CORRESPONDENCE

Integrated response

The article by Amita Pitre in the July-September 2006 issue of *IJME* (1) is topical. Two recent events, the conviction of the accused in the Priyadarshini Mattoo case, and the passing by Parliament of the Protection of Women from Domestic Violence Act, 2005, have also focused on the issue of violence against women in India.

The lack of appropriate training of doctors and often their reluctance to examine survivors of sexual assault have been highlighted in the article. This points to a serious lacuna in medical training and a need for gender sensitisation and provision of appropriate clinical, medico-legal skills to trainee doctors to handle cases of sexual assault. Developing local guidelines, best practices, standardised protocols and evidence collection kits, which Pitre suggests, should be supplemented with regular updates, supervision, and proper storage and transportation of the collected evidence.

The author has mentioned the need for prophylaxes against HIV and Hepatitis B for survivors of sexual assault. Testing for other sexually transmitted infections as well as provision of post-coital emergency contraception, if indicated, is also important.

The response to sexual assault in a medical setting must occur in an atmosphere of trust. Comprehensive care should be provided to the survivor in an environment where s/he feels secure. A 2003 article from Australia (2) suggests the following steps in cases of acute adult sexual assault: a) ensure privacy, safety and adequate time for the victim, b) acknowledge their courage in speaking out, c) accept the victim's story in a non-judgemental way — it is the role of police to investigate veracity, d) explain that reactions to rape, such as shock, arousal, anxiety and fear are normal; emphasise that the victim is not to blame; and e) understand that the aim of management is to return control to the victim by enabling them to make choices about reporting, counselling and medical therapy.

Caring for survivors of sexual assault needs to go beyond the realm of forensic/legal medicine. Involving other members of the health care team like nurses, hospital counsellors and social workers would play a crucial role in providing an integrated response.

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References

1. Pitre A. Caring for survivors of sexual assault. *Indian J Med Ethics*. 2006 Jul-Sep; 3(3): 90-2.
2. Mein JK, Palmer CM, Shand MC et al. Management of acute adult sexual assault. *Med J Aust* 2003 Mar 3; 178(5): 226-30.

Measles vaccine

This refers to the letter by A Verma (1) lamenting the fact that not enough children take the oral polio vaccine in spite of it being available free of charge. Although in a few instances people may have resisted, in general they know that pulse polio gives a blanket cover to children and is bound to lower the incidence of the disease.

However, in my opinion, measles is a bigger culprit than polio. It is a major problem in developing countries, where malnutrition is widely prevalent. Babies who are less than six months are the most vulnerable and measles has many, sometimes fatal, complications. The measles vaccine should also be made available for free, especially at the district levels.

Reference

1. Verma A. Fewere children are getting the polio vaccine. *Indian J Med Ethics*. 2006 Oct-Dec; 3 (4): 145-146

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