

## A Cross Sectional Study on the Knowledge of U.G., Intern, P.G. and Faculty Regarding Current Law and Guidelines of Sexual Assault Victim Examination

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**ABSTRACT:** *With the current scenario of various guideline and laws for sexual assault victim examination particularly after the CLA-2013, it is mandatory for the entire medical practitioner to know the updated laws to safe guard themselves. A cross-sectional study was done during a conference proceeding through a set of questionnaires to the participants (UG, PG, Intern, and Faculty) mainly targeting current guidelines and protocols for managing the sexual assault victim and response of health care provider to such cases. The result came out as mixed bag. There was clear discussion made after the pre-test followed by a post-test where almost all participants made the correct answer with proper understanding of the practical scenario. Such types of more interactive workshop are to be arranged in future to enlighten the medical practitioner for the current laws and guidelines so that there may not be any medico-legal problem.*

**KEYWORDS:** *CLA-2013, Health care response, POCSO, Sexual assault, victim examination.*

### I. INTRODUCTION

While women and girls, men and boys and a transgender can be victims of sexual assault, large majority cases are directed against women and girls. Victims of violence can suffer sexual and reproductive health consequences, including forced and unwanted pregnancies, unsafe abortions, traumatic fistula, sexually transmitted infections including HIV and even death. Worldwide, one in three women experience physical or sexual abuse in her lifetime and because of stigma and other social factors, it is under-reported in every context. [1]

In many cases health system becomes the first only contact point for victim/ survivor of sexual assault. There are four important things that a health care provider can do about sexual

violence and these are routine screening for violence in the emergency department and in all other departments to identify women experiencing violence or abuse; support women who disclose violence or abuse; linkage with other service providers; and referral to police, legal services and victim compensation, shelter homes etc.[2]

Survivors of sexual violence should receive all services completely free of cost. This includes OPD/inpatient registration, lab and radiology investigations, Urine Pregnancy Test (UPT) and medicines. The doctor must label the case papers for any sexual violence case as "free" so that free treatment is ensured. Medicines should be prescribed from those available in the hospital. As per the law, the hospital/ examining doctor is required/duty bound to inform the police about the

sexual offence. However, if the survivor does not wish to participate in the police investigation, it should not result in denial of treatment for sexual violence.[3]

**MATERIAL AND METHOD**

A set of prepared questionnaire based on knowledge of sexual victim examination was put in front of the delegates (50 no) in a Conference proceedings. All the questions were in the form of true or false and yes or no type. The delegates comprised of UG, PG, Intern and Faculty. After pre-test the questions were collected and the matters were discussed followed by a post-test of the same question set. The results were documented with percentage of correct or wrong answers and arranged in a tabulated form for further discussions of the results. We made the following categories of questions depending on the approximate correct response by the participants.

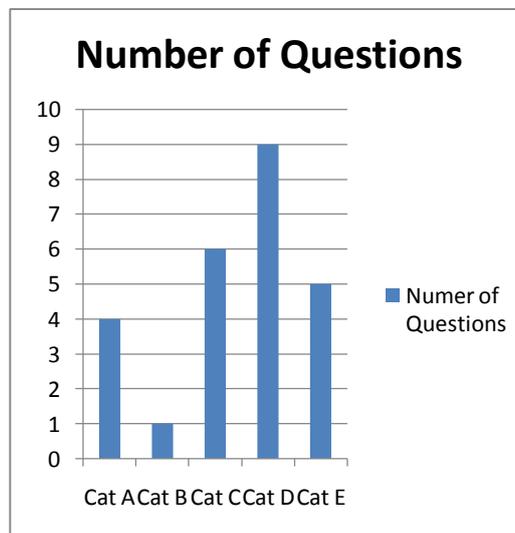
- Cat (A) - All have correct answers.
- Cat (B) – No one have correct answer.
- Cat (C) - Few have correct answers (App. 25%)
- Cat (D) – Half have correct answers (App.50%)
- Cat (E) - Most have correct answers. (App. 75%)

**OBSERVATION**

- Cat (A) :- Q.1, 2, 8, 18,
- Cat (B):- 11
- Cat (C):- 5, 7, 10, 14, 24, 25.
- Cat (D):- 3, 4, 6, 9, 13, 15, 19, 21, 22.
- Cat (E):- 12, 16, 17, 20, 23.

Questions of Cat (B), (C) and (D) are discussed here as it had less number of correct responses as compared to Cat- (A) and (E)

**Figure -1. Number of Questions in each Category.**



**Table-1. Most common response in each Session**

<i>Session</i>	<i>Most common Response</i>
<i>I</i>	<i>Cat- (A)</i>
<i>II</i>	<i>Cat- (C)</i>
<i>Iii</i>	<i>Cat-(D)</i>

**DISCUSSION**

1. Public health problem.

Gender based violence can cause death or severe disability. There are numerous physical & mental health consequences experienced by survivors of violence. GBV can affect a woman’s sexual & reproductive health both directly or indirectly by restricting the woman’s ability to control her fertility & sexuality. Children’s are traumatized violence within the household. GBV are on the mother also puts the children at higher risk of morbidity & mortality. GBV are presents a major

risk factor to achieving good health and is hence a major public health concern.[3]

## 2. 1<sup>st</sup> contact point

Health providers are in a unique position to interview in preventing and managing the health consequences of gender-based violence. This is because health facilities are probably the only public institution that almost all women will come in contact with at some point in their lives, for pregnancy and delivery-related care and contraception or in the process of seeking health care for their children. [2]

## 3. Who / Where / How / Why

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 (Section 164 (A) of the Criminal Procedure Code). It is not mandatory that only a gynecologist shall examine a case of sexual violence. In case of a girl or woman, every possible effort should be made to find a lady doctor but in the absence of a lady doctor, treatment and examination should not be denied or delayed. 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 during the examination.[4]

## 4. Police requisition.

A police requisition is not always mandatory to proceed for examination in presence of an informed consent. In case where the victim presented to the hospital suo-moto and the doctor suspects it is a case of sexual offence he/she may proceed for examination and evidence collection after a valid consent.[4,5,6]

## 5. ML Reporting.

When a doctor has reason to suspect that a child has been or is being sexually abused, he/she is required to report this to the appropriate authorities (i.e. the police or the relevant person within his/her organization who will then have to report it to the police).[4,6]

## 6. Two finger test.

Per Vaginum examination commonly referred to by lay persons as 'two-finger test'. Must not be conducted for establishing rape/sexual violence and the size of the vaginal introitus has no bearing on a case of sexual violence. Per vaginum examination can be done only in adult women when medically indicated.

The status of hymen is irrelevant because the hymen can be torn to several reasons such as cycling, riding or masturbation among other things. An intact hymen does not rule out sexual violence, and a torn hymen does not prove previous sexual intercourse. Hymen should therefore be treated like any other part of the genitals while documenting examination findings in cases of sexual violence. Only those that are relevant to the episode of assault (findings such as fresh tears, blessing edema etc) are to be documented. [4]

## 7. Counseling.

Counseling is now a part of management response of health care provider that may be the most positive treatment for the victim.[4]

## 8. Treatment priority over ML Examination.

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.[4]

9. Past sexual history / Past sexual contact.

No comment on shape, size and /or elasticity of the anal opening or about previous sexual experience or habituation to anal intercourse should be made. [4]

10. POCSO; CLA – 2013

In case the victim is a girl child (<18 yrs), the medical examination shall be conducted by a woman doctor. Where in case the parent of the child or any other person (in whom the child reposes trust or confidence) cannot be present for any reason, during the medical examination of the child, the medical examination shall be conducted in presence of a woman nominated by the head of the medical institution - Sec 27, POCSO Act. [6]

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. [5]

## CONCLUSION

Most of the wrong answers from the audience were from session II where it's about the guidelines and protocols of the sexual victim examination. The confusion regarding the following were cleared like male or female doctor, Government or Private setup, police requisition or not, free treatment or not, police information or not, during history and examination past sexual contact to be noted or not and consequences of not following the laws and guidelines. Laws related to CLA -2013 and POCSO should be known to all. Finally counseling and proper referral of the victim is required.

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## REFERENCE

- [1] Department Of Health and Family Welfare, Government of Odisha.
- [2] National Health Mission.
- [3] United Nations Population Fund.
- [4] Guidelines and Protocols: Medico-Legal Care for Survivors / Victims of Sexual Violence.
- [5] Criminal Law Amendment Act-2013.
- [6] POCSO Act-2012.