

Original Article

# The Implications of Forensic Medical Examination Following Sexual Violence; A Study on Victims' Perceptions

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## Abstract

**Objective:** To determine how victims of sexual violence perceive forensic medical examinations (FME).

**Methodology:** This cross sectional study was conducted in Liaquat University medical and health sciences Hyderabad from January 2023 to March 2023. The study included 100 women who had been sexually abused. A convenient sampling strategy was adopted.

**Results:** The mean age, height, weight and BMI of the cases was  $26.32 \pm 3.67$ ,  $165.12 \pm 8.83$ ,  $74.51 \pm 12.24$  and  $27.36 \pm 4.30$  respectively. From the total 49% of the enrolled women were single. There were 69% women with 0 gravidity and 70% with 0 parity. There were 70% women having no procedure done before, 19% with c section, and 11% with vaginal delivery. In this study 70% women found adequacy of the premises, 94% were prepared for the examination, and 8% showed that duration of doctor victim conversation was too long. In this data 90% women answered that the privacy was not protected, and 9% answered that examination was an additional psychological burden. 100% women preference of the sex of staff and attending police officer was female.

**Conclusion:** Conducting an FME after a sexual assault is an essential procedure, however it may subject the victim to additional psychological distress. In order to reduce victim stress, it is recommended to use various measures, including privacy protection, empathic and sensitive involvement, and, if feasible, treatment by female professionals, as the FME has been identified as an additional psychological stress.

**Keywords:** Sexual violence, Sexually transmitted infections, Forensic medical examination.

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## Introduction

Sexual abuse is among the gravest calamities that a woman may ever have to confront in her lifetime. Physical harm, unintended pregnancy, sexually transmitted infections (STIs), an elevated risk of posttraumatic stress disorder, chronic pain, depression, substance and alcohol abuse, and even suicide are among the severe short-term and long-term repercussions.<sup>1-4</sup> While violence against women has been a longstanding issue, recognition of this abhorrent human rights transgression has only increased in recent decades. As a consequence, efforts to prevent and eliminate this pervasive and persistent suffering have increased. In 2002, violence against women was

recognized by the World Health Organization as a major global public health issue.

It advised member nations to undertake comprehensive investigations into the underlying factors, repercussions, and efficacy of prevention and treatment initiatives pertaining to this issue.<sup>5</sup> An investigation conducted recently in the European Union, supported by grants from the EU, explored the present state of clinical forensic services for individuals who have been physically or sexually assaulted. The study identified several disparities, including inadequate standardization of the clinical forensic medical examination (FME), limited availability, on-call service, and examining person training.<sup>6-8</sup> An extensive array of guidelines exists regarding the preliminary treatment of individuals who

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have experienced sexual assault. These guidelines span from national and international standards (e.g., the German Society for Gynaecology and Obstetrics, 2009) to clinic-specific internal protocols.<sup>9-13</sup> Medical history, a comprehensive physical and genitourinary examination with injury reporting, forensic evidence collection, and medical care, including pregnancy and STI testing and therapy, are frequently incorporated into the FME.<sup>11</sup>

Nevertheless, certain elements of the investigation, including the application of colposcopy and toluidine blue staining, depend on regional protocols that are not consistently adhered to. Apart from adhering to these medico-legal standards, it is imperative to ensure that optimal examination conditions are maintained, taking into consideration emotional requirements, to prevent additional traumatization. The individual perspective of FME has, to the best of our knowledge, been the subject of scant research. The objective of this research endeavour was to ascertain the distinct evaluation made by the victim of the examination setting upon their arrival at the medical facility subsequent to a sexual assault.

## Methodology

This cross sectional study was conducted in Liaquat University medical and health sciences Hyderabad from January 2023 to March 2023. The study included 100 women who had been sexually abused. A convenient sampling strategy was adopted. Participation in this study was voluntary, and each woman provided informed consent upon recruiting. Exclusion criteria included being unable to provide informed consent and being under the age of 16.

The data was entered using SPSS (Statistical Package for Social Sciences) version 20.0. Qualitative data is provided in frequencies. For quantitative normally distributed data, the arithmetic mean and standard deviation were provided.

## Results

Above table showed that the mean age, height, weight and BMI of the cases was  $26.32 \pm 3.67$ ,  $165.12 \pm 8.83$ ,  $74.51 \pm 12.24$  and  $27.36 \pm 4.30$  respectively. From the total 49% of the enrolled women were single. There were 69% women with 0 gravidity and 70% with 0 parity. There were 70% women having no procedure done before, 19% with c section, and 11% with vaginal delivery. (Table I)

There were 94% women found with single incident and 6% with multiple incidents. 70% women were familiar with the perpetrator and 69% were having memory of assault. (Table II)

In this study 70% women found adequacy of the premises, 94% were prepared for the examination, and 8% showed that duration of doctor victim conversation

**Table I: Descriptive statistics of demographic and obstetrical characteristics.**

Age (Mean $\pm$ S.D)	26.32 $\pm$ 3.67
Height (Mean $\pm$ S.D)	165.12 $\pm$ 8.83 cm
Weight (Mean $\pm$ S.D)	74.51 $\pm$ 12.24 kg
BMI (Mean $\pm$ S.D)	27.36 $\pm$ 4.30
Relationship Status	
Single	(49%)
Married	(19%)
Divorced	(18%)
Widow	(14%)
Gravidity	
0	69%
I	23%
II	6%
$\geq$ III	2%
Parity	
0	70%
I	14%
II	15%
$\geq$ III	1%
Previous Procedure	
Vaginal Delivery	11%
C Section	19%
No Procedure	70%

**Table II: Descriptive statistics of assault-related parameters.**

Single or multiple incidents	
Single	(94%)
Multiple	(6%)
Familiarity with the perpetrator	
Yes	70%
No	30%
Memory of Assault	
Yes	69%
No	23%
Hardly any	6%
Full	2%

**Table III: Women's perceptions of the examination setting.**

Adequacy of the Premises	
Yes	70%
No	30%
Feeling prepared for the examination	
Yes	94%
No	6%
Duration of conversation	
Too Long	8%
Adequate	89%
Too Short	3%
Privacy was Protected	
Yes	10%
No	90%
Examination was an additional psychological burden	
Yes	9%
No	91%
Women perception of sex of staff	Female 100%
Women preference of gender of attending police officer	Female 100%

was too long. In this data 90% women answered that the privacy was not protected, and 9% answered that examination was an additional psychological burden. 100% women preference of the sex of staff and attending police officer was female. (Table III)

## Discussion

The mean age, height, weight and BMI of the cases was  $26.32 \pm 3.67$ ,  $165.12 \pm 8.83$ ,  $74.51 \pm 12.24$  and  $27.36 \pm 4.30$  respectively. In another study, the average age of the study participants was 31 years. This is consistent with the findings of previous studies that identified early age as a risk factor for being a victim of sexual violence.<sup>14</sup> In this study from the total participants 49% of the enrolled women were single. There were 69% women with 0 gravidity and 70% with 0 parity. There were 70% women having no procedure done before, 19% with c section, and 11% with vaginal delivery. 70% women were familiar with the perpetrator and 69% were having memory of assault. Similarly, in a prior study, a relatively high percentage of women claimed acquaintance with the perpetrator.<sup>15</sup> Previous studies have found known perpetrators in 44% to 61% of cases, which is consistent with our findings.<sup>16</sup>

There were 94% women found with single incident and 6% with multiple incidents. Because the quality of initial care following a sexual assault might impact physical and mental recovery, it is critical to optimize examination conditions to the greatest extent possible. In contrast, if victims do not receive attentive and supportive care, the examination may be regarded as traumatization and re-victimization, or even as a 'second rape', reinforcing feelings of powerlessness, humiliation, and guilt.<sup>17</sup>

In this study 70% women found adequacy of the premises, 94% were prepared for the examination, and 8% showed that duration of doctor victim conversation was too long. In this data 90% women answered that the privacy was not protected, and 9% answered that examination was an additional psychological burden. 100% women preference of the sex of staff and attending police officer was female. Even though the majority of the women in another study rated the examination conditions (represented by privacy protection, adequate premises, and a sense of preparedness for the examination) as positive, more than half of the victims regarded the examination as an additional psychological burden.

DuMont et al. conducted a study that yielded comparable results. Although the staff interaction and

test administration were generally satisfactory, a significant number of women experienced distress throughout the assessment.<sup>17</sup> Lovett et al.<sup>18</sup> found that although the majority of women reported feeling treated with warmth and respect, a subset of them expressed emotions such as "upset," "afraid," "ashamed," and "shocked" before the forensic examination. The mitigation of possible stress arising from an examination can be achieved through the provision of a comprehensive explanation of the examination procedure, granting the individual a sense of agency in managing the process, and safeguarding the confidentiality of the individual.<sup>18</sup> Based on the findings of the previous study, which indicated that 40% of the women surveyed had a pre-existing mental illness, it is advisable to consider low-threshold referrals for professional psychological counselling and support. The goal of these interventions is to stop mental health disorders from getting worse or from developing. Implementing staff training programs is also advised in order to increase sensitivity and strengthen communication abilities.<sup>19</sup>

The purpose of the current study was to investigate a relatively unexplored research topic, focusing on the viewpoints of those who have experienced a sexual assault directly. As our knowledge of women's perspectives and experiences expands, it is critical to apply this newfound insight in an efficient manner to improve and maximize the examination environment.

## Conclusion

Conducting an FME after a sexual assault is an essential procedure, however it may subject the victim to additional psychological distress. In order to reduce victim stress, it is recommended to use various measures, including privacy protection, empathic and sensitive involvement, and, if feasible, treatment by female professionals, as the FME has been identified as an additional psychological stress.

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