

# Forensic technology and sexual assault

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Managing adult sexual assault. (2004). Williams, A. *Australian Family Physician*, 33(10), 825–828.

It is estimated that only 15–20% of women who have been sexually assaulted report to police, and therefore the real incidence of sexual assault in males and females is unknown. Once reported, victims of acute cases of sexual assault (within 72 hours of the allegation) may undergo a forensic medical examination to document injuries, collect forensic specimens and provide an opinion to be used by the criminal justice system. Dealing with a sexual assault case is easier and more efficient when the treating doctor has a good understanding of the issues involved in adult sexual assault and how to obtain crisis care for the victim. Early management of a victim of sexual assault, regardless of whether they want to report to police, is important for minimising associated risks, documenting injuries and obtaining forensic specimens. This article outlines the process of a forensic medical examination, as well as providing a management flow chart for medical practitioners who are caring for a victim of sexual assault who does not wish to report to police.

Management of acute adult sexual assault. (2003). Mein, J. K., Palmer, C. M., Shand, M. C., Templeton, D. J., Parekh, V., Mobbs, M. et al. *Medical Journal of Australia*, 178(5), 226–230. Available online: <[www.mja.com.au/public/issues/178\\_05\\_030303/mei10448\\_fm.html](http://www.mja.com.au/public/issues/178_05_030303/mei10448_fm.html)>.

An estimated 13% of women and 3% of men worldwide report sexual assault in their lifetime. This article outlines the management of adult sexual assault and notes that although managing sexual assault may appear daunting, some victims want medical care only. The authors state that after disclosure, forensic assessment should be discussed. If a complaint to the police is possible, give the first dose of emergency contraception if required, and refer for forensic assessment. If medical care only is desired, determine the timing and type of assault and current contraception, manage general and genital injuries and perform relevant tests. After unprotected vaginal rape, offer emergency contraception, chlamydia prophylaxis and vaccination against hepatitis B virus. Counselling is important for all victims of sexual assault, as psychosocial consequences are more common than physical injuries. Management by a sympathetic, non-judgemental health practitioner helps the victim to regain control.

*The uses and impacts of medico-legal evidence in sexual assault cases: A global review.* (2007). Du Mont, J., White, D., World Health Organization, & Sexual Violence Research Initiative. Geneva: WHO. Available online: <[www.svri.org/medico.pdf](http://www.svri.org/medico.pdf)>.

Sexual assault is a common, widespread and insidious problem that has serious physical, psychological, emotional and social consequences. In most regions, rape myths, which are a product of patriarchal attitudes, have shaped the ways in which women have been treated by health services, police and the judiciary. As a result, victims have frequently chosen not to report their assaults or have been filtered out of criminal justice systems, resulting in low charge-laying/filing and conviction rates. In many instances, the collection of medico-legal evidence, often demanded in the law or policy for corroborative purposes, has been inconsistent, severely limited in quality and scope, or not undertaken. This review was commissioned by the World Health Organization for the Sexual Violence Research Initiative to provide a global overview of the uses and impacts of medico-legal evidence in cases of sexual assault of adolescents and adults. It examines the existing peer-reviewed scholarly and grey literature from industrialised and developing regions. These documents were drawn primarily from a number of English-language sources, derived from searches of electronic databases, the Internet, and websites of international, intergovernmental organisations, governments, non-governmental organisations, civil society organisations and research centres, as well as from consultations with knowledgeable academics, policy-makers and practitioners to obtain information on potentially relevant published and unpublished materials. The review outlines the historical and contemporary medico-legal responses to sexual assault victims, broadly describing the professionals, protocols and procedures involved in the collection and processing of medico-legal evidence. Findings are presented from studies that have evaluated the legal impact of such evidence in sexual assault cases, and factors that may create barriers to its successful use in criminal justice proceedings are discussed. The review concludes with a summary, identifies salient knowledge gaps and offers research recommendations for addressing them.

Medical examinations of sexual assault victims: Forensic use and relevance. (2003). Edwards, J. *Judicial Officers' Bulletin*, 15(8), 65–66, 72.

The forensic use of medical examinations of sexual assault victims is discussed, with a focus on two important questions: why there are frequently no (or only minor) injuries resulting from the alleged assault; and why children who have accurately described penetration frequently have no medical injuries that are consistent with penetration. The article discusses the physical aspects of sexual assault— anatomy, functions, injuries and healing processes—in relation to adults and children and in cases of anal sexual assault. The discussion is aimed at helping courts assess the weight to be given to the medical findings in any particular sexual assault matter.

Visualizing sexual assault: An exploration of the use of optical technologies in the medico-legal context. (2009). White, D., & Du Mont, J. *Social Science & Medicine*, 68(1), 1–8.

This article is an exploration of the visualisation of sexual assault in the context of adult women. In investigating the production of visual evidence, we outline the evolution of the specialised knowledge of medico-legal experts and describe the optical technologies involved in medical forensic examinations. We theorise that the principles and practices characterising medicine, science and the law are mirrored in the medico-legal response to sexual assault. More specifically, we suggest that the demand for visual proof underpins the positivist approach taken in the pursuit of legal truth and that the generation of such evidence is based on producing discrete and decontextualised empirical facts through what are perceived to be objective technologies. Drawing on interview and focus group data with 14 sexual assault nurse examiners (SANEs) in Ontario, Canada, the authors examine perceptions and experiences of the role of the visual in sexual assault. Certain of their comments appear to lend support to our theoretical assumptions, indicating a sense of the institutional overemphasis placed on physical damage to sexually assaulted women's bodies and the drive towards the increased technologisation of visual evidence documentation. They also noted that physical injuries are frequently absent and that those observed through more refined tools of microvisualisation, such as colposcopes may be explained away as having resulted from either

vigorous consensual sex or a "trivial" sexual assault. Concerns were expressed regarding the possibly problematic ways in which either the lack or particular nature of visual evidence may play out in the legal context. The process of documenting external and internal injuries created for some an uncomfortable sense of fragmenting and objectifying the bodies of those women they must simultaneously care for. The authors point to the need for further research to enhance understanding of this issue.

Defining patterns of genital injury from sexual assault. (2007). Sommers, M. S. *Trauma, Violence & Abuse*, 8(3), 270–280.

Forensic examination following rape has two primary purposes: to provide health care and to collect evidence. Physical injuries need treatment so that they heal without adverse consequences. The pattern of injuries also has a forensic significance in that injuries are linked to the outcome of legal proceedings. This literature review investigates the variables related to genital injury prevalence and location that are reported in a series of retrospective reviews of medical records. The author builds the case that the prevalence and location of genital injury provide only a partial description of the nature of genital trauma associated with sexual assault and suggests a multidimensional definition of genital injury pattern. Several of the cited studies indicate that new avenues of investigation, such as refined measurement strategies for injury severity and skin colour, may lead to advancements in health care, and the forensic and criminal justice systems.

DNA evidence in rape cases and the Debbie Smith Act: Forensic practice and criminal justice implications. (2006). Telsavaara, T. V. T., & Arrigo, B. A. *International Journal of Offender Therapy and Comparative Criminology*, 50(5), 487–505.

The Debbie Smith or "Justice for All" Act was passed in the US in November 2004. The act addresses the problem of collecting and analysing DNA evidence from backlogged rape kits sitting in crime laboratories around the country. Presently, no empirical data exist by which to assess the soundness of the legislation. However, the act clearly affects discrete operations within the forensic and criminal justice systems. This article explores the relative merits of the Debbie Smith law, highlighting changes in sexual assault nurse examiner programs, law enforcement, court

administration, correctional treatment, and juvenile justice practices. Concerns linked to the likely impact of the "Justice for All" Act raise significant questions about its overall programmatic utility and treatment efficacy.

The psychological impact of rape victims. (2008). Campbell, R. *American Psychologist*, 63(8), 702–717.

This review article examines rape victims' experiences seeking post-assault assistance from the legal, medical and mental health systems and how those interactions affect their psychological wellbeing. This literature suggests that although some rape victims have positive, helpful experiences with social system personnel, for many victims, post-assault help-seeking becomes a "second rape"—a secondary victimisation to the initial trauma. Most reported rapes are not prosecuted, victims treated in hospital emergency departments do not receive comprehensive medical care, and many victims do not have access to quality mental health services. In response to growing concerns about the community response to rape, new interventions and programs have emerged that seek to improve services and prevent secondary victimisation. The contributions of rape crisis centres, restorative justice programs, and sexual assault nurse examiner programs are examined. Strategies for creating more visible and effective

roles for psychologists and allied professionals are also discussed.

Differential characteristics of intimate partner, acquaintance, and stranger rape survivors examined by a sexual assault nurse examiner (SANE). (2007). Logan, T. K., Cole, J., & Capillo, A. *Journal of Interpersonal Violence*, 8, 1066–1076.

Relatively little is known about the characteristics of sexual assault survivors who present to the emergency room. Examination of differences in survivor, assault and exam characteristics by type of offender (intimate partner, acquaintance, acquaintance-just-met, and stranger) was conducted in this study. The authors used intake data collected from 331 women who presented to an emergency room and were examined by a sexual assault nurse examiner between 2001 and 2004. First, the data suggest there is a difference in injury patterns depending on the survivor–offender relationship. Second, there was a high rate of women assaulted by a known offender presenting to the emergency room. Third, there are important differences in survivor substance use among women assaulted by different offenders. Implications for research and practice are discussed.

## ACSSA Promising Practise Database

Many readers would be familiar with the ACSSA Promising Practice Database, the online database of Australian sexual assault projects and services. This has been a popular resource, recording nearly 50,000 hits during 2006–07, and we hope this will continue to be a useful source of information.

ACSSA is continuing to build its Promising Practice Database, to document and publicise promising practice and activities being undertaken in relation to sexual assault.

If you or your organisation has developed and/or has been involved in conducting a sexual assault related program or initiative, we would like to invite you to share your program with us. ACSSA welcomes practices from service providers, policy and program developers, educators and trainers, researchers and others working to address sexual violence.

For information about the Promising Practice Database, including how to submit a proposal for consideration, please visit <[www.aifs.gov.au/acssa/ppdb/promisingpractice.html](http://www.aifs.gov.au/acssa/ppdb/promisingpractice.html)> or email <[acssa@aifs.gov.au](mailto:acssa@aifs.gov.au)> to register your interest in submitting a profile