Understanding Sexual Violence:
Prosecuting Adult Rape and
Sexual Assault Cases

Video Library, Volume I:
Presenting Medical Evidence
in an Adult Rape Trial

Presented by the
National Judicial Education Program
A Project of NOW Legal Defense and Education Fund
www.njep.org/medicalevidence

Funded by the
Department of Justice
Office of Justice Programs
Violence Against Women Office

© 2002 National Judicial Education Program / NOW Legal Defense and Education Fund
# TABLE OF CONTENTS

- INTRODUCTION ........................................................................................................................................... page 1
- VIDEO REFERENCE GUIDE AND RESOURCES INFORMATION ................................................................. page 3
- MEDICAL ASSESSMENT AND EVALUATION ................................................................................................. page 3
- TYPES OF INJURY ......................................................................................................................................... page 8
- COLPOSCOPE AND FORENSIC SEXUAL ASSAULT EXAMINATION ........................................................... page 15
- DNA AND DRUG-FACILITATED RAPE EVIDENCE ....................................................................................... page 16
- PRE-TRIAL PREPARATION OF THE MEDICAL WITNESS .......................................................................... page 17
- ADMITTING MEDICAL EVIDENCE IN A RAPE TRIAL ............................................................................... page 23
- CROSS-EXAMINATION OF THE MEDICAL WITNESS ................................................................................ page 26
- OTHER WAYS A MEDICAL EXPERT CAN HELP YOUR CASE .................................................................. page 32
- CONCLUSION ............................................................................................................................................... page 34
- RESOURCES ................................................................................................................................................ page 35
Under the introduction, the text reads:

INTRODUCTION

This video is drawn from the curriculum, *Understanding Sexual Violence: Prosecuting Adult Rape and Sexual Assault Cases*. This curriculum was created by the National Judicial Education Program (NJEP) at the request of judges nationwide who asked us to adapt our judicial education curriculum on rape trials to create a similar program for prosecutors. The Department of Justice, Office of Justice Programs, Violence Against Women Office funded both the prosecutors curriculum and the video.

*Presenting Medical Evidence in an Adult Rape Trial* is the videotape version of one unit of the curriculum. The curriculum focuses on adult victims and nonstranger rapists. NJEP, in cooperation with the American Prosecutors Research Institute (APRI), has presented this curriculum for prosecutors across the country. At each program, prosecutors commented that they wished more prosecutors from their offices could have attended. NJEP found that it was particularly difficult for prosecutors from smaller offices to attend a four-day training. Therefore, to make this vital information available to as many prosecutors as possible, NJEP decided to develop a videotape library based on the units in its curriculum.

The complete *Understanding Sexual Violence: Prosecuting Rape and Sexual Assault Cases* four-day curriculum can be found online on the Department of Justice, Office of Justice Programs, Violence Against Women website at www.vaw.umn.edu/FinalDocuments/usvpros.asp.
THE VIDEOTAPE

*Volume I: Presenting Medical Evidence in an Adult Rape Trial*, is 1 hour, 50 minutes in length and is divided into ten segments:

I. Introduction
II. Medical Assessment and Evaluation
III. Types of Injury
IV. Colposcope and Forensic Sexual Assault Examination
V. DNA and Drug-Facilitated Rape
VI. Pre-Trial Preparation of the Medical Witness
VII. Admitting Medical Evidence in a Rape Trial
VIII. Cross-Examination of the Medical Witness
IX. Other Ways a Medical Expert Can Help Your Case
X. Conclusion

In each segment a prosecutor interviews an expert in a particular area dealing with the presentation of medical evidence in an adult victim rape trial. The videotape is designed for prosecutors to use on an as-needed basis on their own or in small groups in their offices. It can be viewed in one sitting or segment by segment.

This videotape is by no means all-inclusive, nor is it a trial skills instructional videotape. The recommendations contained in this videotape are meant to encourage preparation and communication between prosecutors and healthcare providers, thereby affording a greater understanding of the usefulness of presenting medical evidence in rape and sexual assault cases.
VIDEO REFERENCE GUIDE AND RESOURCES INFORMATION

Because of the length of this videotape and the significant scope of its content, we include this Video Reference Guide to the key points in each of the eight substantive segments. This guide is for use with the video and for future reference.

This videotape and Video Reference Guide are valuable training tools for prosecutors, health care providers and others in the criminal justice arena who would like to better understand how medical evidence should be presented at a rape trial. In each segment a prosecutor interviews an expert in a particular area dealing with the presentation of medical evidence in an adult victim rape trial.

The experts in the video mention a variety of articles, studies and diagrams that will be useful in prosecuting adult victim rape cases. These and other sources of useful information such as illustrative transcripts, additional studies and websites are listed under Resources at the end of this Video Reference Guide and can be found on the National Judicial Education Program website at http://www.njep.org/medicalevidence.

VIDEO SEGMENTS

MEDICAL ASSESSMENT AND EVALUATION

To present medical evidence appropriately, the prosecutor must be familiar with the body, how it functions, appropriate medical terminology and medical procedures in order to relate this information to a jury through witnesses and exhibits you present at trial. In this segment, you will learn about appropriate medical terminology, parts of the body and terms for the types of sexual conduct you might hear about in your cases. A prosecutor must understand and use the appropriate terminology well enough to translate these terms for a jury or have the medical witness translate them.

A list of the terms for the female genital anatomy and functions is on the following page.
The female genital anatomy and functions are:

**Vulva:** external female genitals

**Labia majora:** outer folds of skin that protect the more delicate structures underneath

**Labia minora:** inner folds of tissue that cover the vaginal and urinary openings

**Fossa navicularis:** shallow depression at the bottom of the vulva, in front of the posterior fourchette

**Posterior fourchette:** fold of mucous membrane that connects the labia minora at the base of the vulva

**Urethra:** urinary opening

**Posterior Fornix:** back of the vagina behind the cervix

**Introitus:** vaginal opening

**Hymen:** collar or semi collar of tissue around the opening of the vagina

**Vagina:** muscular tube that serves as a passageway between the uterus and the outside of the body

**Uterus:** hollow muscular organ, pear shaped; it is where the fetus grows before birth

**Cervix:** lower portion of the uterus that protrudes into the vagina

**Os:** entrance to the cervix

**Rectum:** terminal portion of the lower intestine

**Anus:** muscular ring that serves as the opening of the rectum

**Perineum:** bridge of flesh between the vulva and the anus
**Myth About The Hymen**

Many jurors believe that the first time a woman has intercourse there will always be injury to the hymen, and if the first intercourse is a rape, she will present in the emergency room with visible hymenal tears. Not always.

The hymen is a collar or semi collar of tissue around the opening of the vagina. Its appearance and elasticity change over a woman’s life span due to hormones like estrogen. After the onset of puberty, estrogen causes the hymen to be elastic and easily stretched. Therefore, a woman may have intercourse with no tears or bleeding, even if it is the first time she has had intercourse or if she was raped. In fact, some women do not have any tears of the hymen even during childbirth.

**The male genital anatomy and functions are:**

**Penis:** male organ of reproduction and urination

**Shaft:** cylindrical portion of the penis

**Glans:** cone shaped head of the penis

**Foreskin (prepuce):** moveable hood of skin that covers the glans of the penis; this structure is removed in circumcision

**Urethra:** urinary opening in the end of the penis

**Scrotum:** double pouch of skin that holds the testicles

**Testicles:** egg shaped reproductive glands that produce spermatozoa; housed in the scrotum

**Semen:** thick fluid released by the male during ejaculation; mixture of fluids from various glands plus the spermatozoa

**Ejaculation:** release of reproductive fluid via the male urethra; the ejaculate may or may not contain spermatozoa

**Perineum:** bridge of skin between the scrotum and anus
Using Diagrams And Photographs Of A Victim’s Injury At Trial

Assume that the victim presented with genital injuries and that the health care provider took photos of the injuries. It is difficult for non-medical viewers, such as a jury, to view photographs of genital injury and recognize an injury, even if the medical witness identifies the injury for the viewer.

Preparing Exhibits for Trial

Therefore, at trial use both a diagram and the photographs as follows:

- Enlarge and label the diagram. Exhibits should be large enough to allow the jury to view them easily.
- Create a clock overlay to show the relevant genital area. The clock helps the jury understand the position of the injury. (For example, if 12 o’clock is at the top then 6 o’clock is on the bottom.)
- Use the photographs taken at the time of the forensic examination.
- If photographs were taken it is a good practice to create a clock overlay on an acetate transparency to place over the photograph. This allows the jury to understand the position of the injury.

It is good practice to review the exhibits with the witness. This avoids unpleasant surprises and allows the witness to work with the diagram before testifying at trial.

Never assume that a medical witness is able to describe medical procedures in a clear and understandable fashion. During preparation always ask the witness to describe how he or she performed each procedure in the examination.

Ask the medical witness if you have forgotten anything or should ask about another topic.

At Trial

At trial, allow the medical witness to describe the area of injury, then introduce the photo of the injury and the diagram and ask the witness to point to the area on the diagram. This allows the jury to hear the testimony twice.

Know The Medical Chart

The importance of reading the medical chart cannot be overstated. It may provide evidence in addition to physical findings identified by the health care provider. The medical chart may contain information regarding the victim's demeanor during the examination.
Knowing the terminology helps you understand the chart, but your medical witness can help you review and interpret notations on the chart. For example, it may say AOx3, which means the patient was alert and oriented as to person, time and place; or BAC, which indicates blood alcohol level.

Another reason to closely review the chart with the medical witness and understand what is documented in it is to identify areas for redaction.

On your own or by motion, redact information relating to:

- Prior pregnancies
- Abortions
- Venereal disease
- HIV status

**Sex Acts**

These are some definitions of the sexual conduct you will hear victims talk about. You should also know the common street language for such acts. These words change with each generation.

- Fellatio - any mouth to penis contact
- Frottage - rubbing for the purpose of sexual gratification
- Cunnilingus - mouth to vulva contact
- Sexual intercourse - contact of the penis with the vagina
- Anal intercourse or anal sodomy - contact of penis with the anus
- Annilingus - mouth to anus contact
- Oral sodomy - mouth to vagina, anus or penis contact

It is critical for the prosecutor to understand the medical terminology, as well as the proper terms for the body parts and sex acts. This will ensure everyone is referring to the same thing.

You should know, understand and feel comfortable using the proper terminology.
TYPES OF INJURY

This section covers assessment and identification of genital trauma as well as other bodily injury. It covers the types of injury a health care provider may observe during the sexual assault forensic examination and why often times the health care provider may observe no physical injury.

Contrary to many jurors', prosecutors' and judges' expectations, in the vast majority of rape cases there are no physical injuries. In the 1992 Rape in America study - cited as the most reliable national sample - 70% of victims reported no physical injuries and 24% reported minor physical injuries. In fact, the studies show that only a very small percentage of sexual assault victims sustain injuries so serious that they require hospitalization and death is rare.

Reasons to Identify Injury

Some reasons to identify injury are to:
- provide the appropriate medical treatment
- make medical referrals
- evaluate the need for additional treatment
- collect evidence because the victim's entire body is a crime scene

Therefore, injury identification, both genital and non-genital, is crucial to your case. Patterns of injury such as a series of old scars and bruising, or patterned injury, such as long, thin, deep red welts made by an electrical wire or metal hanger, may be additional evidence of crime.

Injury identification can corroborate the victim's account of the incident. However, while identified injuries may corroborate the victim's account, the absence of such injuries does not mean that no rape occurred.

You must be aware of the reality that forceful penetration does not always cause physical injury. Therefore, remember, absence of injury does not equal consent.

Challenge

Prosecutors face the challenge of presenting evidence to jurors who believe sexual assault victims suffer physical injury as the result of the rape.
Types Of Injuries A Victim Might Sustain During A Sexual Assault

Sexual assault victims do not present with a standard set of injuries. The injuries may range from severe injuries requiring hospitalization to complete absence of injury. Injuries primarily fall into the following categories:

- lacerations
- ecchymosis
- abrasions
- erythema
- swelling

A good method for remembering the types of injuries is to use the acronym

TEARS
T- tear (laceration or tenderness)
E- ecchymosis (bruising)
A- abrasion (scrape)
R- redness (erythema)
S- swelling

Visualization of Injury

Colposcope

The colposcope is an important diagnostic tool. It is a magnification device used to view possible genital injuries, among other things. It may have either a 35 mm. camera or video camera attached. It enables the healthcare provider to magnify the viewing area up to 30 times.

This allows visualization of abrasions and lacerations which are not visible to the naked eye.
**Toludine Blue Dye**

Toludine blue dye is a dye used to enhance identification of injury. When swabbed onto human skin, it bonds with injured tissue and allows easy visualization of an injury.

The most common sites of injury related to penile penetration are the structures located most externally:

- the posterior fourchette
- the labia minora
- the hymen
- the fossa navicularis

Cervical injury is less common, but it may be seen when the penetrating object is not a penis, such as a finger with a sharp fingernail.

**Factors That Influence The Potential For Injury To The Genitalia**

This section covers factors influencing injury. These are related to the victim, the perpetrator, the circumstances and the environment.

These are some factors relating to the victim:

- lubrication of the vaginal vault (natural or artificial)
- positioning
- participation (active or passive)
- condition of the genital structures
- health and developmental status

**Lubrication And What Causes It**

Lubrication can be natural or artificial.

Natural lubrication can be caused by normal changes in the tissue of the reproductive organs throughout a woman’s menstrual cycle. It can also be a physiological response to stimuli.

Lubrication results from vasocongestion, which is an increase in blood volume to the genital area. The blood vessels become engorged with blood and as a result, pressure inside these blood vessels forces cellular fluid through the vaginal lining into the vaginal vault. The lubricating fluid coats the inside of the vaginal vault, making it slippery.

KY jelly, lubricated condoms, or saliva can supply artificial lubrication.

Other forms of lubrication result from irritation, infection and the use of some medications.
Protective Positioning

Protective positioning facilitates penile insertion. The use of pelvic tilt and partner assistance with insertion can minimize discomfort. Further, leg positioning assists insertion and lessens muscle tension in the lower body and legs. Tilting the pelvis allows for alignment of the penetrating object with the vaginal vault, thereby decreasing tension and pressure from misalignment.

The Effect Of Partner Participation

Generally, in consensual situations where both partners are participating, there is little or no discomfort or injury because of partner cooperation. The situation is relaxed and the partners assist with insertion.

Where there is an absence of partner assisted positioning due to lack of cooperation, the muscles may be tense and insertion of the penetrating object is not facilitated. This may create some resistance as well as the possibility of creating a less flexible surface against which the penetrating object forces itself.

Health And Condition Of The Victim's Genital Structures

There are several factors a health care provider should consider regarding the health and condition of the victim's genital structures. If the victim's reproductive system has experienced post-partum changes, such as a healing episiotomy or any surgery to the genital area, these things should be evaluated when examining such a patient. If infection or other localized disease such as herpes is present, this should also be considered. Also bear in mind that even trans-sexual surgical procedures or female genital mutilation can contribute to injury in the genital area.

Health And Developmental Status

Health and developmental status play important roles in whether the victim suffers any injury. For example, injuries may be observed less frequently in younger adult victims. This may be due to the amount of estrogen in their bodies. In addition, they have more resilient tissue and heal more quickly. In older or post-menopausal victims you are likely to see more injury because tissues are less elastic and generally hold less fat.

A decrease in estrogen plays an important role in how well the vaginal surface is lubricated. Injuries suffered by older victims usually take longer to heal. A victim of any age who is ill may experience compromises in tissue responses.
Is Lubrication The First Sign Of The Human Sexual Response In Women?

This was once thought to be true. However, the amount of research conducted in the area of human sexual response has significantly increased and we now know that this is not necessarily so. Lubrication can be an element of sexual response, but it can also occur independently as a purely automatic physical reaction. It is important to recognize that a consensual sexual response includes physical and psychological components. An automatic physiological response is an involuntary bodily response to a sensory stimulus that may result in increased blood flow to the pelvic area. The stimulus is most often tactile and can be anywhere on the continuum from the slight brushing of underwear to forceful pushing against the perineum to effect penile penetration.

Lubrication Does NOT Necessarily Mean Consent

Two examples:

Case 1: Strangers

The human body is prepared to respond to the stimuli it receives through the five senses. In the case of a stranger who breaks into a woman's home, attacks her and begins to touch or press her genitals, in many situations her body will automatically respond to that stimulus. Blood will begin to move to the pelvic vessels and she will start to lubricate. She is having a purely automatic physiological response. It is even possible that fear may increase the automatic response. In times of fear and threat of bodily harm, the sympathetic nervous system becomes activated and mobilizes the "fight, flight or freeze" responses. These responses put the individual in a survival mode. When this happens, neurochemicals are released that stimulate the body to send blood to the large muscle groups and the pelvis, as well as increasing blood pressure, respiration and heart rate. The increase in blood flow to the lower part of the body may further increase vasocongestion and result in more lubrication. This is an area of ongoing research.

Case 2: Parties have had some consensual intimate contact

The woman experiences both automatic physiological arousal and subjective arousal -- a positive emotional response -- and these reinforce each other. Her body begins to lubricate as part of a consensual sexual response.

If penetration is demanded against her will, her psychology changes. Fear, anger or disbelief disrupts the positive emotional response. But this change in emotional response does not disrupt the automatic physiological response.

The woman's vaginal vault does not dry up when her partner demands intercourse. This does not mean that she continued to respond to him sexually. The lubricating fluid was already present, it began as part of the consensual sexual response. It does not shut down. The body continues its automatic physiological response to the physical stimulus.
Factors To Consider When Asking The Victim About The Incident:

- Whether objects were used during the assault - If so, type of object
- Duration of the contact
- Type of force
- Did the parties know each other
- Whether there was a history of intimacy between them
- Is there a pattern injury present which shows the type of instrument used, for example, a wire hanger, curling iron or cigarette
- Where did the crime occur
- On what type of surface was the victim raped

Several Factors May Explain The Lack Of Physical Findings

The anatomical structure of the vagina:
- Comprised of muscle tissue.
- Designed to accept an adult penis without injury.
- Elastic and strong to facilitate the birth of a child.

The vaginal vault may have been lubricated either naturally or artificially with
- saliva
- lubricated condoms
- KY jelly

Decreased friction may minimize genital abrasions or lacerations.

Delayed Reporting:
Often a victim may not go to the Emergency Department or visit her health care provider until many days or weeks after the incident, by which time any injuries that were present have healed.

The victim's age and health status:
A young healthy woman is more likely to heal quickly, whereas an elderly woman's body takes much longer to heal.

Unrecognized injuries:
The victim may have been treated in a hospital where the health care providers are not specially trained in conducting sexual assault examinations. The examining health care provider may not recognize the injury.
More Than 72 Hours Has Elapsed Since The Incident

Today, most national, state and institutional protocols recommend that evidentiary exams be completed within 72 hours after a sexual assault. Post-72 hour exams are, however, sometimes conducted in cases when there are injuries that can be documented or when the victim has not changed clothes or showered and evidence may still be available for collection; for instance, when a woman believes she was the victim of a drug-facilitated rape.

No Medical Attention Sought
Often, the victim did not seek medical attention at all. There may have been a number of reasons, among them:
- embarrassment
- fear of the stigma, the police or of deportation
- concerns about privacy or about not being believed
- no access to medical care
COLPOSCOPE AND FORENSIC SEXUAL ASSAULT EXAMINATION

What Is A Colposcope?

A colposcope is a magnification device used to view possible genital injuries, as well as non-genital injuries. It allows visualization of abrasions and lacerations which are invisible to the naked eye.

What Can It Do?

If small injuries are present, the health care provider may photograph them or simply document these injuries on the medical chart, thereby corroborating the victim's report of penetration.

SEXUAL ASSAULT ASSESSMENT

What A Sexual Assault Forensic Examination Looks Like

Presenting Medical Evidence in an Adult Rape Trial includes an excerpt from a video produced by the Baton Rouge, Louisiana District Attorney's Office showing a forensic sexual assault examination. Although sexual assault evidence collection procedures vary from state-to-state, this examination is fairly typical.

The purpose of showing the forensic examination is not to train prosecutors to perform an exam, but to enable you to understand what an examination is like in order to describe it to a jury and, if need be, defend it on cross-examination.

This examination presents a victim who sustained extensive physical injuries. These injuries are not typical. Most rape victims come to the Emergency Department without extensive bruises, lacerations or other physical injuries.

The primary goal of the sexual assault assessment is to offer services that first consider the victim’s well being. Specifically, the objectives are to identify injury, provide treatment and refer for further evaluation as needed. The assessment is the victim's first encounter with the health care system post-assault. It is a time of psychological trauma and requires sensitivity and compassion on the part of the clinician. The assessment also includes evidence collection. It is imperative that this process is completed with accuracy. The clinician should wear and change gloves continuously throughout the examination, use no lubricating substances and observe and document all relevant injuries and history. Documenting the victim's behavior as well as the condition of her clothing is also important.

Sexual Assault Evidence Collection Videotape Excerpt (17 Minutes)
Now that you have seen what a sexual assault evidence collection examination looks like, you will begin to understand what the victim endures, and how better to describe the victim's experience and re-create the reality of the crime and its aftermath to a jury.
DNA AND DRUG-FACILITATED RAPE EVIDENCE

Two specialized aspects of medical and forensic evidence in rape cases are DNA and drug-facilitated rape evidence. The video introduces both topics and explains where to find the specialized information and training needed to deal with them effectively.

DNA

While DNA is not discussed in detail in this video, it is important to note that DNA material may be present in the sexual assault evidence collection kit.

- Prosecutors should know if their jurisdiction automatically tests each evidence collection kit for DNA or if it is necessary to request a DNA test.
- Many jurors expect that DNA evidence will be presented even in a nonstranger case.
- Therefore, if you do not intend to present such evidence, it is important to voir dire on this issue.
- Remember, the healthcare provider is NOT a DNA expert. If you determine that DNA testimony is necessary to prove your case, you need to call a witness who is trained in DNA analysis.

Drug-facilitated Rape

- The health care provider’s examination of a woman who believes she was drugged and raped can make or break your case. Therefore, it is important to urge the hospitals in your jurisdiction to keep up-to-date with the latest medical and forensic techniques and to encourage training using these new techniques.

- A comprehensive medical exam, medical chart and the toxicology screen may be the best evidence in a case where the complainant does not remember what happened. The medical chart may be a critically important piece of evidence in a case where there is little or no genital injury.

- If a victim reports burning to her mouth and throat this may support the theory that she was drugged. A bump to the head and bruising to her shoulder could support the theory that she was carried unconscious to the location where she was sexually assaulted. The presence of seminal fluid would indicate that sex took place.

- Further, if your state’s sexual assault evidence collection kit does not currently include a provision for a urine specimen to be collected, you need to urge that this be added to the evidence collection kit.
For more information about DNA, drug-facilitated rape and experts in both of these fields contact the American Prosecutors Research Institute.

American Prosecutors Research Institute
99 Canal Center Plaza
Alexandria, VA 22314
Phone: 703 - 549-4253
Fax: 703 – 836 – 3195

PRE-TRIAL PREPARATION OF THE MEDICAL WITNESS

The pre-trial phase of case preparation should begin almost as soon an indictment is filed.

Trial strategy to be considered:
- Which witnesses to call?
- Whether or not to call a medical witness?
- If the case is helped by calling a medical witness, the prosecutor must decide whether this person can be qualified as a medical expert.
- Once you have decided to call a medical witness, meet with the health care provider as far in advance of trial as possible.

The first step is to contact the medical witness.

- Develop a relationship with either the Emergency Departments of the hospitals in your jurisdiction or, in a large city it may be necessary to first reach out to the risk management departments.
- It is useful to get to know the Emergency Department nursing director, a contact person at risk management or, in a small hospital, the hospital-nursing director.
- If the local hospitals have Sexual Assault Examiner programs, develop relationships with the coordinators of these programs.
- In some teaching hospitals, the sexual assault examination is performed by o.b./gyn residents. In these circumstances, it is important to identify and establish a relationship with the program director.
- The first time you contact your medical witness should not be through a subpoena. Unexpected subpoenas cause health care providers a great deal of anxiety.

---

1 The Risk Management Department is an administrative team in a hospital or healthcare organization that oversees all potential areas of liability for the hospital and therefore provides direct monitoring of as well as a direct link to all caregivers in the hospital.
• Be mindful that in most states, medical records and a complaining witness’ conversation with the health care provider are confidential. Therefore, before a health care provider can consent to talk with a prosecutor, a subpoena is required.
• Address this potentially thorny problem by:
  • Sending a subpoena to the risk management department of the hospital well in advance of the meeting and trial.
  • Asking risk management or the nursing director to smooth the way for your first contact with the health care provider.

First Meeting

• Get the medical witness’ work schedule from either risk management or the nursing director.
• Plan your call approximately 5 minutes prior to the beginning of the witness’ shift. This is usually the most convenient time.
• During your initial phone call, make an appointment for a face-to-face meeting at the hospital or clinic.
• Ask the witness to bring a copy of his or her curriculum vitae or resume.
• Bring the subpoena if required by your state law.
• Explain the subpoena to the health care provider.
• Bring an extra copy of the medical chart with you. These records are not always easily available to the Emergency Department staff.
• Review the medical chart with the medical witness.
• Have him or her explain each notation and abbreviation.
• Ask the medical witness to explain in detail the procedures he or she performed.
• Ask if he or she has an independent memory of the examination. If so, why?

Does the Health Care Provider Qualify as an Expert?

If your trial strategy calls for the medical witness to be deemed an expert:
• Review the witness’ curriculum vitae as you would with other witnesses you might call as an expert.
• Ask what articles he or she has published,
  • whether the publications are peer reviewed,
  • the latest date of publication,
• Ask if he or she teaches,
  • what subjects
  • where
• The health care provider’s curriculum vitae will help determine in what field of expertise he or she may be qualified as an expert.
• If you decide to call the witness as an expert in gynecology and obstetrics, or as a medical doctor or nurse, give the witness the relevant medical literature and studies about sexual assault victims.
• Ask the medical witness to read these articles and tell you his or her opinion of these texts.
• Ask for copies of any articles the witness wrote about sexual assault. If the court allows the witness to testify as an expert, he or she may be able render an opinion based on the various studies in the medical literature about sexual assault victims.

**Health Care Provider Who Is Not A Relevant Expert**

If the health care provider who examined the victim is, for example, a dermatologist who happened to be on call in the emergency department, you would use this physician as a fact witness rather than an expert witness.

Depending on the health care provider's level of experience, you may want to call the witness solely as a medical doctor or nurse, that is, as a fact witness, not an expert. This type of fact witness can provide very powerful evidence at trial.

• You need not present a fact witness with the medical literature.

**Articles, Transcripts, Studies And Diagrams You May Want To Share**

Throughout this video there are mentioned a variety of articles, studies and diagrams that will be useful in prosecuting adult victim rape cases. These and other sources of useful information such as illustrative transcripts, additional studies and websites can be found on the National Judicial Education Program website at [www.njep.org/medicalevidence](http://www.njep.org/medicalevidence). The publication and articles listed in the footnote below are also cited there.

**Witness Preparation Should be Consistent**

Prepare every medical witness in the same manner, as if they have never testified before. This avoids misunderstandings and gives the prosecutor the opportunity to hear what the witness will testify to on the stand.

**What the Medical Witness May or May Not Say**

The prosecutor must educate the medical witness about what he or she may or may not say during testimony.

Prepare the witness to use phrases such as “genital trauma or injury” “consistent with the type of conduct the victim reported,” or other appropriate legal language for your jurisdiction.

Explain that a medical or forensic witness may not testify on the issue of consent or lack of consent. This is for the jury to decide.
While a medical expert may not testify about consent or lack of consent, in some jurisdictions testimony along the following lines has been deemed admissible: "Based on my education and experience as a sexual assault examiner, and due to the presence of multi-site genital injuries in a patient reporting that she is the victim of sexual assault, her injuries are, in my opinion, consistent with her medical history."

Although medical experts can render their opinion, they cannot determine consent or lack of consent based on injuries. The research does not support a claim that certain injuries occur only without consent.

Further, **the medical witness should never testify that a rape occurred, or that the victim was telling the truth.** This will lead directly to a mistrial or to a reversal on appeal.

Explain to the witness that if the judge does not deem him or her an expert, the witness cannot render an opinion. The witness may, however, testify about what he or she observed during the victim's examination.

**Victim Who Presented Without Injury**

There are many cases in which the victim presents without genital injury due to a variety factors.

- The prosecutor should call a medical witness to testify about why there might not be injury, or the jury will speculate.
- This medical witness must also be prepared for trial.

**Why There Is A Low Incidence Of Genital Injury In These Cases.**

There are two main reasons, one is physical, the other is mental.

**Physical Reasons:**

- The external and internal female genital tissue is very elastic. It is designed to be both strong and flexible and to stretch during intercourse without tears or injury in most circumstances.

- There are multiple physical factors and physiologic factors interacting during intercourse. They vary with a person's age, relative difference in size between the male and female genitalia and the phase of the woman's menstrual cycle. Also, the angle and degree of force used during penetration, the amount of external lubrication used, drugs ingested and some chronic illnesses.
Mental Reasons:
- The victim may have no visible injuries because she offered no resistance. She may have been frozen with fright. Or her terror may have caused her to dissociate. "Dissociation" is a mental state in which victims become completely passive. She may have been too intoxicated to resist. She may have made a deliberate decision not to fight back because she feared serious injury beyond the rape, including death.

Preparing and Educating Each Other for Trial

Medical witnesses are no different than other people called to testify in court. They are anxious. Witness preparation quells the witness' anxiety as well as the prosecutor's. Generally, a witness who is prepared and somewhat comfortable will be more agreeable and cooperative. Just as you would with any other witness, review the following aspects of trial with the medical witness:

- Explain the elements of the crime you must prove and how you hope to accomplish this through this witness's testimony, if applicable.
- Tell the witness why he or she is testifying.
- Explain direct examination.
- Explain objections and what the witness should do in the event one of the attorneys objects.
- Explain that you will try to protect the witness on the stand, but to do this you must know what the witness will say.
- Prepare the witness for cross-examination. Ask a colleague to conduct a mock cross-examination with the witness.
- If the witness has never testified, ask if he or she would like to visit a courtroom.
- Explain the purpose of re-direct. Many witnesses think that if on cross they don't have an opportunity to answer a question fully, they have lost the chance.

Some aspects of witness preparation have special relevance to rape and sexual assault trials.
- Review the exhibits you intend to introduce with the witness.
- Never allow witnesses to see the exhibits for the first time while they are sitting on the witness stand.
- Ask if you are missing anything. Use the expert to teach you about his or her area of expertise.
- Never assume anything.

The medical witness will assume the prosecutor understands what he or she is talking about. The prosecutor and medical witness should educate each other about what they do and their relevant medical and legal procedures.
• Prosecutors should not assume because someone is a medical practitioner, they will be able to testify in a clear and concise manner, even if describing what they have done many times.
• The prosecutor needs to construct questions that guide the witness through the procedures he or she performed.
• Prosecutors should tell witnesses exactly what they are trying to accomplish with their testimony. This provides context and helps witnesses understand their role in the case.
• Many health care providers do not know the legal terminology or understand its significance.
• Explain to the medical witness the relevant legal phrases, such as, "within a degree of medical certainty" or "consistent with."
• Remind the medical witness that the witness may not express an opinion about whether the victim was telling the truth or whether the witness believe that the victim was raped.
• Ask the medical witness to explain concepts, procedures or terms you do not understand. Chances are, if you do not understand them, neither will your jury.
• Remind the medical witness to use plain English and to define terms the jury may not understand.
• Tell the witness that you will ask him or her to define the medical or technical terminology used during testimony.

Prior Notice to the Health Care Provider

Reassure the health care provider that you will give him or her as much notice as you possibly can about the hearings or trial dates.

• Explain that the court, not you, controls the calendar, but promise to keep the witness informed. (Stick to your promise).
• Ask how the witness would prefer to be contacted in the future: e-mail, voice mail, phone or letter.
• Never give medical witnesses the impression that they may not speak with the defense attorney. Medical witnesses should not be seen as taking sides.
• Appearing biased will destroy the witness' credibility.
• Explain that when they speak with any attorney, they should assume they are on the record.
• Suggest that it might not be a good idea to agree to repeated conversations. Explain that statements made in different conversations may be used on cross-examination.
• Suggest face-to-face meetings. Caution against phone conversations with either attorney.
ADMITTING MEDICAL EVIDENCE IN A RAPE TRIAL

This video refers to the Federal Rules of Evidence (FRE) relevant to expert witnesses. Many states use the FRE as a model and many others use very similar rules of evidence regarding expert witnesses. Prosecutors must be knowledgeable about their local law on this issue.

*Federal rule of evidence 702 Testimony by Experts provides:*

*If scientific, technical, or other specialized knowledge will assist the trier of fact to understand the evidence or to determine a fact in issue, a witness qualified as an expert by knowledge, skill, experience, training or education, may testify thereto in the form of an opinion or otherwise if*

1. the testimony is based upon sufficient facts or data,
2. the testimony is the product of reliable principles and methods, and
3. the witness has applied the principles and methods reliably to the facts of the case.

Before a medical witness may be deemed an expert in a given field the proper foundation must be established.

*Lay The Proper Foundation*

The witness should testify about his or her qualifications, which include, but are not limited to:

- training and experience in a field of knowledge beyond that of an average lay person; and
- an explanation of this witness' area of expertise.
  - The witness should explain field of expertise.
  - For example, what is gynecology?

Be very clear in presenting the witness' qualifications as that of a health care provider whose main function is rendering medical care, not collecting evidence for the state. If you attempt to qualify the health care provider as a forensic expert the defense may have a compelling argument that the witness does not meet the requirements to be deemed an expert. If the medical witness does have training and experience in forensics, you may consider asking the court to deem the witness an expert in the area of forensic science as well.
Voir Dire

Ruling on the qualifications of a medical expert is the same as for other experts.

After the witness' qualifications have been elicited and the witness is tendered to the court as an expert, the judge may ask whether the defense would like to voir dire the witness.

Defense counsel may voir dire the witness on his or her qualifications before the court determines whether the witness has the qualifications to be deemed an expert.

Some jurisdictions do not follow the practice of voir diring an expert prior to the court making its decision.

If the treating health care provider is not deemed an expert, he or she may still testify as a fact witness.

A fact witness may not render an opinion.

After defense's voir dire the attorney will either renew the objection to the witness being deemed an expert or withdraw it. The prosecutor will again move that the witness be deemed an expert in whatever the relevant area of expertise may be.

The judge will either accept or reject the witness as an expert.

In some jurisdictions the court is reluctant to give its imprimatur to the witness' testimony or rule on the witness' qualifications as an expert prior to hearing the actual opinion. In those jurisdictions, direct examination proceeds unless there is an objection. Then the court will rule.

The Court Accepts the Witness as an Expert

After the court has made its ruling regarding the expert status of the witness, have the witness discuss the medical examination itself. If the victim was injured, the medical witness should have recorded all of the victim's injuries on the medical chart. Therefore, craft your direct examination so that the witness refers to the medical chart and explains to the jury that the victim's entire body was the crime scene. The testimony should de-emphasize the genital injury. The witness' testimony should detail the injuries to other body parts which support the complainant's account of the facts. Elicit testimonial evidence of the complainant's demeanor or emotional state during the examination, for example, her non-responsiveness, crying, flat affect, numbness or anger.

Use the medical chart and the medical witness' testimony to corroborate what the victim reported. These are some examples:

- Did she report soreness or pain to her head, mouth, legs or arms?
• Did she indicate how she felt during the attack? For example, did the victim say, "I thought I was going to die."
• The medical chart may provide independent corroboration of the complainant’s recitation of the facts. For example, bruising to the upper arm corroborates the victim’s account of the defendant grabbing her by the arm.
• If the victim had no injuries because she did not resist, the medical chart may corroborate this if she explained why she did not fight back; for example, "My children were in the next room and he said he would kill them if I did not do what he wanted."
• You must ask if a follow-up examination was conducted. It is not only useful evidence but discoverable to the defense. Three or four days later the patient may present with pain and a black and blue cervix. Photos taken with or without a colposcope are powerful evidence to present to the jury. If the complainant sought follow-up care, those records are also discoverable. All X-rays, dental exam records, diagrams or other medical reports are also discoverable.
• If your local law and judge will permit, use your expert to educate the jury. For example, an expert may testify about the medical studies showing that most sexual assault victims do not suffer visible genital injury.
• In many jurisdictions the expert may only be permitted to testify as to the facts of this particular case, or express an opinion about the examination performed on this victim, and may not testify about what the studies and statistics report.

A medical expert may be permitted to give a medical opinion as to whether the injuries the victim suffered were consistent with her account of the incident. For example, "The bruising to the victim's cervix is consistent with repeated exposure to blunt force trauma." This statement, while it supports the victim’s version of the attack, does not cross the line to the ultimate question of whether there was a rape.
CROSS EXAMINATION OF THE MEDICAL WITNESS

This section explores two aspects of this topic.

The first is how to prepare the prosecution’s medical witness for cross-examination; the second is how a medical expert can help you prepare a cross of the defendant’s medical witness.

Prosecution’s Medical Witness

Always consider what part of your case a defense attorney will attack. The defense will seek out the weak link in every case and exploit it.

Before the Initial Meeting With the Medical Witness

Prior to the initial preparatory meeting with the medical witness:

- Review the witness’s *curriculum vitae*.
- Collect transcripts of trials in which the witness has testified.
  - Look for inconsistencies and weakness in the witness' testimony.
  - Look for the areas that prior defense attorneys attacked and are likely to attack again.
- Ask colleagues about the witness and the defense attorney, if you haven’t personally seen their work.
- Read everything the witness has written and the key treatises in the field about which the witness will testify.
  - You need not become an expert yourself.
  - However, if you do not understand something it will be difficult to explain it clearly and simply to the jury.

All evidence in trials must be explained simply to the jury, medical evidence or otherwise.
Possible Areas Of Cross-Examination Of A Medical Witness

Witness Qualifications

Witness qualifications: is the expert a doctor/ nurse/ pathologist/ medical examiner/ social worker?

The defense attorney can attempt to minimize a sexual assault nurse examiner’s qualifications and impartiality in the eyes of the jury by saying:

- You’re just a nurse, or
- You work for law enforcement.

The defense can also claim that a witness is an advocate who has the interest of the victim at heart and is therefore biased.

Modern Medical Techniques

Does the witness use the latest techniques and procedures?

An example: a medical witness who has 30 years’ experience may be using techniques that are 30 years old.

To help the medical witness prepare for trial, the prosecutor must be willing to cross-examine the witness in advance.

The witness should be ready to explain any point or inconsistency the defense attorney raises during cross-examination. If a prosecutor sees a potential problem with a mistake or inconsistent statement, that issue should be brought out on the witness’ direct examination. Do not let the jury hear this for the first time in cross-examination. It makes it seem as if you are hiding something.

In preparing the witness, the prosecutor should also ask how the witness keeps current in this field. Ask what articles the witness has published, when these articles were published and in what types of publications, as well as the medical techniques and procedures used and not used.
Chain Of Custody

There may be some questions about the chain of custody or the integrity of the samples in the evidence collection kit.

In a case where there may be contamination of evidence, for example, where a sample of biological evidence was stored in less than optimum conditions over a long period of time, high temperature, humidity, and contaminants can all contribute to a degradation of the sample.

This degradation will effect the accuracy of the tests conducted on this sample.

A medical witness must be prepared to testify that if evidence samples are in any way contaminated this would effect the result of any testing.

- The witness should also be prepared to explain to the jury how the test results would be effected.
- A medical witness should be willing to concede this point, but also be able to explain how the degradation of the sample impacted the test results.
- The jury should hear this testimony during the medical witness' direct examination.
- The prosecutor should address the defense by bringing this information out on the direct and have the witness explain why the tests can still provide accurate information.
- A witness's opinion is only as good as the data upon which it is based.
- In this scenario, it is important to remember the medical witness is not an expert in laboratory analysis, therefore, the medical witness should not do more than concede that the analysis may have been effected by the degradation of the samples. Have the laboratory technician testify about the accuracy of the test results.

No Short Cuts In Documenting Chain Of Custody

It is critical to remember all evidence and every step in its "life", such as testing or storage, must be accounted for and documented.

Prosecutors must collect all the documents that follow the evidence’s chain of custody.
- Don't take shortcuts.
- If you think there may be problems with the chain of custody, enter into a stipulation with the defense attorney.
- If you can get the defense attorney to agree to a stipulation this will avoid problems admitting this evidence during the trial.
- An unbroken chain of custody is essential to having the evidence admitted at trial and convincing the jury that your physical evidence is sound.

A judge may bar evidence from being admitted where even a small or slight impropriety in the chain of custody is established.
Medical Witness Not Present at The Time of Evidence Collection

If the medical expert was not present at the time the evidence was collected but the evidence was collected by the victim, her friends (including her boyfriend, husband or family) or by police officers, be prepared for the following issues:

Chain Of Custody
- Expect the defense attorney to cross-examine on this issue.
- In this type of case the medical witness can only provide testimony based on the evidence presented.
- The witness should not testify that the samples of vaginal fluid or clothing were from the victim.
  - The witness does not know that.
  - What the medical witness may testify about is what he or she observed or personally knows about.
  - For example, if the medical witness treated the victim after the incident, the witness can testify about any injuries observed, the victim's demeanor or other observations the medical witness made.

Sample Cross-Examination Question:

The cross-examination on this point would be as follows:
"Mr. Medical Witness, you didn't observe the collection of evidence, you weren't present at the time of the incident, and, without corroborative injury, you cannot say that this act was not consensual."

Use The Medical Chart To Help Prepare The Medical Witness For Cross-Examination
The medical chart contains the victim's version of the facts. Therefore, it is essential for the prosecutor to explore and compare the forensic evidence with the victim's version of the facts.
- If there is an inconsistency, ask the victim if she is mistaken, forgetting, or too embarrassed to admit a fact.
- If the victim is insistent in the face of the forensic evidence, discuss with the medical witness possible explanations, but do not allow the medical witness to state opinions inconsistent with the science.
- A defense case may introduce new facts, which either support or dispute the medical witness’ opinion.
Do Not Allow A Medical Expert to Testify Beyond The Scope of Their Expertise

Do not allow the medical witness to make leaps that are beyond his or her expertise.

Do not permit a medical witness to:

- overstate the statistics
- exaggerate the numbers
- offer opinions not supported by the research

Other Issues

As with direct examination, you should:

- Explain objections to the witness.
- Explain the distinction between "sustained" and "overruled."
- Remind the witness to ask for clarification if she or he does not understand the question.
- Tell the witness not to guess at what the attorney is asking.
- Explain to the witness that he or she may know the facts and be brilliant, but the fatal flaw for a witness is one who exhibits any of the following characteristics:
  - arrogance
  - indifference
  - laziness
  - ineptitude
  - chauvinism
  - partisanship to your side

Counsel your witnesses to "kill them with kindness" while testifying. A witness who is cool, polite, prepared and professional on the stand can only score points, making the defense attorney’s job harder.

Standard Of Admissibility

Another key issue is the standard of admissibility of medical or scientific evidence. These standards vary from state-to-state.

- Prosecutors need to know the requirements for their jurisdictions.
  - It is good trial preparation to explain these standards to the medical witness in your case.
- Explain what some call the "danger zone" for any expert witness.
  - A medical witness may not give an opinion as to the defendant’s guilt or innocence or whether a rape occurred.
  - This type of testimony would likely cause a mistrial.
These are some concrete methods and ideas for preparing the People’s medical witness in your case for cross-examination.

Prepare To Cross-Examine The Defendant's Medical Witness

These are areas to explore when preparing for cross-examination of the defense medical witness:

- Read published opinions of other recognized authorities in the field (learned treatises).
- Familiarize yourself with other, valid opinions about the value of evidence from different perspectives.
- Review this witness’ prior testimony in other sexual assault cases.
- Is the testimony regarding the scientific issues consistent with the direct testimony in this case? If it is not exactly the same, is that because of different facts, scientific tests, methods of evidence collection or testing, or changes in the scientific field itself?
- Closely review the victim’s medical chart with a health care provider.
  - Ask what is missing or wrong with the medical procedures performed.
- Ask the following questions regarding the medical chart:
  - How accurate and how detailed is the documentation.
  - How consistent is the documentation, especially regarding the history and physical findings.
  - Make sure there is written documentation in addition to diagrams.
  - If there are photographs, review them.
  - How experienced is the defense expert in conducting forensic sexual assault examinations?
- Ask your medical expert to help you prepare the defense’s medical witness’ cross-examination.
- Your medical expert should recommend or share resources, books, and articles.
- You and your medical expert should have a dialogue about those materials as they relate to the case.

The key to a successful cross-examination is preparation.
OTHER WAYS A MEDICAL EXPERT CAN HELP YOUR CASE

This section covers how you can use a health care provider skilled in forensic sexual assault examination to help you prove your case when you will not use a medical witness at trial or when your witness is not skilled in this field.

Three scenarios:

1) How can a health care provider help you when the victim did not seek medical attention?

2) What do you do when the treating medical provider is not permitted to testify?

3) What can you do when the health care provider who performed the sexual assault exam is not skilled in this field?

The Victim Did Not Seek Medical Attention

At trial, you want to use a health care provider to corroborate the victim's testimony. However, research documents that many victims never seek medical attention.

The Victim's Testimony

Prepare this victim to describe any injuries and the effects of the assault.

- Ask her to identify the location of the injuries, perhaps using a simple diagram of the entire body, not only the genital area.
- Advise her to use her own words, not medical language.
- Ask her to describe every place the assailant touched her, but do not ask her to demonstrate on her own body.
- Use a diagram.
- Ask the victim questions which link any injuries she describes with the actions of the assailant. For instance: “You told me you had a red bruise on your shoulder. How did you get that bruise?
- Use the questions to bring out the details of the assault.
  - Did she feel pain during the attack?
  - What was the cause?
  - Did she have bleeding, bite marks, redness, scrapes, bruises, or soreness?
  - Did the assailant ejaculate on her or lick her anywhere?
  - Did the assailant leave anything at the scene of the assault such as garments or other belongings?
- Victims often report later effects of sexual assault. So be sure to ask if any injuries, especially bruises and soreness, developed a few days later.
- Did she experience overall body stiffness headache, or inability to move a certain part of her body?
• Did she notice any unusual vaginal or rectal bleeding or discharges?
• Jurors will want to know why the victim did not immediately seek medical attention, so be sure to have her explain why she didn’t.
  • Was she afraid?
  • Was she not physically able?
  • Did she not have access to medical care?
  • What other barriers existed?
  • A common reason is the emotional devastation victims experience. Talk to her about her emotional reactions after the assault, and how they affected her decisions. Bring this out at trial.

**Medical Provider Is Not Permitted To Testify**

What do you do when the health care provider cannot testify? For example, a judge in Bronx County, New York, refused to let the treating physician testify on the ground that injury is not an element of the crime of rape.

The victim must explain what happened during the exam.

• Ask the victim how she felt when she came to the Emergency Department or clinic. She may describe all different kinds of emotions:
  • crying
  • laughing
  • being in shock

Ask her about what happened during the medical exam. What did she tell the doctor or nurse.
• What did she say happened?
• What parts of her body did the health care provider examine?
• Were any photographs taken?
• Ask if her genitals were examined.
  • If so, did she have any injuries?
  • Were there any discharges or body fluids found?
• Did the health care provider find anything else on her body or garments?
• Do not forget to ask her about the emotional component.
• Ask how she felt during the exam. These exams can be extremely traumatic for the victim. Describing how she felt during the exam can be very powerful for the jury.

**Unskilled Health Care Provider**

If the health care provider who performed the sexual assault exam is not skilled in this field, how should the prosecutor develop the direct examination to ensure that the relevant testimony is elicited?
Some health care providers may have little or no gynecologic experience. They may not know how to collect forensic evidence. This may have been their first sexual assault exam. But as a prosecutor, you still need to rely on this witness.

- Review the medical record with the health care provider.
- Pay particular attention to the portions that reflect the victim's history.
- Link the physical findings with the victim's report.
- Review findings for all parts of the exam, not just the genital exam. For example, if the victim reported a blow to the head, look for descriptions of bruising or abrasions, or the results of a neurological exam.
- Did the health care provider document anything about the victim's demeanor?
- Have the health care provider explain the entire record.
- Review the terminology used.
  - Make sure you are both using the terms to mean the same thing. For instance, health care providers not skilled in this field may use the term vagina to describe the vulva.
- Review and locate any injuries found on a simple diagram.
  - This way the location is clear to you and the witness.
  - The diagram will also help the health care provider explain the injuries to the jury.
  - Discuss any other information or impressions not documented in the medical record.
  - Does the health care provider remember anything else about this victim or this exam?

**Evidence Collection**

Ask the health care provider
- What evidence was collected?
- What photographs were taken?
- How was the evidence preserved?
- How was the chain of custody maintained?

When an unskilled health care provider is your fact witness, remember that a skilled health care provider can help you craft questions for the direct examination of the victim and the unskilled medical witness.

**CONCLUSION**

On behalf of the National Judicial Education Program, we hope this material has provided you with strategies and knowledge that will leave you better prepared to prosecute adult rape and sexual assault cases. To pursue additional curriculum information, you can contact us through the information posted on our website at www.njep.org.
RESOURCES

The following articles, studies, transcripts, diagrams and websites were either mentioned in the video or will provide useful additional information. Some titles exist as links to charts and full-text articles, which can be accessed directly through NJEP’s website at www.njep.org/medicalevidence.

Anatomical Charts, Medical Glossary and Acronyms:

Female Pelvic Organs (side view)

Female Pelvic Organs (side view with labels)

Diagram of Vaginal Area

Diagram of Vaginal Area (with labels)

Diagram of Male Reproductive Organs

Diagram of Male Reproductive Organs (with labels)

ANNE MARIE HABER, PARTIAL GLOSSARY OF FORENSIC TERMS (DATE UNKNOWN)

ANNE MARIE HABER, SOME TECHNICAL TERMS FOR ANATOMY, INJURY, AND FORENSIC EQUIPMENT & TECHNIQUES (2000)

MARY D’ANDREA, DISTRICT ATTORNEY’S OFFICE-BRONX COUNTY, MEDICAL AND MENTAL HEALTH CENTER ABBREVIATIONS AND SYMBOLS (Date Unknown)

SAFE and SANE

LINDA E. LEDRAY, PHD, RN, FAAN, Sane Program Model, in SEXUAL ASSAULT NURSE EXAMINER, DEVELOPMENT AND OPERATION GUIDE, at 7 (Office for Victims of Crime, U.S. Dep’t of Justice, 1997).


LINDA E. LEDRAY, PHD, RN, FAAN, Sane Program Operation, in SEXUAL ASSAULT NURSE EXAMINER, DEVELOPMENT AND OPERATION GUIDE, at 63 (Office for Victims of Crime, U.S. Dep’t of Justice 1997).
LINDA E. LEDRAY, PHD, RN, FAAN, *Clinical Skills Competency Checklist,* in SEXUAL ASSAULT NURSE EXAMINER, DEVELOPMENT AND OPERATION GUIDE, at 175 (Office for Victims of Crime, U.S. Dep’t of Justice 1997).


DONNA GAFFNEY, DNSc, RN, FAAN, *DOCUMENTATION FOR SEXUAL ASSAULT EXAMINERS* (2000).

Office for Victims of Crime Training and Technical Assistance Center of the U.S. Justice Department
Describes the operation and benefits of Sexual Assault Nurse Examiner (SANE) Programs, and explains how to implement a SANE program in your local community.

Sexual Assault Resource Service (SARS)
http://www.sane-sart.com/
Designed for nursing professionals who evaluate sexually abused victims. Links to articles on clinical issues involved in SANE nursing, as well as the “SANE Guide” are available on this website.

**Colposcopy**

Leland C. Lenahan et al., *Colposcopy in Evaluation of the Adult Sexual Assault Victim,* 16(2) AMERICAN JOURNAL OF EMERGENCY MEDICINE 183 (1998).


American College of Emergency Physicians, Evaluation and Management of the Sexually Assaulted or Sexually Abused Patient. (To order call the American College of Emergency Physicians, (800) 798-1822, or write to the American College of Emergency Physicians, Sales and Service, P.O. Box 619911, Dallas, Texas, 75261-9911, www.acep.org. Cost: Free.)

American College of Obstetricians and Gynecologists, Adolescent Victims of Sexual Assault (1998). (Educational bulletin available free of charge from the American College of Obstetricians and Gynecologists. Email resources@acog.org, or view website at www.acog.org)

Cross-Examination of Defense’s Medical Witness

Testimony of Dr. Ingrid Flores, People v. Eaddy, No. 4291/97 (N.Y. Crim. Ct. July 6, 1999). This transcript is a good example of an effective cross-examination of the defense’s medical witness. The prosecutor in People v. Eaddy uses the defense’s medical witness to educate the jury about sexual assault.

Websites with Valuable Information for Sex Crimes Prosecutors

CAVNET
http://www.cavnet2.org
This site contains an extensive, searchable online database of resources about violence against women, as well as real-time conferencing with other professionals. Most of the resources are public, although there is a “Member’s Only” section accessible with a one-time $10.00 administration fee.

Department of Justice, Office of Justice Programs, Violence Against Women
http://www.vaw.umn.edu/FinalDocuments/usvpros.asp
NJEP’s full four-day prosecutors curriculum, Understanding Sexual Violence: Prosecuting Rape and Sexual Assault Cases, can be found on the website.

The Feminist Majority
http://www.feminist.org/911/harass.html
Contains resources for survivors, advocates and criminal justice personnel, including resources dealing with sexual harassment.

GHB
http://www.projectghb.org/
Dedicated to creating awareness about GHB and other drugs used to facilitate rape. Provides comprehensive information on the drug, its adverse effects, and its use in rapes.
Mending the Sacred Hoop
http://www.msh-ta.org/flash/mainset.html
Technical assistance project for ending violence against Native women.

National American Indian Court Judges Association
http://www.naicja.org/vawa.htm
Provides information on violence against Native women and includes tribal codes and a tribal judge bench book.

National Association of Commissions for Women
http://www.nacw.org
Offers information on gender fairness in the courts.

National Center for Women and Policing
http://www.feminist.org/other/ncwp.asp
Includes a law enforcement manual for sexual assault investigations.

National Center for Victims of Crime
http://www.ncvc.org/infolink/info01.htm
Provides information on the dynamics of nonstranger rape.

http://www.ncvc.org/infolink/info37.htm
Provides information on rape statistics and victims’ reactions to rape as well as practical suggestions for assisting a rape victim after an assault.

http://www.ncvc.org/infolink/info38.htm
Discusses male rape victims.

http://www.ncvc.org/infolink/info39.htm
Describes symptoms of posttraumatic stress disorder that may be experienced by rape victims.

http://www.ncvc.org/newsltr/spousalrape20.htm
Describes the evolution of marital rape law and the barriers still faced by victims raped by their spouses.

National Center of Juvenile and Family Court Judges
http://www.ncjfcj.unr.edu/
Offers a law search, as well as extensive information and links to legal resources and information for advocates.

National Judicial Education Program
www.njep.org
NJEP works to create equality for women and men in the courts. Flyers about NJEP’s in-person and video curricula on rape trials for judges and prosecutors and other resources it has created are available here.
National Lawyers Guild Immigration Project  
http://www.nlg.org/nip  
Contains information about the Violence Against Women Act and immigration issues for survivors of intimate partner violence, as well as information and referrals for lawyers.

Network for Battered Lesbians and Bisexual Women  
http://nblbw.org  
Includes resources for lesbian and bisexual survivors of violence.

NOW Legal Defense and Education Fund  
http://www.nowldef.org  
Contains legal resources and information concerning women’s rights and violence against women for activists and legal professionals.

Rape, Abuse & Incest National Network (RAINN)  
http://www.rainn.org/statistics.html  
Summarizes U.S. Department of Justice statistics on rape in America.

Rape Treatment Center at the UCLA Medical Center, Santa Monica, California  
http://www.911rape.org/drugs/index.html  
Discusses drug-facilitated rape, including information on rohypnol and GHB.

http://www.911rape.org/impact/index.html  
Describes the impact of rape on rape victims.

Rape Victim Advocates (RVA), Chicago, Illinois  
http://www.rapevictimadvocates.org/male.html  
Addresses the experience and reactions of male rape victims.

http://www.rapevictimadvocates.org/myths.html  
Explains common myths and facts about rape.

Domestic Violence Project of Santa Clara County  
http://www.growing.com/nonviolent  
Extensive resources concerning trauma and traumatic response to violence against women are available under the “research links” section of this site.
VAWnet Library
http://www.vawnet.org
This site provides online resources addressing sexual assault, domestic violence, and trauma response. Articles and links dealing with violence against women with disabilities are also available. The site includes searchable databases on general issues related to violence against women, legal issues and a periodical collection.

Victim Assistance Program, Akron, Ohio
http://www.concentric.net/~Vap1/rape.htm
Provides guidance to rape victims about what to do after they are raped, as well as explaining some common reactions of rape victims.

Violence Against Women Office, U.S. Department of Justice
http://www.ojp.usdoj.gov/vawo/
Provides information and research on sexual assault and domestic violence, as well as contact information for the state sexual assault coalitions, including direct links to their websites, when available.

Virtual Chase
http://www.virtualchase.com
A legal research site that contains information on sexual assault and violence against women.

Zorza Associates
http://www.zorza.net
From the publishers of The Domestic Violence Report and The Sexual Assault Report, the site includes articles and resources concerning violence against women and accessibility of legal services and information.

Sex Offenders, Treatment and Sentencing

Association for the Treatment of Sexual Abusers (ATSA)
http://www.atsa.com/
ATSA is an international organization focused on the prevention of sexual abuse through effective treatment and management of sex offenders.

Center for Sex Offender Management (CSOM)
http://ci.fargo.nd.us/Police/faqs/csom.htm
Explains common myths and facts about sex offenders.

http://www.csom.org/
Provides general information on improving the management of adult and juvenile sex offenders not in custody.
SexOffender.com
http://www.sexoffender.com
Sex Offender.com is a database registry that provides assistance to parents, children, law enforcement, schools and the community in identifying registered sex offenders. Website provides searchable state sex offender registries as well as registry management software for government agencies.

SexCriminals.com
http://www.sexcriminals.com/registries.html
Provides current information and news articles on sex offenders, sex crimes, sexual abuse and legislation related to sex crimes. Provides a direct link to online sex offender registries and sex offender databases by city, state and county.

Voir Dire & Jury Instructions

Violence Against Women Unit of the American Prosecutors Research Institute
http://www.ndaa-apri.org/apri/programs/vawa/voir_dire_questions.html
Provides sample voir dire questions for sexual assault trials.

© 2002 National Judicial Education Program / NOW Legal Defense and Education Fund