

Sexual Assault

Columbia University School of Nursing
Interpersonal Violence: for Health Care Providers

M 6930

Rula Btoush, RN, MSN

www.columbia.edu/itc/hs/nursing/m6930

Most Frequently Committed & Underreported Violent Crime

- **Nonconsensual** sexual contact of any kind. Sexual contact with a person incapable of giving consent, including a minor.
- unwanted touching, rape, sodomy, coerced nudity, sexually explicit photographing, date rape, marital rape
- **Weapons, force, threat of force, and/ or implied force may be associated.**
- U. S. Incidence
 - ◆ childhood & adolescence- 450,000 new cases/year
 - ◆ women age 15-19 have highest incidence
 - ◆ adult sexual abuse-90% female, 10% male.

Sexual battery

- Sexual battery refers to oral, anal, vaginal penetration without permission
- Examiner goals:
 - ◆ Protect victim, treat injuries, prevent sequelae (infection, PTSD or pregnancy)
 - ◆ Prevent future attacks on this & other victims

Sexual assault

- May be classified according to the victim
 - ◆ Child sexual assault
 - ◆ Incest
 - ◆ Marital rape
 - ◆ Male rape

Rape

- Involves forced sexual intercourse
- Psychological coercion, verbal threats and physical force
- Lack of consent

Sequelae of Sexual Assault

- Rape Trauma Syndrome
- PTSD
- Somatic manifestations
- Psychological manifestations
- Relationship manifestations

Rape trauma syndrome

- Occurs in moderate to severe form in most victims
- Cluster of varying degrees of biopsychosocial and behavioral responses to the profound fear of death that patients experience during the assault
- Valid
- Self preservation is the aim

RTS and forms of PTSD

- RTS: symptoms less than one month
- PTSD acute: symptoms less than 3 months
- PTSD chronic: symptoms 3 months or more
- PTSD delayed: symptoms begin after 6 months

Acute phase of RTS

- Emotional responses
 - ◆ Vary widely
 - ◆ Emotional response
 - ★ Allows for a time out
 - Controlled style
 - Expressed style
 - ◆ Physical response
 - ★ Skeletal muscle tension
 - ★ Soreness
 - ★ Specific target areas
- Reorganization phase
 - ◆ May last for years in which she regains control of life

Posttraumatic Stress Disorder

- Duration of symptoms > 1 month & symptoms not present before trauma.
- Exposed to a traumatic event.
- Traumatic event is persistently re-experienced.
- Three or more avoidance symptoms.
- At least 2 symptoms increased arousal.
- Clinically significant distress or impairment

Care Component

- Emotional care
 - ◆ Critical incident stress debriefing (CISD)
 - * Introduce
 - * Explore
 - * Inform
- Collect Evidence
 - ◆ Medical legal examination
 - * Prepare
 - * Interview
 - * Examine

Care component (cont)

- Conclude
 - ◆ Conclude the initial examination
 - * Teach
 - * Treat
 - * Connect
 - * Check
- Continue
 - ◆ Follow-up examination
 - * Examine
 - * Teach
 - * refer

Role of the Primary Care Provider

- Ask about a history of sexual assault.
 - ◆ significant prevalence of positive histories
 - ◆ long term impact on health
 - ◆ very important when women present with sexual dysfunction or chronic depressive symptoms
- Know what to do with the answer.

An Approach to the Victim

- Role of primary care provider in sexual assault
 - ◆ ensure emotional and physical safety of woman
 - ◆ prevent pregnancy & STD
 - ◆ collect evidence for possible prosecution
 - ◆ arrange for follow-up care
 - ◆ referral for long term follow up

Victim's History

- Format: in victim's words
- Information:
 - ◆ chronologic events
 - ◆ GYN history (relevant)
 - ◆ previous pertinent medical problems
 - ◆ awareness of injury
 - ◆ forms

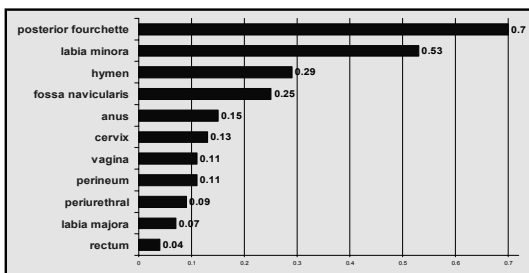
Sexual assault exam tools

- Sensitive examiner
- Sexual assault kit
- Woods lamp, magnifier lamp
- Equipment for complete physical, pelvic, slides, swabs
- Camera (35 mm), ruler
- Colposcope
- Toluidine blue, acid phosphatase reagents

Examination

- Guided by history
- Sexual assault kit
- General physical exam
- Presence & location of bruising, petechiae, & crush injuries
- METICULOUS SKIN EXAM
- Evidence of genital trauma
- Mental status exam

Location and frequency of injury



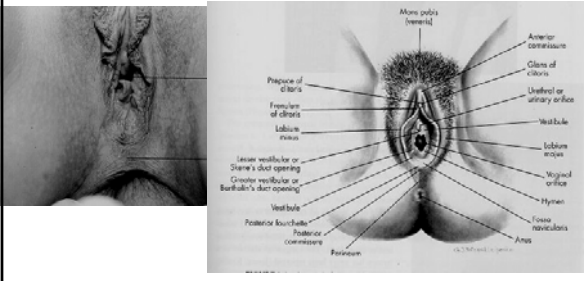
Injury in Sexual Assault

- In the victim, lack of pelvic tilt
- Partner assistance with insertion
- Lack of lubrication
- No relaxation:
 - ◆ Lack of cooperation and relaxation are key

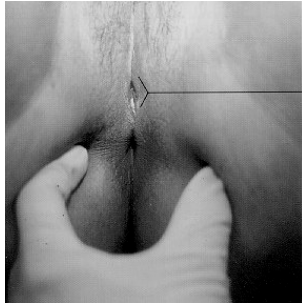
Blunt Force Trauma Injuries

- **T** Tear (laceration or tenderness)
- **E** Ecchymosis (bruise)
- **A** Abrasion
- **R** Redness (erythema)
- **S** Swelling (edema)

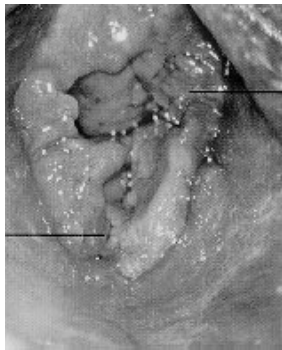
Normal Anatomy



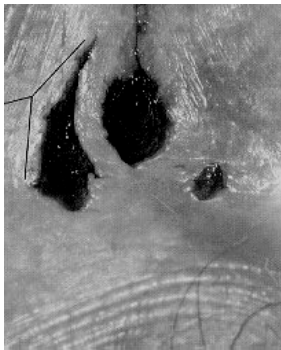
Injuries to the Posterior Fourchette



Blunt Trauma



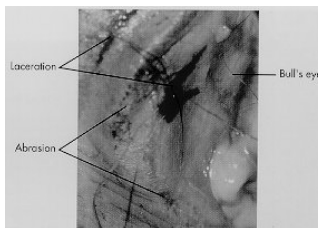
Lacerations



• Lacerations

• Bull's Eye

• Abrasion

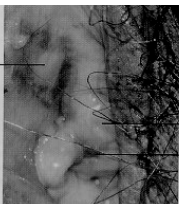


Laceration

Bull's eye

Abrasion

Bull's eye



Swelling

Ecchymosis

• Bull's Eye

• Swelling

• Ecchymosis

Delay in Examination

- If the exam is delayed for **two weeks** and over, there will be no examination evidence
- Lack of training in characteristic site and features of sexual assault may result in failure to detect injury

Elders and examination

- More likely to find trauma due to lack of estrogen especially in 65 or older.
- Abrasion and edema were twice as frequent and laceration four times more frequent in elderly group

Males and examination

- Most common form is receptive anal intercourse
- Receptive oral intercourse
- Forced manual genital stimulation of the assailant or the patient

Non-genital findings and examination

- Important if there was assault
- Occurs in 30-45%
- Nongenital injury may be limited by the failure to resist

Laboratory testing

- Guided by history & physical
- Pregnancy test when appropriate
- Cultures
 - ◆ chlamydia/gc
 - ◆ Sites dependent on history and physical
- Blood tests
 - ◆ VDRL (repeat at 3 months),
 - ◆ ? consider HIV (repeat in 3 & 6 months)

Medical Treatment

- GC prophylaxis:
 - ◆ cefoxime, 400mgpo, or ceftriaxone, 250 mg IM, or spectinomycin 2GM IM
- Chlamydia prophylaxis
 - ◆ doxy 100 bid x7d or
 - ◆ azithromycin 1 gm po stat

Medical treatment

- Pregnancy prevention
 - ◆ **Different # of pills, repeat in 12 hours. Must be within 72 hours of assault.**
 - * Acts by inhibiting the LH surge to prevent ovulation
 - * Or altering the endometrial lining to prevent implantation
 - ◆ Can be used anytime to prevent pregnancy
 - ◆ About 77% of pregnancy if taken in first 24 hours.
 - ◆ Progestin only regime can prevent 85% of pregnancy in first 24 hours
 - * Cost is \$70 which is why it is not used

Emergency Contraception Pill dosages

Preven	2 now and 2 in 12 hours
Ovral	2 now and 2 in 12 hours
Lo/Ovral	4 now and 4 in 12 hours
Nordette, Levlen, levora	4 now and 4 in 12 hours
Triphasil, Trilevlen, trilevora	4 now and 4 in 12 hours
Allesse	5 now and 5 in 12 hours
Ovrette	20 now and 20 in 12 hours

Emergency Contraception

- Preven contains urine pregnancy test, information and is approximately 20 dollars
 - ◆ Less expensive
- Most common side effects
 - ◆ Nausea (30-50%)
 - ◆ Vomiting (15-20%)
 - ◆ Breast tenderness, cramping fatigue, dizziness, headache and mood changes
- Progestin only regime (not used much in this country)

Additional considerations

- Consider hepatitis B prophylaxis (HBIG 0.06ml/kg) & initiate HepB vaccine if not previously vaccinated
- HIV prophylaxis
 - ◆ Combivir 300mg AZT/150 mg lamivudine bid for adolescent/adults

Charting and Documentation

- Kit forms
- Photographs
- Body diagrams
- Protocols,
- Chain of command

Recording the exam

- Description of assault
- Number of assailants and description
- Location of crime
- Confirm if penetration took place
- If foreign objects were used
- Did assailant ejaculate
- Is the victim in pain or bleeding
- Time between assault and collection of evidence
- Anything the patient did to affect the evident

Patient interview

- RECORD ONLY WHAT IS RELEVANT AND AVOID UNNECESSARY DETAIL
- DIFFERENCE BETWEEN MEDICAL RECORD AND POLICE RECORD MAY GO AGAINST THE VICTIM

Other considerations

- Safety needs (where is perpetrator)
- Discharge to???
- Refer for therapy
- Offer community resources
- Therapy & education for family and partners

Helpful Provider Behaviors

- Attentiveness to clues that may suggest a history of abuse
 - ◆ fear of medical situations
- empathic, non-judgmental listening
- know available therapists
- sensitivity to shame & embarrassment
- talk victim through the exam

Specialized Assault Examiners

- Gather the evidence systematically
- Stabilization of the patient's emotional equilibrium
- Assure follow up

The End
