Medico-legal services for victims of sexual violence

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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?
Most assaults committed by men against women & children. Real incidence not known. Offenders are most frequently known by their victim. Usually in victim’s or offender’s home.
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
WHO WILL THEY TELL?
A victim may report to

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

• PRI ORI TI ES
• SETTI NG
• TI MI NG
• SERVI CE PROVI DERS
• ETHI CAL I SSUES
• LOCAL POLI CI ES
• RELATI ONSHIPS (I NVESTI GATORS…)
• INTERACTI ONS (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
- Consent ing 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 (Nordiol)
- STI
  - Hepatitis B
  - HIV
- Off work certificates
- Counselling for post-traumatic stress
- Assistance with accommodation etc
Sexual assault

AREAS OF FURTHER MENTION!!
• WE HAVE TO SUPPORT THE RIGHT TO NOT WANT TO REPORT
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 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 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.