

Sexual Assault  
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Sexual assault is a major health problem and is the most under reported crime in the United States. In the United States one person is raped every two to three minutes and one out of every three women will experience some form of sexual assault in her lifetime. In the college community, one woman in four reports being the victim of attempted rape or being raped. Most rapes are committed by an acquaintance, relative, boyfriend, or male family member. 15% of male college students that participated in a national sample of higher education students reported having attempted intercourse with an unwilling female at least once.

Approximately one in six women report sexual assault to police and a much smaller number of men report sexual assault to police. Little is known about sexual assault against males as they often do not seek attention because of psychosocial issues.

Often the victim will first be seen by a medical care provider; if this is the case, it is important the patient or victim is informed of her/his options. If the assault has occurred within 72 hours she/he may be a candidate for a PERK kit collection. This is only done at area hospital emergency rooms and done at the discretion of the law enforcement officer and the ER staff. A PERK exam is performed **only** if the victim elects to report the crime with the intention to follow through with prosecution. The PERK exam can be performed if the assault has occurred within the last 72 hours. It may be done after the 72 hour mark, but usually only under unusual circumstances, as most evidence will be lost. The Commonwealth of Virginia pays for the PERK testing and forensic exam, medication is not paid for by the state, but must be paid for by the patient. If the victim goes to the ER and a report is not made to law enforcement the victim or their insurance will be billed for the visit. The bill for such a visit can run from \$500.00 to \$1,000.00. If the victim does not elect to report the assault to law enforcement he/she still needs a medical evaluation and prophylactic treatment for STI's. This is what we often see here at student health. For this student we can do a modified forensic exam and provide medical care, testing, and prescriptions for medication as needed. Our modified forensic exam would include documentation that could be beneficial if the victim ever changed their mind and wanted to report the incident at a later date. Of course, no forensic evidence would be collected that would provide DNA samples. Without the perpetrator's admission, DNA is the only way to connect the perpetrator to the victim regarding the assault. Always discuss the patient's option and be sure they understand how to make an informed choice.

A forensic interview involves uncovering facts, and it must be detailed, using patient quotes versus paraphrasing. Document only what the victim tells you, don't assume and clarify often. In addition to the normal medical history, include the following:

- 1) Who was the assailant, was he/she known to the victim, assailants' age, and race
- 2) When and where did the assault take place

- 3) Nature of the assault: approach, capture, acts, release
- 4) Level of force: physical, verbal , implied
- 5) Was a condom, lubrication, or object used
- 6) Last consensual intercourse

The forensic exam is a non-diagnostic exam for the purpose of evidence collection. In addition to a forensic exam, a physical exam should be done to determine need for medical attention. Document the victim's appearance, demeanor, emotional state, and affect. Document all visible injuries by noting location on a body map; describe type of injury, size, shape and color. Note the position the victim is placed during the pelvic exam. Document location of injuries using clock method, presence or absence of TEARS (tears, ecchymosis, abrasions, redness, swelling) to external genitalia-mons pubis, labia majora, labia minora, clitoris, urethra; vaginal wall, cervix, perianal tissue. Note type of hymen and any injuries to the hymenal tissue. Note presence /absence of anal laxity. Never use the term normal in a forensic exam, document what was found and not found, including the time of exam.

Types and location of injuries:

Positive genital findings or lack of such findings in the victim of sexual assault are due to multiple factors.

The potential for injuries can be due to one or more of the following reasons:

- 1) lack of communication/consent
- 2) lack of lubrication
- 3) lack of pelvic tilt and partner assistance
- 4) lack of cooperation and relaxation

If the victim is in the prone position when an assault takes place the majority of injuries will be found in the 3 to 9 o'clock region, with most occurring between 5 and 7 o'clock. The posterior fourchette is the anatomic site where the point of greatest stress is when full stretching is applied. It is also the first area of contact when the penis prepares to enter the vagina. Common sites of injury include the posterior fourchette (known as the mounting injury), labia minora/majora, hymen, fossa navicularis, clitoral hood/urethra (if assault in the prone position). Type of injuries include: tears which occur most frequently to the posterior fourchette and the fossa navicularis; abrasions which occur more often to the labia; and ecchymosis which is seen more often on the hymenal tissue. Other injuries include lacerations which is usually produced by blunt trauma; contusions which results from a blow that does not break the skin; cuts, erythema, swelling, or petechia.

Each type of injury/trauma should be documented as a separate finding and total number of sites or findings should be noted. Lack of findings does not mean an assault did not take place.

Document all laboratory tests, medication prescribed and any follow up planned.

Laboratory test can include testing for N. gonorrhoeae, C. trachomatis; wet prep for T. vaginalis, bacterial vaginosis; blood work for HIV, hepatitis B, and syphilis; urine testing

for pregnancy, and drug screens. Drug screens can be sent out, but student health does not encourage this. The staff at student health believes if a drug facilitated rape occurs the victim should have a full forensic exam. If a student insists on a drug screening without going to the ER for a full forensic exam, the student would be responsible for the cost of any drug screens. Drug screening should be offered if the victim has amnesia surrounding the time of assault, history of alcohol ingestion is not consistent with reported sedation, or decreased alcohol level with obvious intoxicated appearance. GHB may remain in urine for 8-12 hours and is not detected in routine drug screens. The clinician needs to specifically request a GHB screen. Rohypnol remains in urine 48-96 hours after ingestion. Ketamine is rapidly metabolized by the body and often difficult to detect even within 48 hours of ingesting, there is no definitive test for this, but the molecular structure is similar to PCP. Other drugs used in drug facilitated rapes can be screened through routine drug screens.

Trichomoniasis, Bacterial vaginosis, gonorrhea, and Chlamydia are the most frequently diagnosed infections among women who have been sexually assaulted. However, the prevalence of these infections is high among sexually active women, their presence after an assault does not necessarily signify acquisition during the assault.

Prophylaxis/Empiric treatment for chlamydia, gonorrhea, trichomoniasis (BV is a syndrome and not a sexually transmitted infection, therefore no prophylaxis after sexual assault).

Ceftriaxone 125mg IM single dose **OR** Ciprofloxacin 500mg orally single dose

**Plus**

Metronidazole 2 gm orally single dose

**Plus**

Azithromycin 1 gm orally single dose **OR** Doxycycline 100mg BID X 7 days

Empiric treatment for Hepatitis B following a rape is controversial. Post exposure hepatitis B vaccine should adequately protect against HBV. Give Hepatitis B vaccine at the time of the initial examination if the victim has not been previously vaccinated and follow-up vaccine should be administered 1-2 months and 4-6 months after the first dose. HBIG is not required unless the perpetrator is known to have acute hepatitis B.

Empiric HIV prophylaxis can be started within 4 hours of assault and probably not prescribe if longer than 72 hours from assault. Risk of HIV antibody seroconversion is low after a single sexual assault, however, risk factors to consider are type of intercourse, presence of trauma, site of exposure to ejaculate, viral load in ejaculate, and presence of an STD or genital lesion in the perpetrator or victim. Consultation with ID or the HIV clinic is recommended prior to starting someone on prophylactic antiviral medication. Once started, they would need to continue for 4 weeks and this is costly to the student.

Pregnancy probability after a single act of intercourse is 33% if intercourse occurs an average of every other day and 15% if intercourse occurs once per week. Most women will not conceive on a single act of unprotected intercourse, but all women should be offered emergency contraception. This can be given up to 72 hours after the last act of

unprotected intercourse, but the sooner a patient initiates after unprotected intercourse the more effective it will be.

Plan B: take the first pill as soon as possible and follow up with the second 12 hours later. Plan B tends to be better tolerated due to GI side effects and is just as effective.

**OR**

Preven: take the first two pills as soon as possible and follow up with the second two pills 12 hours later, may experience nausea/vomiting

If prophylactic treatment is not provided, follow up examinations should occur within a week to ensure that results of positive test are treated. If prophylactic treatment is given, follow up testing is not needed. Serologic test for HIV and syphilis should be repeated 6, 12, 24 weeks after the assault if initial test results were negative.

Patient counseling should include benefit vs. risk of prophylactic treatment, symptoms of STI's and need for immediate evaluation if symptoms occur. Encourage the victim to abstain from intercourse until STI prophylactic treatment is completed. Women can expect their menses within the normal time frame or 2 weeks after taking emergency contraception. She may experience spotting, but if no menses in 2-3 weeks of taking emergency contraception she should return for pregnancy test.

## Domestic Violence

Domestic violence is a serious and common problem. It often remains hidden and goes unreported. It is estimated over 1 million women and 150,000 men are victims to domestic violence each year. It is currently the leading cause of injuries to women age 15-44 years of age in the United States. Victims are found among all ages, socioeconomic groups, and ethnicities. There is no typical abuser.

Definition: intentional controlling or violent behavior by a person who is or was in an intimate relationship with the victim. It may include physical abuse, sexual assault, emotional abuse, economic control, and/or social isolation of the victim. The relationships are characterized by episodic, unpredictable outbursts by the abuser.

Clues to the presence of abuse can include the following: inconsistent explanation of injuries or delay in seeking treatment, patient presents with somatic complaints such as headaches, fatigue, abdominal pain; gynecologic conditions such as chronic pelvic pain, premenstrual syndrome, sexually transmitted infections; and history of frequent ER visits. Injuries may provide an important clue to physical violence. Typically the victim of domestic violence sustains injuries on the central part of the body such as the breast, abdomen and genitals. Often they are located on parts of the body that can be covered with clothing. With repeat abuse there may be bruises of different stages of healing