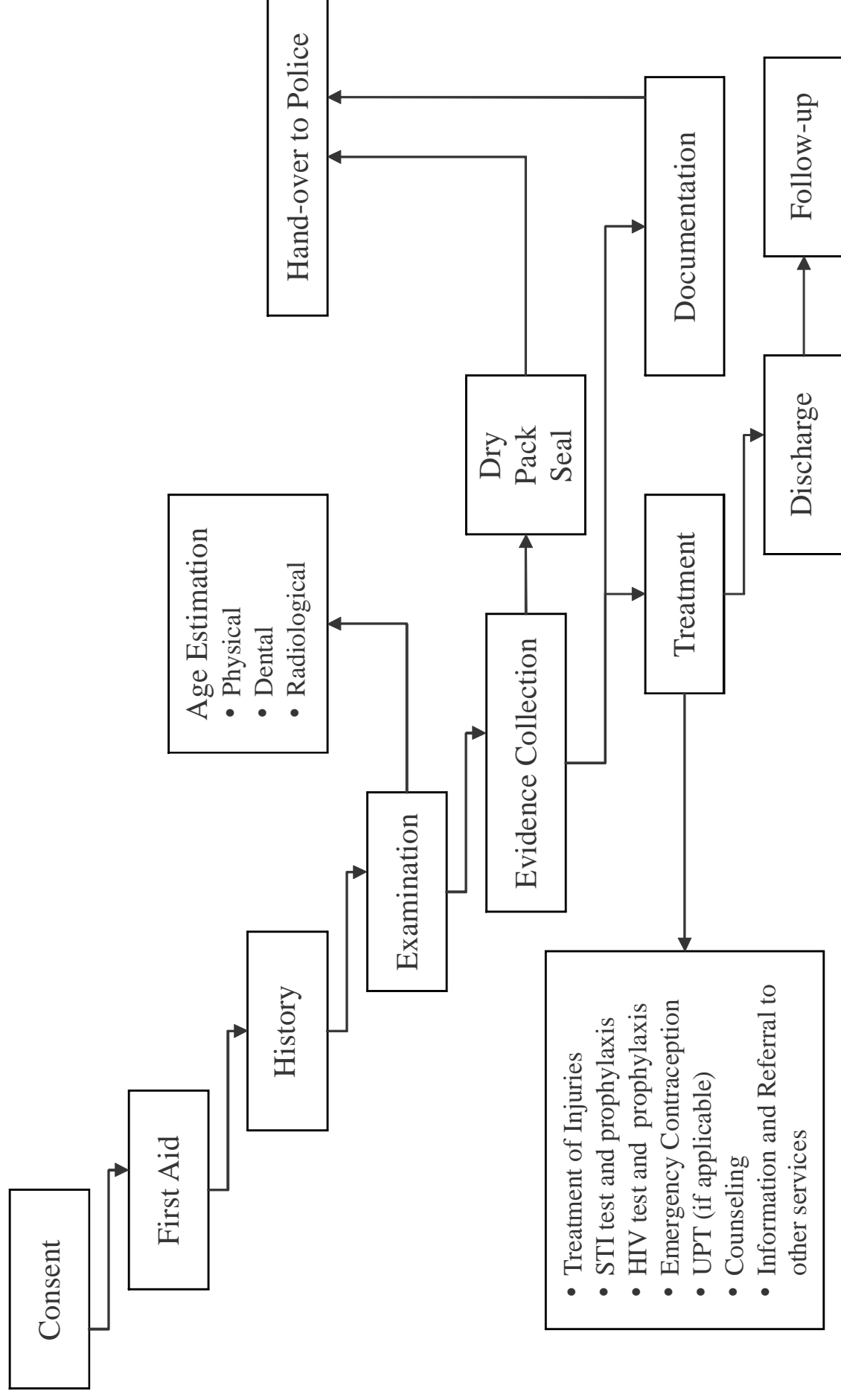


Refer to the Guidelines and Protocols, Medico legal care for survivors/victims of sexual violence issued by the MoHFW, <http://mohfw.nic.in/showfile.php?lid=2737>

The examining doctor should carefully read the Guidelines for responding to survivors of sexual violence issued by the MoHFW, and should be well aware of the comprehensive care to be provided.

1. **Informed consent:** Doctors shall inform the person being examined about the nature and purpose of examination and in case of child to the child's parent/guardian/person in whom the child reposes trust. This information should include:
 - a. The medico-legal examination is to assist the investigation, arrest and prosecution of those who committed the sexual offence. This may involve an examination of the mouth, breasts, vagina, anus and rectum.
 - b. To assist investigation, forensic evidence may be collected with the consent of the survivor. This may include removing and isolating clothing, scalp hair, foreign substances from the body, saliva, pubic hair, samples taken from the vagina, anus, rectum, mouth and collecting a blood sample.
 - c. The survivor or in case of child, the parent/guardian/person in whom the child reposes trust, has the right to refuse either a medico-legal examination or collection of evidence or both, but that refusal will not be used to deny treatment to survivor after sexual violence.
 - d. As per the law, the hospital/ examining doctor is required to inform the police about the sexual offence. However, if the survivor does not wish to participate in the police investigation, it will not result in denial of treatment for sexual violence. Informed refusal will be documented in such cases.
2. Per vaginum examination, commonly referred to by lay persons as 'two-finger test', must not be conducted for establishing an incident of sexual violence and no comment on the size of vaginal introitus, elasticity of the vagina or hymen or about past sexual experience or habituation to sexual intercourse should be made as it has no bearing on a case of sexual violence. No comment on shape, size, and/or elasticity of the anal opening or about previous sexual experience or habituation to anal intercourse should be made.
3. **Injury documentation:** Examine the body parts for sexual violence related findings (such as injuries, bleeding, swelling, tenderness, discharge). This includes both micro mucosal injuries which may heal within short period to that of severe injuries which would take longer to heal. Please refer to section VI Point 17 of the Guidelines.
 - Injuries must be recorded with details - size, site, shape, colour.
 - If a past history of sexual violence is reported, then record relevant findings. Sexual violence is largely perpetrated against females, but it can also be perpetrated against males, transgender and intersex persons.
4. The nature of forensic evidence collected will be determined by three main factors- nature of sexual violence, time lapsed between incident of sexual violence and examination and whether survivor has bathed or washed herself. Please refer to Section VI Point 21 of Guidelines.
5. **Opinion:** The issue of whether an incident of rape/sexual assault occurred is a legal issue and not a medical diagnosis. Consequently, doctors should not, on the basis of the medical examination conclude whether rape/sexual assault had occurred or not. Only findings in relation to medical findings should be recorded in the medical report.
 - Drafting of provisional opinion should be done immediately after examination of the survivor on the basis of history and findings of detailed clinical examination of the survivor.
 - It should be always kept in mind that normal examination findings neither refute nor confirm sexual violence. Hence circumstantial/other evidence may please be taken into consideration.
 - Absence of injuries may be due to:
 - Inability of survivor to offer resistance to the assailant because of intoxication or threats
 - Delay in reporting for examination

The following are the components of a comprehensive health care response to sexual violence and must be carried out in all cases:



MEDICO-LEGAL EXAMINATION REPORT OF SEXUAL VIOLENCE

1. Name of the Hospital OPD No. Inpatient No
 2. Name D/o or S/o (where known)
 3. Address.....
 4. Age (as reported) Date of Birth (if known).....
 5. Sex (M/F/Others)
 6. Date and Time of arrival in the hospital
 7. Date and Time of commencement of examination.....
 8. Brought by..... (Name & signatures)
 9. MLC No.Police Station.....
 10. Whether conscious, oriented in time and place and person.....
 11. Any physical/intellectual/psychosocial disability
- (Interpreters or special educators will be needed where the survivor has special needs such as hearing/speech disability, language barriers, intellectual or psychosocial disability.)

12. Informed Consent/refusal

I.....D/o or S/o.....

hereby give my consent for:

- | | | |
|--|------------------------------|-----------------------------|
| a) medical examination for treatment | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) this medico legal examination | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) sample collection for clinical & forensic examination | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

I also understand that as per law the hospital is required to inform police and this has been explained to me.

I want the information to be revealed to the police Yes ☐ No ☐

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 in language 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.....

Name & signature/thumb impression of Witness

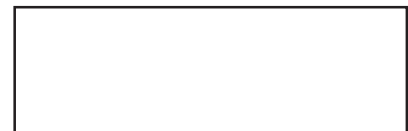
Name & signature of survivor or parent/Guardian/person in whom the child reposes trust in case of child (<12 yrs)

With Date, time and place

With date, time & place

13. Marks of identification (Any scar/mole)

- (1)
- (2)



Left Thumb impression

14. Relevant Medical/Surgical history

Onset of menarche (in case of girls) Yes ☐ No ☐ Age of onset.....

Menstrual history – Cycle length and duration Last menstrual period.....

Menstruation at the time of incident -Yes ☐ / No ☐ , Menstruation at the time of examination - Yes ☐ / No ☐

Was the survivor pregnant at time of incident - Yes/No, If yes duration of pregnancyweeks

Contraception use: Yes ☐ / No ☐ If yes – method used:

Vaccination status – Tetanus (☐ vaccinated / ☐ not vaccinated), Hepatitis B (☐ vaccinated / ☐ not vaccinated)

15 A.History of Sexual Violence

[illegible]

15 B. Type of physical violence used if any (Describe):

Hit with (Hand, fist, blunt object, sharp object)	Burned with
Biting	Kicking
Pinching	Pulling Hair
Violent shaking	Banging head
Dragging	Any other

15 C.

- i. Emotional abuse or violence if any (insulting, cursing, belittling, terrorizing).....
- ii. Use of restraints if any
- iii. Used or threatened the use of weapon(s) or objects if any.....
- iv. Verbal threats (for example, threats of killing or hurting survivor or any other person in whom the survivor is interested; use of photographs for blackmailing, etc.) if any:.....
- v. Luring (sweets, chocolates, money, job) if any:
- vi. Any other:.....

15 D.

- i. Any H/O drug/alcohol intoxication:.....
- ii. Whether sleeping or unconscious at the time of the incident:

15 E. If survivor has left any marks of injury on assailant/s, enter details:

15 F. Details regarding sexual violence:

Was penetration by penis, fingers or object or other body parts (Write Y=Yes, N=No, DNK=Don't know) Mention and describe body part/s and/or object/s used for penetration.

	Penetration			Emission of Semen		
Orifice of Victim	By Penis	By body part of self or assailant or third party (finger, tongue or any other)	By Object	Yes	NO	Don't know
Genitalia (Vagina and/ or urethra)						
Anus						
Mouth						

Oral sex performed by assailant on survivor	Y	N	DNK
Forced Masturbation of self by survivor	Y	N	DNK
Masturbation of Assailant by Survivor, Forced Manipulation of genitals of assailant by survivor	Y	N	DNK
Exhibitionism (perpetrator displaying genitals)	Y	N	DNK
Did ejaculation occur outside body orifice(vagina/anus/mouth/urethra)?	Y	N	DNK
If yes, describe where on the body			
Kissing, licking or sucking any part of survivor's body	Y	N	If Yes, describe
Touching/Fondling	Y	N	If Yes, describe
Condom used*	Y	N	DNK
If yes status of condom	Y	N	DNK
Lubricant used*	Y	N	DNK
If yes, describe kind of lubricant used			
If object used, describe object:			
Any other forms of sexual violence			

* Explain what condom and lubricant is to the survivor

Post incident has the survivor	Yes/No/DoNot know	Remarks
Changed clothes		
Changed undergarments		
Cleaned/washed clothes		
Cleaned/washed undergarments		
Bathed		
Douched		
Passed urine		
Passed stools		
Rinsing of mouth/Brushing/ Vomiting(Circle any or all as appropriate)		

Time since incident.....

H/o vaginal/anal/oral bleeding/discharge prior to the incident of sexual violence.....

H/o vaginal/anal/oral bleeding/discharge since the incident of sexual violence.....

H/o painful urination/ painful defecation/ fissures abdominal pain/pain in genitals or any other part since the incident of sexual violence

This proforma contains 4 copies of each sheet. Sheets are to be distributed as follows:
Pink - For the patient, Yellow - For the police, Blue - for the FSL, White - for the hospital

16. General Physical Examination-

- i. Is this the first examination.....
- ii. Pulse..... BP.....
- iii. Temp..... Resp. Rate.....
- iv. Pupils
- v. Any observation in terms of general physical wellbeing of the survivor

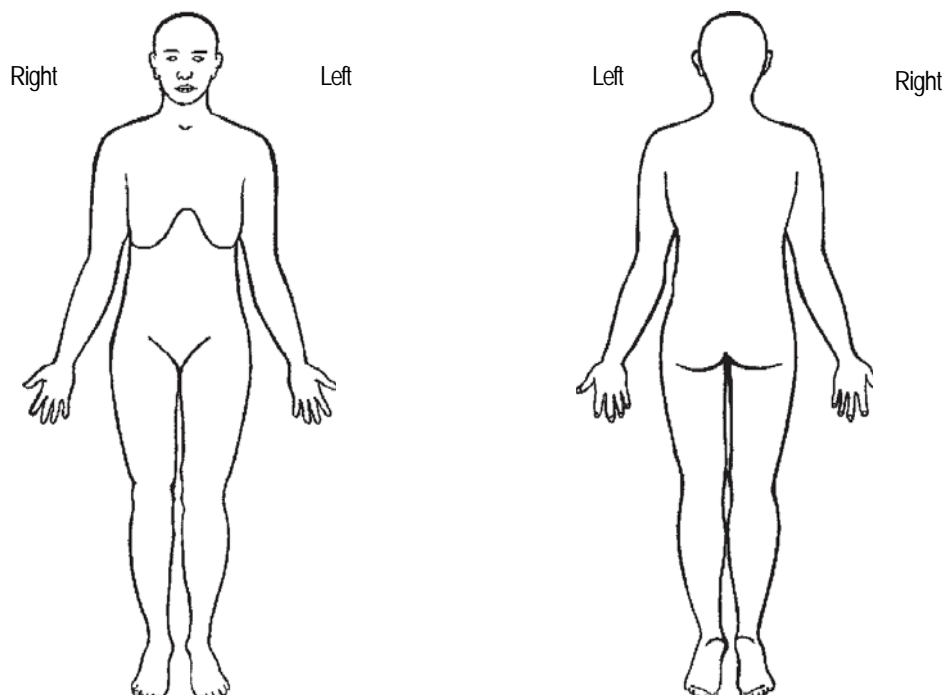
17. Examination for injuries on the body if any

The pattern of injuries sustained during an incident of sexual violence may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare).

(Look for bruises, physical torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks)

Note the Injury type, site, size, shape, colour, swelling signs of healing simple/grievous, dimensions.)

Scalp examination for areas of tenderness(if hair pulled out/ dragged by hair)	
Facial bone injury: orbital blackening, tenderness	
Petechial haemorrhage in eyes and other places	
Lips and Buccal Mucosa / Gums	
Behind the ears	
Ear drum	
Neck, Shoulders and Breast	
Upper limb	
Inner aspect of upper arms	
Inner aspect of thighs	
Lower limb	
Buttocks	
Other, please specify	



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18. Local examination of genital parts/other orifices*:

A. External Genitalia: Record findings and state NA where not applicable.

Body parts to be examined	Findings
Urethral meatus & vestibule	
Labia majora	
Labia minora	
Fourchette & Introitus	
Hymen	
Perineum	
External Urethral Meatus	
Penis	
Scrotum	
Testes	
Clitoropenis	
Labioscrotum	
Any Other	

* Per/Vaginum /Per Speculum examination should not be done unless required for detection of injuries or for medical treatment.

P/S findings if performed

P/V findings if performed

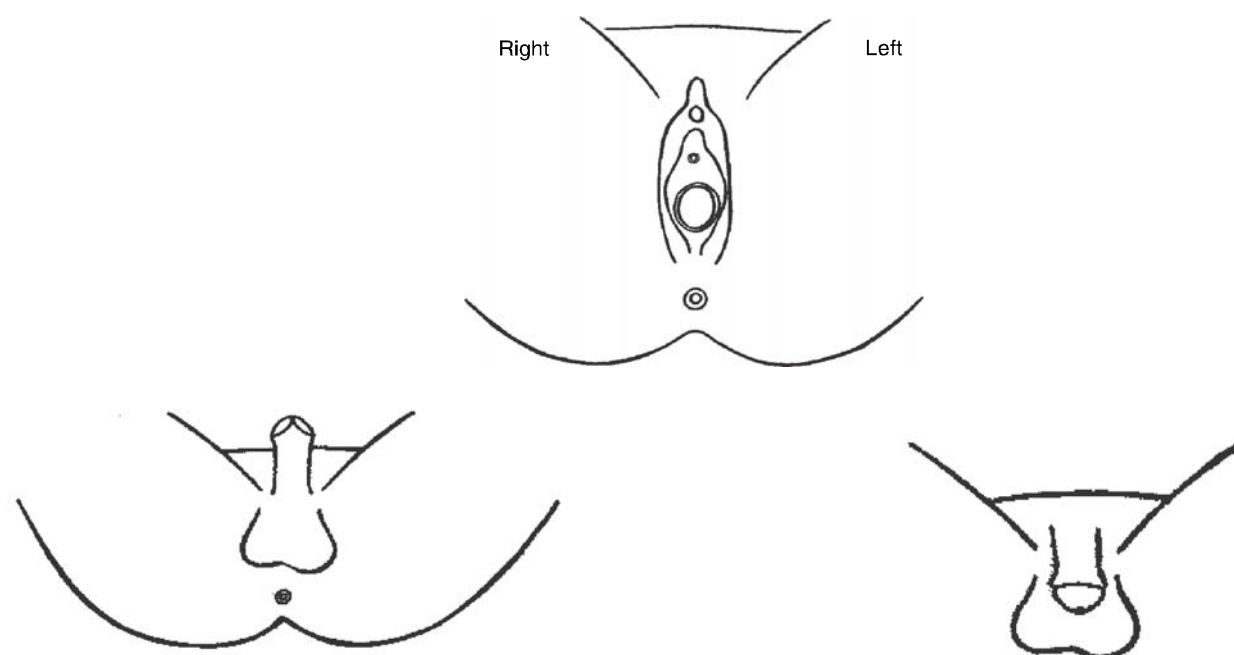
Record reasons if P/V or P/S examination performed

C. Anus and Rectum (encircle the relevant)

Bleeding/ tear/ discharge/ oedema/ tenderness

D. Oral Cavity - (encircle the relevant)

Bleeding/ discharge/ tear/oedema/ tenderness



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19. Systemic examination: .

- 1) Central Nervous System:
- 2) Cardio Vascular System:
- 3) Respiratory System:
- 4) Chest:
- 5) Abdomen:

20. Sample collection/investigations for hospital laboratory/ Clinical laboratory

- 1) Blood for HIV, VDRL, HbsAg
- 2) Urine test for Pregnancy/
- 3) Ultrasound for pregnancy/internal injury
- 4) X-ray for Injury

21. Samples Collection for Central/ State Forensic Science Laboratory

- 1) Debris collection paper
- 2) Clothing evidence where available – (to be packed in separate paper bags after air drying)

List and Details of clothing worn by the survivor at time of incident of sexual violence**3) Body evidence samples as appropriate (duly labeled and packed separately)**

	Collected/Not Collected	Reason for not collecting
Swabs from Stains on the body (blood, semen, foreign material, others)		
Scalp hair (10-15 strands)		
Head hair combing		
Nail scrapings (both hands separately)		
Nail clippings (both hands separately)		
Oral swab		
Blood for grouping, testing drug/alcohol intoxication (plain vial)		
Blood for alcohol levels(Sodium fluoride vial)		
Blood for DNA analysis(EDTA vial)		
Urine (drug testing)		
Any other (tampon/sanitary napkin/condom/object)		

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4) Genital and Anal evidence (Each sample to be packed, sealed, and labeled separately-to be placed in a bag)

* Swab sticks for collecting samples should be moistened with distilled water provided.

	Collected/Not Collected	Reason for not collecting
Matted pubic hair		
Pubic hair combing (mention if shaved)		
Cutting of pubic hair (mention if shaved)		
Two Vulval swabs (for semen examination and DNA testing)		
Two Vaginal swabs (for semen examination and DNA testing)		
Two Anal swabs (for semen examination and DNA testing)		
Vaginal smear (air-dried) for semen examination		
Vaginal washing		
Urethral swab		
Swab from glans of penis/clitoropenis		

*Samples to be preserved as directed till handed over to police along with duly attested sample seal.

22. Provisional medical opinion

I have examined (name of survivor).....M/F/Other.....aged.....
reporting_ (type of sexual violence and circumstances)..... days/
hours after the incident, after having (bathed/douched etc)..... My findings are as follows:

- Samples collected (for FSL), awaiting reports
- Samples collected (for hospital laboratory)
- Clinical findings
- Additional observations (if any)

23. Treatment prescribed:

Treatment	Yes	NO	Type and comments
STI prevention treatment			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post exposure prophylaxis for HIV			
Counselling			
Other			

24. Date and time of completion of examination
This report contains number of sheets and
number of envelopes.

Signature of Examining Doctor

Name of Examining Doctor

Place:

Seal

25. Final Opinion (After receiving Lab reports)

Findings in support of the above opinion, taking into account the history, clinical examination findings and Laboratory reports of
..... bearing identification marks described above, hours/ days after the incident
of sexual violence, I am of the opinion that:

Signature of Examining Doctor

Name of Examining Doctor

Place:

Seal

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

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