



GYNAECOLOGICAL MANAGEMENT OF SEXUAL ASSAULT VICTIMS

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ABSTRACT

Sexual assault is a crime which extremely violates victim's integrity, often leading to strong psychological trauma. Appropriate management of sexual assault victims, both from the medical and the medico-legal side, requires cooperation of the physician examining the victim with law enforcement agencies. Proper collection and preservation of evidence is essential. Physicians should be equipped with a special kit for examination of sexual abuse victims, including a form with specific questions and a diagram for graphic illustration of the injuries. Both physical and gynaecological examination should be performed very gently. All the secured evidence and collected samples must be documented in detail. Lack of evidence of injuries on the victim's body does not indicate that the events had not taken place as during numerous victims' examinations no injuries are recorded. The likelihood of the victim being infected with sexually transmitted infections should be assessed and appropriate prevention should be applied. Depending on individual risk and preferences postcoital contraception is available. Finally, information about appropriate facilities, in which the victim will be able to receive psychological and legal assistance, should be given. Psychological care is essential as sexual abuse victims are at great risk of developing sexual dysfunctions and post-traumatic stress disorder. In some cases psychotherapy is required in order to restore sexual and psychological well-being.

BACKGROUND

Sexual assault is a crime which extremely violates victim's integrity, often leading to strong psychological trauma [1]. This is one of the most traumatizing experiences and sexual abuse victims often suffer from a chronic form of deep depressive disorder. Reporting this crime to the police and undergoing a long-term procedure aimed at capturing the perpetrator requires a lot of courage and determination on the part of the victim. The physician's role in managing a person who has been sexually abused is extremely sensitive and very important. A thorough interview is essential for proper understanding of the situation. Both physical and gynaecological examination should be performed very gently. All the secured evidence and collected samples must be documented in detail. The likelihood of the victim being infected with sexually transmitted infections should be assessed and appropriate prevention should be applied. Finally, information about appropriate facilities, where the victim will be able to receive psychological and legal assistance, should be given [2].

Appropriate management of sexual assault victims, both from the medical and the medico-legal side, requires the cooperation of the physician examining the victim with law enforcement agencies. Proper collection and preservation of evidence is essential. Physicians should be equipped with a special kit for examination of sexual abuse victims, including a form with specific questions and a diagram for graphic illustration of the injuries [3, 4]. Police officers who complete report about the incident are entitled to facilitate this type of examination, which should be conducted by a specialist physician. The procedure in a medical facility depends on who the victim of sexual violence is and whether law enforcement agencies have already been informed. Below, the schemes of dealing with specific situations are presented.

SCHEME 1: THE VICTIM IS AN ADULT OR A MINOR WHO HAS NOTIFIED THE POLICE ABOUT THE INCIDENT

Such a person should be transported by the police to a medical facility in order to perform examination. At the moment of transferring the victim to the medical staff, a forensic package should be forwarded to secure traces of the crime [2, 3, 4].

Medical examination should take place in the presence of an attendant (doctor, nurse or midwife - a person of the same sex as the victim) and a third person - indicated by the victim, a trusted adult. If the victim is a minor girl, the examination is performed by an obstetrician gynaecologist, when it is a boy - a child surgeon in cooperation with an obstetrician. Treatment of life-threatening injuries has, of course, priority over the evidence collection [4].

SCHEME 2: AN ADULT OR A MINOR FIRST APPROACHES A MEDICAL FACILITY WITHOUT PRIOR REPORTING TO THE POLICE

The doctor who manages the victim of sexual violence should first of all inform her of her rights-verbally and in

writing, by handing over the Sexual Abuse Victim's information broker and ask if she or he agrees that the medical facility contacts the police and applies for prosecution. In the case of a minor victim, the doctor is obliged to inform the police and legal guardians of the victim. Sexual exploitation of minors under 15 years of age is prosecuted ex officio. If the victim is over 15 and below 18 years old, only legal guardians may file a prosecution request. The crime of sexual assault of an adult person is prosecuted at the request of the aggrieved party, so only in the event of consent, the doctor may report the matter to the police or the prosecutor's office [4]. The medical examination is the same as in the previous case.

MEDICAL DOCUMENTATION

The first step is the medical interview. It should cover both victim's past medical history and a detailed description of the incident. It is important to ask whether any cavity penetration had been encountered, whether the attacker had ejaculation and whether he had used a condom. The victim is asked if she was taking a shower after the incident, settling her physiological needs, and whether she has changed clothes since the assault. All these factors can affect collection of sexual intercourse evidence. Attention is also paid to the emotional condition of the victim. Some people after rape may remain calm and under control, while others may react very emotionally. It should be noted whether the victim is under the influence of any intoxicants or whether they have been given to her [3, 4, 5, 6].

GENERAL PHYSICAL EXAMINATION

Physical examination should take place in the presence of the above-mentioned persons, in conditions ensuring comfort and intimacy, preferably within 72 hours after the sexual act. Every part of the examination should be clearly explained.

Physical examination begins with a thorough assessment of the general physical and emotional condition of the subject, with particular emphasis on the abdomen, internal and external surface of the thighs, buttocks and limbs, in order to search for signs of violence (swelling, petechiae, abrasions, traces of the epidermis, bites, wounds, fractures). All the injuries located outside the genital organs should also be documented (including photographic documentation) and accurately described (nature of changes, sketch of the location of injuries) in the forensic card. There is a possibility of collecting DNA samples of the perpetrator, so if possible, the material should be taken from the middle area of traces of biting, kissing and smearing with a sterile swab moistened with distilled water [7].

GYNAECOLOGICAL EXAMINATION

Assessment of the genital area is the last stage of the physical examination of a sexual assault victim. They can be carried out in a lithotomy, frog or knee-chest position - the most comfortable for the victim and allowing material collection. The most frequent injuries of the female sexual organs resulting from sexual violence include: abrasions

of the posterior vaginal wall, labia minora, in case of girls - hymen and urethra. All genital injuries should be accurately recorded in the forensic card (photographic documentation, detailed description, sketch of the location). If anal penetration is suspected or if signs of injury are found, an anal examination should be performed. During the gynaecological examination, a swab from the vulvar vestibule, vagina and external cervix should be collected using a properly prepared sterile swab. Laboratory tests of such material should be used to detect motile sperm, other sperm components (acid phosphatase, p30 protein, seminal vesicle-specific antigen) and ABO system antigens. Detection of sperm in vaginal secretion confirms sexual contact within the preceding several hours (mobile sperm can survive up to 8 hours, immobile for 24 hours). In the Papanicolaou Pap smear, spermatozoa can be detected up to 2-3 days after intercourse and immobile sperm until 17 days. A similar technique should be used to collect the smear from the anal area. In the case of sexual exploitation of a boy, a thorough assessment of the male genital organs should be made and the existing injuries should be accurately documented in the boy's chart. Swabs from the external urethral and rectal area should also be collected using properly prepared sterile swabs with constant air access [5].

COLLECTION OF EVIDENCE

The collection of evidence of oral contacts consists of taking a smear from the oral cavity (using a properly prepared sterile swab with constant air access) and oral rinse (using a 10% ethanol solution that fixes DNA and prevents bacterial growth). The examination of physical evidence includes analysis of samples for the presence of semen, blood, epidermis and the hair of the perpetrator, for the purpose of DNA testing. Victim's clothing should be placed in a large paper bag, while the underwear should be placed in a separate container. In order to detect possible spots of semen, it is recommended to examine the victim's clothing under the ultraviolet lamp. Sperm spots should be moistened with 0.9% NaCl solution for about 1 minute before swabbing. Traces of semen on the skin or clothing last up to a few hours after the incident. Pubic hair from victim's pubes should be collected using a comb - this is an attempt to identify the perpetrator by finding his hair. In order to distinguish material, about 10-15 hair from victim's scalp should be gathered. Obtained material ought to be secured in a paper envelope. Another paper envelope is designated for material collected with a wooden spatula from underneath the victim's nails. The investigating physician should provide the described evidence to the police [3, 4, 5].

PREVENTION OF SEXUALLY TRANSMITTED INFECTIONS

For victims of sexual abuse, it is recommended to perform diagnostic microbiological tests for gonorrhoea and chlamydia. Material should be collected from all contacted cavities (vagina, cervix, anus, throat). In addition, it is advisable to perform diagnostic tests for syphilis and adequate treatment after obtaining the result.

For some victims of sexual abuse, prophylactic antibiotic therapy is recommended. Sexual abuse victims must undergo a test for HIV during the first examination and repeat it 6 weeks afterwards. The World Health Organization (WHO) also recommends the implementation of prophylactic antiretroviral treatment in all victims of rape within 72 hours of the assault, including: Zidovudine and Lamivudine applied twice a day for 28 days [3, 5, 8, 9].

REPRODUCTIVE HEALTH

The total risk of conception as a result of exposure to sexual violence is around 5%. Routine testing, documenting the outcome and determining the date of the last menstrual period should be obtained during examination. Depending on individual risk and preferences, victims should be informed about and offered the possibility of postcoital contraception [2].

PSYCHOLOGICAL CARE

The victim should also be informed about the possibility of receiving psychological assistance in centres that have received subsidies from the Assistance Fund for Victims and Post-penitentiary Aid for this purpose [4]. Psychological care is essential as sexual abuse victims are at great risk of developing sexual dysfunctions and post-traumatic stress disorder [1]. In some cases psychotherapy is required in order to restore sexual and psychological well-being. It should be also mentioned that sexual education is an effective way of sexual assault prevention [10].

LEGAL PROCEDURES

During the legal trial, healthcare professionals are never expected to state whether or not a sexual abuse had occurred. Rape is not a diagnosis but a legal term. It is the physician's responsibility to prepare detailed documentation related to the incident and presence of any visible traces. Lack of evidence of injuries on the victim's body does not indicate that the event had not taken place. During numerous victims' examinations no injuries were recorded [3, 11].

CITE THIS AS

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ABBREVIATIONS

WHO – World Health Organization

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