

Documentation of anogenital injuries after rape and sexual assault. Findings from a Norwegian Sexual Assault Center

Authors

Hagemann, Cecilie Therese*^{1,2}
Huitfeldt, Sophie³
Schei, Berit^{1,4}
Myhre, Arne Kristian^{2,5}

*lead presenter

Affiliations

¹cecilie.hagemann@ntnu.no Department of Obstetrics and Gynecology, St. Olavs hospital, Trondheim University Hospital, Norway

²Department of Clinical and Molecular Medicine, Faculty of Medicine and Health Sciences, NTNU, Norway

³Department of Gynecology, Innlandet Hospital Trust, Gjøvik, Norway

⁴Department of Public Health and Nursing, Norwegian University of Science and Technology (NTNU), Norway

⁵Department of Pediatrics, St. Olavs hospital, Trondheim University Hospital, Norway

Introduction Sexual assault centers (SAC's) in the Nordic countries offer forensic assessment of victims consulting after sexual assault and rape. The forensic assessment includes documentation of anogenital injuries (AGI).

The aim of the study was to assess occurrence, type, localization, and number of AGI among female victims of sexual assault and to assess potential associations with victim- and assault characteristics.

Material and methods A retrospective, cross-sectional study was conducted based on medical records of female victims ≥ 12 years of age who consulted the SAC in Trondheim a week or less after a sexual assault. A total of 408 victims were included. For the comparisons chi square and logistic regression analysis were used.

Results AGI were documented in 100 victims (25%), among which 91 (22%) had genital injury and 20 victims (5%) had anal injury. The most common injury type and site were laceration (n=75, 18%) and vestibulum (n=33, 8%), respectively. Vaginal and anal penetration were associated with injuries in the vagina (p=0.04), anus (p<0.01), and perineum (p=0.01).

There were higher odds of AGI for victims < 16 years of age vs. patients of older age (aOR 2.3, 95% CI 1.0-5.4) and for those reporting penetration of two body orifices vs. only one (aOR 2.7, 95% CI 1.3-5.6). There were lower AGI odds for previous victims of sexual assault vs. those not being a previous victim (aOR 0.6, 95% CI 0.4-1.0), for victims with last voluntary intercourse within two weeks of the assault vs. those with longer time since intercourse (aOR 0.6, 95% CI 0.4-1.0), and when the examination was > 24 hours after the

assault vs. examination \leq 24 hours (aOR 0.5, 95% CI 0.3-0.9). A total of 67% had police reported the assault, but there were no differences in AGI frequency whether police reported or not.

Conclusion: This study adds to the rather sparse literature on AGI patterns after sexual assault and rape. Forensic gynecologists and other physicians may refer to our findings in medicolegal reports targeting police and law enforcement for use in investigation of rape cases.