

news THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT DALLAS

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June 17, 1977

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*****Dallas rape program achieves excellent results by treating both the victim and the evidence with care.

DALLAS--In a recent episode of the NBC television series "Quincy" a man accused of rape goes free--even though Quincy is certain of his guilt--because the evidence that would have convicted him is accidentally destroyed in the hospital emergency room.

During the hour-long show the fictional Los Angeles County medical examiner, played by actor Jack Klugman, refers several times to a highly successful rape program in Dallas which prevents such tragic foul-ups.

By centralizing the examination and treatment of alleged victims of rape, the Dallas program has assured that a specially trained team will take care of not only the rape victim, but also the rape evidence.

Dr. Charles Petty, Dallas County Chief Medical Examiner and professor of pathology at The University of Texas Southwestern Medical School at Dallas, is one of the originators of the program.

"Prior to 1973, when our comprehensive rape program began, rape victims were brought to different hospitals helter-skelter by law enforcement agencies," says Dr. Petty, who is also director of the Southwestern Institute of Forensic Sciences, which includes the medical examiner's office and the county crime lab.

"There was no guarantee whatsoever that a rape victim would be given prompt, sympathetic treatment or that the evidence obtained would be handled properly," he says.

Now all rapes reported in Dallas County are processed by the obstetrics-gynecology (OB-gyn) emergency department of Parkland Memorial Hospital, the major trauma hospital in the county and the medical school's primary teaching facility. The attending physicians are all faculty members in UT Southwestern's OB-gyn department.

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The program has resulted in one of the best rape prosecution and conviction records in the country. In Dallas County in 1975 (the last year for which final figures are available) there were 127 indictments for rape. Of those, 110 pleaded guilty. Of the 17 that went on to jury trials, 14 resulted in convictions.

"When you have really good physical evidence, the suspect is usually going to plead guilty," says Dr. Irving Stone, chief of the physical evidence analysis section of the forensic sciences institute and an assistant professor of pathology at the medical school.

The analysis of physical evidence also may show that a man who has been accused of rape is, in fact, innocent, Dr. Stone points out. "Everybody talks about how many you can convict, but the most important thing is to make sure that you don't shove an innocent man into jail."

A vital concern in rape cases is the care and custody of the physical evidence, he continues.

"This is one of the weakest links in what is called 'the chain of evidence' in a rape case. We have to prove to the jury that we had care and custody of the evidence and that no one tampered with it.

"The chain should be as short as possible with as few people involved as possible. And each time evidence is transferred from one person to another, they must get a signed receipt.

"Of course our primary concern is to treat the victim as a patient," adds Dr. Stone. "This is not to minimize the collection of physical evidence, but it does mean we maximize the treatment of the victim."

The rape victim is going through what may be the most traumatic experience of her life, he explains. "Even if the victim is lucky enough to receive no permanent injuries, she still has to face the emotional problems associated with rape and the ordeal of the trial."

Contrary to the stereotype seen on TV and in movies, the rape victim usually is quiet and subdued, not hysterical, says Dr. Daniel Scott, professor of obstetrics and gynecology at UT Southwestern and an originator of the rape program.

"She usually just feels kind of depressed and dehumanized," he says. "She may show evidence of hostility, anger or frustration. But regardless of her emotional state you cannot infer whether or not she is a bona fide rape victim. You simply can't look at a woman and determine what has happened to her."

When an alleged rape victim is brought to the Parkland emergency room, her case is given a priority second only to those in life-threatening situations. A victim suffering apparent physical or emotional trauma is usually taken directly into the examining room.

"Our first concern is to treat the patient for injuries," Dr. Scott says. (About 10 per cent of rape victims are seriously injured, while another 25 per cent suffer bruises and lacerations.) "The patient is also treated for venereal disease and given the option of treatment against pregnancy.

"The second part, and truly the second part of the examination, is for the purpose of collecting physical evidence that will support or refute an allegation of rape," he continues.

The examining physicians at Parkland are concerned, sympathetic and highly trained specialists from the medical school who are accustomed to working with rape victims and are sensitive to their needs.

"We try to show them we are removed from the legal aspects of the alleged crime," Dr. Scott says. "We do not ask them for the background or all of the details that the police will need later for their investigation. Our questions are confined to what is important to the medical history."

The rape program includes special training for both Parkland nurses and members of the various law enforcement agencies in the county, so that they too will be aware of the special needs of alleged rape victims.

The Dallas County Rape Crisis Center, operated by the Dallas Women Against Rape, is another important part of the system. In addition to other services, the center operates a 24-hour crisis line (630-7700) and provides immediate personal counseling for rape victims admitted to Parkland.

Partly due to these improvements in the treatment of rape victims, the number of reported rapes in Dallas County is rising. In 1973, the year the program began, 500 victims were examined at Parkland. By 1975 the number had risen to 675 and in 1976, to 730.

The key to the success of the Dallas rape program is the close coordination of the various state, county, municipal and private agencies dealing with rape.

This system is unique to Dallas and serves as a model for other cities across the country designing rape programs. A number of Texas cities have shown interest in or have already begun setting-up such programs, including Denton, McKinney, Denison, El Paso, Waco, Corpus Christi and Beaumont.

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