

Medical documentation of injuries is associated with more convictions in adult rapes in South Africa

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A study examining how the South African criminal justice system handles cases of rape shows an association between the medical documentation of ano-genital injuries, the commencement of trials, and convictions in rape cases. The study, published in the open access journal *PLoS Medicine* this week, is believed to be the first investigation to show these findings in a developing country.

Rape has devastating short-term and long-term mental and physical consequences, and destructive consequences for society in general, but health services in most countries respond poorly to rape. Health services for rape are often underfunded and this can mean that service providers lack training when examining victims of rape and when interpreting the medical findings in court, and can fail to meet the health needs of the victims. Rachel Jewkes (of the Medical Research Council, Pretoria, South Africa) and colleagues investigated the impact of forensic medical evidence and the role of DNA on cases of rape handled by the [criminal justice system](#) in South Africa. South Africa is a country with an especially high prevalence of rape despite a new national policy on sexual assault and several attempts to improve clinical management guidelines in the last decade. This makes South Africa an important place to conduct research because while studies have investigated how useful expert medical evidence is for police and courts handling cases of rape, virtually all of them have been carried out in high-income countries.

Randomly selecting police stations in Gauteng province in South Africa, the researchers analysed data from police and court files of 1,547 cases of rape or attempted rape first reported in 2003, all of which had all involved a medical examination of the victim. Analysing the cases for adults and children victims of rape separately, they found that the overall conviction rate for cases of rape was very low with only 3% of adult cases and 7.4% of children's cases resulting in a guilty verdict. A report on DNA was only available in 1.4% of cases and often DNA evidence was not collected and if collected not analysed. Cases of child rape were more likely to come to trial if injuries were recorded, but recorded injuries were not more likely to result in a guilty verdict in these cases. In cases of adult rape, however, the reverse was true. Cases were not more likely to come to trial as a result of the presence or absence of injuries, but recorded injuries - whether genital, non-genital or both - were more likely to result in a conviction.

The findings, say the researchers, "are of particular importance because they point to the value of good basic, forensic medical practices in assisting courts in rape cases." The value of this good practice of recording injuries (resulting in more convictions in adult cases of rape and more trials in cases of child rape) is greater than the more expensive process of collecting and analysing DNA evidence, although they also argue that DNA collection should not be abandoned entirely in a middle-income country like South Africa with many non-partner rapes. The researchers acknowledge the limitations of their findings - the quality of recorded evidence collected by the police was variable and they only had access to cases of rape or attempted rape closed in 2006, which may have influenced the results. But importantly, the authors conclude in "resource constrained settings", rape victims, the police and the courts would benefit greatly from "establishing policy, guidelines, and training for forensic medical examiners (be they nurses or doctors) and ensuring that they are equipped to provide good basic health care" than from the complex systems allowing for DNA analysis.

More information: Jewkes R, Christofides N, Vetten L, Jina R, Sigsworth R, et al. (2009) Medico-Legal Findings, Legal Case Progression, and Outcomes in South African Rape Cases: Retrospective Review. PLoS Med 6(10): e1000164.
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