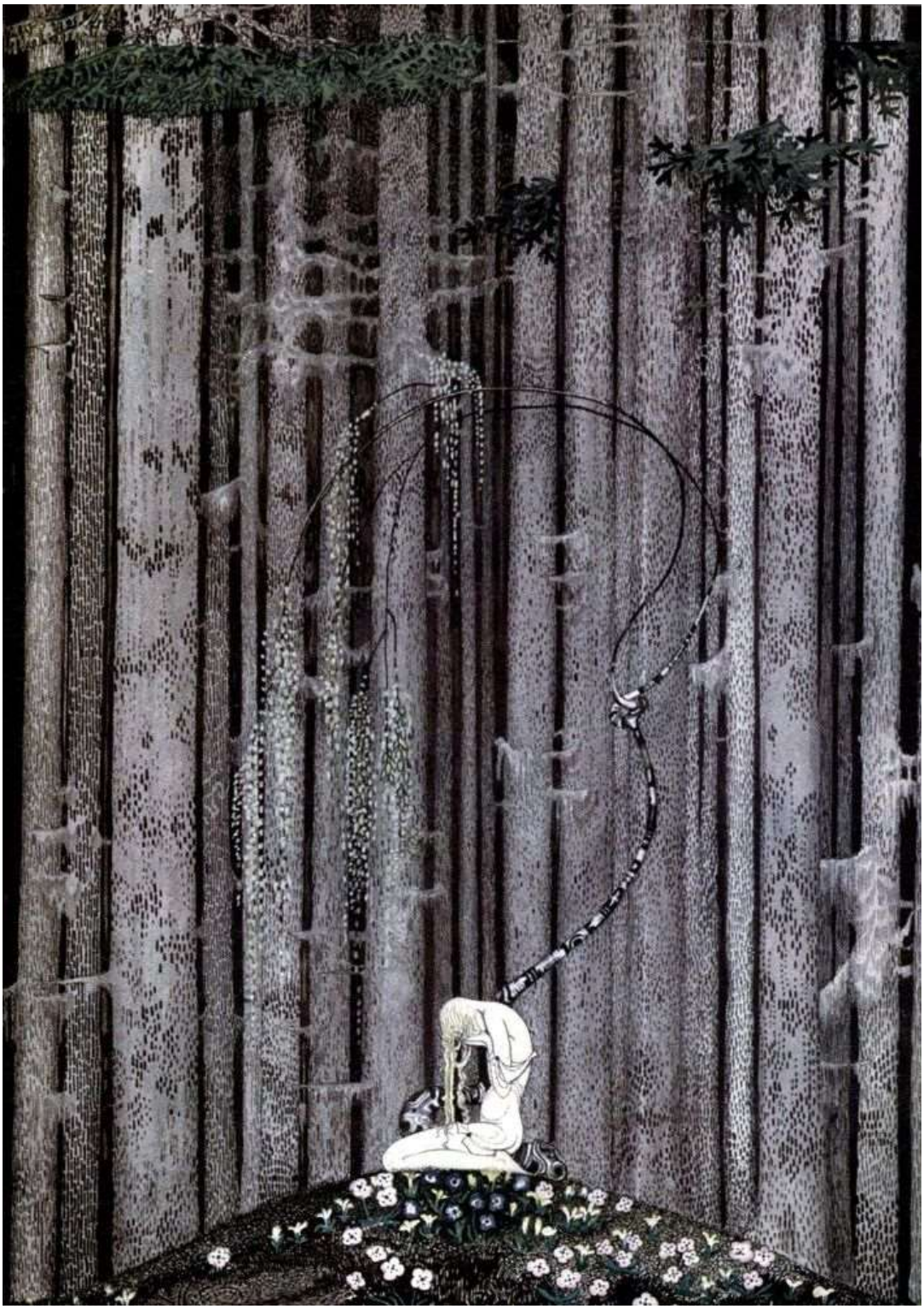
THE NORTHERN HOSPITAL

SEXUAL ASSAULT



"The Gloomy Thick Wood", Kay Nielsen,1914.

The hand round my arm tightened.

"Ouch!"

Marco removed his hand. I looked down at my arm. A thumbprint purpled into view. Marco watched me. Then he pointed to the underside of my arm. "Look there".
I looked, and saw four, faint matching prints.

"You see, I am quite serious".

Marco's small, flickering smile reminded me of a snake I'd teased in the Bronx Zoo. When I tapped my finger on the stout cage glass the snake had opened its clockwork jaws and seemed to smile. Then it struck and struck and struck at the invisible pane till I moved off. I had never met a woman-hater before.

I could tell Marco was a woman-hater, because in spite of all the models and TV starlets in the room that night he paid attention to nobody but me. Not out of kindness or even curiosity, but because I'd happened to be dealt to him, like a playing card in a pack of identical cards.

A man in the country club band stepped up to the mike and started shaking those seedpod rattles that mean South American music. Marco reached for my hand, but I hung on to my fourth daiquiri and stayed put. I'd never had a daiquiri before.

The reason I had a daiquiri was because Marco ordered it for me, and I felt so grateful he hadn't asked what sort of drink I wanted that I didn't say a word, I just drank one daiquiri after another.

Marco looked at me.

"No", I said.
"What do you mean, no?"
"I can't dance to that kind of music".
"Don't be stupid".
"I want to sit here and finish my drink".

Marco bent toward me with a tight smile, and in one swoop my drink took wing and landed in a potted palm. Then Marco gripped my hand in such a way I had to choose between following him on to the floor or having my arm torn off.

"It's a tango". Marco maneuvered me out among the dancers. "I love tangos".
"I can't dance".
"You don't have to dance. I'll do the dancing".

Marco hooked an arm around my waist and jerked me up against his dazzling white suit. Then he said, "Pretend you are drowning".

I shut my eyes, and the music broke over me like a rainstorm.

Marco's leg slid forward against mine and my leg slid back and I seemed to be riveted to him, limb for limb, moving as he moved, without any will or knowledge of my own, and after a while I thought, "It doesn't take two to dance, it only takes one", and I let myself blow and bend like a tree in the wind.

"What did I tell you?" Marco's breath scorched my ear. "You're a perfectly respectable dancer".

I began to see why woman-haters could make such fools of women.

Woman haters were like gods: invulnerable and chock-full of power. They descended, and then they disappeared. You could never catch one. After the South American music there was an interval Marco led me through the French doors into the garden.

Lights and voices spilled from the ballroom window, but a few yards beyond the darkness drew up its barricade and sealed them off. In the infinitesimal glow of the stars, the trees and flowers were strewing their cool odors.

There was no moon. The box hedges shut behind us. A deserted golf course stretched away toward a few hilly clumps of trees, and I felt the whole desolate familiarity of the scene - the country club and the dance and the lawn with its single cricket.

I didn't know where I was, but it was somewhere in the wealthy suburbs of New York. Marco produced a slim cigar and a silver lighter in the shape of a bullet. He set the cigar between his lips and bent over the small flare. His face, with its exaggerated shadows and planes of light, looked alien and pained, like a refugee's.
I watched him.

"Who are you in love with?" I said then.

For a minute Marco didn't say anything, he simply opened his mouth and breathed out a blue, vaporous ring.

"Perfect!" he laughed.
The ring widened and blurred, ghost-pale on the dark air. Then he said, "I am in love with my cousin".

I felt no surprise.
"Why don't you marry her?"
"Impossible".
"Why?"

Marco shrugged. "She's my first cousin. She's going to be a nun".
"Is she beautiful?"
"There's no one to touch her".
"Does she know you love her?"
"Of course".

I paused. The obstacle seemed unreal to me.
"If you love her", I said, "you'll love somebody else someday".

Marco dashed his cigar underfoot.

The ground soared and struck me with a soft shock. Mud squirmed through my fingers. Marco waited until I half rose. Then he put both hands on my shoulders and flung me back.

"My dress. . ."
"Your dress!"
The mud oozed and adjusted itself to my shoulder blades.
"Your dress!" Marco's face lowered cloudily over mine. A few drops of spit struck my lips.
"Your dress is black and the dirt is black as well".

Then he threw himself face down as if he would grind his body through me and into the mud.

"It's happening", I thought. "It's happening. If I just lie here and do nothing it will happen".

Marco set his teeth to the strap at my shoulder and tore my sheath to the waist. I saw the glimmer of bare skin, like a pale veil separating two bloody-minded adversaries.

"Slut!"
The words hissed by my ear.

"Slut!"

The dust cleared, and I had a full view of the battle. I began to writhe and bite.

Marco weighed me to the earth.

"Slut!"

I gouged at his leg with the sharp heel of my shoe. He turned, fumbling for the hurt. Then I fisted my fingers together and smashed them at his nose. It was like hitting the steel plate of a battleship.

Marco sat up.

I began to cry.

Sylvia Plath, The Bell Jar, 1963

SEXUAL ASSAULT

Introduction

The approach to the victim of **sexual assault** is essentially threefold:

1. The assessment and management of **physical injury**:

    - Sexual assault is a violent act and patients need to be assessed and managed for any physical injuries.

2. The assessment and management of the **sexual assault**:

    - **This is a highly specialized area of forensic medicine**

      Carefully defined procedures and protocols need to be followed for both medical forensic evidence and for legal considerations.

      As such, this aspect of the patient is now managed by **specialized sexual assault** teams.

      These teams will generally manage:

      ♥ **The forensic aspects of the case**

      ♥ **The medical aspects, (pregnancy and STD) aspects of the case**

3. The assessment and management of the associated **psychological** trauma.

Triaging

Victims / survivors of a sexual assault may present to public hospital Emergency Departments either on their own or accompanied by police, family or friends.

The victim may have physical injuries and there may be indications that she (or he) is **drug** or **alcohol** affected.

Victims of sexual assault can be extremely traumatised, experiencing shock and displaying confusion, memory loss, fear, shame or guilt.

Victims who are identified at triage should be given a triage category 2

They should be provided with a private, quiet appropriate room in a timely manner, and have a support person assigned to stay with them, if they do not already have one.

The Triage nurse should then immediately notify:

- **The senior doctor in charge of the shift**
- **The specialist sexual assault team.**
- **The Hospital Social Worker**

Clinical assessment

There are 6 important aspects of assessment:

1. Trauma:

    - It is important to note that sexual assault is a **violent** act and that in the first instance patients will need assessment and management from a traumatic injury perspective.

2. Psychological support:

    - This of course is a crucial aspect of management.

      Patients should be seen and assessed in an appropriately prioritized manner, and provided with appropriate privacy and ongoing support.

3. Medical assessment:

    This will to relate to issues of:

    - Potential **pregnancy**
    - Potential **STD**

4. Forensic management:

    - This is a highly specialized area of forensic medicine, and patients will need to be referred to specialist units for this part of their management.

      In the northern regions of the city of **Melbourne**, this will be by **NCASA.**

      A thorough general and genital examination is performed and any injuries documented.

      Although most sexual assault services use speculums for examining women, this depends on both the woman (comfort versus her need to know all is normal) and the practitioner (expertise and requirement for testing), and will be discussed with the woman before examination.

      Similarly, the use of a proctoscope may be required.

Victims are often afraid that there has been genital damage which will make it obvious to others that they have been raped. Feedback that everything looks normal, as is usually the case can be very reassuring.

DNA forensic evidence:

DNA evidence left on or in the body of a victim, particularly in moist areas, degrades quickly over 2 - 10 days.

Therefore, forensic assessments need to be made **as soon as possible**, but **within 10 days** of an assault.

If proceeding to a forensic assessment, advise victims not to shower (or to clean their teeth or rinse their mouths if the assault was oral), and ensure all clothes worn during the assault remain unwashed.

As DNA evidence degrades quickly if moist, ask the victim to store underclothes worn during the assault in **paper** (not plastic) bags.

Note that even if the victim is unsure about wanting to report the assault, if there is any possibility of a complaint being made forensic assessment will preserve evidence in case a formal report is made to police at a later date.

5. Social support:

- The Hospital Social Worker should **always** be notified.

  In particular the following issues may also be relevant:

  - ♥ Homelessness
  - ♥ Drug and alcohol issues
  - ♥ Domestic violence.

6. Psychiatric assessment:

Documentation:

Most jurisdictions in Australia require that the first person who hears an allegation of sexual assault must give evidence if the complaint comes to trial, so document the exact words used, *even if the victim is referred for forensic management*.

Investigations

These will generally be undertaken by the **specialist forensic unit**.

In general terms:

1. Blood tests:

   To exclude / document pre-existing pregnancy:

   - Beta HCG

   To exclude / document pre-existing sexually transmissible disease:

   - HIV
   - Hepatitis B serology
   - Hepatitis C serology
   - Syphilis serology

2. PCR testing:

   PCR testing is done for:

   - Gonorrhoea
   - Chlamydia

   Suitable specimens include:

   - First-void urine
   - Endocervical swab

3. Swabs for microscopy and culture:

   - These can be also taken from the throat and/ or rectum for Gonorrhoea
   - High vaginal swabs are taken for Trichomonas.

4. Urine drug testing:

   Ask about the possibility of **drug assisted rape**, which is becoming increasingly common worldwide.

   Early forensic referral may facilitate detection of commonly used drugs (e.g., benzodiazepines, GHB, ketamine) in the victim's blood or urine.

Testing must be performed in a police laboratory to preserve continuity of court evidence. If the patient keeps a spot urine specimen, this can be handed directly to the police.

Management

An important aim of management is to **return control** to the victim by enabling them to make *choices* about **reporting, counselling** and **medical therapy**.

The *principles* of management will include:

Trauma

Sexual assault is a violent act and patients need to be assessed and managed for any physical injuries.

This is done along the usual lines of primary and secondary surveys.

Note that if medical attention is required, clothing should be placed in a sterile paper bag if possible as it may be required by police for forensic evidence.

Psychological support

The overarching priority will be to minimize the distress and anxiety experienced by the victim.

Important aspects of psychological support will include:

1. **If possible, ensure a female staff member provides initial and ongoing support.**

2. There should be strong emphasis on privacy and safety

3. It is important to acknowledge the victim's courage in speaking out.

4. It is important to show **respect, sympathy** and **empathy** to the victim.

5. Provide re-assurance that the victim has done the **right thing** in seeking help.

6. Accept the victim's story in a **non-judgmental** way:

    - It is extremely important that victims of sexual assault feel they are believed. Ensure that the victim knows that she /he is being taken seriously and is believed.

    - **It is the role of police to investigate the *veracity* of the story.**

7. Explain that reactions to rape, such as shock, arousal, anxiety and fear are normal, emphasizing that the victim is not to blame.

Medical

Drug and/or alcohol affected:

This may also be the case with some presentations and should be managed as clinically indicated.

Pregnancy prophylaxis:

A Beta HCG should be done to ensure patient is not currently pregnant.

If the patient is not pregnant then pregnancy prophylaxis can be offered:

Options include:

- **Ulipristal** as a single oral dose of 30 mg.
- **Levonorgestrel** as a single oral dose of 1.5 mg

STD prophylaxis:

Following sexual assault, the victim should have testing for sexually transmitted infections.

1. Antibiotic prophylaxis:

   Antibiotic prophylaxis is not generally recommended for the victim unless the person who committed the assault is known to have (or is at high risk of having) a sexually transmitted infection, or it is likely that the victim will not return for follow-up.

   If it is decided to give prophylaxis, use:

   For **gonorrhoea** and **chlamydia:**

   - **Ceftriaxone 250 mg (child: 125 mg) IV or IM, as a single dose (gonorrhoea)**

   PLUS

   - **Azithromycin 1 gram (child: 20 mg/kg up to 1 g) orally, as a single dose (gonorrhoea and chlamydia)**

   For **trichomonas**:

- **Metronidazole 2 grams (child: 30 mg/kg up to 2 grams) orally, as a single dose**

OR

- **Tinidazole 2 grams (child: 50 mg/kg up to 2 grams) orally, as a single dose.**

For **syphilis**:

- **Benzathine penicillin G 1.8 grams IM**

2. HIV prophylaxis:

   Efficacy of post exposure prophylaxis against HIV infection is unknown. It is recommended if the person committing the assault is known or suspected to be infected with HIV.

   Initiation of prophylaxis should be discussed with a specialist in infectious disease.

   Truvada/ raltegravir may be recommended.

3. Hepatitis B immunoprophylaxis:

   Hepatitis B virus (HBV) prophylaxis should also be considered if the victim is **not immune.**

   Administer a dose of **hepatitis B immunoglobulin (HBIG**), as soon as possible after exposure (preferably within 24 hours).

   The effectiveness of HBIG when administered more than 7 days after exposure is unknown.

   In addition, a course of **immunisation** should be commenced as soon as possible (preferably within 24 hours).

Forensic

Patients will require referral to a specialized unit dedicated to the forensic management of sexual assault.

These units will generally also manage the issues of possible pregnancy and STD.

In addition to the health /medical needs, the reassurance of the victim and the privacy and safety concerns, it is important to remember that a specialized forensic examination may be undertaken - **so the preservation of forensic evidence is important**.

- Forensic evidence should be preserved, where possible.

- Do not offer water or other drinks. HOWEVER, if the person needs water, this need may take priority. If the person needs to go to the toilet, this would take priority.

Note that even if the patient does not wish for police intervention **careful documentation** in the patient's history is vital as they may change their minds in the future.

Social support

The patient should always be referred to the Hospital Social Worker.

Emergency accommodation may also be needed if the victim's home is not safe.

Psychiatric support

If there are associated / pre-existing mental health concerns, then assessment by a Mental Health Worker will be required.

Disposition:

The victim must have a **safe place** to go to and have a **trusted support person**

If these cannot be guaranteed then **hospital admission** will be necessary with ongoing **Social Work** support.

It should be noted that once a victim is discharged, it is often difficult to get them back for follow-up.

Follow-up is important for:

- Considering the need for further pregnancy testing

- Discussing the results of tests

- Repeating serology testing for Hepatitis B, Hepatitis C and HIV

- Assessing coping and healing

- Assessing the need for counseling, psychological or psychiatric referral

Distressed victims are unlikely to clearly remember verbal instructions. If the victim is to be discharged **written instructions** for taking medications and review appointment dates need to be provided.

Phone numbers for counseling and/ or social work services should also be provided.

References

1. eTG - 2017

2. Mein J.K et al, Management of Acute Adult Sexual Assault: MJA, vol 178 3 March 2003, p.226 - 30.

3. National Management Guidelines for Sexually Transmissible Infections:

    - http://mshc.org.au/

Dr J Hayes

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