## WHAT DOES A SURVIVOR LOOK LIKE?

Everyone responds to trauma differently!

It may not be necessarily how you'd "expect" them to act.

They may be experiencing:

- Sadness
- Numbness
- Self Blame
- Anger
- Disassociation
- Fear for Immediate Safety
- May act like everything is fine
- Vulnerability
- Distrust
- Self Preservation



## MESSAGES WE WANT TO CONVEY TO THE SURVIVOR

- This wasn't your fault.
- I believe you.
- Everything you're feeling is completely natural and normal.
- You're not alone in this.
- You have choices regarding everything today. You have the power to make the decisions— not me, the hospital, nor the police. Everything is up to you.

It's okay for us to speak naturally and a bit less formally, if you believe it will make the survivor feel better.

At the end of the day though, we are professionals and must maintain healthy boundaries and not make promises.

## SASETA

Illinois law which:

- Governs the healthcare hospitals are required to provide to sexual assault survivors.
- Established a statewide forensic evidence collection system.
- Created a reimbursement program for the cost of care and evidence collection for victims.

Sexual Assault  
Survivors  
Emergency  
Treatment Act  
(410 ILCS  
70/1)

## **SASETA: MEDICAL REQUIREMENTS**

- Medical exams to ensure health, safety, and welfare.
- Oral and written information regarding infection and treatment procedures for prevention of sexually transmitted infections (STIs) and pregnancy.
- Medically & factually accurate oral and written information regarding emergency contraception.
  - All hospitals are required to offer and provide emergency contraception if survivor wants it.
    - Includes Catholic Hospitals
- Evaluation of the survivor's risk of contracting HIV and initial dose(s) of HIV prophylaxis if deemed appropriate.

## **SASETA: EVIDENCE COLLECTION REQUIREMENTS**

- Evidence Collection must be offered for a *minimum* of seven days.
- Hospitals must offer/provide forensic photography.
- Must use standard ISP Issued Evidence Kit

Each kit now needs a tracking number!

## SASETA: FURTHER REQUIREMENTS

- Hospitals must have MOU with Rape Crisis Center.
- Hospitals must report how many Eval-S patients they treat to IDPH.
- Hospitals must declare if they are a treatment or transfer hospital.
  - Including Adult/Pediatric
- Survivor must be brought to a private room immediately.
- Right to have a shower at the hospital
- Right to have a support person of their choosing

# VOUCHERS & BILLING

Survivor should never receive a bill for ER visit/evidence collection or follow-up care.

If survivor has health insurance, the healthcare provider will first attempt to collect payment from the insurance company.

Remaining is billed to the state, never to the patient.

Vouchers cover outpatient hospital charges and follow up care within 90 days related to the sexual assault.

- Vouchers should be generated for any patient, though *some* patients on Medicare/Medicaid may not qualify.





Rod R. Blagojevich, Governor  
Barry S. Maram, Director

201 South Grand Avenue East  
Springfield, Illinois 62763-0002

Telephone: (217) 782-3303  
TTY: (800) 526-5812

## Illinois HFS Sexual Assault Emergency Treatment Program AUTHORIZATION FOR PAYMENT VOUCHER

**Authorization #:**

**Date of Hospital Service:**

**Patient's Name:**

**Hospital:**

Dear Provider:

This patient has recently received hospital emergency services through the Illinois HFS Sexual Assault Emergency Treatment Program and has been advised to seek follow-up healthcare services. This Authorization for Payment Voucher (Voucher) allows you to provide appropriate follow-up healthcare **related to the sexual assault** to ensure the patient's well being and to be reimbursed directly by the Illinois HFS Sexual Assault Emergency Treatment Program for those healthcare services.

If additional follow-up healthcare services are required (e.g., exam, laboratory, pharmacy), please make a copy of this Voucher for your billing purposes and allow the patient to retain the original Voucher. If you directly order laboratory services, please make an additional copy of this Voucher to accompany your request to the laboratory. The patient will keep the original Voucher in case additional follow-up healthcare services **related to the sexual assault** are needed. This Voucher is valid for 90 days, with the "date of hospital service" above counted as day one. The expiration date for this voucher is: **MM/DD/YYYY**

**Do not bill the sexual assault survivor presenting this Voucher** for follow-up healthcare services you render related to the sexual assault. Illinois law requires that healthcare services to a sexual assault survivor covered by the Illinois HFS Sexual Assault Emergency Treatment Program be provided at no charge to the sexual assault survivor. 89 Ill.Admin. Code §148.510. Each provider of follow-up healthcare services must send its bill (**electronic billing is not available**) along with a copy of this **Authorization For Payment Voucher** to the following address:

**ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
SEXUAL ASSAULT PROGRAM  
P.O. BOX 19129  
SPRINGFIELD, ILLINOIS 62794-9129**

# WHO WORKS WITH SEXUAL ASSAULT PATIENTS?



## SEXUAL ASSAULT NURSE EXAMINER

SANEs are amazing and we want to have them in all of our hospitals, but hospitals are under no obligation to have any.

At least, not yet!

SANEs are trained to:

- Collect the best evidence;
- Avoid further trauma to sexual assault survivors in health care environment;
- Provide a compassionate and sensitive approach;
- Provide a timely medical/forensic exam and more complete evidence collection;
- Increase likelihood of reporting; &
- Increase prosecution rate.

SANEs are also more likely to recognize the importance of Chain of Custody!



## **MEDICAL ADVOCACY- MEDICAL OPTIONS**

Overall Physical Exam for Injury

Genital Exam for Trauma

Urine Test for Pregnancy

Urine Test for STDs (usually only peds)

STD Prophylaxis

9 Pills and a Shot.

Emergency Contraception

Plan B v. Ella

## EVIDENCE KIT- GREYS VIDEO



<https://www.youtube.com/watch?v=ZrsR7I1mLX4&t=53s>

## **OPTIONS FOR COMPLETING EVIDENCE COLLECTION KIT**

### Options for Completing Evidence Kit:

- Refuse to do the kit.
- Complete only certain parts of the kit.
- Complete the kit in its entirety.

An Advocate can be present throughout kit collection.



## **MEDICAL ADVOCACY- EVIDENCE KIT COMPONENTS**

1. Forensic Paperwork
2. Photographs
3. Collection of Debris
4. Collection of Clothes
5. Hair Combing
6. Nail Scraping
7. Oral Swabs
8. Body Swabs for Transfer DNA
9. Documentation of Stains/Bite Marks/Bruises
10. Pubic Hair Combing
11. External Genital Swabs
12. Internal Genital Swabs
13. Anal Swabs
14. Genital Exam
15. Urine Pregnancy Test
16. Urine Test for Suspected Drug Facilitated Assaults
17. Finger Prick for DNA Reference Sample

# WHAT IS AN EVIDENCE COLLECTION KIT?



<https://www.youtube.com/watch?v=AxF0MnhbYhg>

# DRUG FACILITATED ASSAULTS

## CONSENT TO TOXICOLOGY

Patient Consent: Collection and Testing of Toxicology Evidence or Collection and Hold Evidence

Reporting Decision and Evidence Analysis must (must be 13 years or older. If under 13 years old, consent may be obtained from parent, guardian, law enforcement or DCFS) Choose Option A and sign or B and initial the choice.

\_\_\_\_\_'s urine sample was collected on \_\_\_\_\_ at \_\_\_\_\_ a.m./p.m.  
(Name of victim or Law Enforcement Report # if victim chooses not to provide personal information) (Date) (Time)

### Option A: CONSENT TO TOXICOLOGY TESTING

I, \_\_\_\_\_, give permission for toxicology evidence collected at  
(Victim (or if under 13 years), parent , guardian , law enforcement officer , or DCFS )

\_\_\_\_\_ on the date and time specified above during my medical  
(Name of hospital)  
 forensic examination to be released to law enforcement for a toxicology screen to be conducted at a forensic laboratory. (RELEASE FOR TESTING) (Sign below if Option A is Chosen)

I consent to toxicology testing and understand that alcohol and all drug residues (legal and illegal) in the urine will be disclosed by this test and reported. I understand that this test is completely voluntary.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Victim (or if under 13 years), parent , guardian , law enforcement officer , or DCFS )

WITNESS: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

OR

### Option B: HOLD TOXICOLOGY EVIDENCE

I, \_\_\_\_\_, give permission for toxicology evidence collected at  
(Report # (or if under 13 years), parent , guardian , law enforcement officer , or DCFS )

\_\_\_\_\_ on the date and time specified above during my medical  
(Name of hospital)  
 forensic examination to be held by law enforcement. A toxicology screen will not be conducted at this time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23<sup>rd</sup> birthday of a victim under the age of 18. (HOLD FOR TESTING)

Initial: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Victim (or if under 13 years), parent , guardian , law enforcement officer , or DCFS )

### RECEIPT OF EVIDENCE FOR TOXICOLOGY SCREEN

I certify that I received the urine specimen for the above named victim for the purposes of toxicology screening or holding. If consent for testing was granted, the evidence should be submitted to the forensic laboratory within 10 business days.

\_\_\_\_\_  
(Signature of officer receiving specimen) (ID # and rank) (Date) (Time)  
 Law Enforcement Agency: \_\_\_\_\_ Agency Phone: \_\_\_\_\_  
 Hospital representative releasing specimen: \_\_\_\_\_  
(Printed name) (Signature)

Original to law enforcement case file, copy to hospital medical record, copy to patient.

## Consent to Toxicology

- Any type of drug or substance that was ingested( Legal or Illegal) will show up in the urine test.
- Very Important for patient to be honest about they ingested.
- Cannot get in trouble for admitting to ingesting an illegal substance.
- Must be 13 years of age or older, if under 13 parent/guardian must be the one to consent
- Different lab.
  - Not done at the hospital

## OPTIONS FOR RELEASING EVIDENCE COLLECTION KIT

### Options for Releasing Evidence Kit:

- Release the kit for testing immediately.
- Have police store the kit and wait for permission to release it for testing.
  - If an adult victim, they have 10 years to send the kit for testing.
  - If a minor, they have 10 years after their 18<sup>th</sup> birthday. (28 years old)

Police pick up/transport evidence from hospital.

## CRIMINAL JUSTICE ADVOCACY

### Options for Reporting their Assault:

- Report immediately to law enforcement.
- Have the nurse speak on their behalf to law enforcement (Health Care Provider Report)
- Decline to report to law enforcement.

If they complete the kit, the kit will not be released for testing unless there is a report made.

If they choose to report, explain the advocate can be present during the MEDICAL EXAM, but **not** during the police interview.

## PEDIATRIC CASES

Medically, they will generally end up referred elsewhere.

May have external kit completed, but internals are a no.

Law Enforcement may talk to parents, but will generally refer minor cases to the Children's Advocacy Center (CAC).

CAC may come directly to hospital, same with DCFS, but those are rare.

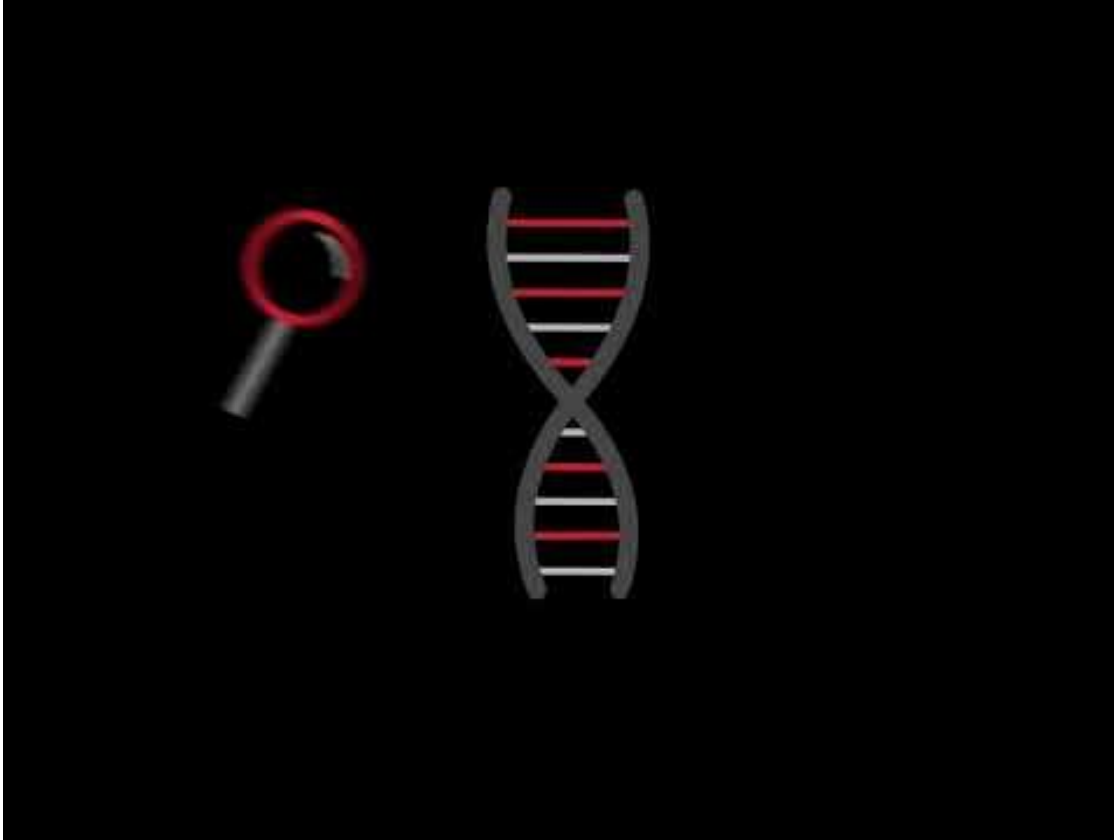
Pediatrics until 13<sup>th</sup>  
birthday!



# RIGHTS WITHOUT GUARDIAN CONSENT

<b>Rights Without Parental/Guardian Consent</b>	<b>11 &amp; Under</b>	<b>12-17</b>	<b>18 &amp; Over</b>	<b>Adult w/ Disability</b>
<b>Medical Treatment</b>	YES	YES	YES	YES
<b>Pregnancy Test/EC</b>	YES	YES	YES	YES
<b>STD antibiotics</b>	YES	YES	YES	YES
<b>Consent to Evidence Kit Collection</b>	YES	YES	YES	YES
<b>Consent to Release Kit</b>	NO	13+	YES	YES
<b>Drug Toxicology</b>	NO	13+	YES	YES
<b>Talk to Advocate</b>	NO	YES	YES	YES
<b>Receive Counseling</b>	NO	UP TO 8 Sessions	YES	UP TO 12 Sessions
<b>LE can Notify Parents</b>	YES	YES	NO	NO
<b>Medical Personnel can Notify Parents</b>	YES	NO	NO	NO
<b>File for CNCO, OP, or Stalking No Contact</b>	YES	YES	YES	YES

# WHAT HAPPENS AFTER THE KIT IS COMPLETED?



<https://www.youtube.com/watch?v=ksSDDQJE3TU>

## HOW LONG FOR KIT TESTING?

Remember, the kit will only be tested if the survivor so chooses.

Once released for testing, police have 10 days max to deliver kit to the lab.

There are two lab options in our area— police jurisdictions are split on which they use.

### Illinois State Police Lab

- Currently ~10 month wait for results.

### DuPage County Crime Lab

- Currently ~3 month wait for results.

## Kits can now be tracked!

1. Initial Collection at ED
2. Receipt by Law Enforcement
3. Receipt by Forensic Lab
4. Lab Analysis Complete
5. Lab Report Sent to Law Enforcement Agency

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# EVIDENCE COLLECTION KIT FORMS

Illinois State Police  
Division of Forensic Services

**Patient Consent: Collect and Test Evidence or Collect and Hold Evidence**

DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

Patient's Name \_\_\_\_\_  
DOB \_\_\_\_\_ Hospital Medical Record No. \_\_\_\_\_

Patient Label

DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

**Medical Forensic Exam and Evidence Collection** (patient of any age. If patient is unable to provide consent due to age or mental status, consent may be obtained from parent or guardian, please circle.)  
Initial one choice \_\_\_\_\_ I consent to \_\_\_\_\_ I decline a medical forensic exam and evidence collection. I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample. I understand that I will not be directly billed for any outpatient portion of the medical forensic exam. If declined, I understand that I can return to any treatment facility within 7 days of the assault and request that a medical forensic exam and evidence collection be completed.

**Photographic Evidence** (must be 13 years old or older. If under 13 years old, consent may be obtained from parent or guardian, please circle.)  
Initial one choice \_\_\_\_\_ I consent to \_\_\_\_\_ I decline the collection of photographic evidence. I understand that these photos may include injuries and photos of my genital area. I understand that law enforcement may request photos independent of the medical forensic exam if I choose to report to law enforcement.

**Reporting Decision and Evidence Analysis** (must be 13 years old or older. If under 13 years old, consent may be obtained from parent, guardian, law enforcement or DCFS) Choose option A, B, OR C and initial the choice.

**Option A - Patient Report**

\_\_\_\_\_ I am choosing to provide information directly to a law enforcement officer. I understand that I may decide how much information I provide and that I may stop the interview at any time.

Patient must also select one of the additional options below.

I give permission for evidence and information gathered during my medical forensic exam to be released to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).  
(PATIENT REPORT AND TEST)

OR

I consent only to the collection and storage of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23rd birthday of a patient under the age of 18.  
(PATIENT REPORT AND HOLD)

**Option B - Health Care Provider Report**

\_\_\_\_\_ I am choosing to allow health care providers (HCP) to provide information to law enforcement regarding the sexual assault. I acknowledge that I do not have to speak with law enforcement at this time.

Patient must also select one of the additional options below.

I give permission for evidence and information gathered during my sexual assault exam to be released to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).  
(HCP REPORT AND TEST)

OR

I consent only to the collection and storage of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23rd birthday of a patient under the age of 18.  
(HCP REPORT AND HOLD)

**Option C - Non-Report**

\_\_\_\_\_ At this time I am choosing NOT TO REPORT TO LAW ENFORCEMENT OR PARTICIPATE in any investigation. I consent only to the collection and storage of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, make a report to law enforcement and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23rd birthday of a patient under the age of 18.  
(NON-REPORT AND HOLD).

Sign here only if Option A was chosen

Sign here only if Option B was chosen

Initial here only if Option C was chosen

Original to law enforcement case file, copy to hospital medical record, copy to patient.  
**DO NOT SEAL THIS PAGE IN THE EVIDENCE COLLECTION KIT**

01/2017

These forms can be intimidating! It's a lot of text to look at and decipher. Just take it one box at a time and it's much more manageable.

These papers do not go into the evidence box!

Original to law enforcement, copy to medical record, copy to patient.

# PAPERWORK- CONSENT/



Illinois State Police  
Division of Forensic Services

## Patient Consent: Collect and Test Evidence or Collect and Hold Evidence

DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

Patient's Name \_\_\_\_\_

DOB \_\_\_\_\_ Hospital Medical Record No. \_\_\_\_\_

Patient Label

DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

**Medical Forensic Exam and Evidence Collection** (patient of any age. If patient is unable to provide consent due to age or mental status, consent may be obtained from parent or guardian, please circle.)

Initial one choice \_\_\_\_\_ I consent to \_\_\_\_\_ I decline a medical forensic exam and evidence collection. I understand I can stop the exam at any time and can decline any portion of the exam or collection of any sample. I understand that I will not be directly billed for any outpatient portion of the medical forensic exam. If declined, I understand that I can return to any treatment facility within 7 days of the assault and request that a medical forensic exam and evidence collection be completed.

**Photographic Evidence** (must be 13 years old or older. If under 13 years old, consent may be obtained from parent or guardian, please circle)

Initial one choice \_\_\_\_\_ I consent to \_\_\_\_\_ I decline the collection of photographic evidence. I understand that these photos may include injuries and photos of my genital area. I understand that law enforcement may request photos independent of the medical forensic exam if I choose to report to law enforcement.



# PAPERWORK-- CONSENT OPTIONS

**Reporting Decision and Evidence Analysis** (must be 13 years old or older. If under 13 years old, consent may be obtained from parent, guardian, law enforcement or DCFS) **Choose option A, B, OR C and initial the choice.**

### Option A - Patient Report

I am choosing to provide information directly to a law enforcement officer. I understand that I may decide how much information I provide and that I may stop the interview at any time.

Patient must also select one of the additional options below.

I give permission for evidence and information gathered during my medical forensic exam to be **released** to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).

(PATIENT REPORT AND TEST)

**OR**

I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23rd birthday of a patient under the age of 18. (PATIENT REPORT AND HOLD)

### Option B - Health Care Provider Report

I am choosing to **allow health care providers** (HCP) to provide information to law enforcement regarding the sexual assault. I acknowledge that I do not have to speak with law enforcement at this time.

Patient must also select one of the additional options below.

I give permission for evidence and information gathered during my sexual assault exam to be **released** to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days after receiving it. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecution(s).

(HCP REPORT AND TEST)

**OR**

I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, release the evidence and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23rd birthday of a patient under the age of 18. (HCP REPORT AND HOLD)

### Option C - Non-Report

At this time I am choosing **NOT TO REPORT TO LAW ENFORCEMENT OR PARTICIPATE** in any investigation. I consent only to the **collection and storage** of evidence at a law enforcement agency. I understand this means the evidence will NOT be submitted to a forensic lab for analysis. I understand I can change my mind, make a report to law enforcement and possibly have evidence analyzed at a forensic lab by contacting law enforcement or a rape crisis center at a later time. I understand law enforcement is only required to hold the evidence for a minimum of 5 years or until the 23rd birthday of a patient under the age of 18. (NON-REPORT AND HOLD).



# PAPERWORK- CONTACT INFO



Illinois State Police  
Division of Forensic Services

## Patient Consent: Collect and Test Evidence or Collect and Hold Evidence, Page 2

Patient Label

DO NOT COMPLETE THIS BOX WITHOUT PATIENT'S CONSENT.

### Contact Information

If you have consented for testing you can receive information about the status of testing and results of your evidence collection kit by contacting the law enforcement agency listed below:

Law Enforcement Agency \_\_\_\_\_ Report # \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Mandated Reporter Clause- I understand that pursuant to 20 ILCS 2630/3.2 it is the duty of any physician or nurse to notify the local law enforcement agency of that jurisdiction when it reasonably appears that the person requesting treatment has received any injury sustained in the commission of or as a victim of a criminal offense.

PATIENT TO INITIAL HERE \_\_\_\_\_

Rape Crisis Center \_\_\_\_\_ Phone Number \_\_\_\_\_

# PAPERWORK- RECEIPT OF ITEMS

## Receipt of Information (to be completed by hospital and law enforcement representatives only):

I certify that I have received the following items (check those that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> One sealed evidence collection kit  | <input type="checkbox"/> Copy of the medical forensic documentation form |
| <input type="checkbox"/> Sealed paper clothing bag(s)<br>(If more than one sealed clothing bag, please note) | <input type="checkbox"/> Sealed urine specimen                           |
| <input type="checkbox"/> Other (describe) _____  |  |

Signature of law enforcement representative receiving information and/or articles \_\_\_\_\_

Printed Officer ID# and Rank \_\_\_\_\_ Agency \_\_\_\_\_

Signature of hospital representative releasing information and/or articles \_\_\_\_\_

Printed hospital representative name and title \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Untested storage period ends \_\_\_\_\_ (5 years after date of exam or the 23rd birthday for a patient under 18.)

# PAPERWORK- DELAYED TESTING

**Return to Consent For Evidence Analysis** (To be completed at a later time if evidence initially was on HOLD.)  
Form is to be completed by patient and law enforcement or rape crisis center representative. Provide signed copy to law enforcement agency listed above.

I have provided law enforcement with information regarding the sexual assault. I give permission for evidence and information gathered during my medical forensic exam to be released to law enforcement and analyzed at the forensic lab. I understand law enforcement will submit the evidence to a lab no later than 10 days from today. I understand if the evidence is analyzed, law enforcement will receive the results for the purposes of investigation(s) and prosecutions(s).

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Law Enforcement Representative

Original to law enforcement case file, copy to hospital medical record, copy to patient.

**DO NOT SEAL THIS PAGE IN THE EVIDENCE COLLECTION KIT**

## “TYPICAL” HOSPITAL CALL

Receive phone call from Chicago Rape Crisis Hotline.

Call ER Nurse.

Arrive at hospital 30-40 minutes later– go to Triage.

Brought to the back and the nurse introduces you to the patient.

Explain your role as an advocate and ask permission to stay.

Talk with patient, build rapport, let them know their options.

Prepare them for medical exam/kit and LE interactions.

Nurse begins medical exam/kit. If not a SANE, doctor will come in the room to perform the pelvic exam.

Urine test for pregnancy/drugs.

Nurse brings patient medications.

Discuss how patient is feeling and explore reporting to police.

Patient speaks to law enforcement.

Patient is issued voucher and discharged.



# Q & A

**IF A SURVIVOR CHOOSES TO HAVE EVIDENCE COLLECTED AND STORED, HOW LONG DO THEY HAVE TO DECIDE TO RELEASE IT FOR TESTING?**

# Q & A

**AT WHAT AGE CAN A MINOR MAKE ALL DECISIONS FOR THEMSELVES BOTH MEDICALLY AND FOR ADVOCACY SERVICES REGARDING SEXUAL ABUSE?**

# Q & A

## WHO TAKES FORENSIC PHOTOGRAPHS?

# Q & A

**LIST DIFFERENT COMPONENTS OF THE EVIDENCE COLLECTION KIT:**



# Q & A

**HOW LONG DOES IT TAKE FOR A KIT TO COMPLETE TESTING AT THE LAB?**



JUSTICE  
FREEDOM  
EQUALITY

# QUESTIONS?

eliminating racism  
empowering women

**ywca**

metropolitan chicago