



## **Recommendations for the documentation of victims of physical and sexual violence from the “JUST<sub>e</sub>U!”-workshop. A European-wide minimum standard for clinical forensic examinations**

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### **A. Introduction**

Physical and sexual violence is ubiquitous and occurs in all strata of human societies.<sup>1</sup> The medical system, hospitals as well as local physicians, is well suitable to mend injuries and heal diseases, but the exact documentation of injuries and the asservation of stains or material for toxicological examinations is in my opinion not the primary focus of the health system. The number of specialists for documentation and assessment of injuries and stains – medico-legal examiners like forensic physicians – is too small to offer an examination by these specialists to every victim. However, the exact juridical assessment of cases in which violence is involved often depends on these findings and therefore, other ways to obtain such information have to be established.

For this purpose, it is crucial to keep in mind that clinical forensic examinations can either be authorized by the judicial authorities or be performed on a private-law basis, in the latter case most of the times upon request from the victim. In the first case, a forensic medico-legal examination (MLE) usually comprising documentation as well as interpretation of evidence has to be performed from a neutral, impartial and independent point of view.<sup>2</sup> Such an examination should be performed by a qualified forensic medicine expert and is not the topic of these present recommendations. The following recommendations are therefore aimed primarily at all practicing physicians who have no medico-legal expertise, but could easily become the first contact points for victims of violence, in order to obtain a reliable documentation and asservation for any subsequent legal procedure. Such a documentation shall in the following be referred to as medico-legal documentation (MLD) for victims of violence.

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<sup>1</sup> World Health Organization (2002), World report on violence and health. WHO, Geneva

<sup>2</sup> Vali M (2011) Forensic medical examination living persons. European Council of Legal Medicine. Retrieved from: [http://eclm.info/docs/GUIDELINES/8\\_Forensic\\_examiantion\\_living\\_person.pdf](http://eclm.info/docs/GUIDELINES/8_Forensic_examiantion_living_person.pdf) (1.2.2019).

To offer MLDs in several parts of Europe good practice models have been established to guarantee prompt, complimentary, reliable and region-wide examinations for victims. One of the most prominent examples is the “Netzwerk ProBeweis”<sup>3</sup> which offers a standardized examination for the roughly eight million inhabitants of the state of Lower Saxony, Germany, via their currently 37 clinics for victims of sexual and physical violence, 24 hours a day, seven days a week.

The aim of these recommendations is to enable physicians without minimal forensic experience to perform a MLD on patients, who have become victims of physical and/or sexual violence either by themselves or upon request by the victim.

## **B. Aims of a MLD**

1. to document the injuries a victim has suffered during the incident of violence;
2. to collect and store evidence accordingly (e.g. DNA-swabs, blood or urine samples);
3. to perform a thorough anamnesis concerning prior diseases or trauma(ta); and
4. to document a subjective description of each incident.

It is not the aim of a MLD to interpret the evidence or to yield a detailed evaluation of the crime scene. Also the description of clothes worn during the incident is not necessarily the aim of a MLD.

A MLD may be performed by the attending physician. However, it can be performed by clinical physicians and/or forensic nurses depending on the local circumstances. The assessment of sexual assault, however, may in most cases require the referral to a gynaecologist. Regular training in forensic medicine is beneficial, but at least minimal forensic experience is necessary. To that end, it is strongly recommended that the physicians involved in MLD follow a standardized protocol and medical guidelines concerning this procedure. To ensure that these guidelines are obeyed, a training unit held by an experienced forensic physician should be mandatory for all physicians involved. For this purpose, a training unit (about 90 minutes) followed by annual refresher courses, should suffice.

## **C. Minimal standards for performing a MLD**

### *1. Standards for the examination room and its equipment*

A MLD is an intimate act which includes the removal of clothes as well as the disclosure of confidential information. Therefore, the examination room has to meet certain standards to guarantee the respect for the persons’ personal integrity and the medical obligation of confidentiality; most of these demands do not differ from requirements for a clinical medical consultations:

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<sup>3</sup> <https://www.probeweis.de/en/> (1.2.2019).

- a. It must be guaranteed that the physician and the patient are neither disturbed nor overheard.
- b. The room and the furniture must have surfaces which can be cleaned easily. Light must be sufficient. Even more so, all local standards for the workplace safety in rooms with patient contact have to be met (sharps disposal bin, gloves etc.).
- c. There should be a sink with alcoholic solution and soap dispenser.
- d. There should be a desk with at least three chairs (doctor, patient, accompanying person)
- e. There should be an examination couch.
- f. The investigation of sexual violence requires the presence of a gynaecological seat. Ideally, a colposcope is available.
- g. Material for drawing blood and urine samples as well as scissors for cutting finger nails should be available. Moreover, bags for collecting evidence should be available.
- h. For documentation purposes, there should be a camera as well as means to store and/or print the pictures.
- i. There should be a refrigerator (+4°C and -20°C) available in the vicinity for storing samples.
- j. There must be means for long time storing of the evidence up to 30 years, depending on the legal framework in the respective country.

## *2. Standards for the examination process*

- a. Prior to the examination, the patients must be informed about the examination procedure and potential consequences including the processing of personal data. After information, they must consent to the examination and separately to the data processing. The consent forms concerning the examination may vary between member states. The patients should especially be informed about the (medical) information protected by medical confidentiality after the examination and the legal extent of the duty of confidentiality.
- b. After thorough anamnesis concerning the medical history as well as the circumstances and manner of the assault, a comprehensive, systematic and detailed examination of the patient should be performed. The examination should not be limited to areas that were highlighted by the patients, but should include the whole body as long as the patient does not object to it.
- c. The examination should, however, be adopted to the type of assault: E.g. a purely physical assault should be treated differently than a sexual assault. In sexual assaults it

is most important to document the genitalia, e.g. hymen, labia etc. for lacerations or bruises. An examination of the deeper areas using specula is possible, but only after thorough examination of the external genitalia – in order to avoid injuries from inserting the specula interfering with injuries from the assault. Still, the documentation of sexual assault should not be limited to these most important areas.

- d. Photo documentation of injuries is of paramount importance. Therefore, cameras must be available in any examination setting and the physicians need training in correct imaging of injuries (using scales, taking pictures in the right angle to the surface, taking survey pictures as well as detail pictures etc.).
- e. During the documentation process, samples should be taken depending on the type of assault: nail clippings or swabs from the nails, if the victim has scratched the perpetrator; swabs from the body surface on areas with secretions of the perpetrator, e.g. kisses, bite marks, semen stains; swabs from the body surface on areas the victim was in close physical contact with the perpetrator, e.g. pressure marks from gripping or skin over bruises from beating.
- f. In cases of sexual assault, swabs should be taken from the external genitalia as well as from the deep vagina. A swab from the cervical canal may be taken, but is of doubtful additional benefit. In cases of anal penetration, a rectal swab should be taken.
- g. The documentation of sexual violence should be performed on female and male persons.
- h. To perform the MLD a standardized documentation form is highly desirable. The form should be as simple as possible and as comprehensive as necessary. Although there are different types of assault (physical, sexual) the form should be the same in all cases, and guide a physician without extensive forensic expertise through the examination. Despite the possibility of photo documentation, it should include body schemes of sufficient size. An example for a documentation form, the translation of the Austrian “MedPol” form into English is included as attachment to this document.
- i. It was proven to be most useful to use a kit for documentation and evidence sampling that includes all necessary equipment with the exception of those which are present in every hospital or private practice (e.g. gloves). There are several assault kits available, some made by firms, some custom made. The assault kit should at least include the following items:
  - i. A form in which the patient is informed about the documentation and its consequences and gives her/his informed consent.

- ii. A standardized protocol for performing a MLD that guides the physician through the process of documentation, advises the physician to ask the appropriate questions and puts special emphasis on anatomic regions depending on the type of violence. E.g. in a case of strangling, the physician should be prompted to ask for black out, bladder emptying or problems with swallowing, to scan for petechial bleedings in the face, especially the conjunctivae, and to document potential coarseness of the voice.
- iii. Different swabs to collect stains from the body surface and vagina, anus or oral cavity. Swabs as well as bags for storing after sampling need to be DNA-free. Sterilization is not sufficient to achieve this goal.
- iv. Sterile water to moisten the swabs.
- v. 10 little and labelled bags for collecting finger clippings.
- vi. A larger bag to collect the underpants and disposable pants.
- vii. A very large bag for potentially collecting a larger piece of evidence.
- viii. Vials and equipment to take a blood sample and/or urine sample, including a recommendation upon which indication to collect these samples.
- ix. A colorimetric scale for photo documentation.
- x. A SD memory card to store pictures taken from injuries, or another way to store or transport pictures.
- xi. Seals.

A comb for collecting pubic hairs (that is part of several other evidence kits) is not necessarily part of the kit, as it is perceived that the act of combing the mons pubis could be experienced as a transgressive act which might lead to re-traumatization of the victim. Nevertheless, hairs found on the victim should be collected and put into one of the bags included in the kit.

- j. Long-time storing of the evidence material is an important task as the limitation periods of crimes can vary up to 30 years and the clinical practice is only in part used to such long storage times. Therefore, solutions involving secure centralized long time storage should be generated by the state government. The problem could for example be solved in the following way: After the MLD, all evidence including the SD card is put into a box which is sealed. A potential blood sample should be centrifuged, the serum filled in a separate tube and be temporarily stored at -20°C together with the urine sample. If this is not possible, the tubes should be put into the box as well and the box should be

put into a refrigerator at +4°C until transport to the coordinating Institute of Legal Medicine for long time storage.

### 3. Special situations:

#### a. MLD on children

The forensic evaluation of injuries on minors, which can be caused by abuse as well as maltreatment or accident, is in most of the times more challenging than in adults.<sup>4</sup> The procedure should generally adhere to the standards given above, but additional points, e.g. the sexual maturity using Tanner´s staging should be assessed. For the assessment of sexual assault, the cooperation of a specialized paediatric gynaecologist may be necessary. The documentation on infants and toddlers, on the other hand, might involve an interdisciplinary approach involving e.g. paediatricians, paedio-radiologists or ophthalmologists or paediatric psychiatrists.

#### b. MLD on elderly

Also on elderly victims the extent of the examination may be modified.<sup>5</sup> Dementia may impair the communication and the elderly will in many cases not be able to report acts of violence. Moreover, violence against elderly is in many cases (as in children) repetitive. Therefore, the documentation of injuries should be done on a regular basis, even if it is not clear that these are the consequence of an assault. Moreover, as in children, the state of nutrition should be observed.

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<sup>4</sup> Heger A, Emmans SJ, Muram D (2000) Evaluation of the Sexual Abused Child 2<sup>nd</sup> edn. Oxford University Press, Oxford; Debertin, A., Seifert, D. & Mützel, E. Rechtsmedizin (2011) 21: 479. <https://link.springer.com/article/10.1007/s00194-011-0777-6#enumeration> (1.2.2019).

<sup>5</sup> Keller E, Santos C, Cusack D, Väli M, Ferrara D, Ludes B, Mangin P, Payne-James JJ, Vieira DN. European council of legal medicine (ECLM) guidelines for the examination of suspected elder abuse. Int J Legal Med. 2018 Jun 27. <https://link.springer.com/article/10.1007/s00414-018-1880-y> (1.2.2019).

**D. Example for a documentation form<sup>6</sup>**

**DOCUMENTATION FORM**

Name of the injured person:

Date of birth:

Address:

Male /female

Pregnancy test

positive       negative

**Place of Examination:**

**Place forensically**

**The documentation/examination performed by:**

**Tel:**

**Date:** D    / M    / Y      **Time:**

**Assigned by:**

**In presence of:**

**Verbal skills/communication:**

Fluent       Broken       Translation by:       Not possible, because:

Police report already done. Where?

Case number:

**DECLARATION OF CONSENT**

I have been informed and agree with the purpose of the physical examination, the documentation of injuries and symptoms, and the preservation and storage of evidence (including the possible collection of blood and urine samples).

**Date:** D    / M    / Y

Signature of the person to be examined or of  
his/her legal representative

No police report yet.

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<sup>6</sup> Translation of the Austrian “MedPol” documentation form drafted by [Ao.Univ.-Prof. Dr. Andrea Berzlanovich](https://www.bundeskriminalamt.at/202/Gewalt_widersetzen/files/Dokumentationsbogen.pdf) for the Austrian Federal Ministry of the Interior ([https://www.bundeskriminalamt.at/202/Gewalt\\_widersetzen/files/Dokumentationsbogen.pdf](https://www.bundeskriminalamt.at/202/Gewalt_widersetzen/files/Dokumentationsbogen.pdf) [(1.2.2019)]).

**DECLARATION OF CONSENT**

If no police report has been made, all evidence will be stored for one year and can be released/disposed of upon personal request within this time. After this deadline, the evidence will be destroyed without examination. I agree with the forwarding of all evidential material and a copy of the documentation form. The consent can be withdrawn at any time without reason.

**Date:** D / M / Y

Signature of the person to be examined or of his/her legal representative

**DID SEXUAL ASSAULT HAPPEN?**

Yes  Unsure

**Body height/weight:** /  right-handed  left-handed

**Awareness:**  clear  slightly impaired  significantly impaired

**Orientation:**  normal  disorientated  temporal  local  recognition of persons  situational

**Behavior, Mood** (e.g. inconspicuous, nervous, aggressive, depressive):

Was alcohol, drugs or medications taken before, during or after the incident?

No Information  No

**Alcohol:**  Yes, type/quantity/time period?

**Medication:**  Yes, when and which?

**Drugs:**  Yes, when and which?

Could drugs have been secretly administered?  Unknown  No  Yes

Are there memory gaps?  Unknown  No  Yes

**RELEVANT MEDICAL; SURGICAL AND MENTAL HISTORY****DATA ABOUT THE INCIDENT**

**Date of the INCIDENT:** D / M / Y **Time:** from to

**Place:**  Private flat/house  Public building  Street/parking lot  Vehicle

Park/woods/meadows:  Other:

**Address:**

**Account of the facts, type of force or violence, subjective complaints.**

**Focused description of facts to guide examination**

Is it a **case of recurrence**?                      0 No Information      0 No    0 Yes  
 Were **instruments** (tools, weapons) used?    0 No Information      0 No    0 Yes, which?

**For firearms: Secure the projectiles and excised tissue!**

Did the victim **resist**?                      0 No Information      0 No    0 Yes, which?  
 Did the victim **scratch** the person responsible?    0 No Information      0 No    0 Yes, where?

**Secure scrapings from underneath the fingernails of both hands with a moist cotton swab!**

## EXAMINATION

Are the **clothes damaged**?                      0 No Information      0 No    0 Yes, how?  
 Are the **clothes contaminated** (blood, soil)? 0 No Information      0 No    0 Yes, how?  
 Were the **clothes changed** after the incident?    0 No Information      0 No    0 Yes, where are they?  
**Store clothes individually in paper bags!**      Collected                      0 No    0 Yes  
**Foreign traces** on the body of the victim (hair, grass, fibers)    0 No    0 Yes  
 Collected (in paper bags)                      0 No    0 Yes

**Describe injuries** (abrasions, bruises etc. – **Exclusively findings, no diagnosis!**) **and abnormalities accurately, draw on the diagrams and, if possible, document them photographically.**

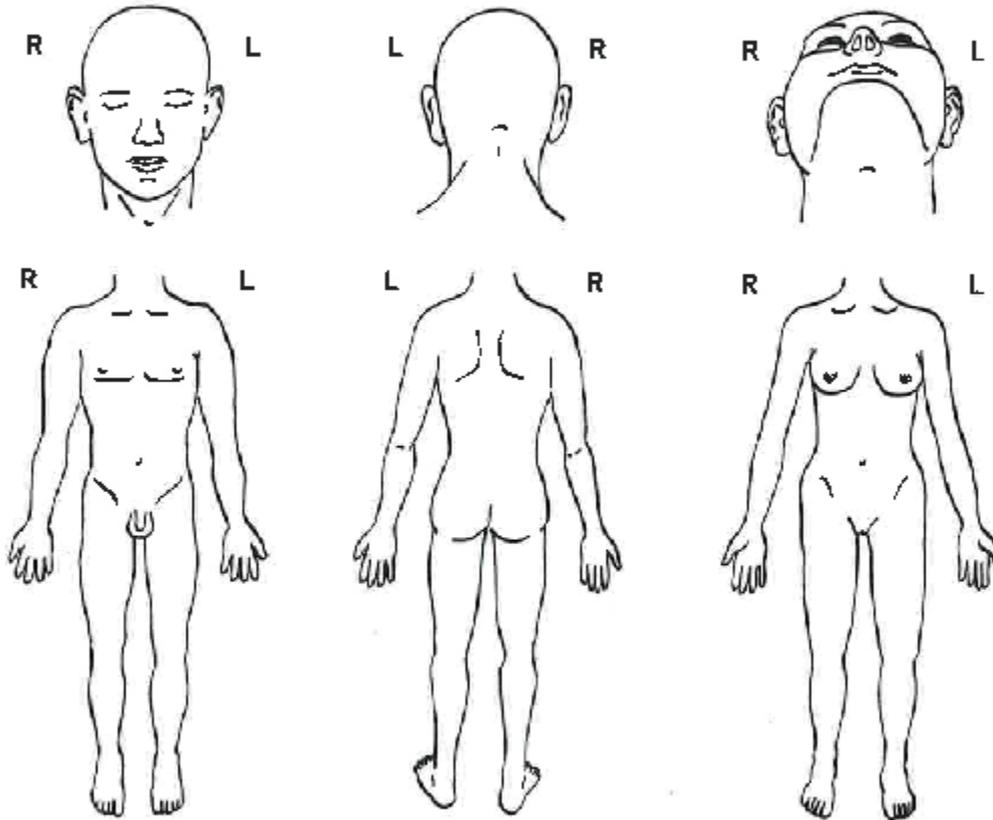


Photo documentation:  Yes  No

Was there **trauma to the neck**?  No  Yes, how (e.g. choking, strangling)?

Conspicuous injuries on the neck:  No  Yes

Which **accompanying symptoms/ailments** were/are still present?

Signs of congestion (punctate hemorrhages in the skin/mucosa of the face), where?

Pain in the neck area  Difficulties swallowing  Blurred vision

Dizziness

Urination and/or stool discharge  Unconsciousness  Others:

Are there any identifiable injury patterns?  No  Yes, which?

**ADDITIONAL DATA AND PHYSICAL EVIDENCE FOR SEXUAL OFFENCES**

Last menstrual period: / / Contraception:

Gynecological symptoms:

Previous sexually active  No  Yes

Consensual intercourse within last 7 days: 0 No 0 Yes, when?  
 With whom? How? With condom? 0 No 0 Yes

**Oral penetration** 0 Unclear 0 No 0 Attempted 0 Yes

**Vaginal penetration** 0 Unclear 0 No 0 Attempted 0 Yes

**Anal penetration** 0 Unclear 0 No 0 Attempted 0 Yes

**Other sexual acts:**

**Was a condom used?** 0 Unclear 0 No 0 Yes, where is it?

**Ejaculation:** 0 Unclear 0 No 0 Yes, where to?

**Preserve possible ejaculate on the skin surface with a moist cotton swab!** Collected  
 0 No 0 Yes

Is a **tampon, sanitary pad, panty liner** etc. available? 0 No 0 Yes Collected 0  
 No 0 Yes

Has the person cleaned him/herself? 0 Yes, how? (washed, showered, rinsed, etc) 0 No Inf. 0 No  
 If only wiped, with what?

Urinated? 0 No 0 Yes

Are there any **foreign saliva traces on the skin surface** (e.g. after kissing, licking, biting etc)?  
 0 Unknown 0 no 0 Yes, where?

**Wipe the skin at the indicated place with a moist cotton swab!** Collected 0  
 No 0 Yes

**ORAL PENETRATION**

**Buccal swab with a dry cotton swab!** Collected 0 No 0  
 Yes

**VAGINAL PENETRATION**

Careful attention must be payed to the order of swabs from the outside to inside. All swabs should be moistened. **Forensic evidence before diagnostic samples!**

**Swab labia maiora and perineum** Collected 0  
 No 0 Yes

**Swab labia minora and vaginal entrance** Collected 0 No 0  
 Yes

**Swab rear vaginal vault** Collected 0 No 0  
 Yes

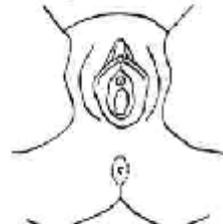
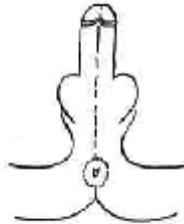
**Swab cervical canal**

Collected

0 No 0

Yes

**Describe injuries** (abrasions, bruises etc. – **Exclusively findings, no diagnosis!**) **and abnormalities accurately, draw on the diagrams and, if possible, document them photographically.**



**Photo documentation:** 0 Yes

0 No

**ANAL PENETRATION**

**Swab anus** (with one moist cotton swab!)

Collected

0 No 0 Yes

**Swab rectum** (with one moist cotton swab!)

Collected

0 No 0 Yes

**SECURING FURTHER EVIDENTIAL FINDINGS**

**Buccal swab for comparison**

Collected

0 No 0

Yes

**Blood/Urine**

**Secure 9 ml EDTA/NaF/KF of blood and 10-20ml of urine only upon suspicion of drugs and/or medication!**

EDTA/NaF/KF of blood

Collected

0 No 0 Yes, time of collection?

Urine

Collected

0 No 0 Yes, time of collection?

**Current threat** (e.g. recurrence)

0 Unclear

0 No 0 Yes

**Hand over victim protection information!**

**End of examination:** D / M / Y

**Time:**

Signature of the examined person or of  
his/her legal representative

**TRANSFER OF EVIDENTIAL FINDINGS**

Collected physical evidence including a copy of the documentation form

Received by date

Received from date

Buccal swab for DNA analysis

Received by date

Received from date

Blood and urine sample(s) for chemical-toxicological examination

Received by date

Received from date

Evidential material(s)/object(s)/tissue (e.g. clothes, tools, projectiles, excised tissue etc)

Received by date

Received from date

**REMARKS**

