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Sexual assault, Sexual Assault Centres and prevention

INVITERT KOMMENTAR

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The acute care system works well, but inadequate follow-up can undermine the standard of the service.

The Sexual Assault Centre (SAC) in Oslo was established in 1986 and was one of the first centres of its kind in Europe. It operates according to a multidisciplinary model in which medico-legal, clinical and psychosocial needs are addressed in one location, irrespective of whether the assault has been reported to the police. The SAC in Trondheim, situated within the Department of Obstetrics and Gynaecology at St Olav's Hospital, Trondheim University Hospital, was established in 1989. There are now 23 SACs nationwide (1). Although the acute care system largely appears to function well (2), only half of the centres provide any kind of follow-up.

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In an article published in this edition of the Journal of the Norwegian Medical Association, Rogne et al. report the results of a quality improvement project carried out at the SAC in the Oslo Primary Care Emergency Service (3), where an active follow-up system was introduced for patients who missed follow-up

appointments after their initial examination. This measure led to a substantial increase in the proportion of patients attending follow-up appointments, from fewer than half to nearly 80 % (3). These findings are important, because when patients first present to an SAC, it is crucial to seize the opportunity to provide preventive medical care, which may include testing for sexually transmitted infections, cervical cytology screening and access to contraception. Systematic follow-up can therefore help protect the patient's health in the short term and prevent long-term complications. Many SACs, however, lack the resources to provide this follow-up. The experiences from Oslo show that relatively simple measures can yield considerable benefits and may inspire other SACs to improve their practices within the existing framework.

Rogne et al.'s study does not include data on psychosocial follow-up. This may be because medical and psychosocial care are provided separately in the Oslo SAC model. This approach has drawbacks, as patients must navigate multiple providers in different locations. As the authors note, this is far from ideal for a vulnerable group, many of whom struggle with substance use, mental health issues and sleep problems (3, 4). A significant number develop post-traumatic stress disorder following rape (5), and avoidance behaviour can lead to missed follow-up appointments. Building trust and maintaining continuity of care are therefore crucial for ensuring that patients attend follow-up appointments for medical care.

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SACs in Norway face an additional challenge in that, unlike most other countries, Norway does not have a dedicated specialty in clinical forensic medicine. National clinical guidelines emphasise that the forensic components should be integrated into the work of SACs (6). In practice, however, SAC staff appear to face constraints in medicolegal matters. Many centres have limited resources and face challenges related to funding and forensic expertise (1). The Norwegian Forensic Medicine Commission frequently comments on SAC forensic reports (7), for example when the same clinician is expected to provide the necessary medical care as well as a forensic assessment.

Is psychosocial follow-up at Norwegian SACs optimal? Historically, researchers have been cautious about including individuals who have experienced recent sexual assault in studies. However, evidence from Nordic research suggests that this group can participate safely when appropriate safeguards are in place and often find contributing to knowledge a meaningful experience (8, 9). At the Norwegian University of Science and Technology (NTNU), a multicentre randomised controlled trial investigating early psychological intervention delivered by nurses and social workers at SACs is currently underway (10). The study examines whether exposure-based therapy provided shortly after sexual assault can reduce post-traumatic stress symptoms, somatic complaints and sexual dysfunction.

A national quality registry of all patients attending SACs in Norway should now be established, ideally with passive consent to minimise selection bias. Such a registry would provide a far stronger basis for quality improvement, service development and research than the current fragmented data collection. This is also one of the main goals of the Nordic Society for Sexual Assault Care Centers (11), which are better data, higher quality and closer collaboration across national borders.

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