

**EFFECTIVE HANDLING OF SURVIVORS OF RAPE–
THE FIRST MEDICAL EXAMINATION, EVIDENCE COLLECTION AND
PSYCHOLOGICAL SUPPORT**

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WHAT IS RAPE

Rape is a forced violent sexual penetration against the survivor's will and consent.

WHAT IS RAPE TRAUMA SYNDROME

The acute phase of the rape-trauma syndrome experienced by every rape survivor may include emotional reactions such as embarrassment, fear, humiliation, anger, self-blame, and multiple physical symptoms including genitourinary discomfort, gastrointestinal irritability, muscle tension, and sleep disturbances. The long-term phase may include changes in lifestyle, residence, and dealing with repetitive nightmares, fears, and phobias.

DEALING WITH RAPE SURVIVORS – FIRST MEDICAL EXAMINATION

- **Patient Identification**

- a. What is the patient's name?
- b. What is the patient's age and sex?
- c. What is the patient's family and living situation, (parents, siblings, married, joint family etc)?

- **Chief Complaint**

In one to three words, what is the main symptom that prompted the patient to seek medical attention? Use direct quotes to document the chief complaint. Some investigation may be needed to determine the symptom that prompted the patient to come to the ER. When the patient, or other, gives a lengthy monologue, a part of the whole is quoted.

- **History of Present Illness**

1. Where is the assailant?
2. When did the assault take place?
3. Are any physical injuries present?
 - a. Where are the injuries?
 - b. Is bleeding present?
 - c. Was a weapon used?
 - d. What body orifices were penetrated?
 - e. Were any foreign objects used?
 - f. What sexual acts were performed?
4. Is the patient able to function normally since the assault?
 - a. Is neurovascular function normal distal to all injuries?
 - b. Is the patient able to use the injured areas normally?
 - c. Has the patient showered or urinated since the assault?
 - d. Has the patient had consensual sex within the past 72 hours?
5. Does the patient have any pertinent past history of abuse or rape?
6. Does the patient take any routine medications?
7. If the patient is female and between the ages of 12 to 50 years, when was the first day of her last menstrual period?

- **Initial Assessments and Interventions**

1. The first priority is to place the survivor of violence in a safe environment. A secure private waiting area is more appropriate than an exam room.
2. Instruct the patient not to urinate, defecate, change clothes, or rinse the mouth until after the exam. Evidence is lost when the area of penetration is washed, rinsed, or wiped.
3. Ask the patient not to eat or drink until the examination is completed.
4. Inform the patient that clothes worn during the rape are collected as evidence and determine what the patient will wear home.
5. Notify the appropriate law enforcement and support agencies.
6. Let the patient know you will be available to testify about the collection of the evidence and that your job is to collect the evidence in a manner to make it acceptable in court. Obtain the patient's permission to conduct the examination. Explain that the evidence collection process is detailed and time consuming.

The following table shows examples of evidence collection for the male and female sexual assault survivor.

Generic Example of Legal Evidence Collection for Male and Female Survivors of Sexual Assault	
Evidence	Method of Collection
Clothing	Place each piece of clothing in a separate bag. Clothes are not usually collected if they were not worn at the time of the rape.
Fingernail scraping	Collect if indicated. Hold each hand over a piece of paper and use a wooden stick to scrap under the nail.
Genitalia	Examine under suitable lighting. Collect dried material and matted hair that glows.
Oral Cavity	Swab the oral cavity if penetration occurred within the past 6 hours.
Penis	Collect dried secretions using two swabs, one from the urethral meatus and one from the glans and shaft. Examine the penis for injury.
Pubic Hair	Comb pubic hair. The comb, the collected debris, and any combed out hair are placed in an envelope for evidence.
Rectum	Collect dried secretions using two sets of swabs and dry mounted slides.

Skin	Scan the body with a Wood's lamp and collect dried and moist secretions using cotton-tipped swabs. When dried secretions are collected using a moistened swab, a control sample should be taken from the same area where there are no secretions.
Vagina	Anticipate three separate sets of swabs and slides from the vaginal pool, one wet-prep and two dry-mounts. Drying of swabs and slides before placing in evidence envelopes preserves the genetic markers.

- **Ongoing Evaluations and Interventions**

1. Monitor vitals signs.
2. Monitor the patient's emotional state and effectiveness of coping mechanisms.
3. Keep the patient, family, and caregivers well informed of the plan of care and the remaining time anticipated before disposition.
4. Monitor the patient's medical test results. Results are needed to determine what antibiotics and medications to use.

- **Discharge Instructions**

1. Provide the patient with the name of the nurse and doctor in the emergency room.
2. Teach the patient how to take the medication as prescribed and how to manage the common side effects. Instruct the patient not to drive or perform any dangerous tasks while taking narcotic pain medications.
3. Inform the patient that medical personnel testify about the evidence and do not represent either side in court.
5. Recommend a psychiatrist or psychologist for counseling sessions; emphasize the importance of these sessions for the survivor as well as the family.
6. For sexual assault survivors: Recommend a gynecologist for follow-up care. Established physicians specializing in follow-up for rape may be included in the referrals provided by the support team.
7. Instruct the patient to return to the hospital or go directly to the emergency room if any unusual symptoms develop. Encourage the patient NOT to IGNORE WORSENING OR PERSISTENT SYMPTOMS.
8. **Ask for verbal confirmation or demonstration of understanding and reinforce teaching as needed.**

MEDICAL EXAMINATION AND EVIDENCE COLLECTION FROM SEXUAL ASSAULT SURVIVOR

- Examinations must be done **ONCE ONLY** in a private room that is warm and comfortable. A third person, preferably the mother, guardian or a nurse should always be present.
- Knowledge of the normal appearance of the genitalia and anus of young children is necessary to recognize the subtle abnormal signs in the sexually abused child.

Step 1**Oral swab**

- Fold up the box provided in kit
- Swab between the gums and cheeks and under the tongue
- Insert swabs in the slots within the box
- Seal box with bar-coded label

Step 2**Clothing (collect clothing as per instruction pamphlet in clothing collection kit)**

If assisting the patient to undress, wear gloves.

- Let the patient undress on a clean sheet or collection paper (not on to the floor)
- The patient must remove his / her shoes first; place each article of clothing in a separate heap
- Place each piece of clothing and collection paper in separate paper bags (dry clothing before packaging).

Step 3**Evidence on patient's body**

- Collect hair combings on catch paper
- Obtain pulled reference head hair (approximately 10) on catch paper
- Collect biological materials from the nails (orange sticks)
- Dry secretions on skin (swab moistened with distilled water)

Foreign debris on body

- Matted hair – cut matted hair specimen and place in catch paper
- Foreign debris

Step 4**Do the HEAD TO TOE ASSESSMENT at this stage**

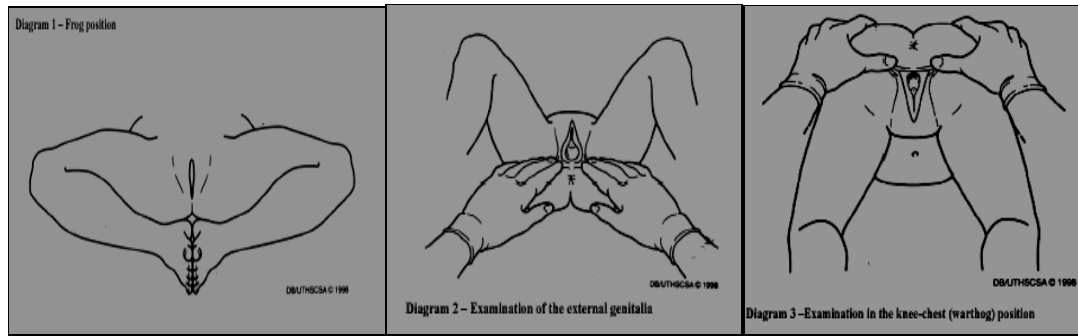
- Examine the entire body for signs of trauma, especially the hidden areas
- Use annotated diagrams and body maps to depict the injuries; photograph the injuries if possible (use a ruler and number tag)
- Describe the features of any injuries observed
- Take swabs of bite marks and breast / nipples

Pubic hair combings and reference pubic hair

- If hair is matted cut matted hair specimen and place in catch paper
- Place collection paper under patient's buttocks
- Comb hair towards paper
- Fold up the collection paper containing pubic hair specimen
- Obtain reference hairs (approximately 10) from pubic region (use fingers to collect hair)

Steps 5 and 6 - GENITAL AND ANAL EXAMINATIONS:

- Frog position; i.e. child supine, knees apart, feet together. A small child can be examined on an adult's lap (see diagram 1)
- Warthog position (knee – chest position) – (see diagram 3)



Step 5

Anal examination and evidence collection

- To identify and record any trauma and obtain biological material for DNA analysis that may help to identify the suspect/perpetrator. The anus must be examined in all cases of sexual abuse. The examination may be done with the patient in the knee-chest position or in the left lateral position.
- Note injuries (lacerations, haematomas or scars) using the clock face notation to record injuries
- The only absolute indicator of anal abuse is laceration or healed scar extending beyond the anal mucosa onto the peri-anal skin in the absence of a reasonable alternative explanation e.g. major trauma. Scars are seen in only a small proportion (less than 10%) of children with positive anal findings.
- Collect peri-anal and rectal swabs.

Step 6

Genital examination and evidence collection

- To perform a thorough examination to identify and record any trauma and obtain biological material for DNA analysis that may help to identify the suspect / perpetrator

INSPECTION, SEPARATION AND TRACTION

INSPECTION

- Assess development
- Collect pubic hair specimens if not already done (step 4)
- Collect external swab from labia and clitoral region
 - Inspect the external genitalia for bruises, swelling, lacerations, burns, scars, warts and vesicles.

Use the acronym 'TEARS'

T = tenderness

E = ecchymosis (bruising)

A = abrasions

R = redness

S = swelling

- Document injuries using the clock face notation and size.

SEPARATION

Examine

- The crease / trough between the labia majora and minora
- Clitoris and hood / prepuce
- Urethra
- Hymen injuries (posterior or lower half)

Congenital absence of the hymen has not been documented in the literature; therefore an absent or rudimentary hymen usually indicates previous penetration

- Posterior fourchette (common site for injury)

TRACTION

NB: DO NOT USE TRACTION IN CHILDREN UNDER THE AGE OF 1 YEAR

- Gently separate the labia majora by placing the thumbs lateral to the labia majora. By pulling sideways and downwards, the labia minora, clitoris, hymen and urethra will come into view.
- Check for injuries; document injuries using the clock face notation

NB: TINE EVALUATION IN PREPUBESCENT CHILD

- T - thickening
- I - Irregularity of posterior edge
- N - narrowing of the rim
- E - exposure of posterior vaginal vault.

SPECULUM EXAMINATION

NB: NO SPECULUM EXAMINATION IN PREPUBESCENT CHILDREN

Use toluidine blue dye to visualize minor or microscopic injuries

- Paint toluidine blue dye on vulval area only (avoid the vaginal mucosa)
- Use dilute acetic acid to remove excess dye (injured areas retain a deep blue colour)
- View with magnifying glass (or colposcope if available) to visualise injuries:

Collect 1 swab from

- the deep vaginal area (posterior fornix)
- the cervical os

NB: A white vaginal discharge may be present at the peri-pubertal stage as a result of oestrogenisation of the vagina.

Hymen examination

Check for injuries (bruises, abrasions and lacerations)

- Insert a Foley catheter, inflate the bulb with a small amount of air and withdraw slightly so that hymenal tissue can be visualized; document any injuries observed using the clock face notation. Deflate the bulb and remove the catheter at the conclusion of the examination
- Document injuries using the clock notation

NB: The oestrogenized hymen becomes more elastic

PRESERVATION OF EVIDENCE

Hospital emergency departments are regularly in contact with essential evidence in criminal cases. The most common types of evidence are clothing, bullets, bloodstains, hairs, fibers, and small pieces of material such as fragments of metal, glass, paint, and wood.

Physical Evidence

Trace and physical evidence are concerns of the criminalist (crime laboratory examiner) and are used to establish the facts of a crime. If, however, proper precautions are not taken to ensure an unaltered condition when collecting specimens, the forensic examination is compromised. When emergency department staff treats crime survivors, forensic evidence is often lost because medical personnel are not aware of its presence or potential value. Problems in gathering evidence in the emergency department, surgical suite, or any department in the hospital are not restricted to the failure to recognize or collect forensic evidence; often, there is failure to properly preserve fragile or perishable evidence. Documentation must reflect the accurate identification, description, and security of medico legal evidence.

Processing of Clothing

It is imperative that doctors in the clinical environment be taught to recognize and preserve vital fragments of trace evidence by careful handling of the patient's clothing and personal property. This is one of the most important actions

doctors provide to aid the investigation process. Clothing worn at the time of the incident may contain trace evidence useful in linking the survivor with the assailant or crime scene.

Observation

Careful examination of defects in clothes can be compared to wounds of the survivor, and often clothes provide insight as to the type of weapon or wounding instrument used. Clothing should be checked for blood, semen, gunshot residue, or trace materials such as hair or fibers: document, diagram, photograph, collect, and preserve. The clothing may contain fragments from the assailant. If the assailant was injured, his or her blood may be on the survivor's clothing. Garments from automobile/pedestrian accidents may display tire impressions or conceal trace evidence such as paint chips or broken glass that could identify the vehicle that struck the survivor. Laundry markings may offer a clue to identification or origin of an unknown, unconscious, near-death or deceased individual. Special attention should be given to the examination and security of clothing from a gunshot survivor. Gunshot residues surrounding bullet holes in the clothes may determine the distance of the firearm from the survivor at the time of firing (range of fire).

Documentation

Documentation of the condition of the patient's clothing should be carefully noted. Color, type, unusual markings, and tears or other damages should be recorded. Occasionally, fibers or foreign debris from the crime scene on the survivor's clothing may be transferred to the vehicle or assailant. Clothing is often the first circumstantial evidence that may help to identify a missing person or corroborate an eyewitness statement.

Removal

Clothing should be carefully removed to protect any foreign fragments adhering to them. Do not shake the clothes. Clothing is frequently cut away during resuscitation attempts and is subject to loss of both the article itself and/or evidentiary materials. The cutting of clothing is unavoidable in many life-threatening situations and is necessary to provide immediate access to treatment sites. When this occurs, try to avoid cutting through tears, rips, and holes that may have resulted from the weapon or the assault. Clothing should never be discarded or thrown on the floor, as this can result in cross-contamination of trace evidence with debris from the treatment environment. Because of time constraints during lifesaving intervention, a clean, white sheet can be placed on an empty trauma table, or on the floor in the corner of the room for clothing to be placed until time permits for effective packaging. If a survivor can remove his or her clothes, this should be done standing on a clean sheet or a large sheet of paper. This will collect any microscopic evidence that may become dislodged during removal. The sheet must be placed in a separate paper bag for transfer to the crime laboratory.

Preservation

If possible, clothing should be hung up to dry in a secure area if moist. Police should be told if clothing they are to retrieve is in a damp condition. Clean white paper should be placed over stains to avoid cross-contamination. Each item of clothing should be stored in separate paper, not plastic, bags. Plastic bags are inappropriate because there is a tendency for condensation to accumulate, resulting in a degradation of the integrity of the evidence. Each bag should be sealed and clearly marked with the date, time, and signature or initials of the individual doing the sealing. Fortunately, a hospital is an excellent place to find all manners of containers (bags, bottles, boxes, and tubes) for properly storing evidence.

PSYCHOLOGICAL ASSESSMENT

Rape presents psychological and social problems for the survivors, who must handle their own feelings as well as face the often negative reactions (e.g., judgmental, derisive) of friends, family, and officials. Patients should be viewed as undergoing posttraumatic stress disorder which typically has an acute phase lasting a few days to a few weeks, followed by a long-term process of reorganization and recovery. Common intermediate reactions are fear and anger; patients' outward responses range from talkativeness, tenseness, crying, and trembling to shock and disbelief, with dispassion, quiescence, and smiling. The latter responses rarely indicate lack of concern; rather, they may be avoidance reactions

or may reflect physical exhaustion or coping styles that require control of emotion. Usually, patients are severely frightened and embarrassed and feel degraded. The anger felt by many survivors may be displaced onto hospital staff members, who should be aware of this process and not be troubled by it.

RAPE TRAUMA SYNDROME

Immediate reactions after a rape may vary. Some survivors remain controlled, numb, in shock, denial disbelief. They present a flat affect, quiet, reserved, and have difficulties expressing themselves. Other survivors respond quite differently - being very expressive and verbalizing feelings of sadness or anger. They may appear distraught or anxious and may even express rage or hostility against the medical staff attempting to care for them.

Various factors may aid or inhibit the survivor's ability to resolve the issues associated by the rape. Positive feelings of self-esteem, good support systems, previous success in dealing with crisis and economic security all enhance her ability to heal. Survivors who can minimize, (deal with one small segment of the problem at a time) often find success. Certainly survivors moved to action gain confidence as they implement decisions. But survivors who suffer with chronic stress, lack of support systems and prior victimization struggle less successfully to resolve their issues. Negative self-esteem often hinders their progress and paralyzes their efforts. These survivors often use maladaptive methods to deal with their stress. These factors hamper their ability to resolve the issues of the rape and move beyond it.

Rape survivors can suffer a significant degree of physical and emotional trauma during the rape, immediately following the rape and over a considerable time period after the rape. A study of rape survivors has identified a three-stage process, or syndrome, that occurs as a result of forcible rape or attempted forcible rape. This syndrome is an acute stress reaction to a life-threatening situation that can last from two years to a lifetime. The acute phase begins immediately and lasts up to several days after the attack. The survivor feels violated and fearful and may be depressed—even suicidal. The survivor struggles with feelings of loss of control and may note changes in appetite, sleep habits or social functions. Survivors may note change in their sexual patterns at this time.

DEALING WITH PSYCHOLOGICAL TRAUMA

Overall, the psychosocial aspects are the most potentially damaging and require sophisticated management. Treating patients with respect, ensuring that they are not left alone, assuring them that they are safe, demonstrating understanding and empathy, and explaining in detail how the evaluation will proceed are very important. An unhurried, nonjudgmental, willing-to-listen attitude in the examiner is therapeutic. Because patients are traumatized and may be embarrassed by disclosing details, they often omit important data. Therefore, specific details of the assailant's aggression, threats, and violent behavior and of the sex acts committed must be elicited with careful questioning. Acknowledging that the questions may be embarrassing or may exacerbate the patient's fears can show empathy. Properly done, such a potentially distressing interview may begin the therapeutic process.

PSYCHOLOGICAL AND FOLLOW-UP CARE FOR SURVIVORS

- Each survivor has undergone an extremely traumatic and disturbing experience, therefore its effects must not be underestimated. The survivor's trust must be gained through polite and respectful treatment; making sure the survivors discomfort with the examination is lessened to the greatest degree possible.

- The survivors are usually from impoverished, uneducated backgrounds, therefore the doctors must try to appease their concerns and explain to them as clearly as possible what the examination will entail and its importance for their legal proceedings.
- Adolescent and young survivors must be dealt with accordingly, keeping in mind their mental and physical development.
- Survivors after the examination must be referred to a psychologist (or psychiatrist) who can provide them with emotional support that they need. In order to facilitate the rehabilitation for rape survivors, they must be made aware of their need to speak with a therapist and given follow-up appointments after the initial medical examination. Survivors of rape go through various stages of trauma and emotional reactions; therefore they are in serious need of psychological support from a professional.
- The system of follow-up must include a visit to the gynaecologist at the hospital, in order to ensure that the survivor's health needs have been fully addressed. Infections, diseases or pregnancy, may arise after a certain time period, and the survivors must be made aware of the help they can receive for these conditions.
- Each survivor must be given reassurance and equipped with knowledge on how to handle the physical and psychological consequences of rape, basic instructions on how to handle resulting infections, or changes in diet, menstruation, or other bodily functions, can greatly lessen the trauma that survivor goes through. Educating the survivors or their guardians on how to deal with these situations and what to expect from their bodies, how to tackle it and live with it, will help them feel empowered and eventually see themselves as survivors rather than victims.

CONCLUSION

Survivors of rape have undergone an extremely traumatic experience and from the moment they decide to register an FIR and file a legal case against the assailant they are treading down an extremely difficult and challenging road. The first medical examination must ensure that the survivor's immediate physical and psychological needs are noted and addressed. Complications such as infections, sexually transmitted diseases, pregnancy may arise after a certain period that is why a follow-up session with each survivor is **ESSENTIAL**. The survivors and their families must be made to realize the importance of medical care following rape in order to ensure that their healing process is facilitated and no permanent or damaging physical consequences remain. Each survivor must be dealt with kindness and compassion and it is important to inform them about the specifics of the medical examination and its importance for their health as well as for legal proceedings against the assailant. Uneducated and poverty-stricken survivors have their individual concerns and insecurities. The examining doctors as well as the psychologists must address these concerns and minimize the survivors' uneasiness and discomfort.
