

# 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
➤ <b>1 hour or more</b>	<b>18</b>	<b>13</b>
Interview with survivor in		
➤ private room	<b>77</b>	12
➤ Public interrogation room	23	<b>88</b>
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	<b>92</b>
➤ Begin interview in present state	7	0
Counseling during/after enquiry		
➤ Yes, always	20	<b>68</b>
➤ 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
■ <b>Some women lie about rape to punish men</b>	<b>87</b>	<b>68</b>
■ Sex workers cannot really be raped	31	66
■ <b>Provocative dress/ gestures are often cause of rape</b>	<b>50</b>	<b>68</b>
■ Raped women bring shame to family	75	60
■ <b>Rape leaves obvious injury</b>	<b>56</b>	<b>68</b>
■ <b>Only certain types of women are raped</b>	<b>0</b>	<b>32</b>
■ 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
■ <b>Some women lie about rape to punish men</b>	<b>100</b>	<b>91</b>
■ Sex workers cannot really be raped	0	13
■ <b>Provocative dress/ gestures are often cause of rape</b>	<b>42</b>	<b>84</b>
■ Raped women bring shame to family	25	81
■ <b>Rape leaves obvious injury</b>	<b>42</b>	<b>22</b>
■ <b>Only certain types of women are raped</b>	<b>0</b>	<b>4</b>
■ 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