Chain of evidence for post-rape care services: Lessons learnt in Kenya

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Background

• SV is a public health problem

• Services required:
  – Clinical care and Treatment for injuries
  – Prophylaxis
  – Examination and documentation for legal purposes
  – Psycho-social support

• Only few studies have evaluated the relationship between medico-legal evidence collected and legal outcomes (negative or positive)
Why is forensic evidence important?

• Evidence helps prove 3 things:
  – The assault occurred
  – Without consent/through coercion
  – Presence of perpetrator

• Maintaining a proper chain-of-evidence is as important as collecting the proper evidence. Without which the collected evidence could be considered inadmissible in court.

• Documentation plays a key role in medico-legal management of survivors
Study Justification

• Inconsistent collection of evidence, limited in quality and scope, or not undertaken

• Lack of clearly defined linkages between the health sector and CJS
  - 1st point of reporting?

• Lack of mechanisms outlining how to increase the utility of evidence collected at the health facility by the criminal justice system

• Disharmony in the documentation protocols in place
  - PRC 1 form; P3 form
Areas of Focus

• Description of current practices around evidence collection

• Whether training to collect better evidence using the rape kit would enhance the quality of ML evidence

• How to harmonise current documentation procedures
• Duration: Sept 2007-Dec 2008
• Setting: 2 Hospitals and 2 police stations
• Study design:
  – Baseline (diagnostic study)
  – Intervention (trainings, meetings, evaluation)
• Ethics:
  – Ethical approval obtained
  – Consent obtained from all targeted institutions & participants
• Data Collection:
  – Key informant interviews
  – Health facility record review
Formative Research
Survivors-Rape register (n=161)

- Missing: 4, 1, 2, 2, 2
- Female: 29, 54, 30, 25, 1
- Male: 3, 7, 3, 1, 1

Age groups:
- <15 years: 1
- 16-24 years: 2
- 25-34 years: 3
- 35 & above: 1
Reasons for not collecting evidence

- Evidence collected by HCWs for treatment and not forensic purposes
  
  “HVS ‘---‘ to check if there is any spermatozoa present; Urine for carrying out a PT(Pregnancy Test). Blood is also taken for the purpose of checking on their haemoglobin levels. Some investigations are also done to the rapist so that we can also see what it is that they may have passed on to the client as they raped them”

  (Laboratory in charge, District 01)

- Evidence not collected from children
  - No sign of penetration

- Police found not to collect evidence from scene of crime.
Challenges in evidence collection

• How to handle cases where there is no evidence to corroborate the assault:
  - Evidence tampered with
    » within the institutions or at community level
  - When the assault occurs at night (no lab services provided at night)
  - No evidence of penetration

• Lack of required tools and re-agents
  - Stock outs?
Child Survivors

• Challenges in handling children:
  - How to obtain specimen from children using existing tools e.g. speculum
  - Delayed presentation –delayed disclosure
  - Lack of trust for the HCWs
  - Different stories given by same child
  - Lack of clarity of specimens to be collected from male survivors
Gaps in medical documentation

- Poor documentation (*PRC 1 form & Rape Registers):
  - Not duly filled in / Inconsistent use
    - No provisions for medical officers to sign in after handing over samples / copy of PRC 1 form to police
  - PRC 1 form cannot be used a stand alone medico-legal document
  - Has to be signed by a medical officer
    - Practicality? district hospitals have very few doctors

*PRC 1 form is the medical examination form*
Gaps in legal documentation

• P3 form (Kenya Police medical examination form):
  – Not easily accessible to all survivors:
    » “Costs?“
  – Doctors not given a copy of the P3 form for their own records
  – Can only be signed in by a medical doctor
  – Most HCWs not willing to fill it in
    » Fear of being requested to attend court proceedings

• Paper trail of evidence:
  – Most of the documents in use within health facility/police stations don’t have slots for documenting referrals made
  – No specific person responsible for PRC data
Intervention
Description of Intervention

• Done for a period of 7 months

• In 1 district

• Key activities:
  – Stakeholder meetings
  – Dissemination of findings with key stakeholders at district and Ministry of health
  – Trainings
Focus of Intervention

• 5 day training of 303 stakeholders:
  – Health care workers
  – Police
  – *Community leaders

• Topics:
  – Medical management and collection of evidence
  – Legal provisions of SV & crime scene management
  – Training on documentation (PRC 1 & P3)
  – Paper trail & referrals between sectors
  – Specimen analysis & preservation
  – *Handling of SV within existing community structures
• Development of protocols and tools for evidence collection

• Continuous monitoring
Findings Post-Intervention
Improvement in types of evidence collected

More samples were retrieved from survivors post-intervention

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<tr>
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<th>Baseline</th>
<th>Post -intervention</th>
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<tbody>
<tr>
<td>HCWS</td>
<td>HVS, urine, clothes/pants, blood, document injuries</td>
<td>HVS, urine, blood, rectal &amp; oral swabs, hair, clothes(torn/stained), pants, nail scrapings</td>
</tr>
<tr>
<td>Police(from scene of crime)</td>
<td>Clothes, panties, P3 form (Rely on evidence collected by HCWs)</td>
<td>Photos of scene of crime, money (especially from child survivors)</td>
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More missing records

There were more records at baseline where it was not indicated whether specific specimen were not collected.

External swabs mostly collected from children.
Type of specimens collected

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<thead>
<tr>
<th>Type of specimens</th>
<th>Baseline</th>
<th>Endline</th>
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<tbody>
<tr>
<td>Anal Swab</td>
<td>0%</td>
<td>8%</td>
</tr>
<tr>
<td>HVS</td>
<td>42%</td>
<td>44%</td>
</tr>
<tr>
<td>Urine</td>
<td>4%</td>
<td>19%</td>
</tr>
<tr>
<td>External Swabs</td>
<td>38%</td>
<td>12%</td>
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Improved number of police signing PRC forms (n=143)

In the majority of cases, police still don’t sign
- lack of paper trail
Community role in improving evidence collection

- Community play a key role in maintenance of an evidence chain

- Challenges experienced by service providers include:
  - Delayed presentation by community
  - Lack of reporting of cases of child sexual abuse esp. cases of incest
  - Ignorance of what is to be done by survivor after an assault
  - Existing alternative forms of justice
Lessons learnt & next steps
Lessons learnt

• There is need to establish mechanisms of engaging the community in:
  – Primary & secondary prevention of SV
  – Promoting access of medico-legal services

• Sector specific training not always needed
  – Inter-sectoral trainings: necessary

• Children:
  – No clear specifications in the guidelines on how to handle children

• Enhancement of procedures for evidence collection
  – Locally Vs Pre-packed kits?
Locally Vs Pre-Packed Rape kit?

• Kit components found to be readily available within the health facility (poor resource settings)

• Reduces wastage of components

  » Applicator sticks
  » Urine bottles
  » Vercutainer tubes
  » Needles & syringes
  » Powder free gloves
  » Tape measure
  » Speculum (Adults)
  » *Pregnancy kits

Total cost per kit = 2,400shs
How findings are being utilised

• National SV guidelines, medical report form, and training manuals sexual violence and rape being revised
  – Minimum evidence required
  – Intersections between police and health sector
  – Highlight on children
  – Gazettement of the medical examination form (PRC 1)

• Development of IEC materials

• Inform dev’pt of a locally assembled kit:
  – Legal implications?
Acknowledgements

- Population Council
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Thank You---Ahsante!

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