

## Common Myths About Sexual Assault And Strangulation

### Sexual Assault:

#1: NO INJURY MEANS NO RAPE.

Absence of Anogenital Injury in the Adolescent/Adult Female Sexual Assault Patient

Markowitz, 2012:

[http://www.aequitasresource.org/Absence\\_of\\_Anogenital\\_Injury\\_in\\_the\\_Adolescent\\_Adult\\_Female\\_Sexual\\_Assault\\_Patient\\_Issue\\_13.pdf](http://www.aequitasresource.org/Absence_of_Anogenital_Injury_in_the_Adolescent_Adult_Female_Sexual_Assault_Patient_Issue_13.pdf)

#2: NO INJURY FOUND ON EXAM MEANS NO INJURY OCCURRED.

Zink, et al, 2010. Comparison of methods for identifying ano-genital injury after consensual intercourse. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2917333/>

See also: Markowitz, 2012 [above]

#3: YOU CAN CORRELATE POSITION OF ASSAULT WITH LOCATION OF INJURY.

No documented research looking at this in adults

#4: YOU CAN DISTINGUISH CONSENSUAL SEX INJURY FROM NON-CONSENSUAL

*Atlas of Sexual Violence: Consensual Sex Injury* (Markowitz & Pierce-Weeks), 2013

<https://www.forensicnurses.org/store/ViewProduct.aspx?id=2615643>

Injury Following Consensual Sex (Markowitz, 2017)

<https://www.forensichealth.com/product/injury-following-consensual-sex/> (complete overview of existing research)

Individual free articles:

Genital Findings of Women After Consensual and Nonconsensual Intercourse (Anderson, et al., 2006)

[https://depts.washington.edu/hcsats/training/core\\_sane/wednesday/Genital%20Findings.pdf](https://depts.washington.edu/hcsats/training/core_sane/wednesday/Genital%20Findings.pdf)

Forensic sexual assault examination and genital injury: is skin color a source of health disparity?

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2587067/>

#5: ALL ANAL PENETRATION RESULTS IN INJURY

Hildren, et al. 2005. Genitoanal injury in adult female victims of sexual assault.

<https://www.ncbi.nlm.nih.gov/pubmed/16182966>

Zilkens, et al., 2017 Genital and anal injuries: A cross-sectional Australian study of 1266 women alleging recent sexual assault

<https://www.ncbi.nlm.nih.gov/pubmed/28407560>

#6: PEOPLE WHO ENGAGE IN ANAL SEX REGULARLY ARE LESS LIKELY TO HAVE ANAL INJURY

Nothing in the research about:

- Propensity for injury based on a history of consensual anal contact
- Comparison of injury rates in patients who have had previous anal sex vs those who never have EXCEPT

Cappelletti, et al., 2016. Variability in findings of anogenital injury in consensual and non-consensual fisting intercourse: A systematic review.

<https://www.ncbi.nlm.nih.gov/pubmed/27614327>

#7: VIRGINS ARE LIKELY TO HAVE INJURY

White & McLean, 2006, Adolescent complainants of sexual assault; injury patterns in virgin and non-virgin groups. <https://www.ncbi.nlm.nih.gov/pubmed/16564196>

#8: THE WELL-ENDOWED ASSAILANT WOULD SURELY CAUSE INJURY

No research that supports this (and child sex abuse literature that documents no injury following penetration emphasizes this is nonsense: Anderst, Kellogg and Jung, 2009. Reports of repetitive penile-genital penetration often have no definitive evidence of penetration.

<https://pediatrics.aappublications.org/content/pediatrics/124/3/e403.full.pdf>

#9: IF THE PATIENT WAS LUBRICATED (OR ORGASMED) IT WASN'T SEXUAL ASSAULT

Levin and van Berlo, 2004. Sexual arousal and orgasm in subjects who experience forced or non-consensual sexual stimulation – a review.

<https://www.ncbi.nlm.nih.gov/pubmed/15261004>

#10: INTOXICATION/ALCOHOL USE IMPACTS GENITAL INJURY RATES

“The effect of patient condition at the time of the assault is examined by comparing the genital injuries of patients that were sober, intoxicated, and incapacitated at the time of the assault.

Results show that neither time elapsed from assault to report nor patient condition at the time of the assault impacted genital injury.” Rosay and Henry, 2008

<https://www.ncjrs.gov/pdffiles1/nij/grants/224520.pdf>

## **Strangulation:**

#1 Strangulation victims will always have visible injury

Strack, et al, 2001. A review of 300 attempted strangulation cases. Part I: Criminal legal issues.

<https://www.ncbi.nlm.nih.gov/pubmed/11604294>

Shields, et al., 2010. Living victims of strangulation: A 10-year review of cases in a metropolitan community. <https://www.ncbi.nlm.nih.gov/pubmed/21171201>

Mcquown, et al, 2016. Prevalence of strangulation in survivors of sexual assault and domestic violence. <https://www.ncbi.nlm.nih.gov/pubmed/27162112>

#2 Severity of internal injury can be correlated with external injury

Markowitz, 2019, Applying the strangulation research to expert testimony in cases with adult victims. (Complete overview of strangulation research)

<https://www.forensichealth.com/product/applying-the-strangulation-research-to-expert-testimony/>

Individual articles:

Heimer, et al, 2019. Value of 3T craniocervical magnetic resonance imaging following nonfatal strangulation. <https://www.ncbi.nlm.nih.gov/pubmed/30796576>

Christe, et al., 2009, Life-threatening versus non-life-threatening manual strangulation: Are there appropriate criteria for MR imaging of the neck?

<https://www.ncbi.nlm.nih.gov/pubmed/19283386>

#3 We can “see” bruises not visible to the naked eye using special lights

Lombardi, et al., 2015, Is fluorescence under an alternate light source sufficient to accurately diagnose subclinical bruising? <https://www.ncbi.nlm.nih.gov/pubmed/25677469>

[See also, Markowitz, 2019]

#4 There are clear guidelines for medically assessing strangulation patients

IAFN Non-fatal strangulation documentation toolkit

<https://www.forensicnurses.org/page/STOverview>

#5 There are agreed upon scales for rating strangulation severity

See Markowitz, 2019 for overview of range of research

Takeaways:

- Make sure you understand the left and right limits of the medical-forensic exam, and the science upon which experts rely.
- Think about how you can use expert medical consultation during your investigation, as you prep and at trial.
- Make sure you are clear about the \*source\* of your expert’s opinion or statistics
- Are they based on a single research article, an understanding of the totality of the science, their clinical experience, a combination science & experience or nothing at all?

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