

# Medical and Forensic Management

**Pacific Police Development  
Program**

**Global Justice Solutions**



# Objectives

- Understand the acute medical injuries that may require urgent treatment
- Consider the need for medical interventions shortly after a report of recent sexual assault
- Understand the doctor's role in performing a forensic examination, both injury interpretation and forensic specimen collection
- Understand the role of forensic photography



# Medical Concerns

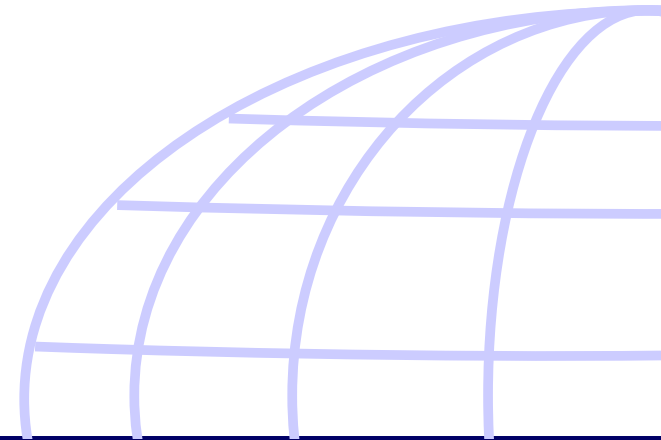
- **Are victims of sexual assault always injured?**
- **What you need to know as police?**



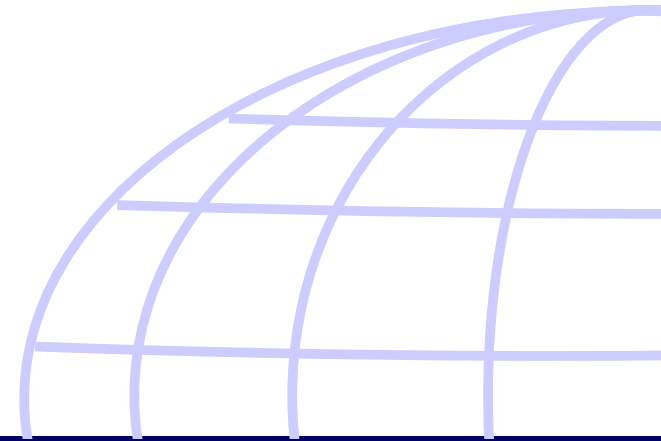


# Common Medical Concerns after Sexual Assault

- **Injury**
- **Pregnancy**
- **Sexually Transmitted Infections**
- **Mental Health**



Moderate and severe injury  
always takes priority over  
forensic issues



# Injuries after sexual assault

**Moderate (5%) to severe (1%) general physical injury.**

- **Head and facial injuries especially if loss of consciousness**
- **Strangulation**
- **Severe soft tissue injuries from kicking, blow from an object**
- **Fractures**
- **Stabbing**



# Genito-anal injury

- Likelihood of vaginal injury in pre-pubertal girls and post-menopausal women – otherwise significant vaginal injury is uncommon.
- Injury more likely if penetrated with an object.



# Other medical concerns

- The *morning after pill*, also known as emergency contraception, to prevent pregnancy. (Best if taken as soon as possible but will work up to 3-5 days)
- Check-up for sexually transmitted infections.
- HIV prevention – medication needs to be given very quickly if it is to be effective. However, it is rarely required.





Important for the police to have  
close links to medical  
care/hospital care



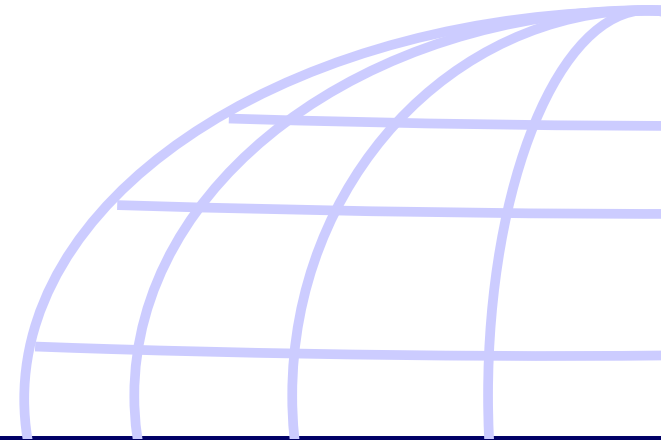
# The IMPORTANCE of the Doctor

- The medical forensic examination
- Why and when it is important in the investigation of sexual assault



# Forensic concerns where a doctor can help!

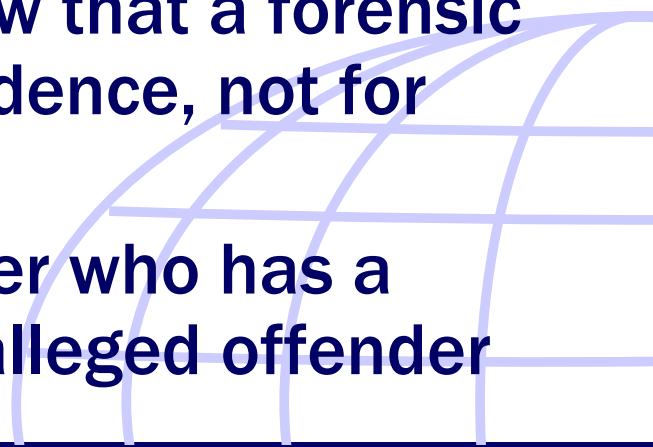
- o Documenting and interpreting injuries
- o Photographing injuries
- o Collecting forensic specimens
  - external
  - intimate
  - internal
- o Clothing





# Patient consent before a forensic medical examination

- During an assault, the victim was not able to give consent.
- It is crucial to the victim's wellbeing, that consent is given before any procedures or examination.
- It is important that the victim know that a forensic examination is done to collect evidence, not for treatment.
- Should not be done by an examiner who has a conflict of interest eg. relative of alleged offender

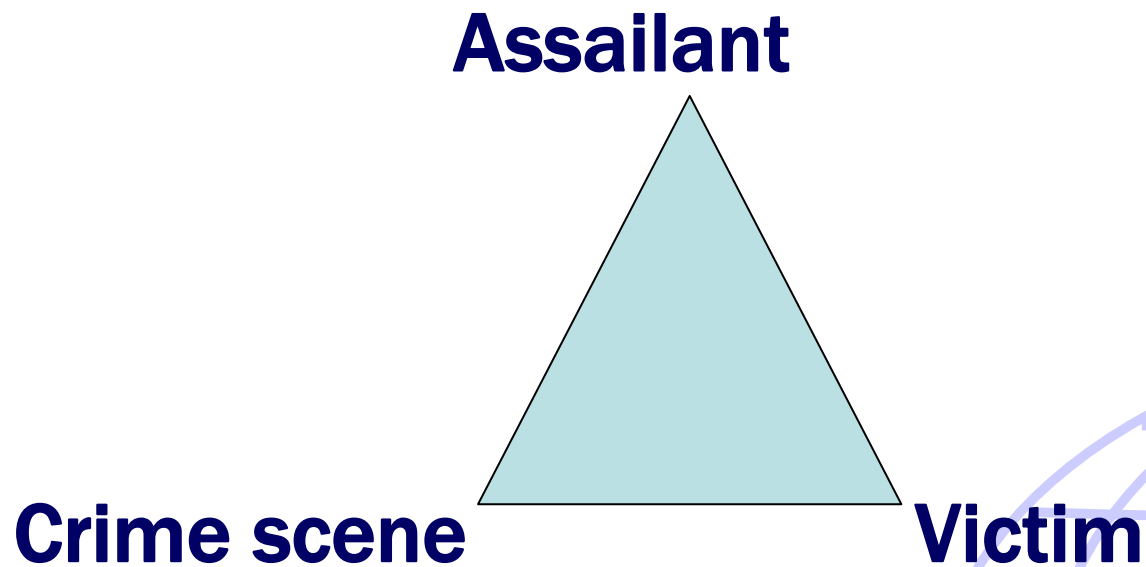


# Injuries seen forensically

- May help to show lack of consent.
  - Vaginal/anal injuries may prove that penetration occurred.
- 
- **HOWEVER:** remember that most victims will not be injured at all!



# Locard's principle



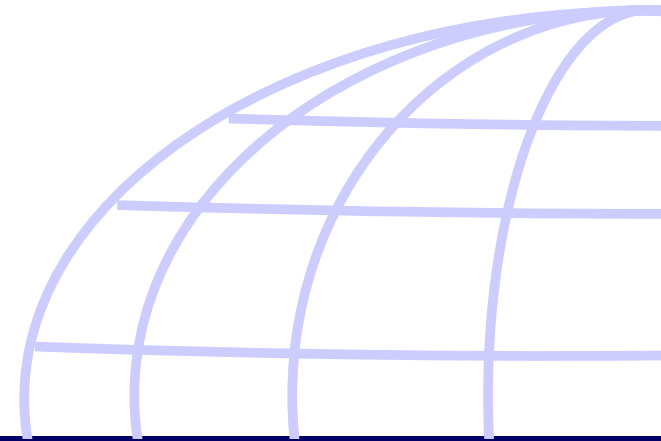
# Locard's Principle

- Wherever he steps, whatever he touches, whatever he leaves, even unconsciously, will serve as a silent witness against him. Not only his fingerprints or his footprints, but his hair, the fibers from his clothes, the glass he breaks, the tool mark he leaves, the paint he scratches, the blood or semen he deposits or collects. All of these and more, bear mute witness against him. This is evidence that does not forget. It is not confused by the excitement of the moment. It is not absent because human witnesses are. It is factual evidence. Physical evidence cannot be wrong, it cannot perjure itself, it cannot be wholly absent. Only human failure to find it, study and understand it, can diminish its value.



# Crime Scene

- **The sexual assault victim's body forms part of the crime scene**





# Injuries that tell a story

- **Blunt force injuries**
  - Bruises
  - Abrasions
  - Lacerations
- **Injuries caused by a 'sharp' force**
  - Incised wounds
  - Stab wounds
- **Others**
  - Burns
  - Gunshot



# FINGER-PAD BRUISES



# PATTERNED BRUISING



# Physical Injuries



# RESTRAINT BRUISING



# ABRASIONS

GRAVEL



LINEAR  
PARALLEL



# LACERATIONS

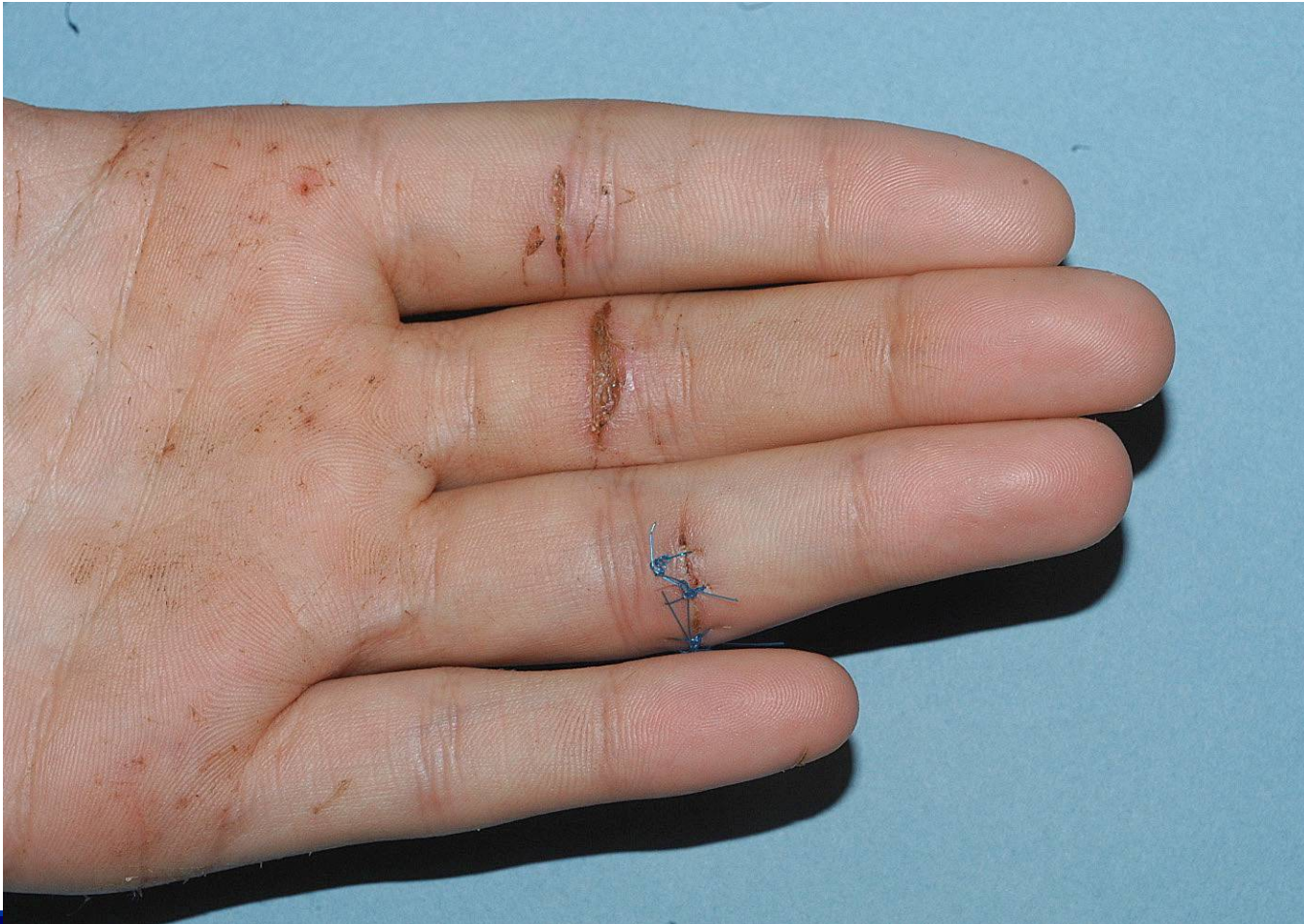


# Abrasions and Incised Wounds





# Sutured incised wounds



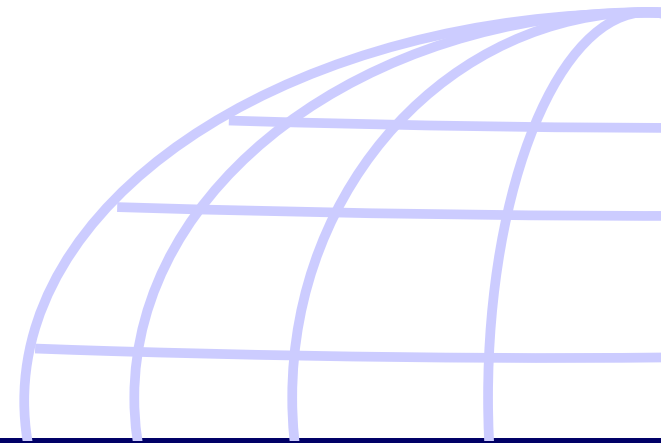
# GENITAL EXAMINATION

- Bruising, abrasions, lacerations.
- Genital injury can occur in consensual sexual intercourse, but is uncommon.
- Genital injury in 20 - 30% of reported recent sexual assault.



# Forensic Specimens

- What, where and when ??



# Forensic specimen collection

- Looking for materials/fluids/blood/semen that may link the victim to the alleged assailant.
- Specimens will be collected by the doctor from parts of the patient's body that have been affected by the assault.
- Specimens collected from:
  - Skin
  - Hair
  - Mouth
  - Vagina
  - Anus



# Prior to a forensic examination

If a forensic examination is planned, it is worth advising a victim:-

- Not to eat, drink or wash their mouth after an oral penetration
- Not to pass urine, wash or shower after vaginal or anal penetration
- Not to change clothes
- However, always respect a person's dignity and it may not always be possible to preserve forensic evidence



# Preliminary specimens or 'comfort pack'

**These specimens can be collected by the person who has been assaulted if there is likely to be a delay before seeing a doctor.**

- Oral rinse or spit into sterile container**
- First void urine specimen collected into a sterile container**
- Both specimens can be checked for sperm**



# Timeliness of examination

- **As soon as possible.....however, there may be competing priorities.**
- **Sperm in mouth 6-24hours**
- **Sperm in anus/rectum 24-48hours**
- **Sperm in urine...first void urine**
- **Sperm in vagina 3-5days, better sooner**



# Contamination

- **Doctors should ensure that specimens are not contaminated.**
  - Use of gloves
  - ? Facemasks
  - Avoid touching the area to be examined
  - Avoid coughing, sneezing, 'breathing heavily' over area to be examined





# Chain of Custody

- Label with the following details and document details in records:-
- Examiner's name
- Hospital/Medical Centre's name
- Patient's name and date of birth
- Item description
- Date and time of examination
- Name, date and time of receiver (Police)
- Receiver's signature (Police)



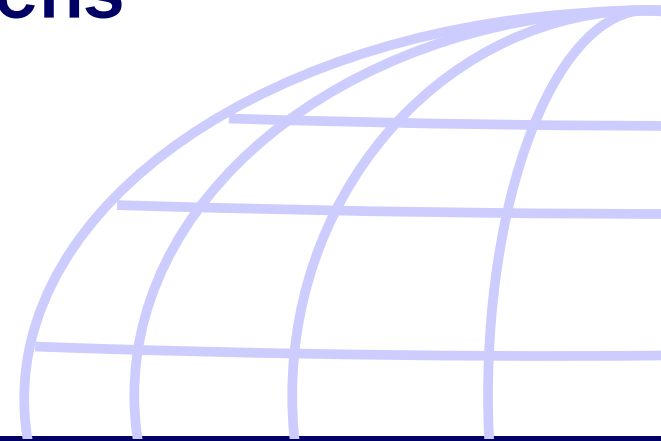
# Tamper proof specimen storage

- Specimens should be stored in tamper proof envelopes or packages.
- Sealed with tamper-proof tape.
- Clothing should be placed one item per paper bag and sealed.
- Specimens should be dry prior to storage, then kept in a locked refrigerator or freezer or dry cupboard.
- DNA analysis may become available in the near future to assist with identifying unknown offenders.



# Forensic laboratory

- **Ideal to have separate procedures for forensic specimens to ensure chain of custody as they should be handled differently to medical specimens**



# AFTER the medical/forensic

- **What now.....examination**
- **If you want your hard investigative work to be worthwhile then....**
  - Keep in contact with victim and doctor
  - Inform of ongoing police process
  - Support if ongoing safety concerns
  - Encourage
  - Let the person know that her/his outcome is important



# REMEMBER

**A medical and forensic examination will :-**

- Assist the person who has been assaulted**
- Assist with the forensic investigation**
- If done respectfully, will contribute to her/his recovery as well as the outcome of the criminal justice process.**

