

PRACTICE POINT - RAPE VICTIMS

Rape victims may be of any age group, premenarchal, child bearing or even post menopausal. Very young, mentally & physically handicapped and very old are common victims.

Forensic consideration:

Rape is legal issue. Even if the victim does not wish to report doctor should report it.

- Physician should examine as soon as possible so that evidence will be present.
- Due consent should be taken from victim and examination is made in presence of a third party or nurse who also should sign in the examination form.
- Identification marks should be correctly noted.
- Detailed statement from victim about place, time, whether forced intercourse are not, conscious are not, what she did before and after rape should be got
- Any other evidence.
- Whether the patient has passed urine or motion after rape or washed genital area.
- Through physical examination starting from height, weight general examination for anemia cyanosis should be noted.
- Any injury in face, breast, abdomen, neck, hand, legs, thigh should be noted in detail.
- External genitalia should be described in detail including injury.
- Swabs should be taken for semen, gonococcus and other infection from fornices. Labia minora, vagina and cervix .
- Aspiration from fornices should be collected and send for presence of semen, DNA typing and acid phosphates' test.
- The clothes that are worn during rape should be preserved and sent for examination.
- Pubic hair should cut and sent for examination.
- All the specimen should be correctly named and separately kept.
- All the specimen should be sent to Government authorized forensic lab with case details in the prescribed form.
- LMP noted.

Sperms are rarely detected in vagina later than 72 hours and motile sperms later than 4 hours. Non motile sperms present in vagina for 12 to 20 hours. It is also observed 1/3 sperms are not ejaculated in vagina & millions are vasectomised and douching removes sperm. So absence of sperms does not mean anything. Penetration of vagina is the evidence.

Management:

1. Treatment of local injury, if severe should repaired under general anesthesia.
Premenarchal girls –oestrogen can be used for healing.
Injury upto rectum can repaired by paediatric surgeon.
2. Prophylaxis for STD & infection – HIV, Syphills, Gonococcus , Chylamydia are common infection . Serology should be done. Culture of cervical mucus should be done after 6 weeks as they a become positive only after that.
Ceftriaxone 250mg im single dose + doxy- 100mgbd orally for 7 days.

3. To prevent pregnancy –
 - IUCD
 - Emergency pills
4. Emotional Support:-
 - 'Rape trauma syndrome' can occur. Fear, depression, guilt, sleeplessness are early symptoms.
 - Later nightmares, flash back and phobias can last for years.
 - Sympathetic handling, assurance, tranquillizers and antidepressants drugs are of help.
5. Follow up – after 6 weeks
 - Serology test for STD
 - Urine test for pregnancy

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