Sexual Assault

Columbia University School of Nursing
Interpersonal Violence: for Health Care Providers
M 6930
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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

- Lacerations
- Bull’s Eye
- Abrasion

- 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 x7'd 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

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Emergency Contraception

**Pill dosages**

<table>
<thead>
<tr>
<th>Pill</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preven</td>
<td>2 now and 2 in 12 hours</td>
</tr>
<tr>
<td>Ovral</td>
<td>2 now and 2 in 12 hours</td>
</tr>
<tr>
<td>Lo/Ovral</td>
<td>4 now and 4 in 12 hours</td>
</tr>
<tr>
<td>Nordette, Levlen, levora</td>
<td>4 now and 4 in 12 hours</td>
</tr>
<tr>
<td>Triphasil, Trilevlen, trilevora</td>
<td>4 now and 4 in 12 hours</td>
</tr>
<tr>
<td>Alesse</td>
<td>5 now and 5 in 12 hours</td>
</tr>
<tr>
<td>Ovrate</td>
<td>20 now and 20 in 12 hours</td>
</tr>
</tbody>
</table>

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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