

module introduction

Appropriate medical responses to care and treatment for patients who have experienced sexual assault is critical to continuing health outcomes across the patient's lifespan.

A 1999 UK study found that 'Better knowledge and enlightened attitudes amongst health care staff can have a significant impact on the management of sexual assault and influence the likelihood of victims presenting for treatment'.¹ This study adds to an established body of opinion which recognises the importance of appropriate care of patients who have experienced sexual assault.

The importance of the identification of sexual assault is now also being recognised. Many patients want to discuss their experience², but do not because their doctors do not ask.³ When you make a decision to ask about sexual assault, you must be adequately prepared to respond appropriately to the patient. You need not necessarily provide all the care yourself, but you certainly need to know how to provide primary care and where to refer your patient for further assistance.

As up to a third of your female patients may have experienced sexual assault, (see Chapter One, page 5 Nature and Incidence of Sexual Assault) it is vital that you know how to respond to both primary disclosure and disclosure some time after the incident(s); such later disclosure may or may not be a result of your inquiries. Almost three per cent of male patients will have experienced abuse as adults⁴ and more than five per cent will have experienced non-consensual sex before the age of 16.⁵

Who can use this module

Medical Responses to Adults Who Have Experienced Sexual Assault is an interactive training module for doctors. At the request of the Australian Health Ministers' Advisory Council (AHMAC) and on behalf of the Committee of Presidents of Medical Colleges (CPMC), RANZCOG have developed a module to be available to a wide range of medical practitioners. The CPMC suggest that trainees in emergency medicine, general practice, surgery, paediatrics, psychiatry and some components of adult medicine, as well as obstetricians and gynaecologists should have training in this important subject. Paediatric practitioners may find the module helpful in understanding the long term sequelae of childhood sexual assault however,

the care of children who have been sexually assaulted is not addressed in this module.

The module contains comprehensive detail about forensic examination of sexual assault victims. This information is presented to introduce the procedures to enhance understanding of the entire process of reporting sexual assault, for the benefit of doctors who may be called to conduct such an examination without prior training, and for doctors who work in remote areas and may be the only doctor available to conduct a forensic examination. It is recommended that doctors undergo specific accredited forensic training if this is a career choice.

It is recommended that wherever possible trained specialist sexual assault doctors perform forensic examinations. Where this is not possible 24 hour contact is available through sexual assault forensic services and it is recommended that a non-specialist doctor utilise these services for assistance and guidance. Contact details for sexual assault services throughout Australia and New Zealand are listed in Appendix Two, pages 144 and 145.

When you have completed this module you will be able to:

- better understand the nature and incidence of sexual assault,
- recognise common behavioural cues that may assist in the identification of sexual assault,
- recognise a range of behaviours which may indicate that a patient has been sexually assaulted as a child,
- demonstrate enhanced understanding of effects an individual's social context and background may have on their experience of sexual assault,
- offer appropriate support and locate information about specialised support services,
- locate information about relevant law,
- discuss with your patient issues related to consent to medical and forensic examinations,
- adopt attitudes and language appropriate to the needs of individual patients,
- conduct an examination of a sexual assault victim which allows them to retain their dignity and minimises negative sequelae,
- recognise a range of injury patterns in sexual assault,
- be aware of the procedure for conducting and reporting on a forensic examination,

¹ Williams L, Forster G, Petrak J. Rape attitudes amongst British medical students. *Med Educ* 1999; 33(1): 24-7.

² Kimberg 1. Addressing intimate partner violence in primary care practice. *Medscape Women's Health* 2000; 6(1).

³ Mazza D, Dennerstein L, Ryan, V. Physical, sexual and emotional violence against women: a general practice-based prevalence study. *Med J Aust* 1996 Jan 1; 164(1):14-7. Holmes M. Sexually transmitted infections in female rape victims. *AIDS Patient Care STDS* 1999 Dec; 13(12):703-8.

⁴ SERCIS South Australian Health Goals and Targets, Violence and Abuse Priority Area; 1998 May.

⁵ Coxell A, King M, Mezey G, Gordon D. Lifetime, prevalence, characteristics, and associated problems of non-consensual sex in men: cross-sectional survey. *BMJ* 1999 Mar 27; 318 (7187): 846-50.

module introduction cont'd

- make appropriate judgements when discussing sexually transmitted infection and offering pregnancy prophylaxis,
- communicate sensitively with the family and friends of patients,
- communicate effectively and appropriately with colleagues and police, *and*
- understand vicarious trauma and principles of debriefing and professional peer support.

The module is presented in two parts.

Part One contains introductory material and important background and contextual information.

Self-assessment tasks and activities throughout Part One aim to improve your knowledge of the medical, social and legal aspects of sexual assault.

Part Two contains ten case studies. Each case aims to help you learn about a different aspect of a sexual assault victim's presentation and management of their treatment and care.

There are activities and questions within case studies one to ten. These activities are to enhance your understanding of the topic under discussion and are not to be externally assessed.

Answers to questions posed throughout the module are not always provided. Where answers are given, they always follow the questions immediately except in Case Study Two, where answers can be found at the end of the case study at pages 59 and 60 as noted in the introduction to the case study. Otherwise, questions are posed here to raise thoughtful consideration of the issues under discussion. There may be a range of responses to questions posed and where a student of this module is uncertain about her or his response, a careful re-reading of the immediately foregoing material may assist, as will discussion with experienced colleagues or further reading.

An additional external assessment task is included if your work is to be externally assessed. It is appended at page 141.

Appended to the module (fold out back cover) is an overview of emergency management of care of a patient who has experienced sexual assault. This document is intended to act as a prompt if you are called on to conduct a forensic examination. A one page summary of guidelines for writing a medico-legal report is also appended at page 155.

In applying what you learn in this module you have the opportunity to help make your patients' experience no more traumatic and substantially improve treatment and longer term health outcomes.

A critical component of providing health services to victim/survivors of sexual assault is to remember that a medical examination, whether forensic or not, establishes the status of a patient's health; never the veracity of a report of sexual assault.

Please be aware that this module is likely to be more challenging than other educational materials you have experienced. It is natural to be affected by this material although it may initially be daunting or confronting. Take your time on the assessment activities and allow yourself to engage with the material.

If at any time the material distresses you, please contact the sexual assault service in your State or region (see Chapter Three: Finding the appropriate sexual assault support service). Most of these services provide professional debriefing for those working with victims of sexual assault. They are also accustomed to assisting people coming to terms with events which may have occurred in the past. They will not find it strange if you call to discuss feelings that this material may have uncovered.

Vicarious trauma is a risk for any professional person dealing with victims of traumatic life events. Refer to Chapter Four for self-care.

Explanatory note about language and terms used

Language used in this module is carefully chosen to model appropriate language to use in a setting of medical responses to sexual assault. It is important to provide sexual assault victims with an environment in which they feel respected, believed, and safe. Medical responses and ongoing care will be compromised if your patient feels judged or disbelieved, or that you are minimising her experience. This aspect of care of a sexual assault victim is explored further throughout the module. It is important to understand and acknowledge attitudes and beliefs you may hold that could impact negatively on a patient's experience of medical care after a sexual assault. It is also important to refrain from expressing such attitudes or beliefs in the hearing of a victim/survivor.

You will see in the chapter on Nature and Incidence - Chapter One - that the vast majority of sexual assault victims are women. For this reason female pronouns are used as the default in this module. Men are also victims of sexual assaults and it is important to extend the principle of appropriate medical responses to men. Case Study Eight explores issues specific to male victim/survivors.

The terms victim or patient are used interchangeably depending on the context. It is important to remember that a patient sitting in front of you disclosing an experience of sexual assault has, to whatever extent, survived the experience and is therefore more than simply a 'victim'. Use of the term 'victim/survivor' (plural: victim/survivors) acknowledges both the criminal nature of sexual assault, and the personal integrity and dignity of the person seeking support. Patient is preferred over 'subject' as the victim of a sexual assault is a patient for medical purposes.

The vast majority of perpetrators of sexual assault are men, so the male pronoun is used to refer to perpetrators. Less than three per cent of sexual assaults are attributed to female perpetrators. Whilst extremely rare it is still prudent to be open to this possibility in a medical setting.

The term sexual assault is used wherever general reference is to an assault of a sexual nature. Sexual violence is always sexual assault. Terms like rape, sexual abuse and indecent assault are used in excerpts from legislation and direct quotes.

Perpetrator is used rather than terms like rapist, assailant or offender. Perpetrator is the term most commonly used in this context in contemporary legal and social settings.

A glossary of legal terms and acronyms is provided at page 139-40.

What this module does not cover

Medical Responses to Adults who have Experienced Sexual Assault is primarily aimed at improving health outcomes for adults who have been sexually assaulted.

Care of adult patients who have been sexually assaulted as children is addressed in this module. Care of children who have been sexually assaulted is not fully explored here. **Children who are sexually**

assaulted require the care of paediatric practitioners with specialised training in responding to sexual assault where a child is the victim.

Care for adolescent victims of either childhood or recent sexual assault often requires thoughtful investigation of the needs of the individual adolescent. Depending on the maturity and confidence of the individual, children's or adult services may be appropriate. The care of adolescent patients is addressed in Case Studies One and Two.

Collection and management of forensic evidence is explored thoroughly and relevant National, State and Territory requirements are discussed. Information about graduate training and further training in forensic medicine for Australian and New Zealand doctors is available by contacting your regional forensic services provider.

This module touches on presentation of expert evidence in a court environment. The presentation in court of expert (medical) evidence is subject to separate training, and resources including a video package are listed in ADDITIONAL RESOURCES.

In using this module, please be aware that standards of medical practice including emergency contraception, advice on sexually transmitted infections and forensic procedures, as well as related legislation change quite rapidly. It is recommended that doctors frequently monitor specific pharmacological and legislative recommendations or requirements. Contact details for relevant authorities are provided throughout this module. In addition, a number of the educational exercises are designed to provide doctors using this module with the skills to locate applicable information in a timely fashion. It is recommended that practitioners who are uncertain of current practice or statutory obligations in any particular consultation contact their local specialist sexual assault service, STI centre, forensic service or other relevant authority for advice. Please refer to the index for location of contact details.