

# Medical protocol for emergency treatment of rape victims

by Dr A Raynal

## Introduction

Our overriding concern in writing the following protocol is that the rape victim is well taken care of by emergency room personnel including doctors, nurses, aides, etc.

If any of you feel that some of what follows is obvious, please accept that our experiences have shown us repeatedly that there is ignorance and insensitivity around rape and rape victims in hospital settings as well as elsewhere.

We are hoping to end those attitudes through explanation and communication. Emergency room personnel are seeing a woman at a critical point in her life. She needs your support and understanding.

In addition to the physical realities of rape, a woman suffers a traumatic emotional upheaval. Responses to this trauma vary from individual to individual and may change with time.

The most common feeling experienced by rape victims is fear — fear of mutilation and death. Most victims co-operate with the rapist because they fear they will die if they don't.

Traditionally, most women are brought up to be passive, especially in violent situations. To expect a woman to respond aggressively in the frightening situation is unrealistic and unfair. In most instances, a man's height, weight and brute force can subdue a woman unless she has studied martial arts or is armed and can get to her weapon. In addition, there are the elements of surprise, disbelief, fear and, in many instances, a knife or a gun.

A woman can never be sure she will not be killed. Survival is utmost in her mind and she will do whatever is necessary to help her survive the attack.

Women feel enraged because they have been made to feel so powerless — that sense of powerlessness may remain all her life; she feels humiliated because she has been violated and degraded; she very often guilt-trips herself because she has internalised this society's prejudices which say "she asked for it" because she was out at night, or hitched a ride, or went to a bar, or doesn't wear a bra, etc.

Mentally, she may try to deny the rape happened in an effort to regain control of her life. She may feel ashamed to talk about the rape because she feels she is dirty and vile and has dishonoured herself and her family. She may think that no one will believe her because of the myths that prevail concerning who can and can't be raped.

It is important to realise and accept that all women are vulnerable to being raped, regardless of class, race, occupation (prostitutes can be and are raped), sexual preference (lesbians can be and are raped), marital status (women can be and are raped by their husbands; single women who are not virgins can be and are raped), age (children and adolescents can be and are raped by relatives as well as strangers; elderly women can be and are raped).

There are many coping mechanisms which rape victims use during this crisis. Personnel should be aware that there is no "normal stereotypic" response towards rape. The following are some reactions that hospital personnel may see.

1. Expressed style "Feelings of fear, anger or anxiety were expressed verbally or shown through such behaviour as crying, shaking, smiling, restlessness and

tenseness." (see below for reference).

2. Controlled style "Feelings are masked or hidden and a calm, composed and subdued affect was seen." (see below for reference).

Burgess and Holmstrom (in their article, "The Rape Victim in the Emergency Ward," *American Journal of Nursing*, Vol. 73, No. 10, October, 1973) state, "a certain number of women expressed feelings by smiling. Sometimes when feelings are unbearable, the victim defends psychologically or substitutes another feeling such as avoidance."

Exhaustion may also affect responses and reaction. Tiredness overcomes other responses which may surface after they have rested. Many victims who have been raped by men they considered friends or acquaintances may be a state of shock or disbelief.

All rape victims need a supportive, non-judgmental attitude from hospital personnel, regardless of the manner in which they are coping with what has happened.

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## Initial contact

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- A Please call the victim by her name (e.g. Ms Roman, not Julie or Roman or rape victim) and escort her to the examination room.
- B Try to place her in an examination room as soon as possible with as much privacy as possible.
- C Try not to leave the victim alone at any time.
- D Allow the victim to have a friend, relative or advocate in the examining room.

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- E Please see the victim as quickly as possible. If there is a more immediate medical emergency to be attended to, please explain the delay.
- F The victim should be informed that medical records can become court evidence.

### Medical examination

- A Be aware that a pelvic exam by a doctor may seem a re-enactment of her rape:

She has been through an experience where consent was not part of the procedure, and so cooperation with her in the hospital treatment is essential for therapeutic care. The woman needs to know what is expected of her and what the physician will be doing and why. Often the gynaecologist explains this, but reinforcement by the nurse will help the woman feel involved rather than being the object of things that are being done to her. (1).

- B Please explain pelvic exam, as some women may never have had one.
- C For the victim's comfort, please warm speculum (only use water as lubricant).
- D Please remember that trauma is not necessarily limited to vaginal area. A thorough physical exam should include head, neck, mouth, rectum, etc.
- E Special treatment and consideration may be necessary for children, virgins, and elderly women, i.e., nasal or "virginal" speculum. Please refer to the bibliography for reference "Treating Young Victims of Sexual Assault."
- F Do not assume victim has been having sexual relations with men. The lesbian or celibate woman may have additional emotional and medical problems, i.e. possible lack of birth control and VD information.
- G In questioning the victim, please limit questions to only those absolutely necessary to elicit information as to location of possible evidence and possible trauma.

### Collection of evidence

- A How to maintain chain of evidence
  - The location of evidence needs to be completely traceable and it must be able to be shown that there was no possible way for it to

be confused with some other specimen. **Label specimen.**

— Evidence should be handled by as few people as possible and not left lying around.

— Evidence is usually placed in envelopes or bags, signed by the person who collected it and handed directly to the police.

- B Labs which handle rape evidence.
  - Examination of specimen for presence and motility of sperm may be done by doctors, hospital or labs. Rest of evidence is usually taken by police to city or country police lab.

- C Who will testify in court.

— Doctor who examines the victim.

— Lab technician who examines any specimens

(Re: presence and motility of sperm - doctor usually can testify to this on the basis of a lab report, although lab technician could be called to testify if defense requested it.)

— Anyone who handles the evidence could be called to testify that she/he received it from X and handed it to Y, i.e. the police, but this is not usually done.

- D Police should NOT be present during physical examination

— It is obviously upsetting to the victim

— It is not necessary to maintain chain of evidence

- E Collection of evidence

— Presence of semen - swabs are usually used, but a saline washing is preferred by lab, as sperm are better preserved. Check possibility of presence of semen in areas other than vagina.

— Comb for foreign pubic hairs (let victim do combing if she prefers). Ask victim to remove a few of her own pubic hairs for comparison purposes.

— Look under fingernails of victim and collect any skinscrapings; if she scratched rapist, preferably a deep scratch.

— Discovery of bruises - victim should be checked again in two or three days as bruises may not show immediately.

— Photographs - can be done to show injuries. Victim should be allowed her choice in this matter. If photos are necessary, photographer should be a woman. (Photographs are usually done by a technician from the police department).

— Clothing - should be saved if

there is a possibility they have semen and/or blood stains. (Take care to preserve, i.e. wrap in paper). Save underwear and/or torn clothing.

- F Further research is being done on rape evidence. However, at the present time, the above evidence is the maximum local labs can handle.

### V.D. information

- A Victim should be informed fully about V.D.

— Victim should be informed of the possible danger to victim's sexual partners.

— Please remind the victim that V.D. is transmitted through all mucous membranes (e.g. oral-genital). Sex is not safe until it is determined whether or not she has contracted V.D. and, if so, has finished treatment.

— Other possible V.D. besides gonorrhea and syphilis should be mentioned, (i.e. crabs, trichomonis, herpes, etc).

- B Medical Treatment

— Inform patient fully of treatment options

— Get full medical history including allergies, other medications being used.

— Please avoid prophylactic doses of antibiotics as these doses may not be sufficient to cure syphilis. The dose may also not cure gonorrhea and will leave the victim with the mistaken impression that she has been treated sufficiently.

— Inform victim that antibiotics may promote yeast infections.

— If victim decides she wants prophylactic injection of antibiotics, she would be kept under observation for 30 -60 minutes.

- C Follow up

— Victim should be asked to return for a GC culture in two weeks - for another blood test in 6 - 8 weeks.

— Give out information sheet with time for check ups and places to get them done without charge and otherwise.

### Pregnancy

- A Take complete medical history - menses cycle, etc.

- B If woman believes she may already be pregnant, do a urine test. (Remember not to assume that the victim has been having sexual relations with men)

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- C Explain all options for terminating pregnancy
- Wait and see - return for pregnancy test when necessary time for valid results has elapsed.
  - Menses Extraction - usually done before pregnancy can be confirmed by a pregnancy test (before the 42 days). The procedure in effect is the same as a vacuum aspiration abortion.
  - Abortion
- a. Vacuum spiration (usually up to twelve weeks).
- b. Dilation and curettage (D & C) - usually done up to 14 weeks.
- c. Saline - after 14 weeks and up to 20 weeks.
- Diethyo-stilbesterol (DES or morning-after pill)
- a. The usual dosage is 50 mg (two 25 mg tablets) taken daily for five days. The treatment is a trauma for the body. Usual immediate side effects are nausea and vomiting.
- b. Rape victims should be made aware of the dangers of DES so that they can make a decision based on information and not the negligence of medical personnel. (From our experience, it has become increasingly evident that rape victims are being given DES without being told when they are being given or what side effects, both long and short term, are possible results of taking this synthetic oestrogen. See footnote 2 for further information).
- D Consider the possibility of a routine pap smear - many women may never have had one because they do not know what it is and/or do not go to doctors.

### Afterwards

- A Please make sure the hospital has copies of Victims of Violent Crime forms and that they are given to the victims.
- B Please arrange for a shower - rape victims often feel unclean, dirty, used and have a strong emotional need to clean themselves immediately. Quell shampoo should be available as crabs are often transmitted by rapists.
- C Other personal needs - perhaps volunteers could help attend to these.
- Mouthwash
  - Clothes
- a. Needle, thread, safety pins
- b. Possibility of disposable underwear

- c. Possibility of sending someone home for clothes
  - Water, cigarettes, tissues, etc.
- D Offer medication if victim wants it - tranquilizers, sleeping pills.
- E Please help victim find a safe way home (is the police car an embarrassment for her?).
- F Inform victim of available counselling services (i.e. hospital's own and/or local rape crisis center).

### Footnotes

1. "The Rape Victim in the Emergency Ward", by Ann Wolbert Burgess, R.M., Phd., and Lynda Lytle Holmstrom, Phd., *American Journal of Nursing*, October, 1973, p. 1745.
2. Medical histories are rarely taken by the doctor or nurse, so women who cannot take birth control pills because of adverse reactions to estrogen are given DES; women who have sickle-cell anemia and cannot take estrogen because of the oxygen-inhibiting effect it has on sickled blood cells and the increased chance of blood clots are given DES; women who are already pregnant are given DES which might increase the chances that female offspring will develop vaginal cancer.

The National Cancer Institute stated that 2 parts per billion of DES in our daily diet was far too

high a dose for such a "spectacular carcinogen." The morning after pill is 22 000 parts per billion for five days. DES is also used as an anti-miscarriage drug given in daily doses up to 88 000 parts per billion. (Source: "After Thoughts on Morning-After Pill", by May Weiss, *Ms. Magazine*, November, 1973.

Long term effects may be an increased possibility of breast, uterine or vaginal cancer in women who took DES. It is imperative for women who decide to take DES (must be given within 72 hours) to have pap smears at least every six months after taking the pills and also give themselves regular breast examinations and insist on a breast exam when she goes to the doctor. It is important to realise that the victim may have already been exposed to DES in utero.

### Appendix to medical notes

For V.D. Treatment is essential to give 1) Probenecid 1 gram orally (stat) 1 hour before 2) Procaine Penicillin 2,4 million units in each buttock (stat). The above prevent gonorrhoea. Optional are 3) Flagyl 2 grams oral (stat) 4) Sulphadimidine 1 gram 4 x a day for 7 days. Prevents urethritis and cystitis. □

## RAPE — how it involves us as Medical Practitioners

The medico-legal examination — this is usually done by the District Surgeon, but you may be the only Doctor in the area and be asked to do it, or you may even become a District Surgeon.

The actual treatment of the Rape Victim — the District Surgeon does not usually treat the victim and she may come to you as her GP or Gynaecologist.

The long-term psychological problems — before I expand on these, I want to make the point that the attitude and approach the doctor takes to the victim can either worsen or ameliorate the trauma she has experienced. If the doctor regards her as primarily a victim of sexual misfortune, he is seen by her as voyeuristic, chauvinistic and unbelieving, but if he shows her that he regards her as a victim of violent assault, and shows that her wellbeing is of paramount

importance, explaining to her why he needs to know the information he asks and why he does the examination and special test this goes a long way to lessen the traumatic experience.

The aim of the medico-legal examination is to look for evidence to corroborate the victim's claims: To look for signs of non-consenting, i.e. violence; For evidence that intercourse took place; For clues to the identity of the rapist.

Note that failure to find such evidence does not mean that she hasn't been raped. She may have been so terrified that she did not resist, she may be a sexually active woman and therefore show no genital trauma, and the rapist may not have ejaculated.

It is essential to document your findings, the J88 form is used for this

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— the court case often takes place many months later — and you will need to have your findings clear in your mind to testify. Also the prosecution and defence will use your documental findings for preparation of their cases.

The approach is the usual history and examination.

### The history

There are six important points to elucidate in the history:-

- 1 What actually happened during the rape — this will indicate where to look for corroborating evidence;
- 2 When she last had consenting intercourse;
- 3 Did the rapist ejaculate?;
- 4 Her last menstrual period;
- 5 Whether she was using contraception;
- 6 Whether she has VD at the time — important if she develops VD later (significant if sperm are found in the vaginal aspirate. Important for the possibility of pregnancy).

### The examination

We advocate that young girls be examined under general anaesthesia as a proper examination is very traumatic.

Make a note of the victims emotional status and also whether she appears to be under the influence of alcohol or drugs. A woman cannot give true consent in this state — and intercourse with her is legally rape.

Next note the state of her clothing — whether it is torn or has stains of blood, semen etc. Any garments which could be used as evidence should be wrapped and handed to the police.

Then note any injuries that the victim has sustained. First general body injuries — usually to the head, neck and limbs — such as bruises, lacerations, grip marks, etc. These are commoner than genital injuries.

Of the genital injuries, external injuries are commoner than internal genital injuries, and as stated before, sexually active women may not sustain genital injury, as opposed to young girls and elderly women who usually do.

It is significant to note that studies on rape have shown that most injuries are sustained after the rape — indicating that rape is an act of violence and domination, not of sexual passion.

#### Legal terminology you will probably come across

complainant	rape victim
accused	rapist
attorney for the defence	rapist's lawyer
mens rea	criminal intent
mitigating factor	evidence led which might lead to lightening of sentence
unreliable witness	witness whose evidence contains contradictory statements
cross examination	when the lawyer for the defence or the prosecuted or the magistrate asks witness questions
sub poena	piece of paper delivered by the police instructing you to appear in court. If you ignore this you will be charged with contempt of court
contempt of court	minimum fine of R20 for not appearing in court
assailant	person who attacks
prosecutor	person who leads the evidence of the state in an attempt to prosecute the accused, on the side of the rape victim
rape victim	gives evidence for the state against the accused as the crime is seen to be against the state and not against the woman
magistrate	person who passes sentence
clerk of the court	person who is in charge of giving out witness' fees, person who is in charge of police files
circumstantial evidence	facts given by people who were in contact with the victim immediately after the rape
hearsay evidence	information gleaned from other people, second hand evidence

Note whether the examination is easy or painful. Then it is important to look for evidence of pregnancy or V.D. Special test which can give proof of intercourse are then done:

1. Vaginal aspirate — from the posterior fornix and from the endocervix. From this the following are made:

Fixed slide — for presence of sperm in whatever state

Wet slide — to look for sperm motility — sperm remain motile for about three hours. This gives an indication of when the rape occurred.

Dry slide — for prostatic acid phosphatase — this indicates the presence of semen even though sperm are absent.

Some of the aspirate is kept for detection of ABO antigens — a proportion of the population secrete these antigens in all their body fluids including semen. This can help identify the rapist if he has different antigenicity to the victim.

2. Pubic hair combing and pluckings for the assailants pubic hair and morphological differentiation from the victim's hair, for clothing fibres, for lice, etc.
3. Blood sample for alcohol level and ABO antigens.
4. Sputum — for ABO antigens.

5. Nail scrapings — if the victim has scratched the rapist, skin specimens may be obtained.

All these specimens should be kept in preserving agents, sealed with the Medical Practitioner's signature and handed directly to the police.

The Medical Practitioner may also be asked to examine the alleged rapist and to take similar specimens from him.

### The actual treatment of the rape victim

There are two aspects: physical and psychological.

Physical — there are three considerations:

- 1 Treatment of injuries, general and genital.
- 2 Possibility of pregnancy; if this exists we advocate preventative measures as waiting six weeks to see if she has conceived the rapists off-spring can be very traumatic for the victim. If she is not pregnant clinically or on urine testing at the time the following can be legally used:
  - a) Dichthylstilboestrol - 25 mg twice a day for five days, but this has the drawback of causing severe nausea.

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- b) By insertion of Intra Uterine Contraceptive Device has been found to be very effective in preventing conception after recent discourse.
  - c) Menstrual extraction.
  - d) Dilatation and curettage.
- 3 Possibility of V.D., most victims prefer prophylactic treatment as they feel they have been defiled and want any measure to "cleanse" themselves.

### Emotional

Burgess and Holmstrom have done extensive studies in this field and defined the Rape-Trauma Syndrome, they have found three stages in the emotional response to sexual assault:

1. Acute reaction — expressed in two ways, either revealed distress — crying, expressing anger etc. or concealed distress — she may appear calm, composed and subdued. She is in a state of shock and has not yet really acknowledged that she has been raped. Unfortunately this calm attitude often leads to people encountering her soon after the rape, to not believing that it occurred.
2. Period of outward adjustment but inner turmoil. The victim appears outwardly adjusted by inwardly she often has:
  - a) Phobias — related to the situation of the rape, e.g. of being in

doors; of being outdoors; of being alone; of being in a crowd; of sexual relationships — this can severely disrupt her marriage, relationship etc.

- b) Visceromatic reactions are: gynaecological pre-occupations with imaged chronic cervicitis; gastro-intestinal upsets — loss of appetite and nausea when thinking of the rape; skeletal muscle tension and exaggerated startle reflex.
- c) Nightmares — especially in children who have been raped.
- d) Guilt — this may seem paradoxical — if she is the victim why should she feel this? This stems from a commonly held societal belief that women only get what they ask for — she therefore feels that she must have been responsible in some way for what happened. Guilt is often the most chronic and severe of the emotional problems, especially as the men in her life (husband, boyfriend, brother) usually hold the view, and she feels their conscious and sub-conscious accusations.

Integration and resolution of the experience — many victims do not reach this stage and remain chronically emotionally traumatised.

### Psychological assistance to the rape victim

As emphasised before, the Medical Practitioner's attitude to the patient initially, is extremely important in determining how she will eventually see herself and how she will cope with the rape experience, showing empathy and understanding of the trauma she has and is still undergoing, that she is a victim of violence rather than of sexual misfortune, and that her well being comes first, will greatly assist her.

Do not denigrate her experience to the victim, e.g. "How can a little rape that lasted ten minutes affect the rest of your life?" The victim will lose faith in your ability to appreciate the extent to which her humanity has been violated, rather allow her to express and work through her feelings.

Encourage and counsel people close to the victim to give her emotional support and acceptance. Their and your attitudes towards her are vital determining factors in her eventual recovery.

I have covered how rape involves us as Medical Practitioners — its legal, medical and psychological aspects — and I have emphasised how we as Medical Practitioners can either worsen or prevent the secondary victimisation of the woman who has been raped. □

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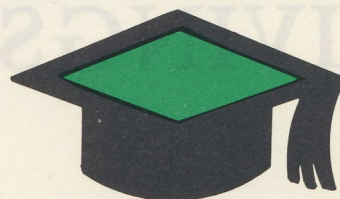
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