

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

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

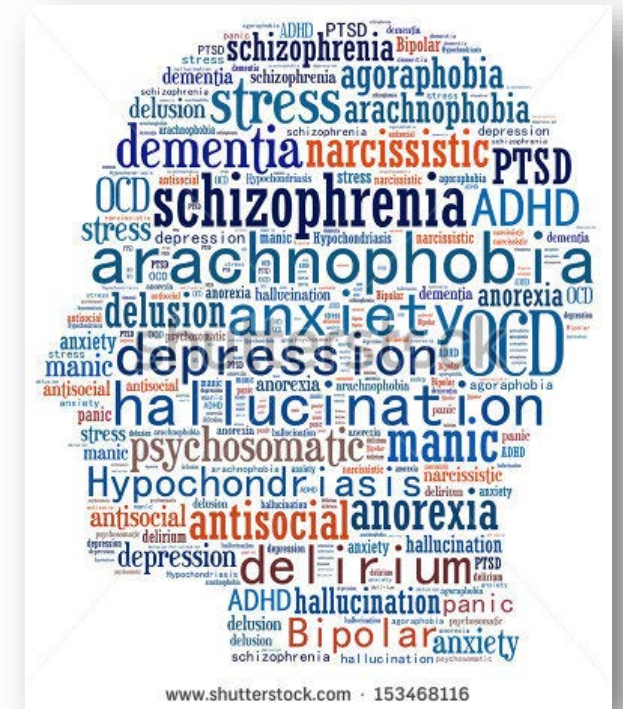
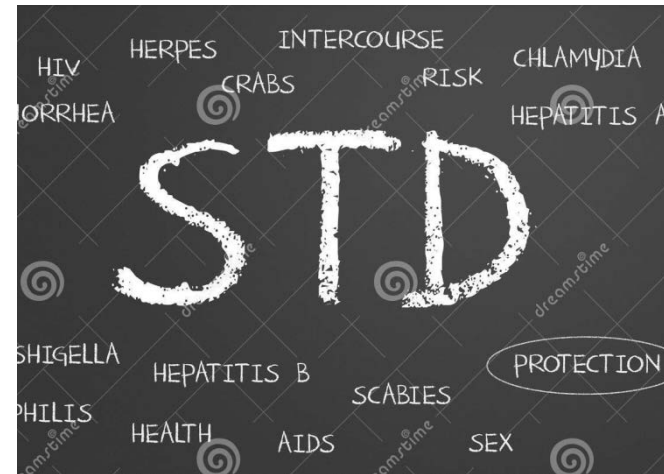
It is an act of violence to control and obtain power over the individual

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

- ❑ 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



1.5 mg of levonorgestrel (progestin)



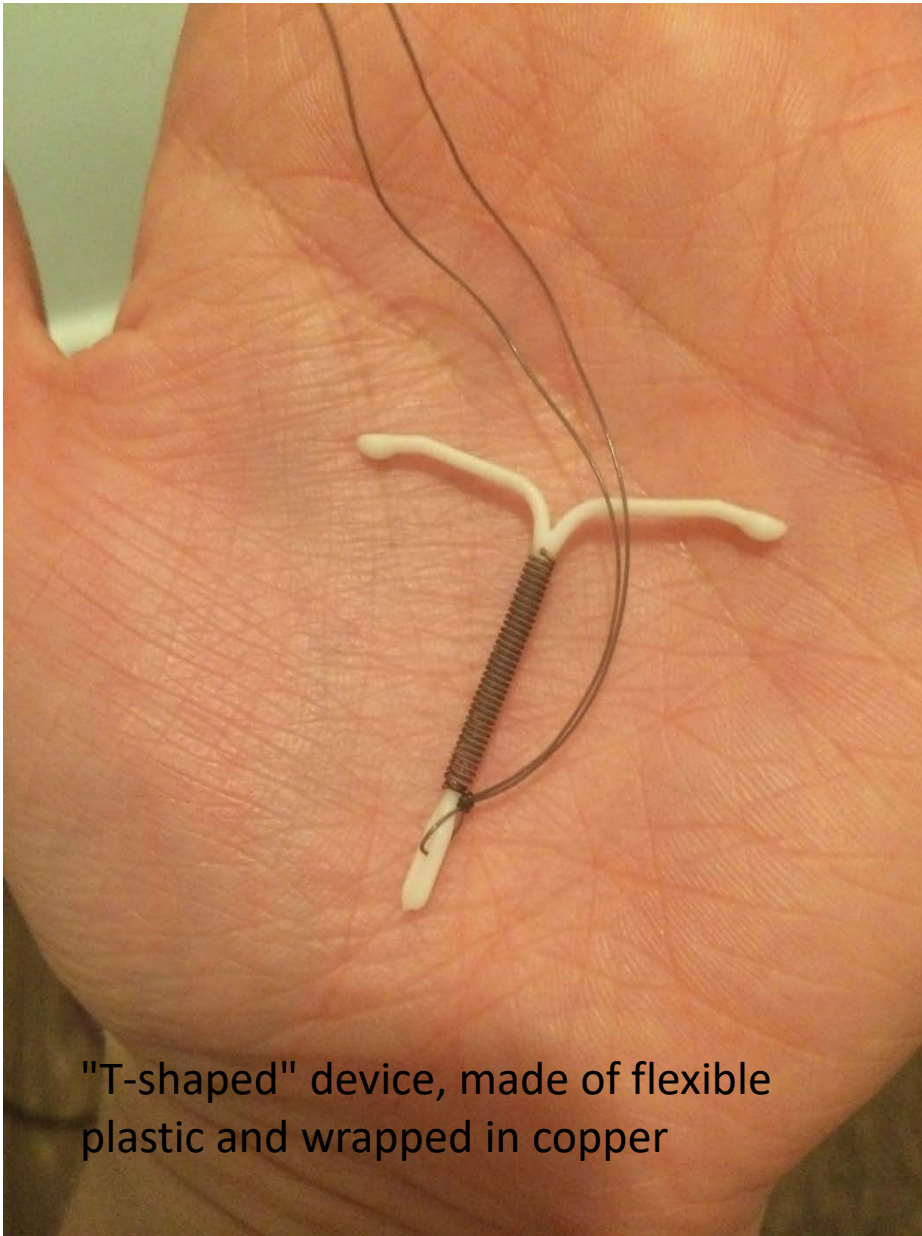
two 0.75 mg levonorgestrel tablets taken 12 hours apart

Sri Lanka Family Planning Association



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

Gynecological support ,
deliver the baby,
psychosocial support

If already pregnant : no
the life of the mother

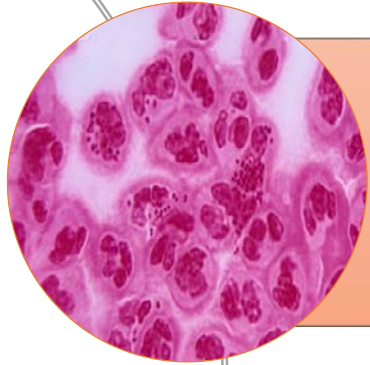




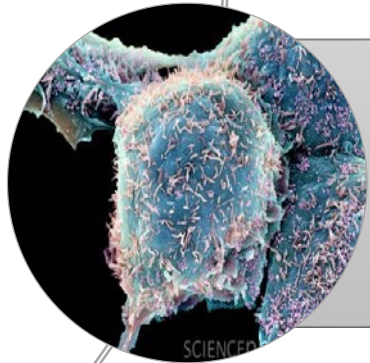
Acquiring an STI after SA

- 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

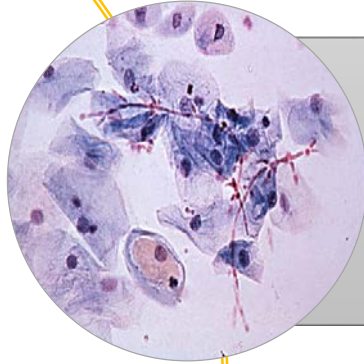


FEMALE

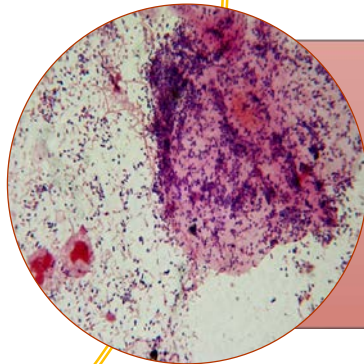
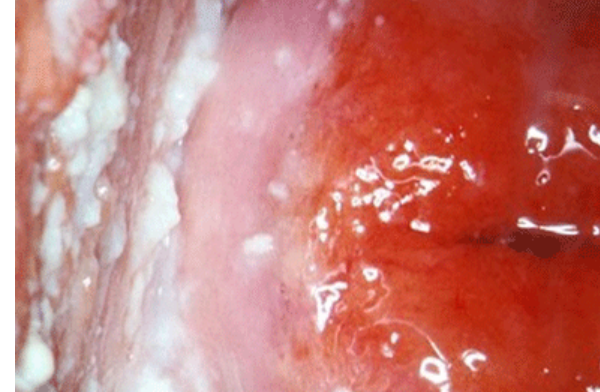


Indication of Sexual activity or not ?

Children/ adolescents



**Candida
infections**



**Bacterial
vaginosis**



Psychological impairment of sexual assault



Infancy

- Injury
- Affect regulation
- Attachment
- Growth
- Developmental delay



Childhood

- Anxiety disorders
- PTSD
- Mood disorders
- Disruptive behaviour disorders (e.g. ADHD)
- Academic failure
- Poor peer relations



Adolescent

- Conduct disorder
- Alcohol abuse
- Drug abuse
- Other risk-taking behaviors
- Recurrent victimization



Adult

- Personality disorders
- Relationship problems
- Employment problems
- Chronic disease

Maladjusted individual

Case report

- A 12 year old boy presented with a tick at 3.00 p.m.
 - A boy passed 5th 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

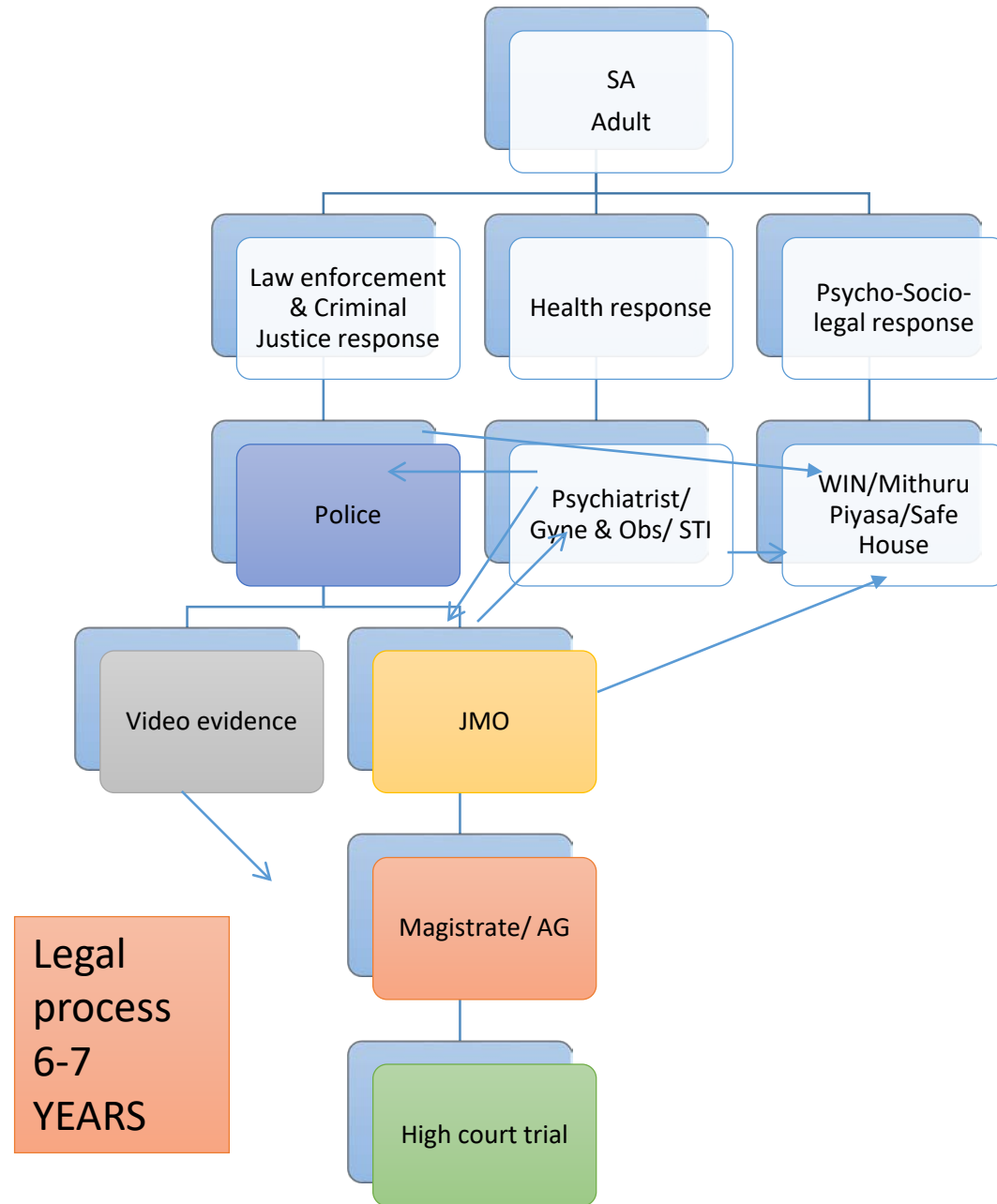
Health response

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

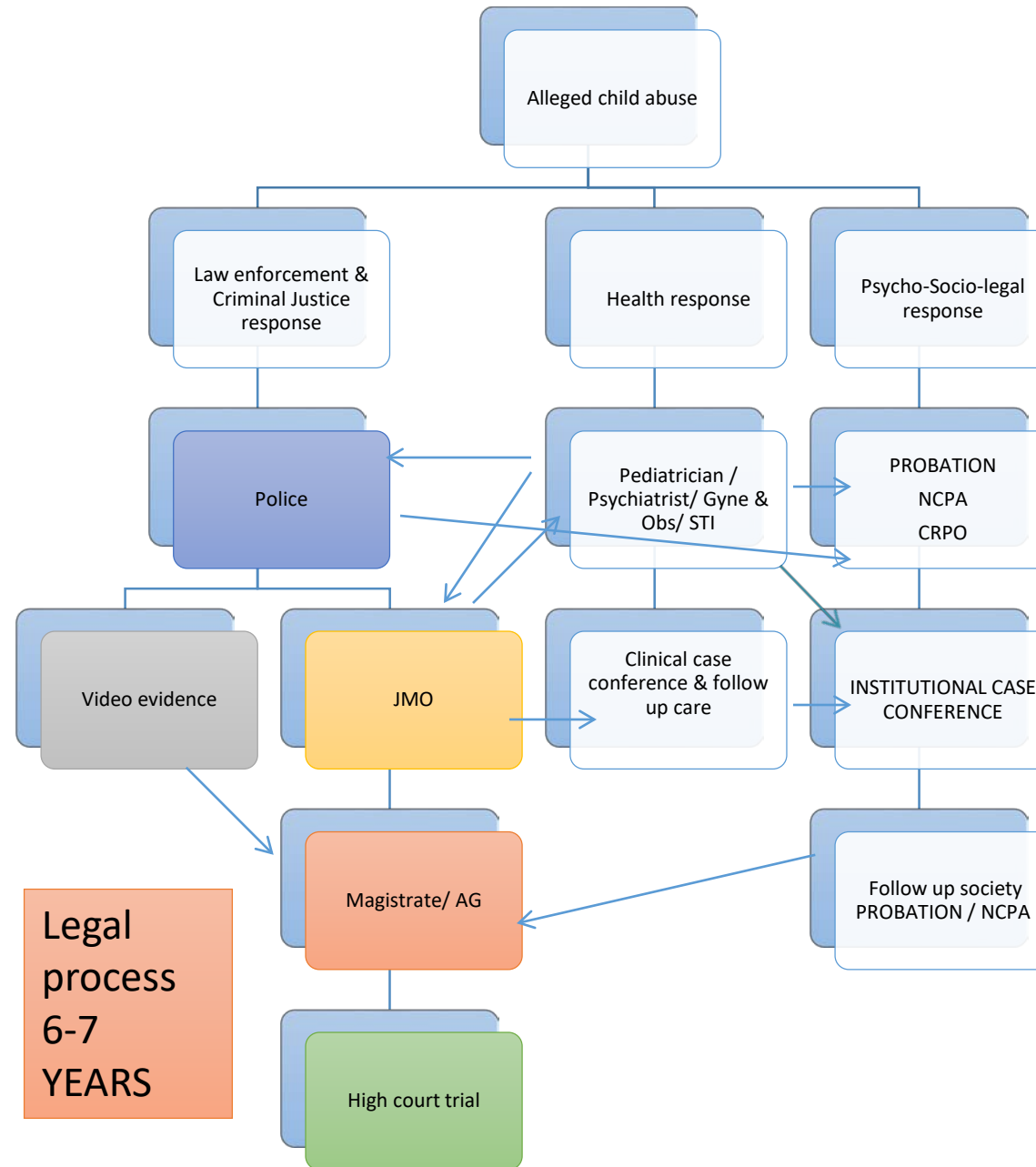




If the victim is child, he or she comes under the vulnerable group

Mandatory reporting to the criminal justice system is practiced by professionals and the society





Multi Disciplinary Teams in other countries

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	



Case reports

Pseudo-convulsions in a child subjected to abuse

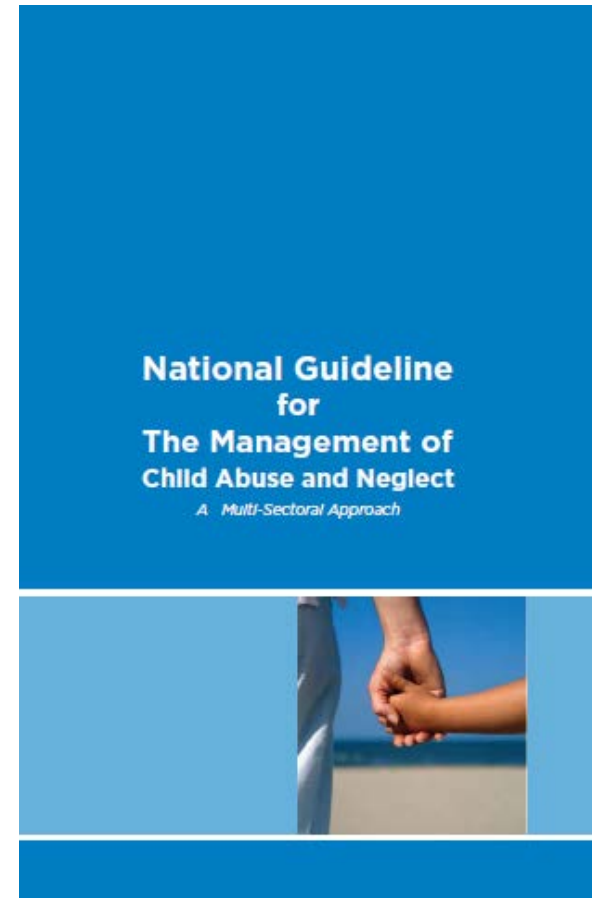
Anuruddhi Edirisinghe¹ and Ananda Samarasekera²

(Index words: Multidisciplinary approach to management, "fits" due to learned behaviour)

Lessons to learn to understand what we were doing in early 2000 was not enough



The guidelines available in Sri Lanka



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

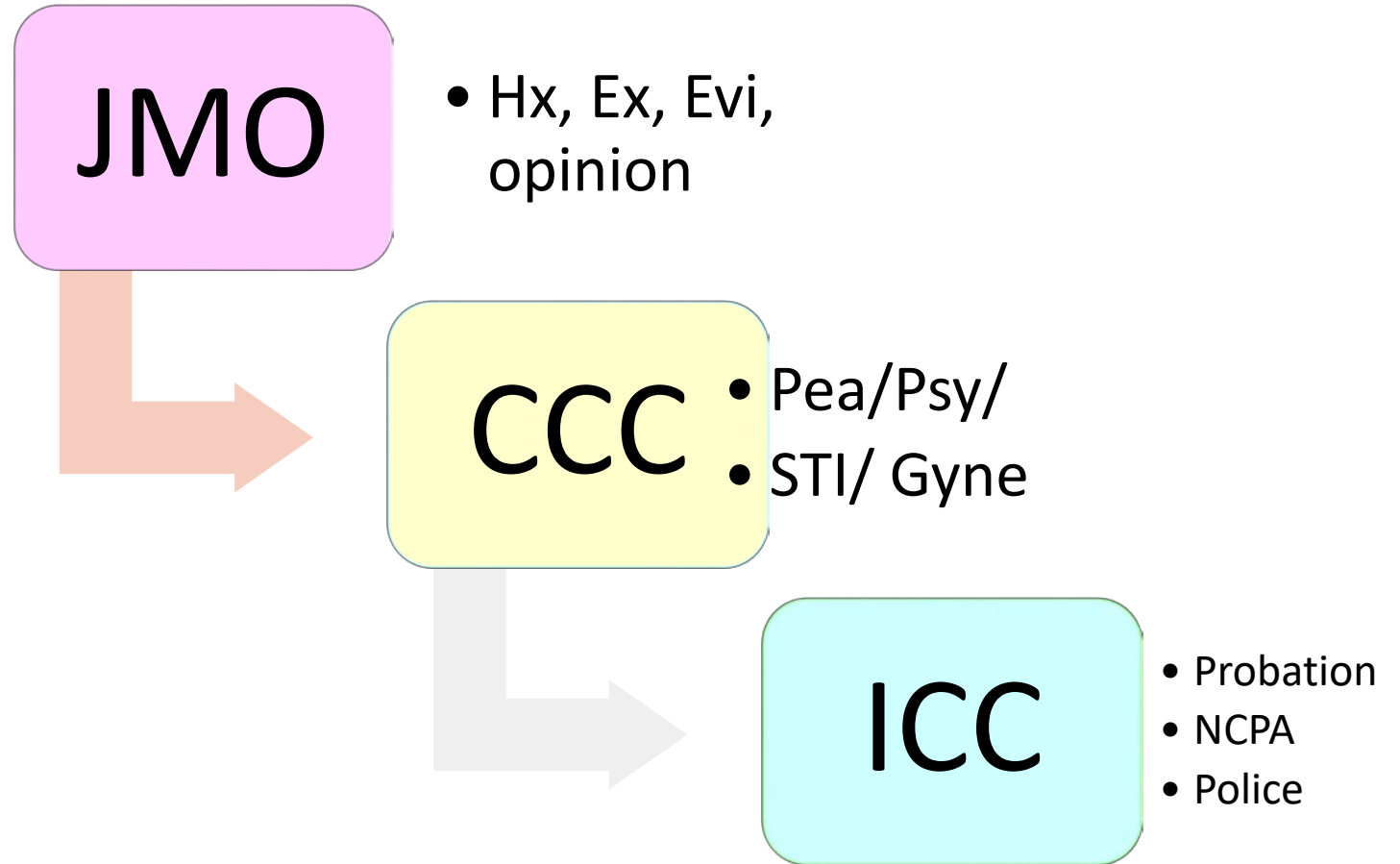
Referrals (ML opinion/ Treatment)
Clinical Case Conference

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



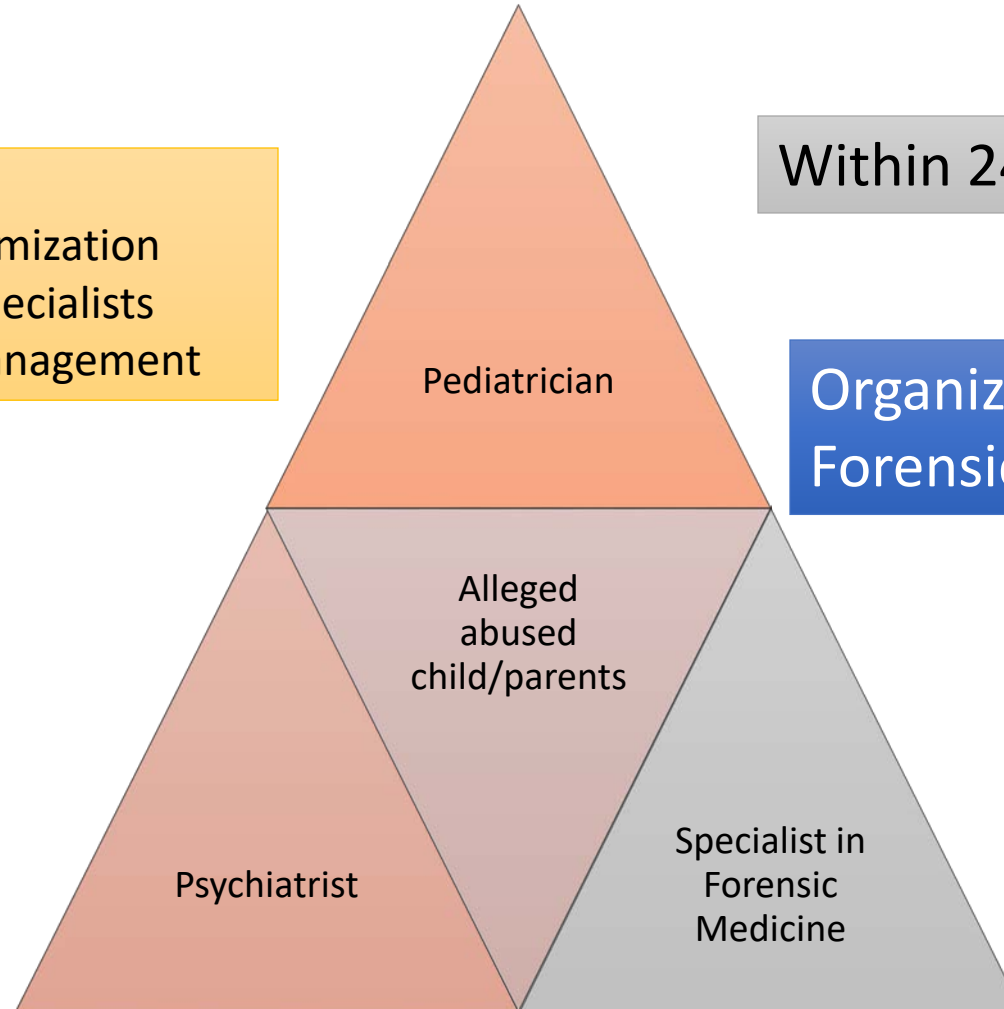
Clinical case conference

Objectives

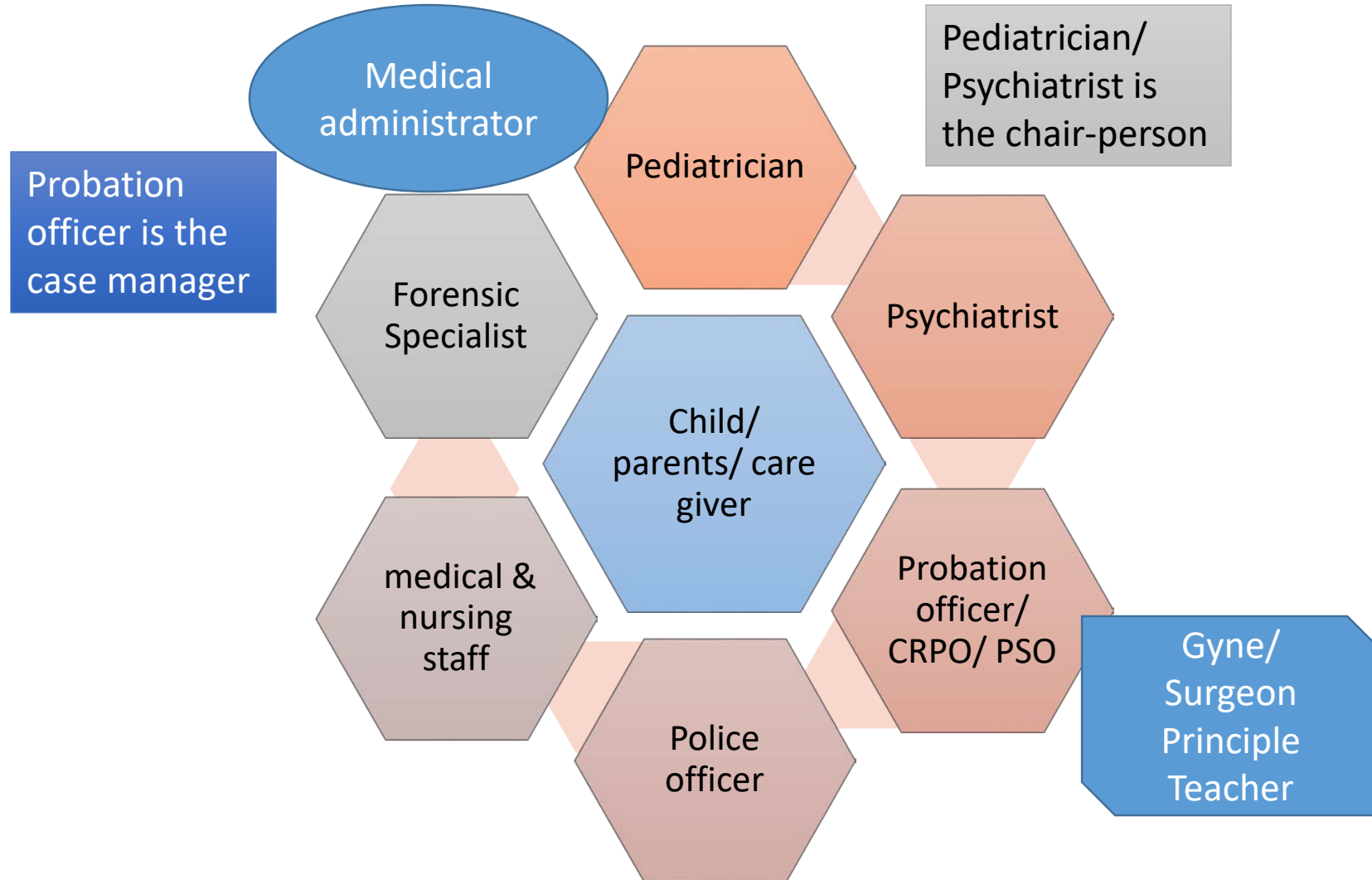
1. Prevent re-victimization
2. Inform other specialists
3. Plan further management

Within 24 hrs

Organized by
Forensic unit



Institutional case conference



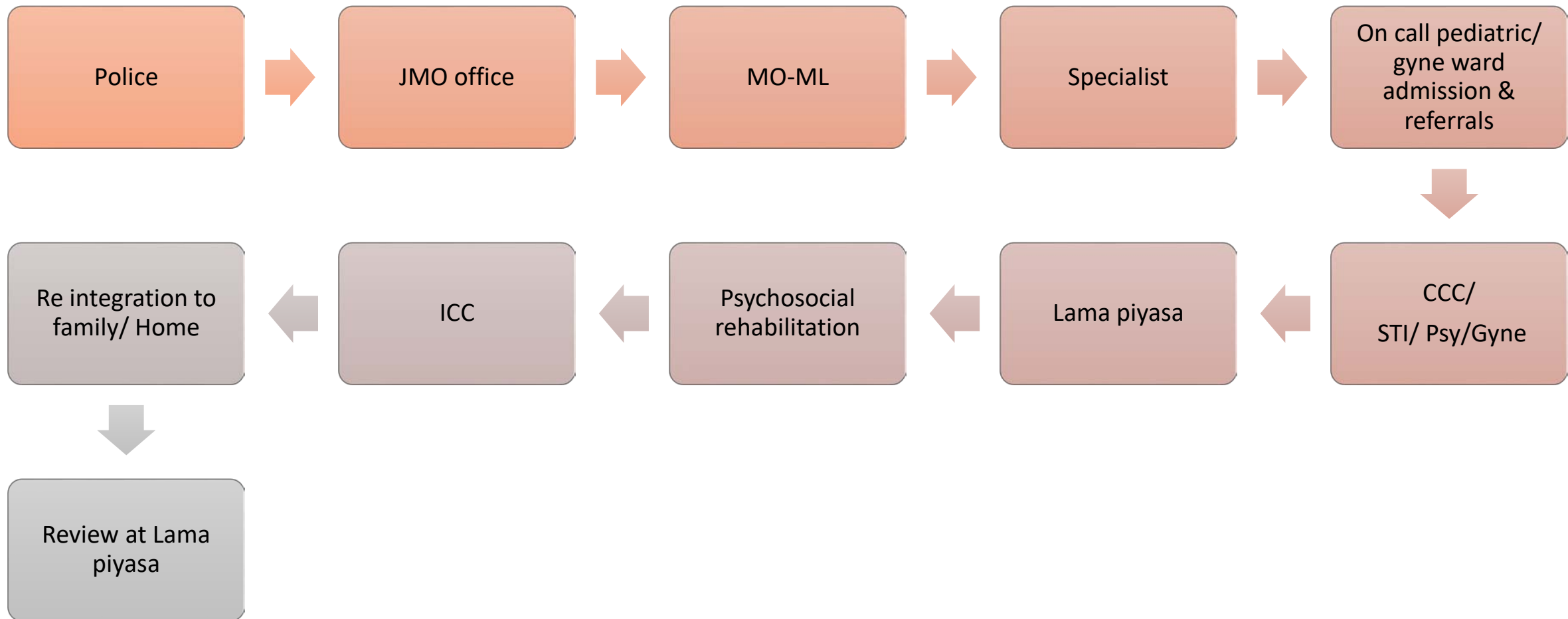
Institutional Case conference



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

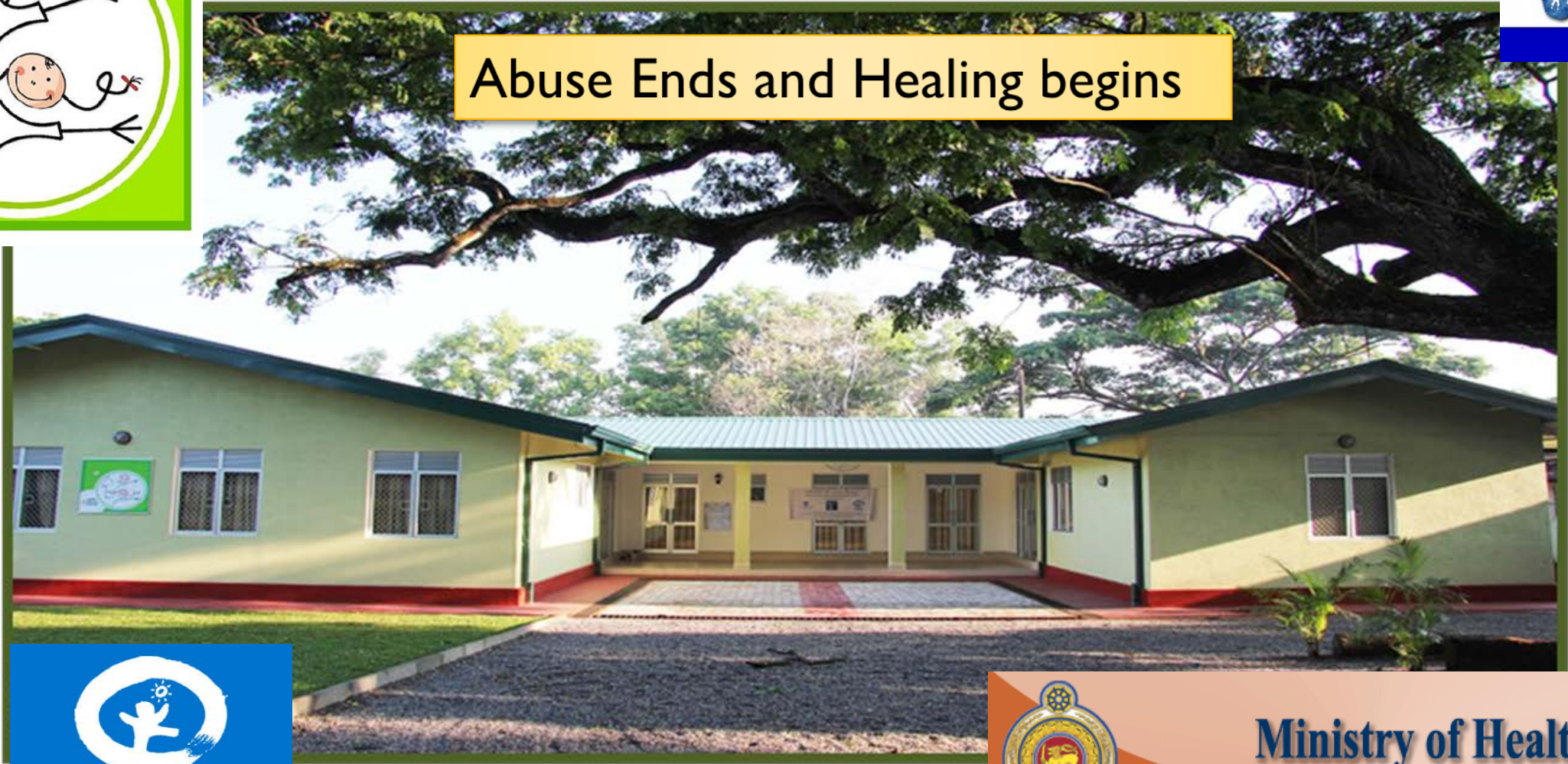
My experience at NCTH Ragama





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

MLEF : preliminary opinion under the remarks

- Police copy & doctors copy

MLR to courts when summons/ request received

- Attorney General & indictment

Medico-legal opinion MLEF

Penetration

- Prove or disapprove sexual intercourse

Presence/ absence of injuries

- Interpretation on the consent

Opinions in the MLEF (remarks)

Evidence of penetration (injuries to hymen)

- යෝනිගත ලිංගික ප්‍රවේශයක වෛද්‍ය සලකුණු ඇත.

Evidence of penile penetration (injuries + semen)

- පුරුෂ ලිංගෙන්ද්‍රිය 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.
- Recommends Free style medico-legal report
- National guide has given the subtopics to be included

Medico Legal Report

A. Serial number:

B. Case No

C. Court:

D. Date of Trial

E. Reference details:

a. MLEF number:

b. Date of issue:

c. Police station/Court:

F. Identification:

Full name:

Date of birth:

Age:

If date of birth is not known estimated age:

Sex:

Address:

G. Preliminary details

Place of examination:

Date and time of the examination:

Examination performed by:

The examinee was produced by:

Hospital:

Date and time of admission:

BHT number:

Ward:

Date of review: (if reviewed)

H. Information about the incident:

Short relevant history:

I. Physical examination:

General examination:

Systemic examination: (if indicated)

Wounds and scars:

Mental state:

J. Examination of genitalia: (where relevant)

K. Examination of the anus and perianal area: (where relevant)

L. Medical investigations and results: (where relevant)

M. Referrals and review:

N. Opinion:

O. Recommendations (where relevant)

P. Remarks (where relevant)

Signature of the Medical officer:

Name and qualifications:

Designation and place of work:

SLMC registration No:

Date: Place:

Evidence in Courts

As an expert witness of the court



Recent experience

- [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



Kelaniya
Medicine