DESCRIBING THE STANDARDS FOR ‘CUSTODY-OF-EVIDENCE’ CHAIN FOR POST RAPE CARE SERVICES IN KENYA

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Rationale

- Nature of legislation providing challenges for health sector witnessing (expert witness?)
- Challenges in high evidentiary requirements
- Retrieval & analysis of collected samples
  - Government doctors inexperienced in retrieving evidence
  - Challenges in storage
- Community involvement
Overview of Research Study

Aim:
- To have improved evidence chain in 2 districts in Kenya by 2008, through integration of the community, health and criminal justice systems.

- Describe the current practices and gaps in the maintenance of the CoE.
  - Collection
  - Storage
  - Preservation
  - Analysis
  - Transportation

- To design and test an evidence chain model.
- Evaluate the model developed.
Methodology

- Research proposal approved by the Ethics Board
- Permission granted to collect data from the relevant government structures
- Study sites:
  - 2 district level public hospitals
  - 2 district hospitals
  - Civil society organizations
  - Government chemist
- In depth interviews:
  - 16 health care providers
  - 4 police
  - 7 lawyers
  - 2 government chemist analysts
- Review of hospital records
Emerging Issues

Understanding of sexual violence:
- Lack of knowledge on types of SV
- Sexual violence as a medico-legal issue

Collection of samples:
- HCWs looking for spermatozoa
- No evidence suggesting sexual violence?
- Delays in handling survivors

Type of evidence collected:
- High Vaginal Swab (HVS), blood and urine.
- The scene of the crime?
- Police only rely on what is documented in the P3 form
Handling of specimen:
- Challenges in preventing loss & contamination of samples

Training:
- lack of training by all who are involved in the management of survivors of sexual violence (Ongoing capacity building required)
- 4(17) HCWs interviewed trained

Legal
- Technicalities in the application of the Sexual Offences Act
- No documentation to show evidence paper trail

Examination
- Lack of clarity on who is required to carry out the examination
- Knowledge gaps on who is required to give evidence in court
- Standardized protocols not being used (PRC1 Form, P3 form)
Community role:
- Delayed reporting,
- Lack of awareness by community

Documentation:
- In some cases, police sign for specimens they collect from the hospital
- HCWs not utilizing the PRC 1 form
  - They use patient files to indicate ‘the state of the clothing, the state of the patient and whatever samples are taken----’.
- Lack of feedback mechanisms between the Hospital, Police & Government chemist:
  “There is no way of getting feedback on whether it [sample] got there [government chemist] or of the results”

(Laboratory in Charge, District 01)
Role of Police:
- differing views from the laboratory personnel with regards to the role of the police
- the perception of the health care workers towards the police could affect service delivery/referrals

“Really, the truth is I do not trust the police. Evidence can therefore be lost while being taken back to the CO from the laboratory as the police can collaborate with the guardians of the accused and just hide or discard the evidence. What I would prefer is if the investigation results could go straight to the CO without the police being involved.”

(Laboratory in Charge, District 01)
Challenges faced by Police in maintaining the evidence chain

- Survivors/families resorting to alternate forms of justice
- Lack of storage facilities at the police
- Difficulties in using the evidence to trace the accused
- Delayed reporting by survivors
- Loss of the P3 form
- Lack of transportation leading to delays in submission of exhibits for analysis
- Having false witnesses especially when handling children
## Challenges Faced by HCWs

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<tr>
<th>Position</th>
<th>Statement</th>
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<td>Clinical officer</td>
<td>“Some of the cases are never reported to the police. Others are being brought here when after many months”</td>
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<tr>
<td>Medical Superintendant</td>
<td>“--no one works in the laboratory at night---- the fact here is they are not, the samples that are taken are not analyzed. Sometimes we have had to delay collection of the sample until the following day.”</td>
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<td>“--ignorance, people don’t know what they are supposed to do. The survivors themselves don’t know that they are not supposed to interfere with evidence,--“</td>
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<td>Nursing Officer</td>
<td>“---females find it very offensive to come to the hospital after such an act without bathing, so when they come the evidence is destroyed.”</td>
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Challenged faced by Police in prosecuting cases of SV

"-- people here just want compensations after the rape especially where relatives are involved.---Or you find that people settle things and compensations out there, but if the accused does not compensate they come to report"

“For the minor, if the case they settle outside the court, the minor will not come to court, will go and book, court for her or him, but he will not appear in court”
Next Steps

- Capacity building on medico-legal issues around sexual violence - *HCWs and Police (ongoing)*
- Development of protocols & job aids
- Sensitization of the community
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THANK YOU