Educational Topic 57: Sexual Assault

Rationale: Individuals who are the victims of sexual assault often have significant physical and emotional sequelae. Early medical management and patient support is warranted.

Intended Learning Outcomes:
A student should be able to:

• Identify patients at increased risk for sexual assault
• Describe the medical and psychosocial management of a victim of sexual assault

TEACHING CASE

CASE: A 24 year-old woman presents to the emergency department at 2:00 am. She reports that she was studying with a classmate who asked her to come to his apartment to continue their work. They were talking about the project when he kissed her. She became uncomfortable when he tried to go further and asked him to stop. She stated that she was then held down while her clothes were removed and was forced to have sex. She is tearful, distraught, agitated and reports that she had a glass of wine while they were working.

Her past medical history reveals no allergies, no medications, and no hospitalizations. Review of systems and family history are unremarkable. Social history reveals that she is a graduate student in the Humanities. She does not regularly use drugs or alcohol.

COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:
Competencies addressed:
• Patient Care
• Medical Knowledge
• Systems-Based Practice
• Interpersonal and Communication Skills

1. What are the key components of the care in this scenario?

In many institutions, the examination is performed by a specialized team. Acknowledge the patient’s concerns, identify who you are and what your role is in her emergency room visit, describe the plan for the visit and outline its duration, explain that you will be providing care and collecting evidence:

• Ask patient to describe the assault in detail and document details
• Ensure that informed consent is obtained from the patient.
• Assess and treat physical injuries.
• Perform general inspection for signs of trauma, including back, arms, head and neck.
• Examine external genitalia, specifically looking for abrasions and bruising which must be described and photographed.
• Perform vaginal speculum examination, documenting semen if it is present as well as soft tissue injury. Acid phosphatase assays from vaginal secretions may be very helpful when the rapist has had a vasectomy and the semen contains no sperm. Collect appropriate specimens for sexually transmitted disease testing.
• Obtain baseline serology for hepatitis B virus, HIV and syphilis.
• Provide appropriate infectious disease prophylaxis as indicated.
• Provide or arrange for emergency contraception as indicated.
• If the patient reports rectal penetration, a rectal exam must be performed as well.
• Provide counseling regarding findings, recommendations, and prognosis.
• Arrange follow-up medical care and referrals for psychosocial needs.

**Key Teaching Point:** The primary role of the physician is to provide immediate emotional care, ensure safety and provide non-judgmental support. Life-threatening physical trauma must be identified and addressed. Lastly, all specimens should be collected in the presence of a witness and taken directly to the pathologist. Anyone participating in this system of collection and transport must sign a chain-of-custody statement to avoid mistakes or exchanges of specimens. Any break in the chain of custody makes it difficult to prosecute a case.

2. What is the epidemiology of sexual assault?

• One in six women and one in 33 men will be victims of sexual assault.
• 80% of victims are under 30 years old.
• Approximately 75% of rape victims know their assailant.
• African-American and Native American women are disproportionally represented as victims of sexual assault.

3. What are risk factors for becoming a perpetrator of sexual assault?

• Individual/personal risk factors:
  ▪ Alcohol/drug use
  ▪ Impulsive/anti-social tendencies
  ▪ Personal history of abuse
  ▪ Hostility towards women
• Community risk factors:
  ▪ Poverty
  ▪ General tolerance for violence in the community
  ▪ Societal norms approving male sexual dominance

**Key Teaching Point:** Although education to prevent assaults to victims is important (be aware of your surroundings, pay attention to alcohol or drug use, be assertive), physicians play a role in the larger community and can try to identify risk factors to intervene with potential perpetrators.
4. What laboratory tests are indicated for this patient?
   - β-hCG (importance of pre-existing pregnancy)
   - Wet mount
   - Gonorrhea and chlamydia
   - RPR (baseline may take up to 3 months for antibodies)
   - HIV (baseline)
   - Hepatitis panel (baseline)

**Key Teaching Point:** It is expected that any positive results will not be due to the assault

5. Which medications should this patient be offered acutely?
   - Emergency contraception
   - Ceftriaxone 125mg IM
   - Doxycycline 100 mg BID orally for 7 days or azythromycin 1 gm orally once
   - Metronidazole 2 gm orally once
   - HIV and Hepatitis B prophylaxis will depend on the specific situation
   - Tetanus toxoid as indicated

**Key Learning Point:** If vaginal intercourse occurred, patients should be offered emergency contraception unless she is already pregnant. This may be a systems issue in Catholic hospitals or if the physician caring for the patient has a personal conflict with providing emergency contraception. Students should have an opportunity to discuss their opinions on this issue.

6. This patient is so satisfied with her care that she remains in your practice for the next 30 years. What potential long-term sequelae should you screen for?
   - Alcohol and drug abuse
   - Eating disorders
   - Depression
   - Post-traumatic stress disorder

**Key Learning Point:** Patients with known history of sexual assault should be screened for all of the above. In addition, patients who present with the above should be screened for sexual assault.

**REFERENCES**


Centers for Disease Control and Prevention National Center for Injury Prevention and Control 1-800-CDC-INFO • www.cdc.gov/injury • cdcinfo@cdc.gov

Rape and Incest National Network. http://www.rainn.org