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New Medical Exam Policy for Sexual Assault Cases!

By [ERICA GOODE](#)

Techniques for collecting and analyzing evidence in rape cases have evolved over the last decade, as has the understanding of the psychological effects of sexual assault. But how health practitioners, law enforcement officers, prosecutors and others respond after a rape still varies widely across the country.

On Wednesday, the Department of Justice issued new national guidelines for forensic medical examinations in cases of sexual assault.

The recommendations, revised from those issued in 2004, are aimed at establishing voluntary standards for care when rape victims seek help at hospitals or other medical facilities. The standards will be mandatory for practitioners working in federal prisons or in the military.

The guidelines emphasize that the rape victim's physical and emotional needs should take precedence over criminal justice considerations.

The 2004 guidelines "took a more prosecutorial tone," said Bea ! Hanson, acting director of the Justice Department's Office on Violence Against Women, which developed the protocol, placing more stress on the need for victims to collaborate with criminal justice authorities.

"Research shows that once victims get support, they're more likely to cooperate with the criminal justice system," Ms. Hanson said.

The new protocol was announced by Attorney General [Eric H. Holder Jr.](#) at an award ceremony for crime victims in Washington on Wednesday.

Unlike the 2004 protocol, the new guidelines also recommend that rape victims be offered emergency contraception or — in cases where health professionals have moral objections — information on how to immediately obtain the medication.

The earlier guidelines "were not nearly so direct," said Barbara Sheaffer, medical advocacy coordinator for the Pennsylvania Coalition Against Rape, which receives some financing from the Justice Department.

The guidelines note that many women who are sexually assaulted want to report the rape to the authorities immediately, but that some are reluctant to do so. In such cases, victims should be encouraged to have a forensic medical examination anyway, the protocol recommends, since the evidence can be used later on. "Pressuring these victims to report may discourage their future involvement," the guidelines state.

The protocol offers detailed recommendations on how evidence should be collected, what equipment should be on hand and the importance of a team approach that involves law enforcement officers, prosecutors and advocates, as well as specially trained nurses or other health professionals.

In a section on alcohol and drugs, it cautions that voluntary drug and or alcohol use “should not diminish the perceived seriousness of the assault.”

Sgt. Jim Markey, a former sex crimes investigator for the Phoenix Police Department who now trains law enforcement officers in dealing with sexual assault, said the new guidelines were “long overdue.”

“What this does is this allows workers in the trenches, those victim advocates, those detectives and nurses, to go to the decision makers and leaders in their communities and say: ‘You know what? Here are the standards. We need the resources to provide the minimum standards that are in this protocol.’ ”

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