ISSN: 2319-6505

Available Online at http://journalijcar.org

International Journal of Current Advanced Research
Vol 5, Issue 5, pp 959-963, May 2016

International Journal of Current Advanced Research

ISSN: 2319 - 6475

RESEARCH ARTICLE

CARE OF PATIENT WITH SEXUAL ASSAULT IN HEALTHCARE SETTINGS IN INDIA: A SYSTEMATIC REVIEW

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A R T I C L E I N F O

Article History:

Received 26th February, 2016
Received in revised form 17th March, 2016
Accepted 25th April, 2016
Published online 28th May, 2016

Key words:

Sexual Assault, Healthcare, Empathy.

A B S T R A C T

In India, rape is the fastest growing crime and reports indicate that rape of women and young girls in India has increased considerably especially in recent years. According to the National Crime Records Bureau in India (NCRB), there has been a startling increase of 873.3 percent in the number of rape cases registered in India from 1971 to 2011.The aim of this study was to study the existing guidelines and systematic review of various studies related to care of patient with sexual assault in healthcare so as to determine various pitfalls associated with implementation in the country in the light of observation made.

Material and Methods A systematic review of various studies related to care of patient with sexual assault in healthcare was performed with certain inclusion and exclusion criteria.

Conclusion At the heart of sexual violence directed against women is gender inequality. In many countries, data on most aspects of sexual violence are lacking, and there is a great need everywhere for research on all aspects of sexual violence.

INTRODUCTION

Sexual violence occurs throughout the world. Although in most countries there has been little research conducted on the problem, available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner, and up to one-third of adolescent girls report their first sexual experience as being forced. Sexual violence has a profound impact on physical and mental health. As well as causing physical injury, it is associated with an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences. Its impact on mental health can be as serious as its physical impact, and may be equally long lasting. Deaths following sexual violence may be as a result of suicide, HIV infection or murder – the latter occurring either during a sexual assault or subsequently, as a murder of ‘‘honour’’. Sexual violence can also profoundly affect the social wellbeing of victims; individuals may be stigmatized and ostracized by their families and others as a consequence [1, 2].

The World Health Organisation (WHO) defines Sexual Violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments/ advances and acts to traffic, or otherwise directed against a person's sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim in any setting, including but not limited to home and work."

Sexual assault, a form of sexual violence, is a term often used synonymously with rape. However, sexual assault could include anything from touching another person's body in a sexual way without the person's consent to forced sexual intercourse --- oral and anal sexual acts, child molestation, fondling and attempted rape [3-6]. Forms of Sexual Violence include [7, 8]:

- Coerced/forced sex in marriage or live in relationships or dating relationships.
- Rape by strangers.
- Systematic rape during armed conflict, sexual slavery.
- Unwanted sexual advances or sexual harassment.
- Sexual abuse of children.
- Sexual abuse of people with mental and physical disabilities.
- Forced prostitution and trafficking for the purpose of sexual exploitation.
- Child and forced marriage.
- Denial ofthe rightto use contraception orto adoptother measures to protectagainstSTIs.
- Forced abortion and forced sterilization.
- Female genital cutting.
- Inspections for virginity.
- Forced exposure to pornography.
- Forcibly disrobing and parading naked any person.

Sexual Assault in India [9, 10]

In India, rape is the fastest growing crime and reports indicate that rape of women and young girls in India has increased considerably especially in recent years. According to the National Crime Records Bureau in India (NCRB), there has

been a startling increase of 873.3 percent in the number of rape cases registered in India from 1971 to 2011. However, experts claim that the actual number of instances of rape is far from being recorded since the unreported number of cases is extremely high. Rape remains as one of the highly underreported crimes of the world due to various reasons such as fear of retribution from their abusers, lack of remedies for the victims' situation, fear of skepticism and societal stigmatization.

The Guidelines and Examinations Performa for Medico Legal Cases of victims of sexual violence, being brought out under the auspices of the Ministry Of Health and Family Welfare, Government of India in 2015. With the publication of this compact document a long felt need to bring about a certain degree of uniformity in approaching, treating and documenting cases of sexual violence, mainly against women and girls should get fulfilled [10].

Aim and Objectives

- To study the existing guidelines and standards related to Sexual Violence in healthcare in the country.
- To develop the planning parameter in the light of observation made in various guidelines.

MATERIALS AND METHODS

- A systematic review of various studies related to laws related to management of sexual violence in healthcare was performed.
- Certain exclusion and inclusion criteria were framed to select the articles for the study.
- Guidelines available on the subject and the search material were studied and analyzed.

DISCUSSION [10-17]

The right to health care requires the state to ensure that appropriate physical and mental health services are available without discrimination and are accessible, acceptable and of good quality. This includes medical treatment for physical injuries, prophylaxis and testing for sexually transmitted infections, emergency contraception, and psychosocial support. Recognizing the right of all persons to health, health care workers must obtain informed consent of the survivors/victims of sexual violence prior to conducting medical examinations or initiating medico-legal investigations all medico-legal examinations and procedures must respect the privacy and dignity of the survivor. To realize the right to health care of survivors/victims, health professionals must be trained to respond appropriately to their needs, in a sensitive and non-discriminatory manner respectful of the privacy, dignity and autonomy of each survivor. Health workers cannot refuse treatment or discriminate on the basis of gender, sexual orientation, disability, caste, religion, tribe, language, marital status, occupation, political belief, or other status. Refusal of medical care to survivors/victims of sexual violence and acid attack amounts to an offence under Section 166B of the Indian Penal Code read with Section 357C of the Code of Criminal Procedure.

The protocol and guidelines recognize the role of health sector in strengthening legal frameworks, developing comprehensive and multi-sectoral national strategies for preventing and eliminating all forms of sexual violence. Through these, the Ministry of Health and Family Welfare proposes to provide clear directives to all health facilities to ensure that all survivors of all forms of sexual violence, rape and incest, including people that face marginalization based on disability, sexual orientation, caste, religion, class, have immediate access to health care services that includes immediate and follow up treatment, post rape care including emergency contraception, post exposure prophylaxis for HIV prevention and access to safe abortion services, police protection, emergency shelter, documentation of cases, forensic services and referrals for legal aid and other services. It recognizes the need to create an enabling environment for survivors/victims where they can speak out about abuse without fear of being blamed, where they can receive empathetic support in their struggle for justice and rebuild their lives after the assault.

The Protocol and Guidelines Aim to Achieve the Following

- Operationalize informed consent and respect autonomy of survivors in making decisions about examination, treatment and police intimation.
- Specific guidance on dealing with persons from marginalised groups such persons with disabilities, sex workers, LGBT persons, children, persons facing caste, class or religion based discrimination.
- Ensure gender sensitivity in the entire procedure by disallowing any mention of past sexual practices through comments on size of vaginal introitus, elasticity of vagina or anus.
- Evidence collection based on science and history, with specific guidance for taking relevant samples and preservation of evidence.
- Lay down Standard Treatment protocols for managing health consequences of sexual violence.
- Lay down Guidelines for provision of first line psychological support

Guidelines for Examination

Even though the examination of a lesbian, gay or bisexual individual is not physically any different from that of a heterosexual person, a doctor should be especially sensitive to the former group's anxieties and concerns when it comes to such examinations.

- There should be no judgment on the person's sexual orientation in general or as a cause of the assault.
- Confidentiality of their sexual orientation should be maintained. One should not discuss or mention it to the other staff members unless needed for treatment reasons.
- The health professional should not express shock, wonder, or any other negative emotions when a person reveals their sexual orientation. The speech and behaviour of the health professional should remain inclusive.
- Old injuries or fact that a person is 'habituated to anal sex' should NOT be recorded.
- Treatment should NOT be denied to any person based on/due to their sexual orientation
- While the principles of medical examination and treatment for children remains the same as that for

adults, it is important to keep some specific guidelines in mind:

- In case the child is under 12 years of age, consent for examination needs to be sought from the parent or guardian.
- Children may be accompanied by the abuser when they come for medical treatment, so be aware and screen when you suspect abuse.
- In such situations, a female person appointed by the head of the hospital/institution may be called in to be present during the examination.

Every hospital must have a Standard Operating Procedure (SOP) for management of cases of sexual violence:

- To provide comprehensive services.
- For the smooth handling of the cases and clarity of roles of each staff.
- To have uniform practice across all doctors in the hospital.

Role of the Health Facility and Components of Comprehensive Health Care

Health professionals play a dual role in responding to the survivors of sexual assault. The first is to provide the required medical treatment and psychological support. The second is to assist survivors in their medico-legal proceedings by collecting evidence and ensuring a good quality documentation. After making an assessment regarding the severity of sexual violence, the first responsibility of the doctor is to provide medical treatment and attend to the survivor's needs. While doing so it is pertinent to remember that the sites of treatment would also be examined for evidence collection later. Section 164 (A) of the Criminal Procedure Code lays out following legal obligations of the health worker in cases of sexual violence:

- Examination of a case of rape shall be conducted by a registered medical practitioner (RMP) employed in a hospital run by the government or a local authority and in the absence of such a practitioner, by any other RMP.
- Examination to be conducted without delay and a reasoned report to be prepared by the RMP.
- Record consent obtained specifically for this examination.
- Exact time of start and close of examination to be recorded.
- RMP to forward report without delay to Investigating Officer (IO), and in turn IO to Magistrate.

The Criminal Law Amendment Act 2013, in Section 357C Cr.PC says that both private and public health professionals are obligated to provide treatment. Denial of treatment of rape survivors is punishable under Section 166 B IPC with imprisonment for a term which may extend to one year or with fine or with both. Health professionals need to respond comprehensively to the needs of survivors.

The Components of a Comprehensive Response Include

- Providing necessary medical support to the survivor of sexual violence.
- Establishing a uniform method of examination and evidence collection by following the protocols. [in the Sexual Assault Forensic Evidence (SAFE) kit] [The contents of the kit are listed under Operational Issues (Page No.20)]
- Informed consent for examination, evidence collection and informing the police.
- First contact psychological support and validation.
- Maintaining a clear and fool-proof chain of custody of medical evidence collected.
- Referring to appropriate agencies for further assistance (eg. Legal support services, shelter services, etc).

Components of Comprehensive Health Care

The SOP must be printed and available to all staff of the hospital.

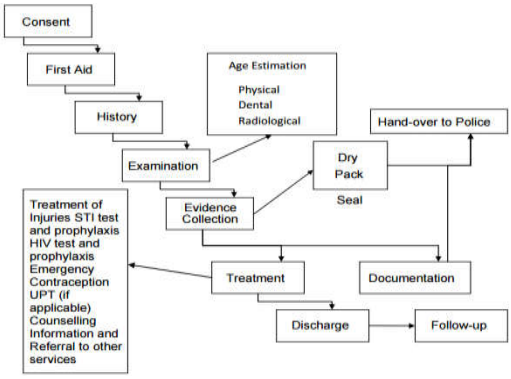

Figure 1

- Any registered medical practitioner can conduct the examination and it is not mandatory for a gynaecologist to examine such a case. In case of a girl or woman, every possible effort should be made to find a female doctor but absence of availability of lady doctor should not deny or delay the treatment and examination. In case a female doctor is not available for the examination of a female survivor, a male doctor should conduct the examination in the presence of a female attendant. In case of a minor/person with disability, his/her parent/guardian/any other person with whom the survivor is comfortable may be present.
- In the case of a transgender/intersex person, the survivor should be given a choice as to whether she/he wants to be examined by a female doctor, or a male doctor. In case a female doctor is not available, a male doctor may conduct the examination in the presence of a female attendant.
- Police personnel must not be allowed in the examination room during the consultation with the survivor. If the survivor requests, her relative may be present while the examination is done.
- There must be no delay in conducting an examination and collecting evidence.
- Providing treatment and necessary medical investigations is the prime responsibility of the examining doctor. Admission, evidence collection or filing a police complaint is not mandatory for providing treatment.
- The history taking & examination should be carried out in complete privacy in the special room set up in the hospital for examination of sexual violence survivor.

The room should have adequate space, sufficient lighting, a comfortable examination table, all the equipment required for

a thorough examination, and the sexual assault forensic evidence (SAFE) kit containing the following items for collecting and preserving physical evidence following a sexual violence:

Table 1 Equipment Required for Sexual Assault Forensic Evidence (SAFE) Kit

Forms for documentation	Labels
Large sheet of paper to undress over	Lac(sealing wax) Stick for sealing
Paper bags for clothing collection	Clean clothing, shower/hygiene items for survivors use after the examination
Catchment Paper	Forms for documentation
Sterile cotton swabs and swab guards for biological evidence collection	Large sheet of paper to undress over
Comb • Nail Cutter	Paper bags for clothing collection
Wooden stick for finger nail scrapings	
Small scissors	Syringes and needle for drawing blood
Urine sample container	Distilled water
Tubes/ vials/ vaccutainers for blood samples [Ethylenediaminetetraacetic acid (EDTA), Plain, Sodium fluoride]	Disposable gloves
Envelopes or boxes for individual evidence samples	Glass slides

Sexual violence has generally been a neglected area of research in most parts of the world, yet the evidence suggests that it is a public health problem of substantial proportions. Much more needs to be done both to understand the phenomenon and to prevent it. The lack of an agreed definition of sexual violence and the paucity of data describing the nature and extent of the problem worldwide have contributed to its lack of visibility on the agendas of policy-makers and donors. There is a need for substantial further research on almost every aspect of sexual violence, including: The incidence and prevalence of sexual violence in a range of settings, using a standard research tool for measuring sexual coercion;

- The risk factors for being a victim or a perpetrator of sexual violence;
- The health and social consequences of different forms of sexual violence;
- The factors influencing recovery of health following a sexual assault;
- The social contexts of different forms of sexual violence, including sexual trafficking, and the relationships between sexual violence and other forms of violence.

Addressing sexual abuse within the health sector Sexual violence against patients in the health sector exists in many places, but is not usually acknowledged as a problem. Various steps need to be taken to overcome this denial and to confront the problem, including the following:

- Incorporating topics pertaining to gender and sexual violence, including ethical considerations relevant to the medical profession, in the curricula for basic and postgraduate training of physicians, nurses and other health workers;
- Actively seeking ways to identify and investigate possible cases of abuse of patients within health institutions;
- Utilizing international bodies of the medical and nursing professions, and nongovernmental organizations (including women's organizations) to monitor and compile evidence of abuse and campaign for action on the part of governments and health services;
- Establishing proper codes of practice and complaints procedures, and strict disciplinary procedures for health workers who abuse patients in health care settings.

CONCLUSION

Sexual violence is a common and serious public health problem affecting millions of people each year throughout the world. It is driven by many factors operating in a range of social, cultural and economic contexts. At the heart of sexual violence directed against women is gender inequality. In many countries, data on most aspects of sexual violence are lacking, and there is a great need everywhere for research on all aspects of sexual violence. Of equal importance are interventions. These are of various types, but the essential ones concern the primary prevention of sexual violence, targeting both women and men, interventions supporting the victims of sexual assault, measures to make it more likely that perpetrators of rape will be caught and punished, and strategies for changing social norms and raising the status of women. It is vital to develop interventions for resource-poor settings and rigorously to evaluate programmes in both industrialized and developing countries.

Health professionals have a large role to play in supporting the victims of sexual assault – medically and psychologically – and collecting evidence to assist prosecutions. The health sector is considerably more effective in countries where there are protocols and guidelines for managing cases and collecting evidence, where staffs are well-trained and where there is good collaboration with the judicial system. Ultimately, the strong commitment and involvement of governments and civil society, along with a coordinated response across a range of sectors, are required to end sexual violence.

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