

A situation analysis of care and support for rape survivors at first point of contact in India and Bangladesh

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The Context

Incidence of rape in South Asia is high.

■ Situation in India

- One VAW every 3 minutes
- One rape every 25 minutes
- Less than 2% cases are reported to Police.
- Reported cases are not always tried in courts
- When tried, convictions are delayed and
- 78,067 cases were due for trial in 2007. Only 3,697 (26%) resulted in conviction.
- 82% of rape cases remained pending in courts



■ Situation in Bangladesh

- 2001-2007: 5,816 women/children were raped of which 636 were killed
- Figures are grossly underreported due to social disgrace and lack of faith in judicial system
- Cases often last 3 or more years, many times with no conviction

Source: *Odhikar* Press release on VAW



Important Reasons for Denied Justice

Lack of Proper Forensic Evidence

- Examinations **not** conducted **timely** (within 24 hours)
- **Poor recording** and **reporting** of evidence

RH Care Needs for Rape Survivors

- Rape survivors are at risk for
 - Unwanted Pregnancy
 - STD and HIV/AIDS
- Timely interventions like
 - **ECP** could help avoid unwanted pregnancy
 - Post exposure prophylaxis (**PEP**) could prevent STD/HIV
- These drugs are most effective if used within **72 hours**
- ECP & PEP must be given at the **first point of contact**
 - Police Station
 - Hospital/ casualty-Emergency facilities



Care and Support for Rape Survivors

Package of care and support for rape survivors should include:

- Counseling
- Treatment for physical injuries
- Prevention of unwanted pregnancy
- Prevention of STI/HIV
- Comprehensive forensic examination and recording
- Legal help/guidance
- Financial help for treatment and rehabilitation, if required

Comprehensive care for rape survivors is currently non-existent; some services are provided in fragments



Objectives of the Study

- Situation Analysis of care provided at police station or medical facility
- Assess procedures followed to attend rape survivors
- Explore
 - possible improvement in procedures
 - provision of ECP and PEP within 72hrs of assault at these facilities

Research Questions

- What happens when a rape survivor comes to first point of contact?
- Can RH services be given at police station?
- Are rape case treated at health facility without FIR?
- Are forensic examination and reporting procedures **standardized**
- Could a comprehensive **replicable** model for post rape care be developed?



Study Design and Methodology

- Exploratory study
- Conducted in
 - Three cities in **India**: Delhi, Lucknow and Vadodara
 - Four Cities in **Bangladesh**: Dhaka, Tangail, Chittagong, Sylhet
- Covered 9 medical facilities and 17 Police stations
- Methodology of data collection
 - Pre-tested structured questionnaires with
 - 44 health providers (12 in India; 32 in Bangladesh)
 - 55 Police personnel (17 in India; 38 in Bangladesh)



Results

When Rape Survivor comes to Police Facility

She sits in **public waiting place** and comforted (41%);
few are counseled

History taken by inspector (47%) in a private room (76%).
If no female inspector, a female constable is called to be present . If minor, parents/relatives give history and record the event. FIR is registered

Sent to health facility for examination with a lady

Report given to accompanying police officer

Note: Based mainly on findings from India

Findings at Police Stations

% of police personnel reporting	India	Bangladesh
Formal training on managing rape survivors	6	16
Willing to attend training on managing rape survivors	47	82
Knowledge of ECP	0	0
Discussion on possibility of pregnancy	0	52
provided information about STI/HIV	0	55
Recommended HIV testing	0	66
Referred to VCT/hospital if requested	0	71
Awareness about PEP	0	0
Having kits for managing rape cases	0	0

Findings at Police Stations

% of police personnel reporting the following	India	Bangladesh
Case is always attended by lady police	29	26
Waiting period before FIR is written		
➤ 30 minutes or less	82	79
➤ 45-60 minutes	0	8
➤ 1 hour or more	18	13
Interview with survivor in		
➤ private room	77	12
➤ Public interrogation room	23	88
Calming down the survivor before beginning interview		
➤ Counseling on arrival	40	8
➤ No counseling - wait for survivor to calm down	47	0
➤ Survivor given sedatives to calm down	0	92
➤ Begin interview in present state	7	0
Counseling during/after enquiry		
➤ Yes, always	20	68
➤ Yes, if needed	40	24
➤ No	40	5



Findings from Police Stations

- Official guidelines for managing rape cases are not followed.
 - Official guideline exist in both countries but it was not available at police stations.
 - Most officers were not aware of the existence of such guidelines
- Police does not recognize its role as a care giver for rape survivors

“We take them to hospitals anyway; all health facilities are available there. At police stations we don’t have any health facilities. We are not doctors”

Procedure Followed at Health Facility

If directly reported to health facility: Asked to wait till police comes/Sent back to police station

Medico-legal formalities -completed and forms handed over to Police
No counseling given immediately

Before examination

Waiting place : India :Corridor, Bangladesh : Private waiting room

Counseling : Counseling and provision of information on examination
(Not necessarily by trained counselor)

Consent : **Adult:** Consent for internal examination taken
Minor: Consent from parents or accompanying relatives

External examination and history taking

Internal examination

Adult : by Gyn who is on duty; **not necessarily female**

Minor: Pediatrician also attends, only external wounds examined

No standard protocol for examination for collection of Forensic Evidence

Collected samples and Report sealed and handed over to Police

Samples Collected During Examination for Forensic Tests

Sample collected (always)	India	Bangladesh
Panties	67	0
Sanitary napkins	15	3
External anal swab	17	0
Tampons	33	0
External Genital Swab	75	53
Deep vaginal Swab	83	97
Cervical Swab	42	0

No standard protocol followed for the collection of forensic evidence.

Findings from Health Facilities

% of health personnel reporting	India	Bangladesh
Formal training for managing rape survivors	0	0
Willing to attend training	58	88
Use of standard protocols for medico-legal examination	0	0
Availability of post rape kits	0	0
Routinely conduct pregnancy test	33	3
Prescribe ECP	66	16
Conduct HIV test	55	6
Offer VCT	27	3
Provide referral for VCT	55	0
Correct knowledge of PEP regimen	9	19
Advice PEP to rape survivor	27	0

Attitude of Police Towards Rape Survivors:

<u>Statements agreed to</u>	<u>India</u>	<u>Bangladesh</u>
■ A woman who is raped is a serious medical problem	63	74
■ Some women lie about rape to punish men	87	68
■ Sex workers cannot really be raped	31	66
■ Provocative dress/ gestures are often cause of rape	50	68
■ Raped women bring shame to family	75	60
■ Rape leaves obvious injury	56	68
■ Only certain types of women are raped	0	32
■ If a woman is drunk, one cannot say that she did not agree to sex	63	53

Attitude of Health Providers Towards Rape Survivors

<u>Statements agreed to</u>	<u>India</u>	<u>Bangladesh</u>
■ A woman who is raped is a serious medical problem	75	91
■ Some women lie about rape to punish men	100	91
■ Sex workers cannot really be raped	0	13
■ Provocative dress/ gestures are often cause of rape	42	84
■ Raped women bring shame to family	25	81
■ Rape leaves obvious injury	42	22
■ Only certain types of women are raped	0	4
■ If a woman is drunk, one cannot say that she did not agree to sex	42	63

Recommendations

- Advocacy for providing comprehensive PRC
- What could be done at first point of contacts?
 - Training in counseling, confidentiality, information on ECP/PEP, medico-legal examination
 - Gender sensitization of police / health personnel
 - More women police officers
 - **Treat rape as priority case** to avoid delays
 - Standardization of evidence collection and **monitoring**
- Reducing stigma among community against rape survivors to **enhance reporting** of rape cases.
- Large situational analysis and operations research to develop a comprehensive and replicable model for providing post rape care



Thank You