²*School of Medicine, Western Sydney University, NSW, Australia*

Sexual assault is a highly traumatic experience. The cognitive, physiological and behavioural responses of the victim during the assault, immediately following, and sometime later at forensic medical assessment may appear counter-intuitive. Tonic immobility, being 'paralysed' or 'frozen' in response intense fear, is an involuntary state of motor inhibition with muscle hyper- or hypotonicity, tremor, lack of vocalisation, analgesia and relative unresponsiveness to external stimuli. Memory is generally preserved. Dissociation may be present. Executive cognitive functions may be affected by trauma for some time so that the patient, in retrospect, does not understand and blames themselves for a lack of assertive action. At medical examination the demeanour of the patient may range from overt distress, to emotional containment, to giggly or quiet minimisation, to anger, to dissociation. Experienced examiners recall patients whose seemingly incongruous emotional reaction occasioned doubts in the health care team or police, yet later police investigation later established the facts as recounted by the patient.

Patients may integrate explanation, that is psychoeducation, into understanding their own responses to trauma.

A cultural tendency to minimise, disbelieve or blame the victim of rape persists. Forensic examiners may have a role in assisting the courts in understanding this medical information.

References

1. Möller A, Söndergaard HP, Helström L. Tonic immobility during sexual assault – a common reaction predicting post-traumatic stress disorder and severe depression. *Acta Obstet Gynecol Scand* 2017; 96: 932–8.
2. Marx BP, Forsyth JP, Gallup GG, *et al.* Tonic immobility as an evolved predator defense: Implications for sexual assault survivors. *Clin Psychol Sci Pract* 2008; 15: 74–90.
3. Schauer M, Elbert T. Dissociation following traumatic stress. *Z Psychol/J Psychol* 2010; 218: 109–27.

SWIPE RIGHT: THE EMERGENCE OF DATING-APP FACILITATED SEXUAL ASSAULT

Janine Rowse, Caroline Bolt, Sanjeev Gaya
Clinical Forensic Medicine, Victorian Institute of Forensic Medicine, Melbourne, Australia

The use of dating 'apps' to facilitate real-world social encounters between strangers is ubiquitous. Sexual assaults following dating-app meetings have been reported in the media and anecdotally noted by clinical forensic physicians. Limited empirical data suggests there has been an increase in real life sexual offences facilitated in this manner. There is little additional known about the circumstances of these alleged incidents. This retrospective audit of a single clinician's forensic examination caseload from an Australian metropolitan clinical forensic medicine service identified that 14.5% (11/76) of alleged sexual assaults where complainants underwent a forensic examination were facilitated following a dating-app meeting. In all cases where it was asked ($n=9$), the alleged incident occurred at the first face-to-face meeting between the parties following a period of online communication. More than half of the incidents occurred at the alleged perpetrator's private residence. This small preliminary audit suggests a significant proportion of forensic sexual assault examination caseload is being facilitated following dating-app meetings, and identified some common features that may be

characteristic of alleged sexual assaults occurring in this manner. The authors propose further large scale research in this rapidly evolving area.

FABRICATED AND INDUCED ILLNESS IN CHILDREN (FIIC)

Maryanne Lobo
Victorian Forensic Paediatric Medical Service, Vic, Australia

Fabricated or induced illness in children (commonly known as Munchausen syndrome by proxy) is a rare form of child abuse caused by a carer seeking unnecessary health care for the child, by exaggerating and/or fabricating and/or inducing the child's illness symptoms.

This presentation is based on published literature and on the clinical experience at Victorian Forensic Paediatric Medical Service. It will provide an overview of the history, the debate about the terminology used to describe this condition, the underlying behaviours of the carer, the common presentations of FIIC, and the harm done to the child. The presentation will discuss the process of forensic medical record evaluation used to construct the chronology of the child's presentations to various health services in order to form the evidentiary basis for the diagnosis of FIIC required for formal child protection proceedings, a rehabilitation plan for the child and the carer, and in rare cases for criminal proceedings.

FITNESS TO DRIVE: A CORE CLINICAL FORENSIC MEDICINE RESPONSIBILITY

Vanita Parekh
Clinical Forensic Medical Services, ACT, Australia

Background: In the ACT in 2010 there was a series of fatal motor vehicle collisions which Clinical Forensic Medical Services attended to as part of their duties. Drivers involved appeared not to meet the medical standards for driving. As part of a prevention effort, the fitness to drive medical clinic (FTDMC) was first established following these incidents providing independent opinion to the Road Transport Authority (RTA). Formal funding for the FTDMC was secured in 2017 due to the growth of the clinic and lack of sustainability.

Method: Following secured funding in 2017, databases were designed to capture data from the FTDMC. Data was collected and analysed to assist other clinicians developing and implementing services.

Results: Demographic data, health determinants and outcomes will be presented at this session.

Discussion: Discussion will focus on the structure and outcomes of the FTDMC. Other aspects of service provision will be presented such as the combined Road Transport Authority (RTA), Driver Assessment and Rehabilitation Service (DARS) and FTDMC intake meeting and management of urgent cases will be discussed. Discussion to advocate for Clinical Forensic Medicine involvement in FTDMCs around Australia will be presented.

Conclusions: The Fitness to Drive Medical Clinic based in Canberra has demonstrated rigorous assessment of patients who wish to drive but may not meet the medical standards to drive. Working with the RTA and DARS in a combined intake meeting