

RECOMMENDED
ACTION
— FOR —
**MEDICAL
SUPPORT**

BASED ON GUIDELINES & PROTOCOLS
Medico-legal care for survivor/victims of sexual violence
MoHFW, Government of India





THE
LAW

**SEXUAL ASSAULT
IS A MEDICAL
EMERGENCY.**

All hospitals private or public, whether run by central govt, state govt, local bodies or any other person, shall immediately, provide first aid or medical treatment, free of cost, to the victim of such offence

Sec 357 C, CrPC, CLA Act

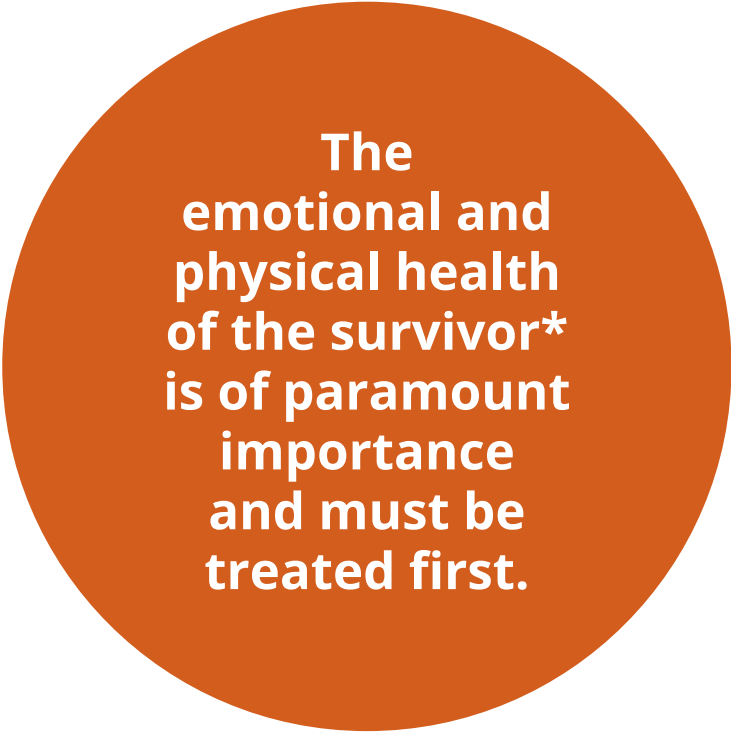
A person has the right to medical care and treatment even BEFORE filing a FIR

Refusal of medical care for survivors is punishable under law - IPC Sec 166B

It is mandatory for a doctor to report to the nearest police station if it is suspected or known that a child has been a victim of sexual violence. Failure to do is punishable under the law.

POCSO Act Sec 19 & 21

In absence of a female doctor a male doctor can conduct the examination in the presence of a female attendant designated by the hospital as well as a person whom the survivor trusts.



**The
emotional and
physical health
of the survivor*
is of paramount
importance
and must be
treated first.**

**The term survivor recognizes that the affected person is capable of taking decisions in spite of being physically and emotionally traumatized.*

1

INTERVIEW **TAKING A MEDICAL HISTORY**

EVERY SURVIVOR IS DIFFERENT.

The interview needs to take into account the age, cognitive ability and language competency of the survivor.

A large, solid orange circle is centered on the page. Inside the circle, the text "WHAT TO SAY..." is written in a bold, white, sans-serif font. The word "WHAT" is on the top line, and "TO SAY..." is on the bottom line. The text is centered horizontally within the circle.

**WHAT
TO SAY...**

When there is obvious sexual abuse:



"I am sorry you had to face this. It was not your fault. The perpetrator should feel guilty and ashamed for their actions. I will support you.

I will need to talk to you about what happened and examine you. This is to see if you are well, and to give you medicines if needed, to help you get better. Is that alright with you?"

Inquire about support of family and friends and assess risk to the survivor.

When we suspect sexual abuse in a child:



We can ask the following questions to determine the emotional and psychological wellbeing of the child. This will sensitively broach the subject of CSA without instilling fear, shame or guilt.

Family and School Environment

"Who looks after you at home / school? How do you feel being with them? What does your family do that makes you feel great? Is there anything that makes you feel sad?"

Emotional Health

“How often do you feel—happy, cheerful, anxious, troubled, worried, scared? How do you feel about yourself, your looks, school, friends? How do people treat you/take care of you / speak to you?”

Physical Health

We can ask about headaches, stomach aches, frequent urination, bed wetting, itching and / or genital discharge.

We can ask leading questions about Child Sexual Abuse:



“Has anyone touched you in a way you didn’t like, where you felt unsafe or uncomfortable? The person could be known like a friend / family friend / relative or someone who works where you stay or study or a stranger.”

We can explain that:



“I am asking you because some people trouble children in this way. They may pretend it is a game. They may threaten or bribe you to keep quiet. The things that they do may make you feel yucky or upset. If you speak about what troubles you to somebody, they can help. Would you like to tell me?”

Key Points for Interview



Ensure dignity, privacy and comfort of the survivor -

When children are involved

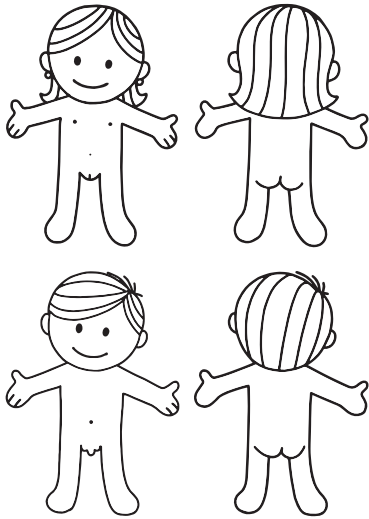
1. Interviews are conducted in the presence of a trusted adult unless the child requests or chooses to do so alone.
2. Build rapport by asking non-threatening questions on school, meals, friends, activities.
3. Obtain history from parents/ caregiver/ accompanying person.
 - a. History of complaints/symptoms/assault details
 - b. Developmental and medical history of child
 - c. Current behavioral and emotional issues
 - d. Family dynamics - Marital discord, domestic violence, alcoholism, mental issues in parents

Information from survivor

1. Details of incident – Location, number of incidents (the first and last incidents are best recalled).
2. Timeframes (Children recall incidents in relation to routine activities like going to school, meal times, festivals, family functions).
3. Description of perpetrator(s).
4. History of drug or alcohol consumption
5. Time elapsed since last assault.
6. Activities since last assault – Bathing, washing, brushing teeth, changing clothes, urination and defecation.
7. Description of act – ask the survivor to describe what happened in his/her words. Stay calm and encouraging. Avoid questioning or clarifying till the narration is over.

Using anatomic diagrams

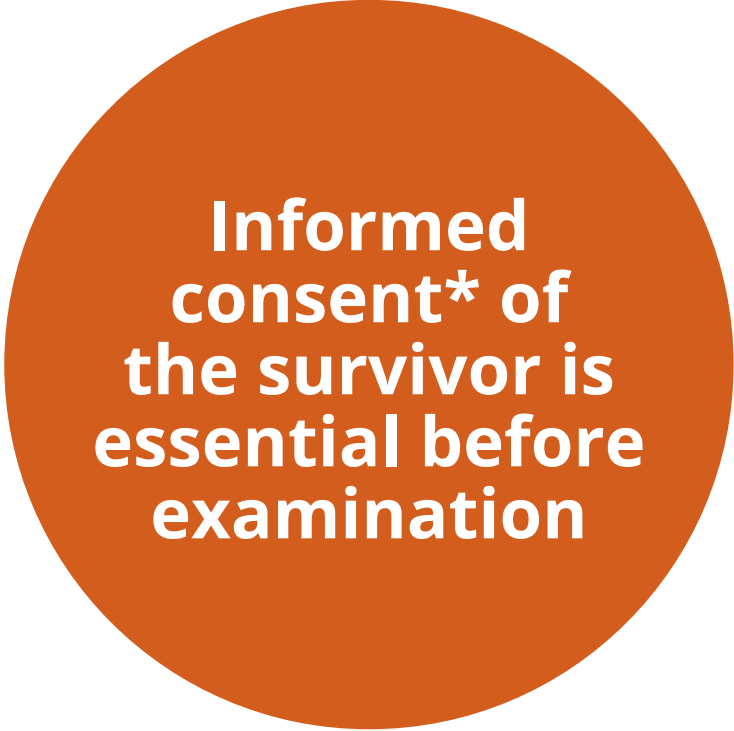
Children either do not know the names of the genitals or feel embarrassed to say them. These diagrams help in clarifying what the child calls these parts. It is easier for a younger child to describe any act through diagrams.



GENDER IDENTIFICATION NAMING BODY PARTS TOUCH INQUIRY

Ask the child to

1. Identify the gender of the pictures.
2. Name the body parts beginning from (front) head, hair, eyes, mouth, chest, fingers, navel, genitals, feet and (back) hair, back, buttocks and legs. Children may provide slang words for chest, genitals and buttocks. If the child is blank, ask what words the parents use for these parts.
3. Describe the act using the gender appropriate picture for the child and the assailant.



**Informed
consent* of
the survivor is
essential before
examination**

**If the survivor refuses informed consent, document informed refusal and do not conduct the examination.*

2

MEDICAL EXAMINATION

**AN ACCURATE HISTORY GUIDES THE
EXAMINATION**

**Past consensual sexual experience
has no legal bearing on the current
case of sexual violence.**

A large, solid orange circle is centered on the page. Inside the circle, the text "WHEN THE SURVIVOR IS A CHILD" is written in white, bold, uppercase letters. The word "CHILD" is significantly larger than the other words.

**WHEN THE
SURVIVOR IS A
CHILD**

If the survivor is below 18 years of age, the consent needs to be taken from the parents / guardian.

In addition to this, any child above 12 years of age, must give consent before any of the procedures can be carried out.



If the parent or child over 12 years refuses consent, document informed refusal and do not conduct the examination.

The Police cannot demand a medical examination to be conducted by the doctor or give consent on behalf of the survivor.

The examination needs to be conducted in the presence of a person trusted by the child e.g. parent / relative / social worker.



In the absence of a trusted person, a woman nominated by the hospital needs to be present during the examination.

MEDICAL EXAMINATION



Medical examination is done for the following reasons:

1. Therapeutic:

- a. For treatment of injuries
- b. For prevention of pregnancy: emergency contraception for post menarchal girls/ women
- c. For treatment of infections like STDs, infected injuries
- d. Post Exposure prophylaxis if accused is HIV/ HbSAg +ve
- e. MTP, if survivor is pregnant (<20weeks) and requests it
- f. Psychological support and reassurance

2. Medico-legal or Forensic:

These are governed by the POCSO Act and the MoHFW Guidelines and protocols for management of sexual assault cases

KEY POINTS FOR MEDICAL EXAMINATION



- Do not examine survivor in labour room or casualty/ emergency area.
- Covering sheet must be used for the survivor. Use a sheet to cover the lower body while examining the upper body. Then shift the sheet to cover the upper body while examining the hips, buttocks and genitals. This makes the survivor feel less vulnerable and exposed.
- Explain the steps of the medical examination in simple words.
Eg: "When you have fever or get an injury, the doctor will do a check up to see how you are feeling and will look at the hurt area. This will help the doctor to give you medicines which will make you feel better and will reduce the pain. I will do the same thing. You can stop me at any time you want or if you are feeling uncomfortable".
- Always allow the survivor or the child and parent to remove the clothes.
- Allow the parent to stand at the head of the child and hold the child's hand if it will reassure her/him. In a toddler, the parent can sit on the examining table and hold the child on the lap while he/she are examined.
- In case of a child, sedation for examination must be avoided unless there is bleeding or a foreign body embedded.

- Examination should be of the whole person, head to toe. During the examination, start in a non-threatening and familiar manner. Examine the child's eyes, nose, mouth and ears. Use a torch. Discuss brushing of teeth if you see dental caries. Ask the parent if the child has had a hearing/ vision check. This reassures the child that he/she is important as a whole and the sexual assault is just an injury to be treated in the larger context of his/her physical wellbeing.

GENERAL EXAMINATION



- Note emotional state and orientation in space and time.
- Note signs of intoxication due to drugs or alcohol.
- Check vitals (pulse, BP, respiration, temperature, state of pupils).
- Check for presence of injuries over whole body.

It is important to examine the whole body as there may be signs of old injuries like scratches, bites and burns which may be relevant to the abuse but not mentioned during the history.

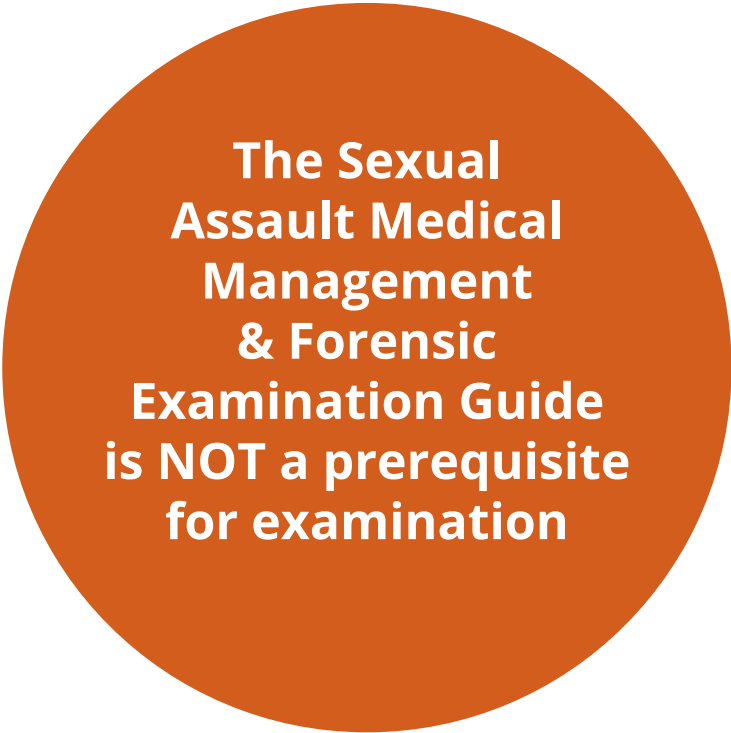
Signs of self-harm (longitudinal scars on the inner arms), evidence of physical abuse by guardians (pinch marks on the inner surface of upper arms and thighs) can be ascertained. **Note all injuries and marks in the record, including scars of surgeries.**

Position for examination of genitals, perineum and buttocks:

1. Supine, lying on the back with legs straight and then folded.
2. Prone position for back and buttocks.
3. Knee chest position for anal injuries especially in boys.
4. Sims position for older girls.
5. Lying on the side, almost prone, facing away from the examiner with lower leg partially extended and upper leg bent at the knee .
6. Sitting in parent's lap in a frog's leg position. Parent holds the knees allowing genitals to be examined.

Closing interview after completing examination:

- Talking to the survivor/ parents/ guardian regarding treatment needed and the medical findings.
- Making a follow up plan consisting of treatment follow up, counseling advice and directions for the survivor.
- Asking if the survivor has any questions and responding to them.
- Explaining the next steps of filing the charge sheet, court appearances, victim compensation, etc.



**The Sexual
Assault Medical
Management
& Forensic
Examination Guide
is NOT a prerequisite
for examination**

3

COLLECTION & **PRESERVATION OF EVIDENCE**

USING THE SAFE KIT



**Do a thorough
medical and
forensic
examination
as valuable
evidence is lost
after repeated
examinations.**



The Sexual Assault Medical Management & Forensic Examination Guide is NOT a prerequisite for examination.

Instead, a room for medical examination can be equipped with the following items:

1. Examining table with a good light source/torch
2. Table with trays with the following equipment:
 - a. Large sheet of paper to undress over
 - b. Paper bags for clothes of victim (each needs to be air dried, packed and labelled separately)
 - c. Glass slides and coverslips
 - d. Sterile cotton swabs and swab guards for biological evidence collection
 - e. Comb
 - f. Nail Cutter
 - g. Wooden stick/toothpick for fingernail scrapings
 - h. Small scissors
 - i. Urine sample container
 - j. Vials for blood samples
 - » EDTA for DNA analysis
 - » Plain for blood grouping and drug estimation
 - » Sodium fluoride for blood alcohol level
 - k. Syringes and needle for drawing blood
 - l. Distilled water
 - m. Disposable gloves
 - n. Glass slides
 - o. Envelopes or boxes for individual evidence samples

16. Drying rack to air dry clothes of victim
17. Stationery:
 - a. labels for samples/ clothing
 - b. Permanent marker pens to mark slides and mark areas of significance on clothes
 - a. Large paper envelopes for final pack and sealing wax with seal
2. Clean clothing, shower/hygiene items for survivors use after the examination
3. Forms for documentation: 4 sets of different colours with carbon sheets:
 - a. WHITE for hospital
 - b. YELLOW for police
 - c. BLUE for FSL
 - d. PINK for patient

A COPY OF THE ENTIRE MEDICAL REPORT MUST BE GIVEN TO THE SURVIVOR/VICTIM FREE OF COST IMMEDIATELY.

This is specifically stated in the guidelines as it ensures that the survivor/family are aware of the report, and that no other stakeholder may miss any medical facts or evidence during the course of the filing of charge sheet and court procedures.

Evidence



The evidence collected depends upon the nature of assault, time lapsed between the assault and examination, and if the person has bathed/ washed since the assault.

Samples are collected if the assault occurred less than 96 hours ago.

Collect samples as per history given i.e oral swabs for reported oral penetrative sex, anal swabs for possible anal assault, etc.

Clothing



Request survivor to stand on a large sheet of paper while removing clothes to collect any specimens of foreign materials example, grass, mud, pubic hair, etc which may have been left on the person from the assault. Fold and pack this sheet for FSL.

Preserve the clothes and other relevant material that the survivor was wearing at the time of the incident. Clothes are inspected, areas of interest are marked and labeled with a marker pen. Clothes have to be air dried and stored in separate packets which are sealed and labelled.

Body Evidence



Collect swabs from blood stains, seminal stains or saliva from the skin surfaces.

Any stains of possible semen, saliva or blood may be collected on blotting paper for DNA analysis.

Swab sticks can be moistened with distilled water for dry stains. All swabs must be air dried to prevent degradation of evidence at FSL.

Loose scalp and pubic hair of the assailant is collected by combing.

If there was struggle during the assault, scrapings from under the nails from both the hands are collected by toothpicks.

Collect blood samples for intoxicants, blood group & DNA analysis.

Collect urine samples for pregnancy, infection or drug estimation.

Genital Evidence



Take 2 swabs from vulva, vagina, anus and oral orifices depending on history and time elapsed since assault.

Preservation




Ensure proper labeling, storage, preservation and chain of custody is established for samples and materials being handed over for forensic examination.

Critical forensic evidence, especially DNA, could be lost or contaminated if handled carelessly.

**Two finger test
should not be done**



**Absence of injuries
does not rule out
sexual assault**



**A copy of the
medical report
must be given
to the survivor
free of cost
immediately**

4

WRITING A MEDICAL REPORT



**PROVISIONAL
REPORT MUST BE
GIVEN WITHIN 24
HOURS**

**FINAL REPORT
INCORPORATING
FSL REPORTS CAN BE
GIVEN LATER**



WHAT THE REPORT SHOULD INCLUDE

Basics



Demographic details of the survivor and the contact details of the accompanying person or informant.

Age & Identification



The approximate age of the survivor and 2 identifying marks.

Short History of Assault



Summary of the interview with survivor/ informant.

Clinical Findings



Details about any injury, minor or major, on the body of the child.

Condition



Mental and emotional condition of the child.

Past history of behavioral or health issues which indicate history of sexual assault



For example, suicide attempts, self-harm, recurrent UTIs, recurrent hospital visits for medical complaints, depression and other mental health issues.

Others



Any other useful information, especially risk factors to the safety of the survivor.

List



1. Samples collected for biochemical assessment
2. Samples collected for body evidence
3. Details of clothes collected and marked
4. Debris collection paper
5. Date and time of examination
6. Number of samples and sheets of reports enclosed

Provisional Clinical Opinion



Record your provisional clinical opinion based on relevant history and clinical findings. Include your inference based on the same. Refer guidelines.

Final Opinion



Given after getting reports from FSL and hospital laboratory



**RAPE and SEXUAL
ASSAULT are legal terms.
Medical opinion can
state penetrative injury.**

**RAPE DID NOT OCCUR
cannot be stated by the
medical officer.
It is a LEGAL OPINION.**



Sexual Offences Under the POCSO Act 2012



Penetrative Sexual Assault

SECTION 3

Aggravated Penetrative Sexual Assault

SECTION 5

Sexual Assault

SECTION 7

Aggravated Sexual Assault

SECTION 9

Sexual Harassment (verbal and non contact)

SECTION 11

Using Child for Pornographic Purposes

SECTION 13

Abetment; Commission, Omission, Aiding

SECTION 16

Attempt to Commit Offence and Punishment thereof

SECTION 18

Offences Under the POCSO Act 2012



Failure to report commission of offence and Punishment thereof

SECTION 21

False complaint or false information

SECTION 22

Disclosing information which may lead to identification of the child
by media

SECTION 23

Created by Enfold Trust, Bangalore

*Based on the CEHAT safe kit and Bangalore Baptist
Hospital Bal Suraksha Unit guidelines*

*With grateful thanks to Dr. Jagadeesh N, Professor,
Forensic Medicine*

