

# Assessment and Examination of Female Rape Victims and Their Genital Injuries

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## Abstract

**Background:** The prevalence of genital injury resulting from sexual assault has been an area of interest to the scientific and health care community. The present study was conducted to assess female rape victims and their genital injuries.

**Materials & methods:** The present retrospective study was conducted in the department of Gynaecology. It consisted of 28 female patients of rape victims. All suspected victims were examined in gynecology and forensic medicine department. A through vaginal examination was performed by gynecologist.

**Results:** Age group 20-25 years had 16 females and age group 25-30 years had 7 females and 30-35 years had 5 females. The difference was significant ( $P < 0.05$ ). Tanner staging- hair stage II was seen in 8, hair stage III in 20, V- shaped notches were single in 4, multiple in 24. Notches were at 6 o'clock position in 5, 9 o'clock position in 6 and at both positions in 17. The difference was significant ( $P < 0.05$ ).

**Conclusion:** The number of rapes is increasing day by day. A through gynecological examination is required to confirm the crime.

**Key words:** Rape, Gynecology, genital injuries, sexual assault.

## Introduction

An estimated 876,064 rapes are perpetrated against women each year in the United States. Among injured female victims of sexual assault, one half of those in which the violence was reported received some type of treatment from a health care provide. The prevalence of genital injury resulting from sexual assault has been an area of interest to the scientific and health care community since the 1970s.<sup>1</sup> Investigators have, over the years, typically reported the prevalence and location of injuries that occur most commonly; however, less is known about other more subtle aspects of injury, such as the type, severity, and extent of the wounds. Sexual violence occurs throughout the world.<sup>2</sup>

Although in most countries there has been little research conducted on the problem, available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner, and up to one-third of adolescent girls report their first sexual experience as being forced.<sup>3</sup> Sexual violence has a profound impact on physical and mental health. As well as causing physical injury, it is associated with an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences. Its impact on mental health can be as serious as its physical impact, and may be equally long lasting. Deaths following sexual violence may be as a result of suicide, HIV infection or murder – the latter occurring either during a sexual assault or subsequently, as a murder of “honour”. Sexual violence can also profoundly affect the social wellbeing of victims; individuals may be stigmatized and ostracized by their families and others as a consequence.<sup>4</sup> The present study was conducted to assess female rape victims and their genital injuries.

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**Materials & Method**

The present retrospective study was conducted in the department of Gynaecology. It consisted of 28 female patients of rape victims. All subjects were informed about the study and written consent was taken. Ethical clearance was obtained prior to the study.

Data such as name, age, sex etc was recorded in performa. All suspected victims were examined in gynecology and forensic medicine department. A through vaginal examination was performed by gynecologist. Results thus obtained were studied. P value <0.05 was considered significant.

**Results**

**Table I Age wise distribution**

Age group (Years)	Number	P value
20-25	16	0.01
25-30	7	
30-35	5	

Table I shows that age group 20-25 years had 16 females and age group 25-30 years had 7 females and 30-35 years had 5 females. The difference was significant (P< 0.05).

**Table II Assessment of parameters**

Parameters	Number	P value
Tanner staging-hair stage II	8	0.01
Hair stage III	20	
V- shaped notches- single	4	0.02
Multiple	24	

Notches- 6 o clock position	4	0.05
9 o clock position	6	
Both	17	

Table II shows that Tanner staging- hair stage II was seen in 8, hair stage III in 20, V- shaped notches were single in 4, multiple in 24. Notches were at 6 o clock position in 5, 9 o clock position in 6 and at both positions in 17. The difference was significant (P< 0.05).

**Discussion**

Rape of women and of men is often used as a weapon of war, as a form of attack on the enemy, typifying the conquest and degradation of its women or captured male fighters. It may also be used to punish women for transgressing social or moral codes, for instance, those prohibiting adultery or drunkenness in public. Women and men may also be raped when in police custody or in prison.<sup>5</sup>

Sexual violence is defined as: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Coercion can cover a whole spectrum of degrees of force. Apart from physical force, it may involve psychological intimidation, blackmail or other threats – for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation.<sup>6</sup> Sexual violence includes rape, defined as physically forced or otherwise coerced penetration– even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape. Sexual violence can include other forms of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva or anus.<sup>7</sup> The present study was conducted to assess female rape victims and their genital injuries.

In this study, age group 20-25 years had 16 females and age group 25-30 years had 7 females and 30-35

years had 5 females. Typically, acute injuries of the external genitalia observed in child rape victims include lacerations, bruise, abrasion, redness, and edema of the posterior fourchette, labia majora, labia minora, hymen, or vulva. The hymen of a child is easily torn by the insertion of an adult penis, as the pre-pubertal physical structure of the hymen is relatively smaller than that of adults.<sup>8</sup>

In a study conducted by Plichta et al<sup>9</sup>, the genital scars of pre-adolescent sexual abused victims were monitored for 10 years. Of 24 child victims who were raped, transection was observed in 12 victims. The transection of the hymen did not naturally heal unless they were surgically reconstructed.

We found that Tanner staging- hair stage II was seen in 8, hair stage III in 20, V- shaped notches were single in 4, multiple in 24. Notches were at 6 o'clock position in 5, 9 o'clock position in 6 and at both positions in 17. Campbell et al<sup>10</sup> conducted a study on scar patterns in the genital organs of sexually assaulted female victims. Hymenal laceration occurred more frequently in adolescents than in adults, and the difference was statistically significant. Hymenal injury is more frequent in adolescents than in adults because of the lack of sexual and childbirth experience. Therefore, when a child is raped, hymenal injury is more likely to occur, or the severity of the injury is more serious in adolescents than in adults. Severe hymenal scars, such as deep notches of over 50% or transections, may remain permanently even after several years. Most child rape cases have a delayed disclosure of sexual abuse. Therefore, by the time medical professionals examine child victims, the injuries are most likely healed to a certain degree.

### Conclusion

The number of rapes is increasing day by day. A thorough gynecological examination is required to confirm the crime.

**Conflicts of Interest:** The authors declare that there is no conflict of interest regarding the publication of this paper.

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**Ethical Clearance:** Ethical clearance has been taken from Institutional Ethical Committee

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