



CPU-Net MEDICAL ALERT

A Bi-Monthly Bulletin Published by the Child Protection Unit Network

August 2004
Vol. 2 Issue 4

CONSENSUAL OR NON-CONSENSUAL SEX?

Doctors testifying in sexual abuse cases are often asked in court whether the location and type of genital injuries can indicate whether the victim consented to the sexual act or not. People have pre-conceived notions which are highly influenced by media. A very popular TV show "CSI", featured an episode where one of the criminalists lectured the suspects on how the medical examination can show which of them consented to have sex with the murdered man and who was forced by him to have sex. She drew on the white board "the clock" and the hymen, encircling the area in the hymen where injuries occur if a victim is forced vs. the area of injury if she consented. The research featured in this medical alert is the latest research debunking this myth.

The type and location of anogenital injuries occurring in female adolescents after reported *consensual sexual intercourse (CSI)* and *nonconsensual sexual intercourse (NCSi)* were compared in this study. It is a retrospective, matched case-control study of 523 female adolescents done over a four-year period with genital trauma documented using colposcopy with nuclear staining and digital photography.

Results of the study showed:

- ▶ 523 adolescent patient cases reviewed with ages ranging from 13-17 years (mean 15.1 ±1.6years).
- ▶ Among these, 51 had consensual sexual intercourse while 204 had nonconsensual sexual intercourse
- ▶ Both groups of patients had similar time intervals between sexual intercourse and examination, likelihood of filing a police report and the type of reported sexual assault.
- ▶ NCSi patients had a greater prevalence of nongenital injuries.
- ▶ Anogenital injuries were documented in 73% of CSI patients versus 85% of NCSi patient ($\chi^2 = 3.4$; $p=0.065$)
- ▶ These injuries commonly involved the hymen, fossa navicularis, followed by the labia and hymen.
- ▶ The most common type of injury in both groups was lacerations (39% vs. 41%), however NCSi subjects had a greater incidence of anogenital abrasions, ecchymosis and edema



CHILD PROTECTION UNIT NETWORK

Phone: (632) 404-3954 Fax: (632) 404-3955

Mobile Hotline: 0917-8900445

E-mail: info@cpu-net.org.ph

URL: www.childprotection.org.ph

Conclusions of the study are as follows:

70% of the adolescents reporting *consensual sexual intercourse (CSI)* had documented anogenital injuries. In comparison, 85% of victims of alleged sexual assault had anogenital injuries. These prevalence data were not statistically different.

The presence of anogenital trauma suggests that penetration has occurred and implies nothing about consent. In addition, anogenital injury is not an inevitable consequence of sexual assault. The lack of genital injury does not imply consent by the victim or lack of penetration by the assailant.

Reference:

Jones J, L Rossman, and M Hartman. Anogenital injuries in adolescents after consensual sexual intercourse. *Acad Emerg Med.* 2003 Dec;10(12):1378-1383.

Upcoming Events

- **Presentation of "A Primer on Taking the Sworn Statement"**
By Invitation
Date: September 6
Venue: HRM Training Center/Coffee Shop
St. Paul University Manila
- **Annual Conference**
"CSI Philippines: Investigating Fatal Child Abuse"
Date: November 8 and 9, 2004
Venue: HRM Training Center
St. Paul University Manila