Genital Injury and Human Sexual Response in Sexual Assault

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Reasons to Identify Injury

- To recognize the need for treatment
- Refer for further evaluation /treatment
- Identify a pattern of injury
- Recognize a “patterned injury”
- Appropriate evidence collection
  - Bruises
  - Bite marks
  - Site of injury
Medical Conclusions

- Mechanisms of injury
- Research
- Incidence of injury and identification
- Clinical experience
- Peer review
- Medical/Legal conclusions

- Scope of RN practice
- Current literature
- Conclusion of non-consensual sex
- Lack of experience
- Working in isolation
- Expert or fact witness
Injury Types

- **T**
  - Tear and Tenderness
- **E**
  - Ecchymosis
- **A**
  - Abrasions
- **R**
  - Redness
- **S**
  - Swelling

- **Blunt force**
  - Laceration or contusion
- **Bite injury**
- **Burns**
- **Patterned injury**
- **Sharp force**
  - Cut or incision
Nonspecific/Subjective Injury

- **Erythema**
  redness of the skin or mucous membranes produced by increased blood flow to the capillaries.

  - Note: there are causes other than trauma
Nonspecific/ Subjective Injury

- **Tenderness** - painfulness to pressure of contact
  - Cannot be documented by photography, but only by examiner observation and victim statement
  - Victims have different tolerance for pain or touch as elicited by exam.
Non-genital Injury

- Head
- Face
- Neck
- Thighs
- Legs
- Arms
- Back
- Abdomen
Objective Genital injury

Laceration – splitting of skin
Contusion
- Extravasation of blood outside vessels
Petechiae
- Pinpoint contusions – pressure, blunt force
Genital Injury: Specific Location

- Posterior fourchette is the most common site of injury

- Labia majora and minora is the second most common genital injury
Toulidine Blue Dye Enhances Injury Detection

- Vital stain, so will not stain keratinized epithelium
- Will stain underlying tissue, and so delineate abrasions and lacerations
- Use of toulidine blue dye in examining female sexual assault victims raised the genital injury detection rate to...
  - 45-56% in adult victims
  - 28% in adolescent victims

The presence of findings

- Does not in itself prove lack of consent
- Consensual sex can result in injury
- Can corroborate victim’s report
The absence of findings

- Does not mean that a sexual assault did not occur or is unfounded

- Cases can also be corroborated by lab work, confession, witnesses
Injury to the Hymen

- The hymen is more likely to be injured in female sexual assault victims who have not had prior sexual experience.
  - Adolescents: 8% transection, 10% bruise
  - No prior sexual experience: transection 9%
The hymen is not always injured in first sexual intercourse, consenting or non-consenting.
Injury to the Cervix

- Injuries to the cervix are uncommon following sexual assault but may occur under certain circumstances
- Forceful digital penetration
- Penetration with a foreign object
- Penile penetration is not likely to cause cervical injury

Slaughter 1991
Potential Genital Injury

Factors related to the following:
- Victim
- Perpetrator
- Circumstances
Factors Related to the Victim

- Previous child bearing
- Lubrication
  - Natural or artificial
- Tissue fragility
  - Hormone deficiency
  - Inflammation
Factors Related to the Victim

- Anatomy and physiology of reproductive structures
- Positioning
- Participation
- Relaxation
- Cognitions and learned behaviors
Factors Related to the Victim

- Traumatic Stress Response
  - Threat of death or serious injury
  - Intense fear or terror
  - Helplessness
  - Freezing, fight or flight activation
Factors Related to the Victim

- Traumatic Stress initiates the activity of the sympathetic nervous system (SNS)

- Resulting in:
  - Intensification of genital (physiological) response
  - Increased heart rate, respirations
Human Sexual Response

- Masters and Johnson is **NO LONGER** an appropriate model:
  - A heterosexual-phallocentric model
  - Does not include the subjective experience of desire
  - Does not accurately reflect arousal in both men and women
  - Stages are linear and prescriptive
  - Overemphasis on physiology
Human Sexual Response

What is known about HSR:
- Physical arousal is not always accompanied by subjective desire
- Genital stimulation can be touch, pressure or rubbing
- Genital Response is physiological
  - Erection in men, vasocongestion in women
  - Reflexive and involuntary
Factors Related to the Perpetrator

- Use/lack of force
  - Physical force results in injury
- Male sexual dysfunction
  - Increased duration of tissue friction
- Nature of penetrating object
  - Inanimate object will result in more injury and pain
Factors related to the Circumstances

- Genital size congruence ???
- Multiple events or assailants
- Relationship of victim to assailant