

Guidelines for Gynecological Evaluation of Sexual Assault and Rape Victims

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İRZA GEÇME VE İRZA TASADDİ VAK'ALARINDA JİNEKOLOJİK MUAYENE VE DOKÜMANTASYON

Özet

İğfal kurbanlarına yeterli ve gerekli tıbbî müdahalenin yapılabilmesi için, seksüel saldırının toplumsal ve emosyonel sonuçları göz önünde bulundurulmalı ve olay geniş bir açıdan değerlendirilmelidir. İğfal kurbanının genel ve jinekolojik muayenesi vakit kaybetmeden yapılmalı ve gerekli âcil bakımı sağlanmalıdır. Irza geçme sonucu bir gebelik veya zührevî hastalık olasılığı göz önünde bulundurulmalı, hasta kısa ve uzun vâdede görülebilecek psikolojik travmaya karşı takviye edilmelidir. Bu muayeneden gaye, öncelikle hastanın sağlığı için gerekli önlemlerin alınması ve adli tıp açısından gerekecek bulguların saptanmasıdır. Bu makalede, iğfal kurbanlarının adli tıp açısından değerlendirilmesinde, jinekolojik muayene ve dokümantasyonun önemine değinilerek, irza geçme vak'alarında jinekolojik anamnez ve muayene esasları ayrıntılı olarak sıralanmakta, ayrıca adli tıp açısından önemli olan mikroskopik, biyokimyasal, serolojik ve bakteriyolojik lâboratuvar yöntemleri incelenmektedir.

Summary

The social and emotional consequences of sexual assault must be understood from a broad perspective, if the health care community is to provide adequate medical service to rape victims. Medical management includes immediate care of physical injuries, the conduct of a medical and gynecological examination, attention to the possibility of gestation or venereal disease, and emotional support to acute and long-term psychological trauma. The purpose of the examination is first the welfare of the victim and secondarily to gather documentation. Once sexual assault has been reported to the legal authorities, a complex legal process is set in motion. In this review, I shall focus the reader's attention on the importance of the gynecological documentation and guidelines for gynecological evaluation of the rape victims.

The psychological and physical traumas of the rape victim require competent medical care. Sexual assault, rape has been characterized as a crime that degrades and violates the victim's sense of self (1, 2).

I believe there are several steps the Obstetrician - Gynecologist can take that will improve his ability to care for rape victims. Since rape is legally defined crime rather than a medical diagnosis, health-care professionals must be familiar with basic legal aspects of sexual assault.

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The appropriateness and consequences of rape have long been subjects of considerable speculations. In the past there were numbers of misconceptions, including the assumptions that women secretly enjoy sexual assault, that a woman cannot be raped unless she wants to be raped (4). In view of these negative attitudes toward rape victims, some authors tend to regard sexual assault as a reflection of societal prejudice toward women (5, 6). In a study of 646 cases, done by *Amir* (2), obtained through police records in US, he concluded that most rapes occur in the home, rather than in the parks, and most rapes are planned, rather than being impulsive acts. Rape has no boundaries defined by age, health, or physical appearance. There have been reports of rape victims, five months of age or as old as their nineties (8-11). Once sexual assault has been reported to the legal authorities, a complex legal process is set in motion (12).

Medical management of the rape victim includes the immediate care of physical injuries, the conduct of a medical and gynecological examination, attention to the possibility of gestation or venereal disease, and emotional support to acute and long-term psychological trauma (3, 13).

History

- 1 — *Presenting complaint* :
- 2 — *Age* : 3 — *Gravidity* : 4 — *Parity* : 5 — *Age of menarche* :
- 6 — *Last mense* : 7 — *Patient known to be pregnant* ?
- 8 — *Date of termination of last pregnancy* :
- 9 — *Most recent coitus prior to alleged sexual assault. Date* :
Time : *Condom used* ? Yes () No ()
- 10 — *Current mode of contraception used by patient, if any* :
- 11 — *Vaginal tampons used* ? Yes () No () *Age begun* :
- 12 — *Douching practiced* ? Yes () No () *Most recent* :
- 13 — *During alleged assault* :
Did penis penetrate vulva ? Yes () No ()
Assailant experience orgasm? Yes () No () Don't know ()
Assailant wear a condom? Yes () No () Don't know ()
Attempt, fellatio, and/or consumate () *cunnilingus* () none ()
- 14 — *Since alleged assault has patient* :
Douched : Yes () No ()
Bath or showered : Yes () No ()
Defecated : Yes () No ()
Urinated : Yes () No ()
- 15 — *Has patient knowledge of* :
Any present medical problems : Yes () No ()
Any current medications : Yes () No ()
Any drug allergy : Yes () No ()
- 16 — *Has patient had a venereal disease* : past () present ()
Describe therapy if known.
- 17 — *Has patient been raped before*? Yes () No ()
- 18 — *Any history of emotional illness*? Yes () No ()
- 19 — *Any previous vaginal surgical procedures* : Yes () No () *Describe* :
- 20 — *In 24 hours immediately prior to alleged assault, did patient use alcohol or drugs? If so, describe time and amount of ingestion.*

The purpose of the medical examination is first the welfare of the patient and secondarily to gather documentation.

{*Groth* and *Burgess* (14) noted a relatively high rate of sexual dysfunction, 16 % of the rapist were impotent and 15 % were unable to ejaculate. Therefore, failure to detect as microscopic identification of spermatozoa or prostatic acid phosphatase in vaginal secretions does not rule out the possibility of vaginal penetration having occurred (15)}.

- 3 — *Acid phosphatase study* : Saturate a cotton-tipped swab in the vaginal pool and any other suspected orifice or liquid. Return the swab to its appropriately labeled tube. Give to the investigator.
- 4 — *Cytologic smears* : Using a cotton-tipped applicator, make 2 glass slide smears of fluids from the vagina. Coat with fixative and label appropriately. One slide from each set of two will be used for staining for spermatozoa and the other will be retained for possible use in ABO grouping. Give slides to investigator after proper labeling.
- 5 — *Bacteriology* : Using the culture system swab, take a smear from appropriate areas for culturing possible *N. gonorrhoea*.
- 6 — *Serology and hematology* : Collect approximately 7 ml of venous blood into 2 plain vacutainers (no anti-coagulants). Give to the investigator. Send the other tube to your local laboratory for serological tests for *syphilis*, if appropriate.
- 7 — *Secretor status* : 2 - 3 ml of patient's saliva should be collected onto the filter paper and air dried.
- 8 — *Fingernail scrapings* : Using a wooden applicator stick or the fingernail clipper scrape the underside of all nails.
- 9 — *Clothing* : Stained and/or torn clothing should be air dried, placed in a plastic bag.
- 10 — *Other specimens (if indicated)* : a) Urine for pregnancy test, b) Urine for analysis if bladder traumatized, c) Blood for toxicology, d) Photographs.

In the emergency evaluation of rape and sex assault victims it might be necessary to administer sedatives and tranquilizers also emotional support from health-care professionals is of critical importance.

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