Management of acute sexual assault presenting to a large Australian sexual health clinic in 2012-2021: a clinical audit.

Aleah Kink[1,2], Janet M Towns[1,3], Christopher K Fairley[1,3], Tiffany R Phillips[1,3], Catriona S Bradshaw[1,3,4], Eric P.F. Chow[1,3,4]

[1]*Melbourne Sexual Health Centre, Alfred Health, Melbourne, Victoria, Australia*

[2]*Melbourne Medical School, The University of Melbourne, Melbourne, Victoria, Australia*

[3]*Central Clinical School, Monash University, Melbourne, Victoria, Australia*

[4]*Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia*

Background and Aims

- The incidence of sexual assault continues to rise in Australia, with the number of police reported cases increasing by 13.0% from 2020 to 2021, the tenth annual rise in a row
- Sexual assault can have a profound impact on the physical and mental health of the victim-survivor, affecting daily activities and functional capacity
- There is minimal existing literature examining the circumstances surrounding assault

Study aims:

a) Examine the HIV/STI positivity and management in victim-survivors of sexual assault
b) Assess the nature of assault, including the identity of the perpetrator, and willingness to report to the police
c) Determine whether the incidence of patients presenting with sexual assault has changed over a decade

Methods

- We performed a retrospective clinical audit of clients attending Melbourne Sexual Health Centre (MSHC) with a diagnosis of sexual assault between 01/01/2012 and 31/12/2021
- Data was extracted from the electronic medical record and manual chart review of clinical notes
- We included clients aged ≥ 16 years at the time of assault, the assault occurred within three months of presentation to MSHC, and the assault carried an STI risk
- We extracted information regarding client demographics, symptoms, HIV/STI testing and positivity at initial presentation, medical management, involvement with other medical and forensic services, the identity of the assailant/s, and nature of assault
- Frequency and proportion were reported for categorical variables

Conclusions

- Understanding the diverse circumstances surrounding sexual assault is important for clinicians to provide appropriate clinical management, support, crisis care, and counselling
- The proportion of sexual assault related consultations is increasing, which aligns with national trends of increased incidence of sexual assault
- Sexual assault was an uncommon reason for clients to attend MSHC, however, the clinical documentation of the details of assault was poor. This has implications on HIV/STI testing procedures, and for potential future legal proceedings, highlighting the need for a standard protocol for clients presenting with acute sexual assault

Miss Aleah Kink BBMed
Honorary Research Assistant
Melbourne Sexual Health Centre
580 Swanston Street
Carlton, VIC 3053, Australia
E: aleah.kink@outlook.com
T: +61 421 710 690

Supported by:
Sexual Health Society of Victoria

TABLE 1: Demographic, assault, clinical assessment and management characteristics of male (*n=124*) and female (*n=384*) victim-survivors of sexual assault presenting to MSHC, 2012-2021

Characteristic	Male N = 124 n/N (%)	Female N = 384 n/N (%)
Current sex worker	2 (1.6)	28 (7.3)
Current or previous PWID	9 (7.3)	8 (2.1)
Person living with HIV	4 (3.2)	0 (0.0)
One male assailant	84 (67.7)	332 (86.5)
Multiple assailants	22 (17.7)	21 (5.5)
Stealthing* reported	4 (3.2)	25 (6.5)
Drug and/or alcohol use reported	82 (66.1)	178 (46.4)
Memory loss reported	58 (46.8)	159 (41.4)
Symptoms reported	61 (49.2)	240 (62.5)
Physically examined	88 (71.0)	283 (73.7)
HIV PEP prescribed at MSHC	53 (42.7)	31 (8.1)
Antibiotics prescribed	27 (21.8)	130 (33.9)
Antivirals prescribed	5 (4.0)	12 (3.1)
Antifungals prescribed	2 (1.6)	65 (16.9)
Offer of counselling recorded	69 (55.6)	219 (57.0)
Police contact made	28 (22.6)	100 (26.0)

PWID = people who inject drugs, HIV = human immunodeficiency virus, PEP = post-exposure prophylaxis, MSHC = Melbourne Sexual Health Centre
**Deliberate removal of a condom during sex without the partner's knowledge or consent*

Results

TABLE 2: Laboratory testing and positivity amongst male (*n=124*) and female (*n=384*) victim-survivors of sexual assault presenting to MSHC, 2012-2021

Laboratory testing and positivity	Male n/N (%)	Female n/N (%)
Syphilis	3/101 (3.0)	2/262 (0.8)
HIV	0/92 (0.0)	0/258 (0.0)
Chlamydia *Genital*	1/108 (0.9)	13/361 (3.6)
Chlamydia *Oropharyngeal*	1/60 (1.7)	2/82 (2.4)
Chlamydia *Anorectal*	10/97 (10.3)	3/78 (3.8)
Gonorrhoea *Genital*	4/74 (5.4)	2/350 (0.6)
Gonorrhoea *Oropharyngeal*	4/102 (3.9)	1/122 (0.8)
Gonorrhoea *Anorectal*	7/97 (7.2)	3/78 (3.8)
Trichomoniasis *Genital*	0/0 (0.0)	2/194 (1.0)
Mycoplasma genitalium *Genital*	0/16 (0.0)	0/83 (0.0)
Mycoplasma genitalium *Anorectal*	1/16 (6.3)	1/10 (10.0)
β-hCG	NA	0/148 (0.0)

n = number tested positive, N = number tested
MSHC = Melbourne Sexual Health Centre, HIV = human immunodeficiency virus, β-HCG = β-human chorionic gonadotropin, NA = not applicable

- 516 included cases; 124 male, 384 female and 8 transgender victim-survivors
- 58.1% (*n=300*) of victim-survivors presented within seven days of the assault
- 26.6% (*n=137*) of victim-survivors presented to other healthcare and/or forensic services prior to MSHC
- The proportion of sexual assault presentations to MSHC increased over time (p_{trend}=*0.006*)
- Median age of victim-survivors was 26 years (IQR 22-32)
- 1.6% (*n=8*) of victim-survivors identified as Aboriginal and/or Torres Strait Islander
- 73.6% (*n=380*) of victim-survivors were single or never married at the time of the assault
- Over 80.0% (*n=423*) of assaults involved a male assailant, with assaults on male victim-survivors more likely to involve multiple assailants compared to females (Table 1)
- Amongst sex worker victim-survivors, 73.3% (*22/30*) were assaulted by a client

FIGURE 1: Relationship of assailant/s to victim-survivors, stratified by gender

**acquaintance = met briefly prior to the assault/stranger*

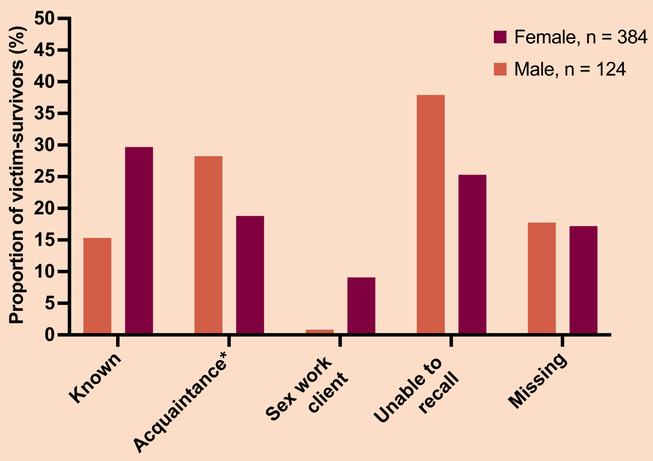


FIGURE 2: Source of meeting assailant/s, stratified by gender

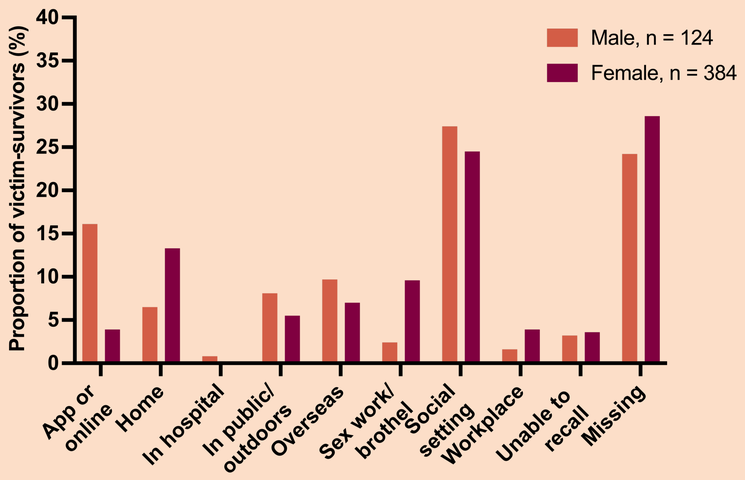


FIGURE 3: Anatomical site penetrated during assault, stratified by gender

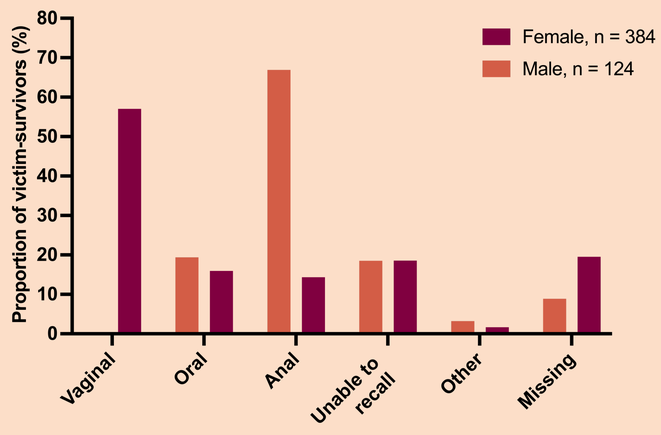
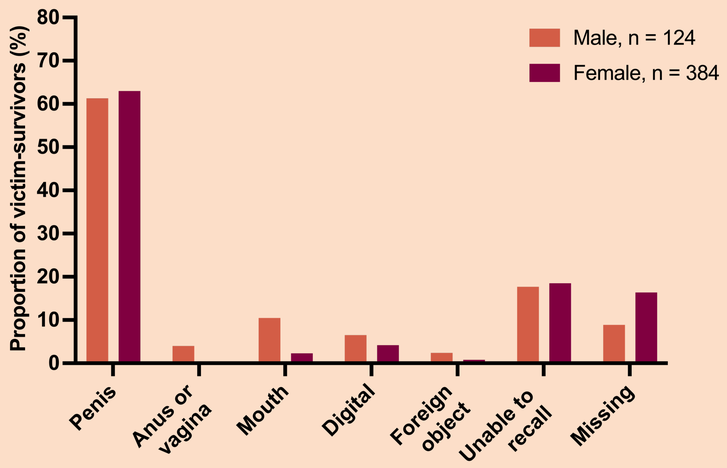


FIGURE 4: Body part of assailant/s used in the assault, stratified by gender



'Missing' relates to an absence of data in the clinical record due to the nature of retrospective data collection, or victim-survivors unable to recall details due to being asleep, unconscious and/or drug/alcohol affected at the time of assault.