

Prevalence of anal injuries following an allegation of anal penetration versus an allegation of vaginal penetration: in clients attending Saint Mary's Sexual Assault Referral Centre

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Background

Forensic physicians are commonly asked to interpret forensic medical examination results during court proceedings with regard to injuries identified after an allegation of sexual assault. However, limited research is available regarding the presence of anal injuries following anal assault.

A previous study found the majority of clients presenting after anal assault do not present with injuries at examination. Only 24% of post-pubertal females and 28% of post-pubertal males who reported anal assault had injuries at time of FME.¹

Anal injuries in women can be claimed, by defence, to be caused by a vaginal penetration only, therefore, negating a count of anal assault. Previous research does not clarify whether anal injuries found are secondary to anal or vaginal penetration (as often clients report vaginal and anal penetration during a single incident). Therefore, research is needed to inform the evidence base on what anal injuries are found after alleged penile anal assault only versus penile anal and penile vaginal versus penile vaginal only.

Aims

To assess the prevalence of anal injuries in the following groups:

1. vaginal and anal assault
2. anal assault only
3. vaginal assault only

Methods

Design:

- Retrospective analysis of case notes from the calendar years 2015 and 2016.

Inclusion criteria:

- Post-pubertal
- Clear history of assault type
- Forensic Medical Examination including anal examination was carried out
- Assault type (penile-vaginal and anal assault / penile-anal / penile-vaginal)

Results

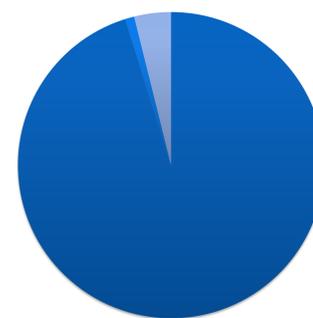
A total of 243 clients of all ages and genders attended the Saint Mary's Sexual Assault Referral Centre (SARC) with an allegation of anal assault over a two-year period.

103 of these were post-pubertal females reporting penile-anal assaults (73 clients reported penile-anal and penile vaginal assaults, the other 30 reported penile-anal only).

Of the 103 post-pubertal females, the prevalence of anal injuries was greater in clients that experienced penile-anal assault whether isolated (23.3%) or in concurrence with penile-vaginal (26%), as compared to clients that experienced penile-vaginal assault only (2.5%).

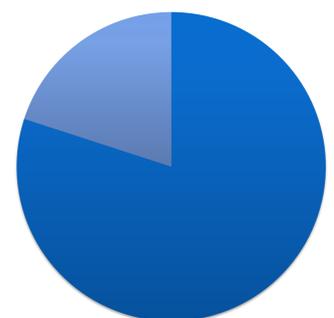
	Penile-vaginal and penile-anal	Penile-anal only	Penile-vaginal only
Age, Median	24	26.5	26
Total with anal injuries n (%)	19 (26%)	7 (23.3%)	2 (2.5%)
Total overall	73	30	80

Anal Assault Types



- Penile-anal only
- Penile-anal and object-anal
- Penile-anal and digital-anal

Vaginal Assault Types



- Penile-vaginal
- Penile-vaginal and digital-vaginal

Of the 103 clients reporting penile-anal assaults 5 presented with multiple anal assaults. Of these five, four clients additionally reported a digital-anal assault and one reported object anal.

From the comparison group of 80 post-pubertal females reporting penile-vaginal assault only, 16 reported additional vaginal assaults; all of which were digital.

Implications

These findings suggest that the majority of clients presenting after anal assault do not have visible injuries at the time of examination.

The data does however suggest that those with anal injuries are more likely to have sustained these due to penile-anal assault as opposed to penile-vaginal assault, as can be suggested as an explanation by defence in criminal cases. This is an important finding to be conveyed to the criminal justice system in order to inform allegations of multiple assaults.

Further research with a larger data set would be needed to allow for statistical testing of significance. In particular, the sample size does not allow for comment on the influence of multiple anal or multiple vaginal assaults on injury.

References

- 1) Mills H, Majeed-Ariss R, and White C. 2018. Prevalence of anal injuries amongst clients attending St Mary's SARC following allegation of anal penetration. Poster session presented at Saint Mary's Sexual Assault Referral Centre's 16th Annual Conference, Manchester, UK. DOI: 10.13140/RG.2.2.19302.32321