Mapping pathways for victims of sexual violence at the Ghent University Hospital: does it help to have a history of psychiatric care?

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Background
Recent research estimates sexual victimization at 11% of boys and 14% of girls and 3% of men and 22% of women in Belgium. Yet, many Belgian hospitals still do not dispose of sexual violence (SV) protocols while the government plans to set up sexual assault referral centres. The Ghent University Hospital (GUH)-protocol is considered a good practice, having a SV protocol consisting of medical, forensic and psychosocial care. However, the extent to which the protocol is followed had not been evidenced yet.

Aims
In order to improve holistic care and health outcomes this study aimed to map pathways for SV victims at the GUH.

Methods
Electronic patient files as well as paper SAS (forensic sexual assault set)-files of all SV victims who presented at the GUH between April 2012 and April 2016 were retrospectively assessed in SPSS by age group, ethnicity and mental health, for registration, SV type, type and location of examinations conducted and provided care in accordance to the protocol.

Results
Data of 233 victims were analysed, with 97,9% of them being female, 0,4% male and 1,4% male-to-female transgenders. A third were minors, 17,6% were of foreign decent and 26,0% had a history of psychiatric care. In 94,0% of the victims, electronic patient files reported on the SV pathways. According to these, in 96,1% (N=224) a SAS was performed yet in only 68,8% (N=154) the SAS paper files were found back. There is lack of consisted registration on for example provision of emergency contraception (only in 74.7%) and psychosocial follow-up (in 15.9%).

The median time taking a victim to reach the hospital was 12h, yet only 47.5% came with/in the clothes they wore at the time of the assault. About a fifth did not recall the type of SV. Psychiatric patients were significantly more victim of gang rape (p=0.035) and of vaginal penetration (p=0.024) than non-psychiatric ones.

Forensic and medical examinations were predominantly (88.8%) performed in the maternity ward. All victims of vaginal penetration got a vaginal examination and 26,3% had visible genital lesions. The SAS was consistently performed in 59.6% of patients requiring forensic examination, with anal examination being less significantly proposed to victims of foreign decent (p=0.008). Additional medical testing for treatment was compliant to the protocol in 80.8% with significantly better compliance for STI testing in psychiatric patients who also

received significantly more immunoglobulins against hep-B (p=0.049). Use of contraceptives was significantly less checked for in minors (p=0.025). Medical follow-up was compliant to the protocol except for psychosocial care: only 46,4% got psychosocial follow-up by phone after 6 days instead of 2.

Discussion and Conclusions

Our results demonstrate that pathways at the GUH were significantly more holistic as well as compliant to the protocol for psychiatric patients, while crucial psychosocial follow-up is largely suboptimal in all.

Specific registration sheets in the electronic patient file could improve registration and compliance to the protocol. The protocol urgently needs systematic integration of psychosocial care, frequent sensitisation of staff and evaluation of pathways and health outcomes.