Forensic Gynaecology

This comprehensive book covers the care of victims of sexual and domestic violence. Containing much practical advice – including writing legal reports and court skills, and issues of consent and capacity – the content highlights throughout the need to provide good-quality care to victims, not just for successful prosecutions but, more importantly, for the sake of the victim’s mental and physical health. There are chapters on important topics such as child sexual exploitation, female genital mutilation, male victims, training and psychological issues. The content covers the syllabi for DFCASA, LFFLM, MFFLM(SOM) Part 2 and the RCOG ATSM in forensic gynaecology.

The readership includes gynaecologists, sexual health doctors and nurses, genitourinary medicine doctors and nurses, emergency medicine doctors and nurses, midwives, counsellors and psychologists who work with victims, paediatricians, forensic doctors and nurses, specialist police officers and lawyers and those working in sexual assault referral centres and independent sexual violence advisers.

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Forensic Gynaecology

Advanced Skills Series

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Every effort has been made in preparing this book to provide accurate and up-to-date information which is in accord with accepted standards and practice at the time of publication. Although case histories are drawn from actual cases, every effort has been made to disguise the identities of the individuals involved. Nevertheless, the authors, editors and publishers can make no warranties that the information contained herein is totally free from error, not least because clinical standards are constantly changing through research and regulation. The authors, editors and publishers therefore disclaim all liability for direct or consequential damages resulting from the use of material contained in this book. Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or equipment that they plan to use.
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Preface

Sexual violence is a topic that is poorly covered in the undergraduate curriculum and it is only just starting to enter the postgraduate curriculum.

According to the Crime Survey of England and Wales 2013, 2% of women and 0.5% of men had experienced some form of sexual assault (including attempts) in the previous year.

The majority of sexual assaults are not reported to the police and domestic or spousal rape is even less commonly reported. We do know, however, that women who are the victims of sexual assault are more likely to use the health service so we, as medical practitioners, will see them in our day-to-day practice. Optimizing the care of the victim of sexual assault is bound to alleviate some of the subsequent health problems that she may experience. As a gynaecologist, I have a duty to try to provide the best healthcare to women. This includes ensuring that the medical needs of the victim of sexual assault are recognized in conjunction with providing support for the victim at all stages of the process of clinical and forensic management.

If we are to improve our response to rape cases we need to improve the levels of communication between the forensic medical examiner, the general practitioner, counsellors, police, Crown Prosecution Service and, not least, the victim herself. It is with this in mind that the Royal College of Obstetricians and Gynaecologists arranged to hold study days on the topic of forensic gynaecology and has developed an Advanced training skills module (ATSM) on Leadership in the provision of domestic violence and forensic services.

To reflect the needs of all potential sexual offences examiners, this book has a multidisciplinary basis and has been designed to follow the syllabi of the Diploma of Forensic and Clinical Aspects of Sexual Assault (DFCASA), the Membership of the Faculty of Forensic and Legal Medicine (sexual offences medicine) and the ATSM.

There is a continuum involving rape which also includes child sex abuse and domestic violence, child sex exploitation and female genital mutilation, and so these equally unacceptable forms of violence are also discussed. The main focus is on the management of the woman who discloses that she has been raped. The term victim has been used, however at various points along the journey she may be a victim, a patient or a complainant. One of the reasons why this is such a challenging area in which to work is the dual role of the examiner to look after the health needs of the victim at the same time as collecting and often interpreting forensic evidence. We are constantly looking for ways of improving evidence gathering. The forensic examiner is ever mindful of welfare of the victim and yet must fulfil another dual role of remaining impartial, although empathetic, towards the woman. Female pronouns have been used throughout the text for ease of reading except when the issue was pertinent to the male only. However it is in recognizing that the male is also a victim that there is a new chapter specific to the male victim. Another new chapter in this edition reflects the growing number of older victims.

Finally, I must thank the many people who have helped in this project and especially the chapter contributors. This book would not exist but for the hard work put in by Clare Dunn at the RCOG and then Nicholas Dunton and Jane Seakins at Cambridge University Press. Thanks to email, I could happily work at antisocial hours and they could reply at more sociable times.

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