

# Sexual assault as it presents in the Emergency Department

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Emergency Medicine, onthepods, sexual health

Sarah Dalton chats to Mary Dobbie about sexual assault as it presents in the [Emergency Department](#). We will go over an example case and give advice on how junior doctors can approach these patients. We will talk about:

- what the definition and impacts are,
- how common it is for these patients to present to ED and what happens when they do,
- debunking common myths around rape and assault.

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## About Dr Mary Dobbie

Dr Mary Dobbie graduated from the University of Sydney as a General Practitioner. She has worked in the Sexual Assault Service at Royal Prince Alfred Hospitals, New South Wales, Australia. She is a member of the Australian Society of Sexual Assault Against Violence Graduates and is a GP teacher and examiner.

## Sexual assault in the Emergency Department

We Welcome Your Feedback

### Let's Talk

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Dr Mary Dobbie worked as a General Practitioner at the Royal Prince Alfred Hospital and Liverpool Hospital. She has worked at the Liverpool Sexual Assault Education Centre and is also a member of the Australian Society of Sexual Assault Against Violence.

*With Dr Mary Dobbie, Visiting Medical Officer in Sexual Assault at Royal Prince Alfred Hospital and Liverpool Hospital, Sydney, New South Wales, Australia*

## Introduction

The sexual assault service at Royal Prince Alfred Hospital (RPAH) is geared to provide a joint medical and counselling response for patients reporting a recent sexual assault. It sees patients over 14 years of age.

### 1. What is sexual assault?

- Any sexual act that is performed without consent
- Consent must be freely given - i.e. free of coercion

- A child cannot consent if they are under 16 years of age
- Other factors may transiently confer an inability to consent e.g. intoxication / acutely affected by mental illness

## 2. How common is sexual assault?

- Sexual assault is common
- It is widely under-reported so it is hard to know exactly how common
- The Australian Bureau of Statistics estimates 1 in 5 women experience some form of sexual assault (including indecent assault, stalking, interpersonal violence, rape)
- Worldwide, 1 in 3 women have experienced physical or sexual violence in their lifetime

## 3. What are some common myths about sexual assault?

- MYTH: Only certain people can be sexually assaulted
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- MYTH: It is usually a stranger who sexually assaults someone
- MYTH: If there is no physical contact, it is not sexual assault
- MYTH: When someone is sexually assaulted, they should be sexually assaulted
- MYTH: Men don't get sexually assaulted
- MYTH: If you're sexually assaulted, you should be sexually assaulted
- It is important to blame for the victim

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## 4. What are the impacts of sexual assault?

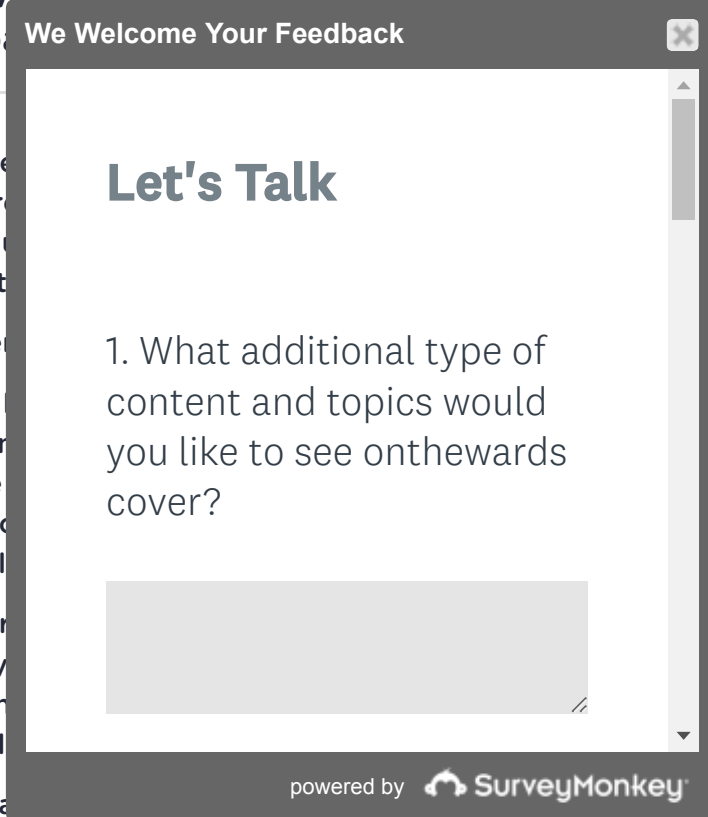
- Sexual assault is a traumatic crime, violating personal boundaries profoundly
- It has both short-term and long-term effects and causes both physical and mental health problems
- In some settings, a victim may be at increased risk of acquiring an STI including HIV
- Women exposed to sexual violence have double the rate of mental health disorders
- History of sexual assault is associated with disability, poor quality of life and other disadvantages

## 5. What advice should JMOs follow in talking with patients who are victims of sexual assault?

- Introduce yourself and explain everything slowly and step by step
- Above all, believe the patient
- Have a private area to discuss these issues
  - It is usually not helpful to have other people present
- Validate the patient for seeking help and validate their concerns

## 6. What happens when a patient presents to the Emergency Department?

- Patients may present to the Emergency Department after being assaulted by a partner, friend, family member, or stranger
- The Sexual Assault Nurse Examiner (SANE) is a specialized nurse who provides care to patients who are victims of sexual assault
  - Travelled to the Emergency Department
- An undisclosed history of sexual assault, depression or anxiety
- Patients require a medical clearance
- Need medical clearance
  - There are many reasons why a patient may need to delay their medical clearance
  - E.g. If the patient is in pain, they may need to be transported to the Emergency Department
- Additional sexual assault history
  - When did the assault occur?
  - Further information from police / paramedics if present
  - Is the patient in pain or bleeding anywhere? If so, this needs early management
  - Any strangulation history or neck pain? (red flag)
  - Record of mental health problems
  - Any obvious signs of intoxication
- Once primary survey (ABC..) has been performed, a dedicated intake counsellor coordinates the response
- Counselling team has a short period of privileged time for private, confidential counselling
  - NB: Anything that goes in medical notes may be used in court



# Case

A 19-year-old woman presents to the Emergency Department after she has had a lot of alcohol the night before. She tells you she has a very poor memory of events from the previous evening and has no specific recollection of a sexual assault. She reports her vagina and bottom are painful.

## 7. What assessment do you do?

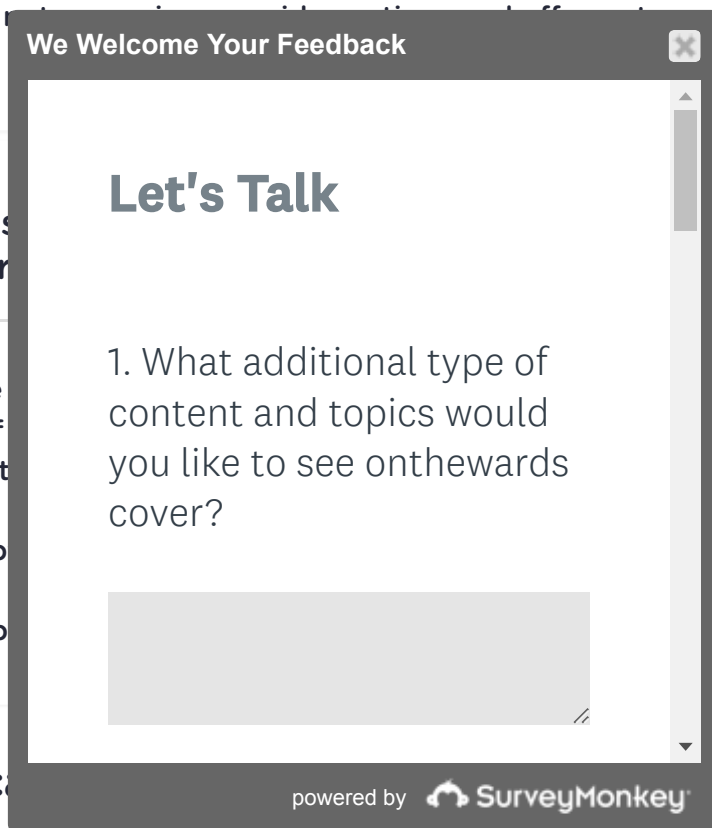
### History

- Introduce yourself. Assess and document fitness to consent to forensic review
- Consider what has caused history of memory loss - don't overlook medical causes
  - Intoxication
  - Strangulation
- If the patient does not recall the assault, you need to gently explore
  - "In this situation, we are exploring the possibility of sexual assault. It is important to discuss this possibility with you. We will discuss the possibility of vaccination and other options. We will discuss the possibility of next clear steps. We will discuss the possibility of assuming she was assaulted. We will discuss the possibility of impaired memory. We will discuss the possibility of events leading up to the assault. We will discuss the possibility of the assault taking place."
- Start with general questions, particularly again
- Ask the patient if they recall the assault
- For this particular case, memory - try to explore if unconscious
- Consider drink s
- If the patient recalls the assault and to the assault and ask specific questions
  - Ask where the assault took place
  - Number of assailants
  - Any threats made during the assault or weapons / force used
  - How clothing was removed
  - Anything specific the victim can recall the assailant saying during the assault
  - Ask specifically what areas were penetrated and by what body parts - this is important to know where to take swabs from for forensic purposes and because different time frames apply for DNA evidence (e.g. skin cells are only able to be collected for approximately 12 hours after the event)
  - Frequently check that the patient doesn't feel too overwhelmed by the assessment

### Examination

- Examination should be performed in a forensically cleaned area if available

- Police kits containing decontaminated equipment are available
  - In a rural setting, you might have access to a SAIK (sexual assault investigation kit)
  - If in a setting where there is no forensically prepared room, record what measures you have taken to reduce DNA contamination which could compromise legal evidence
    - E.g. opened fresh set of gloves, wiped down bed, clean sheet
- Take note of the patient's coherence
- Aim to do a head to toe examination
- Look for any injuries - that might not have been noticed by the person presenting
- You need good lighting and a stress-free environment for the patient
- Take your time and explain to the patient what will happen before each step
- If the patient is not able to give consent, you should refer to a police officer -lined examination



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8. As your

- Be aware of the
- Be conscious of
- Don't drink a lot
- Exercise a lot
- Have uninterrupted emails at home
- Institutional sup

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look after

don't check

## Related Podcasts

- [Domestic violence - Recognising and responding](#)
- [Domestic violence \(Strangulation and documentation\)](#)

**Tags:** #consent, #emergency, #emergency department, #indecent assault, #interpersonal violence, #rape, #sexual assault, #sexual health, #sexual violence, #stalking

