

**Emergency Department - Nelson**

## **Alleged Sexual Assault**

### **Definitions**

Sexual assault can be called:

- sexual violation;
  - indecent assault;
  - incest;
  - indecency, or indecent act (if victim under 16 years)
- 1 in 16 women have been sexually assaulted during their lifetime
  - An estimated 3-7% of men have been sexually assaulted
  - In New Zealand, there are about 1400 reports of sexual assault in any one year
  - 58% of these lead to a conviction, but more than 90% of sexual assaults are never reported
  - The majority of complainants are aged 16-19
  - The majority of assaults are committed by partners or acquaintances
  - Sexual assault is often associated with physical injuries and a high mortality; it can be drug-assisted, so it should always be considered in the unconscious assault patient

### **Sources of referral to ED**

**Self-referral** - with or without a friend or relative (by telephone for advice, or in person)

**Police** - (having reported the assault) in the unlikely event that the local DSAC doctor is unavailable;

**GP referral** - (in context of other injuries, sexual assault not previously disclosed); or referred when victim does not want to make a complaint to the police. GP should be encouraged to contact Police for contact details of DSAC Dr on call.

### **Phone Triage**

**Ask:**

Any acute injuries which need attention?

Any illness (possible after effects of drugs, or STI's)?

Age of victim

Time elapsed since assault?

1. If less than 72 hours ago:

Encourage the victim to report to the police. If they are unwilling to do this, offer to do it for them. Police will then arrange for the DSAC doctor to do a forensic

and medical examination. The victim can be referred back to ED for wound management/X rays etc as necessary.

Advise the victim, meanwhile:

- a. Not to eat or drink until the examination has been done;
- b. If (s)he needs to pass urine or defaecate, not to wipe;
- c. Not to shower or bathe;
- d. To keep on the clothing (s)he was wearing at the time of the assault, or to gather them together to give to the police for forensic testing (ie needs a change or clothes for after the examination);
- e. Ensure (s)he is safe and has someone with her/him.

If victim refuses to report assault to police, and it occurred within 72 hours, discuss with the victim and ask if they would consider a forensic/medical examination while evidence is still fresh, in case they changed their mind; also point out that (s)he needs checking for any sexually transmitted infections and will need help to prevent a pregnancy. If agreeable, contact DSAC doctor via police (who have the roster)

2. If assault occurred more than 72 hours ago:

A medical examination should still be done, but this not urgent and could be done by the DSAC doctor by arrangement.

3. If there are injuries which sound like they need urgent attention, advise the victim to present to ED for a assessment; meanwhile the police can be contacted and the sexual assault examination can take place when they are stable, by the DSAC doctor.

The local DSAC doctors are:

Dr Jan Arnold

Dr Suzanne Washington

Dr Clare Thurlow

Dr Wendy Hunter

Only Dr Hunter performs examinations on children (up to the age of 12 or so-dependent on the individual patient); if she is not available, then the on-call Paediatrician should be contacted.

4. Once informed of a sexual assault, the police will notify the DSAC doctor and will ensure that a support person is available to accompany the victim (though they may need a reminder to do this). This will usually be a counsellor from Rape Crisis or Victim Support, or may be a relative or a female police constable. The police will also provide a Medical Examination Kit (MEK) containing the Sexual Assault Protocol (SAP) – the documentation booklet in triplicate. These are only used if DNA sampling is required. A drug and alcohol screen should be considered and a Toxicology kit is included in the new MEK.

**In the unlikely event that a sexual assault victim requires examination for the police by an ED doctor or O&G house surgeon; proceed as follows:**

1. Ensure a dedicated, preferably female, doctor is available without any risk of interruption for the examination

2. Find a secure, quiet area to perform the examination – eg the antenatal clinic area, or the gynaecology room in ED.
3. Try to have an assistant available to help with labelling samples (very tricky to try and do it alone!).
4. **NB your tripartite role: medical, forensic and expert witness**
5. When given the MEK box, do not let it out of your sight (chain of evidence); only you can open it.
6. At some stage during the encounter, say that you are sorry that this has happened, that (s)he is doing the right thing (by reporting the crime to the police), and that (s)he is safe now.
7. Physical injuries take priority: ABC, look for head injury, facial injuries, intra-abdominal trauma (especially in children-risk of ruptured vagina), limb fractures, lacerations and eye or dental injuries – refer for investigations/treatment as necessary. The patient will initially be triaged by the triage nurse. Ensure you have good light for examination.
8. Go through the SAP-consent (need a witness), explaining each step; some questions are difficult (asking about the assault and what exactly happened) – but not a “statement”, only a guide to examination; menstrual and medical history.
9. Allow the victim control; can stop at any time, take a break, withdraw consent.
10. When time to start the physical examination, “break the ice” by taking her pulse, temperature and blood pressure (will have already been done as a baseline by the triage nurse).
11. Wear gloves throughout and, possibly, a face mask (especially if coughing/sneezing often)-DNA testing very sensitive.

### Samples:

NB: there are full instructions in the MEK

1. Start with oral swabs and smears, and
2. Saliva sample, then offer food/drink;
3. If needs to pass urine, collect sample for HCG, and toxicology if indicated (but do not wipe until after genital examination).
4. Fingernail scrapings/clippings.
5. Head hair samples-can be plucked (victim can do this him/herself) and cut.
6. Blood sample-document exact time taken, take extra for baseline Syphilis hepatitis and HIV serology.
7. Trace evidence-swab dirt/sand from skin/clothing, fibres, grass etc (use sellotape).

### Top-to-toe external examination:

For injuries/bruising etc-NB dignity at all times, allow patient to remain partly covered up.

Undress on sheet of paper in kit to collect any trace debris

### Genital examination:

- must have good light, sheet to keep covered, ideally nurse at head end helping to label specimens with name of victim and date, as they are taken (she must wear gloves); genital area on paper from kit to collect any trace evidence. Do not re-

rape the victim! Have all swabs and slides ready within reach on a clean trolley covered with clean paper towels.

- Pubic hair specimens if available -combed and cut.
- Examine introitus and hymen for obvious acute injuries/secretions
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### Speculum examination:

Use a paediatric one if victim sexually inexperienced or has never had a smear/vaginal examination before.

### **Take forensic specimens first:**

- Low blind vaginal swab[ no smear]
- Introital swab/smear;
- Vaginal swabs smears
- Cervical swabs smears
- Perianal swab/smear
- Blind anal swab/smear
- Rectal swab /smear using anoscope if Hx of anal penetration
- Extract any visible pubic hairs
- note any pain, lacerations, bruising, abnormalities with detailed diagram.

### **Take medical specimens:**

- HVS
- Cervical swab,[for Gonorrhoea]
- Endocervical swab (for chlamydia)

### **Bimanual examination**

#### **Rectal examination and proctoscopy if anal assault.**

Snip ends off swab containers with sterile scissors to air dry.

Ensure all specimens correctly labelled and accounted for (check list in SAP booklet).

Place them in the correct envelopes and seal with tape, signing each seal (do not lick envelopes!).

When examination complete, contact police and they will come to collect MEK.

They must sign the SAP to say they have received it . Place one set of triplicate copies in the MEK [pink], give one to police [blue] and you keep originals for your records (in case you have to appear as a witness in court).

Seal the MEK and sign and date it.

### Medical Care

#### **1. Discuss pregnancy prophylaxis – This is a legal responsibility.**

Postinor can be dispensed from ED, or prescribed. Take ASAP .

Progestogen – only, so very few contraindications.

#### **2. Infection prophylaxis**

**Chlamydia** prophylaxis: give to all victims.

- Azithromycin 1g stat

- If in 1<sup>st</sup> trimester of pregnancy, prescribe Erythromycin 800mg qid for 1 week. Azithromycin OK in 2<sup>nd</sup> and 3<sup>rd</sup> trimesters.

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**Gonorrhoea** prophylaxis: give to all victims.

- Ciprofloxacin 500mg PO stat (write “endorsed by .....(O&G consultant of the day): on the prescription).
- If pregnant, give Amoxycillin 3g with Probenecid 1g 30 minutes beforehand.
- If pregnant and penicillin-allergic, omit prophylaxis or give Ceftriaxone 250mg IM stat.

**Candida** prophylaxis: consider in all victims.

- Treat if swabs grow candida, or if typical symptoms develop subsequently.

**Hepatitis B:**

- If high risk (ie known HBV +ve assailant), give first dose of vaccine and continue with accelerated regime (GP)
- If low risk, do baseline serology and review.

**Hepatitis C:**

- Baseline serology and review.

**HIV**

Consult infectious disease specialist as required;

- If high risk (ie known HIV +ve assailant or high risk ethnic group, less than 72 hours since assault, unprotected anal assault, and other genital ulceration/inflammation and/or assailant):
  - Counselling, ie actual risks;
  - Side effects of prophylactic treatment, which has to be taken for 28 days;
  - Risks to partners.
- Baseline bloods - LFT's, CBC, HIV/HBV/HCV/syphilis serology;
- Use Zidovudine and Lamivudine, or Combivir.
- Add indinivir if assailant known to have high viral load or has had previous treatment with these drugs (discuss with Infectious Diseases Specialist).
- If low risk
- Prophylaxis is not recommended.
- Do baseline serology and recheck at 6 weeks, 3 months and 6 months.

**Immediate:-**

Inform regarding symptoms and signs of STI's eg herpes and thrush, and give leaflets if available.

Ensure victim knows how to get advice out-of-hours eg ED, cell phone number of DSAC doctor.

Ensure discharge address is a safe one.

Also ensure that the victim has some social support available. Victim Support can help as can Women's Refuge.

**Follow-up:**

**At 3 weeks with GP or DSAC/examining doctor or Sexual Health Clinic**

- For HCG, pelvic examination and repeat STI swabs.

**At 3 months**

- Syphilis, HBV, HCV, HIV serology.

**At 12 months**

- Cervical smear, HBV HCV, HIV serology.

**Counselling:**

- Complete ACC form at time of forensic examination;
- diagnosis is “sexual assault”, refer for counselling with an ACC approved counsellor or psychologist
- Make sure the address on the form is a safe address ensure confidentiality
- Send form to Sensitive Claims Unit Freepost POBox 1426 Wellington

**Payment:**

Police provide forms for applications for reimbursement (either ACC or police make the payment, not both)

For any help or advice contact a DSAC Dr at first opportunity  
Debriefing after handling a case is recommended.

Date initiated: 2004	Author: S Washington. C.Abbott	Distributed to:
Date Approved:2004	Signature:	Emergency Department
Date for Review 1/1/2012	Position: Emergency Physician	