Tidsskriftet Tidsskrift for Den norske legeforening

Medical follow-up at the Sexual Assault Centre in Oslo

SHORT REPORT

NANJA ROGNE*

nanja.katrine.rogne@hel.oslo.kommune.no
Oslo Sexual Assault Centre
City of Oslo Health Agency
Author contribution: concept, obtaining funding, collection and interpretation of data, Data Protection Impact Assessment (DPIA), interpretation of results, drafting the manuscript and revision and approval of the submitted version.
Nanja Rogne, senior consultant.
The author has completed the ICMJE form and declares no conflicts of interest.

NORA LANGELAND*

Oslo Sexual Assault Centre
City of Oslo Health Agency
Author contribution: concept, obtaining funding, collection and interpretation of data, Data Protection Impact Assessment (DPIA), interpretation of results, drafting the manuscript and revision and approval of the submitted version.
Nora Langeland, specialist nurse with postgraduate qualification in supervision and coaching, and a master's degree in psychosocial work, specialising in violence and trauma.
The author has completed the ICMJE form and declares no conflicts of interest.

DINA MIDTTUN

Oslo Sexual Assault Centre
City of Oslo Health Agency
and
Advisory Group for Sexual Assault Centres

National Centre for Emergency Primary Health Care
NORCE Research AS
Author contribution: background material, interpretation of results, revision and approval of the submitted manuscript.
Dina Midttun, Master of forensic medicine, senior consultant and researcher III.
The author has completed the ICMJE form and declares no conflicts of interest.

ODD MARTIN VALLERSNES

Department of General Practice
University of Oslo
and
Oslo Accident and Emergency Outpatient Clinic
City of Oslo Health Agency
Author contribution: Data Protection Impact Assessment (DPIA), interpretation of results, project supervision, revision and approval of the submitted manuscript.
Odd Martin Vallersnes, professor of general medicine, consultant general practitioner.
The author has completed the ICMJE form and declares no conflicts of interest.

*Nanja Rogne and Nora Langeland have contributed equally to this article.

Background and aim

Sexual assault is associated with serious health consequences. Tailored medical follow-up after a sexual assault can be crucial during this difficult time and can help prevent long-term health problems. We aimed to examine attendance and non-attendance at medical follow-up appointments at the Sexual Assault Centre in Oslo, and whether those who initially failed to attend did so after contact had been re-established.

Material and method

As a quality improvement project, we conducted a retrospective observational study of patients at the Sexual Assault Centre in Oslo in 2022. Medical records up to and including 26 weeks after presentation were reviewed. We recorded attendance and non-attendance for medical follow-up appointments, and whether patients who had not initially attended subsequently did so after contact had been re-established.

Results

Of the 579 patients who accepted medical follow-up, 275 (47.5 %) attended their planned follow-up appointments. Attempts were made to re-establish contact with 274 patients, and of these, 169 (61.7 %) attended one or more follow-up appointments. Overall, 444 of 579 (76.7 %) attended one or more follow-up appointments.

Interpretation

The findings suggest that by re-establishing contact with patients who miss appointments, the Sexual Assault Centre helps ensure more individuals receive medical care after a sexual assault.

Main findings

At the Sexual Assault Centre in Oslo, 169 of 274 patients (61.7 %) who had initially missed an appointment subsequently attended one or more follow-up appointments after active re-establishment of contact.

Overall, 444 of 579 (76.7 %) of those who accepted medical follow-up attended one or more follow-up appointments.

There are 23 sexual assault centres in Norway, which provide forensic and medical examinations, as well as emergency psychological care. These centres are also responsible for ensuring that medical and psychosocial follow-up is carried out (1). Anyone who is subjected to a sexual assault, including rape and sexual abuse, or who has concerns about an assault occurring when intoxicated or during periods of amnesia is accepted. The service is free of charge and is not contingent on reporting the matter to the police. A quarter of the centres provide medical follow-up, and half offer psychosocial follow-up. The remaining centres largely rely on general practitioners (GPs) and sexual assault support centres to provide ongoing follow-up (2).

Sexual assault has serious health consequences (3, 4). Rape is the form of trauma most strongly associated with the development of post-traumatic stress disorder (PTSD) (5). Sexual assault is also linked to a higher prevalence of somatic complaints, including chronic pain conditions, and greater use of healthcare services (3). Tailored medical follow-up after a sexual assault can play a crucial role during a difficult period and may help prevent immediate and longer-term health problems (3, 5).

We aimed to examine attendance and non-attendance at medical follow-up appointments, and whether those who initially failed to attend did so after contact was re-established.

Material and method

The Sexual Assault Centre in Oslo is located in the Oslo Accident and Emergency Outpatient Clinic. It operates 24/7, accepts patients from the age of 14, and sees around 750 patients annually. A staff of doctors and rotating nurses provide medical follow-up at two, five and twelve weeks after a sexual assault, with individual adjustments as required. If a patient does not attend, attempts are made to contact them by phone or text message via the Oslo Health Agency's messaging system, which does not allow responses to text messages. Patients are also offered free counselling sessions with the Emergency Psychosocial Service, although this part of the follow-up was not included in the study.

The study is a retrospective observational study of all consultations recorded in the Sexual Assault Centre's electronic medical records system in 2022. Medical notes up to 26 weeks after presentation were reviewed. Data recorded included gender, age, time since the incident, attendance at follow-up appointments, non-attendance, attempts to re-establish contact, number of healthcare personnel seen during follow-up, treatment with post-exposure prophylaxis (PEP) for HIV, referral to mental health services or a gynaecologist, and discharge summaries sent to patients' GPs. All recorded data were anonymised as they were collected.

The study was a quality improvement project with support from the Norwegian Medical Association's Fund for Quality Improvement and Patient Safety. A Data Protection Impact Assessment (DPIA) was carried out and reviewed by the City of Oslo Health Agency's data protection lawyer and Oslo local authority's data protection officer.

Results

Of the 744 patients included, 497 (66.8 %) attended the Sexual Assault Centre within 72 hours of the assault, and 579 (77.8 %) accepted medical follow-up (Figure 1).

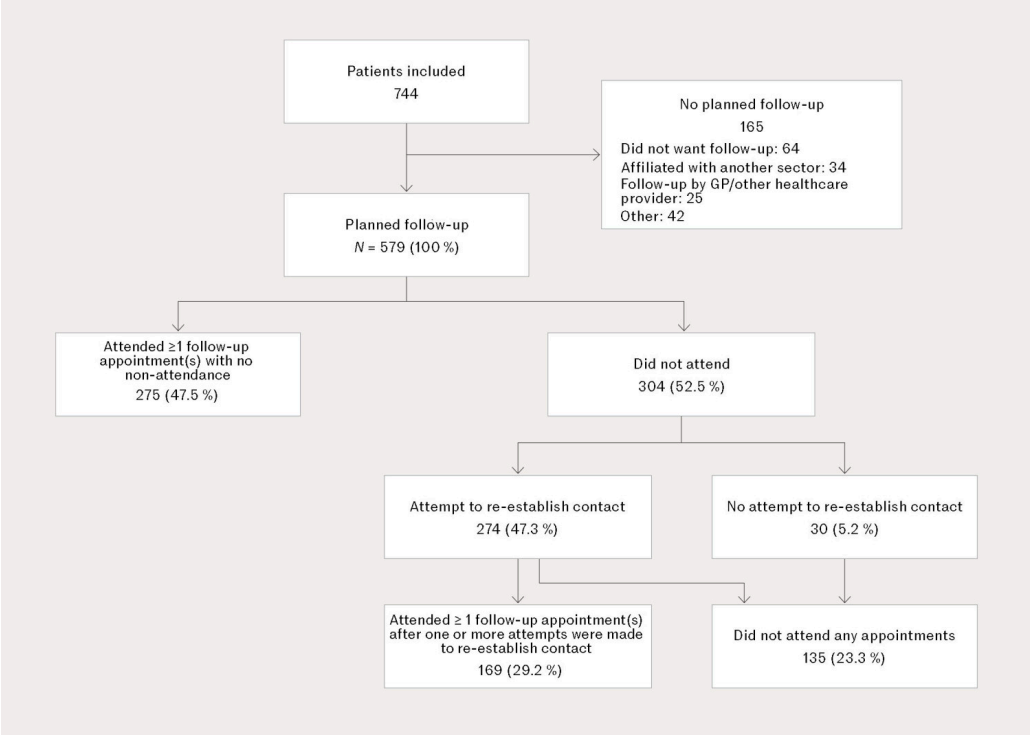

Figure 1 Patient inclusion and attendance at follow-up at the Sexual Assault Centre in Oslo in 2022.

Of the 579 patients who accepted medical follow-up, 275 (47.5 %) attended their planned appointments (Table 1). The remaining 304 of 579 (52.5 %) did not attend and did not give prior notice, including 160 of 304 (52.6 %) at the first appointment. Attempts were made to re-establish contact with 274 (47.3 %) patients, of whom 169 (61.7 %) subsequently attended one or more follow-up appointments.

Among those who received post-exposure prophylaxis (PEP) for HIV, 103 of 134 (76.9 %) attended one or more follow-up appointments. Of those who attended two or more follow-ups, 159 of 327 (48.6 %) saw the same doctor at each visit, while 44 of 327 (13.5 %) saw the same nurse.

During follow-up, 76 of 579 (13.1 %) patients were referred to mental health services, and 13 of 544 (2.4 %) women were referred to a gynaecologist. Discharge summaries were sent to GPs for 233 of 579 (40.2 %) patients.

Discussion

Among patients who accepted medical follow-up at the Sexual Assault Centre in Oslo, almost half attended one or more planned appointments. Most non-attendance related to the first medical follow-up. Of those who initially missed their appointment and were subsequently contacted, three out of five eventually attended. Many reported that appointments with the police, lawyers or other services led to them forgetting about their appointment or limited their capacity to attend. Sleep problems and avoidance behaviour are common post-traumatic reactions (6) and can make it difficult to remember and keep appointments.

Seeing the same healthcare personnel in the follow-up as in the acute phase may reduce non-attendance (7). The Sexual Assault Centre therefore tries to ensure patients meet the same staff during follow-up. The fact that only half of patients saw the same doctor at each follow-up, and just 13.5 % saw the same nurse, confirms the need for solutions that facilitate continuity of care.

We hypothesised that patients who received post-exposure prophylaxis (PEP) for HIV would be more likely to attend follow-up due to concerns about infection and the need for follow-up tests. It was therefore somewhat surprising that approximately three-quarters of patients attended follow-up, regardless of whether they received PEP. One possible explanation is the generally high overall attendance rate, which can make it difficult to identify differences between subgroups.

Thirty to forty per cent of patients who have experienced sexual assault currently have or have had problems with mental health or substance use (8). In our study, 13.1 % were referred to mental health services. We only recorded new referrals, and did not track whether patients were put in contact with an existing provider or independently sought low-threshold services. Consequently, the proportion of patients receiving mental health follow-up is likely higher than our figures suggest.

Only 2.4 % of the women were referred to a gynaecologist for issues arising after the assault. These referrals were not necessarily due to physical injuries, as such injuries are often not observed during examination at a sexual assault centre.

We considered it useful for the patient's GP to be informed of the assault, due in part to the risk of long-term health consequences and the potential reactivation of post-traumatic reactions during life events such as pregnancy and childbirth. Discharge summaries are provided solely with the patient's consent and are not sent as a matter of routine. Many of our patients, due to age or life circumstances, do not have an established relationship with a GP. Others did not want their GP to be informed about the assault. Discharge summaries were therefore sent to the GP for only 40.2 % of patients. A small proportion explicitly declined, but in the majority of cases, there was no record of whether a decision regarding this had been made. The Sexual Assault Centre has therefore added this as a separate item in the template for medical follow-up.

Overall, three out of four patients attended one or more medical follow-up appointments, as reported in a study from the same centre covering the period 2017–2019 (9). The organisation of sexual assault services and access to follow-up vary considerably across Norway. To ensure an equitable healthcare provision, national clinical guidelines need to be devised for the medical follow-up of individuals who have experienced sexual assault.

Strengths and limitations

The dataset is large and was collected over an entire year. However, we only extracted a limited set of basic clinical and demographic information. We also chose to exclude psychosocial consultations, meaning that the follow-up

services at the Sexual Assault Centre in Oslo are more extensive than is reflected in our results.

We did not record data on individual patients, but on each contact, i.e. each case. We do not know how many patients sought help for multiple assaults during the year, as the data were anonymised continuously during collection. In our experience, the number tends to be so small that the impact on our results is negligible.

Conclusion

The Sexual Assault Centre in Oslo has an established practice of actively contacting patients who miss their follow-up appointments. We found that 61.7 % of patients who initially failed to attend subsequently attended one or more follow-up appointments after contact was re-established. This suggests that a more proactive approach to the follow-up of this patient group may help ensure that more individuals receive medical care after a sexual assault.

The article has been peer-reviewed.

REFERENCES

1. Helsedirektoratet. Nasjonal faglig retningslinje for kvalitet og kompetanse i overgrepsmottak. https://www.helsedirektoratet.no/retningslinjer/kompetanse-og-kvalitet-i-overgrepsmottak Accessed 23.12.2024.

2. Johnsen GE, Delaveris GJM, Midttun D et al. Overgrepsmottak 2023: status etter innføring av Nasjonal faglig retningslinje for kvalitet og kompetanse i overgrepsmottak. Bergen: Nasjonalt kompetansesenter for legevaktmedisin, NORCE Norwegian Research Centre, 2024. https://www.norceresearch.no/assets/images/file/NKLM-rapport-nr-2-2024-Overgrepsmottak-kartleggingsundersøkelse.pdf?v=1717747498 Accessed 8.1.2026.

3. Larsen ML, Hilden M, Skovlund CW et al. Somatic health of 2500 women examined at a sexual assault center over 10 years. Acta Obstet Gynecol Scand 2016; 95: 872–8. [PubMed][CrossRef]

4. Dworkin ER. Risk for mental disorders associated with sexual assault: a meta-analysis. Trauma Violence Abuse 2020; 21: 1011–28. [PubMed][CrossRef]

5. Jina R, Thomas LS. Health consequences of sexual violence against women. Best Pract Res Clin Obstet Gynaecol 2013; 27: 15–26. [PubMed][CrossRef]

6. Mason F, Lodrick Z. Psychological consequences of sexual assault. Best Pract Res Clin Obstet Gynaecol 2013; 27: 27–37. [PubMed][CrossRef]

7. Darnell D, Peterson R, Berliner L et al. Factors associated with follow-up attendance among rape victims seen in acute medical care. Psychiatry 2015; 78: 89–101. [PubMed][CrossRef]

8. Vik BF, Nöttestad JA, Schei B et al. Psychosocial vulnerability among patients contacting a Norwegian sexual assault center. J Interpers Violence 2019; 34: 2138–57. [PubMed][CrossRef]

9. Skjælaaen K, Nesvold H, Brekke M et al. Sexually transmitted infections among patients attending a sexual assault centre: a cohort study from Oslo, Norway. BMJ Open 2022; 12. doi: 10.1136/bmjopen-2022-064934. [PubMed][CrossRef]

Publisert: 25 February 2026. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.25.0530
Received 2.9.2025, first revision submitted 21.11.2025, accepted 8.1.2026.