



## Pathology Biology Section – 2009

### G55 Evidence-Based, Medical-Legal Documentation of the Postmortem Anogenital Examination

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After attending this presentation, attendees will understand how to incorporate an evidence-based methodology for the documentation of the postmortem genital examination. Attendees will also be able to facilitate incorporation of a previously proposed taxonomy, germane to the postmortem anogenital examination, in order to improve medical-legal documentation and able to incorporate a theoretical framework for sexual murders, as a basis for the methodological examination of the suspected sexual homicide victim.

This presentation will impact the forensic community by augmenting and enhancing the forensic examiner's diagnostic acumen in this arena. Helping to avoid ambiguity among examiners in the interpretation of clinical findings and improve documentation and ultimately contribute to a better understanding of the etiology and manifestations of fatal sexual violence against women.

The interpretation of genital findings in the deceased remains a vital and timely issue. Until recently, a paucity of information existed on the nature and appearance of the anogenital tissues during the postmortem interval. Because the traditional genital examination consists of gross visualization, subtle findings were not easily detected. These findings may constitute injury due to sexual assault, concomitant changes in the anatomy due to postmortem processes of decomposition, or a combination of both. The theoretical framework for this proposed methodological documentation format is founded on:

- Sexual activity by the offender that culminates in the death of the victim.
- Current, ongoing baseline clinical studies on the nature and appearance of the anogenital anatomy during the postmortem interval.
- Previously presented methodology for postmortem genital examinations (Crowley, JFS, 2004).
- Previously described taxonomy for the description and classification of the appearance of the tissues during the postmortem anogenital examination.

Currently, a wide variation exists in methodology for examination of both antemortem and postmortem sexual assault victims. Postmortem challenges vis-à-vis protocols and procedures may pose even greater significance, because there is no surviving victim to recount details of the assault, including sexual acts, threats, and other behaviors of the offender(s).

Currently, no standardized state, regional, or national form exists for the accurate and complete documentation of the postmortem anogenital examination. The clinical evaluation of the sexual homicide victim forms the basis for all related medical-legal reports.

- The question of exam authorization may be an area of concern. However, no separate authorization should be needed, as these examinations fall under the jurisdiction of the Coroner or Medical Examiner. In addition, they are medically non-invasive procedures.
- The postmortem genital examination record is not a complete medical record, as with other forms used to document the sexual examinations of *living* sexual assault victims, e.g., California Office of Emergency Services, forms 923 and 930. Therefore, supplemental medical and/or gynecological records may be of benefit for further review.

The meaning and performance of the acts committed during a sexual murder varies with the offender. Salient features of the crime may be evident, which may give information about the offender's sexual motivation. A systematic, evidence-based approach to documentation is part of a consistent, methodological approach to the evaluation of this population.

Scrupulous documentation should provide as much data as is known about a given case. This includes the following general categories: salient case and demographic data, disposition of the body, available history, general physical assessment, clothing, toxicology, evaluation of nongenital trauma, components of the sexual assault evidence kit, the genital and anal examination, and colposcopic examination. It is important to clarify where the primary responsibility for a portion of the examination and/or the documentation was *not* assumed, e.g., in the evaluation of nongenital trauma by a forensic nurse.

Select cases of fatal sexual violence provide actual examples of traumatic injuries, consistent with blunt force trauma to the anogenital tissues. Injuries can be categorized as to type, number, and anatomic site. In addition, normative studies of baseline controls were evaluated, using the sequential methodology for the postmortem genital examination with colposcopy, *SART-TO-GO* (Crowley, JFS, 2004). A previously presented taxonomy was developed to describe the nature and appearance of the postmortem genital anatomy (Crowley & Peterson, AAFS, 2004) and to develop a standardized classification system for these previously undescribed findings. This taxonomy is incorporated in the proposed protocol for the documentation of the medical-legal examination of sexual homicide victims.

The postmortem genital anatomy worksheet consists of the same anatomic sites that are routinely examined in the living sexual assault victim. These include the peri-urethra/peri-clitoral area, labia majora,



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labia minora, posterior fourchette, fossa navicularis, hymen, vagina, cervix, perineum, anus, and rectum. Supplemental documentation is included for both the adult male and the pre-pubertal child.

All examination techniques and any adjuncts should be recorded, such as use of balloon-covered swabs (Crowley, 1999), labial traction, or labial separation, in addition to routine speculum examination and anoscopy.

Appropriate and complete chain-of-custody must be documented and is included within the tool. A copy of the tool should be placed within the sexual assault evidence kit for the criminalist.

A supplemental narrated summary or dictation is recommended, to complement the standardized form. It also places events in chronological order, incorporates more uniformly understood language, and clarifies roles and responsibilities. The emphasis on teamwork and evaluation is crucial in an event that requires multi-disciplinary cooperation.

The taxonomy for postmortem genital examinations has proved to be a useful classification system during clinical examination, case documentation, and database entry. This taxonomy has been incorporated into the proposed medical-legal form, in order to differentiate postmortem artifact from concomitant findings that might be suggestive of sexual trauma, i.e., blunt force injury, including lacerations, ecchymoses, and abrasions. This capacity is pivotal. Just as in living victims, it is essential to be able to distinguish benign gynecological conditions from traumatic findings.

Data to date from the analysis of ongoing, baseline controls has yielded useful information for the development of a template for documentation. It is important to carefully describe the nature and appearance of salient anatomic sites. Analysis of research data has reinforced the need for the examiner to avoid working in a vacuum. The examiner whose sole prior experience lies in the antemortem arena may confuse normal postmortem artifact with traumatic findings. Common benign gynecological findings, such as labial adhesions and punctate lesions, are often present. Other findings, such as postmortem mucosal shedding at various sites within the anogenital tissues, have occurred with sufficient frequency during the postmortem control study to warrant recognition as normal postmortem artifact.

The ultimate goal is to better visualize and improve the understanding of what is normal in anogenital anatomy during the postmortem interval. To this end, careful scrutiny and meticulous documentation will both add to individual case yield and enhance the overall body of knowledge within this area.

### **Postmortem Anogenital Examination, Sexual Homicide, Colposcopy**