

GUIDELINES & PROTOCOLS

Medico-legal care for survivors of
sexual violence

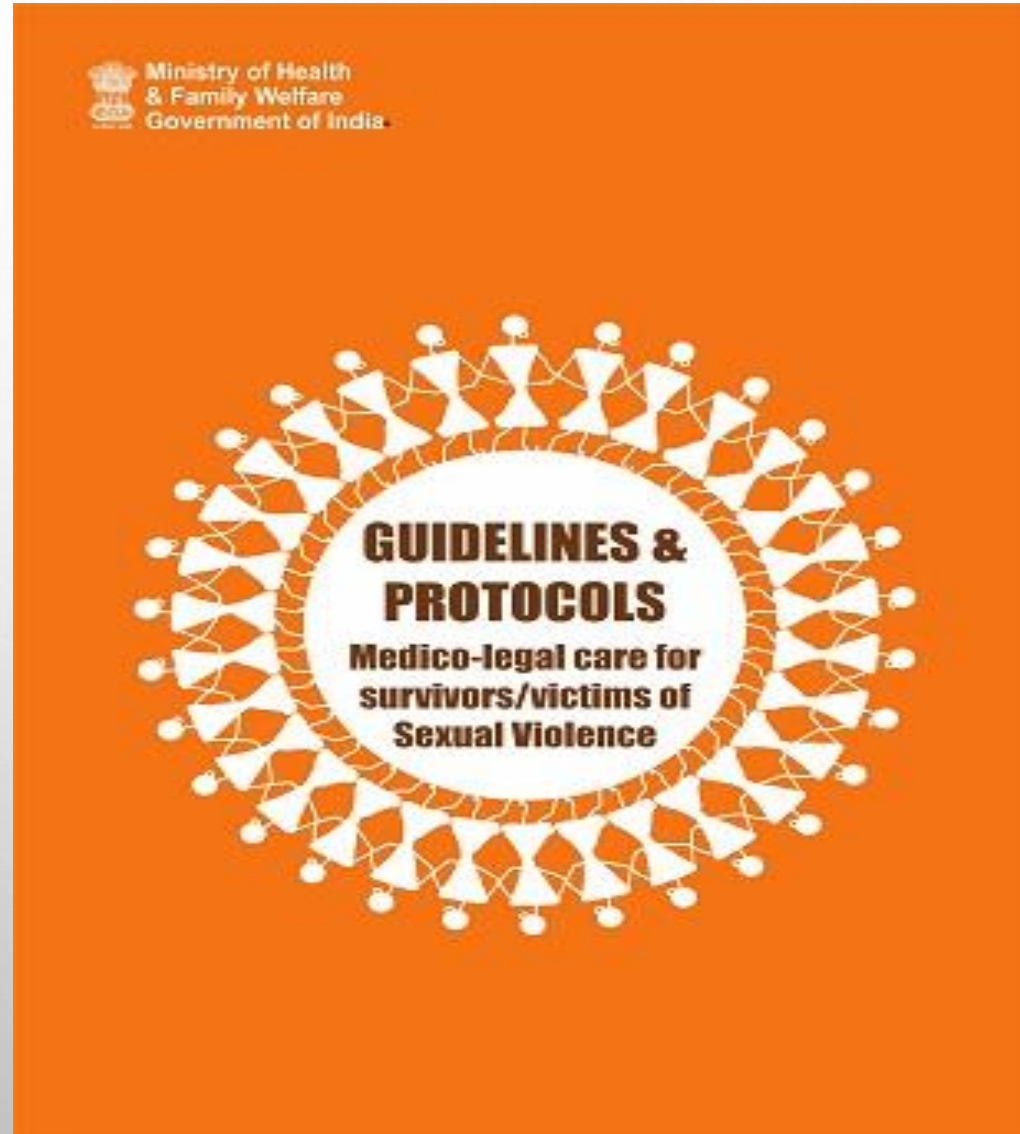


PRESENTER
DR VINITA GUPTA

**“REFUSAL OF MEDICAL CARE TO SURVIVORS/VICTIM OF SEXUAL
VIOLENCE AND ACID ATTACK AMOUNTS TO AN OFFENCE UNDER
SECTION 166 B OF THE INDIAN PENAL CODE READ WITH SECTION 357C
OF THE CODE OF CRIMINAL PROCEDURE”**


**PUNISHMENT AMOUNT TO IMPRISONMENT UP TO
ONE YEAR OR FINE OR BOTH**

GUIDELINES BY MOHFW(2014)





GUIDELINES DEFINE

- WHO TO EXAMINE
 - WHERE TO EXAMINE
 - HOW TO EXAMINE
- 

WHO TO EXAMINE

- ANY RMP WORKING IN GOVT OR PRIVATE INSTITUTION RECOGNISED BY STATE OR CENTER MAY CONDUCT THE EXAMINATION
- NOT NECESSARILY A GYNECOLOGIST
- TRAINING OF ALL IS MUST
- ALTHOUGH A FEMALE EXAMINER IS PREFERRED FOR A FEMALE ADULT PATIENT BUT IN THE ABSENCE A MALE CAN CONDUCT EXAMINATION IN THE PRESENCE OF A FEMALE STAFF
- **A FEMALE EXAMINER IS MANDATORY FOR ALL GIRLS POC SO CASES**
- IN CASE OF TRANSGENDER CHOICE OF EXAMINING DOCTORS LIES ON SURVIVOR
- IN CASE OF MINORS OR MENTALLY DISABLED SURVIVOR , PERSON WITH WHOMSOEVER SHE IS COMFORTABLE MAY BE ALLOWED TO BE PRESENT IN EXAMINING ROOM
- **A POLICE PERSONNEL IS NEVER ALLOWED INSIDE COUNSELLING ROOM OR EXAMINING ROOM AT THE TIME OF PROCEDURE**



WHERE TO EXAMINE

ONE STOP CENTRE





GENERAL GUIDELINES



- PROPERLY FURNISHED SEPARATE/SPECIAL ROOM WITH DESIGNATED ROOM NO
- DESIGNATE A NODAL OFFICER FOR ALL EXAMINATIONS
- ATLEAST 2 ROOMS (1 COUNSELLING &1 EXAMINATION) WITH A WAITING AREA
- ROOMS SHOULD HAVE ADEQUATE SPACE SUFFICIENT LIGHTENING ,A COMFORTABLE EXAMINATION TABLE AND NECESSARY EQUIPMENT
- COPIES OF MOHFW GUIDELINES TO BE PROVIDED IN THE EXAMINATION ROOM
- CLOTHING AND TOILETRIES TO BE PROVIDED TO ALL THE VICTIMS BY THE HOSPITAL
- PERIODIC TRAINING SESSION OF THE DOCTOR AND SENSITIZATION WORKSHOP FOR HOSPITAL STAFF
- INITIAL COUNSELLING BY THE HOSPITAL'S OWN POOL OF DOCTOR
- CRISIS INTERVENTION CENTRES TO BE INFORMED FOR SKILLED COUNSELLORS

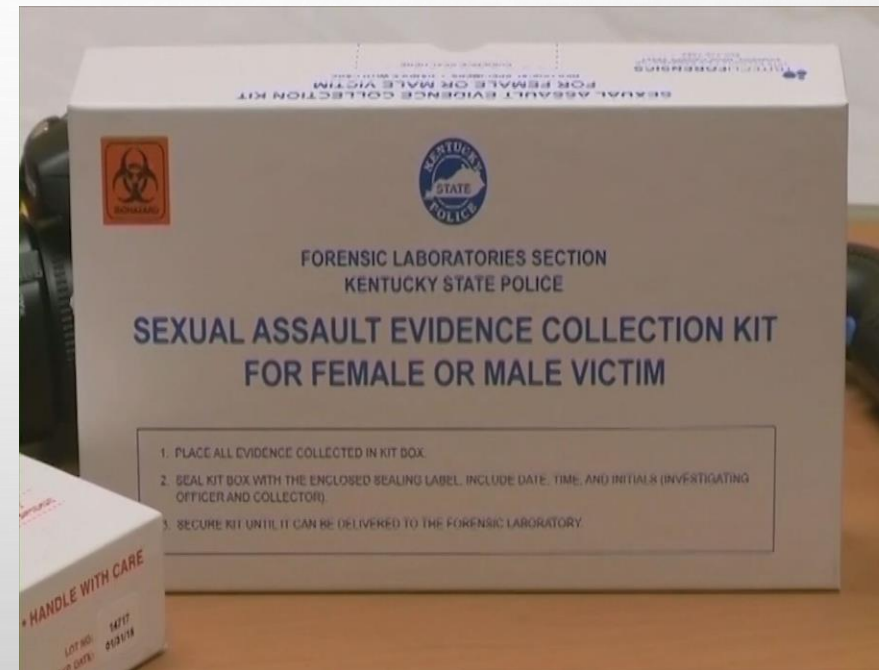
SAFE KIT

- ALL VICTIMS TO BE EXAMINED USING **SAFE KIT**.

FD-901
MEDICO-LEGAL EXAMINATION OF ACCUSED OF
SEXUAL VIOLENCE
RECEIPT FOR MATERIAL EVIDENCE

Medical Jurisdiction: Signature of Victim
Name: Name and Registration Number of Doctor
Date of Birth: Date
Patient Name: Name
Patient Address: Address
Residential Address: Address
Name & Number of Police Officer

Power by KSP, based on a protocol issued by the Director of Health & Family Services in 2014.



SAFE KIT

- ENVELOPES LABELLED AS STEPS 1-16 IN NO.
- ENVELOPES CONTAIN SLIDES, SWABS, TUBES, COMB, NAIL CUTTER, SCRAPPERS, ETC REQUIRED FOR SAMPLE COLLECTION
- PAPER SHEET FOR DEBRIS COLLECTION
- SYRINGES, NEEDLES, GLOVES
- BAGS
- DOCUMENTATION FORMS
- PROTOCOL /PROFORMAE BOOKLET

OTHER ITEMS

- WOODS LAMP
- VAGINAL SPECULUMS
- DRYING RACK
- MICROSCOPE & CAMERA
- TOULIDINE BLUE DYE
- UPT KIT
- LAC FOR SEALING
- TOILET ITEMS ,GOWN AND CLEAN CLOTHING
- VIALS FOR DIAGNOSTIC PURPOSE
- MEDICATIONS

**PROTOCOLS AND PROFORMAE FOR MEDICO-
LEGAL EXAMINATION OF SURVIVORS OF
SEXUAL VIOLENCE
&
EVIDENCE COLLECTION KIT**

**Prepared by NICFS* based on guidelines issued by
Ministry of Health & Family Welfare in 2014**

*Lok Nagan Jai Prakash Narayan National Institute of Criminology and Forensic Science,
Ministry of Home Affairs, Government of India, Sector-3, Kirti, Delhi-110005

- WHENEVER SEXUAL ASSAULT IS REPORTED OR SUSPECTED ,MLC HAS TO BE MADE
- ALL MLC'S TO BE MADE IN TRIPLICATE
- CONSENT FOR MAKING MLC IS ALSO NEEDED BUT REFUSAL DOES NOT MEAN NO MLC
- REFUSAL MUST BE NOTED AND EXPLAINED
- ALL STEPS OF DETAILED MEDICOLEGAL EXAMINATION AND SAMPLE COLLECTION MUST BE EXPLAINED AND WRITTEN CONSENT OBTAINED FOR EACH PART OF EXAMINATION

INFORMED CONSENT IS A CENTRAL ISSUE IN MEDICO-LEGAL MATTERS. EXAMINING A PERSON WITHOUT THEIR CONSENT COULD RESULT IN THE MEDICAL OFFICER IN QUESTION BEING CHARGED WITH OFFENCES OF ASSAULT, BATTERY OR TRESPASS. IN SOME JURISDICTIONS, THE RESULTS OF AN EXAMINATION CONDUCTED WITHOUT CONSENT CANNOT BE USED IN LEGAL PROCEEDINGS.

CONSENT

- A VICTIM > 12 YEARS AGE CAN GIVE VALID SELF CONSENT FOR MEDICAL EXAMINATION
- **CONSENT FROM PARENTS/GUARDIAN IS MANDATORY FOR ALL VICTIMS < 12 YEARS AGE**
- WHENEVER GUARDIANS ARE NOT AVAILABLE, THEN INFORMED CONSENT CAN BE OBTAINED FROM A PANEL OF SENIOR DOCTORS IN ADMINISTRATIVE POSITIONS IN HOSPITAL WHO WILL ACT IN BEST INTEREST OF CHILD
- IN CASE OF SUSPECTED INCEST, CWC TO BE INFORMED WHO HAVE LEGAL RESPONSIBILITY OF PROVIDING CARE AND PROTECTION TO CHILDREN
- REQUISITION OF POLICE IS NOT MANDATORY FOR EXAMINATION OR SAMPLE COLLECTION
- NEITHER POLICE NOR COURT DIRECTIVE CAN FORCE EXAMINATION
- LODGING AN FIR IS NEVER MANDATORY , ALWAYS OPTIONAL
- CONSENT FOR EXAMINATION MUST BE SIGNED BY EXAMINING DOCTOR , SURVIVOR OR PARENTS , AND A WITNESS (MAJOR DISINTERESTED PERSON)

- INFORMED CONSENT / REFUSAL
- I.....D/O OR S/O..... HEREBY GIVE MY CONSENT FOR:
- MLC NO.....
- A) MEDICAL EXAMINATION FOR TREATMENT YES/NO
- B) MEDICO LEGAL EXAMINATION YES/NO
- C) SAMPLE COLLECTION FOR FORENSIC EXAMINATION YES/NO
- I ALSO UNDERSTAND THAT AS PER LAW THE HOSPITAL IS REQUIRED TO INFORM POLICE AND THIS HAS BEEN EXPLAINED TO ME.
- I HAVE UNDERSTOOD THE PURPOSE AND THE PROCEDURE OF THE EXAMINATION INCLUDING THE RISK AND BENEFIT, EXPLAINED TO ME BY THE EXAMINING DOCTOR. MY RIGHT TO REFUSE THE EXAMINATION AT ANY STAGE AND THE CONSEQUENCE OF SUCH REFUSAL, INCLUDING THAT MY MEDICAL TREATMENT WILL NOT BE AFFECTED BY MY REFUSAL, HAS ALSO BEEN EXPLAINED AND MAY BE RECORDED. CONTENTS OF THE ABOVE HAVE BEEN EXPLAINED TO ME INLANGUAGE WITH THE HELP OF A SPECIAL EDUCATOR/INTERPRETER/SUPPORT PERSON (CIRCLE AS APPROPRIATE).....
- IF SPECIAL EDUCATOR / INTERPRETER / SUPPORT PERSON HAS HELPED, THEN HIS / HER NAME AND SIGNATURE

I also understand that I am free to revoke all or any part of this consent at any time during the examination.

The content of above is explained to me in language which I understand and hence I sign.

.....

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.....

(Name & Signature of Witness)

(Name & Signature of Survivor)

.....

.....

(Date, Place and Time)

.....

.....

(Name & Signature of Guardian or Relative of the
Survivor when s/he is unable give her consent due to
mental disability, or if s/he is under the age of 12 years.)

.....

(Name & Signature of Doctor)

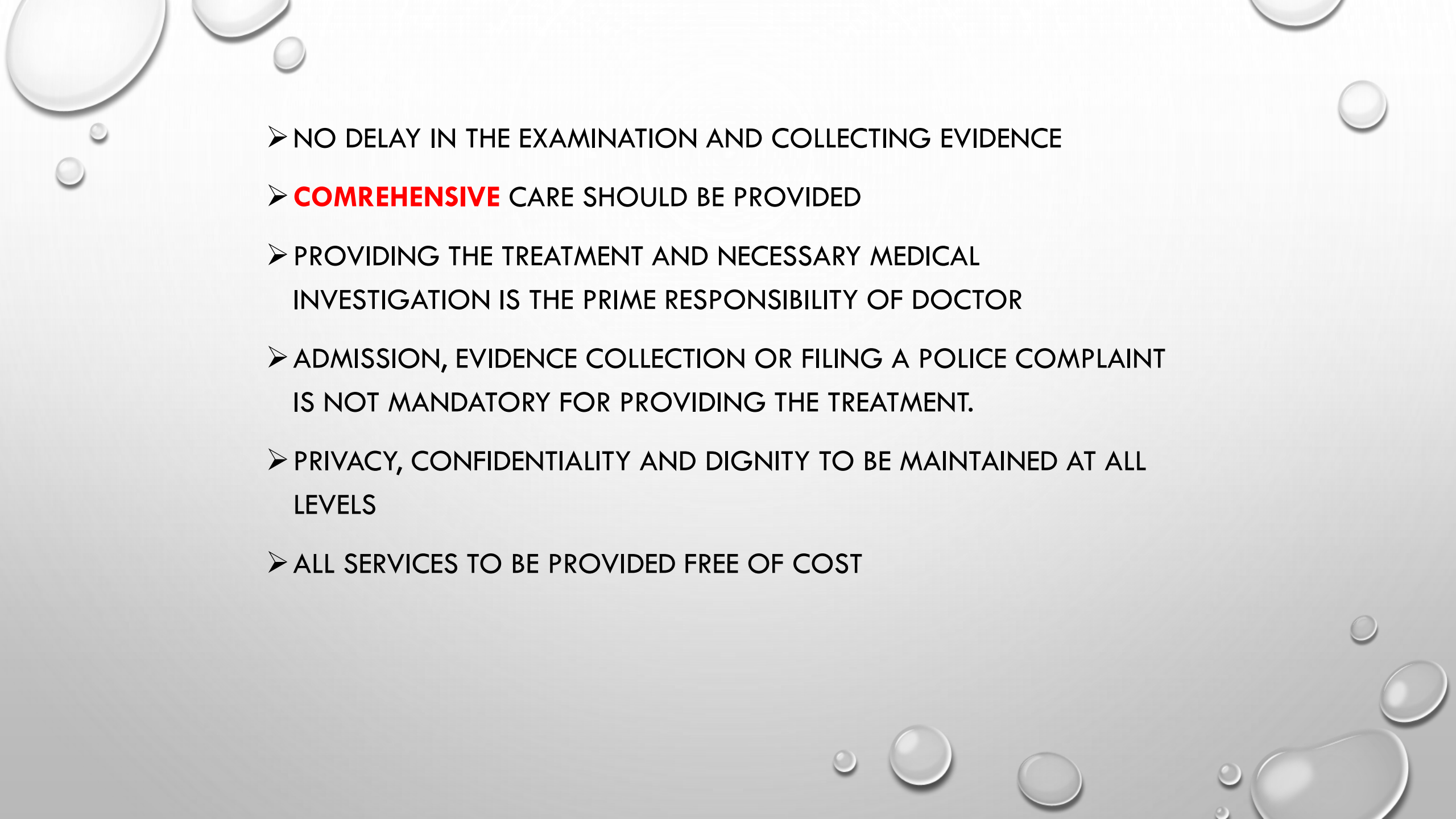
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(Date, Place and Time)

GENERAL INSTRUCTIONS FOR EXAMINATION

EVERY SURVIVOR OF SEXUAL ASSAULT SHOULD BE OFFERED A FULL MEDICAL-FORENSIC EXAMINATION, THE MAIN COMPONENTS OF WHICH ARE AS FOLLOWS:

- AN INITIAL ASSESSMENT, INCLUDING OBTAINING INFORMED CONSENT.
- A MEDICAL HISTORY, INCLUDING AN ACCOUNT OF THE EVENTS DESCRIBED AS SEXUAL VIOLENCE.
- A “TOP-TO-TOE” PHYSICAL EXAMINATION.
- A DETAILED GENITO-ANAL EXAMINATION.
- RECORDING AND CLASSIFYING INJURIES.
- COLLECTION OF INDICATED MEDICAL SPECIMENS FOR DIAGNOSTIC PURPOSES.
- COLLECTION OF FORENSIC SPECIMENS.
- LABELLING, PACKAGING AND TRANSPORTING OF FORENSIC SPECIMENS TO MAINTAIN THE CHAIN OF CUSTODY OF THE EVIDENCE.
- THERAPEUTIC OPPORTUNITIES.
- ARRANGING FOLLOW-UP CARE.
- STORAGE OF DOCUMENTATION.
- PROVISION OF A MEDICO-LEGAL REPORT.
- **ALL MLC'S TO BE MADE IN TRIPLICATE AND ONE COPY OF MLC IS TO BE GIVEN TO VICTIM.**

- 
- NO DELAY IN THE EXAMINATION AND COLLECTING EVIDENCE
 - **COMPREHENSIVE** CARE SHOULD BE PROVIDED
 - PROVIDING THE TREATMENT AND NECESSARY MEDICAL INVESTIGATION IS THE PRIME RESPONSIBILITY OF DOCTOR
 - ADMISSION, EVIDENCE COLLECTION OR FILING A POLICE COMPLAINT IS NOT MANDATORY FOR PROVIDING THE TREATMENT.
 - PRIVACY, CONFIDENTIALITY AND DIGNITY TO BE MAINTAINED AT ALL LEVELS
 - ALL SERVICES TO BE PROVIDED FREE OF COST

COMPONENTS OF COMPREHENSIVE HEALTH CARE

- IMMEDIATE TREATMENT OF MEDICAL INJURIES AND FOLLOW UP TREATMENT
- POST RAPE CARE INCLUDING EMERGENCY CONTRACEPTION
- POST EXPOSURE PROPHYLAXIS FOR HIV, STD
- PREVENTION AND ACCESS TO SAFE ABORTION SERVICES
- POLICE PROTECTION
- EMERGENCY SHELTER
- DOCUMENTATION, FORENSIC SERVICES AND LEGAL AID

FORENSIC EVIDENCE

- NATURE OF FORENSIC EVIDENCE COLLECTED IS DETERMINED BY THREE MAIN FACTORS:
- NATURE OF SEXUAL VIOLENCE
- TIME ELAPSED BETWEEN INCIDENCE OF SEXUAL VIOLENCE AND EXAMINATION
- WHETHER SURVIVOR HAS BATHED /WASHED HERSELF AFTER THE INCIDENT

HISTORY

- MEDICAL HISTORY
- SURGICAL HISTORY
- GYNAECOLOGICAL HISTORY
- SEXUAL VIOLENCE HISTORY

SEXUAL VIOLENCE HISTORY

- DETECT AND TREAT ALL ACUTE INJURIES;
- ASSESS THE RISK OF ADVERSE CONSEQUENCES SUCH AS PREGNANCY AND STIS
- GUIDE RELEVANT SPECIMEN COLLECTION;
- ALLOW DOCUMENTATION
- GUIDE FORENSIC EXAMINATION.
 - THE DATE, TIME AND LOCATION OF THE ASSAULT, INCLUDING A DESCRIPTION OF THE TYPE OF SURFACE ON WHICH THE ASSAULT OCCURRED;
 - THE NAME, IDENTITY AND NUMBER OF ASSAILANTS;
 - THE NATURE OF THE PHYSICAL CONTACTS AND DETAILED ACCOUNT OF VIOLENCE INFLICTED;
 - USE OF WEAPONS AND RESTRAINTS;
 - USE OF MEDICATIONS/DRUGS/ALCOHOL/INHALED SUBSTANCES;
 - DETAILS ABOUT CLOTHING.

- DETAILS ABOUT PENETRATION OF ORIFICES
- EJACULATION, MASTURBATION, SUCKING, LICKING
- USE OF CONDOMS, LUBRICANTS
- POST ASSAULT INFORMATION LIKE BATHING ,DOUCHING,MICTURITION ,DAEFECATION, RINSING OF MOUTH ,EATING ,DRINKING ETC
- *ALWAYS NOTE HISTORY IN NARRATORS OWN WORDS*
- H/O CONSENTUAL SEX PRIOR TO OR AFTER THE EPISODE (FOR DNA ANALYSIS)
- H/O VACCINATION
- *HISTORY TAKING IN CHILDREN CAN BE FACILITATED BY USE OF DOLLS AND CHARTS*
- *ALWAYS BELIEVE WHAT IS BEING TOLD BY CHILD*

EXAMINATION & SAMPLE COLLECTION

- EXAMINATION AND FORENSIC EVIDENCE COLLECTION IS A SIMULTANEOUS PROCESS
- SHOULD BE SYSTEMATIC AND ALWAYS GUIDED BY HISTORY

- **TWO MARKS OF IDENTIFICATION** SUCH AS MOLES/SCARS/TATTOOS ETC
PREFERABLY ON EXPOSED BODY PARTS TO BE NOTED
- NOTE SIZE ,SITE ,SHAPE, COLOR
- RELATIONSHIP WITH FIXED BONY PART
- LEFT THUMB IMPRESSION OF SURVIVOR IN BOX PROVIDED

GENERAL PHYSICAL EXAMINATION

- NOTE GENERAL CONDITION.
- LOOK FOR CONSCIOUSNESS AND ORIENTATION TO TPP
- PULSE, BP, TEMPERATURE STATE OF PUPILS ETC.

EXAMINATION OF INJURIES

- ENTIRE BODY SURFACE TO BE INSPECTED CAREFULLY FOR SIGNS OF BRUISES ABRATIONS,CUTS,LACERATIONS,TEETH MARKS,FRACTURES, SPECIALLY ON INNER ASPECTS OF ARMS , THIGHS ,BREASTS NECK FOLDS ,SHOULDERS,ETC
- REPRESENT THEM ON BODY CHARTS , NO. THEM AND DESCRIBE IN DETAILS
- DESCRIBE ANY STAINS ON ANY BODY PART –SIZE ,SITE, SHAPE ,COLOR, NATURE (BLOOD ,SEMEN, MUD, OTHERS)
- COLLECT ALL SWABS INDICATED

LOCAL /GENITAL EXAMINATION

- PERINEUM AND EXTERNAL GENITALIA INSPECTED FOR ANY INJURY, SEMINAL STAINS, LOOSE PUBIC HAIRS

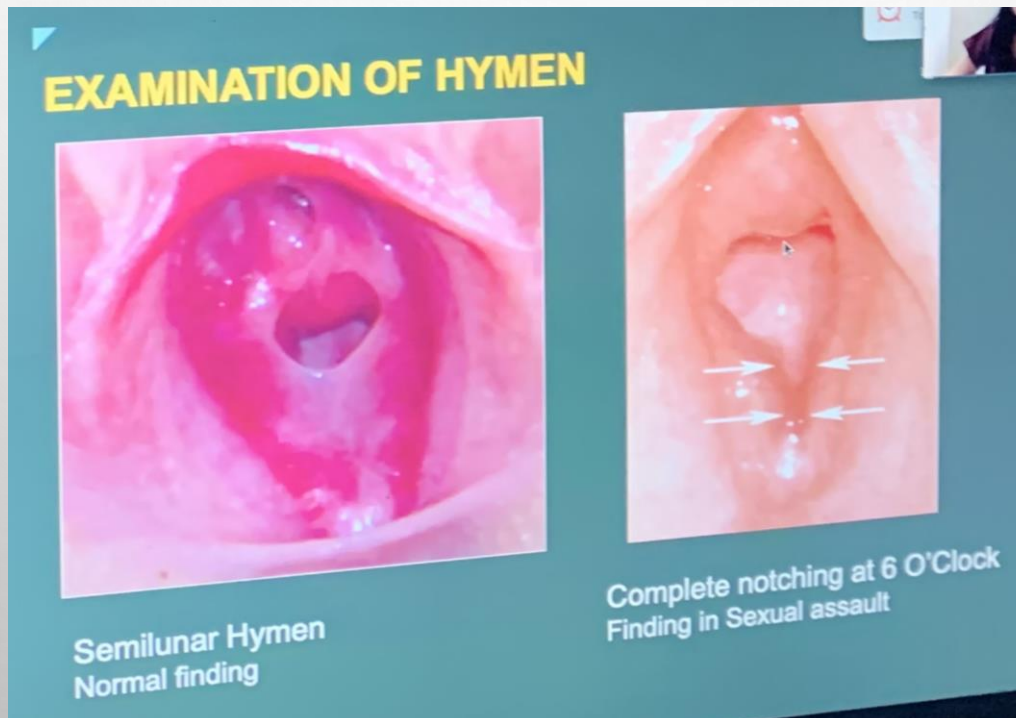
- VULVA INSPECTED FROM FRONT TO BACK FOR ANY INJURY/BLEEDING/DISCHARGE/SWELLING/ETC

EXAMINATION OF VAGINA

- DONE WITH THE HELP OF A STERILE SPECULUM LUBRICATED WITH WARM SALINE/STERILE WATER TO CHECK THE INTERNAL BLEEDING ,BRUISES OR ANY INJURIES
- NO NEED OF PER SPECULUM EXAMINATION IN MINORS WHERE NO EVIDENCE OF PENETRATION OR EXTERNAL BLEEDING OR VISIBLE INURIES SEEN.IF AT ALL SUCH EXAMINATION IS REQUIRED , SHALL ALWAYS BE DONE UNDER ANAESTHESIA
- ABSENCE OF INJURIES TO HYMEN DOES NOT RULE OUT PENETRATION

EXAMINATION OF HYMEN

- NO COMMENT WHETHER TORN OR INTACT
- SHOULD BE TREATED LIKE ANY OTHER BODY PART
- ONLY COMMENT ON FRESH TEAR ,BLEEDING ,BRUISES



TWO FINGER TEST- BANNED

- COMMONLY REFERRED TO AS PER VAGINUM EXAMINATION
- IN 2003 ,THE SUPREME COURT OF INDIA CALLED TFT “HYPOTHETICAL” AND OPINIONATIVE BECAUSE IT IS ARCHAIC,UNSCIENTIFIC,AND INVASIVE OF PRIVACY AND DIGNITY.
- GUIDELINES WERE PASSED BY MINISTRY OF HEALTH AND FAMILY WELFARE IN 2014 WHICH ALSO CONDEMNED THE TEST AND SAID THAT IT MUST NOT BE PERFORMED

- PER RECTAL AND ANAL EXAMINATION
- ORAL CAVITY EXAMINATION
- **ONLY WHEN INDICATED BY HISTORY**

COLLECTION OF SAMPLES

- DEBRIS PRESENT ON ANY BODY PART OR CLOTHES
- CLOTHES WORN BY VICTIM AT TIME OF ASSAULT
- SWABS FROM ALL OVER BODY : MUD, BLOOD, SEMEN, LUBRICANT ETC
- SCALP HAIRS
- PUBIC HAIRS
- AXILLARY HAIRS
- NAILS AND UNDERNAILBED DEBRIS
- VAGINAL /VULVAL SWABS AND SMEARS
- CERVICAL SWABS
- ORAL /ANAL /RECTAL SWABS AND WASHINGS

- VICTIM TO STAND ON THE WHITE SHEET PLACED ON THE DRY CLEAN FLOOR TO COLLECT THE DEBRIS(LOOSE HAIRS,MUD ,GRASS) WHILE SHE UNDRESSES FROM TOP TO BOTTOM
- SHEET IS FOLDED CAREFULLY AND SEND TO FSL FOR TRACE EVIDENCE DETECTION
- **SAMPLING OF CLOTHES TO BE DONE**
 - COLLECTED AND PRESERVED IN A DRY PAPER BAG.
 - i. MARK THE STAINED AREAS/TORN AREAS ON THE CLOTHES WITH MARKER.
 - ii. FOLD THE CLOTHES IN SUCH MANNER THAT NOT TWO STAINED AREAS COME IN CONTACT WITH EACH OTHER. MAY PLACE A PAPER SHEET TO AVOID CONTACT
 - iii. SANITARY PADS /TAMPOONS AND CONDOMS USED AT TIME OF ASSULT TO BE COLLECTED
 - iv. PACK THE INNER AND OUTER CLOTHING SEPARATELY.
 - v. ALWAYS DRY BEFORE PACKING
 - vi. **ALWAYS PROVIDE THE VICTIM WITH THE ALTERNATIVE CLOTHING FROM THE INSTITUTION.**
 - vii. **NO PLASTIC BAGS TO BE USED**

- **EVIDENCE ON BODY**

- SWABS COLLECTION –FROM ENTIRE BODY SURFACE (MAY BE WET WITH 0.5 ML NS),DRIED BEFORE PACKING

- ANY BITE MARKS PRESENT MAY BE PHOTOGRAPHED

- INVISIBLE STAINS MAY BE IDENTIFIED USING ULTRAVIOLET LIGHT

- **HEAD HAIRS -**

- COMBED SAMPLES OF SCALP HAIR TAKEN FROM SURVIVOR (LOOSE HAIRS, /MATTED HAIRS) INCLUDING SWABS FROM STAINS

- CONTROLLED SAMPLES OF SCALP /AUXILLARY HAIR TAKEN BY PLUCKING FOR DNA ANALYSIS

- **PUBIC HAIRS**

- A SHEET OF CATCH PAPER PLACED UNDER BUTTOCKS

- SAMPLE COLLECTED BY COMBING IN DOWNWARDS DIRECTION

- MATTED AS WELL AS NORMAL HAIRS TO BE COLLECTED

- IF PUBIC HAIRS SHAVEN ,MENTION IT CLEARLY

- **NAILS**

- NAIL CLIPPING OF BOTH HANDS AND UNDER NAIL BED DEBRIS OF BOTH HANDS SHOULD BE COLLECTED SEPARATELY AND PACKED

- URINE SAMPLE

- COLLECTED FOR PREGNANCY TEST (TEST DONE AND KIT DISCARDED) URINE FOR DRUG ESTIMATION IF SUSPECTED COLLECTED IN LEAKPROOF STERILE CONTAINER

- BLOOD

- 3 ML BLOOD IN PURPLE CAP (EDTA)VIAL FOR DNA PROFILING .MAY ALSO BE COLLECTED IN FTA CARD(BG AND DNA OF VICTIM OR ACCUSED)

- 3 ML BLOOD IN GREY CAP BOTTLE FOR DRUGS AND ALCOHOL ESTIMATION

GENITALSWABS TO BE TAKEN * IDENTIFICATION OF ACCUSED DNA & SPERMATOZOA

- **VULVAL SWABS- 2 (RIGHT AND LEFT) –INNER SURFACE OF LABIA MINORA**
- **VAGINAL SWABS- 2 (LOW VAGINAL AND HIGH VAGINAL)**
- **VAGINAL SMEAR- 2 SLIDES (TAKEN FOR PRESENCE OF SPERMATOZOA AND SEMEN)**
- **ANAL AND PERI-ANAL SWABS (IF HISTORY IS SUGGESTIVE)**
- **CERVICAL SWAB**

IF HISTORY OF ORAL PENETRATION IS PRESENT

- **ORAL SWABS TO BE TAKEN**
- **GIVE 10 ML OF SALINE TO RINSE THE MOUTH & COLLECT IN A STERILE CONTAINER**

PENILE SWAB AND URETHERAL SWAB IN ACCUSED

SAMPLES TO BE SENT TO THE HOSPITAL LABORATORY

- UPT TO BE DONE
- BLOOD SAMPLE FOR SEXUALLY TRANSMITTED DISEASE- HIV, VDRL, HBSAG, HCV
- RADIOLOGICAL INVESTIGATIONS INCLUDING USG WHENEVER INDICATED

ESTIMATION OF AGE BY AGE ESTIMATION COMMITTEE (WHENEVER REQUIRED)

REFERENCE SAMPLE

REFERENCE SAMPLE IS COLLECTED FROM VICTIM FOR COMPARISON OF DNA

FETAL TISSUE SAMPLE – FETAL TISSUE SAMPLE IS COLLECTED IN STERILE PLASTIC CONTAINER AFTER SALINE WASH AND STORED AT -20°C

NOTE*

SPERMATOOZOA MAY BE RECOVERED FROM CERVIX AND POSTERIOR FORNIX FOR LONGER PERIOD OF TIME THAN IN VAGINA AFTER THE ASSAULT. HENCE, IT IS ADVISABLE TO COLLECT SWABS UPTO ATLEAST 3 WEEKS* AFTER THE ASSAULT, AS PER MERIT OF THE CASE AND WHEREVER POSSIBLE CONSIDERING THE AGE OF THE SURVIVOR .

TECHNIQUE OF COLLECTING VAGINAL WASH

- USING A SYRINGE AND A SMALL RUBBER CATHETER
- 2-3 ML OF SALINE IS INSTILLED IN THE VAGINA
- FLUID IS ASPIRATED
- FLUID FILLED SYRINGE SENT TO FSL AFTER PUTTING A KNOT AT RUBBER CATHETER

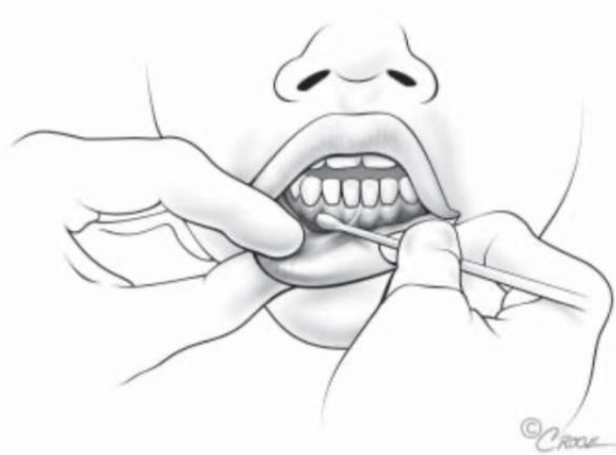
TECHNIQUE FOR TAKING A
BLIND VAGINAL SWAB



SWAB IS GENTLY
INTRODUCED BEYOND
HYMEN , TAKING CARE NOT
TO TOUCH EXTERNAL
STRUCTURES AS IT IS BEING
INTRODUCED AND IS
ADVANCED TOWARDS
VAGINAL VAULT.

HOW TO SWAB THE MOUTH IN CASE OF EJACULATION INTO MOUTH

GUIDELINES FOR MEDICO-LEGAL CARE FOR VICTIMS OF SEXUAL VIOLENCE



- AS THE SPERMATOZOA AND SEMEN TEND TO COLLECT IN THE SPACES BETWEEN TEETH AND GINGIVAL MARGINS OF THE LOWER JAW ,A DRY SWAB SHOULD BE GENTLY BUT FIRMLY COLLECTED FROM THERE.
- BEHIND THE LAST MOLARS
- DRIED , CAPPED AND LABELLED

POST EXAMINATION

- MEDICAL PRACTITIONER SHOULD DOCUMENT THE REPORT , FORMULATE OPINION, AND SIGN THE REPORT
- A COPY MUST BE GIVEN TO SURVIVOR
 - AS MEDICAL RECORD IS GOING TO BE USED IN COURT ,RESULTS SHOULD BE WRITTEN LEGIBLY AND IN NON TECHNICAL LANGUAGE UNDESTOOD BY JURY
 - IN CASE OF DOUBT REFER THE TASK OF INJURY INTERPRETATION TO A FORENSIC EXPERT
 - OPINION MUST BE EVIDENCE BASED. IT IS MANDATORY THAT DOCTOR,S FORENSIC MEDICAL REPORT SHALL PRECISELY STATE REASON FOR CONCLUSION ARRIVED
 - NORMAL EXAMINATION FINDINGS NEITHER CONFIRM NOR REFUTE SEXUAL ASSAULT

MEDICAL OPINION

(ENCIRCLE THE APPLICABLE AND CROSS OTHERS BY HORIZONTAL LINE ACROSS ENTIRE TEXT)

1. GENITAL & PHYSICAL INJURIES PRESENT ,SUGGESTIVE OF FORCEFUL PENETRATION / INSERTION.

OR

2. ONLY GENITAL INJURIES PRESENT ,SUGGESTIVE OF FORCEFUL PENETRATION /INSERTION

OR

3. ONLY PHYSICAL INJURIES PRESENT,SUGGESTIVE OF USE OF FORCE.,HOWEVER PENETRATION/INSERTION CANNOT BE RULED OUT

OR

NEITHER GENITAL NOR PHYSICAL INJURIES PRESENT ,SUGGESTIVE OF NO USE OF FORCE ,HOWEVER SEXUAL ASSAULT CANNOT BE RULED OUT

EXAMINATION COMPLETED DATETIME.....SIGNATURE NAME&SEAL

.

FOLLOW UP EXAMINATION

- ON DAY 2 FOR ANY ABRATION / CONTUSIONS
- AT 6 WEEKS: GONORROHOEA, SYPHILIS, CHLAMYDIA, HPV, USING CERVICAL SAMPLE FOR PAPS TEST
- AT 6 MONTHS: SYPHILIS, HEPATITIS AND HIV
- REPEAT UPT AFTER 2 WEEKS IF PENETRATION PRESENT
- LAPROSCOPY TO RULE OUT DEEP INJURIES IF VAULT TEARS PRESENT

GUIDELINES TO USE SAFE KIT

- COLLECT CAREFULLY , AVOIDING CONTAMINATION
- COLLECT SPECIMENS AS EARLY AS POSSIBLE , AS 72 HRS AFTER THE ASSAULT THE VALUE OF EVIDENTIARY MATERIAL DECREASES DRASTICALLY
- USE NON POWDERED AND NON LUBRICATED GLOVES
- CHANGE GLOVES AFTER EACH SPECIMEN TO AVOID CROSS CONTAMINATION
- DON'T SNEEZE AND COUGH AROUND WHILE TAKING SAMPLES
- MARK EACH EVIDENCE IN THE APPROPRIATE SPACE
- ALL ENVELOPES TO BE SIGNED, LABELLED AND SEALED AFTER COMPLETE IDENTIFICATION
- SAMPLES ARE TO BE AIR DRIED BEFORE STORING
- RETURN ALL SEALED ENVELOPES EXCEPT CLOTHING BAGS TO THE KIT BOX
- GIVING A BRIEF EXPLANATION IF NO SPECIMEN WAS COLLECTED AT THAT STEP
- NEVER USE SALIVA TO SEAL ENVELOPE
- ALWAYS MENTION THE NUMBER OF CONTAINERS
- SEAL AND LABEL THIS BAG BY HAND WITH IDENTIFICATION

DON'TS FOR MEDICAL OFFICER

- NEVER USE DOUBLE MEANING WORDS / AMBIGUOUS WORDS WHICH CAN BE WRONGLY INTERPRETED BY EITHER SIDE
- ACT LIKE A DOCTOR . DON'T TRY TO BECOME INVESTIGATOR.
- NEVER GET INFLUENCED BY TRAFFICKERS WHO MAY PRESSURIZE TO GIVE FALSE REPORTS
- DON'T ALLAY WITH PERSONS INVOLVED IN INVESTIGATIONS

GUIDELINES FOR RESPONDING TO THE CHILDREN

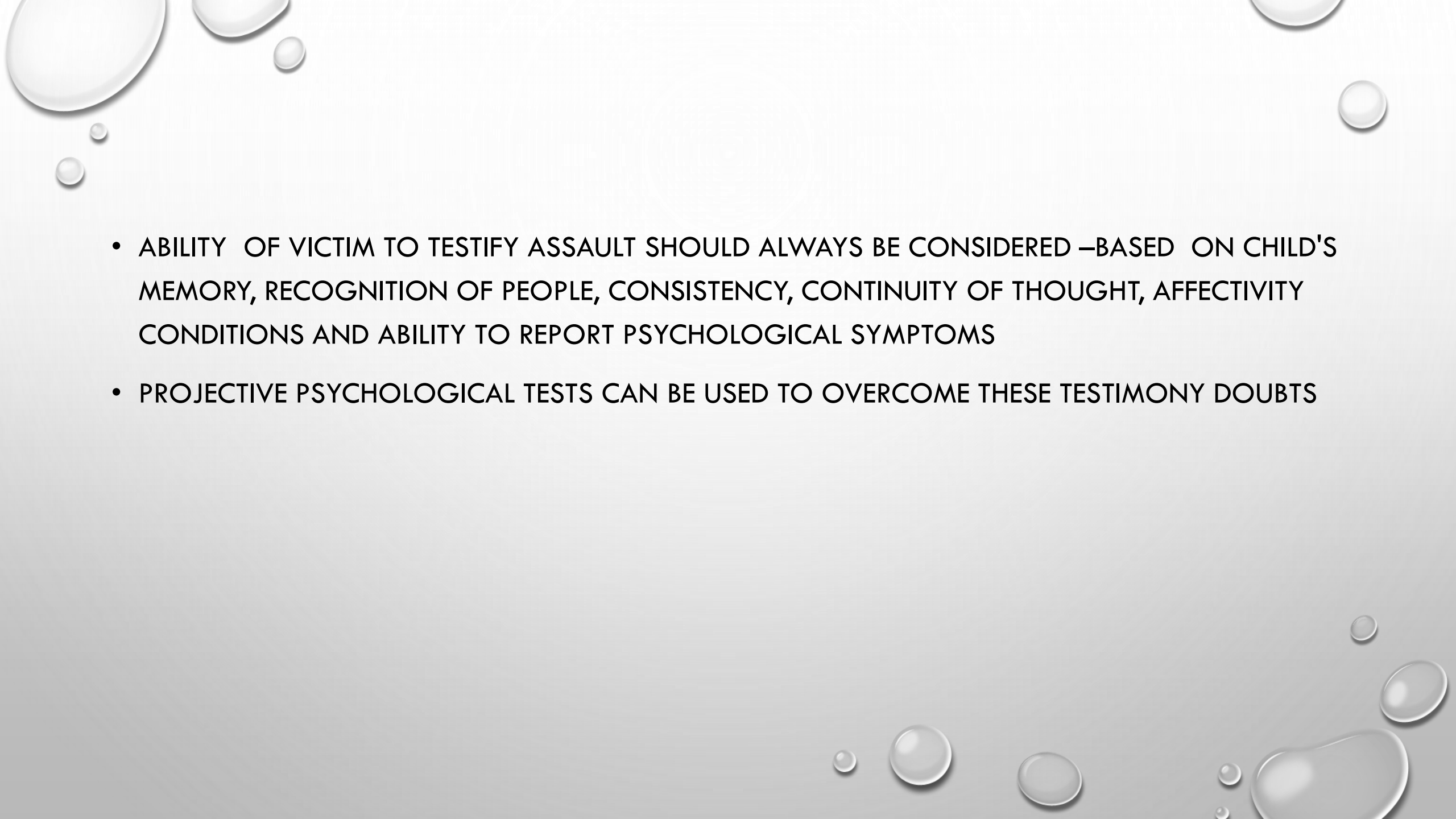
WHILE THE PRINCIPLES OF MEDICAL EXAMINATION AND TREATMENT FOR CHILDREN REMAINS THE SAME, SOME SPECIFIC GUIDELINES :

- IN CASE THE CHILD IS UNDER 12 YEARS OF AGE, CONSENT FOR EXAMINATION NEEDS TO BE SOUGHT FROM THE PARENT OR GUARDIAN.
- CHILDREN MAY BE ACCOMPANIED BY THE ABUSER WHEN THEY COME FOR MEDICAL TREATMENT, SO BE AWARE AND SCREEN WHEN YOU SUSPECT ABUSE.
- DO NOT ASSUME THAT BECAUSE THE CHILD IS YOUNG HE/SHE WILL NOT BE ABLE TO PROVIDE A HISTORY. HISTORY SEEKING CAN BE FACILITATED BY USE OF DOLLS AND BODY CHARTS.
- BELIEVE WHAT IS BEING REPORTED BY THE CHILD.
- SPECIFIC NEEDS OF CHILDREN MUST BE KEPT IN MIND WHILE PROVIDING CARE TO CHILD SURVIVORS.

- ALL EXAMINATION OF FEMALE POCSO VICTIM TO BE DONE BY ONLY FEMALE MEDICAL EXAMINER WHEREAS MALE POCSO CAN BE EXAMINED BY EITHER MALE OR FEMALE EXAMINER
- ALL POCSO CASES TO BE HANDLED ONLY AT OSC
- MEDICAL EVIDENCE COLLECTION PREFERABLY DONE UNDER ANAESTHESIA TO AVOID DISCOMFORT TO CHILD
- PER VAGINAL EXAMINATION NOT TO BE DONE

POCSO ---SPECIAL PROVISION –WHY ????

- DYNAMICS OF CHILD SEXUAL ABUSE ARE DIFFERENT FROM ADULT SEXUAL ABUSE
- CHILDEN ARE MORE VULNERABLE –MENTAL IMMATURITY & INCAPABILITY TO DEFEND
- IMMEDIATE DISCLOSURE IS VERY RARE- FEAR, ANXIETY, GUILT, ANGER, EMBARRASEMENT ,FRUSTRATION,FAMILY PRESSURE ,FEAR OF RE-VICTIMIZATION
- HESITENCY DUE TO THREATS MADE BY PERPETRATOR
- OFTEN ACCIDENTAL DISCLOSURE-C/O PAIN ABDOMEN, OR GENITAL AREA, BLOOD STAINED UNDERGARMENTS

- 
- ABILITY OF VICTIM TO TESTIFY ASSAULT SHOULD ALWAYS BE CONSIDERED –BASED ON CHILD'S MEMORY, RECOGNITION OF PEOPLE, CONSISTENCY, CONTINUITY OF THOUGHT, AFFECTIVITY CONDITIONS AND ABILITY TO REPORT PSYCHOLOGICAL SYMPTOMS
 - PROJECTIVE PSYCHOLOGICAL TESTS CAN BE USED TO OVERCOME THESE TESTIMONY DOUBTS

- 80% OF CSA CASES WILL HAVE NO EVIDENCE OF PHYSICAL INJURY OR SEMEN EJACULATION
- EVERY SEXUAL ACT DOES NOT CAUSE TRAUMA - PLACING PENIS B/W LABIA OR THIGH-NO EVIDENCE OF TRAUMA
- ALL EVIDENCE IN CHILDREN SHOULD NOT BE NARRATIVE BASED – INSTANCES OF VAGINAL SEMEN DETECTION WHEN HISTORY SUGGESTED HAND VAGINAL CONTACT
- MAY NOT COOPERATE IN EVIDENCE COLLECTION-VAGINAL ,ANAL, ORAL SWABS
- MORE PAINFUL AND TRAUMATIC

- MOST LABS USE STANDARD SA KIT FOR FEMALE VICTIMS OF ALL AGES –INCLUDING BREAST SWAB, BODY FLUID COLLECTION ANAL , ORAL , VAGINAL SWABS AND SMEAR, CERVICAL MUCUS COLLECTION AND SMEAR COMBING /CUTTING OF PUBIC HAIRS ,FINGERNAIL CUTTINGS DENTAL FLOSS AND TOOTH PRICK AND URINE BLOOD SAMPLES –THESE ARE BEST SUITED FOR ADULT FEMALES
- PUBIC HAIRS, CERVICAL SMEAR, BREAST SWABS ARE IRRELEVANT IN PRE PUBERTAL CHILD

-

- SO SOME MODIFICATION IN EVIDENCE COLLECTION SYSTEM IS NEEDED
- ✓ A STANDARD SEXUAL MATURITY RATING SYSTEM MUST BE USED TO JUDGE PHYSICAL DEVELOPMENT OF VICTIM BASED ON DEGREE OF DEVELOPMENT OF SECONDARY SEXUAL CHARACTERS
- ✓ TANNERS STAGING IS STANDARD FIVE STAGE METHOD TO CATEGORIZE PUBERTAL STAGES OF DEVELOPMENT
- ✓ STAGE 1-PREPUBERTAL GENITAL DEVELOPMENT
- ✓ STAGE 5-ADULT GENITAL DEVELOPMENT
- ✓ SEXUAL ASSAULT KITS SHOULD NOT ONLY BE BASED ON AGE AND GENDER OF VICTIM BUT ALSO RELEVANT EVIDENCE COLLECTION FROM ACCUSED

- ORAL SEX VERY COMMON - EDGES OF MOUTH AND ORAL CAVITY MUST BE INSPECTED FOR INJURIES TO PALATE, GUM, TEETH, PHARYNX, FRENULA
- EXAMINATION OF BUTTOCKS, PERIANAL SKIN, ANAL FOLDS, FOREIGN BODY OR ANY OTHER SIGNS LIKE BLEEDING, TEAR, CONTUSION SHOULD BE NOTED WITH DIAGRAM
- COLPOSCOPIC EXAMINATION TO LOOK FOR INJURIES NOT SEEN BY NAKED EYE-SENSITIVE AND SPECIFIC
- PHOTOGRAPHS AND VIDEOS MAY SERVE AS EVIDENCE
- E/O STI'S LIKE NEISSERIA GONORRHEA & CHLAMYDIA TRACHOMATIS MAY BE DUE TO CSA



No
longer
silent

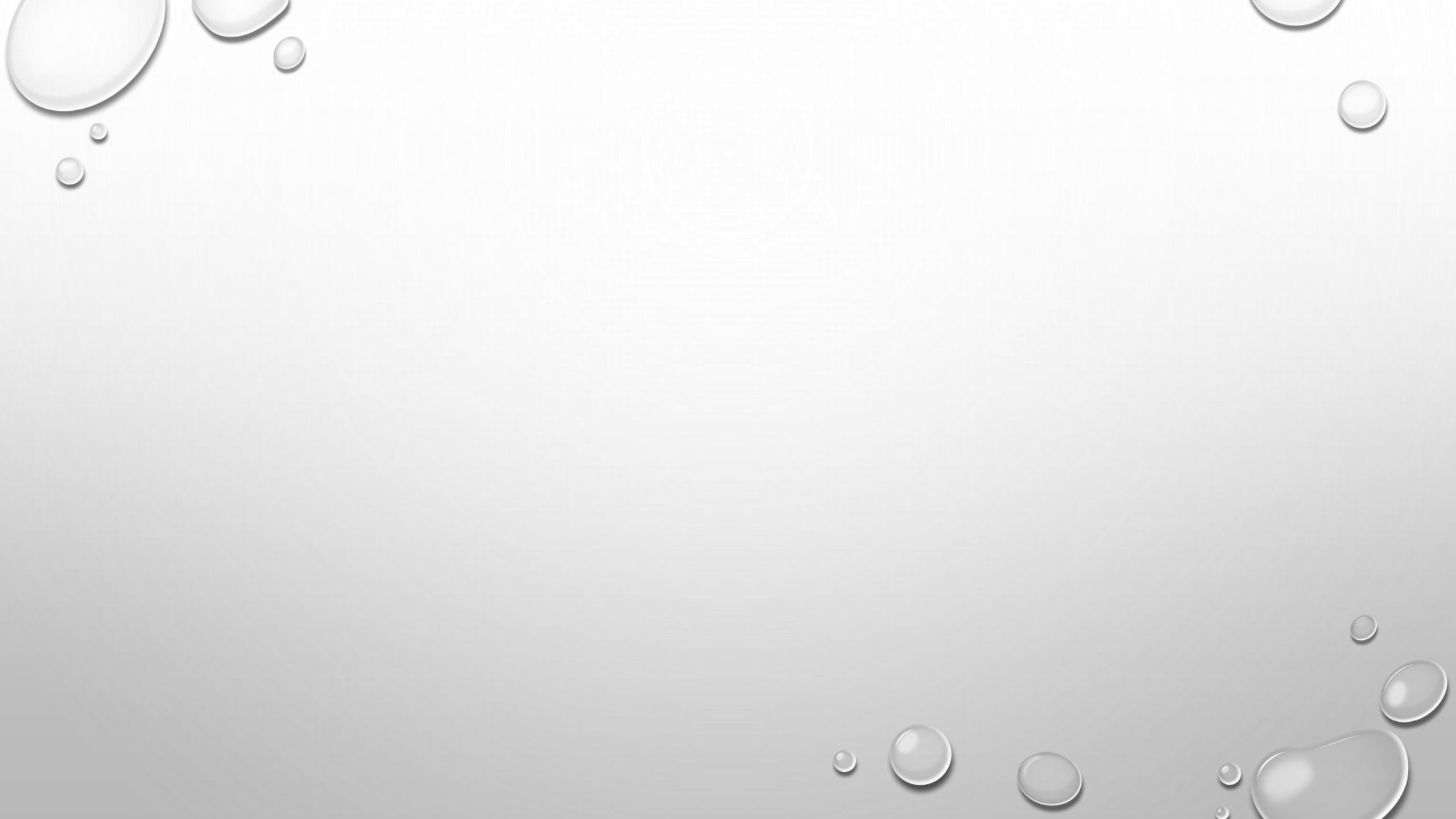
SPEAK
TRUTH

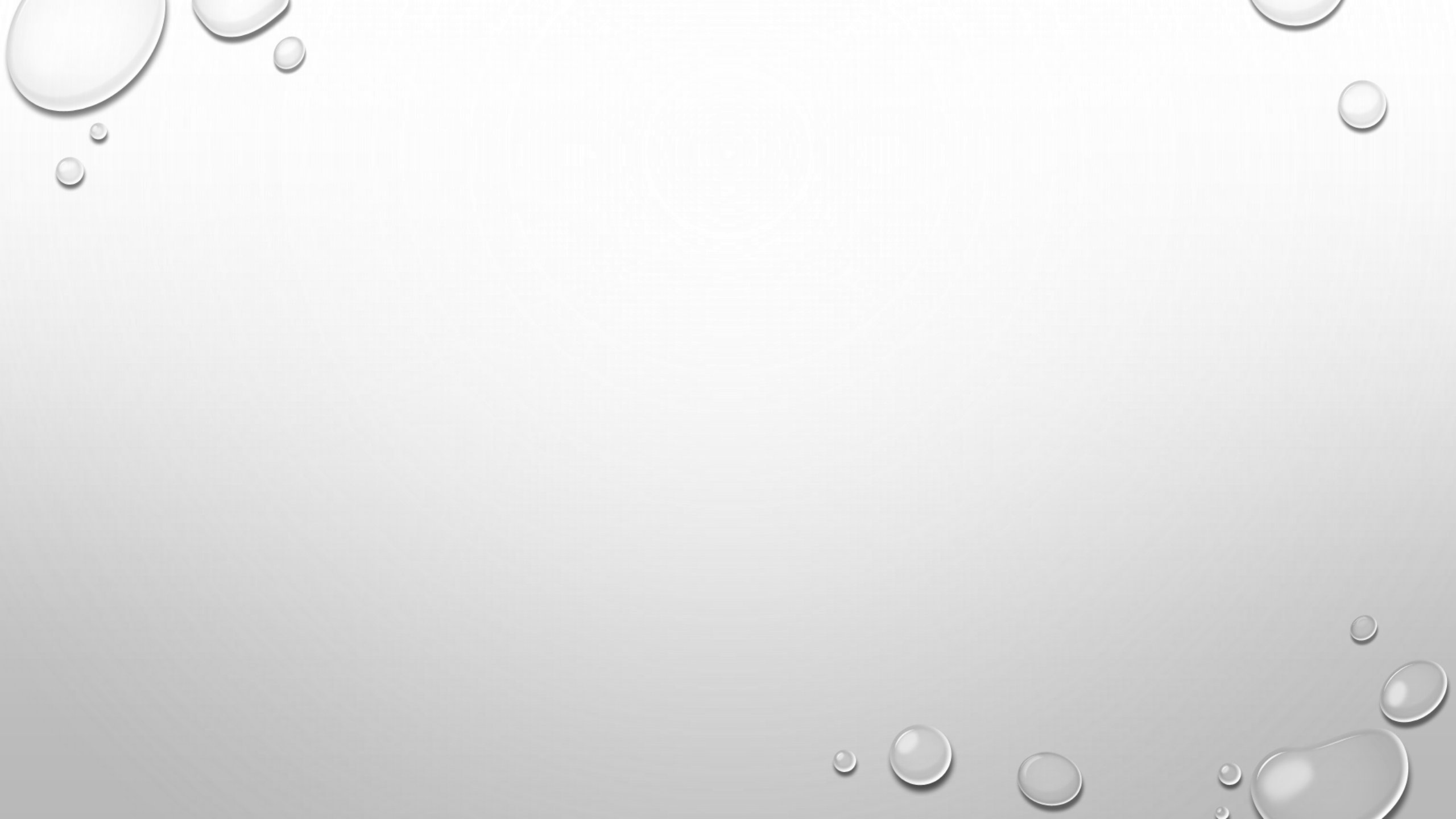
Stop
the
abuse

Advocate
be the
VOICE

Justire
for
ALL

Good
love
not
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GUIDELINES FOR RESPONDING TO SPECIAL GROUPS

A. TRANSGENDER AND INTERSEX PERSONS

B. PERSONS OF ALTERNATE SEXUAL ORIENTATION

C. SEX WORKERS

D. PERSONS WITH DISABILITY

E. PEOPLE FACING CASTE, CLASS OR RELIGION BASED DISCRIMINATION

A. TRANSGENDER AND INTERSEX PERSONS : MEDICAL PRACTITIONERS MUST RECOGNIZE THAT TRANSGENDER AND INTERSEX PEOPLE (TG/IS) ARE VULNERABLE TO SEXUAL VIOLENCE DUE TO THE MARGINALIZATION AND DISCRIMINATION THEY FACE.

PRIMACY SHOULD BE GIVEN IN THE RECORD TO THE SURVIVOR'S STATED GENDER IDENTITY AND APPROPRIATE NAMES AND PRONOUNS USED.

GENITAL ANATOMICAL VARIATIONS OF TRANSGENDER AND INTERSEX PEOPLE MUST BE INCLUDED IN THE EXAMINATION PROFORMA.

B. SEX WORKERS:

A SEX WORKER HAS A RIGHT TO RECEIVE TREATMENT AND NOT PROVIDING IT FOR ANY REASON IS PUNISHABLE BY LAW.

- DO NOT MAKE ASSUMPTIONS ABOUT THE PERSON'S HEALTH.
- ONLY INFORMATION OF THE CURRENT EPISODE OF VIOLENCE THAT THE SURVIVOR IS REPORTING MUST BE DOCUMENTED.

DURING MENSTRUATION

- IF THE SURVIVOR IS MENSTRUATING AT THE TIME OF EXAMINATION THEN A SECOND EXAMINATION IS REQUIRED ON A LATER DATE IN ORDER TO RECORD THE INJURIES CLEARLY AS SOME AMOUNT OF EVIDENCE IS LOST DURING MENSTRUATION.

IN CASE OF UNCONSCIOUS AND UNACCOMPANIED SURVIVOR

THE CONSENT FOR EXAMINATION TO BE TAKEN BY
A SPECIAL COMMITTEE FORMED BY THE HOSPITAL
COMPRISING OF :

- A. SENIOR MOST MEDICAL OFFICER.
- B. THE EXAMINING DOCTOR
- C. STAFF NURSE
- D. ANY UNINTERESTED THIRD PARTY.

GUIDELINES FOR RESPONDING TO THE CHILDREN

WHILE THE PRINCIPLES OF MEDICAL EXAMINATION AND TREATMENT FOR CHILDREN REMAINS THE SAME, SOME SPECIFIC GUIDELINES :

- IN CASE THE CHILD IS UNDER 12 YEARS OF AGE, CONSENT FOR EXAMINATION NEEDS TO BE SOUGHT FROM THE PARENT OR GUARDIAN.
- CHILDREN MAY BE ACCOMPANIED BY THE ABUSER WHEN THEY COME FOR MEDICAL TREATMENT, SO BE AWARE AND SCREEN WHEN YOU SUSPECT ABUSE.
- DO NOT ASSUME THAT BECAUSE THE CHILD IS YOUNG HE/SHE WILL NOT BE ABLE TO PROVIDE A HISTORY. HISTORY SEEKING CAN BE FACILITATED BY USE OF DOLLS AND BODY CHARTS.
- BELIEVE WHAT IS BEING REPORTED BY THE CHILD.
- SPECIFIC NEEDS OF CHILDREN MUST BE KEPT IN MIND WHILE PROVIDING CARE TO CHILD SURVIVORS.

The background features a light gray gradient with several realistic water droplets of various sizes scattered in the corners. The droplets have highlights and shadows, giving them a three-dimensional appearance.

TREATMENT GUIDELINES AND PSYCHOLOGICAL SUPPORT

SEXUALLY TRANSMITTED DISEASES

- IF CLINICAL SIGNS ARE SUGGESTIVE OF STD, COLLECT RELEVANT SWABS AND START PEP.
 - IF THERE ARE NO CLINICAL SIGNS, WAIT FOR LAB RESULTS.
- FOR NON-PREGNANT WOMEN, THE PREFERRED CHOICE
AZITHROMYCIN 1GM STAT OR DOXYCYCLINE 100MG
BID FOR 7DAYS,
WITH METRONIDAZOLE 400 MG FOR 7DAYS WITH
ANTACID.

- FOR PREGNANT WOMEN: AMOXYCILLIN/AZITHROMYCIN WITH METRONIDAZOLE IS PREFERRED.
- METRONIDAZOLE SHOULD NOT TO BE GIVEN IN THE 1ST TRIMESTER OF PREGNANCY.
- FOR HEPATITIS B: DRAW A SAMPLE OF BLOOD FOR HBSAG AND ADMINISTER 0.06 ML/KG HB IMMUNOGLOBULIN IMMEDIATELY (ANYTIME UPTO 72 HOURS AFTER SEXUAL ACT).

PREGNANCY PROPHYLAXIS

- THE PREFERRED CHOICE OF TREATMENT IS 2 TABLETS OF LEVONORGESTREL 750 MICROGRAM, WITHIN 72 HOURS.
- IF VOMITING OCCURS, REPEAT WITHIN 3 HOURS.
- OR :2 TABLETS COC'S I.E MALA D - 2 TABLETS STAT AND REPEATED 12 HOURS LATER . IT SHOULD BE GIVEN WITHIN 72 HOURS
- ALTHOUGH EMERGENCY CONTRACEPTION IS MOST EFFICACIOUS IF GIVEN WITHIN THE FIRST 72 HOURS, IT CAN BE GIVEN FOR UP TO 5 DAYS AFTER THE ASSAULT.
- PREGNANCY ASSESSMENT MUST BE DONE ON FOLLOW UP

LACERATIONS

- CLEAN WITH ANTISEPTIC OR SOAP AND WATER.
- IF THE SURVIVOR IS ALREADY IMMUNIZED WITH TETANUS TOXOID OR IF NO INJURIES, TT NOT REQUIRED.
- IF THERE ARE INJURIES AND SURVIVOR IS NOT IMMUNIZED, ADMINISTER $\frac{1}{2}$ CC TT IM.
- IF LACERATIONS REQUIRE REPAIR AND SUTURING, WHICH IS OFTEN THE CASE IN MINOR GIRLS, REFER TO THE NEAREST CENTRE OFFERING SURGICAL TREATMENT.

- **POST EXPOSURE PROPHYLAXIS (PEP) FOR HIV SHOULD BE GIVEN IF A SURVIVOR REPORTS WITHIN 72 HOURS OF THE ASSAULT.**
- BEFORE PEP IS PRESCRIBED, HIV RISK SHOULD BE ASSESSED.
- HIGH RISK GROUPS INCLUDE
- ASSAILANT IS KNOWN HIV POSITIVE
- TRUCK DRIVERS
- I/V DRUG ABUSERS
- HETEROSEXUALS OR UNNATURAL SEX
- MULTIPLE SEX PARTNERS
- MAJOR TRAUMA INCLUDING BREACH OF MUCOSAL INTEGRITY AND MIXING OF BODY FLUIDS
- IMMUNOCOMPROMISED SURVIVORS

WHY NO ROUTINE HIV PEP

- HUGE COST
- PROLONGED TREATMENT (4 WEEKS)
- SIDE EFFECTS
- SOCIAL STIGMA
- *SO ALWAYS ASSES THE RISK , RAPID KIT TESTING AT TIME OF PRESENTATION , WAIT FOR CONVENTIONAL TEST RESULTS IF LOW RISK , BETTER TO GIVE WHEN IN DOUBT*
- *DRUG OF CHOICE*
- **LIMIDUVUDINE + ZIDUVUDINE AND/OR INDINAVIR**

FOLLOW UP

PLEASE EMPHASIZE THE IMPORTANCE OF FOLLOW UP TO THE SURVIVOR.

- **IT IS IDEAL TO CALL THE SURVIVOR FOR RE-EXAMINATION 2 DAYS AFTER THE ASSAULT TO NOTE THE DEVELOPMENT OF BRUISES AND OTHER INJURIES; THEREAFTER AT 3 AND 6 WEEKS.**
- **ALL FOLLOW UPS SHOULD BE DOCUMENTED.**
- **AT 6 WEEKS :GONORRHEA, CHLAMYDIA,HPV INFECTION (PAPS TEST),SYPHILLIS AND HEPATITIS**
- **AT 90 DAYS : HIV INFECTION**
- **AT 6 MONTHS : SYPHILLIS,HEPATITIS,HIV**

SUMMARY

- IN CARING FOR VICTIMS OF SEXUAL VIOLENCE, PRIORITY MUST ALWAYS BE THE HEALTH AND WELL-BEING OF THE PATIENT.
- THE PHYSICAL EXAMINATION OF SEXUAL ASSAULT VICTIMS MUST BE THOROUGH. TO AVOID MULTIPLE EXAMINATIONS AND FURTHER DISTRESS FOR THE PATIENT, THE MEDICAL EXAMINATION AND FORENSIC EVIDENCE COLLECTION SHOULD, WHEN POSSIBLE, OCCUR SIMULTANEOUSLY.
- TREATING A VICTIM OF SEXUAL ASSAULT WITH RESPECT AND COMPASSION THROUGHOUT THE EXAMINATION WILL AID HER RECOVERY.
- OBTAINING INFORMED CONSENT FOR THE EXAMINATION AND FOR THE RELEASE OF INFORMATION TO THIRD PARTIES IS A CRUCIAL COMPONENT OF THE SERVICE
- ALL PARTS OF THE EXAMINATION SHOULD BE EXPLAINED IN ADVANCE; DURING THE EXAMINATION, PATIENTS SHOULD BE INFORMED WHEN AND WHERE TOUCHING WILL OCCUR AND SHOULD BE GIVEN AMPLE OPPORTUNITY TO ASK QUESTIONS. THE PATIENT'S WISHES MUST BE UPHOLD AT ALL TIMES.
- ALL FINDINGS MUST BE DOCUMENTED CAREFULLY; TO HELP ENSURE THAT NO IMPORTANT DETAILS ARE OMITTED, THE USE OF A STANDARD EXAMINATION FORM IS RECOMMENDED



**STOP VIOLENCE
AGAINST
WOMEN & GIRLS**

**SAY NO!
SPREAD AWARENESS**

