While the definition of criminal animal sexual abuse varies by state, criminalized conduct often includes fondling, oral-genital contact, anal or vaginal penetration with an object or a body part, and genital mutilation. It is the examining veterinarian’s responsibility to be knowledgeable of their state law. No one clinical finding is indicative of sexual abuse. It is a collection of historical and clinical facts that support the medical conclusion that sexual abuse has occurred.

### History Risk Factors
(as per verbal history and medical records)

- Type of injury (see clinical findings below)
- Witness statements
  - Admission by perpetrator
  - History inconsistent with findings or the account of events does not explain the injuries observed
- History varies
- Lack of history

### Diagnostic Imaging Findings

- Inserted foreign objects within the genital or rectal tract
- Gas pockets in the uterus or vagina
- Evidence of peritonitis
- Trauma to limbs, muzzle, or cervical region from inappropriate restraint/binding
- Skeletal injuries both acute and chronic (related and unrelated to sexual abuse)

### Clinical Findings on Physical Examination

- **No injuries**: Absence of injuries or bodily fluids does not exclude the possibility that sexual abuse has occurred.

- **Injuries caused by restraint of the animal**:
  - Bruising or abrasions of the skin on the tail base, back, flanks, ears, or neck
  - Ligatures or ligature marks around muzzle, genitalia or legs

- **Injuries caused by penetration of rectum and/or vulva**:
  - Bruising, abrasions, or tearing of genital, rectal, or anal tissue
  - Vaginal, colonic, or anal dilation/weak tone
  - Vaginal, colonic or rectal bleeding, prolapse, or perforation
  - Foreign objects in the rectum, vagina, cervix, or uterus

- **Other Findings**
  - Presence of bodily fluids on the hair coat/skin, or in the mouth, vagina, or rectum
  - Relaxed or highly reactive during invasive examination

### Caretaker Risk Factors

- New to the practice or utilizing multiple practices
- Discrepancies in owner’s name, address, or ownership of the animal
- Reluctance to provide a complete history
- Lack of knowledge or concern about current pets or previous pets
- Becomes aggressive or argumentative upon questioning
- Behaving oddly
- Delay in seeking medical attention
- Signs suggestive of possible domestic violence, child abuse, or elder abuse

### References

**GENERAL GUIDELINES FOR PERFORMING A VETERINARY FORENSIC SEXUAL ABUSE EXAM**

Consult with Local Law Enforcement
- Alternative Light Source
  - Wood’s Lamp (Black Light)
  - Excitatino filter 415 nm and above with orange goggles
- Swabs
  - Sterile cotton swabs or foam tipped swab or brush swab
  - Sterile water or saline
- Flush Body Cavities
  - Red rubber catheter and/or Foley Catheter
  - Syringe
  - Sterile water or saline
  - Sterile red top tube
- Forensic Exams
  - Written examination notes
  - Photographs
  - +/- Video
  - +/- Body diagrams
- Screening Diagnostics
  - CBC/Chemistry
  - Urinalysis
  - Fecal
  - Full body radiographs
  - +/- Heartworm testing
  - +/- FeLV/FIV testing

The animal is evidence
- All items collected from the animal (e.g., swabs, urine analysis, bloodwork, collar, etc.) need to be documented in the medical record
- Each item may require different storage (e.g., urine in the refrigerator vs. room temp dried swabs)

See: The Biological Evidence Preservation Handbook for Evidence Handlers

*Discuss with law enforcement proper storage and procedure

These are suggestions, for clarification of any of the guidelines listed above, please further discuss with law enforcement.

Adapted from:

**PHOTOGRAPHIC DOCUMENTATION SHOULD BE OCCURRING SIMULTANEOUSLY**

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- Swabs
- Flush Body Cavities
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**DNA samples (collect a minimum of 2 swabs per area):**
- Body orifices, genitalia, external rectum, rectal mucosa, areas of fluorescence
  - Sample is dry:
    - Moisten swab with sterile water or saline
    - Gently roll over collection area
  - Sample is wet:
    - Gently roll swab over wet area
    - Sample is flakey:
      - Using a sterile #10 blade, scrape off sample into a new envelope

**Vaginal and rectal cavity should be flushed individually**
- Inject sterile saline or water via catheter into the cavity
- Aspirate and reflush several times
- Place the sample in a red top tube with no additives
- Store in the refrigerator

**Take temperature last (after sample collection and examination)**
- Full examination from nose to tail
- Evaluate for contusions and/or abrasions of the genitalia, rectum, neck, flank, ears, abdomen, hind legs, ventral tail, genitaliary tract and perineal region
- If nails are broken or frayed, clip the nails into an envelope
- May utilize a sterile speculum or otoscope to examine rectal and vaginal cavity
- Perform a follow-up examination in 24-48 hours as injuries may become more apparent over time

**Repeat diagnostics to monitor trends**
- Elevations and rapid decline in muscle and liver enzymes (such as CK, AST, ALT) may support acute soft tissue injury
- Full body radiographs may show both current and previous skeletal injuries
- Urinalysis of a female dog may reveal sperm

**All diagnostic and sample collection need to be documented in the medical record**

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