14 Sexual assault in adults

Sexual assault in adults

Physical assault of a sexual nature without consent. Legal definition varies in different states/territories.

If less than 18 years of age — see *Sexual abuse involving children and young people* (*CARPA STM p142*).

- You must know what is required under your state/territory legislation, eg mandatory reporting

Do — first

Remember — *Assessing trauma – primary and secondary survey* (*p27*).

- Look for and manage life-threatening and major injuries straight away (*CARPA STM p67*)

- Make sure victim and you are both safe. Arrange evacuation, call police if needed
- Ask if they want friends or family with them
  - Be aware they may not have told partner, family, friends yet
  - Think about privacy and confidentiality, especially in small community
- If unconscious, has condition that impairs judgement, eg under the influence of drugs, intellectual disability — **medical consult**

Talk with person about the assault

- Believe them, take allegation seriously, treat with dignity and respect. Acknowledge the courage it has taken to tell you about assault
  - Being believed is the single most important thing that contributes to a person's recovery
  - ***Remember:*** Offenders can give reasonable explanations and may be leaders or trusted people in community
- Help them be in control of how much they have to talk
  - Let them know they don't need to tell you all the details of assault
  - Don't ask unnecessary questions
  - Only ask for details that will guide examination and clinical care
  - Record answers so you don't have to ask again
- Listen and hear what they are saying
  - Acknowledge their pain but don't get caught up in your own responses and emotions
  - Reassure them their feelings and reactions are normal and OK, take care not to minimise or discount them
- Not your job to get detailed medico-legal statement or verify accuracy of information. But your notes may be used in legal proceedings, make sure they are accurate and legible

- **Do not** be judgemental or confrontational. **Do not** ask qualifying questions, eg "why were you there", "why did you do that". **Do not** say anything that makes them feel responsible or guilty about the assault
  - A good statement can be "It's not your fault that this happened. You might have been vulnerable but that doesn't make you responsible"
- Make sure they understand
  - Assault can be reported at any time but collection of evidence (forensic examination) must be done within 1 week and **best within 72 hours**
  - State/territory legislation may mean you need to report assault to police or other agency
- Give clear, accurate information, including written information, about options for legal, medical, counselling support
- Promote concept of future recovery. They have survived the assault. Talk with them about what they need and how you can help them recover

Ask

- Did assault involved strangulation (*p398*), especially if intimate relationship assault
- Do they want to report assault to police
  - If agree to have police involved *OR* undecided about involving police but agree to forensic examination — arrange forensic examination (*below*)
    - Can change their mind at any time during examination and clinical care
  - If sure they don't want legal action — forensic examination not needed, strongly encourage medical check (*p397*)

If they think they may take legal action *OR* are seriously injured *OR* safety not assured — strongly encourage and help to contact police as soon as possible after injuries treated.

Do

Arrange forensic examination if needed

- Staff without specific training in sexual assault assessment should **not** do forensic examination of sexual assault victim unless no practical alternative. But better than not having forensic examination done if person doesn't want to travel
- Discuss procedures and protocols with specialist sexual assault service **before** agreeing to do examination
- If needs to be done in clinic — see *Sexual assault – forensic examination* (*p400*)

- Decide where examination should take place and who should do it
  - If going to hospital — forensic examination, assessment by sexual assault service may be offered at the hospital
  - If not going to hospital — can be referred to and supported to attend sexual assault service in town. Doctor will arrange appointment with most appropriate specialist service
- **Medical consult**, talk with police (if involved) to arrange transport
  - Best option (eg evacuation, mail plane, road) depends on urgency of referral and availability. Medical, social, safety factors all relevant

To preserve forensic evidence during medical check or while waiting for forensic examination

- If sending to town — get advice from sexual assault service about preserving evidence during transfer. Depends on nature of assault, time delay, how much clinical care needed before appointment
- Wear gloves during any medical examinations
- If wounds need treatment straight away — only clean areas needed for safe medical management
- Advise not to shower. If not possible — try not to wash areas involved in assault, eg genitals, neck if suction mark, arm if fingertip bruising
- Oral rape or injuries — shouldn't eat or drink, clean teeth, rinse mouth until after forensic examination. Talk with police or sexual assault service about collecting these samples if long delay in transfer
- Get advice on preliminary specimen collection (eg labial and anal wipes) collected by person before using toilet. Some states/territories have preliminary specimen kits
- If needs to pass urine — press underpants to genitals before passing urine, don't wipe with toilet paper afterwards
- If anal rape — try to avoid using bowels. If not possible — press underpants to anus before passing faeces
- If clothing needs to be removed — collect clothes in separate paper bags, seal and label each bag. See *Taking off clothes* (*p401*). Give clean clothes from clinic stores or have friend/family bring some in

If serious injuries

- Give urgent clinical care
  - Only clean wound areas as needed for urgent treatment, eg wound edges before suturing
  - If need to do vaginal or rectal examination before forensic examination — use warm water or only small amount of lubricant. If lubricant used — send name, sample in yellow top jar in with person for comparison
- Give pain relief as needed (*CARPA STM p399*)
- **Medical consult,** arrange to send to hospital

Medical check — if staying in community

- If decided not to have forensic examination — **medical consult**
  - Doctor should discuss management with sexual assault service
- For social or emotional reasons, may be better for person to be referred to service outside home community, eg woman referred to Congress Alukura
- Check temp, pulse rate, BP, RR
- Examine whole body carefully. Document injuries
- Treat remaining injuries. Give pain relief if needed (*CARPA STM p399*)
  - If painful or bleeding genital or rectal injuries — **medical consult**
- Do full STI check (men *CARPA STM p308*, women *WBM p251*)
  - Offer presumptive treatment for possible STI. If you don't know protocol for your community — check with sexual health unit
  - If not immune to hepatitis B — offer immunisation/immunoglobulin
  - If risk of HIV exposure — talk with sexual health unit urgently. Preventive treatment should be started within 72 hours of assault
- If vaginal rape and woman of child bearing age not using contraception — do urine pregnancy test (*WBM p283*), offer emergency contraceptive pill (*WBM p354*)
  - Best in first 24 hours but can give up to 5 days after
- Give information about available counselling services, offer to phone counsellor to talk with person
- Try to make sure person has safe place to stay, eg with relatives in same or another community, women's shelter
- Ask to come back in 2–3 days for review, or sooner if upset or worried
- Remind them that legal action is still possible, but more difficult, in the future

Follow-up

- See again in a few days, or as soon as person wants
- Be gentle but thorough. Ask about and check
  - Physical complaints
  - Injuries — oral, pelvic, genital, urinary, anorectal, other symptoms
  - Contraception, pregnancy
  - STIs. If positive test/s — see *STI management* (men *CARPA STM p312*, women *WBM p254*). If symptoms — see relevant protocol
  - Coping responses — counselling, alcohol or drug use, cigarettes (increase/decrease), medicines
  - Mood, emotional wellbeing. If seems anxious, depressed, not coping — see *Mental health assessment* (*CARPA STM p198*), offer referral to mental health service
  - Current and relevant past medical, surgical, psychiatric history
  - Social — relationships, housing, police investigation

- 2–3 weeks after assault
  - Think about repeat brief STI check (men *CARPA STM p308*, women *WBM p250*)
  - Offer women urine pregnancy test (*WBM p283*)
    - If pregnancy test positive — discuss options, including termination of pregnancy (*WBM p314*)
    - Think about forensic implications of pregnancy, talk with doctor from sexual assault service
- 3 months after assault
  - Repeat bloods for syphilis, HIV, hepatitis B
  - If treatment given for positive STI results — test for reinfection

Long-term follow-up

- Emotional problems may continue or get worse after sexual assault. Anxiety, depression, post-traumatic stress common, can affect relationships, families, communities
- Promote concept of recovery, plan together how this will happen, eg refer to counselling, mental health service, social and emotional well-being program

Strangulation

Always ask about this, especially in intimate relationship assaults.

Ask

- What was used
- Loss of consciousness
- Trouble swallowing
- Trouble breathing
- Voice change
- Loss of bladder or bowel control

Check

- Temp, pulse, BP, RR, coma scale (*p56*)
- Shortness of breath, noisy breathing (stridor), hoarse voice
- Tender laryngeal/cricopharyngeal cartilage
- Crackles under skin (subcutaneous emphysema)
- Laryngeal crepitus (clicking sensation when laryngeal cartilage moved to side). Loss can mean swelling between laryngeal cartilage and vocal cords
- Small red/purple spots (petechial bruising) on face, eye, roof of mouth (palate)
- Irritable, restless

Do

- **Send to hospital urgently** if
  - Unable to swallow
  - Loud high pitched sound when breathing in (stridor)
  - Crackles under skin (subcutaneous emphysema)
  - Difficulty breathing (dyspnoea)
  - Irritable and you suspect hypoxic brain injury
- Send to hospital if
  - Any voice change or loss of consciousness
  - Lot of external bruising and/or tenderness
  - Loss of laryngeal crepitus
- Delayed swelling (late onset oedema) can cause breathing obstruction up to 36 hours after strangulation. If person not going to hospital — review regularly, have someone trusted watch them for this time
- If no immediate signs — wait at least 6 hours after strangulation before deciding person doesn't need to go to hospital

Sexual assault — forensic examination

Attention

- Best if forensic examination done by professional with specialist forensic training
- Staff without specific training should **not** do forensic examination of sexual assault victim unless no practical alternative
- Get advice from specialist sexual assault service **before** agreeing to do examination

- Every clinic or police station will have sexual assault kit. Vary in different locations — always follow directions carefully
- Make sure area is private, clean, free from possible contamination
- Wipe down hard surfaces (eg benches, trolleys, bed, examination lights) with bleach solution, eg 60ml bleach in 240ml water, *Contain 5000*
  - Clean racks/drying trays for swabs with bleach solution
  - Clean scissors, tweezers, camera with alcohol wipes to physically wipe away any possible DNA contamination
  - Put underpad (eg bluey) on bench. Put forensic samples on underpad

What you need

- Private, clean examination room
- Good light
- Multiple pairs of gloves, change often
- Mask — explain to person it is so you don't contaminate specimens
- Gown or clean clothes for you — your clothes may have contaminants from work. Clean clothes for person
- Sexual assault kit
- Sterile scissors, or disposable scissors
- Sterile water
- Paper tape measure
- Paper bags (no plastic lining)
- Sticky tape, paper tape, evidence tape if available
- Pen

What you do

Before examination

- Carefully explain what you need to do

- Take brief history to help determine what samples to take — when and where assault took place, alleged perpetrator, 'who put what where', contraception, ejaculation, condom use
  - Record story in their own words
- Put on mask, clean gloves and gown, scrubs or clean clothes to stop contamination of evidence — explain why
- Taking off clothes
  - If assault took place outdoors — have person stand on paper so any evidence of crime scene, eg dirt, sand, leaves, can be collected. Fold paper, seal in labelled paper bag — see *Taking and labelling specimens* (*p403*)
  - Try to remove clothing without further damage or tears (intact)
  - Put each item in separate labelled paper bag
  - Person can remove and bag clothes themselves if able
  - If clothing needs to be cut — use sterile/disposable scissors. **Do not** cut through areas damaged in assault. Record what you have done
  - Give person clean gown or clothing
  - Seal and label bags containing clothing with description, eg 'blue underpants'. See *Taking and labelling specimens* (*p403*)
  - List clothing collected, not collected, missing, in sexual assault booklet

Examination

- If both victim and offender of assault need to be examined in same clinic
  - Should be examined by different staff members in different rooms
  - If only one staff member available — shower and change clothes, eg into surgical scrubs, before doing second examination in different room

Starting at top, look carefully at each part of body

- Check for injuries expected from history, injuries they may not be aware of

> - Most victims of sexual assault don't have serious injuries. Small bruises and abrasions relatively common. May have no injuries at all.

- Injuries may include
  - Bruises — imprints, fingertips, straight parallel lines with pale strip between (tramlines) from being hit with rod/stick (cylindrical object), small red/purple spots (petechial bruising)
  - Abrasions — scratches, friction, eg gravel rash from being dragged
  - Lacerations — splitting or tearing of full thickness skin, often irregular edges with surrounding bruising, usually from blunt force trauma
  - Incised wounds — regular edges, no damage to surrounding skin, caused by sharp objects
  - Bites. If serious wound or skin broken — see *Bites* (*CARPA STM p41*)
  - Cord (ligature) marks or bruises from being tied or held around wrists

- Suction marks from sucking on the neck, breast, kissing
- If strangled — abrasions or bruising on neck, small red/purple spots (petechial bruising) on face, eyes, behind ears

- Record details of each injury, what you see and find
- Draw injury on body chart, number it, write clear description for each number
  - Where it is in relation to body land mark, eg above left ear, below right breast
  - Size — measured with tape
  - Shape — use easily identifiable shapes, eg round, oval, linear. Draw it
  - Features of skin around it, eg swollen, red
  - Colour, eg red, purple, blue, yellow
  - Contours, eg tramline or parallel bruising
  - Abrasions or skin tags — note which end bunched, can indicate direction of force
  - Bites — measure and mark on body chart
    - Bite mark can be used to identify biter. Photograph, or ask police to photograph, with ABFO (forensic) ruler
  - Foreign debris
  - Evidence of healing eg inflammation, scab, granulation tissue
  - Fluid/blood, eg bright red, dark red, serous, dried

Female genital examination — see *Female body charts* (*p423*)

- Look at external genitals for lacerations, abrasions, bruising
- If speculum examination possible (woman may not want one)
  - If swabs for lubricant and aromatic oils needed — collect first
  - Use warm water or very small amount of lubricant. If lubricant used, send name, sample in yellow top jar in with woman for comparison
  - Look for injuries to cervix or vagina, foreign matter, eg pubic hair
  - Collect vulval, low vaginal, high vaginal forensic swabs and smears
  - If more than 24 hours since assault — do endocervical swab and smear for semen
  - Collect swabs for full STI check (*WBM p251*) after forensic swabs
- Most common place for injury is base of vaginal opening where labia minora meet (posterior fourchette) — F 15.46 (*p427*)
- Most common injuries are minor abrasions, small splits (lacerations). Bruising less common

Male genital examination — see *Male body charts* (*p503*)

- Most common sexual assaults — forced anal penetration and/or forced oral sex (fellatio)
  - Other forms of assault include oral sex (fellatio) by perpetrator, masturbation of victim, victim being forced to penetrate offender

- Look carefully at penis, scrotum, perineum for signs of bruising (especially from suction), bite marks, abrasions, lacerations
- If uncircumcised — retract foreskin, examine glans

Anal examination

- Look carefully at anus and perianal skin for signs of lubricant, staining, fissures, bruising, swelling, lacerations, abrasions, sphincter spasm
- Most common injuries are lacerations, abrasions, bruising, swelling
- May be injuries in rectum, especially if object inserted
  - If injury possible — do rectal examination, check anal sphincter tone (*p190*)
- Ask if painful bowel motions, constipation, bleeding from rectum before or since assault. Could be pre-existing problem

Taking and labeling specimens

- Follow sexual assault kit instructions very carefully, use labels provided
  - Label slides with pencil on frosted end of glass
  - Label swab tubes with flag-label folded around end — F 14.1
- Label everything you need **before you start**.
  Labels must have
  - Sexual assault kit number
  - Type of specimen, eg anal swab
  - Purpose of specimen, eg semen sample
  - Name of patient, time, date
  - If outside genital area — use corresponding body chart number to indicate collection site
  - Your signature

14.1

- Only collect specimens when clear reason to do so
- If history of oral assault — collect mouth swab, oral rinse for semen as soon as possible. Best within 6 hours of assault but can do for up to 24 hours
- Take forensic specimens before STI swabs
  - Keep specimens related to health care (eg STI tests) separate. Send to usual pathology
- Throw away any unused items from kit, eg swabs, slides

Swabs

- Take swabs from mouth, skin, vulva, vagina, penis, anus, etc as indicated by history of assault, to detect semen, saliva, lubricant, contact DNA, other foreign material
- Do body (external) swabs first, then internal swabs with speculum or proctoscope

- For lubricant, massage oil, aromatic oil swabs
  - Collect swabs from outer genital area, anus, vagina (as needed)
  - Put swabs in labelled small glass vials, snap off swab to size, put lid on
  - **Do not** dry swabs as oils may be lost
- For all other moist swabs
  - Dry swabs for at least 45 minutes. May take longer in the tropics
  - Put upright in drier or rack — F 14.2
  - *OR* Lay on trolley. Put halfway back into tube to avoid contamination
  - Put into transport tube provided and seal
- Swabs for semen — also make smear from each swab
  - Oral swab and rinse
    - Take one swab from behind teeth, along gum line, under tongue, tonsillar fossa
    - Put 10–20ml of sterile water in labelled sterile yellow top container, ask person to rinse mouth and spit back into jar

14.2

  - Female genital swabs
    - Labia. Include inner surface of labia majora, labia minora, vaginal vestibule. **Do not** swab external surface of labia majora
    - Low vaginal. Separate labia to see vaginal canal. Put swab in carefully, don't touch labia or vaginal vestibule. Put swab 2–3cm (no more) into vagina, turn swab to collect secretions
    - High vaginal. Insert speculum, don't touch labia or vaginal vestibule with the blades of speculum. Sweep swab around upper vagina, include pool of secretions in posterior fornix
    - Endocervix. Collect swab from endocervical canal, as well as other vaginal swabs. Important if delay in examination (more than 24 hours after assault). Endocervical canal most likely place to find semen
    - If woman doesn't want speculum examination — take whole vaginal swab, don't touch labia or vaginal vestibule
    - If report of oral sex on female genitals (cunnilingus) — take extra swabs from clitoris, labia minora, vaginal vestibule for saliva
  - Anal swabs
    - Perianal swab. Take for anal assault. Think about taking for vaginal assault, semen may drain to perianal area
    - Rectal swab. Clean perianal area with sterile water to avoid contamination. Use proctoscope or insert swab directly into anal canal
  - Body swabs
    - If ejaculation on any other part of body — swab area with swab moistened with sterile water

- Swabs for saliva
  - Take saliva swabs from any sites offender licked, kissed, bit
  - Use 2 swab technique
    - Moisten first swab with sterile water, swab area firmly and thoroughly, label 'saliva – wet'
    - Repeat over same area with second dry swab, label 'saliva – dry'
- Fingernail swabs
  - If person scratched offender — swab fingernails of each hand using 2 swab technique (as above)
  - Label 'fingernails left hand – wet', 'fingernails right hand – wet', 'fingernails left hand – dry', 'fingernails right hand – dry'
- Swabs for contact DNA
  - Take swabs from areas of skin in contact with offender's hands for a long time, eg neck if strangulation, arm if dragged
  - Use 2 swab technique (as above)
    - Label 'contact DNA – wet', 'contact DNA – dry'
- Cheek swab for DNA
  - Cheek (buccal) swab best for DNA control sample
  - If oral swab and rinse for semen needed — do this before collecting DNA
  - Use Control Buccal Swab Sampling Kit
    - Person rinses mouth twice
    - Swab cheek vigorously with foam swab. Swab continuously for 20 seconds on each side. Use both sides of swab, make sure **both** sides very wet
    - Remove swab from mouth. Press on circle on *FTA* card, fold other circle over top of swab, press tightly together with gloved finger until paper very wet. Unfold paper circles so they don't stick together
    - Label *FTA* card, put in envelope provided. **Do not** seal
    - Put labelled swab in plastic bag provided
    - Put envelope with *FTA* card and plastic bag with swab in sample bag. Seal

Smears — make smear for each semen sample

- Smear semen swab on glass slide — less than size of 5 cent piece
- Air dry slide at room temperature
- Put in correct slide carrier — F 14.3
- Seal and secure with rubber band

14.3

If assault by stranger (offender not known)

- **May need to collect**
  - Head hair — cut about 10 hairs at base of hair from different places on head
  - Pubic hair — cut 5–10 hairs at base of hair
- Put in labelled plastic bags

Foreign materials

- Collect any other foreign material, eg stray hair, debris in pubic hair. Use spare swabs and plastic bags

Alcohol or drugs

- If alcohol use suspected — collect 6ml fluoride preserved blood in tube marked 'blood alcohol'
- If drug analysis needed — collect urine sample and put in yellow top jar in toxicology kit. Ask for drugs of interest, not for drug screen

Packaging specimens

These are basic principles only — follow directions in your kit.

- Check labels, list all specimens collected in assault kit booklet
- Pack dried swabs and smears and other samples into envelope/s provided — F 14.4
- Put forensic paper work into envelope as directed. Label with kit number (if provided), sign and date — F 14.5
- Seal sexual assault kit with tape across width of envelope, sign and date across tape — F 14.6
- **Do not** re-open after sealing. If item left out — seal in separate envelope, label clearly, sign across tape. Attach to primary kit, record what you have done

14.4

14.5

14.6

Chain of evidence

- Critical that forensic evidence you collect is stored securely
- Chain of evidence will be maintained as long as
  - Evidence collection documented and labelled correctly
  - Kit sealed correctly
  - Movement or storage of evidence clearly documented, eg given to police, locked in fridge

- If evidence to be stored in fridge, document this in forensic register
  - Put in fridge with staff-only access until it can be handed over to police (with consent) or transferred to sexual assault service for storage if person undecided about reporting to police
- Personally hand sealed kit to police or sexual assault service, sign handover document if needed
- Record time, date, person kit handed to

Forensic file notes

- Forensic assault/file notes made up of file notes and body charts in kit
  - Must be completed when person has forensic examination
  - Provides information needed to write legal reports
- Usually 3 copies
  - One for clinic file notes. You may be called to give evidence
  - One for police
  - One sealed in sexual assault kit
- Clinic copy can be kept
  - If paper-based file notes — in sealed envelope labelled 'forensic record'
  - If electronic file notes
    - Electronic version in limited access section of system, not in shared notes
    - *OR* Paper-based version held by sexual assault service

What you do

Record

- Patient and referral details
- Consent to examination
- History of assault in person's own words
- Medical — examination, treatment, referral, follow-up arrangements
- Injuries from assault
- Forensic specimens collected
- Information needed for chain of evidence