



LEARNING UNIT VI - OB-GYN 251  
DEPARTMENT OF OB-GYN, UP-PGH  
2023-2024

# SEXUAL ASSAULT

# Definition

Illegal sexual contact that usually involves force upon a person without consent or is inflicted upon a person who is incapable of giving consent (as because of age or physical or mental incapacity) or who places the assailant (such as a doctor) in a position of trust or authority

Examinations of survivors of sexual assault should be conducted by an experienced clinician in a way that minimizes further trauma to the survivor...

# Definition of Terms

1. Sexual Assault
2. Sexual Abuse
3. Battered wife syndrome
4. Incest
5. Rape



# Sexual Assault

An act of causing or attempting to cause a woman to engage involuntarily in any sexual act by force, threat of force, or duress

# SEXUAL ABUSE



Acts of a sexual or physical nature

Verbal belittling

Intimidation

The act may be premeditated, as when one individual wishes to gain control over another

# BATTERED WIFE SYNDROME

Symptom complex occurring as a result of violence in which a woman has at any time received:



Deliberate

Severe

Repeated (more than three times) physical abuse from her husband

Minimal injury is bruising

# INCEST



Sexual intimacy with or without coitus involving a close family member

May include fondling, exposure, or the penetration of an orifice by the phallus or an object



# RAPE

Any act of sexual intimacy performed by one person on another without mutual consent



By force

By threat of force

By the inability of the victim to give appropriate consent

Republic Act 8353 (The Anti-Rape Law of 1997)

## Republic Act 8353

### **The Anti-Rape Law of 1997**

- Rape is committed:

"1) By a man who shall have carnal knowledge of a woman under any of the following circumstances:

"a) Through force, threat, or intimidation;

"b) When the offended party is deprived of reason or otherwise unconscious;

"c) By means of fraudulent machination or grave abuse of authority; and

"d) When the offended party is under twelve (12) years of age or is demented, even though none of the circumstances mentioned above be present.

## Republic Act 8353

### The Anti-Rape Law of 1997

"2) By any person who, under any of the circumstances mentioned in paragraph 1 hereof, shall commit an act of sexual assault by inserting his penis into another person's mouth or anal orifice, or any instrument or object, into the genital or anal orifice of another person.

Penalty: reclusion perpetua to death --> death penalty

# Variants of Rape



1. Marital rape

2. Date rape

3. Statutory rape

# MARITAL RAPE

Forced coitus or related acts without consent but within the marital relationship

Rape is rape, no excuses please



# DATE RAPE



The woman may voluntarily participate in sexual play, but coitus is performed without her consent

Often not reported because the victim may believe she contributed by partially participating

Stereotypical perpetrator of sexual assault is a stranger, however, the rapist is often known to the victim

# Statutory Rape

The Philippine President Rodrigo Duterte has signed into law a bill ***raising the age of sexual consent from 12 to 16 years.*** (March 7, 2022)

Rape with children below ***the age of 16 years*** in the Philippines

Consent is irrelevant because the female is defined by statute as being incapable of consenting

Republic Act 8353: The Anti-Rape Law of 1997

"AN ACT EXPANDING THE DEFINITION OF THE CRIME OF RAPE, RECLASSIFYING THE SAME AS A CRIME AGAINST PERSONS, AMENDING FOR THE PURPOSE ACT NO. 3815, AS AMENDED

# Medical Approach

- Optimally be provided by a team:
  - emergency physician or other medical provider overseeing care and treating injuries
  - a trained sexual assault examiner
  - a social worker or rape crisis counselor
- Sexual assault response team (SART)
  - representatives from health care, forensics, the local rape crisis center, law enforcement, and the prosecutor's office





# Physician's Responsibilities in Caring for Rape–Trauma Victim

I. MEDICAL

II. LEGAL

III. PSYCHOLOGICAL/ EMOTIONAL  
SUPPORT

# Physician's Responsibilities in Caring for Rape–Trauma Victim

## Medical



Treat acute traumatic injuries

Diagnose and treat STD

Prevent pregnancy

## Diagnose & treat STD



POST ASSAULT EXAMINATION presents an important opportunity to identify & prevent STDs

MOST FREQUENTLY DIAGNOSED STDs AMONG SEXUAL ASSAULT VICTIMS

TRICHOMONIASIS, BACTERIAL VAGINOSIS (BV), CHLAMYDIA, GONORRHEA

prophylactic antibiotics/vaccination

PRESENCE AFTER AN ASSAULT DOES NOT NECESSARILY IMPLY ACQUISITION DURING THE ASSAULT

# Sexually Transmitted Diseases and Tests Available to Physicians Caring for a Rape-Trauma Victim

<u>SHOULD BE DONE</u> at initial examination	<u>COMMENTS</u>
Gonorrhea, Chlamydia—nucleic acid amplification test (NAAT) at sites of penetration	Common infection diagnosed among victims
Trichomonas —wet mount / saline preparation from vaginal specimen or urine	Common infection diagnosed among victims
Bacterial vaginosis – pH Candidiasis – KOH mount	Not sexually transmitted but may be associated
Syphilis—RPR	
<ul style="list-style-type: none"> <li>➤ HPV vaccination – also recommended for females</li> <li>➤ Reproductive-aged female survivors – evaluate for pregnancy</li> </ul>	

# Sexually Transmitted Diseases and Tests Available to Physicians Caring for a Rape-Trauma Victim

## Prophylactic Antibiotics

Gonorrhea / Chlamydia/  
Trichomonas prophylaxis

Single dose of Ceftriaxone

500mg IM

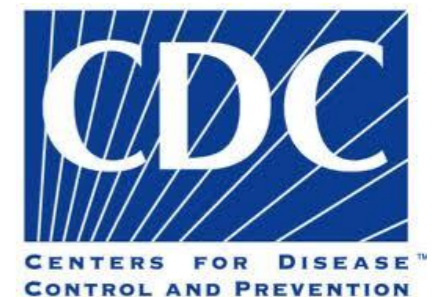
plus

Doxycycline 100mg PO BID x 7  
days

plus

Metronidazole 500mg PO BID x  
7 days

For those >150kg: Give ceftriaxone 1g IM



# PROPHYLACTIC VACCINATION

Postexposure hepatitis (PEP) B vaccination without HBIG

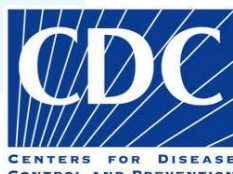
Given at time of examination then , 1 & 6 months after  
For those known to have completed a full HBV vaccination program, additional Hepatitis B vaccine need not be given

HIV PROPHYLAXIS



Zidovudine  
WITHIN 72 HOURS OF exposure--→28 DAY TREATMENT (PEP)

Increased risk: vaginal/anal penetration, ejaculation on mucous membranes, multiple assailants, presence of mucosal lesions in survivor or assailant  
\*Refer to Infectious Diseases specialist/specialist in HIV treatment if PEP is considered



# Emergency contraception or “morning after” prophylaxis

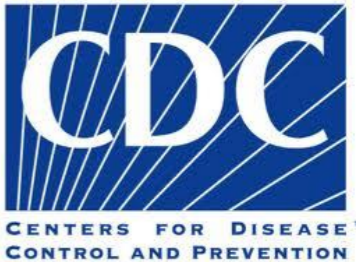


Exact risk of pregnancy following a sexual assault is estimated at about 2-4%

if the patient is at risk for pregnancy at the time of the assault, it can be offered as long as the pregnancy test was negative

Reduces risk of pregnancy by 75%

Better if taken within 72 hours



- Emergency contraceptive pills prevent pregnancy by preventing or delaying ovulation and they do not induce an abortion.
- The copper-bearing IUD prevents fertilization by causing a chemical change in sperm and egg before they meet (should be inserted within 5 days of unprotected intercourse).
- Emergency contraception cannot interrupt an established pregnancy or harm a developing embryo.



Levonorgestrel (LNG) emergency contraceptive must be taken as soon as possible after unprotected sex (no later than 72 hours).

- One tablet should be taken as soon as possible, preferably within 12 hours, and no later than 72 hours after unprotected intercourse
- If vomiting occurs within three hours of taking the tablet, another tablet should be taken immediately
- Levonorgestrel 1.5mg tablets can be used at any time during the menstrual cycle unless menstrual bleeding is overdue.
- After using emergency contraception it is recommended to use a local barrier method (e.g. condom, diaphragm, spermicide, cervical cap) until the next menstrual period starts.

## Emergency contraception pills (ECPs) and combined oral contraceptive pills (COCs)

WHO recommends any of the following drugs for emergency contraception:

- ECPs with Ulipristal, taken as a single dose of 30 mg;
- ECPs with LNG taken as a single dose of 1.5 mg, or alternatively, LNG taken in 2 doses of 0.75 mg each, 12 hours apart.
- COCs, taken as a split dose, one dose of 100 µg of ethinyl estradiol plus 0.50 mg of LNG, followed by a second dose of 100 µg of ethinyl estradiol plus 0.50 mg of LNG 12 hours later. (Yuzpe method)

Locally available: Levonorgestrel 0.15 mg + Estradiol 30 ug

# Follow-up Care

Follow up patients in 2 weeks for documentation of healing of injuries and repeat testing :

Syphilis (RPR qualitative)  
hepatitis B serology  
gonorrhea, chlamydia NAATs

HIV and VDRL serology should be repeated in 6 weeks, 12 weeks & 24 weeks

Pregnancy test should be done if there is suspicion of conception





## AFTER MEDICAL CLEARANCE, OFFER EVIDENCE COLLECTION

- Record the victim's report of the assault
- Collect and record evidence to support this report

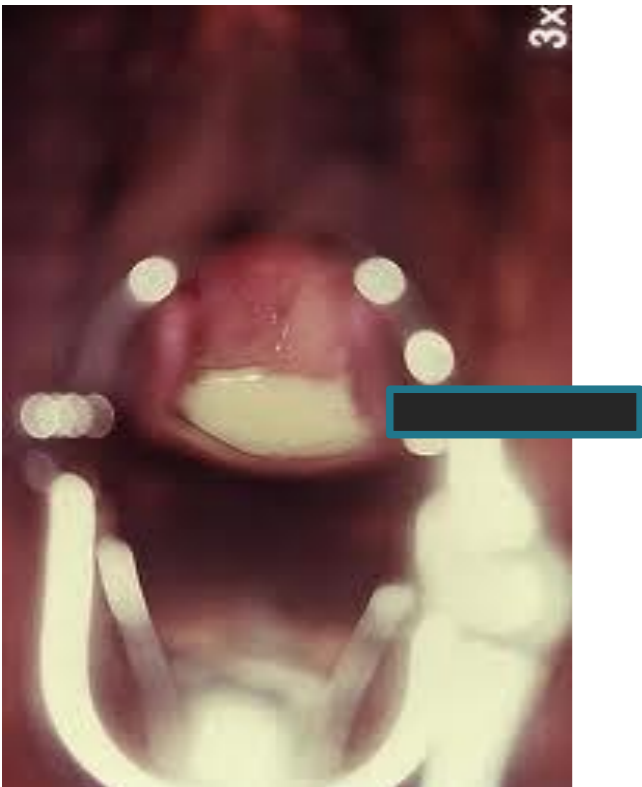
# Physician's Responsibilities in Caring for Rape–Trauma Victim

## II. Medicolegal

- ⑩ Document history carefully
- ⑩ Examine patient thoroughly and specifically note injuries
- ⑩ Collect articles of clothing
- ⑩ Collect vaginal (rectal and pharyngeal) samples for sperm
- ⑩ Comb pubic hair for hair samples
- ⑩ Collect fingernail scrapings where appropriate
- ⑩ Collect saliva for secretion substance
- ⑩ Turn specimens over to forensic authorities and receive receipts for chart

# Medico-legal Responsibility

- attempt should be made to identify the perpetrator
  - all clothing intimately associated with the area of assault should be collected, labeled, and submitted to legal authorities
  - smears of vaginal secretions or a Pap smear should be made to permanently document the presence of sperm
  - vaginal secretions needed for DNA typing should be collected by wet or dry swab and refrigerated until a pathologist can process them
  - pubic hair combings should be performed in an attempt to obtain pubic hair of the assailant




**PHILIPPINE GENERAL HOSPITAL**  
 University of the Philippines Manila  
**WOMEN'S DESK**  
 Taft Ave., Manila

**SEXUAL OFFENSE EVIDENCE COLLECTION KIT**

*FOR HOSPITAL PERSONNEL*

Subject Name		[REDACTED]	
Hospital Case No.:		[REDACTED]	
Sex (tick box)	Female	<input checked="" type="checkbox"/>	Age /9.
	Male	<input type="checkbox"/>	
Clinic / Department		[REDACTED]	
Evidence Secured by		[REDACTED]	
Date	Time	a.m.	p.m.
Kit Sealed by <i>Print name &amp; Affix Signature</i>			
Glaiza G. [Signature], M.D. UP-PG/08-GYN Lic. No. 118908			
Date	Time	a.m.	p.m.
Other Evidence Taken (tick box)	Yes	<input type="checkbox"/>	Number of Parcels & Description
	No	<input type="checkbox"/>	

*CHAIN OF CUSTODY FOR ALL WHO HANDLE KIT (Pls. write name in print & affix signature)*

Received by		Date	12/1	Time	12:00	a.m.	<input checked="" type="checkbox"/>	p.m.	<input type="checkbox"/>
Received by		Date		Time		a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>
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*FOR FORENSIC LAB PERSONNEL ONLY*

Lab Case No:	
Police Case No.:	

THIS KIT IS APPROVED BY:	
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Adapted by the Women's Desk (Hospital-Assisted Intervention for Victims/Survivors of Violent Environments) from the Massachusetts Sexual Assault Evidence Collection Kit, New York State Sexual Offense Evidence Collection Kit, CEHAT Research Center of Annunsiandham Trust, India, with funding support from the United Nations Population Fund (UNFPA)

OB-GYNE HISTORY

Menarche 15  
Gravida 0 Para \_\_\_\_\_  
Contraception:  Yes  No  
Method of contraception used:  
 None  OCP  BTL  
 Rhythm  IUD  Condom by partner  
 Vaginal diaphragm/foam  Others \_\_\_\_\_  
Date of last coitus: none

Patient: [redacted]  
Last normal menstrual period November, 1st week  
History of STD: none

ANOGENITAL EXAM

Used:  ocolposcope  speculum  direct visualization  handheld magnifier  
 photos  sedation  other \_\_\_\_\_  
incident occurred within 72 hours?  Yes  No

For exams within 72 hours of the incident, record post assault hygiene. Collect and preserve all evidence. In cases of sexual assault within 72 hours, you must collect and preserve the following medical evidence:

- vaginal and anal swab
- buccal swab
- pubic hair combings
- fingernail scrapings
- any clothing or fibers
- blood and urine samples

Even if you only have a microscope, check for sperm on air dried slides from the vaginal washing. Preservation of evidence is important. Bag and refrigerate samples to the best of your ability.

Since the incident, did the patient do any of the following?

- urinated
- took a bath
- douched or did an enema
- tampon insertion/removal
- defecated
- changed clothes
- washed/wiped genital area
- brushed teeth or gargled
- washed face, hands

Any lesions seen?

- Breasts  No  Yes: \_\_\_\_\_
- Medial aspect of thighs  No  Yes: \_\_\_\_\_
- Inguinal area  No  Yes: \_\_\_\_\_
- Perineum  No  Yes: \_\_\_\_\_
- Buttocks  No  Yes: \_\_\_\_\_
- Anus (perineal skin, verge, fold, rugae, etc)  No  Yes: \_\_\_\_\_

Genitals:

- Labia majora  No  Yes: \_\_\_\_\_
- Labia minora  No  Yes: \_\_\_\_\_
- Clitoris  No  Yes: \_\_\_\_\_
- Periurethral/urethral meatus  No  Yes: \_\_\_\_\_
- Perihymenal tissue/vestibule  No  Yes: \_\_\_\_\_
- Posterior fourchette  No  Yes: \_\_\_\_\_
- Fossa navicularis  No  Yes: \_\_\_\_\_
- Vagina  No  Yes: lateral wall 1cm vertical abrasion at base of hymen
- Vaginal discharge  No  Yes: white vaginal discharge, mucoid cream like smelling
- Type of hymen:  annular  crescentic  redundant  estrogenized  cribriform  other

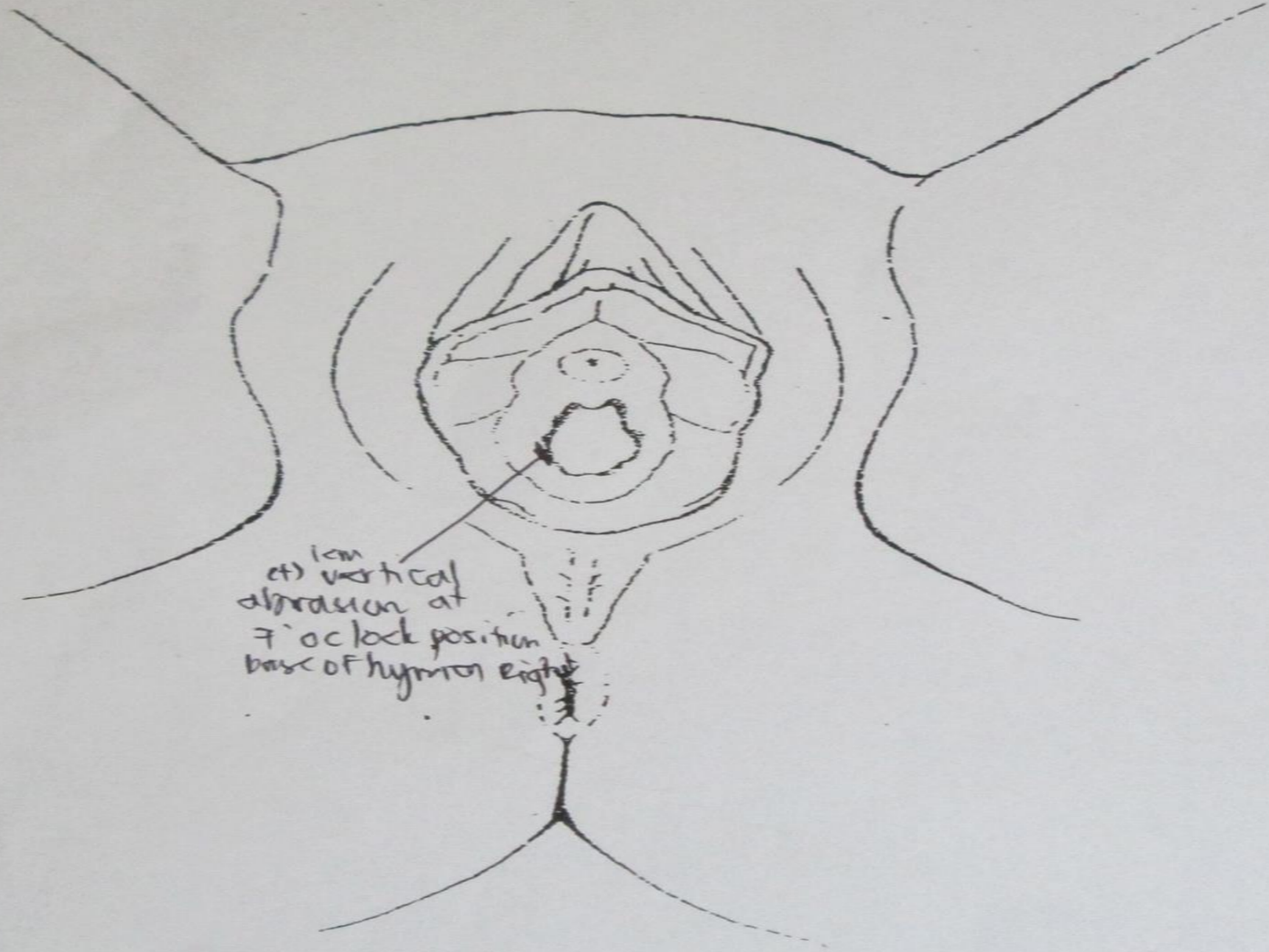


Hymenal opening: ↔ in mm 1.5 cm / 15 mm ↓ in mm 10 mm

Description of hymen characteristics:

- Lacerations:  fresh  healing  healed  
 Location:  anterior  posterior at 7 o'clock  
 Niches:  deep  shallow  
 Location:  anterior  posterior at \_\_\_ o'clock  
 Other:  thickened  mound  tag  
 avascular  synechiae  
 echymosis  abrasion  transection  hematoma  
 Location:  anterior  posterior at \_\_\_ o'clock

Draw lesions on genitalia, perineum, buttocks, anus



OB-Gyne findings/ Assessment: (1) 1 cm vertical abrasion at 7 o'clock position, base of hymen right

Signature over printed name of OB-Gyne resident: \_\_\_\_\_

Consultant on Duty: \_\_\_\_\_

Date and time accomplished: \_\_\_\_\_ DECEMBER 1, 2012

# Medico-legal Responsibility

- Victim's saliva should be collected to ascertain whether she secretes an antigen that could differentiate her from substances obtained from the perpetrator
- fingernail scrapings should be obtained for skin or blood if the victim scratched the perpetrator
- all materials collected should be labeled and turned over to the legal authority or pathologist



STEP 6: FINGENAIL SCRAPINGS			
WAS SAMPLE COLLECTED?		YES	<input checked="" type="checkbox"/>
		NO	<input type="checkbox"/>
SUBJECT'S NAME	[REDACTED]		
DATE COLLECTED	12/01/12	TIME	2:20 a.m. <input checked="" type="checkbox"/> p.m.
COLLECTED BY	Det. Evangelista, L.K.		
<p>1. Remove both bindles and scraper from envelope.</p> <p>2. Left hand-unfold one bindle and place on flat surface. Hold each finger over bindle when scraping so that any debris present will fall onto bindle. After all fingers on left hand are done, place scrap in center of bindle. Refold bindle to retain debris and scraper. Tape close and mark "L"</p> <p>3. Right hand-follow the same procedure used for the left hand. Mark bindle with "R". Return both bindles to the envelope. Seal and fill out all information requested on the envelope.</p>			



# Physician's Responsibilities in Caring for Rape–Trauma Victim

## III. Emotional Support

- Discuss degree of injury, probability of infection, and possibility of pregnancy
- Discuss general course that can be predicted
- Consult with rape-trauma counselor
- Arrange follow-up visit for medical and emotional evaluation in 1–4 weeks
- Reassure as far as possible



## Republic Act 8505

### Rape Victim Assistance and Protection Act of 1998

- assistance and protection for rape victims
- establishing a rape crisis center in every province and city
- mandated the DSWD to provide support services to rape victims and their families
  - residential service and community-based service
  - establish linkage with the academe and all NGOs for the necessary support services to rape
  - ***Witness Protection Program***

To cope with the surge in rape and other sexual assaults on women and children, Representative Taliño-Mendoza sought:

- 1. establishment of one rape crisis center in every city and province, as mandated by the Rape Victims' Assistance and Protection Act**
- 2. creation of a desk for women and children in every barangay hall**
- 3. forceful campaign against drug and alcohol abuse, and all forms of pornography**

4. installation of a National Sex Offender violator Public Website patterned after that of the U.S., to enable the public to alert themselves about the possible presence of sex malefactors in their communities
5. setting up of fully trained anti-sex crimes units in every regional police office





Search topics, co

Issuances Summary  
Legal Templates  
Vulnerable Groups  
Health Solutions  
Medical Facilities  
Resources/Fund  
Utilization  
Support for Frontliners  
Transportation  
Community Response  
Relief and Assistance

SUBMIT A RESOURCE

Ang 911 Emergency Hotline ay tumatanggap na ng domestic violence cases.



Kapag ikaw ay biktima ng violence o may kakilala ka,

Tumawag sa 911

Vulnerable Groups

## Violence Against Women Hotline: Call 911