

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

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Background:

The incidence of sexual assault continues to increase in Victoria. The aim of this study was to examine the rates and management of HIV/STI positivity in victim-survivors of sexual assault, in addition to factors relating to the nature of assault.

Methods:

We performed a chart review of 516 acute sexual assault cases (i.e. assault within 3 months) presenting to the Melbourne Sexual Health Centre between 2012-2021. We collected data on victim-survivor demographics, details of the assault, laboratory HIV/STI testing and diagnosis, as well as symptoms and treatment at the time of presentation.

Results:

There were 516 included cases: 124 males (24.0%), 384 females (74.4%) and 8 transgender or non-binary (1.6%) victim-survivors. The perpetrator was known to more women (29.7%;114/384) than men (15.3%;19/124), and 86.5%(332/384) of females and 67.7%(84/124) of males reported that the assailant was a lone male. Only 25.2%(130/516) of victim-survivors reported to police, and 71.7%(370/516) were offered counselling. Reported use of condoms was rare (1.6%;8/516) during an assault. Data on site penetrated and condom use was missing in 16.7%(86/516) and 29.3%(151/516) of cases, respectively. HIV post-exposure prophylaxis was prescribed for 64.5%(80/124) of males and 12.5%(48/384) of females. 69.0%(356/516) of victim-survivors were tested for HIV, but none were found to be positive, whilst 70.7%(365/516) were tested for syphilis, with a 1.9%(7/365) positivity rate. Gonorrhoea and chlamydia were tested at the oropharynx (44.8%{231/516}; 28.7%{148/516}), genitals (84.1%{434/516}; 92.6%{478/516}) and anorectum (35.3%{182/516}; 35.3%{182/516}). Positivity rates for gonorrhoea and chlamydia were: 2.6%(6/231) and 2.0%(3/148) at oropharynx, 1.4%(6/434) and 2.9%(14/478) at genitals, and 5.5%(10/182) and 7.1%(13/182) at anorectum.

Conclusion:

Understanding the nature of assault is important for clinicians to provide appropriate management, support, crisis care and counselling for victim-survivors. Missing data, and the implications this has on HIV/STI testing procedures highlights the need for a standard protocol for clients presenting with acute sexual assault.

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