

# **Medico-legal services for victims of sexual violence**

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The background is a deep blue color with a subtle, wavy texture. On the left side, there is a bright sun flare that creates a lens flare effect, with light rays extending across the top of the image.

**WHAT IS RAPE?**

# THREE ELEMENTS OF THE OFFENCE

- Sexual penetration (the physical element)
- Lack of consent (the consent element)
- The intention of the accused person in sexually penetrating without consent (the mental element)

# WHAT IS CONSENT?

# Consent is not present in the following circumstances:

- Submits because of force or the fear
- unlawfully detained
- Impaired conscious state
- incapable understanding sexual act
- mistaken identity of the person
- mistaken belief act is for medical/hygienic purposes

**Rape is not a medical  
diagnosis!**



**WHO GETS RAPED?**  
**WHO IS VULNERABLE?**

# AVOID RAPE: DRESS SENSIBLY

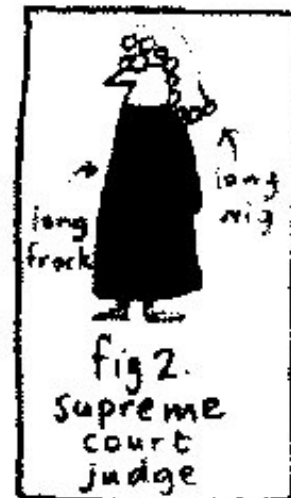


Real  
incidence  
not  
known

Offenders are most  
frequently known by  
their victim



Most assaults committed  
by men against women &  
children



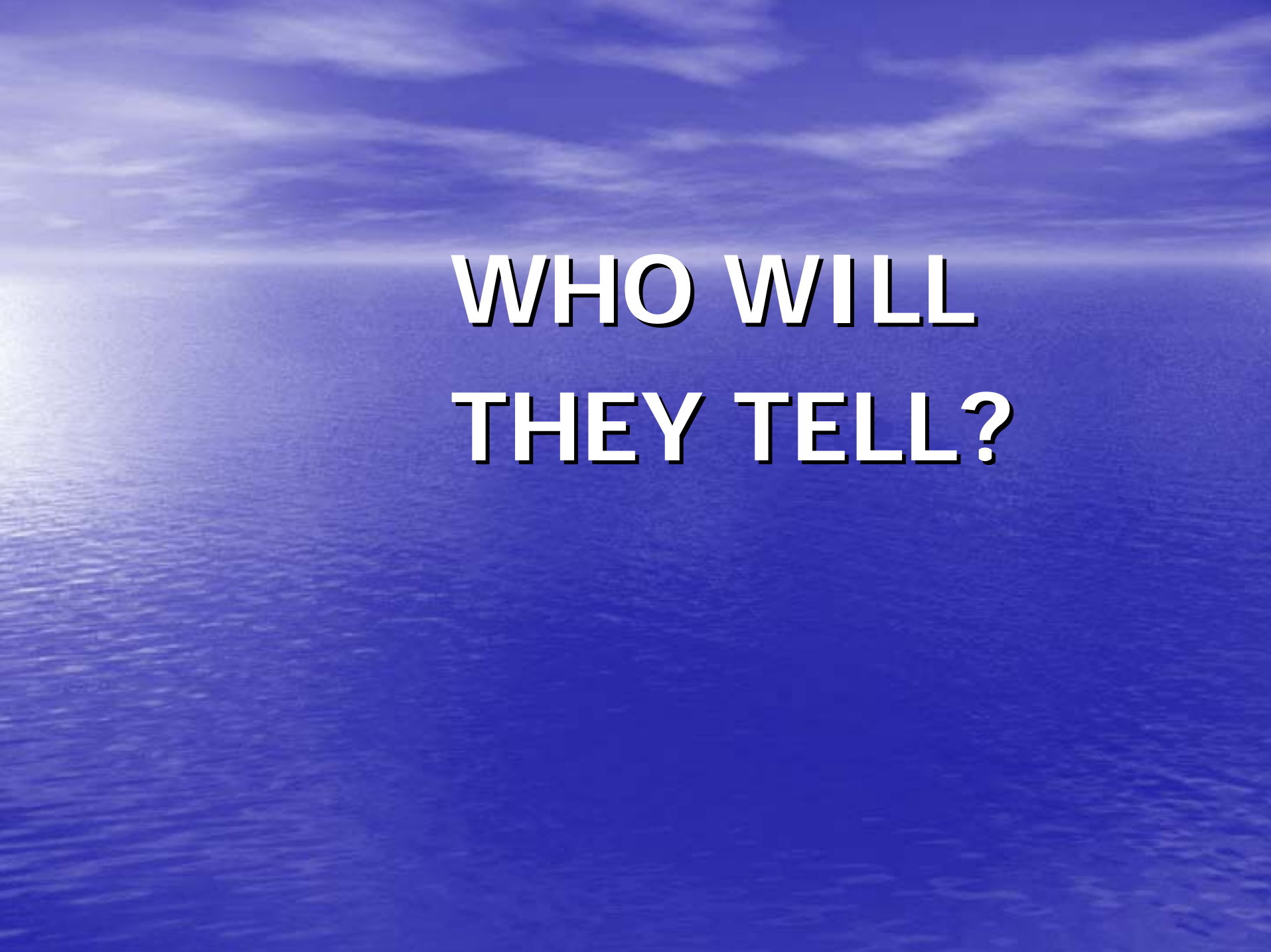
Usually in victim's or  
offender's home

KAZ



# Myths of sexual assault

- It can't happen to me
- Women are raped by strangers who abduct them or break into their homes
- Only young sexually attractive women are raped
- Always causes injuries
- Can't happen to men
- Women ask for it
- Men can't help themselves

The background of the image is a blue sky with a bright sun on the left side, creating a lens flare effect. Below the sky is a blue ocean with gentle ripples. The text is centered in the upper half of the image.

**WHO WILL  
THEY TELL?**

# A victim may report to

- Police directly
- Hospital
- Doctor/clinic
- Sexual assault centre
- Friend/family

The background is a deep blue gradient with a bright sun flare on the left side, creating a lens flare effect. The text is centered in the upper half of the image.

**WHY DON'T  
THEY REPORT?**

# FAILURE TO REPORT

- Lack of confidence in police/ legal/medical system
- concern of being identified
- fear of being disbelieved
- fear of reprisal from offender
- fear of relationship/ family breakdowns
- feelings of guilt/ self blame
- uncertainty about what constitutes rape

**THE FORENSIC MEDICAL  
EXAMINATION OF A  
VICTIM OF  
SEXUAL ASSAULT**

# MEDICAL EXAMINATION CONSIDERATIONS

- **PRIORITIES**
- **SETTING**
- **TIMING**
- **SERVICE PROVIDERS**
- **ETHICAL ISSUES**
- **LOCAL POLICIES**
- **RELATIONSHIPS (INVESTIGATORS...)**
- **INTERACTIONS (Counselling, labs, hospitals etc)**

# MEDICAL EXAMINATION

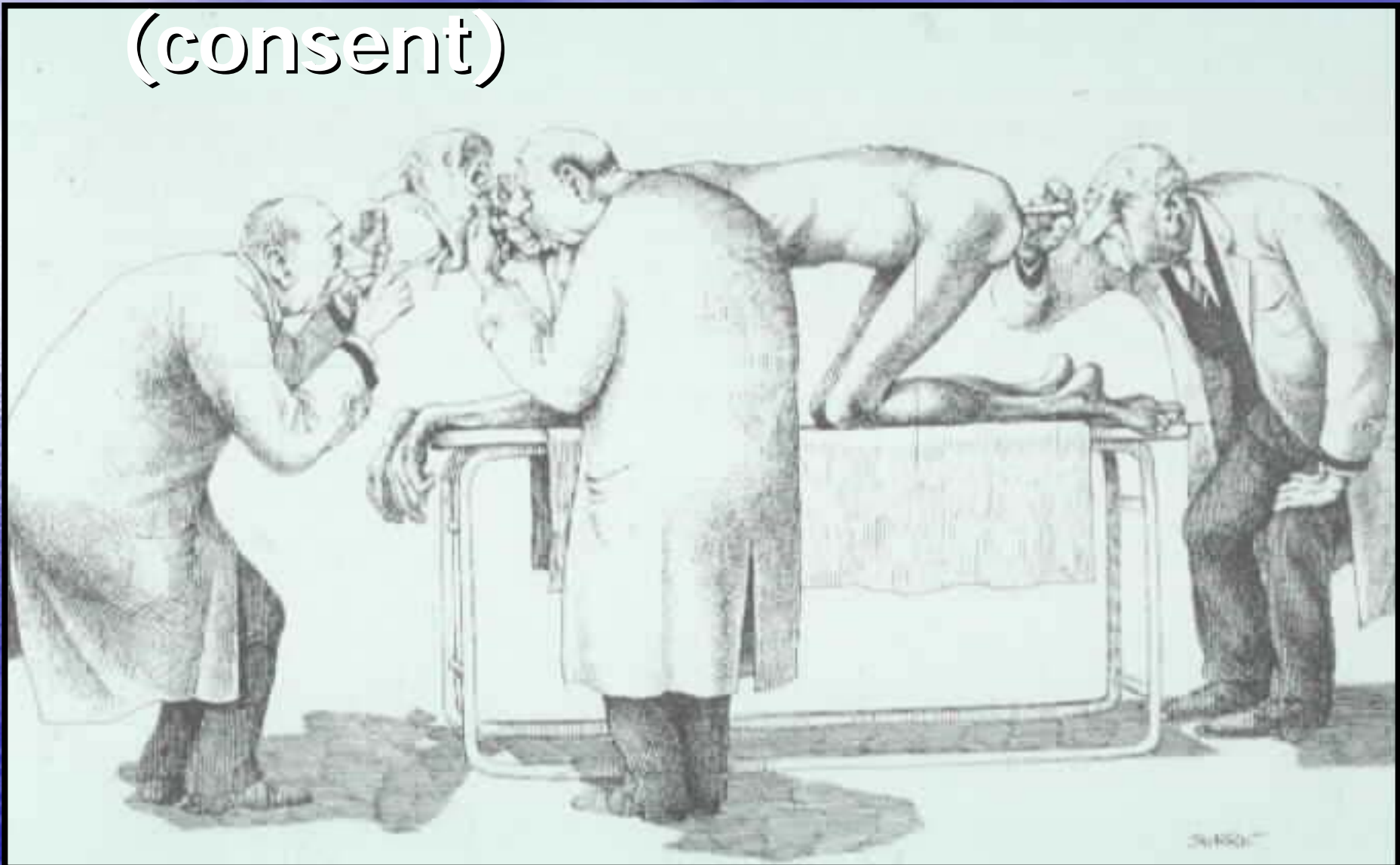
## CONSIDERATIONS (2)

- **FACILITIES**
  - ACCESSIBILITY
  - SECURITY
  - CLEANLINESS
  - PRIVACY
- **PRACTICE**
  - QUALITY CONTROL
  - FEEDBACK
  - TRAINING



# MEDICAL EXAMINATION

(consent)



# HISTORY

- Detailed history of offence
  - elements of physical assault
  - general medical history
  - gynaecological history
  - activity since the assault

# EXAMINATION

- Maintain dignity
- Chaperone
- “top to toe” examination
- documentation of injuries
- obtain forensic specimens as proceeding
- ano-genital examination performed last

# COLLECTION OF FORENSIC SPECIMENS

- Types of specimens are dependent on circumstances of incident
- Occurs concurrently with examination
- **EVERY CONTACT LEAVES A TRACE"**
- Forensic evidence links
  - offender
  - victim
  - scene

# Sexual assault

Injury Interpretation – Non  
Genital

# GENITAL INJURIES

- Penetration produces dilatation of the orifice and may produce bruises/ abrasions/ lacerations
- Extent of injury depends upon:
  - degree of force used
  - type and size of implement
  - size, lubrication and elasticity of orifice
  - state of the tissues
- Injuries beyond the labia majora are indicative of penetration

# GENITAL INJURIES

- Severe vaginal injuries are rare
- Consenting intercourse can cause injuries
- Non-consenting intercourse may not cause injuries
- Injuries are
  - subtle
  - easily missed
  - heal rapidly
  - usually bruises/abrasions
  - often absent

# Sexual assault

Therapeutic aspects of the  
examination



# TREATMENT

- Treat any injuries as indicated
- Prevent pregnancy
  - Emergency Contraception (Nordirol)
- STI
  - Hepatitis B
  - HIV
- Off work certificates
- Counselling for post-traumatic stress
- Assistance with accommmmodation etc

# Sexual assault

**AREAS OF FURTHER MENTION!!**

- WE HAVE TO SUPPORT  
THE RIGHT TO NOT  
WANT TO REPORT

# PHOTOGRAPHY

- Genital photographs will not generally be taken

# DRUG & ALCOHOL FACILITATED SEXUAL ASSAULT

- Alcohol
- Prescription meds
- Illicit Drugs
- Party drugs
- Why do a test?
- Why not do a test?
- What do we test for, how long for results?
- Procedure to get results
- What do results mean?

# ADOLESCENTS

- Special needs of young adults, adolescents

# MALES

- Low incidence of reporting
- Higher incidence of DAFSA
- Shame, guilt, embarrassment
- Questioning masculinity and sexuality
- Penetrative or receptive or masturbatory
- Males males
- Males females

# OTHER ISSUES

- Independence of the service
- Training/attitudes
- QA, service monitoring & evaluation
- False reports
- Drug effects
- Access to results
- Late reports



# SAME-SEX SEXUAL ASSAULT

- Female – female (objects, digits)
- Male – male (anal, oral)
- Low incidence reporting

# UNSURE IF REPORTING?

- May be delayed
- Perhaps a medical is warranted
- This decision is done with doctor and patient
- Specimens / report withheld

# **SEXUAL VIOLENCE MEDICO-LEGAL SERVICES**

**Sexual assault services are a specialized field requiring an integrated approach from a number of health professionals.**

**Examinations should be performed as part of a comprehensive health service which provides for all aspects of the person's needs.**

**[http://www.who.int/violence\\_injury\\_prevention/publications/violence/med\\_leg\\_guidelines/en/](http://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/)**