Adolescent Sexual Assault in Resident Medical Education, Facilitator's Guide

Results from 2015-2016 Resident Survey:

1) Only 20% of residents feel comfortable prescribing STI prophylaxis to victims of assault.
2) About 35% of residents do not feel comfortable referring victims to local resources.
3) 80% of residents believe we should have more curriculum hours devoted to addressing sexual assault in the adolescent population.

Administer Pre-test

During residency, have you been educated on the appropriate initial steps if an adolescent patient discloses recent sexual assault? (for example, history taking/documentation, law enforcement, treatment for STI/contraception, referrals)

(yes) (no)

CASE:

A 14-year-old female presents to your primary care office with vaginal discharge and abdominal pain. She discloses that she was sexually assaulted by her 19-year-old cousin two days prior. She says that symptoms have been present since the incident. The patient denies past sexual activity/STDs/pregnancy. She started her period at 12 yrs of age and her LMP was 2 weeks ago. No fevers, nausea/vomiting, GI distress, and she has a normal appetite.

Objective #1: Discuss appropriate history/documentation in SANE exams. Discuss how and when to appropriately report sexual assault and refer to SANE.

Definitions
Sexual Assault – a comprehensive term used to describe any forced or inappropriate sexual activity, including rape. It includes situations where there is sexual contact with or without penetration that occurs because of physical force or psychologic coercion
Molestation – non-coital sexual activity between a child and an adolescent or adult
Rape – involves vaginal, oral, or anal penetration by the offender
Acquaintance rape or date rape – situations where the assailant and victim know each other
Statutory rape – sexual penetration of a person under the age of consent by someone 18 years or older. Age of consent varies from state to state. Age of consent in Alabama is 16 years old.

Care differs between adolescent and pre-pubertal sexual assault. This case focuses on adolescent sexual assault. The number of sexual assault cases that occur remain underreported. However, one in nine girls and one in fifty-three boys experience sexual assault at the hands of an adult and females age 16-19 are 4x more likely to be victims of rape, attempted rape, or sexual assault (RAINN.org). Adolescents with developmental disabilities are at increased risk. Victims of adolescent rape are more likely to have used alcohol or drugs than older victims. Adolescent females are less likely to seek medical care or press charges than adult women. Male victims are even less likely to report sexual assault than female victims.

Immediate ED/SANE (Sexual Assault Nurse Examiners) referral warranted if:
- Abuse occurred within 72-96 hrs
- There are genital/anal injuries needing treatment

- Obvious forensic evidence on self/clothes
- Danger of continued abuse
- Victim reporting SI/HI

*The adolescent should be advised not to wash their clothing or bathe until the exam is complete.

How to appropriately document SANE exams:

Pediatricians faced with cases of sexual assault should be trained in forensic procedures required for documentation and collection of evidence, or they should refer to an emergency department or rape crisis center with experienced personnel. Ideally, information should be collected and exam done without parents or guardians in the room, subject to victims' consent due to concern that they may influence the victims' statements.

During the exam, examiners should methodically document physical findings and facilitate collection of evidence from the patients' bodies and clothing. Exam should be recorded on body diagram forms and should include:

1) General Physical Exam – vitals, date/time, appearance, demeanor, clothing condition; injuries, foreign materials, bruising.

2) Anogenital exam – external and perineal areas. Colposcopy allows for detection of genital trauma, however, the physical exam often does not show evidence of penetration.

Semen, blood, vaginal secretions, saliva, vaginal epithelial cells, hair samples may be identified and profiled by a crime lab. This can come from clothing and debris, so this should be collected as well.

Currently, DNA amplification techniques enable the forensic exam to be useful for at least 4 days after the assault. Between 4 and 7 days, evidence may or may not be useful and local authorities should be contacted for guidance. After 1 week, examination, counseling, and treatment can occur without the need for forensic collection.

Whatever method is being used for seeking informed consent for the exam and evidence collection, the full nature of the procedures and options should be explained to the patients.

Reporting Sexual Assault:

Pediatricians should be aware of legal requirements including reporting to authorities and completion of necessary forms. Except in situations covered by mandatory reporting laws, patients, not health care workers, make the decision to report a sexual assault to law enforcement. This is in contrast to child exams, where a mandatory report should be made.

Reporting the crime allows for immediate protection to victims, collection of evidence from all crime scenes, investigation of cases, prosecution if there is sufficient evidence, and to hold offenders accountable for their crimes, often serving as a first step to stop them from re-offending. As important, it allows the victims to have their needs addressed, identify patterns of sexual violence in the area, and educate the public about these patterns. Every effort should be made to facilitate treatment and evidence collection regardless of whether the decision to report has been made at the time of the exam, but remember to respect victims regardless of their decision, as pressuring them may discourage future involvement.

Objective #2: Prescribe appropriate STI prophylaxis and emergency contraception in Adolescents

The pediatrician should remember to treat non-genital injuries, which may be a priority depending on injury severity.

Who should be tested for STIs?
Testing for STIs after an acute assault is somewhat controversial as there is concern that speculum exam may be traumatic. Finding an STI may also give a defense lawyer the opportunity to introduce the victim's sexual history.

What is appropriate prophylaxis for common STIs?
Prophylactic treatment for chlamydia and gonorrhea should be recommended to adolescent sexual assault victims who experienced vaginal or anal penetration with or without ejaculation, or oral penetration with ejaculation.

- Ceftriaxone 250 mg once IM, metronidazole 2 mg once PO, and azithromycin 1 gram once PO or Tinidazole 2 g orally once
- HIV prophylaxis is not universally recommended but should be considered if there is mucosal exposure. Factors including prevalence of HIV in the geographic area and known genital lesions in the perpetrator should also be considered. Prophylaxis can be started then stopped if testing the perpetrator is negative.

Vaccinations
Hepatitis B immunization if patient has not completed a series. HPV vaccination series is recommended for females age 9-26 and males 9-21. If patient has not started series, then will need to complete entire series with additional vaccine in 1-2 months and 6 months after initial vaccination.

What are the appropriate recommendations for emergency contraception?
Postcoital contraception and pregnancy prevention should be discussed with every adolescent female rape and sexual assault victim. A urine pregnancy test should be performed to obtain a baseline. Progestin-only emergency contraceptive pills are preferred due to fewer adverse effects and increased efficacy. Levonorgestrel can be taken as 0.75 mg twice, 12 hours apart, or both pills can be taken at once.

Objective #3: STI evaluation in pre-pubertal children

Evaluation of STIs in the pre-pubertal children are based on a case-by-case basis. STI screening and evaluation can be uncomfortable and more traumatic for the child and should be completed by a trained professional. Screening for STDs should be completed if:

- if there was a penetrative injury
- abused by a stranger or perpetrator is known to have STD or at high risk for STDs
- an area that has high rate of STDs
- sign or symptoms of STD
- testing is requested by child or parent

Prophylactic treatment in pre-pubertal children is not recommended, as the incidence of STDs in children is low after sexual assault. Pre-pubertal girls are at lower risk for ascending infection in

comparison to adolescents and follow-up is easier assured in the children than in adolescents.

Objective #4: Plan for appropriate medical follow up

Follow-up can include a visit within 1 week of presentation to assess for healing of injuries and to ensure that counseling has been arranged.

At 2 weeks, urine pregnancy test can be repeated, along with discussion of adherence to medications and emotional status.

When should follow-up for STIs occur?
Syphilis and HIV testing should be repeated at 6 weeks, 3 months, and 6 months after the assault if initial results were negative and infection in the assailant cannot be ruled out. Completion of the hepatitis B and HPV vaccine series should also be performed.

Objective #5: Increase awareness of common long-term morbidity (including mental health/depression, re-victimization, suicide) associated with sexual assault, refer to appropriate community resources and health services

Rape and sexual assault during adolescence or childhood is associated with younger age of first voluntary intercourse, higher rates of depression, increased rate of pregnancy, increased illegal drug use, involvement in physical abuse, increased self-mutilation, increased eating disorders, and increased suicidal attempts and ideation. In one study (27. Shrier LA, Pierce JD, Emans SJ, DuRant RH. Gender differences in risk behaviors associated with forced or pressured sex. *Arch Pediatr Adolesc Med.* 1998;152:57–63), unexpected sexual experiences led to gender-reversed patterns of behavior, such as internalizing behaviors in males and externalizing behaviors (for example, fighting) in females. Male victims may also report fragility of their gender identity and confusion about their sexual orientation. Other feelings experienced include violation of trust, self-blame, and humiliation and may prevent adolescents from seeking medical care to begin with.
Posttraumatic stress disorder occurs in up to 80% of victims of rape. Rape trauma syndrome occurs with an initial phase in which the victim experiences disbelief, anxiety, fear, emotional lability, and guilt, followed by a reorganization phase lasting months to years where the victim undergoes periods of adjustment, integration, and recovery. Victims should be referred to counseling that addresses these issues. Thus, pediatricians should be knowledgeable about services in the community but should also provide initial psychologic support.

<u>Resources in Birmingham</u>
Crisis Center referrals
#: 205-323-7273

- SANE nurse available 24/7
- 24 hr hotline at the number above
- No legal ramifications with reports

Free counseling/legal advocacy/support groups

- 7th-12th grade Safe Dates curriculum

Objective #6: Child Trafficking

Child sex trafficking is where a person under 18 is engaged in sexual activity in which there is

an exchange for something of value. The United States is one of the leading origin countries for human trafficking. 94% of victims are female and 55% are under the age of 18.

Taking a Sexual History

The Five P's: Partners, Practices, Prevention of Pregnancy, Protection from STDs, and Past history of STDs

Partners: "Are your partners male, trans-female, female, trans-male, or any combination?"

- "How many partners in the past 2 months?"
- "How many partners in the past 12 months?"

Practices: "There are different ways to have sex, (vaginal, oral, and anal) and you can get infections in different parts of your body."

- "Have you had vaginal sex?"
- "Have you had anal sex?"
- "Have you had oral sex?"
- "Do you use condoms when you have vaginal and/or anal sex?
- "If only occasional or inconsistent use, in what situations and with whom do you not use condoms?"

Prevention of Pregnancy: "Are you or your partner trying to get pregnant?"

- "If no, what are you doing to prevent pregnancy?"

Protection: "What do you do to protect yourself from STIs or HIV?"

Previous History: "Have you ever had a sexually transmitted infection?"

- "When?"
- "How were you treated?"
- "How many times?"
- "What about treatments for your partners?"
- "What STDs have your partners had in the past?"

Administer Post-test

During residency, have you been educated on the appropriate initial steps if an adolescent patient discloses recent sexual assault? (for example, history taking/documentation, law enforcement, treatment for STI/contraception, referrals)

(yes) (no)

References:

1) Pedicases/Facilitator Guide
2) Kaufman, M. Care of the Adolescent Sexual Assault Victim. Pediatrics, Aug 2008, 122 (2) 462-470.
3) Committee on Adolescence. Care of the Adolescent Sexual Assault Victim. Pediatrics, Jun 2001, 107 (6) 1476-1479.

4) Crisis Clinic
5) rainn.org
6) https://www.ncjrs.gov/pdffiles1/ovw/241903.pdf
7) https://www.justice.gov/ovw/file/846856/download
8) CDC.gov 2015 Sexually Transmitted Diseases Treatment Guidelines