



Session 9

Handout 9d: The forensic medical examination¹

Background/rationale

The clinical assessment is an important component of the health service for victims of sexual violence. It provides an opportunity for clinical management, the documentation of findings and the collection of material required to assist a criminal investigation. By its very nature, the examination is time consuming, intrusive, possibly traumatizing to the victim, and often challenging. Careful explanation and consent to the procedure, and a compassionate and sensitive health-care worker are the cornerstones of a good service. Ideally, the forensic medical examination should be done at the same time as the provision of medical care. Health workers must be specifically trained and have supervised experience in order to conduct forensic medical examinations. While it may be the role of health workers to document injuries and to collect other forms of medico-legal evidence, it is not their role to determine whether sexual assault has occurred.

Key points

- Only providers who have been explicitly trained and supervised should undertake full forensic examinations. All health providers should be able to, as a minimum, provide care to the victim, as well as document the victim's story, conduct a medical examination and record any injuries.
- Only medico-legal evidence that can be collected, stored, analysed and used should be gathered, and only with the full informed consent of the victim.
- A careful explanation should be provided to the victim. This should include the reasons for, and the extent of, the proposed examination, any procedures that might be conducted, the collection of specimens and photography. A sensitive and specific explanation of any genital or anal examination is required.
- Prior to commencing the examination, it is important to ensure that the facility is clean and secure, a chaperone (agreed to by the subject) is present and all relevant equipment is accessible.
- Specific measures should be taken if the victim is a minor.
- Consent to undertake the examination should be obtained from the individual or their guardian. The consent should be specific to each procedure (and particularly the genital examination), to the release of findings and specimens, and to any photography. The victim may consent to some aspects and not others and may withdraw consent. The consent should be documented by signature or fingerprint.
- The hymen is a poor marker of penetrative sexual activity or virginity in post-pubertal girls.

¹ WHO, UNODC. Strengthening the medico-legal response. Geneva: World Health Organization; 2015 (https://apps.who.int/iris/bitstream/handle/10665/197498/WHO_RHR_15.24_eng.pdf?sequence=1&isAllowed=y, accessed 21 July 2018).



- There is no place for virginity testing; it has no scientific validity and is humiliating for the individual.
- Digital examinations of the vagina and anus are rarely warranted. They should not be used to assess the tone or elasticity of the vagina or anus, or to comment on likelihood or frequency of penetration.
- The general appearance and functioning of the individual (demeanour, mental status, drug effects, cooperation) should be documented, as well as the identity of the examiner and the date/time/location of the examination.
- Any limitations to the examination (lighting, cooperation etc.) should also be documented.
- A comprehensive examination should be performed, directed by the history provided. The sites examined/not examined should be documented.
- All recent and old injuries should be recorded and described in detail, recording any pertinent negative findings.
- The victim should be informed that some injuries might become more visible after some days and that, if this happens, she/he should return for examination and documentation.
- A note should be made of any specimens collected, photography undertaken, diagnostic tests ordered or treatment initiated.
- The individual should be given a detailed explanation of the findings and their treatment and follow-up.

Additional resources

- Guidelines for medico-legal care for victims of sexual violence. Geneva: World Health Organization; 2003 (<http://whqlibdoc.who.int/publications/2004/924154628X.pdf>, accessed 9 May 2014).
- Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines. Geneva: World Health Organization; 2013 (<http://www.who.int/reproductivehealth/publications/violence/9789241548595/en/index.html>, accessed 9 May 2014).
- World Health Organization, United Nations Population Fund, Office of the United Nations High Commissioner for Refugees. Clinical management of rape survivors. E-learning programme. Geneva: World Health Organization; 2009 (<http://www.who.int/reproductivehealth/publications/emergencies/9789241598576/en/index.html>, accessed 9 May 2014).