

KEY MESSAGES

SEXUAL ASSAULT REPORTING

A prospective multicentre study in French-speaking Switzerland (2022–2024) reveals significant and persistent psychological, physical and sexual health impacts

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Objectives

To describe the sociodemographic, clinical and medico-legal characteristics of individuals presenting to hospital emergency departments after a sexual assault in French-speaking Switzerland and to assess the psychological, physical and sexual health consequences at 3 and 12 months, as well as their experience of care.

Methods

Prospective multicentre study conducted between November 2022 and December 2024 across several hospitals in French-speaking Switzerland. Data were collected from medico-legal sexual assault reports completed in gynecology-obstetrics emergency departments using a standardised protocol involving both a gynecologist and a forensic physician. Participants completed validated questionnaires at 3 and 12 months assessing anxiety (GAD-7), depression (PHQ-9), post-traumatic stress (PCL-5), physical symptoms (PHQ-15), sexual health (FSFI), and substance use (WHO-ASSIST), as well as treatments and follow-up care received and their experience of emergency department care.

Included: cisgender women, non-binary and queer persons, transgender men with a vulva and vagina, and transgender women, regardless of sexual orientation, aged ≥ 16 years and able to provide informed consent.

Excluded: children and adolescents aged < 16 years, cisgender men and transgender men with a penis, recurrent patients reporting more than three sexual assaults at a participating centre during the study period (only the first three assaults were included), and individuals without the capacity to provide informed consent.

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Key Findings

Among the 623 sexual assault cases reported in participating hospitals between 2022 and 2024, 454 met the inclusion criteria and 178 finalised medico-legal reports were included in the analysis.

- ▶ Median age of participants: 27 years (IQR: 20–34 years). 21 participants (12%) were minors aged 16–17 years.
- ▶ 99% of participants identified as women and 1% as a transgender man. Sexual orientation was reported for 89 participants, of whom 89% identified as heterosexual, 4% as homosexual, 6% as bisexual, and 1% as pansexual. When information was available, the perpetrator was male in 99% of cases, with one case involving multiple perpetrators of different genders; in other cases, amnesia regarding the perpetrator's gender or missing data was reported.
- ▶ 57% of sexual assaults occurred in a private home, including the patient's home, the assailant's home, or the home of a third party.
- ▶ 58% of participants reported knowing the assailant, while 76% of assaults involved a single perpetrator.
- ▶ 40% of participants reported amnesia (partial: 22%, complete: 19%), with the type remaining indeterminate because it was not possible to distinguish peritraumatic amnesia from amnesia related to alcohol or substance use.
- ▶ 61% of participants reported having experienced a prior sexual assault.
- ▶ 69% reported alcohol consumption prior to the assault and 21% reported drug use.
- ▶ 81% of patients consulted within 72 hours of the assault, including 45% within 24 hours.
- ▶ 46% reported physical violence during the assault, while 26% reported none and 28% were unable to specify due to amnesia.
- ▶ Among those reporting physical violence ($n = 81$), 70% were held or restrained, 43% were shoved or pushed, 19% were hit (slapped, kicked, etc.), 17% were strangled or suffocated, 16% were pulled by the hair, and 5% were bitten.
- ▶ 16% reported psychological violence, while 54% reported none and 30% were unable to specify due to amnesia.
- ▶ Among participants reporting psychological violence ($n = 28$), 75% described intimidation or threats, 25% humiliation, 21% controlling behaviors, 4% harassment, and 4% isolation or neglect.
- ▶ 87% of patients presented with at least one bodily injury during the medico-legal examination. The most frequently affected areas were the upper limbs (75%), lower limbs (68%), back (26%), and head or face (16%).
- ▶ 29% of patients presented with genito-anal injuries during the gynecological examination, including 26% genital injuries and 5% anal injuries.
- ▶ Genito-anal injuries were more frequently observed when the examination was performed within 24–48 hours after the assault (continued overleaf).

Psychological, physical and sexual consequences at 3 and 12 months

- ▶ At 3 months, 67% (57/85) of patients presented with clinically significant anxiety, 82% (69/84) with clinically significant depression, and 75% (63/84) with probable post-traumatic stress disorder (PTSD).
- ▶ 86% (48/56) of sexually active individuals reported sexual dysfunction at 3 months.
- ▶ 72% (63/88) reported moderate to severe physical symptoms, most commonly sleep disturbances, fatigue, and palpitations.
- ▶ At 12 months, 57% (28/49) still presented clinically significant anxiety, 71% (34/48) clinically significant depression, and 68% (32/47) with probable PTSD.
- ▶ 63% (19/30) of sexually active individuals reported persistent sexual dysfunction at 12 months.
- ▶ 66% (33/50) of patients still reported moderate to severe physical symptoms at 12 months.
- ▶ Psychological and sexual difficulties remain elevated several months after sexual assault, with sleep disturbances and fatigue among the most persistent symptoms.

Percentages were calculated based on available data (n/N), and denominators may vary across variables.

Comparison with the retrospective study (2018-2021)

Findings from this prospective study confirm several observations previously identified in the retrospective study conducted between 2018 and 2021. Individuals presenting to emergency departments after sexual assault are predominantly young, and assaults are most often committed by someone known to them. Most assaults occur in private settings, particularly at home. The majority of individuals presenting after sexual assault seek care within 72 hours after the assault. The types and distribution of injuries observed are comparable between the two studies, and partial or total amnesia remains frequent ($\approx 41\%$).

What this prospective study adds

This prospective study provides several important methodological contributions. It includes longitudinal follow-up at 3 and 12 months after the assault, allowing assessment of medium- and long-term consequences. It also relies on standardised documentation of psychological, somatic, and sexual outcomes using validated questionnaires. The study expands the network of participating hospitals with the inclusion of Valais Hospital and several public hospitals in the canton of Vaud. Finally, it incorporates the implementation of the electronic medico-legal sexual assault record (eCAS) at Geneva University Hospitals, improving data standardisation and quality.

Conclusions and recommendations

The findings highlight the magnitude and persistence of the psychological, physical, and sexual health consequences of sexual assault. They underline the need to strengthen prevention and education strategies, improve training for healthcare professionals and ensure long-term medical and psychological follow-up for affected individuals. The results also support the development of a regional registry of sexual assault cases within emergency services across French-speaking Switzerland in order to better document the phenomenon and inform public health policies.