Preventing Rerape: Examination of a Rape Victim

Tamkin Khan

Associate Professor, Department of Obstetrics and Gynecology, College of Medicine, King Khalid University, Abha, Saudi Arabia
e-mail: rabbanimuin@yahoo.co.uk

ABSTRACT

It is said that the ordeal of a rape victim does not end but begins after she files a report. Her rerape continues at the hands of the media, the police, the lawyers and even the medical personnel. The least that we as responsible members of the society can do is to conduct her physical examination in a meticulous and responsible manner. At the same time, it is required that we provide therapeutic and preventive services to her. The best way to prevent further cases is proper collection of evidence in a systematic manner as this ensures that the culprit is booked.

Keywords: Rape, Sexual assault, WHO rape kit.

Painting by Iraqi artist, Mohammed Sami

INTRODUCTION

Rape—a dreaded four letter word affecting an individual's and the society's mental, emotional, spiritual, political, geographic, economic, social fabric...hard to write, talk, think, discuss and most important—prove rape.

National Crime Records Bureau in 2006, reported over 32,000 murders, 19,000 rapes, 7,500 dowry deaths and 36,500 molestation cases in India against women. New Delhi continues being the most unsafe city in India taking the top slot for rapes, dowry deaths and abductions. About 18 women are assaulted every hour across India. And, many many more cases go unreported. The reason is that as soon as a rape happens and the victim decides to report it the process of rerape begins. It is an ordeal to file a police report and participate in the investigations. Many cases never get as far as a court as convictions are not possible due to lack of evidence. Victims recount stories of apathy and humiliation even by medical personnel!

It is imperative that, as doctors and responsible members of the society, we do not become part of this rerape of a rape victim. Thus, we should all know how to examine and manage a rape victim.

Section 375 IPC defines rape as forced/coerced sexual activity in the following conditions:

By a husband on his own wife, if <15 years of age. Any other woman <16 years of age with/without consent or >16 years of age but without consent or with consent arising from fear, or given when she is unable to understand the consequences, or when given under false impression that he is her husband. Please note that complete penetration with emission of semen/rupture of hymen not essential. Rape may occur without injury or seminal stains—mention negative points but do not mention that rape has not occurred, while filing your report. Rape is a legal term not a medical condition so mention only if sexual activity has occurred or not—do not give legal conclusion.

'To see what is in front of one's nose requires
a constant struggle.'

—George Orwell

Collection of evidence may be crucial in identifying and prosecuting perpetrators so remember to do it very carefully and meticulously. We should provide these services remaining free of bias or prejudices and maintaining high ethical standards. In addition, medical and forensic services should be offered in such a way so as to minimize the number of invasive physical examinations and interviews the patient is required to undergo. Prepackaged rape kits (WHO) should be ready for forensic specimen collection containing all items usually required to collect evidence. The colposcope having a camera that allows findings to be photographed or video-taped may be used, where

available as it gives a magnified view under high intensity light. Objectives of the medical consultation not only includes examination and collection of specimen but also to provide management. The aims are as follows:

1. To search for physical signs and see, if they are consistent with the history:
   - Evidence of sexual activity.
   - Whether physical signs confirm the use of force/drugs etc.
   - Whether medical evidence confirms the allegation.
2. To search for and preserve evidence for lab confirmation.
3. To treat for STDs/HIV and prevent pregnancy.
4. Prevention and lessening of psychological damage.

Approach to the Patient

1. Request can be made by police/attendant/victim.
2. Senior most person on duty should attend and formalities of an MLC should be completed.
3. Delay can lead to loss of valuable evidence—treat them as emergencies
4. Rape patients may be hysterical or exhausted—ensure she is stable before examination.
5. Do not pressurize her to talk, being asked to tell and retell the story causes emotional trauma.
6. In severe injuries, examine under anesthesia in OT.
7. Explain the procedure.
8. Take consent, victim has a right to refuse examination—explain the implications of refusal.
9. Ensure privacy and presence of a chaperone.
10. Be empathetic and nonjudgmental, you are not supposed to give a judgment, that is the duty of the courts.
11. Do not disclose the victim's identity in public—may result in punishment up to 2 years (section 228A IPC).
12. Police personnel should not be present during examination.
13. Record findings legibly and in an unambiguous manner.

History

1. Date and time of history and examination
2. Demographic characteristics including the number of the police personnel who brought the case.
3. Medical history
4. Surgical history
5. Menstrual history—rule out risk of pregnancy/ongoing pregnancy.

History of Assault

1. Date and time of assault
2. Place of assault and surroundings
3. Description of manner of assault—degree of penetration, ejaculation in vagina or outside, use of contraceptive
4. Method of coercion used
5. Nature of the act—route
6. Postassault method of cleanup
7. Any evidence of intoxication
8. Any loss of consciousness
9. What was done to resist the attempt
10. Emotional status of patient and behavior of attendants and police toward her.

Sexual History

1. History of consensual sex up to 5 days prior to rape to rule out confusion in semen analysis
2. Previous infections
3. Contraceptives used.

Examination

Record the emotional state of the patient—a too detailed interpretation of her behavior can be prejudicial. Use good light to look for injuries.

Victim should be made to stand on a clean sheet of paper to collect any materials like—buttons, hair, mud, cloth fibers, etc. conduct 'a top to toe' examination. Photograph of any injuries, if possible after taking separate consent. Certain areas of the body (e.g. the axilla, behind the ears, in the mouth, the soles of feet) not usually examined as part of a routine medical examination are of forensic interest and must be inspected.

1. Record the color and shape of injuries—bruises , scratches, bites—over genitalia and breasts, mouth, pharynx specially any foreign material—hair/stains/ buttons/cloth piece.
2. Examine nails for broken nails and debris below nails.
3. Estimation of age should be made.
4. Age of the victim should be estimated—presence of secondary sexual characters.
5. Dental examination.
6. X-ray of bones may be required for injuries and age estimation.

Examination of Genitalia

1. Injury and stains—fresh or dried
2. Pubic hair matted or not
3. Hymen: Note width and tears
4. Tears of vagina: Specially posterior fourchette
5. P/V to rule out pregnancy
6. P/R in case of alleged rectopenile contact
7. P/O in case of alleged oral contact.

Collection of Evidence

1. Clothes worn by victim and perpetrator for stains, grass, twigs, etc. should be preserved in paper bags.
2. Reference samples of scalp and pubic hair.
3. Pubic hair combings to look for assailant's hair—if matted, cut off with scissors and preserve.
4. Finger nail scrapings of victim.
5. Vaginal pool and cervical swab to be sent for analysis.
6. Oral and rectal swabs, if required.
7. Urine for hCG.
8. X-ray long bones for age estimation and injuries.
9. Blood alcohol and toxicology samples, if needed.

Method of Collection of Vaginal Fluid Samples

1. Moisten speculum only with saline.
2. Inject 2 ml saline in vaginal vault and collect returning fluid by nonabsorbent cotton to test for sperms.
3. Make smears and test for acid phosphatase present in seminal fluid.
4. Remember to 'label, sign and seal' the samples properly.
5. A blood screening test for alcohol or drugs is not mandatory unless requested by the police.

Management

Curative: Repair of injuries

Preventive

1. Tetanus immunization.
2. Emergency contraception/prevention of pregnancy/ termination of pregnancy.
3. *Prevention of STD*: A combination of cefixime, erythromycin and metronidazole will cover gonorrhea, chlamydia, trichomonas and syphilis.
4. *Prevention of HIV*: Counseling and postexposure prophylaxis, if perpetrator status not known.
5. Hepatitis B prevention by vaccination and administration of immunoglobulin.

All services should be available in one place and in a sensitive, safe and forensically secure environment.

Follow-up

Rehabilitation—physical, psychological and social should be done to help in healing. As doctors, we can play the most important role in healing—by helping the culprit to be booked.

Prevention

The public, the police, the doctors, the media, the victims themselves all have to work together to end this crime.

BIBLIOGRAPHY

1. Guidelines for medicolegal care of victims of sexual violence, WHO 2003.
2. Sexual assault, ACOG Committee Opinion 2011 Aug, No. 499.
3. Available from: http://www.thepeoplesvoice.org/TPV3/index.php:Broken Wings no more by Layla Anwar.