

January - June 2022

Volume 31

Issue 1

PRINT ISSN: 2277-1867

ONLINE ISSN: 2277-8853



JOURNAL OF FORENSIC MEDICINE SCIENCE AND LAW

Official Publication of Medicolegal Association of Maharashtra

Editor-in-chief

Dr Ravindra Deokar

Associate Editors

Dr Sadanand Bhise

Dr Sachin Patil

**MULTISPECIALITY, MULTIDISCIPLINARY, NATIONAL
PEER REVIEWED, OPEN ACCESS, MLAM (SOCIETY) JOURNAL
Indexed with Scopus (Elsevier) & Index Copernicus (Poland)**

Editorial Office Address

Department of Forensic Medicine & Toxicology, Third Floor, Library Building, Seth G S Medical College & KEM Hospital, Parel, Mumbai, Maharashtra, India. Pin-400 012. Email id: mlameditor@gmail.com Phone: 022-24107620 Mobile No. +91-9423016325.



JOURNAL OF FORENSIC MEDICINE SCIENCE AND LAW

(Official Publication of Medicolegal Association of Maharashtra)
Email.id: mlameditor@gmail.com

PRINT ISSN:
2277-1867

ONLINE ISSN:
2277-8853

Original Research Article

Study of Feedback of Survivors of Sexual Offences Subjected For Medicolegal Examination in Tertiary Care Municipal Hospital.

Sachin S Patil^a, Ravindra B Deokar^{b*}, Dhananjay D Mankar^c

^aAssociate Professor, Department of Forensic Medicine & Toxicology, LTMMC & LTMG Hospital, Sion, Mumbai, Maharashtra, India-400022.

^bProfessor (Additional), Department of Forensic Medicine & Toxicology, Seth G S Medical College & KEM Hospital, Mumbai, Maharashtra, India-400012.

^cAssociate Professor, Centre for Hospital Management, School of Health System Studies, Tata Institute of Social sciences, Deonar, Mumbai, Maharashtra, India- 400088.

Article Info

Received on: 14.11.2021

Accepted on: 02.04.2022

Key words

Feedback,
Survivors,
Questionnaire,
Services.

Abstract

Introduction: Feedback of the survivors and accused of sexual offences can be in varying degrees of satisfaction. Satisfaction is a psychological notion and patient contentment relies upon many factors such as: Quality of clinical services available, medicine stock, sanitation, conduct of doctors and other health staff, expenditure of the services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences. **Methodology:** Observational study, cross-sectional in design has been performed on survivors of sexual offences brought for medico legal examination along with accused and police personnel in a tertiary care hospital in Mumbai, Maharashtra for the period of four months. Total number of the subjects included in the study were 40 survivors of the sexual assault, 30 accused of sexual assault and 70 police personnel accompanying the survivors and accused of sexual offences. Semi-structured questionnaire has been used for obtaining feedback of all subjects, consisting of three parts. **Results & discussion:** Mean satisfaction levels were maximum with time given by doctors and doctor's attitude. While least satisfaction levels were with the other staff behaviour, amenities, cleanliness in surroundings and accessory services. **Conclusion:** Survivors and accused of sexual assault were satisfied from majority of the services provided during the medicolegal examination.

1. Introduction

1.1. Background

Feedback of the survivors and accused of sexual offences can be in varying degrees of satisfaction. Patient satisfaction is accomplishment of expectations of a person from a service or product.¹ Satisfaction is a psychological notion and patient

contentment relies upon many factors such as: Quality of clinical services available, medicine stock, sanitation, conduct of doctors and other health staff, expenditure of the services, hospital infrastructure, physical comfort, emotional support, and respect for patient preferences.²

How to cite this article: Patil SS, Deokar RB, Mankar DD. Study of Feedback of Survivors of Sexual Offences Subjected For Medicolegal Examination in Tertiary Care Municipal Hospital. J For Med Sci Law 2022;31(1):16-23.

*Corresponding author: Dr Ravindra B Deokar, Professor (Additional), Department of Forensic Medicine, Seth G S Medical College & KEM Hospital, Mumbai, Maharashtra, India. Email: ravindradeokar@kem.edu (M)+91-9423016325.

Rape is the fourth most common crime against women of India. India has been characterized as one of the "countries with the lowest per capita rates of rape". A large number of rapes go unreported in various countries including India. According to NCRB 2015 statistics, Madhya Pradesh has the highest raw number of rape reports among Indian states while Jodhpur in Rajasthan has the highest per capita rate of rape reports in cities followed by Delhi, the capital city.³ Survivors and accused of sexual offences are brought along with police for medico legal examination in hospital of public setup.

1.2: Statement of problem:

- Being a public sector hospital managed by Municipal Corporation of greater Mumbai, there is huge overload of the patients as the treatment, investigations and medicines are being provided at very subsidized rates.
- Also, this hospital is tertiary care hospital where very advanced specialities and super specialities are available, this further increase the patient load not only from Mumbai but also from different parts of Maharashtra and even from different parts of India.
- This has resulted in increased crowding at all places starting from registration department to the doctor's consultation room as well as investigation's places and billing places.
- As the doctors have to examine the large number of patients, the time spent by the doctor with the patient is usually less.

1.3: Rationale of the study

Females who have experienced sexual offences has not only impact physically but also socially and psychologically. Survivors of sexual assault are usually in terror and highly apprehensive. They are always in dejected mood compared to others. Post-traumatic stress disorder was developed in survivors of rape at some point of their lives in 31 % of cases as per the report of the National Victim Centre and the Crime Victim's Research and Treatment Centre.⁴ Subsequently survivors of sexual assault have to face various judicial procedures and medico legal examination in the hospital. Secrecy of the survivors can be vanished in the courtroom due to questions asked by the lawyers and ever character assassination can be done. Inappropriate behavior by the individuals of the various institutions in which the survivor is subjected can result in re-traumatization of the sexual assault. Types of secondary victimization

consist of victim blaming and improper behavior or language by medical personnel or other staff with which the victim has to come across. It is more common in drug-induced, rape by known persons and statutory rape.⁵

Being public setup hospital, there is hefty patient load, most commonly from lower socio-economic status. Enormous crowd management in public hospitals is the biggest challenge for health care providers. There is ample amount of studies on patient satisfaction in various fields, but very few studies are found on satisfaction of survivor and accused of sexual offences along with police personnel accompanying them during medico-legal examination in public hospital. There is yet less literature about survivors' experiences of and satisfaction with comprehensive nursing-led hospital-based sexual assault.⁶ There is very high connection between quality care, patient's satisfaction levels, patient's compliance, and success of treatment as per recent studies.⁷ Therefore, studies on patient's contentment can play pivotal role in augmenting the quality of the health services.⁸ Therefore, the present study will be conducted to ascertain satisfaction level of survivor and accused of sexual offences along with police personnel accompanying them during medico-legal examination in public hospital.

1.4: Objectives of the study were:

- To ascertain the feedback of survivors of sexual offences brought for medico legal examination in tertiary care municipal hospital for services provided.
- To evaluate the feedback of accused and police personnel accompanying survivors and accused of sexual offences brought for medico legal examination in tertiary care municipal hospital for services provided.

2. Methodology

The present study is observational study, cross-sectional in design has been performed on survivors of sexual offences brought for medico legal examination along with accused and police personnel in a tertiary care hospital based on questionnaire on pilot basis. The study was conducted for the duration of four months. Survivors of sexual offences comprise of all females and males below 18 years under POCSO act brought for medicolegal examination. The present study consists of the subjects accepting to participate in the study. Total number of the subjects included in the study were 40 survivors of the sexual assault, 30

accused of sexual assault and 70 police personnel accompanying the survivors and accused of sexual offences.

Exclusion criteria: Unwilling subjects, follow up subjects, deaf and dumb subjects, seriously ill subjects and subjects working in the same hospital. Informed consent has been taken from all subjects. Semi-structured questionnaire has been used for obtaining feedback of all subjects, consisting of three parts.

The first part contains questions to collect the patient's demographic details and questions related to different domains of patient care. The second part have questions to measure the service quality on the basis of five dimensions: consistency, substantial, sensitivity, assurance and compassion. And the third part comprise of determining the various areas and reasons for subject discontent. Semi structured questionnaire has been validated from subject experts. Few questions have been customized after pre-testing and has been validated by subject experts.⁹ In cases where the age of the subjects is below 10 years, the feedback has been taken from the parents or guardian of the subjects.

Variables for the study were:

Dependent Variables:

- Feedback of survivors and accused of sexual assault and accompanying police personnel.

Independent variables

- Doctors (Behaviour, Knowledge and time given)
- Nurses (Behaviour, Knowledge and time given)
- Other hospital staff (Behaviour)
- Facilities like drinking water, toilets
- Other department services Like radiology
- Time for registration
- Waiting time
- Cleanliness in surroundings
- Place for history taking and examination
- Location of OBGY ward/other place for examination

Analysis and Interpretation of the Data

Feedback data obtained was gathered in Microsoft Excel sheet followed by cross verification for any mistakes. Finally, Analysis of data has been done by determining descriptive analysis, mean, standard Deviation, percentages and bar charts using the Microsoft excel.

3. Results

The present study was carried in labour ward and department of forensic medicine and toxicology at

tertiary care hospital, Mumbai. Total 140 subjects were included in the study out of which the survivors of sexual assault were 40, accused of sexual assault were 30 and the police personnel accompanying the survivors and accused of sexual offences were 70. Out of total 40 survivors, 38 were females while 02 were males. All the accused were males.

Table no 01: Age and sex wise distribution of the Survivors of sexual assault.

Age in years	Females n= 38	Males n=2
Less than 12	5	1
12 – 18	22	1
19-30	7	0
31-40	3	0
More than 40	1	0

Referring to **Table 1**, Maximum numbers of cases (i.e.22) were between ages 12-18 years in females, while lowest numbers of cases (i.e. 1) were in age groups more than 40 years. In Males both the cases are below 18 years.

Table no 02: Age wise distribution of the Accused of sexual assault.

Age in years	Males n=30
Less than 18	1
18 – 30	19
31-40	7
41-60	1
More than 60	2

Referring to **Table 2**, Maximum numbers of cases i.e. 19 were between ages 18-30 years while lowest numbers of cases i.e. 1 were in age groups less than 18 years and in age group 41-60 years. Among the survivors 04 were Muslims while 36 were Hindus. Similarly, in the accused, 08 were Muslims, 01 was Parsi while remaining 21 were Hindus. Majority of the survivors and the accused were from the lower socio-economic status. Out of 40 survivors, only three were married while rest 37 were unmarried. Within the accused, out of 30, 15 of them were married, one of them was divorced and 14 were unmarried.

Majority of the survivors were the students studying in school below 10th standard while most of the accused were school dropout and educated below 10th standard. More than half the cases were attended within 15 minutes of arrival of survivors as well as accused of sexual offences. Next highest being within 30 minutes in both accused and survivors. Least cases in survivors were in between 1 hr to 2 hrs with one case and no cases after 2 hours. Similarly, least in the cases of accused was between 31 minutes

to 1 hr with no cases while in the period more than 2 hours there was one case.

Table 3: Feedback of survivors of sexual assault and accompanying police personnel.

Parameter	Survivors % Mean (SD)	Police % Mean (SD)
Registration	77.87(10.61)	76.75(10.35)
Location of OPD	79.25(5.85)	78.125(6.27)
Amenities	75(5.5)	73.875(6.04)
Waiting time	80.125(19.43)	77.375(18.67)
Examination room	80.375(6.54)	78(6.77)
Time given by doctors	81.5(7)	80.125(7.55)
Doctors' attitude	81.5(5.57)	79.25(6.46)

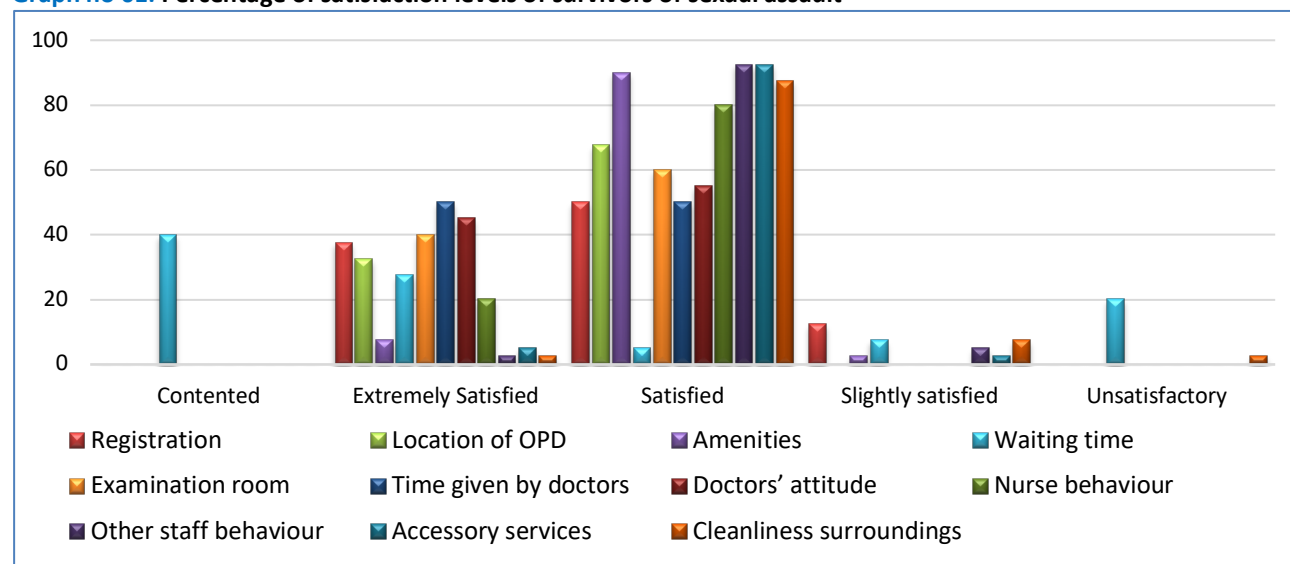
Nurse behaviour	78.125(5.85)	76(7.36)
Other staff behaviour	73.125(5.74)	71(6.91)
Accessory services like radiology, laboratory	73.625(5.88)	71.625(6.34)
Cleanliness surroundings	73.875(7.38)	71.75(7.21)

Referring to **Table 3**, Mean satisfaction levels was maximum with time given by doctors and doctor's attitude while least was with the other staff behaviour and accessory services. Highest standard deviation was with waiting time and least with the amenities.

Table 04: Percentage of satisfaction levels of survivors of sexual assault.

Parameter	>90% Contented	81-90 % Extremely Satisfied	61-80% Satisfied	51-60% Slightly satisfied	41-50% Unsatisfactory	31-40% Poor	<31% Very Poor
Registration	0 (00%)	15(37.5%)	20(50%)	5(12.5%)	0 (00%)	0 (00%)	0 (00%)
Location of OPD	0 (00%)	13(32.5%)	27(67.5%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Amenities	0 (00%)	3(7.5%)	36(90%)	1(2.5%)	0 (00%)	0 (00%)	0 (00%)
Waiting time	16(40%)	11(27.5%)	2(5%)	3(7.5%)	8(20%)	0 (00%)	0 (00%)
Examination room	0 (00%)	16(40%)	24(60%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Time given by doctors	0 (00%)	20(50%)	20(50%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Doctors' attitude	0 (00%)	18(45%)	22(55%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Nurse behaviour	0 (00%)	8(20%)	32(80%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Other staff behaviour	0 (00%)	1(2.5%)	37(92.5%)	2(5%)	0 (00%)	0 (00%)	0 (00%)
Accessory services like radiology, laboratory	0 (00%)	2(5%)	37(92.5%)	1(2.5%)	0 (00%)	0 (00%)	0 (00%)
Cleanliness surroundings	0 (00%)	1(2.5%)	35(87.5%)	3(7.5%)	1(2.5%)	0 (00%)	0 (00%)

Graph no 01: Percentage of satisfaction levels of survivors of sexual assault



Referring to **Table 4**, Majority of the Survivors were satisfied by all the parameters during medicolegal examination in the hospital. However, 40 % of the survivors were contented with prompt service while 20 % were unsatisfied with the service

showing huge variation in the feedback. Also, the percentage of survivors with extremely satisfied feedback was low with amenities, other staff behaviour, accessory services and cleanliness in the surroundings (**Graph 01**).

Table 5: Feedback of accused of sexual assault and accompanying police personnel.

Parameter	Accused % Mean (SD)	Police % Mean (SD)
Registration	82.5(6.66)	80.17(6.09)
Location of OPD	84.67(6.56)	82.33(6.79)
Amenities	77.5(5.21)	75.67(4.5)
Waiting time	81(16.68)	79.33(17.06)
Examination room	81(5.78)	79.17(6.03)
Time given by doctors	81.83(4.82)	79.33(4.87)
Doctors' attitude	81.67(5.77)	79.17(6.31)
Nurse behaviour	77.83(4.86)	74.17(6.17)

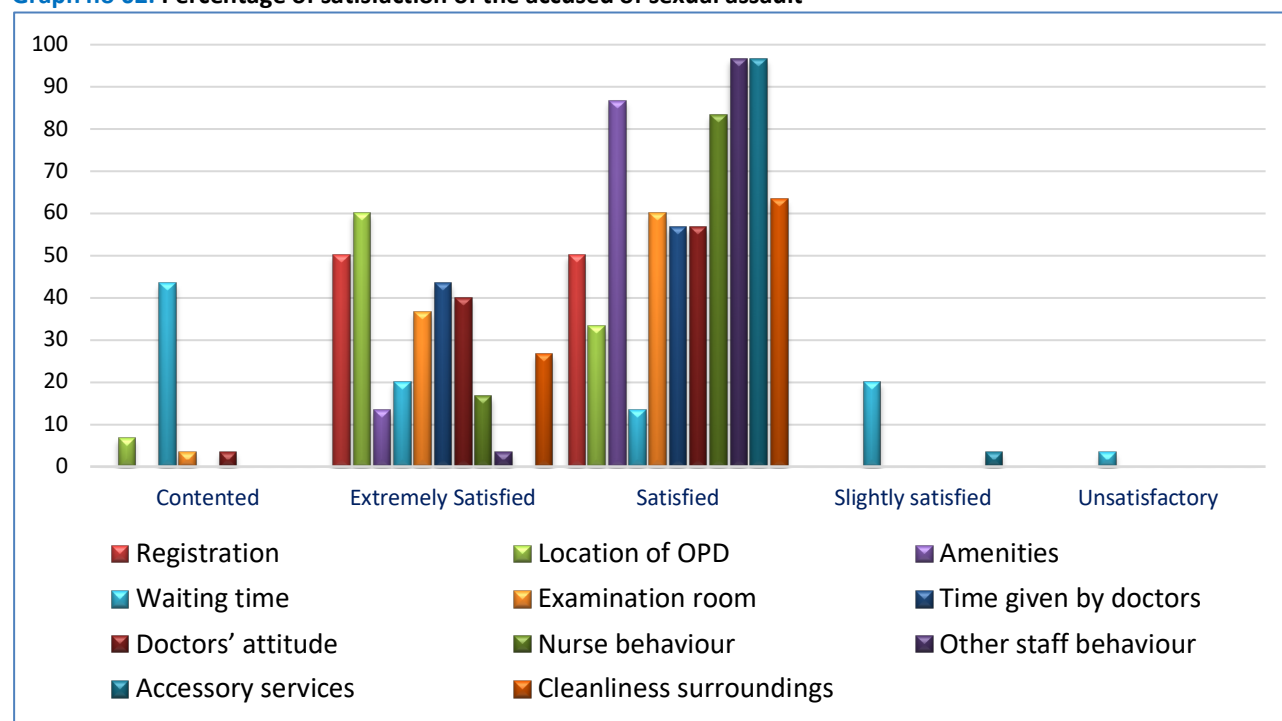
Other staff behaviour	74.5(4.42)	71.33(5.07)
Accessory services like radiology, laboratory	71(4.24)	68.83(4.49)
Cleanliness surroundings	78.66(6.14)	76.33(6.81)

Referring to **Table 5**, Mean satisfaction levels was maximum with location of the department and registration while least was with the accessory services and other staff behaviour. Highest standard deviation was with waiting time and least with the accessory services and other staff behaviour.

Table 06 Percentage of satisfaction levels of accused of sexual assault.

Parameter	>90% Contented	81-90 % Extremely Satisfied	61-80% Satisfied	51-60% Slightly satisfied	41-50% Unsatisfactory	31-40% Poor	<31% Very Poor
Registration	0 (00%)	15(50 %)	15(50 %)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Location of OPD	2 (6.67%)	18(60%)	10(33.33%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Amenities	0 (00%)	4(13.33%)	26(86.67%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Waiting time	13(43.34%)	6(20%)	4(13.33%)	6(20%)	1(3.33%)	0 (00%)	0 (00%)
Examination room	1(3.33%)	11(36.67%)	18(60%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Time given by doctors	0 (00%)	13(43.34%)	17(56.66%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Doctors' attitude	1(3.33%)	12(40%)	17(56.67%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Nurse behaviour	0 (00%)	5(16.67%)	25(83.33%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Other staff behaviour	0 (00%)	1(3.33%)	29(96.67%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)
Accessory services like radiology, laboratory	0 (00%)	0 (00%)	29(96.67%)	1(3.33%)	0 (00%)	0 (00%)	0 (00%)
Cleanliness surroundings	0 (00%)	8(26.67%)	22(63.33%)	0 (00%)	0 (00%)	0 (00%)	0 (00%)

Graph no 02: Percentage of satisfaction of the accused of sexual assault



Referring to **Table 6**, Majority of the accused were satisfied by all the parameters during medicolegal examination in the hospital. However, around 43 % of the accused were contented with prompt service while around 3 % were unsatisfied with the service showing huge variation in the feedback. Also, the percentage of survivors with extremely satisfied feedback was low with other staff behaviour, and accessory services (**Graph 2**).

4. Discussion

The present study was carried in labour ward and department of forensic medicine and toxicology at tertiary level care hospital, Mumbai. Total 140 subjects were included in the study out of which the survivors of sexual assault were 40, accused of sexual assault were 30 and the police personnel accompanying the survivors and accused of sexual offences were 70. Out of total 40 survivors, 38 were females while 02 were males. All the accused were males. Majority of the survivors were between 12 to 18 years and were of lower socio-economic status. Reason behind this can be both the parents were busy in the job and being lower socio-economic status, no support or backing to the girls making them easy targets.

More than half the cases were attended within 15 minutes of arrival of survivors as well as accused of sexual offences. except in few cases where there was delay in attending the patient. Reason for the delay might be doctors busy with other emergency cases or many sexual assault cases simultaneously. Mean satisfaction levels were maximum with time given by doctors and doctor's attitude. Reason behind this might be the doctors are taking in-depth history and detailed examination of the survivors of sexual assault as per prescribed format provided by the ministry of Health and family welfare, Government of India. While least satisfaction levels were with the other staff behaviour, amenities, cleanliness in surroundings and accessory services. Being a public sector hospital, there is patient load of around 10 thousand on daily basis which makes maintenance of cleanliness in the surroundings is challenging task. Also, the patients approaching to the hospital were from low socio-economic status, there were least aware about their responsibility of maintaining cleanliness. Similarly, the toilets may be dirty at times due to similar reasons. There is also evidence of rude and unfriendly behaviour of class four employees of the patients. Due to crowding in the hospital by the

patients, there is possibility of delay at the radiology or other laboratory for carrying out the investigations.

Most of the findings are consistent with studies like Rajkumari B et al ¹, Mishra PH et al ², Ofili AN et al ¹⁰, Bekele A et al ¹¹, Mankar et al ¹², Qadri SS et al ¹³, Joshi K ¹⁴, Du Mont J et al ⁶, Du Mont J et al ¹⁵, Du Mont J et al ¹⁶ Boonma A et al ¹⁷ and Bhattacharya A ⁹ where most of the patients were satisfied with the services provided and least satisfied with amenities like dirty toilets and cleanliness in the surroundings. However present study findings were not in consistence with the study by Yusri CR et al ¹⁸ where majority of the patients were unsatisfied with services provided by the hospital. Reason for this discontent might be very huge expectation from the hospital or previous good experience of treatment at the hospital which might have raised the bar. Bahrapour A ¹⁹ displayed about inverse relation of education with level of satisfaction. More educated people, lesser the level of satisfactions of the patients which is consistent with current study.

Better services provided to the survivors can help in make them feel comfortable so that they can cooperate in providing history properly and assist in medicolegal examination. All this will ultimately strengthen the case against the accused and will ultimately enhance the conviction rate of the accused.

5. Conclusion

Survivors and accused of sexual assault along with the accompanying police personnel were satisfied from majority of the services provided during the medicolegal examination. Mean satisfaction levels for survivors of sexual assault was maximum with time given by doctors and doctor's attitude while least satisfaction levels were with the other staff behaviour, amenities, cleanliness in surroundings and accessory services. Highest standard deviation was with waiting time and least with the amenities. Mainly the reasons for dissatisfaction of the survivors of sexual assault were uncleanliness in the surroundings, poor toilet facilities, unfriendly behaviour of the supporting staff and incidence of delay in the accessory services like radiology which is usually very crowded.

Positive feedback of the survivor is very essential for the prosecution of the accused in the court of law. Better the experience for the survivor in the hospital, more comfortable will be the survivor and will assist

effectively to the doctors for medicolegal examination and ultimately increasing the conviction rate.

6. Recommendations and plan of action

Determining the lacunae in health services and causes of discontent of survivors was one of the vital aspects of performing this study. This can proceed further with taking necessary corrective measures for achieving the same.

Recommendations are as follows

1. Features which have got least satisfaction rating in most of the studies were dirty toilets and cleanliness in the surroundings. Proper efforts should be made to ensure proper and regular cleaning of the toilets and the wards along with surrounding areas.
2. Anti-rodent and pest control to be done on the regular basis.
3. The employees to be provided with appropriate safety equipment which can make them feel comfortable while work.
4. Employees should be made accountable for their work by regular follow up.
5. They should be given awards or incentives for good performance.
6. Similarly, there should be provision for penalty for bad performance.
7. There should be awareness campaign among the general public as well as the employees about cleanliness and hygiene.
8. Hospital administration should make provision of dustbin at designated places and need to ensure that the proper waste management is being done.
9. Safe drinking water facilities to be made available at specific places.
10. Lack of communication can be one reason for poor feedback by the survivors of sexual assault. This can be due to overstressed doctor having long working hours with heavy workload. Therefore, duty hours of the doctors to be restricted to 08 hours instead of 24 or 48 hours to prevent exhaustion of the doctors and enhancing the communication skill resulting in good doctor patient relationship.
11. Behaviour of other staff members like sweeper, ward boys and attendants has also been given less scoring. Hence it is very essential to have induction training as well as at regular intervals to all the employees about behaviour with the patients.
12. Communication skill workshops to be taken for all the employees from doctor to sweepers at regular intervals.
13. At times, there can be delay at the time of registration or in location of the wards. Therefore, proper guidance to be given to the patients or their relatives.
14. All the vacant posts to be filled at the earliest to avoid the shortage of the doctors or the staff which can adversely affect the functioning of the healthcare service.
15. Allocation of the staff should be done properly after taking into consideration the patient load.
16. There should be provision to the patient of making an appointment before coming to the hospital by using telephone or by using digital platforms like app. Well-organized appointment and proper distribution of the patient can reduce the causes of dissatisfaction of the patients to greater extent.
17. **Forensic Nursing:** In western countries, there is specialized branch called forensic nursing where the nurses are trained in handling the survivors of sexual assault. As the survivors are already in physical or mental trauma, there are reluctant to cooperate in medicolegal examination. Sexual assault nurse examiner (SANE) can augment extensively the quality of the examination and evidence collection.
18. **Establishment of one stop centre:** Government of India has come up with the initiative of one stop centre where all the facilities will be provided to the survivor under one roof. This is special provision for survivors of sexual assault to avoid discomfort to the survivor. It includes getting registration done, history taking and examination done by doctors of various department simultaneously like Forensic Medicine, Gynaecology, Surgery etc, statement of the police, facilities like drinking water and toilets along with portable Xray and video conferencing facility. There is also provision of temporary storage for five days. This step can act as big booster in fight against sex related crimes.
19. **Indian Medical services:** There is dire need for augmenting the quality of healthcare especially in public sector and this is not possible without civil service reform in form of initiation of Indian

Medical services at par with IAS, IPS, IRS, etc for better control and management of healthcare sector.

Contributor ship of Author: All authors equal contribution.

Ethical Clearance: Yes.

Conflict of interest: None.

Source of funding: Self.

References

- Rajkumari B, Nula P. Patient's satisfaction with care in a government health facility in North East India: A cross-sectional study. *J Medical Society*. 2017; 31(2): 94-8.
- Mishra PH, Mishra T. Study of patient satisfaction at a super specialty tertiary care hospital. *Indian Journal of Clinical Practice*. 2014; 25(7): 624-34.
- Rape in India. (Internet) [Cited on 21 June 2020]. Available from: https://en.wikipedia.org/wiki/Rape_in_India
- Resick, Patricia A. "The Psychological Impact of Rape". *J Interpersonal Violence*. 2016; 8 (2): 223–55.
- Campbell R, Raja S. Secondary victimization of rape victims: Insights from mental health professionals who treat survivors of violence. *Violence and victims*. 1999; 14(3): 261-75.
- Du Mont J, Macdonald S, White M, Turner L, White D, Kaplan S, Smith T. Client satisfaction with nursing-led sexual assault and domestic violence services in Ontario. *J Forensic Nurs*. 2014; 10(3):122-34.
- Brundtland GH. Improving Health Systems' Performance. OECD; 2001. p. 4.
- Luecke RW, Rosselli VR, Moss JM. The economic ramifications of "client" dissatisfaction. *Group Pract J*. 1991; 8-18
- Bhattacharya A, Chatterjee S, De A, Majumder S, Chowdhury KB, Basu M. Patient satisfaction at a primary level health-care facility in a district of West Bengal: Are our patients really satisfied? *Medical Journal of Dr. DY Patil Vidyapeeth*. 2018; 11(4): 326-31.
- Ofili AN, Ofovwe CE. Patients' assessment of efficiency of services at a teaching hospital in a developing country. *Ann Afr Med*. 2005; 4(4):150–3.
- Bekele A, Taye G, Mekonnen Y, Girma W, Degefu A, Mekonnen A, Dejene A. Levels of outpatient satisfaction at selected health facilities in six regions of Ethiopia. *Ethiop J Health Dev*. 2008; 22(1): 42-8.
- Mankar M, Velankar D, Joshi S, Nalgundwar A. A Study of Patient Satisfaction towards Out Patient Department Services (OPD) Of a Hospital and Research Centre Using Exit Interview. *Indian J Prev Soc Med*. 2013; 44(1-2): 37-41.
- Qadri SS, Pathak R, Singh M, Ahluwalia SK, Saini S, Garg PK. An assessment of patient's satisfaction with services obtained from a tertiary care hospital in rural Haryana. *International Journal of Collaborative Research on Internal Medicine & Public Health*. 2012; 4 (8):1524-37.
- Joshi K, Sochaliya K, Purani S, Kartha G. Patient satisfaction about health care services: a cross sectional study of patients who visit the outpatient department of a civil hospital at Surendranagar, Gujarat. *Int J Med Sci Public Health*. 2013; 2(3): 659-3.
- Du Mont J, Macdonald S, White M, Turner L. "She was truly an angel": Women with disabilities' satisfaction with hospital-based sexual assault and domestic violence services. *J of forensic nurs*. 2013; 9(3): 129-39.
- Du Mont J, Kosa D, Macdonald S, Benoit A, Forte T. A comparison of Indigenous and non-Indigenous survivors of sexual assault and their receipt of and satisfaction with specialized health care services. *PLoS one*. 2017; 12(11): e0188253.
- Boonma A, Sethanan K, Talangkun S, Laonapakul T. Patient waiting time and satisfaction in GP clinic at a tertiary hospital in Thailand. *InMATEC Web of Conferences*. 2018; 192: 01034.
- Yusri CR, Hidayat M, Djuhaeni H. Role of Satisfaction with Health Care Services in Increasing Patient Loyalty: An Ambulatory Setting. *Althea Medical Journal*. 2017; 4(3): 329-34.
- Bahrampour A, Zolala F. Patient satisfaction and related factor in Kerman hospitals. *East Mediterr Health J*. 2005; 11(5); 905-11.