

Overhaul response to rape victims, give them dignity

In a watershed decision, the Supreme Court of India ruled this week that the invasive two-finger test is unscientific, archaic and has no value in proving or disproving rape. This is a welcome move but it is important to look back at several efforts by the judiciary, legal commissions and the women's movement to discard this outdated and offensive practice, and the state of medico-legal response to rape survivors.



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in its report categorically stated that the two-finger test should not be done and recommended barring medical providers from commenting on whether a woman is habituated to sexual intercourse. The Protection of Children from Sexual Offences Act, 2012 and the amendments to the rape law in 2013 expanded the definition of rape to include a range of non-consensual sexual acts and non-penetrative acts but failed to move the needle on attitudes and medical procedure.

In 2014, the Union health ministry issued a protocol for medico-legal care for victims or survivors of sexual violence, a first-of-its-kind document in India. The aim of the exercise was to discard archaic forensic practices, educate examining doctors

about components of medico-legal examination and implement therapeutic and medico-legal roles but ground realities to health system response for rape survivors continued to be bleak. While the two-finger test is often spotlighted, and rightly so, several other archaic and unscientific medical procedures continue to be recorded — old tears, tags and elasticity of the hymen, in particular. All scientific evidence is stacked against such examinations but to no avail.

The MBBS curriculum underwent a significant change in 2019 after two decades with the introduction of the Competency Based Medical Education. The purpose of this change was to enable medical students to be sensitive physicians and take into account important social determinants of health while serving patients. But it was shocking to note that even in 2019, the forensic curriculum continued to teach students how to examine "virginity testing, defloration and types of hymen". It is unfortunate that the medical curriculum lacks the depth to ensure scientific and dignified medico-legal care for survivors, despite the outrage and institutional churn in the aftermath of the

2012 incident. The National Medical Council (NMC) has finally taken cognisance of this gap, and has moved to make efforts to discard such practices.

Abolishing the two-finger test, therefore, is an important step but the fact that it continued to be used almost a decade after the apex court first criticised it shows institutional lapses. More needs to be done to abolish the entire repertoire of unscientific medical procedures that continue to deny women who suffer sexual violence the right to dignity and privacy. This can only happen if bodies such as NMC, which oversees medical education and practice, and National Assessment and Accreditation Council, which assess medical colleges for quality of care and standards, create mechanisms to prescribe standards of medico-legal care for rape. These standards must be converted into training for medical students and providers, and assessed on a regular basis to overhaul rape care in India.

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The views expressed are personal

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