

# Medico-Legal Management of Survivor of Sexual Assault/Abuse and Reporting to the Criminal Justice System

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To produce a graduate who will be able to conduct a medico-legal examination of an alleged victim or perpetrator of sexual assault adhering ethical principles, write a report and give evidence in a court of law as an expert witness

Knowledge, skills and attitude

? why

# multidisciplinary approach is needed in management of sexual assault/ abuse



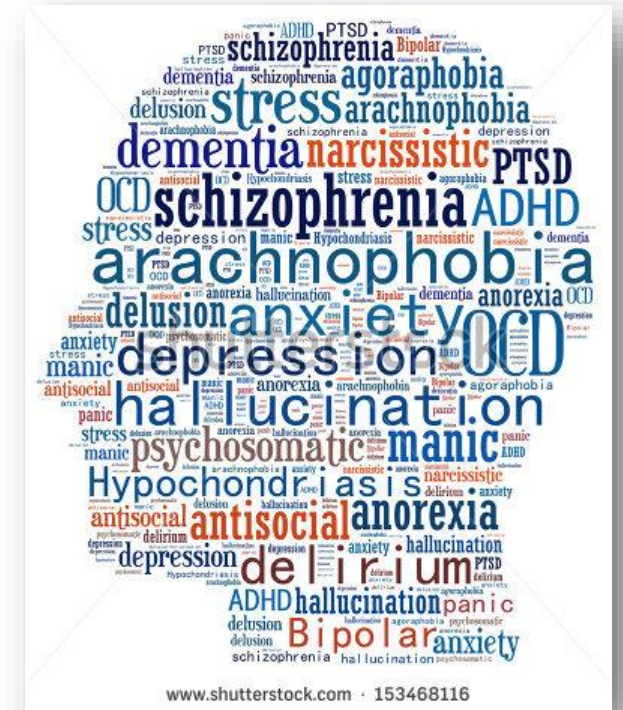
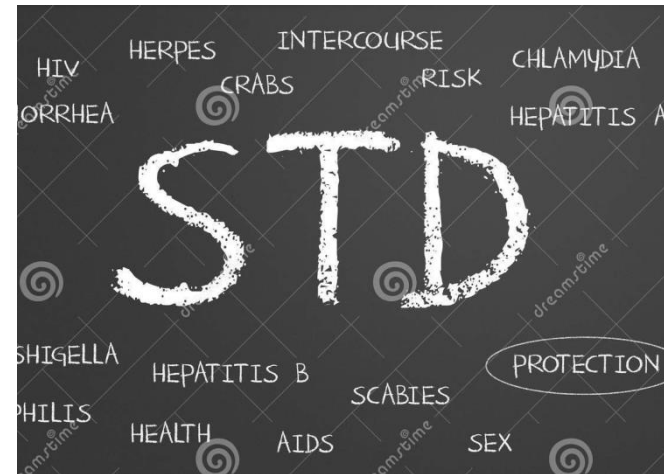
Sexual assault/ Abuse is non-consensual sexual contact

It is an act of violence to control and obtain power over the individual

can cause severe harm to individuals (early short / long-lasting effects)



# What are these harms? Short/ long lasting



Psychological impairment is severe and long lasting esp those at childhood

# INJURIES

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- ❑ Most of injuries are minor injuries in the body: abrasions, contusions and laceration
- ❑ Surgical care/minor bodily pains
- ❑ Severe genital injuries : gynecologist eg. internal bleeding , Examination under anesthesia and injury repairs



# Contraception (emergency) EC: morning after pill

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72 hours(80%)

preventing or delaying ovulation

1.5 mg of levonorgestrel (progestin)



two 0.75 mg levonorgestrel tablets taken 12 hours apart

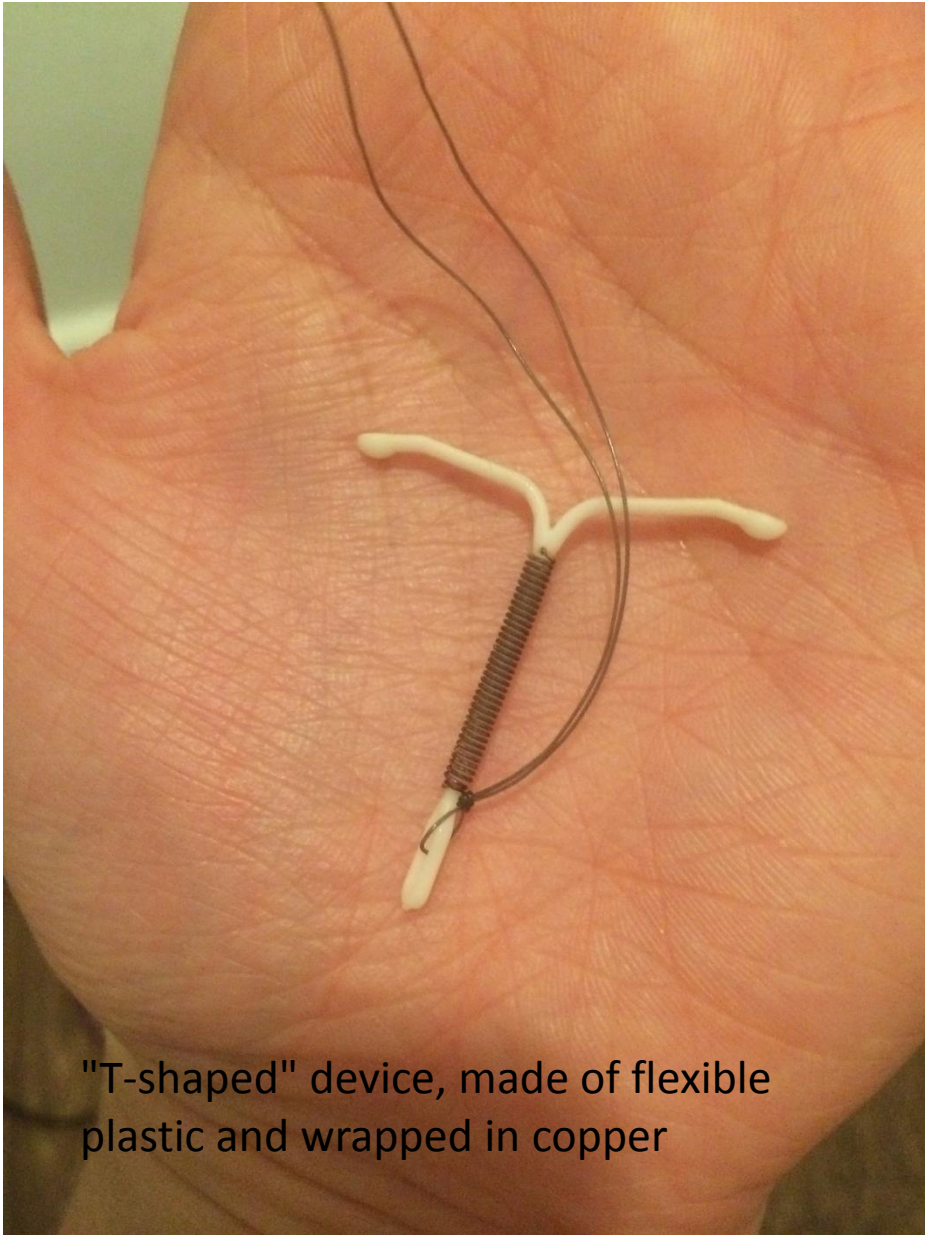
# Sri Lanka Family Planning Association

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# IUCD

- ❑ Effective up to 5 days after unprotected sexual intercourse
- ❑ much more effective than pill (99%)



"T-shaped" device, made of flexible plastic and wrapped in copper





If already pregnant : no law for an abortion unless it is to save the life of the mother

Gynecological support , deliver the baby, psychosocial support



? Hymenoplasty: cosmetic surgery  
Surgery for social issues

# Acquiring an STI after SA

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If STI acquired following the incident it proves that there was a sexual contact

Isolating similar strains of organism in the victim and assailant proves the link

Opinion of time of the incident based on acquiring infection

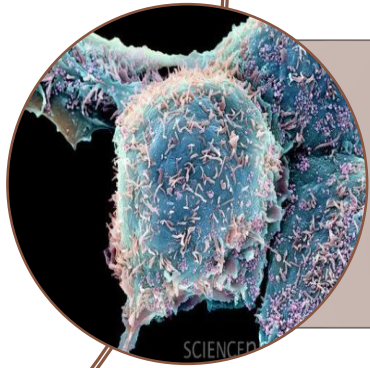
Some injuries may be due to itching caused by vaginitis: Eg. Candida,



# Commonly detected STI in SA cases in Sri Lanka



Gonorrhea



Herpes



MALE



FEMALE

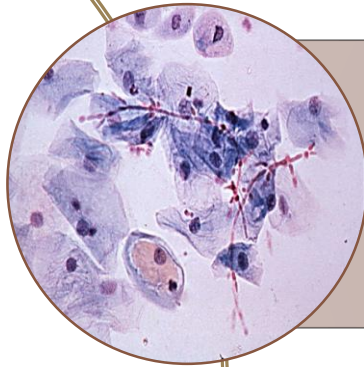




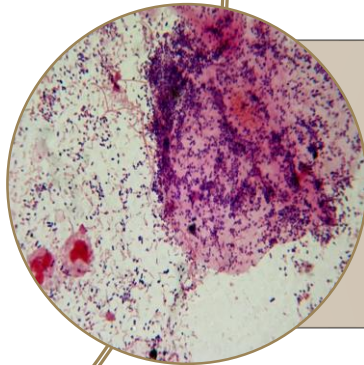
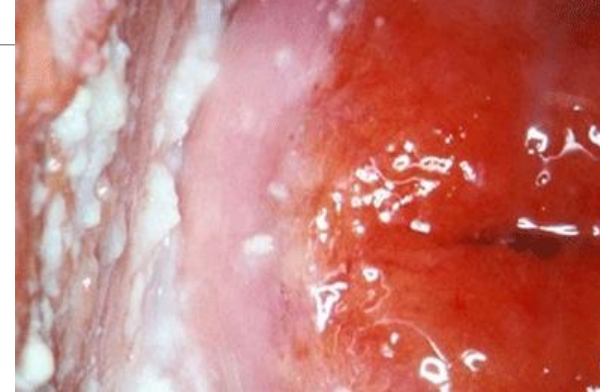
# Indication of Sexual activity or not ?

## Children/ adolescents

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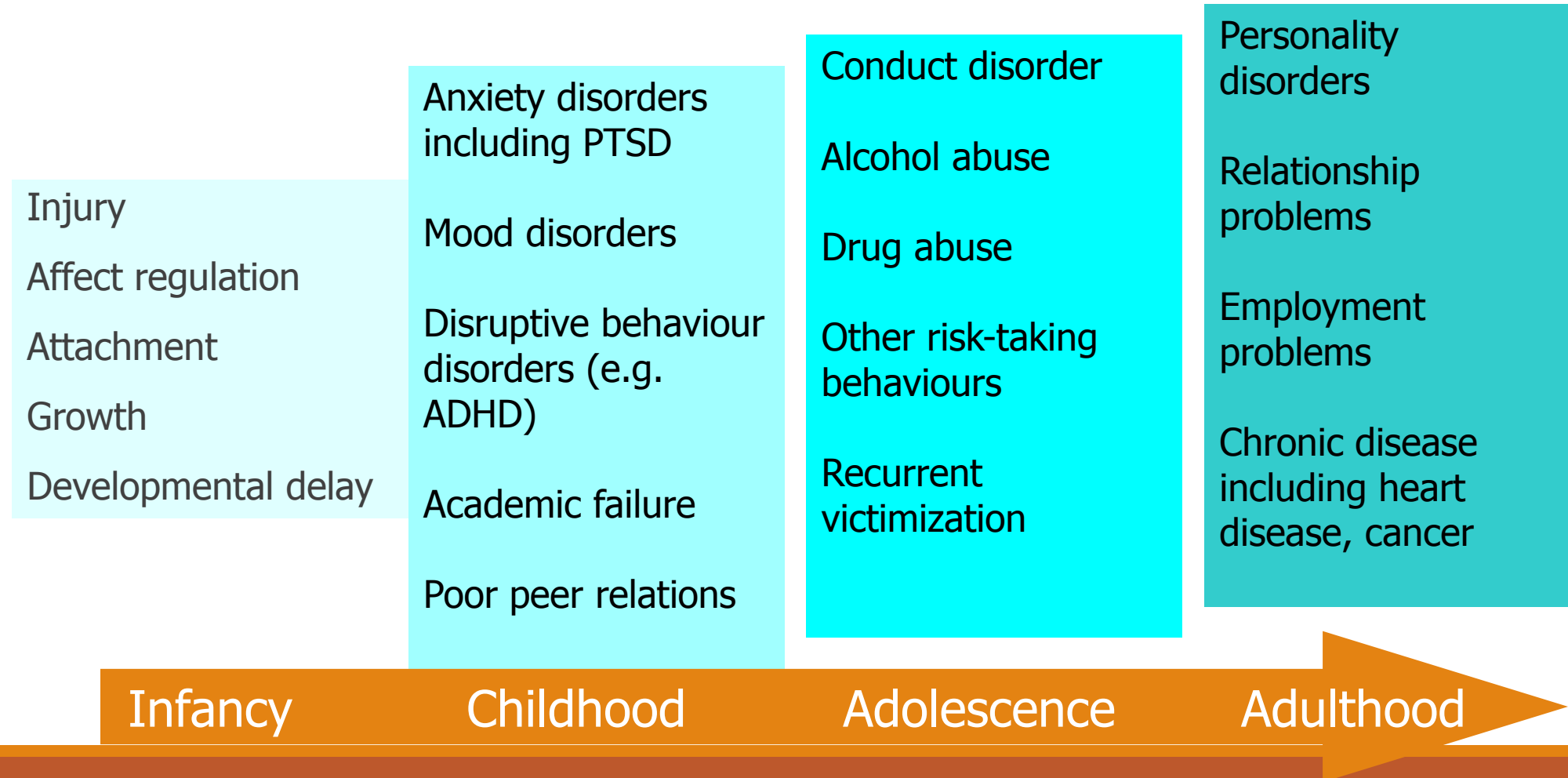
**Candida  
infections**



**Bacterial  
vaginosis**



# Psychological Impairment across lifespan



# Case report

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A 12 year old boy presented with a tick at 3.00 p.m.

- A boy passed 5<sup>th</sup> standard scholarship
- Grade 6 performance deteriorated
- Developed a tick at 3.00 p.m.
- Corresponds to the time of abuse by a three-wheel driver- intra-crural sex
- Presented to a psychiatrist after 6 months
- Medico-legal care initiated: No justice yet
- After psychological care tick disappeared

# Sexual assault/ abuse Management



Child/ adult  
Male/ female



Criminal Justice  
response

Health response

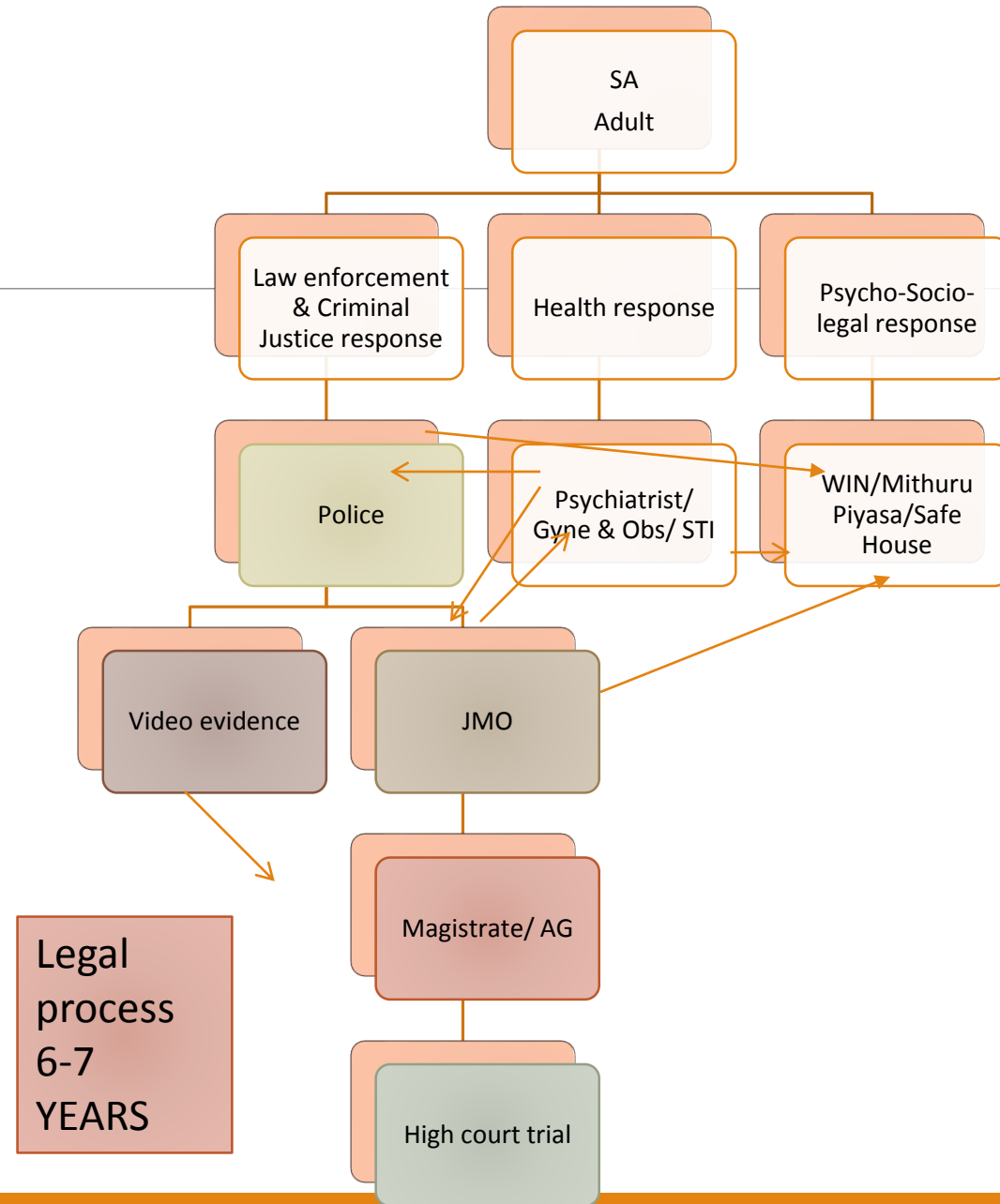
Psychosocial  
response

Multidisciplinary teams are needed to address all these issues and provide care

JMOs are  
mainly for  
CJR

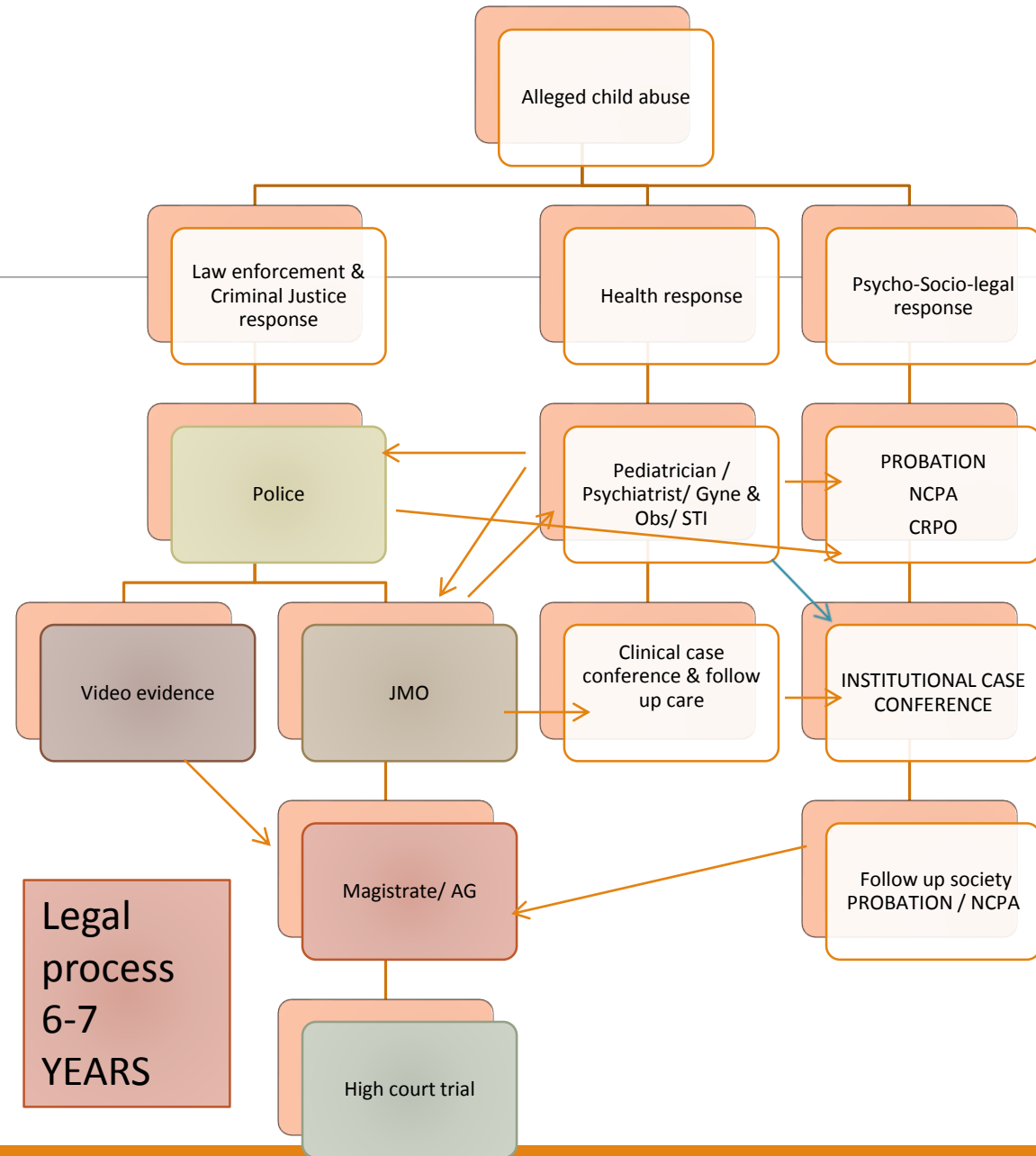
Since JMO is the first contacting doctor most instances, he / she has a role in the health and psychosocial response too







If the victim is child, he or she comes under the vulnerable group  
Mandatory reporting to the criminal justice system is practiced by professionals and the society



# Multi Disciplinary Teams in other countries

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## Common Goal

Developing a coordinated system to respond to  
abuse and neglect cases

### MDT

Focus: Prosecution

Action : Criminal

### Child Protection Team

Focus: Protection

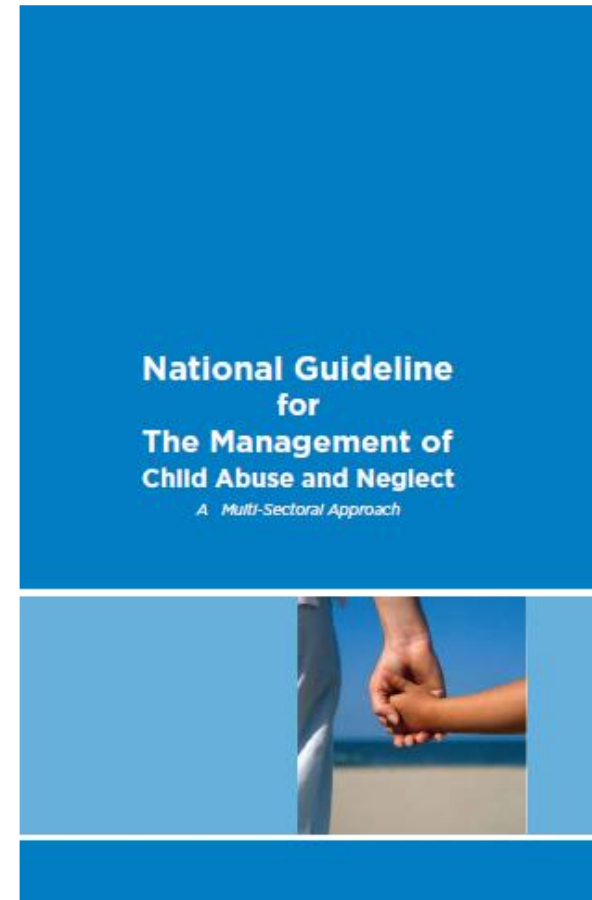
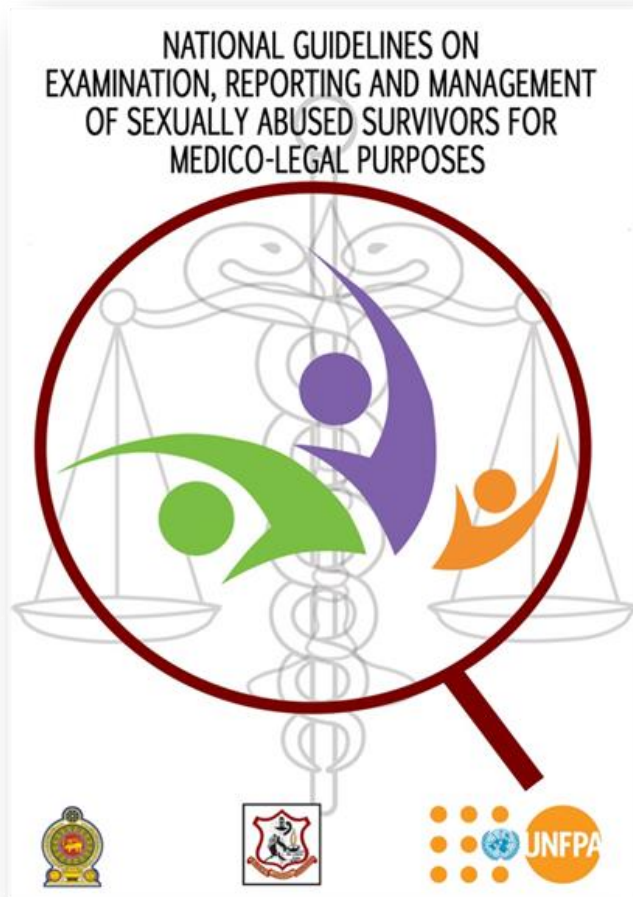
Action : civil

Both teams may share members from same agency



# The guidelines available in Sri Lanka

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# Objectives of the MDM

Provide immediate care in a secure environment

Reduce re-traumatization

Psychosocial re-habilitation and reintegration

Assess other children who may be at risk

Work towards holistic recovery

Prevent further abuse

Assist legal process for justice

# Steps in the management

Referrals (ML opinion/ Treatment )  
Clinical Case Conference

Reduce re-  
traumatization /  
victimization

Attending to immediate needs (Contraception, STI  
prophylaxis, Psychology, Protection )

Psycho-social rehabilitation  
Institutional case conference (Sectorial Case conference)

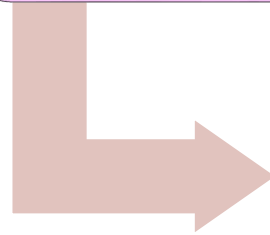
# To prevent re-victimization at hospital what we have done

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**JMO**

- Hx, Ex, Evi,  
opinion



**CCC**

- Pea/Psy/  
• STI/ Gyne



**ICC**

- Probation
- NCPA
- Police



# Clinical case conference

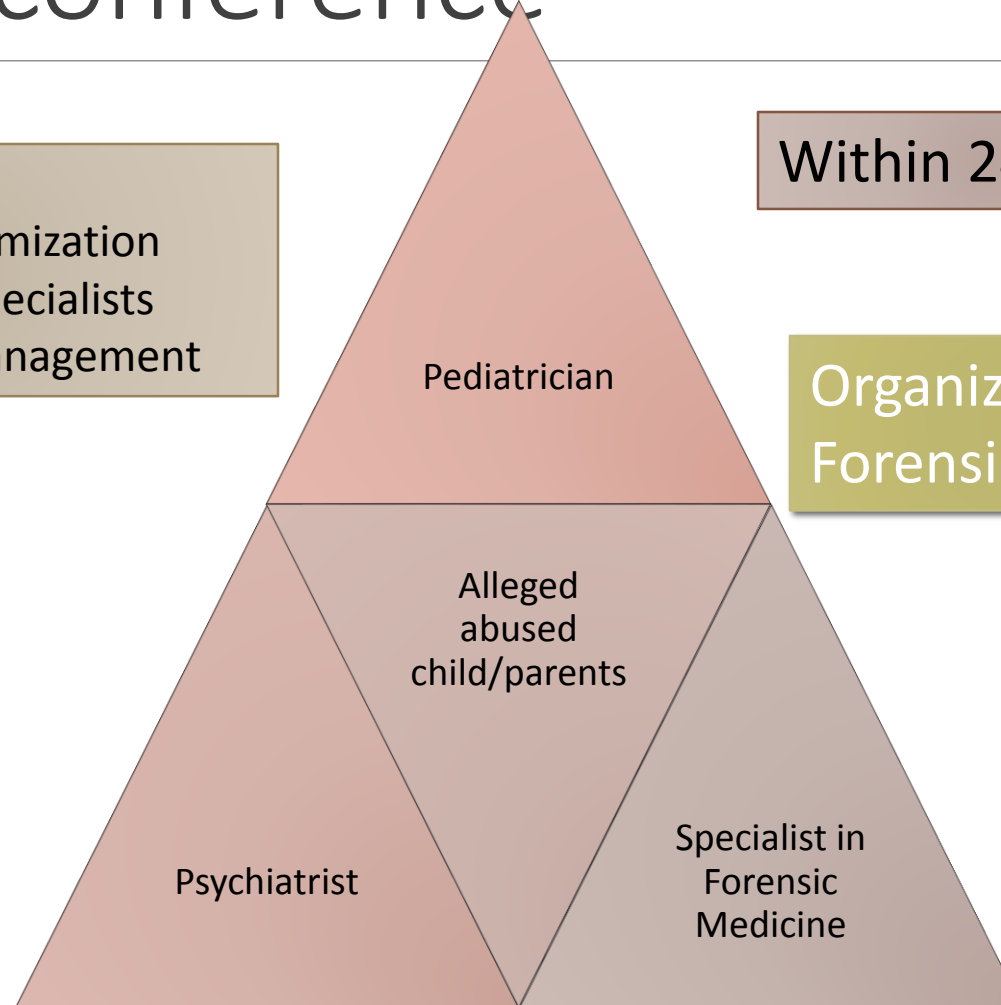
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## Objectives

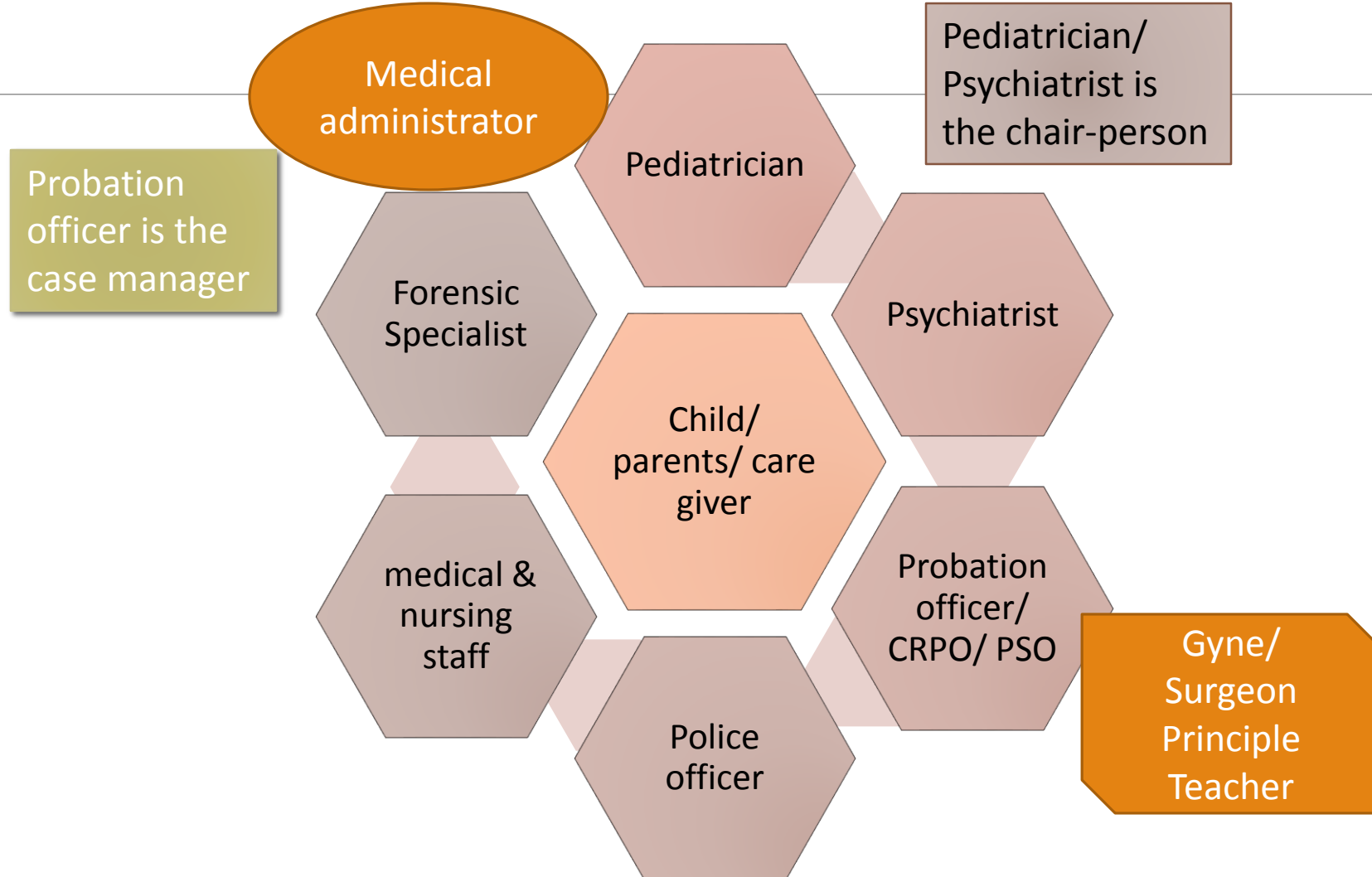
1. Prevent re-victimization
2. Inform other specialists
3. Plan further management

Within 24 hrs

Organized by  
Forensic unit



# Institutional case conference



# Institutional Case conference

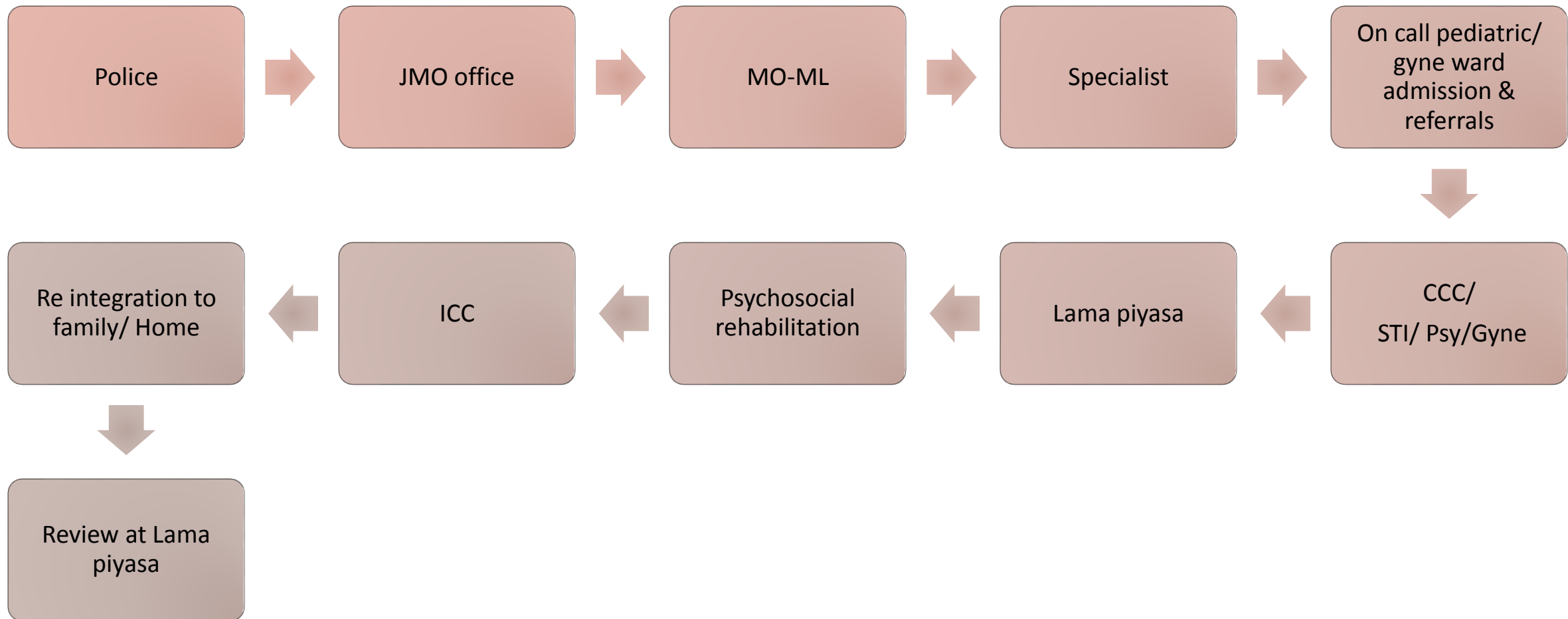


## Objectives

1. Ensure that further victimization does not take place
2. Prevent stigmatization
3. Ensure safety of child and family
4. Ensure that the child continues his/her education without interruption
5. Ensure a process of psychosocial rehabilitation and re-integration
6. Ensure legal justice with minimal delay

# My experience at NCTH Ragama

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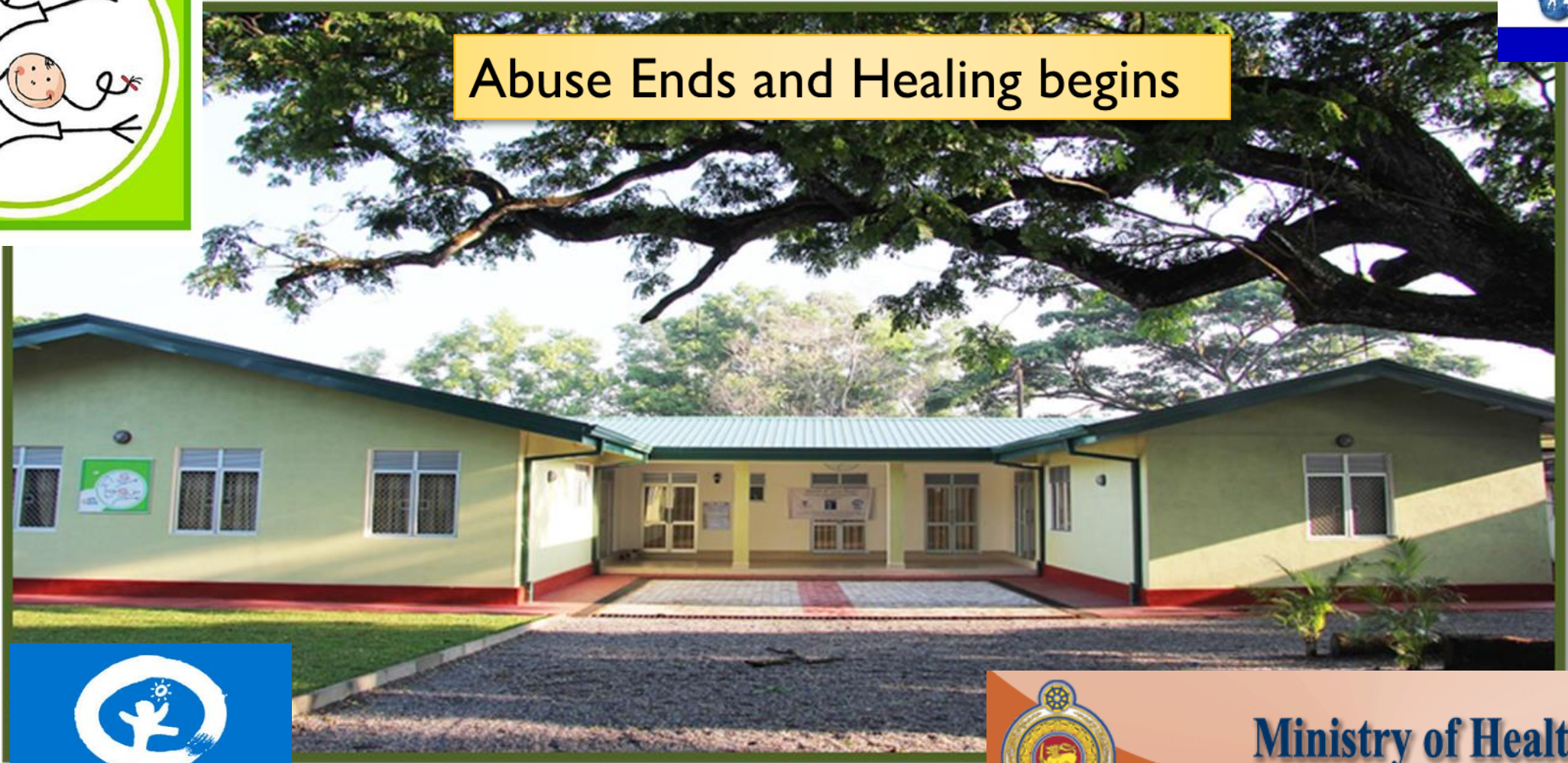






## Ragama Lama Piyasa “Safe Home”

Abuse Ends and Healing begins



Ministry of Health  
Sri Lanka

# MEDICO-LEGAL REPORTING FOR CRIMINAL JUSTICE RESPONSE

An expert opinion based on scientific reasoning



Administration of justice



Medico-legal report



# Medico-Legal opinion & MLR

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**MLEF : preliminary opinion under the remarks**

- Police copy & doctors copy

**MLR to courts when summons/ request received**

- Attorney General & indictment

# Medico-legal opinion MLEF

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## Penetration

- Prove or disapprove sexual intercourse

## Presence/ absence of injuries

- Interpretation on the consent



# Opinions in the MLEF (remarks)

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## Evidence of penetration (injuries to hymen)

- යෝනිගත ලිංගික ප්‍රවේශයක වෛද්‍ය සලකුණු ඇත.

## Evidence of penile penetration (injuries + semen)

- පුරුෂ ලිංගෙන්දිය මගින් සිදුවූ යෝනිගත ලිංගික ප්‍රවේශයක වෛද්‍ය සලකුණු ඇත.

No injuries to the hymenal membrane, but there is medical evidence of penetration between labia (injuries in fossa navicularis)

- කන්‍යා පටලය තුළින් සිදුවූ යෝනිගත ලිංගික ප්‍රවේශයක වෛද්‍ය සලකුණු නැත. එනමුදු අන්තර් අධර සිදුවූ ලිංගික ක්‍රියාවක සලකුණු ඇත.

No penetrative injuries. However intralabial penetration cannot be confirmed or excluded

- යෝනිගත ලිංගික ප්‍රවේශයක වෛද්‍ය සලකුණු නැත. එනමුදු අන්තර් අධර සිදුවූ ලිංගික ක්‍රියාවක් තහවුරු කිරීමට හෝ බැහැර කිරීමට නොහැක

No penetrative injuries. However other forms of sexual activities such as intracrural sexual intercourse cannot be confirmed or excluded

- යෝනිගත ලිංගික ප්‍රවේශයක වෛද්‍ය සලකුණු නැත. එනමුදු කලවා අතර සිදුවූ ලිංගික ක්‍රියාවක් තහවුරු කිරීමට හෝ බැහැර කිරීමට නොහැක

# Medico-Legal Report

Health 1145 is not suitable for these cases.

Recomends Free style medico-legal report

National guide has given the subtopics to be included

Medico Legal Report	
<p>A. Serial number:</p> <p>B. Case No</p> <p>C. Court:</p> <p>D. Date of Trial</p> <p>E. Reference details:</p> <p>a. MLEF number:</p> <p>b. Date of issue:</p> <p>c. Police station/Court:</p> <p>F. Identification:</p> <p>Full name:</p> <p>Date of birth:</p> <p>Age:</p> <p>If date of birth is not known estimated age:</p> <p>Sex:</p> <p>Address:</p> <p>G. Preliminary details</p> <p>Place of examination:</p> <p>Date and time of the examination:</p> <p>Examination performed by:</p> <p>The examinee was produced by:</p> <p>Hospital:</p> <p>Date and time of admission:</p> <p>BHT number:</p> <p>Ward:</p> <p>Date of review: (if reviewed)</p> <p>H. Information about the incident:</p> <p>Short relevant history:</p>	<p>I. Physical examination:</p> <p>General examination:</p> <p>Systemic examination: (if indicated)</p> <p>Wounds and scars:</p> <p>Mental state:</p> <p>J. Examination of genitalia: (where relevant)</p> <p>K. Examination of the anus and perianal area: (where relevant)</p> <p>L. Medical investigations and results: (where relevant)</p> <p>M. Referrals and review:</p> <p>N. Opinion:</p> <p>O. Recommendations (where relevant)</p> <p>P. Remarks (where relevant)</p> <p>Signature of the Medical officer:</p> <p>Name and qualifications:</p> <p>Designation and place of work:</p> <p>SLMC registration No:</p> <p>Date: Place:</p>

# Evidence in Courts

As an expert witness of the court





# Recent experience

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[Nilusha Nadeeshani.pdf](#)

Examined 2000

Report sent : 2009

Examination in Chief: 2014

During cross examination 2015 at trial victim faints

She cannot recall (no video-recording done)

Cross examination 2015: asked me about the positions

# Management of Sexual Assault/abuse



JMO Starts the relay: if the beginning is not good other runners cannot take the baton to the victory



Thank  
you