



An Analytical Study on the Medical Reports of Rape Survivors in Nepal

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Abstract

Case reports of rape is increasing in society. Rape adversely affects physical, mental, and social wellbeing. Clinicians are at the forefront for the medical management as well providing medico-legal documentation as per the guidelines protocol imposed by the State. This is a retrospective rape case law study of cases retrieved from the Nepalese Supreme Court website. The medical reports provided were studied on the rape cases claimed and analyzed. 149 rape cases were analyzed for medical report. Only one third of the rape cases had positive findings of rape. However, only physical evidence of violence was noted, mainly on the state of hymen, signs of struggle and the presence or absence of spermatozoa in female genitalia. Age determinations were requested to mitigate the punishment in perpetrator. The significance of mental, behavioral, and social wellbeing in rape victims were completely overlooked in the medical report documentation.

Keywords: Medical Report; Rape

Introduction

The word rape is derived from Latin term "*rapio*" which means "to snatch" [1]. Absence of consent is the essential element in the crime of rape [2]. The victim's body is forcibly seized by the perpetrator to fulfill the gratification of sex. Rape is a heinous crime criminalized by the law in Nepal [3]. The number of reported cases of sexual violence has increased by 256 percent in the past decade [4]. The Nepal Police report of October 2020 shows that there are 7 reported cases of sexual violence every day. The report adds on that 61.3% of women with sexual violence never shared the incident to anyone, thus suffer in silence. The consequence of rape is known to have immediate, short-term, and long-term physical, mental, and psychosomatic maladies [5]. Clinicians are the forefront for the medical management [6] as well as medico-legal

documentation on the victim which carry a huge impact in the court of justice not only to come into final verdict, but also for justice for victim of crime, rehabilitation, and security against further abuse. This is a retrospective case law study on rape cases, retrieved from the Supreme Court website from the fiscal years 2012/13 to 2017/18 under the jurisdiction of High Court in Province Five in Nepal. The medical reports provided were studied on rape cases claimed and analyzed. 149 rape cases were analyzed for medical report. This research analyses the medical reports on the rape victim and the accused.

Methodology

This study is a retrospective descriptive focused analysis on the medical report on rape cases retrieved from

the Supreme Court website under the jurisdiction of High Court in Province Five in Nepal registered from fiscal year 2012/13 to fiscal year 2017/18. The data were collected and processed with Microsoft Excel format for evaluation.

Results & Discussion

At the time of research, 149 cases under the jurisdiction of High Court in Province Five in fiscal year 2012/13 to 2017/18 were able to be retrieved from the Supreme Court website for analysis (Table 1 & Figure 1).

Age group of the Rape Survivors

Age of Survivors	<10 years	11-13 years	14-16 years	17-18 years	>18 years	Total
Number of Survivors	46	27	30	6	40	149
Percentage	31%	18%	20%	4%	27%	100%

Table 1: Age Group of Rape Survivors.

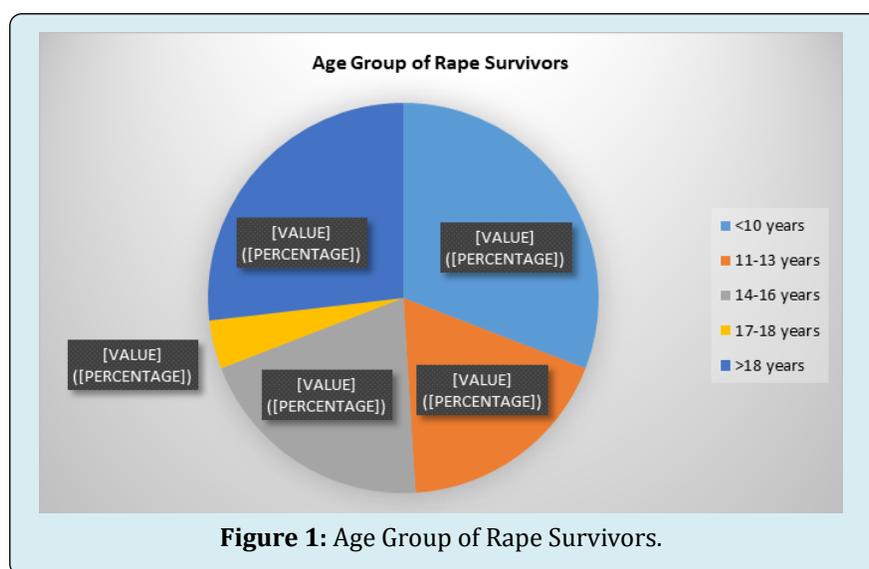


Figure 1: Age Group of Rape Survivors.

The most vulnerable group was minor (less than 18 years of age) composing almost three quarters of survivors in this study. The younger the girls, the more violence they were found to suffer. More than one third of the rape survivors in this research were less than 10 years of age. The high incidence of children less than 10 years of age could be due society having less tolerance to violence that takes place in small children. The seriousness of the outcome, such as vaginal bleeding, tear, discharge etc., causes anger and draws emotion of retribution compelling parents to demand justice. Children less than 10 years of age are unlikely to distinguish sexual activities to any other activity; moreover, when involving someone trusted and known [7-9]. The perpetrators take the advantage of vulnerabilities and innocence of children. Another large group of victims were children aged between 11 and 16 years of age, where almost 40% survived the sexual violence. These groups of children are easy to coerce and threat and get involved in sex without much struggle. Girls aged 16 and 18 were relatively spared,

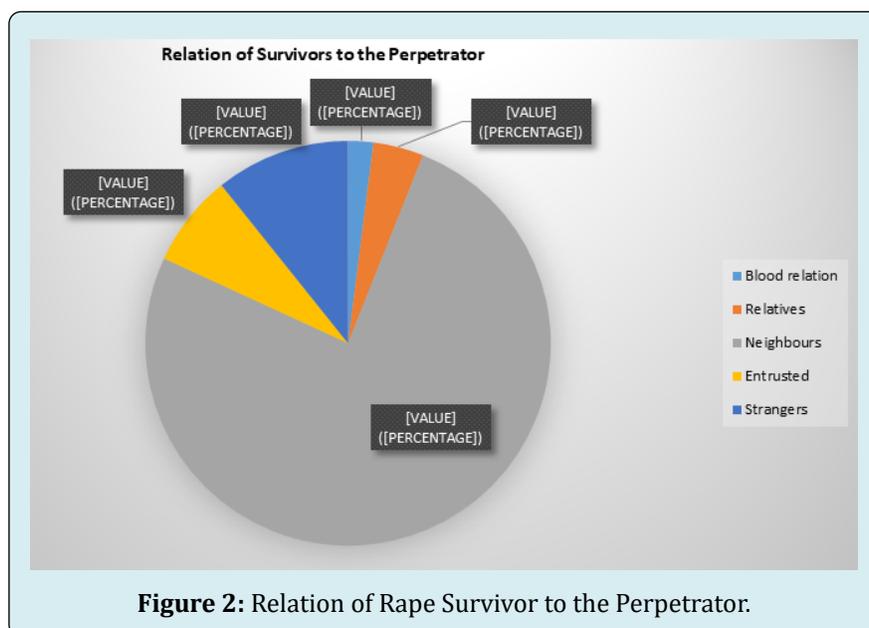
mainly because they could voice out their refusal, retaliate or the perpetrator may have feared exposure and consequences of court appearances.

The mental health consequences of sexual violence can be just as serious and long lasting. Victims of child sexual abuse, for example, are more likely to experience depression, substance abuse, post-traumatic stress disorder (PTSD) and suicide in later life than their non-abused counterparts. Worldwide child sexual abuse is a major cause of PTSD, accounting for an estimated 33% of cases in females and 21% of cases in males [10]. Most of the survivors were female, however, there were 4 cases of male children who suffered unnatural sexual violence which was brought to trial for justice. There are likely to be several dormant cases of male rape victims that are never unveiled. This could possibly be due to stereotypes set on men and boys to act brave and to not to voice out their sufferings (Table 2 & Figure 2).

Relation of Rape Survivor to the Perpetrator

Relationship	Blood related	Relative	Neighbors	Entrusted	Strangers	Total
Number of Rape Survivors	3	6	113	11	16	149
Percent	2%	4%	76%	7%	11%	100%

Table 2: Relation of Rape Survivor to the Perpetrator.



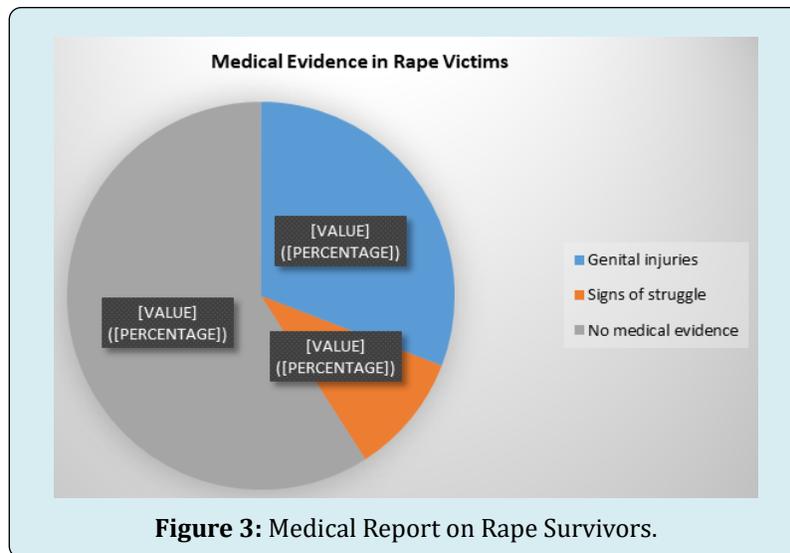
The risk factors in the study are the perpetrators who are known to the survivors and thus trusted [11-13]. 90% of rapes were victimized by someone they trusted as their well-wisher: close family members, relatives, and entrusted people by family. 76% of survivors were raped by neighbors. 74% children were raped, those who can be easily influenced with love or threat, similarly noted as in other studies [7-9]. 90% of perpetrators were someone the survivor know and trusted. Only 10% of rapes were done by strangers. These

could be the reasons that there was very little sign of struggle (10%) in rape survivors in this study. The perpetrators appear to be opportunistic to the vulnerability of trust and lonely situation at the time of crime. In addition, in Nepali culture, every single male neighbor or acquaintances are called as brother, uncle, father, grandfather according to age, and people trust easily. This could probably be the reason that only 10% of the rape survivors had signs of struggle in the study (Table 3 & Figure 3).

Medical Report of the Survivors of Rape Crime

Medical report findings	Signs of struggle in rape victim	Genital injuries following rape	Absence of medical evidence of injuries	Total
Number of rape survivors	15	46	88	149
Percent	10%	31%	59%	100%

Table 3: Medical Report on Rape Survivors.



The State protocol obliges a clinician to fill up a clinical format for documentation in rape cases [3]. Sexual violence has both physical and psychological effects on health and well-being; these can be short- and/or long-term [6]. The health consequences of, and the responses to, sexual violence vary markedly between individuals and according to the nature of the abuse (e.g., frequency, severity, perpetrator) [14]. A good report demands timely examination of rape survivor, preferably immediately or at least within 72 hours of rape, so as not to erase the evidence. A dedicated, compassionate, and specially trained clinician for the management of rape victim is preferred. The detail history taking, physical examination along with mental status evaluation ensuring confidentiality is paramount [6]. Depending on the case scenario emergency treatment for injuries, gynecological trauma, emergency contraception, treatment and prophylaxis for sexually transmitted infection, prophylaxis for HIV as appropriate, information on safe abortion, and forensic examination along with maintaining the chain of command in transferring the sample for laboratory testing [6]. The survivors are vulnerable to sexual and reproductive health consequences such as unwanted pregnancy, unsafe abortion, pregnancy complication, infanticide, and a higher risk of sexually transmitted infections, including from HIV, traumatic fistula, subfertility, and sexual dysfunction. The survivors may suffer from mental health problems such as anxiety, depression, panic disorder, sleep disorder, suicidal tendencies. In addition, the survivors may have high risk behavioral problems [14].

Sexual intercourse or rape to minor girls bears the danger of injury to external as well as the internal reproductive organs. There is also the possibility of conception, pregnancy, abortion, or childbirth, and sometimes subfertility. In all the situations, there are utmost dangers to the girl child of her life due to biological and physiological immaturity.

Maternal mortality in teenage pregnancy is one of the most important preventable aspects in Obstetrics [15]. Evidence suggests that male and female survivors of sexual violence may experience similar mental health, behavioral and social consequences [16-19]. In this study there is 30% positive evidence of genital injuries in rape survivors. Only 10% were noted to have physical evidence of struggle. None of the sample sent from the rape case was positive for spermatozoa. The medical examination report of accused men were mostly negative; only one had a bite mark, and 2 had few abrasions noted on the body. The medical reports have no mentioning of the behavioral, social or the mental status of the victim.

Conclusion

Medical examination on a rape survivor by a trained, dedicated, compassionate clinician is paramount not only for the immediate case management, medico-legal documentation, but also for the long-term possible holistic care for the optimum health of the survivor. Victims of sexual assault require comprehensive, gender-sensitive health services to cope with the physical and mental health consequences of their experience and to aid their recovery from an extremely distressing and traumatic event. The World Health Organization's definition of health is the "physical, mental and social wellbeing, and not merely absence of disease or infirmity". Rape survivors suffer significant physical, mental, behavioral, and social maladies, gesturing towards the need for multidisciplinary medical teamwork up and plan of management. In Nepal at the time of this medical case law study, the medico-legal documentation needed to be filled in by doctors was inadequate. There is a need for amendment of medico-legal care for victims of rape in alignment with international standards. The government needs to prioritize these aspects in the care of rape victim survivors: in the setting of physical infrastructure facility

structure, equipment, trained service-providers who work with ethical issues, and internationally standardized medico-legal documentation. In addition, a system of long-term holistic medical care, regular monitoring, and follow-up to identify shortcomings of these services and upgrade must be established.

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