Title: Factors Influencing the Filing of Complaints, Their Investigation, and Subsequent Legal Judgment in Cases of Sexual Assault.

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FACTORS INFLUENCING THE FILING OF COMPLAINTS, THEIR INVESTIGATION, AND SUBSEQUENT LEGAL JUDGMENT IN CASES OF SEXUAL ASSAULT

ABSTRACT

In Geneva examination of victims of sexual assault is performed by a gynecologist and a medical examiner. 48% of the victims file a complaint and we wanted to investigate the factors leading to file a complaint, those leading the Prosecutor to go to trial and those influencing a conviction.

Between 2006 and 2012, 676 victims of sexual assault were investigated (averaged age 26y, mean 22). Information on injuries, perpetrators and circumstances of the assault was collected and analyzed.

The attacker being the ex-spouse or a friend and the presence of semen were factors leading to file a complaint. The assailant being a family member or ex-spouse and the presence of genital/anal lesions were factors influencing the Prosecutor. The presence of non-genital lesions, the assailant being known by the victim influenced conviction. This study shows that the medical examiner plays a vital role in the investigation of cases of sexual assault.

KEYWORDS: forensic science, rape, sexual assault, formal complaint, medical examiner, Public Prosecutor, court, forensic examination

The Swiss penal code states that in the case of rape or sexual assault a custodial sentence of up to 10 years' imprisonment may be imposed. However, if an assault involves coercion (a weapon, alcohol, drugs...), the sentence can rise to 20 years. Rape always leads to prosecution, even if the victim and assailant are married to one another, but this has only been the case since 2004. Prior to this, a married woman had to file a complaint for such a case to be prosecuted, which was not the case for unmarried women.

Geneva is a small town/canton of a little over 100 square miles and with a population of 450,000 inhabitants The number of women consulting the emergency service of the Gynecology Department of Geneva's HUG (University Hospitals) regarding cases of sexual assault went through a period of continual increase, rising from around 20 cases per year in the late 1990s to around 100 cases per year since 2005; this number has since stabilized. For this reason, it was decided to introduce a protocol, along with a physical kit for sample taking, so that all victims can be treated in the same way, whether they consult during the day or the night, on weekdays or during holidays, and whether they file a complaint or do not.

Women who consult often do so for therapeutic purposes, that is, to receive prompt care (disinfection of wounds...) or to detect and treat sexually transmitted diseases, including hepatitis, HIV, chlamydia, and gonorrhea, or possible pregnancy (emergency contraception). If the psychological trauma involved is significant, a psychiatrist examines the patient immediately and can take decisions regarding support required or a possible hospitalization. In other cases, the victim is encouraged to go on the following day to the Unité Interdisciplinaire de Médecine et de Prévention de la Violence (the interdisciplinary medical and violence-prevention unit of the University Hospitals), where doctors or psychologists will treat the patient. For patients for whom a preventive treatment against the HIV virus is put in

place, an appointment in infection control is organized for within three days, ensuring ongoing care.

The forensic aspect of such cases is, however, significant, which is why—for around twenty years now—victims of sexual assault are seen simultaneously by a gynecologist and the medical examiner (1). The role of the latter is, first and foremost, to look for signs of violence on the body and to ensure that all medico-legal samples (smears, blood, urine, etc.) are taken and correctly stored for further assessment should the victim file a complaint.

Some studies tend to downplay the role of the medical examiner, whether this be due to low occurrences of the detection of the offender's semen (2) (35%) or to the fact that few women (15%) file a complaint (3), or even because only few cases lead to the conviction of the alleged offender (4-6).

The purpose of this study is precisely to attempt to highlight whether—in Geneva, Switzerland—the observations of the medical examiner are useful in the conduct of criminal investigations and for any subsequent trial.

Materials and Methods

We analyzed all cases of the sexual assault of female victims treated and examined by the emergency service of the Gynecology Department of Geneva University Hospitals from 1st January 2006 to 31 December 2012. The clinical information came from our medical files while the data concerning the filing of a complaint, the subsequent investigation, and—where applicable—the court judgment were supplied to us by the Public Prosecutor's Office.

A protocol was followed including a series of questions (vaginal, anal, or oral penetration, with or without ejaculation, with or without a condom...) regarding the event, allowing us to accurately understand the situation and to adopt an adequate and systematic therapeutic approach for all patients.

An assessment regarding traumatic lesions was performed for each case and included the examination of the entire body and a meticulous gynecological examination with the aim of identifying gynecological and/or bodily injuries and traces of semen or of contact. Vaginal and anal smears were routinely taken as were blood, urine, and subungual samples, all with the aim of facilitating toxicological analysis (especially where the use of a date-rape drug was suspected) and/or the creation of a possible DNA profile of the aggressor.

The different characteristics drawn from this study are described in numbers and percentages. Since the filing of a complaint is a relatively common outcome for victims, the effect of the findings of the medical examiner and other potential risk factors regarding the filing of a complaint were assessed separately using log binomial univariable regression models. The log binomial regression model has the advantage of expressing the effect of a factor in the form of

a risk ratio (RR), the disadvantage being that this type of model does not converge systematically. In such cases, a logistic regression model was used (factors' effects then being expressed in the form of an odds ratio (OR)). A multi-variable log binomial regression model was then established in order to adjust the effect of the main risk factors regarding the following parameters: time lag between the event and the consultation, age of the victim, type of aggressor, number of aggressors, blood alcohol level of the victim, and amnesia in the victim. These same models were used to study the Public Prosecutor's decision to pursue the case or not.

Finally, the effect of the findings of the medical examiner and of potential factors encouraging a conviction were assessed separately using logistic regression models. Since the number of cases in which there was no conviction was low, we limited ourselves to including three factors in a multi-variable logistic regression model: the presence of gynecological injuries, the presence of bodily injuries, and the type of aggressor.

The authorization to consult the files pertaining to the criminal investigation and eventual trial was granted by the Public Prosecutor's Office, which we thank, and without which this study could not have taken place.

Results

The main demographic data (age, seasonality, location, relationship between the victim and the perpetrator(s)...) have already been described in a previous paper (1) and are globally the same for the present paper.

From 2006 to 2012, 676 female victims of sexual assault consulted the Geneva University Hospitals, a little under 100 cases per year.

Their average age was 26; their median age was 22; 70 % of the victims were under 30; 27 % were minors; and 16 % had never had sexual relations before the event.

In terms of injuries, 30% of the victims had none, 61% showed bodily injuries, 29% had genital and/or anal lesions, 20% showed both bodily and genital /anal lesions (the percentages add up to more than 100% as we did not take into account isolated bodily injuries and isolated genital/anal injuries in our analysis). With regard to the bodily injuries, 62% consisted in bruising, especially to the lower limbs; 20% of abrasions to the skin, mainly on the thorax and face; 10% of erythemas, mainly on the neck; and 8% of contusions, especially to the upper limbs. There were only 3 cases of fractures, respectively to the left tibia, the bones of the nose and the lower jaw. Genital and/or anal lesions mainly consisted of abrasions of the mucous membrane of the vagina, some slight perineal erythemas and of anal fissures (4 cases). It is also notable that 20% of the victims had both types of injuries (bodily and genital and/or anal), which corresponds to the data generally found in the literature (7).

In 51 % of the cases, the perpetrator was unknown to the victim, in 16 % there were several assailants, and in 7 % the assault involved the threat of a weapon, most often a knife (74 %).

Finally, we also note that 45 % of these assaults took place on weekends, 66 % between 10:00 PM and 06:00 AM, 42 % at the abuser's home, 23 % in a public place, and 19 % at the victim's home.

Discussion

1) Factors influencing the filing of a complaint

(Tab 1)

As shown in Table 1, 322 victims (48 %) filed a complaint. As a result, in at least 52 % of the cases the samples taken were not analyzed, which could lead to objections regarding the cost-benefit aspect of the involvement of the medical examiner, a phenomenon also reported elsewhere (8).

In a univariable analysis, the main significant factor that appears to favorably influence the decision to file a complaint is that the assailant is a former spouse ($p=0.02$) or lover ($p=0.05$), probably because of the feeling of betrayal that the victim experiences.

The presence of semen (9) is also a factor that positively influences the filing of a complaint ($p=0.035$)—although it is not really statistically significant—because semen contains the DNA of the aggressor, who thus cannot deny that the event took place (10); hence the need

for a medical examination to be performed as soon as possible, since the probability of finding semen decreases daily, reaching zero after 12 days (11).

There are, however, several elements that, in a statistically significant manner, lead to a victim not filing a complaint.

The first is when the victim consults more than a week after the event ($p=0.019$). In these cases, it may be that the victim had even decided not to consult but that she was persuaded to do so by someone else, perhaps a relative or a family member. And as examination often reveals nothing in particular, the victim is not inclined to file a complaint.

Another negative factor is when the assault has taken place at the home shared by the victim and the assailant ($p=0.012$). Since these people live together and thus also probably have consensual sex, the victim is afraid that the veracity of her word will be questioned or does not wish to harm her partner.

If the victim had consumed alcohol (12-14), she will tend not to file a complaint ($p=0.003$) because she may feel partially responsible for what happened. The same applies when she has presented with amnesia ($p<0.001$), when she does not know if there was penetration or not ($p<0.001$), or if she does not know the number aggressors ($p=0.001$), probably because in these three cases she is not sure if a sexual assault has actually taken place. These three conditions often present together.

(tab2)

A multi-variable analysis reveals that only a delay in consultation of more than one week, the number of the perpetrators, and a victim's amnesia remained independently associated with filing a complaint or not. The probability of a victim filing a complaint was 38% lower in the case of amnesia (RR=0.62, CI 95 % [0.48; 0.81], p<0.001), 30 % lower when the victim waited at least one week before consulting in comparison to those victims that consulted within 24 hours (RR=0.70, CI 95 % [0.55; 0.88], p=0.003), and was—finally—higher when there was only one assailant (RR=1.38, CI 95% [1.07; 1.77], p=0.012).

2) Factors influencing the actions of the Prosecutor

Of the 322 complaints filed, 13 were still ongoing at the time of our study. Of the remaining 309, 105 (35 %) were acted upon by the Public Prosecutor's Office and went to trial. Three cases were judged directly by the Public Prosecutor (maximum sentence of 1 year) and 7 cases were tried by a young offenders' court (sentences unknown).

(Tab 3)

Few factors appear statistically associated with a prosecution when a univariable analysis is performed. The most important statistically significant factor for the Prosecutor's decision to pursue a case is the fact that the offender is a family member (p<0.001), probably because such cases often involve serious matters such as incest or pedophilia, or an ex-spouse (p=0.004), in which case the assaults are often violent. In contrast, the Prosecutor tended to dismiss the case when the assailant was the husband (p=0.507), in which case it would surely have proved more difficult to prove that rape took place.

The other positive element was when genital and/or anal lesions were discovered (p=0.018), while the presence of lesions elsewhere on the body was not statistically significant (p=0.499). It is indeed easier for the Prosecutor to bring a case to court when evidence of violent sexual activity is found.

(Tab 4)

On the other hand, and without a rational answer as to why, when the events occurred at night (between 10:00 PM and 06:00 AM) Prosecutors were more likely to abandon the case (p=0.083). The same was true if the victim did not know if there had been penetration or not (p=0.09). In the latter cases, it is possible that the Public Prosecutor did not have enough evidence to bring the cases to trial.

(Tab 4)

In a multi-variable analysis, the presence of gynecological injuries and the fact that the assailant was an ex-spouse or family member remain independently associated with the decision to prosecute.

3) Factors influencing a conviction

As previously mentioned, 7 cases were tried by a young offenders' court and we have no information on the sentences subsequently imposed. Of the 98 other cases that were tried, 68 resulted in convictions (70 %), including 3 directly by the Public Prosecutor.

(Tab 5)

A key element—statistically significant in a univariable analysis—that played a role in convictions was that the victim had bodily lesions (p=0.016) and not the fact that she had genital and/or anal injuries (p=0.317), indicating that the aggression was of a certain level of violence. Hence the importance of a medical examination also being performed by a medical examiner, specialist in the detection of traumatic lesions (15-16). Moreover, it is widely recognized (17-18) that in most cases of rape there are no genital and/or anal lesions (19). As previously stated, in our study only 29% of victims had such injuries.

Moreover, in our study the aggressors who were sentence to the heaviest sentences—involving 14 and 20 years of deprivation of liberty, respectively—received such heavy sentences because they had imprisoned their victims, had threatened them with a weapon, and had assaulted them with particular violence.

Another element that plays a role in a perpetrator being found guilty is that of being an acquaintance (p=0.001), a family member (p=0.011), or an ex-spouse (p=0.04) of the victim, as compared to being unknown to the victim, even though when the assailant knows the victim a lower level of violence is usually involved (20).
(Tab 6)

In a multi-variable analysis, only assailants who were an acquaintance of the victim (OR=0.08, CI 95 % [0.02; 0.36], p=0.001) or an ex-lover or ex-spouse (OR=0.15, CI 95 % [0.03; 0.68], p=0.014) were significantly less at risk of being convicted than an assailant unknown to the victim. If the victim presented bodily injuries, the perpetrator was more likely to be convicted, but the difference was not statistically significant (OR=2.29, CI 95 % [0.83; 6.33], p=0.111).

Unlike Anglo-Saxon countries, such as the United Kingdom (21), Hong Kong (22), Australia (23), Canada (24), or the United States (25-26) – sometimes with conclusive results (27-28), sometimes with mixed results (29-30), the latter especially due to a lack of training (32-33) – Switzerland does not have a medical system under which cases of sexual assault are examined by specialized nurses (SANEs: Sexual Assault Nurse Examiners).

In Geneva, due to gynecologists' discomfort with regard to interaction with the judicial system, a protocol was developed around 20 years ago that allows the medical examiner to examine victims at the same time as does a gynecologist. This allows the medical examiner to perform a complete examination of the victim's body (not merely gynecological and anal) and to ensure that all medico-legal samples are correctly taken, respecting the chain of custody (34-36). The gynecologist, meanwhile, deals mainly with medical issues (the administration of antibiotics, contraception, anti-viral treatment …).

Our protocol enables all victims of sexual assault to be treated in the same way, whether they file a complaint or not. This system corresponds to the system that employs specialized nurses. It also forestalls potential conflicts of interest between the gynecologist and the patient, and finally allows for a complete assessment with regard to traumatic injury, something that gynecologist would unable to do.

In conclusion, we believe that, in Geneva, although only a minority of the samples taken by the medical examiner are analyzed, the examiner's presence during the medical examination of female victims of sexual violence seems essential for the proper evolution of the criminal investigation, in particular by establishing a thorough report regarding traumatic lesions that

takes the whole body into account (37-40). Indeed, our study suggests that the observations made by the medical examiner favor, in a statistically significantly manner, a decision by the Public Prosecutor to pursue the case and that they also influence the conviction of perpetrators by the courts, in the latter case however without being statistically significant.

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Table 1: Factors influencing the filing of a complaint (univariable analysis)

	Modality	No complaint N=354	Complaint N=322	RR
Lag (event to consultation)	<24h	153 (48%)	169 (52%)	
	1-7 days	94 (53%)	83 (47%)	0.89
	≥7 days	89 (60%)	60 (40%)	0.77
Age	/year			1.00
Place	His	144 (52%)	132 (48%)	
	Other	28 (58%)	20 (42%)	0.87
	Shared	20 (36%)	36 (64%)	1.34
	Her	62 (51%)	59 (49%)	1.02
	Public place	77 (52%)	71 (48%)	1.00
Aggressor	Stranger	204 (59%)	144 (41%)	
	Acquaintance	99 (50%)	101 (50%)	1.22
	Other	51 (40%)	77 (60%)	1.45
Number	1	229 (46%)	264 (54%)	
	2 or more	62 (58%)	44 (42%)	0.78
	Unknown	42 (79%)	11 (21%)	0.39
Semen	No	224 (52%)	209 (48%)	
	Yes	61 (42%)	84 (58%)	1.20
	Unknown	69 (70%)	29 (30%)	0.61
Alcohol	No	172 (47%)	194 (53%)	
	Yes	181 (59%)	128 (41%)	0.78
Drug(s)	No	308 (52%)	288 (48%)	
	Yes	44 (57%)	33 (43%)	0.89
Amnesia	No	202 (44%)	258 (56%)	
	Yes	147 (70%)	62 (30%)	0.53
Night (midnight to 06:00 AM)	No	149 (49%)	154 (51%)	
	Yes	170 (53%)	152 (47%)	0.93
Penetration	Yes	212 (46%)	247 (54%)	
	No	17 (39%)	27 (61%)	1.14
	Unknown	125 (72%)	48 (28%)	0.52
Gynecological injury	No	256 (54%)	218 (46%)	
	Yes	95 (48%)	101 (52%)	1.12
Bodily injury	No	148 (55%)	119 (45%)	
	Yes	206 (50%)	203 (50%)	1.11

Table 2: Factors influencing the filing of a complaint (multi-variable analysis)

	Modality	RR	Lower	Upper	pval
Age	/year	1.00	0.99	1.00	0.682
Lag (event to consultation)	<24h	1.00			
	1-7 days	0.89	0.74	1.06	0.179
	≥7 days	0.70	0.55	0.88	0.003
Aggressor	Unknown	1.00			
	Acquaintance	1.03	0.86	1.23	0.773
	Other	1.12	0.92	1.37	0.266
Number	2 or more or unknown	1.00			
	1	1.38	1.07	1.77	0.012
Semen	No	1.00			
	Yes	0.97	0.81	1.15	0.708
	Unknown	0.79	0.56	1.11	0.169
Alcohol	No	1.00			
	Yes	0.97	0.81	1.16	0.748
Amnesia	No	1.00			
	Yes	0.62	0.48	0.81	0.000
Gynecological injury	No	1.00			
	Yes	0.96	0.82	1.13	0.625
Bodily injury	No	1.00			
	Yes	1.07	0.90	1.28	0.429

Table 3: Factors influencing the Public Prosecutor's decision to pursue the case (univariable analysis)

	Modality	No court case N=204	Court case N=105	RR	Lower	Upper	pval
Lag (event to consultation)	<24h	105 (65%)	56 (35%)				
	1-7 days	55 (66%)	28 (34%)	0.97	0.67	1.40	0.871
	≥7 days	37 (67%)	18 (33%)	0.94	0.61	1.45	0.783
Age	/year			1.00	0.99	1.01	0.887
Place	His	84 (67%)	42 (33%)				
	Other	15 (75%)	5 (25%)	0.75	0.34	1.67	0.480
	Shared	18 (51%)	17 (49%)	1.46	0.96	2.22	0.080
	Her	37 (66%)	19 (34%)	1.02	0.65	1.58	0.937
	Public place	47 (68%)	22 (32%)	0.96	0.63	1.46	0.837
Aggressor	Unknown	100 (72%)	39 (28%)				
	Acquaintance	63 (65%)	34 (35%)	1.25	0.85	1.83	0.251
	Ex or family member	18 (40%)	27 (60%)	2.14	1.50	3.06	<0.001
	Current partner	23 (82%)	5 (18%)	0.64	0.28	1.47	0.290
Number	1	163 (64%)	91 (36%)				
	2 or more	31 (76%)	10 (24%)	0.68	0.39	1.20	0.181
	Unknown	7 (64%)	4 (36%)	1.01	0.46	2.26	0.971
Semen	No	133 (66%)	69 (34%)				
	Yes	50 (62%)	31 (38%)	1.12	0.80	1.57	0.508
	Unknown	21 (81%)	5 (19%)	0.56	0.25	1.27	0.165
Alcohol	No	123 (66%)	62 (34%)				
	Yes	81 (65%)	43 (35%)	1.03	0.75	1.42	0.832
Drug(s)	No	183 (66%)	94 (34%)				
	Yes	20 (65%)	11 (35%)	1.05	0.63	1.73	0.862
Amnesia	No	160 (65%)	86 (35%)				
	Yes	44 (72%)	17 (28%)	0.80	0.51	1.24	0.311
Night (midnight to 6:00 AM)	No	93 (63%)	55 (37%)				
	Yes	100 (68%)	47 (32%)	0.86	0.63	1.18	0.350
Penetration	Yes	153 (64%)	85 (36%)				

	No	15 (60%)	10 (40%)	1.12	0.67	1.86	0.663
	Unknown	36 (78%)	10 (22%)	0.61	0.34	1.08	0.090
Gynecological injury	No	151 (71%)	63 (29%)				
	Yes	53 (57%)	40 (43%)	1.46	1.07	2.00	0.018
Bodily injury	No	78 (68%)	36 (32%)				
	Yes	126 (65%)	69 (35%)	1.12	0.81	1.56	0.499

Table 4: Factors influencing the Public Prosecutor's decision to pursue the case (multi-variable analysis)

	Modality	RR	Lower	Upper	pval
Age	/year	1.00	0.98	1.02	0.991
Lag (event to consultation)	<24h	1.00			
	1-7 days	0.93	0.50	1.71	0.812
	≥7 days	0.82	0.35	1.90	0.641
Aggressor	Unknown	1.00			
	Acquaintance	1.55	0.83	2.90	0.170
	Ex or family member	4.42	1.93	10.13	0.000
	Current partner	0.63	0.21	1.92	0.413
Number	1	1.00			
	Unknown	1.31	0.33	5.11	0.702
	2 or more	0.48	0.19	1.20	0.116
Semen	No	1.00			
	Yes	1.10	0.60	2.04	0.753
	Unknown	0.21	0.05	1.00	0.051
Alcohol	No	1.00			
	Yes	1.42	0.79	2.54	0.244
Gynecological injury	No	1.00			
	Yes	1.75	1.02	3.03	0.044
Bodily injury	No	1.00			
	Yes	1.25	0.67	2.31	0.485

Table 5: Factors influencing conviction (univariable analysis)

	Modality	No conviction N=29	Conviction N=69	OR	Lower	Upper	pval
Lag (event to consultation)	<24h	12 (23%)	41 (77%)	1			
	1-7 days	8 (32%)	17 (68%)	0.62	0.22	1.79	0.379
	≥7 days	7 (41%)	10 (59%)	0.42	0.13	1.33	0.141
Age	16-22 years	7 (27%)	19 (73%)	1			
	0-15 years	10 (48%)	11 (52%)	0.41	0.12	1.37	0.146
	≥23 years	12 (24%)	39 (76%)	1.20	0.41	3.53	0.744
Place	His	10 (27%)	27 (73%)	1			
	Other	0 (0%)	4 (100%)	Inf	0.00	Inf	0.990
	Shared	4 (24%)	13 (76%)	1.20	0.32	4.57	0.786
	Her	7 (37%)	12 (63%)	0.63	0.19	2.07	0.451
	Public place	8 (38%)	13 (62%)	0.60	0.19	1.88	0.383
Aggressor	Unknown	3 (9%)	32 (91%)	1			
	Acquaintance	16 (50%)	16 (50%)	0.09	0.02	0.37	0.001
	Ex-partner/ family member	10 (38%)	16 (62%)	0.15	0.04	0.62	0.009
	Partner	0 (0%)	5 (100%)	Inf	0	Inf	0.993
Number	2 or more or unknown	3 (21%)	11 (79%)	1			
	1	26 (31%)	58 (69%)	0.61	0.16	2.37	0.473
Semen	No	17 (27%)	46 (73%)	1			
	Yes	9 (30%)	21 (70%)	0.86	0.33	2.25	0.762
	Unknown	3 (60%)	2 (40%)	0.25	0.04	1.60	0.143
Alcohol	No	19 (32%)	41 (68%)	1			
	Yes	10 (26%)	28 (74%)	1.30	0.53	3.20	0.572
Drug(s)	No	27 (31%)	61 (69%)	1			
	Yes	2 (20%)	8 (80%)	1.77	0.35	8.90	0.488
Amnesia	No	25 (30%)	57 (70%)	1			
	Yes	3 (21%)	11 (79%)	1.61	0.41	6.27	0.494
Night (midnight to 6:00 AM)	No	14 (27%)	37 (73%)	1			
	Yes	13 (30%)	31 (70%)	0.90	0.37	2.20	0.821
Penetration	Yes	26 (32%)	54 (68%)	1			
	Unknown	1 (12%)	7 (88%)	3.37	0.39	28.85	0.267
	No	2 (20%)	8 (80%)	1.93	0.38	9.72	0.427
Gynecological injury	No	15 (26%)	42 (74%)	1			
	Yes	14 (36%)	25 (64%)	0.64	0.26	1.54	0.317
Bodily injury	No	15 (45%)	18 (55%)	1			
	Yes	14 (22%)	51 (78%)	3.04	1.23	7.51	0.016

Table 6: Factors influencing conviction (multi-variable analysis)

	Modality	OR	Lower	Upper	pval
Aggressor	Unknown	1			
	Acquaintance	0.08	0.02	0.36	0.001
	Ex or family member	0.15	0.03	0.68	0.014
	Partner	Inf	0	Inf	0.993
Gynecological injury	No	1			
	Yes	0.43	0.15	1.23	0.117
Bodily injury	No	1			
	Yes	2.29	0.83	6.33	0.111