ensures efficient and timely review of at-risk patients. Provision for urgent FTDMC appointments is a priority.

In areas where no Fitness to Drive Medical Assessment Service currently exists, local CFM specialists should be involved with the implementation and development of such services due to the alignment with CFM clinical skills.

MIXED FORENSIC WORKSHOP

Alanah Buck, Clive Cooke, Stephen Knott

Department of Forensic Pathology, PathWest Laboratory Medicine WA, Perth, WA, Australia

The Workshop comprises a series of challenging and instructive cases in forensic medical disciplines – anthropology, pathology and odontology. Participants will be provided with a short history as background and asked to interpret findings from photographs, CT scan images and physical evidence.

FACTITIOUS INJURY

Fernando Pisani

Forensic Medical Unit, Blacktown Hospital, Sydney, Australia

An injury is best defined as ‘damage to any part of the body due to the application of mechanical force’. When the intensity of the force applied to the body exceeds the tissues’ capability to absorb these forces, the result is an injury or a wound. It is then the forensic practitioner’s responsibility to provide possible mechanisms for these visible injuries.

Differentiating between accidental and non-accidental events, with further subdivision into self-inflicted and abusive / assaultive mechanisms can be quite problematic for the forensic practitioner. Self-inflicted trauma can occur for multiple reasons, including mental health issues, intellectual delay, secondary gain, attention-seeking, to support an allegation of an offence or to seek retribution against an individual, or as a coping strategy due to previous trauma.

This review will look into whether it is possible to differentiate with any certainty between the various mechanisms and suggest a motive behind the appearance of an injury on a person. Is everything always as it seems?

Reference

1. Saukko P, Knight B. *Knight's Forensic Pathology*. 4th ed. Boca Raton: CRC Press, 2016.

POST-MORTEM SEXUAL ASSAULT EXAMINATIONS – WHAT WORKS, WHAT DOESN'T AND OUR RECOMMENDATIONS

Maire C. Kelly

Sexual Assault Resource Centre, Perth, WA, Australia

Prior to 2013, doctors from the Sexual Assault Resource Centre (SARC) Perth were rarely asked to attend post-mortem

examinations and then only when sexual assault/homicide was strongly suspected. Since the formation of the Faculty of Clinical Forensic Medicine (FCFM) within the Royal College of Pathologists of Australasia (RCPA) a much more collaborative approach between Forensic Pathology and SARC has been adopted.

Forensic pathologists (and homicide detectives) are requesting SARC attendance at post-mortem examinations with increasing frequency. From 2013 onwards, SARC has performed 33 post-mortem examinations with ten being in 2019 to date.

Led by a senior SARC doctor (FCFM Fellow) and applying Clinical Forensic Medicine principles, SARC doctors are gaining valuable experience in this specialised area. SARC examinations with forensic specimen collection have assisted in both the identification of genital injury and detection of spermatozoa respectively. SARC doctors have also advised on normal anatomical variants thus excluding suspicious injury.

In this presentation the SARC model of service delivery will be discussed, highlighting what has been successful (and what has not) to the forensic pathologist, the police and to SARC.

THE LINDT CAFÉ SIEGE: A FORENSIC RECONSTRUCTION

Lucas Van Der Walt

Forensic Ballistics Investigation Section, NSW Police Force, NSW, Australia

In the week before Christmas of 2014, a religious activist entered the bustling Lindt Cafe situated on the main pedestrian thoroughfare in the heart of Sydney. Armed with a shotgun and what he claimed to be a bomb, he sealed the doors and held 18 people hostage in the name of Islamic State. NSW Police attempted to peacefully resolve the situation, however after 17 hours the gunman began to execute hostages. Tactical police stormed the cafe and killed the offender, however tragically one hostage also died as a result of police gunfire.

This incident was Australia's first experience of a terrorist campaign, and an unprecedented attack in Sydney's heart which left citizens shaken and fearful. Through the ensuing media firestorm and Coronial investigation, many questions were asked about why police had not intervened sooner, what had happened as officers entered the stronghold and how one hostage had come to be fatally wounded by police.

To seek answers to these and many other questions, NSW Police conducted extensive 3D imaging and reconstruction of the crime scene, exhibits, deceased individuals and of forensic testing which followed. By recreating the conditions of the crime scene during the siege from the forensic evidence, investigators were able to accurately map the locations of the offender, hostages and police at various stages of the tactical entry and to determine the manner of death for the offender and hostages. The event was broken down moment by moment to allow the Coroner and general public a thorough understanding of how the tragic events transpired, along with transparency in the actions of police.