

DEPARTMENT OF HEALTH RESEARCH (DHR)

FORENSIC MEDICAL CARE FOR VICTIMS OF SEXUAL ASSAULT

DHR Guidelines

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These formats and manual is an effort to address the issue of Forensic Medical care of women survivors of sexual assault when they approach health settings.

Sincerely,

Dr. Indrajit Khandekar

FORENSIC MEDICAL CARE FOR VICTIMS OF SEXUAL ASSAULT -A Tool Kit for Health Care Workers

INTRODUCTION:

Sexual assault on women and children are some of the most heinous crimes against mankind. These crimes are such a menace that no age is exempted and they comprise of various natural and unnatural sexual offences. It has been estimated that there were 24923 reported cases of Rape in 2012 in India as compared to 20737 in 2007 (statistics published by the National Crime Records Bureau). The cases show a constantly rising pattern even today. In addition to this, the issue of trafficking of women & children for commercial sexual exploitation emerged in India after landmark decision of Hon'ble Supreme Court in the cases of Vishal Jeet (1990) & Gaurav Jain (1997). In these cases, the Supreme Court issued directions to the Union & State governments to study the problem & prepare a National plan. Accordingly, in 1998, the government of India formulated the National Plan of Action to Combat Trafficking and Sexual Exploitation of women & children.

However many cases of such assault remain unreported as a result of lack of awareness; social stigma attached to it and also in many cases accused being a family member. Victims of such assault are not willing to lodge a complaint also to avoid traumatizing experience during investigation. Therefore, whenever a complaint of sexual assault is lodged, the investigating team – which includes police, doctor, and Forensic scientist - should deliver their best, to help administration of justice.

Sexual assault, like any other form of violence, results in physical and psychological consequences. Thus, health care providers have a dual responsibility vis-à-vis victims of sexual assault. The first is to provide the victim/ patient with the required medical and psychological treatment care, while the second is to assist the victims in their medico-legal proceedings by collecting evidence and performing good quality and thorough forensic medical examination and documentation.

As per recent amendment i.e., 357 C Criminal Procedure Code (CrPC) all hospitals, public or private, whether run by the Central Government, the State Government, local bodies or any other person, shall have to immediately, provide the first-aid or medical treatment, free of cost, to the victims of any offence covered under section 326A, 376, 376A, 376B, 376C, 376D or

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section 376E of the Indian Penal Code, and shall have to immediately inform the police of such incident. Those who will contravene the provisions of section 357C of the Code of Criminal Procedure shall be punished with imprisonment for a term, which may extend to one year or with fine or with both (166 B IPC).

The problem of sexual violence against women and female children is very serious and vast in nature. Due to the complexities related to commission of crime, criminal investigation and varied nature of various criminal acts it is not possible to describe every related aspect in depth. This manual, therefore is aimed at highlighting the important aspects of investigation of such cases in precisely brief manner and more so in a practical way. The contents of this tool kit are mainly related to Forensic medical examination of victim, and cases of age determination.

The victims have faith and respect for the medical practitioners, who should be responded by humanly, empathetic, approach without ignoring technical procedure related to legal provisions of the case. Precise scientific approach by doctors is a necessity to counteract violation of human rights in such cases.

To deal with such victims, this manual is prepared for doctor to guide step-by-step approach while treating, examining, and collecting important evidence, documenting and forming opinion.

No standard operating protocol / manual / formats can be designed with presumption or prejudice for either of the party involved in the cases of sexual assault. This is necessary for helping the process of crime investigation in a just manner. This will also insure that the members of the agencies involved in this process perform their role in a scientific manner to effectively aid the administration of justice. This manual desires the same and is aimed at insuring natural justice to be delivered to the deserving party.

Despite extensive peer review and strenuous efforts to formulate these guidelines we recognize that there is always room for improvement when developing guidelines of this nature. It is needless to say that this manual and formats may require timely review in view of scientific advancement, problems observed, amendments in the related laws and Hon'ble Court judgments.

It is recommended that two to three day training programme be designed and implemented for the doctors and paramedics/ nursing staff involved in the process of Forensic Medical examination of cases of sexual assault. This is quite necessary in view of scientific

advancement, large number of loopholes in such examination, amendments in the related laws and Hon'ble Court judgments.

SCOPE OF THE FORMATS AND MANUAL:

It is recognized that at this point there are no organized forensic medical services for sexual assault in most hospitals and health settings. This toolkit, hence, is designed in way that any health professional can follow and use the basic tenets of forensic & medical care when a survivor of sexual assault approaches the health services for help or brought by the police etc for forensic examination, treatment etc.

This toolkit focuses mainly on the forensic medical care of the victims/patients of sexual assault. Manual have also given checklist for the basic treatment that has to be provided when victim/ patient of sexual assault reports to the health facility. This manual will be useful guide for doctors dealing with the cases of sexual assault, for proper examination, collection of evidence and opinion formation. At the outset, it is clarified that this toolkit deals with important practical issues faced by doctors and it will not serve as text explaining various aspects of sexual assault in detail. A list of informative manuals and textbooks is provided in Annexure, which can be referred to if the examiner wishes.

Section 164-A Criminal Procedure Code which deals with Medical examination of the victim of rape says that medical examination shall be conducted by a registered medical practitioner employed in a hospital run by the Government or a local authority and in the absence of such a practitioner, by any other registered medical practitioner, with the consent of such woman or of a person competent to give such consent on her behalf.

It must be understood by doctors that Forensic Medical examination of victim is a “medico-legal emergency” as per Supreme Court directives issued in the year 2000. Hence, such cases must be examined without delay. No such case should be refused for examination for the reasons of non-availability of lady medical officer, because as per 164 A Criminal Procedure Code (CrPC), any registered medical practitioner (allopathic) can examine victim in presence of other woman with the consent of the patient or guardian.

In hospitals, where services of specialists from Forensic Medicine and Gynecology are available (for example medical colleges/ institutes), this examination should be jointly conducted by them. The doctor from the forensic department must take the responsibility of all medico-legal part (i.e., forensic medical examination, sample/ forensic evidence collection, medico-legal

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report preparation etc) and the doctor from the gynecology department must take the responsibility of treatment or medical management part. The doctors from the forensic department should remain on call 24 X 7 for this purpose. Head of each institute or medical college/ hospital shall make rules in this regard. The Forensic medicine expert and gynaecologist will be individually responsible for their respective role in examination, reporting and treatment. In general the court calls will be attended by the Forensic doctor.

This draft tool kit contains:

1. A manual for forensic medical care (explains how to examine the case and fill the relevant formats).
2. Proforma for Forensic Medical Examination of sexual assault Victim.
3. Proforma for obtaining informed consent
4. Proforma to be used while sending the forensic evidence to Forensic Science Laboratory (FSL)
5. Proforma for providing basic treatment (checklist)
6. Body diagrams that may be used while documenting the findings/injuries.
7. Proforma for giving final opinion
8. Proforma for Forensic Age Estimation

The term ‘survivor’, ‘victim’, ‘patient: In this document all these terms are used synonymously. The term survivor means a living person against whom an assault is perpetrated. If person comes on her own for medical treatment then the term ‘patient’ may be used. If a person is brought by the police then the term ‘victim’ may be used.

DEFINITION OF SEXUAL ASSAULT:

The World Health Organisation (WHO) defines Sexual Violence as: “any sexual act, attempt to obtain a sexual act, unwanted sexual comments/ advances and acts to traffic, or otherwise directed against a person’s sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim on any setting, including but not limited to home and work.

The definition of rape (Section 375 IPC) as per the recent amendment (The Criminal Law (Amendment) Bill, 2013 as Passed By Lok Sabha On 19 March, 2013) apart from peno-vaginal sexual intercourse includes other forms of sexual assault like oral penetration, urethral/ anal penetration, fingering, use of objects (other than penis) for vaginal, urethral and anal penetration.

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It also includes manipulation of any part of the body of a woman so as to cause penetration into the vagina, urethra, anus or any other part of body and application of mouth to the vagina, anus, urethra of woman and regards it as a ‘rape’ under the various circumstances explained in the law (for details please see Section of Relevant Laws).

Section 354 IPC deals with “criminal assault on a woman with intent to outrage her modesty” and Section 377 IPC deals with “carnal intercourse against the order of nature”. Immoral traffic prevention act deals with human trafficking.

HEALTH CONSEQUENCES OF SEXUAL ASSAULT:

In addition to violation of human rights, sexual assault may lead to several direct and indirect health consequences. In absence of history of sexual assault, these signs and symptoms may prompt one to suspect the possibility of sexual abuse/assault.

Physical Health Consequences	
<ul style="list-style-type: none"> • Abdominal pain • Burning micturation • Sexual dysfunction • Dyspareunia • Urinary tract infection 	<ul style="list-style-type: none"> • Unwanted pregnancy • Miscarriage of existing fetus • STD (Sexually transmitted diseases/ Infections) • PID (Pelvic Inflammatory Disease) • Unsafe abortion

Psychological Health Consequences	
<p><i>Short term psychological effects</i></p> <ul style="list-style-type: none"> • Fear and shock • Physical and emotional pain • Worthlessness • Intense self disgust and powerlessness • Apathy • Denial • Numbness • Withdrawal 	<p><i>Long term psychological effects</i></p> <ul style="list-style-type: none"> • Depression and chronic anxiety • Feeling of vulnerability • Loss of control • Emotional distress • Impaired sense of self • Nightmare • Self blame • Mistrust • Avoidance and post traumatic stress disorder

<ul style="list-style-type: none">• Inability to function normally in their daily lives	<ul style="list-style-type: none">• Chronic mental disorder• Suicidal tendencies
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RAPE TRAUMA SYNDROME: Many victims of sexual violence experiences rape trauma syndrome (RTS). This is defined as “the stress response pattern of a person who has experienced sexual violence”. It consists of two phases:

- **Phase 1 – acute phase / phase of disorganization:**

Victim feels shock and disbelief regarding rape. They may initially react in two ways – a) in the expressed style in which patient display anger, anxiety, fear and often cries. b) in the controlled style in which patient remains calm and controlled and displays little outward emotion. This phase can last from 6 weeks to few months. Some individuals may show feelings of shock and numbness; others may mask their feelings and act as though everything is fine.

- **Phase 2 – The long-term phase/ The reorganization phase:**

This phase ordinarily, begins approximately 2-3 weeks after the event. At this time, the person starts to reorganize their life style; this reorganization may be either adaptive or maladaptive. Reactions during this phase vary markedly from person to person, depending on the age of the survivor, their life situations, the circumstances surrounding the rape, specific personality traits, the response of support persons.

DUTIES OF HEALTH CARE PROVIDERS:

- Providing necessary medical support to the victim of sexual assault and appropriate referrals as per the need.
- Obtaining informed consent from the victim/ patient.
- Detail Forensic medical examination and documentation.
- Collection, preservation and handing over different samples by maintaining proper chain of custody.
- Information to police.
- Forming valid, justifiable and reasonable opinion depending strictly on the facts observed.
- Providing copies of documentation and the medical examination to the victim/ patient.

OBJECTIVES OF MEDICAL AND FORENSIC MEDICAL EXAMINATION:

- Providing treatment and appropriate referrals for the patient.
- Ascertaining whether sexual act has been attempted / completed or not.
- Ascertaining whether such a sexual act is recent.
- Ascertaining whether such act was forcible. The evidence of struggle and presence of injuries may help to give opinion on this aspect. However, it must be noted that absence of signs of struggle does not imply consent.
- Collection of samples for FSL examination.
- Ascertaining whether there is e/o non penetrative sexual assault (i.e. indecent assault)
- Verification of age and analysis of poisons, intoxicants, drugs etc is must if validity of consent is questionable.
- To look for evidence of Sexually Transmitted Diseases.

NOTE: *Absence of injuries over body and/or genitals of the victim of sexual assault does not rule out commission of said offence. Injuries are seen only in 1/3rd of cases and are not the determining factor for sexual assault, in many cases. Few reasons for the absence of injuries are: victim may have been threatened with bodily harm, physically restrained or afraid to/unable to resist for other reasons or intoxication etc.*

REQUIRED USE OF STANDARD FORENSIC MEDICAL FORM:

- This format is intended to document forensic medical findings.
- These instructions contain the recommended methods for meeting the minimum standards requirements for performing forensic medical examination.

NOTE:

- This information is confidential. Every effort must be made to protect the privacy and safety of the patient.
- The victim must be given appropriate treatment and counseling as per the need. Victim must not be refused treatment and/ or examination for want of police papers.
- Exposure to sexual violence is associated with a range of health consequences for the victim. Comprehensive care must address the following issues: physical injuries;

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pregnancy; STIs, HIV and hepatitis B; counseling and social support, follow-up consultations and appropriate referral.

- The examination should be conducted in private but the patient should be allowed to choose to have a support person (e.g. family member or counselor) to be present. If the patient does not request the presence of a support person, the patient should be informed that she may have a female nurse or other suitable chaperone present during the examination.

Registration of case of sexual assault victim & Preliminary information:-

- Whenever cases of sexual assault comes on her own to the hospital or are brought by the police, it shall be registered as MLC (medico-legal case).

Guidelines for Forensic Medical Examination of Victim of Sexual Assault & Instructions for filling the Forensic Medical Form:

Complete this report in its entirety. Use N/A (not applicable) when appropriate to show that the examiner attended to the question.

Use of this form:

- Each hospital can use already printed version of this form or can generate the same form through software.
- Write or type the name of the Department/ hospital/ Unit including place where the examination was conducted.

{I}: GENERAL INFORMATION AND CONSENT:

1. Enter the OPD number/ IPD Number or other registration number of the patient, as applicable, if any. Enter the MLC number in the place provided.
2. Enter the full name of the patient/ victim.
3. Enter the age/ sex of the patient. Also enter the marital status of the patient i.e., whether single, married, divorced etc.
4. Enter the patients address with contact number if any.
5. Enter the date and time of arrival of the patient or victim at the hospital.
6. Brought by:

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- a. If the patient is accompanied by a police or law enforcement officer, enter the officer's name, buckle/ identification number (if applicable) and police station of accompanying police with letter no/date etc wherever such information is available.
- b. If the patient comes on her own then enter the name of the person (if any) with relation (if any) who accompanied the patient.

NOTE:

- a. In the past rape survivor examination was only done after receiving police requisition. Now the police requisition is not mandatory for a rape survivor to seek medical examination and care. The doctor should examine such cases if the survivor reports to the hospital first without FIR. He should then inform the police accordingly.

7. Consent:

- Obtain consent on consent form. This consent form should be kept in hospital file attached to hospital copy of Forensic Medical Report.
- The doctor is required to give the patient a structured explanation of what the examination comprises and how the various procedures may be carried out. All this should be explained in the manner and language which the patient can understand. Then ask the patient (or the patients guardian, if the patient cannot legally consent) to read the items and initial.
- As per Section 164 A CrPC for medical examination consent of the woman or of the person competent, to give such consent on her behalf should be obtained. Consent must be taken from the guardian/parent if the survivor is under the age of 12 years or if the survivor is unable to give his/ her consent due to mental disability/ unsoundness of mind or intoxication etc.
- Consent is most important as no one including Court or police can force alleged victim of sexual assault to undergo examination. There are many benefits of informed consent. It gives full information regarding concerned procedure to the patient. It also gives an idea regarding problems arising out of denial. It offers various options to the patient. The informed consent also serves as a good legal safeguard for the doctor conducting such procedure.

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- The provision of the parents consent is not applicable when the health professional reasonably believes the parent(s) or guardian committed the sexual assault on the patient even if the patient would not ordinarily be considered competent to give consent herself/ himself. In such cases, consent of Superintendent or RMO may be taken.
- The ingredients of this informed consent should be as follows. (*Mark that applies*)
 - Medical examination, sample collection for investigations and treatment.
 - Forensic Medical examination of genitals (including anus), other body parts and also examination of other secondary sexual characters.
 - Collection of samples for Forensic laboratory examination.
 - ** I have also been informed that I can refuse the whole or part of the examination at any stage (**Not applicable in case of accused.). In this event I have been informed the possible Medico Legal implications/consequences of loss of evidence and documentation. I have also been informed the benefits of full examination. I have been further informed that this refusal will not have any impact on the quality of treatment provided. All this has been explained to me in the manner and language which I can understand.
- Please note that the patient or guardian as the case may be may refuse to give consent for any part of the examination as well as giving information to police. In this case, the doctor should explain the importance of examination and evidence collection. It should also be explained to that refusal for such examination would not affect/compromise treatment and the doctor must ensure that the quality of treatment is not affected by such consent or lack thereof. Such informed refusal shall be obtained in writing and documented.
- Patient and her relative/ guardian should be explained that at any stage during examination and evidence collection the patient or guardian as the case may be may ask the doctor to stop and that it will not have any effect on the quality of her treatment.
- If female patient is to be examined by a male doctor then such examination shall be made in presence of a female person i.e., nurse/ attendant/etc with the consent of the patient. In such circumstances, the name and signature of the female person in whose

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presence the examination is conducted shall be obtained against this column. If female patient is being examined by female doctor then “not applicable” must be written against this column.

- Thumb impression of the victim (Right in case of females and left in case of male) may be obtained on consent form.
8. Doctor should take all reasonable efforts to note down at least two marks of identification provided that the doctor shall not be unduly intrusive in order to fulfill this requirement. Identification marks must be in the form of moles, scars, tattoos, preferably from the exposed parts of the body. While describing identification mark emphasis should be on size, site, surface, shape, colour, fixity to underlying structures.

{II} HISTORY/DETAILS OF ALLEGED SEXUAL ASSAULT:

- a) As far as possible history shall be obtained from the victim in his/ her own words. If it is not possible to collect the history from the victim because of medical reasons then the name of the person with relation if any who provided the history must be documented. If patient himself/ herself provides the history then ‘not applicable’ must be written as appropriate. While recording the history of assault, keep following points in mind:
- Doctors should keep in mind that sexual assault is a social stigma and is a traumatizing experience. Hence, one must be very sensitive and compassionate while eliciting the history. Talk with the patient in a non threatening environment and do not be judgmental, and do not interrupt the patient while eliciting the history.
 - Physical and mental comfort to the victim helps to elicit proper history. This can be achieved by providing privacy and empathetic approach by the team. History should be in her own language.
 - While taking history, no third person/ police is allowed unless the patient specifically requests for or consents to the same, and all such requests by the patient shall be honored. If she refused to answer, the question should not be repeated unnecessarily or in a manner which causes her distress. Importance of history for treatment purposes as well as its legal implications can be explained.
 - When interviewing the patient about the assault, ask her to tell you in her own words what happened to her. Document her account without interruption as far as possible;

if you need to clarify any details, ask questions after your patient has completed her account.

Examination will be guided by the history. Some of the important points to be elicited in the history of sexual assault if possible are as follows.

- Date, time and place of assault.
- Details of assailant/s like their number, name (known/unknown) and features if known.
- Record the details of the act or acts alleged.
- Information regarding experience of any pain at the time of incident or subsequently should be recorded.
- Description of the type of surface on which the assault occurred.
- Record the details of the nature of the physical contacts.
- Threat including verbal threats (describe type of threat) / use of force, blows, grasping, grabbing, holding etc, weapons used and injuries caused. This is to identify pattern of injury and patterns of injury which may correlate with the alleged weapon and with the part of the body used and to identify the parts of the body which may show injuries consistent with method used. Threats of harm if present may explain the lack of physical injury.
- Use of physical restraints (describe types used). This is to identify pattern of injury which may correlate with the type of restraint used and to alert the police to search the crime scene for the type of physical restraint described.
- Oral contact of offender's mouth with victim's face, body or genito-anal area, biting (describe where). This is to identify the sites on the body where swabs should be taken for the detection of saliva from the assailant.
- Was there attempted or complete sucking, licking, kissing, and fondling? This is to identify need for swabbing of victim's concerned body parts for saliva of assailant.
- Injuries inflicted on assailant (if any).
- Loss of consciousness if any which the patient is aware of. This is to investigate the possibility of drug-facilitated rape, to clinically explain any loss of memory or any incomplete recall concerning the event and to investigate the patient to exclude an underlying head injury.

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- Is there history of last consensual sexual activity with any person within one week prior to the assault or at any time after the assault? What was the nature? (This information should be recorded only if there has been any consensual intercourse within past week, because detection of sperm or semen of the consensual relationship, if any has to be ruled out as against the detection of sperm or semen of the accused. Also, this needs to be done on a case-to-case basis, when such information would contribute to identifying the assailant.)
 - Any history of sexually transmitted diseases/ infections prior to assault (if relevant to the exam/ assault).
- b) Details regarding penetration, emission of semen, use of condom (if any) etc: Whether penetration was attempted/ complete, whether oral, vaginal and/or anal and whether by penis /fingers /objects should be properly recorded along with information about emission of semen. This is to look for evidence of injury by penis, a finger or a specified foreign object. Information regarding ejaculation/ emission of semen in vagina, anus, mouth, on breast or on other body parts or on clothing, bedding or other places should be documented. This is to note the presence or absence of semen in stated site and to identify need for swabbing victim's respective orifices, clothing, other object and relevant body parts for semen of assailant. Information regarding use and status of condom (torn/ untorn etc) during the assault is relevant because in such cases, vaginal swabs and smears would be negative for sperm/ semen. Information regarding use of foam or jelly or lubricant may be obtained. This is to explain the condition of the semen (e.g. foams or jelly may have spermicidal activity) and may explain the paucity of injuries where a lubricant is used.
- c) Activities undertaken by the survivor after the assault like bathing, urinating, douching, defecating etc: Any subsequent activities by the patient that may alter evidences, for example, vomiting, defecation, bathing or showering, genital wiping or washing douching, urination, removing or inserting tampons/ the use of tampons/ sponges or diaphragms, eating or drinking; brushing teeth; oral gargling; and changing of clothing etc, should also be documented. These post-assault activities, hygiene and delay in examination will have an impact on the presence of physical injuries and the value of special investigations. For example, many of the minor injuries would heal and the swab

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for semen/saliva may be negative if the evidence is lost because of these activities or person is examined more than 72 hours after the assault.

- d) History of drug / alcohol being given to the victim before or during the assault. This is to be entered if relevant. It must be noted that some perpetrators use drugs or alcohol in order to facilitate sexual assault. The presence of alcohol or drugs in the blood or urine may have clinical and legal implications. The assailants may have used drugs to subdue the patient and the patient may have lost the ability to make rational decisions or may have lost consciousness.
- e) Enter the details whether the patient was menstruating at the time of assault. Keep in mind that some amount of evidence is lost because of menstruation.

{III} MEDICAL, OBSTETRICAL AND SURGICAL HISTORY:

- a) Enter the relevant details regarding menarche / menopause. Enter the date of LMP (Last Menstrual Period).
- b) Enter the patient's menstrual status at the time of examination i.e. menstruating or not if relevant. Otherwise note- 'not applicable'.
- c) Enter the obstetric details of the patient if relevant to the assault from forensic point of view. Note about pregnancies, deliveries, live births, abortions and deaths (G/P/L/A/D). Otherwise note- 'not applicable'.
- d) Enter the details of contraception used if relevant to the assault from forensic point of view. i.e., Yes/No. If yes, method used.
- e) If patient/ victim is pregnant at the time of assault, then details like length of gestation must be included. Otherwise note- 'not applicable'.
- f) Enter past medical/surgical history if relevant from forensic point of view. Otherwise note- 'not applicable'.

{IV} GENERAL PHYSICAL EXAMINATION: This examination is aimed at knowing the important parameters pertaining to overall health status of the person so that prioritization of medical and forensic examination can be done. Collect all relevant forensic & medical samples as per the instructions given in this manual before touching the concerned body parts so as not to destroy the evidence.

- a) General Mental condition including orientation as regards to time, place & person: In order to comment on the general mental condition the examining doctors is advised to refer 'the

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rape trauma syndrome' detailed in manual. The observations to be done in relation to this may include whether she was agitated, restless, numb, anxious, able to respond to questions asked by the doctor. It is advised that the doctor record her feelings in her own words for ensuring accuracy. Cases of sexual assault are underreported due to the attached social stigma. Hence, it is pertinent that such reporting be interpreted as an act of courage. The victims may respond in different ways in such traumatic events. To comment on emotional / mental status use terms like distressed, agitated, shocked, hopelessness, despair, powerlessness and loss of control, flashbacks, disturbed sleep, denial, guilt and self blame, shame, fear, numbness, mood swings, anger, anxiety, helplessness, fear of another assault etc. It must be noted that some victims may mask their feelings and act as though everything is fine.

- b) BP (Blood Pressure), Pulse, Respirations (RR): Take the vital signs, i.e., blood pressure, pulse, respiration.
- c) Signs of intoxication by drugs and / or alcohol: If the patient reports ingestion of drugs, describe symptoms, or shows signs of drug ingestion, then collection of samples for drug analysis is recommended. Sexual assault of people under the influence of alcohol or drugs is not new. It is also not new to slip something into somebody's drink to incapacitate them. However, it was not until the mid 1990s that law enforcement agents began to see a pattern of women being surreptitiously drugged for the purpose of rape, particularly through use of odorless, tasteless incapacitating drugs that produce anterograde amnesia. These Date Rape Drugs or Predator Drug are used to assist in the execution of Drug Facilitated Sexual Assault (DFSA) and because of the effects of these drugs, victims may be physically helpless, unable to refuse sex, and unable to remember what happened. These drugs often have no color, odor or taste and are easily added to flavored drinks without the victim's knowledge. GHB (Gamma Hydroxybutyric Acid), Ketamine and Benzodiazepines (Flumtrazepam, Rohypnol or Roofies, Rope and Roaches) are the most common date rape drugs. It is a known fact that detection of these drugs (Date Rape Drugs) is a difficult issue and unless a victim of DFSA seeks medical care within 72 hours of the assault, it is less likely that tests would successfully detect the presence of these drugs, since most of them become metabolized and eliminated from the body, resulting into negative report¹.

¹ Communication from Laldingliani Sailo, Memebr Delhi Commission for Women.

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Various symptoms &/ signs suggestive of drug and/or alcohol ingestion: e.g., lapses of consciousness, memory loss, impaired memory, abnormal vital signs, confusion, vomiting, nystagmus, specific smell, talkativeness, drowsiness, mood changes, dizziness, changes in visual capacity, slurred speech, apathy, poor coordination and balance, inability to stand or walk etc.

- d) Examination of clothes (if same as those worn at the time of assault). Examine for evidence of tears, loss of parts, stains, turned inside out, condition/loss of buttons, and other damage sustained as a result of the assault, foreign materials including fibres, twigs, hair, grass, soil or debris from the suspect or the crime scene, blood or seminal stains, etc. If not wearing the same clothing, then it should be documented. This information should then be given to the investigating officer so that arrangements can be made to retrieve the clothing before any potential evidence is destroyed.
- e) Stains / foreign materials on body: Document any stain or foreign material on body. Collect the stain material by a cotton swab moistened with distilled water. Also collect the foreign material and preserve it after air drying. Skin soiling must be noted with special reference to the hands, the back of the legs and the buttocks, the abdomen and the top of the thighs, etc. Any soiled area must be swabbed with plain cotton swabs, moistened with sterile water. Skin may be examined by an ultraviolet light for areas of fluorescence. Document positive areas & collect swabs from skin.
- f) Finger nails examination: Examined for length and the presence of ragged or broken nails and of chipping of nail varnish, any foreign material under nails etc.
- g) Gait of victim: The gait of the victim should be carefully observed, with emphasis for pain in any specific posture.
- h) Abdominal Examination with Special Reference to pregnancy: If applicable this may be done.
- i) Any other: In this column, any other relevant findings may be noted which is not covered in the above section. Sometimes victim may sustain head injury and present to the hospital with impaired consciousness. In such circumstances pupillary size, reaction to light & Glasgow coma score (GCS) may be used to assess the depth and duration of coma and impaired consciousness (if any). It is the most widely used scoring system used in quantifying the level

of consciousness following traumatic brain injury. Eight is considered a critical score with 90 percent of patients in a coma at this level or below.

{V} INJURY EXAMINATION: INJURIES ON BODY (IF ANY)-

- Without accurate documentation and proper interpretation of injuries, any conclusions drawn about how injuries occurred might be seriously flawed. This will have profound consequences for both the victim and accused. Injury interpretation is entirely dependent on the accuracy and completeness of the recorded observations of wounds.
- Body charts may be used for recording the injuries. If there is history of buccal / anal penetration & bite marks, appropriate swabs should be taken as indicated. If necessary use separate sheet.
- Always use standard, universally accepted descriptive terms for classifying injuries. Use of a standard terminology not only assists in identifying the mechanism by which the injury was sustained but also contributes to a better understanding of the circumstances in which the injuries may have been sustained. When used correctly, a standardized system of wound classification and description may allow deductions about the weapon or object that caused the injury.
- Wounds are generally classified as abrasions, bruises/ contusion, lacerations, incised wound, stab wounds etc. Do not use short forms while describing the injury like CLW as it creates confusion.
- While describing the injury always note the name/type of injury, its site, dimensions, margins, color, directions (if applicable), evidence of any foreign body etc.
- It is important to keep in mind that injuries might not always be seen. There may be circumstances in which the survivor may have been threatened with bodily harm, physically restrained, or afraid to resist for other reasons, thus explaining absence of injuries. In fact, only one-third of cases of sexual assault have visible injuries. In absence of injuries, also cases have been proved.
- In dark skinned people bruising can be difficult to see, and thus tenderness and swelling if present is of great significance.
- Follow-up examination for injuries: If there is deep bruise or contusions, signs of injury will usually show after 48 hours. Therefore, it is mandatory to repeat the examination of the survivor for recording the appearance of bruise unless the patient refuses. Bite marks

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may not be obvious immediately following an assault, but may become more apparent with time. Patient should be advised or requested to come for a follow-up. A recommendation should be made to the law enforcement agency to arrange for follow-up inspection within one to two days with the consent of the patient.

- Examine all the parts of the body for injury/s. Special attentions may be given to following areas. Head, neck, face, breasts, upper limbs, buttocks, inner aspect of thighs, other areas if any.
- Examine and note the areas where the patient complains of ***tenderness or discomfort*** and further confirm the appearance of bruising (if any) at this site at a later ***follow-up*** up examination.

{VI}: LOCAL EXAMINATION OF GENITALS, ANUS & ORAL CAVITY:

General instructions:

- Before embarking on a detailed examination of the genitor-anal area, it is important to try to make the patient feel as comfortable and as relaxed as possible. Ask the patient to tell if anything feels tender. A careful observation of the perineum is made for evidence of injury, seminal stains and stray pubic hairs etc. If the patient is menstruating at the time of examination then the process of examination and sample collection of other areas be done. The patient can be requested to come back for re-examination immediately after the period is over. While describing injuries it is necessary to note down their site, size, color for age, direction, margins, depth, associated tenderness, and evidence of any foreign material etc.
- **Note:** A swab of the external genitalia should be taken before any digital exploration or speculum examination is attempted (See section Forensic Specimen Collection)
- Per vaginal and per speculum examination is not a must in case of a child or when there is no history of penetration or when the patient or guardian (as the case) may refuse it.

Type of positions for ano-genital examination in an adult	
Position	Purpose
Lithotomy <ul style="list-style-type: none">• supine with legs in stirrups• supine with feet on footrests with elevated back	<ul style="list-style-type: none">• Visualisation of vagina and anus• Table does not interfere with insertion of the speculum

<ul style="list-style-type: none"> • buttocks should extend to just beyond the edge of the table 	
Lateral recumbent (lying on side with knees slightly bent)	Visualisation of vagina and anus when patient is uncomfortable or unable to assume other positions

Following examination shall be carried out as per the need:

a) Pubic hairs: Examined for matting, any loose hairs, and foreign material. If the hairs are matted together, a portion must be cut off and preserved (see forensic specimen collection). Combing the pubic hair for specimens of free foreign hair and clippings of a few of the patient’s pubic hairs for comparison may be done at this point of examination.

b) Labia Majora: }
 c) Labia Minora: } Examine for evidence of redness, swelling, tenderness, bleeding
 d) Clitoris: } and type of injury. The injuries commonly seen in this area are
 abrasions, contusions & lacerations.

e) Fourchette & Introitus / Vagina: Look for bruises, abrasion, redness, bleeding, and tears, which may even extend into the perineum, especially in the case of girl children. A gentle stretch at the posterior fourchette area may reveal abrasions that are otherwise difficult to see, particularly if they are hidden within slight swelling or within the folds of the mucosal tissue. Asking the patient to bear down may assist the visualizing of the introitus. In case injuries are not visible but suspected; 1% Toluidine blue dye test may be done (See section J- Specific Examination). If there is vaginal discharge, comment on the type i.e., texture, colour, odour etc.

Finger Test of sexual assault victims: In cases of sexual assault doctors, insert fingers into the vagina to see whether it admits one finger or two fingers etc. Based on test results they are giving opinion whether victim is habituated to sexual intercourse or not. *The procedure is degrading and medically and scientifically irrelevant.* This procedure should not be performed in cases of sexual assault, as information about past sexual conduct has been considered irrelevant to the case in several judgments. Based on test results or on any other basis doctors should not identify that the victim is habituated to sexual intercourse or not.

f) Hymen (if relevant): Evidence of disruption of the hymenal ring, such as reddening, laceration or tear, bleeding, edema, position of tears & its age should be documented. Gentle

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pulling the labia (towards the examiner) will improve visualization of the hymen. Only those findings shall be documented that are relevant to the assault. It must be noted that absence of injury to hymen does not rule out vaginal penetration.

- g) Perineal Tear if any: Examine for swelling, bleeding and degree of tear.
- h) Urethra: Look for redness, swelling/edema, discharge, injuries, bleeding etc. Comment on the type i.e., texture, colour, odour etc of the discharge and relevant swabs from these sites should be collected as detailed in sample collection column.
- i) PS (persepculum) examination: Findings relevant to the assault should be noted.
- j) Anus: Bleeding/ swelling/ injuries/ discharge/ stains/ warts around the anus and anal orifice must be documented. Examine the anal sphincter and document the findings. Per-rectal examination to detect injuries/ stains/ fissures/ hemorrhoids in the anal canal must be carried out and relevant swabs from these sites should be collected. Respectful covering of the thighs and vulva with a gown or sheet during this procedure can help prevent a feeling of exposure. The buttock needs to be lifted to view the anus. This should be explained. The patient can hold the buttock up herself, if she is comfortable and able to do so. Gentle pressure at the anal verge may reveal bruises, lacerations and abrasions. Digital rectal examinations are recommended if there is a reason to suspect that a foreign object has been inserted in the anal canal, and should be performed prior to a proctoscopy or anoscopy.
- k) Oral cavity: It should be inspected carefully, checking for bruising, abrasions and lacerations of buccal mucosa, petechiae on the hard/soft palate, torn frenulum & broken teeth. Collect an oral swab, if indicated.
- l) Any other findings: Any other important and relevant finding which not covered above must be entered.

Note: Look for various signs suggestive of Sexually transmitted Infections (STIs) like HIV, syphilis, gonorrhoea etc & document as whether discharge, ulcers, warts etc were appreciated or not. If patients tested negative at the time of the medical forensic exam and chose not to receive prophylaxis, follow-up testing should be conducted with the consent of patient/ guardians as the case may be. At the initial medical forensic exam, infectious agents acquired through the assault may not produced sufficient concentrations of organisms to result in positive test results. For non-sexually active patients, a baseline negative test followed by an

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STI could be used as evidence; if the suspect also had STI. The CDC recommends that in this case the follow up exam be done within a week.

If signs appreciated, then note down the sign and collect samples for medical/hospital laboratory (not for forensic lab) as detailed below. If possible, give provisional diagnosis or differential diagnosis at the time of examination and give final opinion after receipt of lab result.

- **Sexually Transmitted Diseases:** Incubation period of common infection:

Infection	Incubation period		Infection	Incubation period
Gonorrhea	3-4 days		Warts	several months
Trichomonas	1-4 weeks		Herpes	2-14 days
Chlamydia	7-14 days		Herpes Vaginitis	2-14 days
Syphilis	3 months		-----	-----

{VII}: SPECIFIC EXAMINATIONS: (These examinations shall only be done wherever facilities exist and if indicated).

a. **Wet Mount Slide Test:** Inspection of the Wet mount slide of the vaginal swab under the light-staining microscope (for sperms):

- Wet mount slides are used by the medical examiner to determine the presence or absence of motile or nonmotile human spermatozoa in the vagina of the patient
- The presence of motile sperm in the vaginal pool is the best indication of recent ejaculation. The absence of motile sperm, however, does not negate the possibility of recent ejaculation as sperm may become non-motile within hours of entering the vaginal environment.
- Because sperm motility decreases quickly with time, wet-mount evaluation during the examination can provide the only opportunity to see sperm motility. In most cases, sperm becomes nonmotile in the vagina within 10 to 12 hours after ejaculation. Both motile and nonmotile sperm may be found for longer periods of time after the assault in the cervix than in the vagina. Sperm may not be found after an assault for many reasons.
- Since sperm motility can only be observed on an unstained wet mount slide, the motility examination must be performed under a microscope as a part of the forensic medical examination of the patient. The chance of observing motile sperm can be improved by

using a phase contrast or other “optically staining” microscope, and by prompt examination.

- The wet mount slide has evidentiary value and must be retained and submitted along with other evidence collected from the patient. Even when sperm are not observed initially in the wet mount slide examination, they may be detected during subsequent examination of the dried and stained smear by the crime laboratory.

Prepare and observe a Wet mount slide as described below:

- Label a slide as “wet mount” and include the patient’s name.
- The vaginal secretion from posterior fornices or cervical secretion, obtained by introducing plain sterile cotton wool swab (or 1ml pipette) and the material obtained must immediately be transferred to a glass slide and spread in the form of thin film, to visualize motile spermatozoa under microscope.
- In case if the material so collected on swab shows partial drying it is necessary to put a drop of normal saline on the slide to preserve the motility of the sperms (a buffered nutrient medium may also be used if available).
- Examine the wet mount slide within 5 to 10 minutes using a biological microscope at 400 power, or by using a phase contrast or other “optically staining” microscope to determine whether or not motile or non-motile sperm are present. Presence of motile spermatozoa is a positive sign of recent sexual intercourse. Examiners rather than hospital lab personnel should view these slides. Otherwise, delays between preparation of slides in the exam room and analysis in the hospital lab could cause a negative result (e.g., sperm present, but not motile).
- For visualization of non-motile (dead) spermatozoa: In case of dry stain it is necessary to transfer the material in the watch glass and soaked in sterile water for 10 mins. It is then picked up with forceps and smears are prepared on microscopic slide. The slides are dried and stained. Commonly employed staining method includes Gram’s, H & E and Pap. The stained slide should be microscopically examined for the presence of human spermatozoa, which is a positive sign of recent sexual intercourse.

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- After examining the slide for motile spermatozoa, the same slide must be air dried and sent to Forensic science laboratory in addition to other slides. Label the swab used to make the wet mount slide so that the FSL knows it was used for this purpose.

Result of Examination: Comment on whether motile or non-motile sperm are present or not. Sometimes examiner may not be able to properly interpret the results or identify the sperms. In such instances doctor should document the same. It must be noted that absence of spermatozoa does not rule out sexual intercourse.

- b. **Toluidine blue dye test:** Toluidine blue dye is used to assist in the identification of recent genital and perianal injuries. After the initial examination of the posterior fourchette and fossa navicularis and the collection of swabs, apply 1% aqueous solution of Toluidine blue dye to the posterior fourchette and fossa navicularis. After allowing a minute for the dye uptake, remove the excess with lubricant, such as K-Y jelly or 10% acetic acid. Dye uptake is considered positive and affirms injury when there is residual blue coloring of the laceration or its border after the excess dye has been removed. It should be done before Per Speculum examination, but after collection of vaginal samples, as spraying of the dye and washing away the excess can cause loss of evidence.

Indication: To visualize subtle injuries (when injuries are not appreciated by naked eye examination).

- c. **Anoscopic/ Colposcopic examination:** Anoscopic examination should only be done in cases of anal bleeding or severe anal pain or injury suspected or if the presence of a foreign body in the rectum is suspected. **Colposcopic examination** (Only when facility available) is required to be done when injuries are not appreciated by naked eye examination & when collection of photographic evidence required. Minor skin and/or mucosal surface trauma such as abrasions, lacerations, petechiae, focal edema, hymenal tears, and anal fissures are more easily seen with magnification, and photographs can be taken for documentation. Video cameras can be attached to colposcopes to record images.
- d. **UV light exam of clothes and skin:** The seminal, blood and salivary stains (dried or moist), fluorescent fibres and subtle injuries, exhibits characteristic appearance when subjected to visual examination by using long wave UV light. These lights are used to scan the body for evidence such as:
- dried or moist secretions;

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- fluorescent fibers not readily visible in room light; and
- subtle injury.

Areas to examine: Use these lights in a darkened room to examine the patient's entire body. Take care to protect the patient's eyes when using ultraviolet light. Specifically examine these areas of the body:

- head, face, hair, lips, perioral region, and nares;
- chest and breasts;
- external genitalia, perineal area, inner thighs, and pubic hair;
- buttocks, skin, and anal folds; and,
- any area indicated by the patient's history.

Detecting semen:

- Dried semen stains have a characteristic shiny appearance and tend to flake off the skin.
- Semen may exhibit an off-white fluorescence under ultraviolet light.
- Fluorescent areas may appear as smears, streaks, or splash marks.
- Moist or freshly dried semen may not fluoresce.

Note: The appearance of fluorescent areas does not confirm the presence of semen, as other substances such as urine or body lotions may also fluoresce. Independent confirmation of these findings by the FSL is required. Shall only be used to visualize the stain and for collection of swab from that area.

{VIII}: SAMPLE COLLECTION FOR HOSPITAL/ CLINICAL LABORATORY:

Where appropriate tests and laboratory facilities exist, the following tests for Sexually Transmitted Infections (STI) should be offered:

- Cultures for *Neisseria gonorrhoeae* and *Chlamydia trachomatis*.
- Wet mount/ microcopy and culture for *Trichomonas vaginalis*;
- Blood samples for syphilis, HIV, and hepatitis B testing.

If the sexual assault was recent, any cultures will most likely be negative unless the victim already has a STI. Follow-up tests with the consent of the patient, at a suitable interval to account for each respective infection, are therefore recommended in the case of negative test results.

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Samples for the evidence of sexually transmitted infections can be taken according to requirement of a case. Advice investigations/ test according to case presentations & signs. In place of sterile cotton swab, Charcoal coated/ Dacron coated swabs are preferred over cotton swabs. Stuart's or Amies Transport medium may be used for transport of this swab to laboratory. Samples must reach the laboratory as soon as possible for better results. Swabs from urethra/ulcer/chancere for bacteriological examination must be sent if indicated. All these samples must be forwarded for serological/microbiological examination to the microbiology department of nearest government medical college hospitals using requisition formats available in Hospital. Ideally, these samples should be collected after collection of samples for FSL. Various samples that can be preserved are:

1. High vaginal/ Cervical Swab (Sterile Cotton) for microscopy and culture in plain sterile bulb. After the speculum is in place remove any mucus with cotton or gauze. Insert the swab and collect the specimen with a gentle side-to-side motion. Allow a few seconds for the organism to adsorb onto the swab surface. Sample any cervical discharge present.
2. Urethral Swab (Sterile Cotton) for microscopy and culture in plain sterile bulb.
3. Swab (Sterile Cotton) from discharge for microscopy and culture in plain sterile bulb.
4. Blood for Serology (for syphilis, HIV & Hepatitis B) in plain sterile bulb.
5. Urine (midstream) for microscopy and culture in plain sterile bulb.
6. Swab (Sterile Cotton) from rectum for microscopy and culture in plain sterile bulb may be taken in required cases. Insert the swab 4-5 cm into the anal canal and gently move it from side to side to sample the anal crypts. Allow a few seconds for the organism to adsorb onto the swab, and gently rotate the swab during withdrawal. If heavy fecal contamination is observed on the swab, collect another specimen with a fresh swab.

Pregnancy Test: Possibility of pregnancy resulting from the assault should be discussed and female patients should be assessed for the possibility of pregnancy. When available, pregnancy-testing kits can be offered. However, most of the testing kits commonly available will not detect a pregnancy before expected menses. Patient should be advised to return for pregnancy testing if she misses her next period. Parent or guardian may come to know about the sexual assault when the victim becomes pregnant. In such circumstances, proper assessment of gestational age of fetus may become important from therapeutic and legal point of view. If pregnancy test is positive, then advise USG for confirmation and to calculate gestational age of fetus.

{IX} COLLECTION OF FORENSIC EVIDENCE/ MATERIAL/ SAMPLES:-

- For sending, the samples to Forensic Science Laboratory (FSL) use a separate format, which is annexed herewith as a part of requisition to FSL for relevant examination. Here it must be remembered that specific mention in words as to which samples are collected & which are not collected is very necessary.
- If no samples collected, then it should be specifically documented under 'note' column of the report along with the reason for non-collection viz not indicated by history/ no evidence of contact etc.
- The list of samples so collected under different headings is included in the forwarding letter (requisition) to the Forensic Science Laboratory. This is an annexure to the examination format and the same is mentioned so in the format.
- If any advice is given to the police official regarding sample collection then it should also be documented in note column.

General information for collection of forensic evidence:

Collection of Evidence-Time Frame Guidelines:

- Please make an assessment of the case and determine what evidence needs to be collected before you begin. This procedure cannot be done mechanically and will require some analysis. The nature of forensic evidence collected will be determined by three main factors - history of assault, physical findings and time lapsed between assault and examination. This screening will also help in avoiding unnecessary sample collection. Ideally, if there is no specific indication then there is no need to collect the samples for semen analysis if patient reports to the hospital after around three weeks of incidence. In such cases, reference samples can be collected if requested by police.
- *If a woman reports within 96 hours of the assault, all evidence including swabs must be collected with her consent, without fail, in keeping with the history of assault.*
- *Please keep in mind that spermatozoa can be identified only for 72 hours after assault. So if a survivor has suffered the assault more than three days ago, please refrain from taking swabs for spermatozoa (wet mount slide). In such cases swabs should only be sent to FSL for tests for identifying semen.*
- *Evidence on the outside of the body and on materials such as clothing can be collected even after 96 hours (if relevant).*

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- An exception must be made in peculiar cases. For example, if the survivor has not washed or bathed at all, between the assault and examination, no matter how much time has lapsed, it is still advantageous to take relevant swabs.

Key components of proper evidence collection & handling are:

- Collect carefully, avoiding contamination
- Collect specimens as early as possible; 72 hours after the assault the value of evidentiary material decreases dramatically
- All appropriate evidences including cloths, swabs, and slides *must be air dried* prior to packaging: The general impression of the Forensic Science Scientist is that the vaginal swabs are full of fungus (common) and/or cloths of victim are not dried properly (less common). Sometimes water drips from the parcels of cloths. It must be kept in mind that improper collection, preservation and packaging of the exhibits often leads to degradation of crucial biological evidence. Therefore, proper collection and drying/ preservation of exhibits are of utmost importance².
- Placing items in appropriate evidence containers
- Storing evidence in a secure area and
- Maintaining the chain of custody.

The following general procedures apply to the use of swabs for the collection of various materials for forensic analysis:

- Use only sterile, cotton swabs.
- Place swabs collected from a site in glass test tube. Use different test tubes for the swabs collected from different sites. Then put glass test tubes in paper envelope or boxes.
- Do not place the swabs in medium as this will result in bacterial overgrowth and destruction of the material collected by the swab. Swabs placed in medium can only be used for the collection of bacteriological specimens.
- Moisten swabs with sterile water/distilled water when collecting material from dry surfaces (e.g. skin, anus). Distilled water is preferred to saline for moistening the swabs, because saline can crystallize and confound the findings.

² Communication with Anil Kumar Sharma Deputy Director (Biology); Central Forensic Science Laboratory, Directorate of Forensic Science Services, Ministry of Home Affairs, govt. of India. Kolkata.

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- If microscopy is going to be performed (e.g. to check for the presence of spermatozoa), a microscope slide should be prepared. Label slide and after collecting the swab, rotate the tip of the swab on the slide. Both swab and slide should be sent to the laboratory for analysis.
- All swabs, slides should be dried before sealing.

Labeling & Sealing Evidence Containers or envelopes:

- All items of evidence must be clearly labeled to enable the person who collected the evidence to identify it in court later and to ensure that the chain of custody is maintained.
- **Label the envelopes or containers with the following information:** Sample number, Full name of patient, date of collection, MLC No, Name of the sample, signature of the doctor.
- **Sealing:**
 - Proper sealing of containers ensures that contents cannot escape and that nothing can be added or altered.
 - **Proper sealing of evidence containers can be accomplished by:** Securely taping the container (do not lick the adhesive seal); and Signing and dating the seal by writing over the tape onto the evidence container.
 - **Note:** Stapling is not considered a secure seal.

FOLLOWING TYPES OF EVIDENCE IS GENERALLY COLLECTED AS PER THE NEED and documented in relevant papers.

GENERAL EVIDENCE:

- 1. Debris with collection paper** (on which survivor is undressed): This is collected for evidence of any foreign material, its nature, source etc.

Ask the victim to stand on the major brown/white paper to collect loose foreign bodies from cloth and body surface, which is folded and kept in a paper envelope. This procedure only done if victim has not changed her clothes, and or taken bath.

- 2. Clothing** (each garment should be properly labeled and placed separately in paper bag **after drying**): Cloths are tested for evidence biological stains such as blood, semen, and saliva from the assailant, (if present) its nature, blood group and DNA profiling and for evidence of any foreign materials such as grass, soil, fibres or debris from the suspect or from the crime

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scene, its nature, source etc. The purpose is for Identification of assailant from semen, blood or saliva stains or hair on clothing; to show corroborative evidence of force having being used e.g. torn clothing and to identify place where the crime was committed.

- Request the victim to undress herself behind the curtain stand and provide her with necessary hospital linen (dress).
- Note the presence of stains – semen, blood, saliva, foreign body etc.
- Note if there are any tears or marks on clothes.
- Allow clothes to air dry and ensure that they are folded in such a manner that the stained parts are not in contact with unstained part of the clothing.
- Preserve clothes in paper bags, seal and label them. **Do not use plastic bags.** Plastic retains moisture which can result in mould and deterioration of biological evidence.
- In case if the victim has changed the cloth, then there is no need to collect the present cloths unless there is specific indication for it. This fact shall be documented in report. However police should be instructed to collect the clothes worn at the time of offence.

3. **Any sanitary napkins, panty liner, diapers or tampons** (worn by the patient for the period of up to 24 hours after the assault): Collected for evidence of stains/semen, its nature, group and DNA profiling. Other specimens may be encountered during an examination, for example: tissues, diaphragms, and condoms. These should be collected, dried and sealed in paper envelope separately.

TOXICOLOGY SAMPLES:

Note: In addition to clinical implications, the presence of alcohol and/or drugs in the patient's blood or urine or vomited matter may have legal significance. The assailant may have used drugs to subdue the victim (**drug-facilitated sexual assault**). The victim may have lost the ability to make rational decisions, or may have affected ability to offer resistance, lost consciousness, or may have no recollection of events. There may not be any physical or genital injuries in a given case. Drugs and/or metabolites of drugs such as marijuana, cocaine, methamphetamine, benzodiazepines [including diazepam (Valium) and flunitrazepam (Rohypnol)], and gammahydroxybutyrate (GHB) can be detected through testing blood and urine samples.

Collect toxicology samples (indications) if the patient:

- is unconscious
- exhibits abnormal vital signs
- reports/ gives history of ingestion of drugs or alcohol
- exhibits signs of memory loss, dizziness, confusion, drowsiness, impaired judgment, light-headedness, decrease blood pressure
- shows signs of impaired motor skills
- describes loss of consciousness, altered sensorium, memory impairment or memory loss; and/or
- reports nausea, vomiting, diarrhea etc.

Note:

- Collect toxicology samples as soon as possible Alcohol metabolizes rapidly. Many drugs are also quickly eliminated from the body.

4. **Blood in vial:** If ingestion of drugs and /or alcohol is used to facilitate sexual assault may have occurred within 24 hours prior to the examination, a blood sample of at least 5 milliliters should be collected for alcohol and or drug analysis in gray-top tube (contains the preservatives sodium fluoride and potassium oxalate). Be sure to cleanse the arm with a non-alcoholic solution if collection is to be done for alcohol analysis.
5. **Urine in vial:** Collect for alcohol or drug analysis in fluoride glass bulb/ vacutainer. If ingestion of drugs is suspected within 96 hours of the examination, collect the first available urine specimen (approximately 50 ml). This may help to confirm the presence of certain drugs or their metabolites which may not be detectable in the blood because of short half-life. The number of times that patients urinated prior to collection of the sample should be documented.

BODY EVIDENCE (OTHER THAN PERINEAL REGION):

6. **Swabs from cheek & gum area:** Collect for evidence of semen, blood group and DNA profiling. Semen is rapidly lost from the mouth by dilution with saliva, swallowing, eating, and drinking. If less than 12 hours have passed since the incident, collect *two swabs* by swabbing firmly around the gums, frenulums, and in the fold of the cheek. Prepare one dry mount slide from one of the swabs.

Indication: If there has been any allegation of oro-penile contact within 12 hours prior to examination.

Preparation of a dry mount slide:

- Select one of the swabs collected from the oral cavity. Roll the swab in a rotating motion to make a thin smear on the slide.
- Label, air dry, package, and seal.
- Label the swab used to make the dry mount slide so that the crime laboratory knows it was used for this purpose.

- 7. Foreign material on body:** Collect to identify it, its nature and source. Types of foreign materials that may be present are fibers, soil, hairs sand, paint glass, grass or other vegetation, other debris. All materials first should be collected in plain white paper and then paper should be folded in such a way that the contents cannot escape. Then this folded paper should be placed in paper envelope.
- 8. Semen-like stains on body:** Collect for its nature, grouping & DNA. Also specify site from where the swab collected.
- 9. Swabs from suspected or alleged bite marks & from the places that have been licked & kissed along with control sample:** Collect for evidence of saliva, its grouping & DNA. Also specify site from where the swab collected. If the patient history indicates a bite and there are no visible findings, swab the indicated area.
- 10. Combing of the patient's head hair:** For collection of loose hairs and to compare with the reference sample of hairs of the victim. Hairs those found to be foreign to the patient can then be compared to reference hairs obtained from potential suspects (if shows comparison then forensic laboratory should be instructed to confirm it with the DNA profiling).
- 11. & 13 Fingernail scrapings of both hands separately:** Collect for identification of any foreign trace materials, such as skin, blood, hairs, soil, fibers from the assailant; if human tissue, its blood group, and DNA. Nail scrapping is done with sterile toothpick. Nail clippings are taken with nail cutter. Both are collected separately for right and left hand. Both these materials are collected in plain paper, folded, and then put in paper envelope.

Indication: If there is a history of the victim scratching the assailant. If patient not able to recollect or not able to tell properly, then collect invariably.

GENITO-ANAL EVIDENCE

- 14. Matted pubic hairs:** Collect matted pubic hairs (if present) for identification of human semen, its group and DNA. The dried patch of approximately 10 to 15 hairs to be cut with scissor. Collected in paper, folded and kept in envelope.
- 15. Combing of Pubic hair:** For collection of loose hairs and to compare with the reference sample of hairs of the victim. Hairs those found to be foreign to the patient can then be compared to reference hairs obtained from potential suspects (if shows comparison then forensic laboratory should be instructed to confirm it with the DNA profiling). Document if shaved. Approximately 10 to 15 loose combed pubic hairs are to be collected in a clean paper underneath. These collected hairs along with the comb used are kept in same paper, folded and kept in envelope. This is useful for comparison with those of assailant
- 16. Vulval (labia majora) Swabs:** Collect at least two vulval swabs for identification of semen/saliva of the assailant, its nature, group and DNA analysis. The genital area must be swabbed to collect possible saliva or semen regardless of Wood's Lamp findings.
- 17. Vestibular (labia minora) swabs:** As above.
- 18. Vaginal swabs:** One vaginal swab on a sterile swab with air drying to be put in an envelope for identification of semen of the assailant, its nature, group and DNA analysis. Other one should be used for wet mount slide preparation.
- 19. Cervical Swab:** One cervical swab on a sterile swab, air-dried, to be put in an envelope for identification of semen of the assailant, its nature, group and DNA analysis. Other one should be used for wet mount slide preparation if necessary in case if vaginal swab does not yield result.
- 20. Vaginal Smear (2)-** One vaginal smear on a glass slide, air dried, to be put in an envelope for identification of semen of the assailant, its nature, group and DNA analysis.
- 21. Perianal, anal, rectal swabs & smear:** (if applicable). One swab from anal/rectal region each with smear (if applicable) on a sterile swab and a glass slide respectively, air dried to be put in an envelope for identification of semen of the assailant, its nature, group and DNA analysis. **Indication:** Collected when there is history or evidence of anal contact or penetration.

REFERENCE SAMPLE:

Reference samples are used by the crime laboratory to determine whether or not specimens of evidence collected are foreign to the patient. Blood, buccal (inner cheek) swabbings, or saliva should be collected from the patients for DNA analysis to distinguish their DNA from that of suspects.

Following reference samples may be collected as per the need.

22. Blood on clean white cotton cloth: Collected for grouping & DNA analysis. This is more suitable procedure than collection of blood in vial. Air dry before putting into paper envelope.
23. Blood in plain bulb/ vaccutainers for grouping – 2 ml. (if not taken on clean white cotton cloth/filter paper)
24. Blood in EDTA bulb/vacutainers for DNA analysis – 2 ml. (if not taken on clean white cotton cloth/filter paper).
25. Hairs (scalp and pubic) 10-20 strands (cut with scissor) to be collected and packed separately for comparison with the loose hairs found from the body of the victim herself and from the scene.

CONTROL SWABS:

26. Control swabs from the unstained area adjacent to the skin; collected to interpret the results from the test swabs of evidence.

OTHER:

27. **Other samples:** Collect any other sample, which the doctor feels important to be collected or requested by the investigating police officer but not covered in the above listed items.

NOTE:-

- **“INSTRUCTIONS OF FSL (Forensic Science Laboratory) FOR SENDING GENITAL & ANAL SAMPLES”**

1. Vaginal Swab:-

Use dry sterile cotton swab, use minimum quantity of double distilled or glass distilled water to make the swab wet. Swab victim's genitals carefully. Use two to three swabs only. Do not prepare separate swab for each part of genitals (vagina), instead concentrate all the biological material on two to three swabs and term it as vaginal swab. Preparing separate swabs may

lead to loss of valuable evidence material. After collection air-dry the swabs properly. Do not pack wet swabs to avoid bacterial degradation of evidence material. Place the dried swabs in clean sterile test tube or glass vial and forward to FSL as early as possible. No preservative should be added.

2. Vaginal Smear:-

While preparing vaginal swabs also prepare the smear on two clean sterile glass slides. Air-dry the smear. Do not pack wet or semi wet slides. Place the slides in clean paper packet and forward as early as possible to FSL.

3. Pubic Hair:-

For detection of body fluids, i.e. semen or vaginal fluid bunch of pubic hair can be sent. If fresh body fluid is observed on pubic hair of victim or accused cut the specific bunch of hair, air-dry it and pack.

1. If the pubic hair is to be forwarded for transfer of hair from accused to victim and vice versa then careful combing should be done to detect any foreign hair.
2. In case of minor victim if the pubic hair of accused is detected near genitals of the victim then only it is advisable to forward the reference sample and control sample of accused. Otherwise forwarding only control pubic hair sample does not make any sense.
3. Forwarding scalp hair samples in sexual assault case does not make any sense. So avoid sending scalp hair samples routinely. It is advisable to send the scalp hair only if the foreign scalp hair is detected on person of victim. DNA test of pubic hair is only possible if the questioned pubic hair is with root.
4. Place the pubic hair sample in clean dry and sterile glass container. Avoid packing wet hair sample in paper or any absorptive packaging material as the body fluid in question may get transferred onto packaging material. Forward the sample as early as possible to FSL.

Control blood:-

Forward the control blood samples for DNA only in KIT provided by FSL and as per the instructions of FSL. Accompany the samples with IDENTIFICATION FORM (ID Form)/ “BIOLOGICAL SAMPLE AUTHENTICATION FORM” provided by FSL. Duly fill the entries in ID form. No columns should be left empty. Never forward the control blood samples in any other containers, as they are unsuitable for DNA analysis. Paternity dispute

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blood samples are also to be forwarded in above mentioned way. Collection of reference blood sample can also be done on FTA Card.

The number/ nature of samples collected for forensic science examination should be decided on the basis of history of assault (to a limited extent) and scientific observations pertaining to the examination of clothing and body and time elapsed between the assault and examination. Collection of too many samples can be avoided.

- As per DNA samples are concerned, routinely, only blood, hair, nail debris, swab from labia minora and swab from vagina must be sent. Other samples must be sent, only if specifically asked by the investigating officer or if found necessary.

DNA Examination of Sexual Assault Evidence

Research in the last few years has revealed new options for identification in criminal investigations. The analysis of cellular biological materials for DNA (Deoxyribonucleic Acid)

has greatly enhanced identification possibilities of criminals. DNA (chromosomal material) contains the genetic code of an individual and if sufficient quantity of DNA exist in a given sample that individual may be identified by DNA comparisons (i.e. comparing blood from a suspect with blood left at a crime scene, etc.). This is especially significant in cases where no witnesses were available to make eyewitness identifications.

DNA is found in biological materials containing a cell nucleus; therefore, spermatozoa can be readily used for identification of an individual provided sufficient sample is available. This technique of identification can be helpful in a sexual assault investigation where the patient cannot identify her/his assailant. DNA can also be identified in blood, saliva, hair (containing hair root with root sheath), tissue and bone marrow.

Semen, blood, vaginal secretions, saliva, vaginal epithelial cells, and other biological evidence may be identified and genetically typed by a crime lab. The information derived from the analysis can often help determine whether sexual contact occurred, provide information regarding the circumstances of the incident, and be compared to reference samples collected from patients and suspects. A primary method used by crime labs for testing biological evidence is DNA (deoxyribonucleic acid) analysis.³ The most common form of DNA analysis used in crime labs for identification is called polymerase chain reaction (PCR). PCR allows the analysis of evidence samples of limited quality and quantity by making millions of copies of very small amounts of DNA. Using an advanced form of PCR testing called “short tandem repeats” (STR), the laboratory is able to generate a DNA profile, which can be compared to DNA from a suspect or a crime scene.⁴

Distinguish patients’ DNA from suspects’ DNA.

Blood, buccal (inner cheek) swabbings, or saliva should be collected from patients for DNA analysis to distinguish their DNA from that of suspects.⁵ (Procedures for collecting these samples are provided under sample collection part.) Criminal justice agency policies should be in place

³ DNA determines each person’s individual characteristics. An individual’s DNA is unique except in identical twins. DNA in the cell nucleus is genetic material inherited from biological parents. (Drawn from Arkansas’ *Sexual Assault: A Hospital/Community Protocol for Forensic and Medical Examination*, 2001.)

⁴ There is a concern that if DNA evidence is found, prosecutors may not utilize other evidence, especially when labs have limited resources. But because persons known to victims commit the vast majority of sexual assaults, DNA findings must be used in conjunction with other forensic evidence recovered, particularly when issues of consent arise. Law enforcement investigators and prosecutors should receive training on maximizing the use of all forensic evidence collected.

⁵ L. Ledray, *SANE Development and Operation Guide*, 1998, p. 65.

and followed for the secure storage of biological samples and appropriate disposal of these samples and DNA profiles.

Note: Specimen copy of report of DNA from forensic science laboratory in case of alleged gang rape case is attached with this manual for ready reference.

X): Provisional Opinion:

Key Points:

- Opinion must be evidence based. It is mandatory that doctor's forensic medical report shall state precisely the reasons for each conclusion arrived at.
- Rape is not a medical diagnosis, it is a legal definition. Hence, word "Rape" should not be used while forwarding the opinion and no doctor should opine in medical reports on whether rape occurred or not. Even he should not depose in court on the same issue.

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- It has been observed that the most of the examining physicians write opinion in their medico-legal reports to the effect that “she is habituated to sexual intercourse”, on the basis of findings of ‘finger test’. Do not identify the victim/patient as ‘habituated to sexual intercourse’ on any basis as identifying the woman as “habituated to sexual intercourse”, is unlawful interference with her privacy and unlawful attacks on her honour & reputation and is violation of her human rights and has no medical/ scientific significance. In a prosecution of sexual assault, where the question of consent is in issue, evidence of character of the victim or of her previous sexual experience with any person is not relevant on the issue of such consent or quality of consent.
- Always keep in mind:

Normal examination findings neither refute nor confirm the forceful sexual intercourse.

Reasons for normal examination findings despite history and or positive circumstantial and or other evidence:

Forceful sexual intercourse is possible without leaving any medical evidence. Absence of injury occurs in consensual as well as forced sexual intercourse. Less than half of all complainants of sexual assault have injuries to the genital and anal areas.

➤ *The reasons for absence of general injuries in alleged victims of serious sexual assault include:*

- *Submission of the victim may be achieved by emotional manipulation, fear of violence or death or by verbal threats.*
- *The force used, or the resistance offered, is insufficient to produce injury.*
- *Bruises may not become apparent for 48 hours following assault.*
- *A delay in reporting the incident will allow minor injuries to fade or heal.*
- *Survivor being unconscious, under the effect of alcohol/drugs*

➤ *Reasons for the absence of ano-genital injuries in alleged victims of serious sexual assault include:*

- *The alleged sexual act (such as rubbing, touching) was unlikely to result in injuries.*
- *Delay in reporting the incidence*

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- *The victim is sexually active.*
- *The natural elasticity of the postpubertal female genitalia, including the hymen.*
- *The natural elasticity of the anus.*
- *The use of lubricants.*
- *Survivor being unconscious, under the effect of alcohol/drugs*

PROVISIONAL OPINION: Enter the approximate time in hours or days after which the examination is performed after the alleged incident. This is important as it may influence the appearance of findings and or/ outcome of chemical analysis reports. Opinion can be divided under following heads:

1) *Medico-legal diagnosis and/or Evidence of penetrative or Non-penetrative sexual assault:*

Under this head, medical examiner has to give opinion regarding evidence of penetrative (sexual intercourse) and non-penetrative sexual assault. Following opinions may be drawn as per the available findings (It must be noted that this list of opinions is not exhaustive and doctors are advised to form opinions based on the examples given below):

- a. If there are recent genital and/or physical injuries (fresh injuries) with wet vaginal/anal smear detecting spermatozoa, the opinion could be stated as *‘There is evidence suggestive of recent forceful vaginal/anal intercourse.’*
- b. If there are genital and/or physical injuries but no evidence of spermatozoa in the wet smear, it does not rule out forced penetrative sex. So the opinion should be stated as *“There are signs of use of force/forceful penetration of vagina/anus, however the opinion regarding penetrative intercourse is reserved pending till availability of FSL reports.”*
- c. If there are only physical injuries and no genital injuries, and no evidence of spermatozoa in the wet smear, it does not rule out forced penetrative sexual act. So the opinion should be stated as *“There are signs of use of force, however the opinion regarding penetrative intercourse is reserved pending till the availability of FSL reports.”*
- d. If there are only genital injuries but no physical injuries, and no evidence of spermatozoa in the wet smear, it does not rule out forced penetrative sexual act. So the opinion should be stated as *“There are signs of use of force/forceful penetration of vagina and/ or anus; however the opinion regarding penetrative intercourse is reserved pending till availability of FSL reports”.*

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- e. If there is evidence of spermatozoa in the wet smear of vagina, but no physical and genital injuries then the opinion could be stated as, *“There is signs of recent sexual intercourse. However opinion regarding forceful sexual intercourse will be given after the follow –up examination”*. If injuries are absent then appropriate reasons for absence of injuries (detailed above) must be explained in report for example delay in reporting to hospital, minimal application of force, use of lubricants, natural elasticity of the prepubertal female genitalia, victim being unconscious/ under the influence of alcohol/ drugs etc.
- f. If there are normal exam findings i.e., there are no physical and genital injuries, no evidence of spermatozoa in the wet smear, the opinion could be stated as *“On examination the findings are within normal limit which neither refute nor confirm the forceful sexual intercourse”*. However, final opinion regarding penetrating intercourse is reserved pending till availability of FSL reports and opinion regarding application of force will be given after follow up examination”.
- g. If there are normal exam findings i.e., there are no physical and genital injuries, no evidence of spermatozoa in the wet smear, no samples are collected (if collection not indicated), and no follow-up examination is arranged/ planned (if not indicated) and if no opinion/s are kept pending (in such instances opinion/s given after first examination shall become the final opinion and not provisional) then the opinion could be stated as *“On examination the findings are within normal limit which neither refute nor confirm the forceful sexual intercourse/ assault. Samples are not collected in this case as its collection is not indicated”*. Appropriate reasons for absence of physical/ genital injuries and negative wet smear (for example delay in reporting to hospital, minimal application of force, use of lubricants, natural elasticity of the prepubertal female genitalia, victim being unconscious/ under the influence of alcohol/ drugs etc) must be explained while giving opinion.

Note:

- Opinion on whether the sexual intercourse/ penetration was recent or not should be given on the basis of age of injuries.

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- Reasons for negative wet smear and absence of physical and genital injuries should always be kept in mind and also be explained while framing the opinion and giving the evidence in the court of law.
- h. **Evidence of non-penetrative assault:** Non-penetrative sexual assault may include fondling, sucking, forced masturbation etc. These acts may result into injuries (like bite marks, sucking marks, bruises/contusions, fingernail marks) which must be documented in opinion column as *“there are signs suggestive of bite marks/ sucking marks that are consistent with non-penetrative sexual assault”*. If evidence of forceful kissing and/or masturbation is found on the body of the victim and swab from such sites is collected for FSL then opinion could be stated as *“There are signs suggestive of forceful kissing and/or masturbation on body; however, final opinion kept pending till receipt of FSL reports’*. Forceful kissing/ licking may leave salivary stains that can be detected in swabs taken from such sites by FSL. Hence, opinion on this aspect may be framed after the receipt of analysis reports. This evidence may not be available if victim have had a bath or washed herself/ body parts. If no signs present then opinion could be stated, as *“opinion regarding application of force will be given after follow up examination”*. If injuries are absent then in relevant cases appropriate reasons for absence of injuries (detailed above) must be explained in the report while framing the opinion.
- 2) *Evidence suggestive of application of force/ restrained:* Generally injuries because of application of force or restrain may be present on the various body parts like, forearm, inner parts of thighs, legs, neck, facial, intraoral, shoulder and arms. Injuries may also be present on genitals. Therefore, medical examiner should always look for such injuries carefully. If injury/ injuries are present, then opinion could be framed as *“The evidence of injury/ injuries is consistent with application of force or restrain”*. If no injuries are appreciated & patient is examined within 24 hours of the assault then opinion could be framed as *“At present there is no medical evidence suggestive of application of force or restrain. However final opinion will be given after follow up examination”*. If injuries are absent then appropriate reasons for absence of evidence suggestive of application of force (detailed above) must be explained in this column for example, delay in reporting to hospital, minimal application of force, submission of the victim is achieved by threats, victim being unconscious/ under the influence of alcohol/ drugs etc.

3) *Opinion as to age of injuries & nature of injuries (if applicable):*

Opinion as to the age of injuries is given on the basis of color and nature of healing of injury that is documented in the medical reports. Therefore, doctors should mention the color of each injury in injury column while describing the injuries. Following information may be used as a reference for giving opinion on the age of injuries on the basis of color changes.

Age determination of various types of injuries on the basis of color changes:-

ABRASION

Fresh	Bright Red
12 to 24 hours	Reddish scab
2 to 3 days	Reddish brown scab
4 to 7 days	Brownish black scab
After 7 days	Scab dries, shrinks and falls off from periphery leaving an underlying pink granulation tissue.

CONTUSION

Fresh	Red
Few hours to 3 days	Blue
4 th day	Bluish black to brown (Haemosiderin)
5 to 6 days	Greenish (Haematoidin)
7 to 12 days	Yellow (Bilirubin)
2 weeks	Normal

If there is deep bruise or contusion, signs of injury will usually show after 48 hours. In case signs of injury are seen on the follow up, please record them and attached the documentation to MLC papers.

LACERATION

It becomes difficult to estimate exactly the time since injury based on the size and contamination. However, a rough estimate can be done based on signs of healing.

INCISED INJURY

Fresh	Hematoma formation
12 hours	Edges- red, swollen

24 hours	Scab of dried clot covering the entire area.
After this rough estimate can be based on signs of healing.	

Note: The tables given are only approximation and be used as reference information only. This can vary as many external and internal factors contribute in the color changes and healing of injuries.

Opinion as to nature of injuries: It must be kept in mind that while committing sexual assault the assailant may cause grievous bodily harm or maims or disfigure or endangers the life of the victim or causes the victim to be in a persistent vegetative state. This has important legal bearing as in such instances harsher punishment is prescribed. Therefore, doctors should take utmost precautions to identify the nature of injuries properly. On the basis of clinical examination, it may be mentioned whether the injury is simple, grievous or dangerous to life. Sometimes it may not be possible to identify the nature of injury by external examination and palpation, so relevant investigation should be advised to ascertain the same (if needed). In such cases final opinion regarding nature of injury may be kept pending till relevant radiological investigation reports (like X-ray, CT, MRI, USG etc) is made available. In some cases, follow up examination is required to give opinion on this aspect so; opinion in such cases may be given after follow up examination.

Note: If injuries are already sutured at some other centers by another doctor in emergency situation, and patient being immediately referred to other centre for further management, then police officer shall be asked to consult the first doctor for details of injuries (like name/type, dimensions, site, color, age of injury etc). In such circumstances, the opinion would be framed as “*As injury number (put number of relevant injuries which has been sutured or already altered here) is already sutured, I am not in a position to comment on its type/name, other details of injury like color, dimensions, age of injury etc. Hence, the police official is requested to collect the said details from the concerned treating doctor who have sutured/ altered the injuries*”.

4) ***Results of wet mount slide examination for evidence of spermatozoa:*** In this column, it is expected to mention whether unstained/ stained preparations show evidence of motile / non-motile spermatozoa. It must be noted that absence of spermatozoa does not rule out sexual intercourse. Therefore, while giving opinion the doctor must also mention the appropriate

reason/s (as detailed below) for its absence, for example the delay in analysis, washing of genitalia, sexual intercourse without ejaculation or ejaculation outside vagina etc.

➤ ***Reasons for negative wet smear in alleged victims of sexual assault:***

- *This could be because, there was use of condom or the assailant may have a vasectomy or disease of the vas.*
- *Delay in the analysis*
- *Washing of the genitals,*
- *If the survivor was menstruating,*
- *Sexual intercourse without ejaculation or*
- *Sexual intercourse with ejaculation outside the genitalia.*

5) *Evidence as to consumption/ being under the influence of drugs and/ or alcohol:* Some perpetrators use drugs or alcohol in order to facilitate sexual assault. A victim who has been piled with drugs/ alcohol is easier to control, to the extent that physical force is not necessary, as the drugs will render the victim submissive and incapacitated and, in some cases, unconscious (Date rape drugs). Following opinions can be framed:

- *If patient/ victim gives history of drug/alcohol ingestion and shows signs suggestive of inebriation by drugs and/or by alcohol, like smell of alcohol, congestion of conjunctivae, dilatation of pupils with normal reaction to light and normal muscular coordination, then opinion could be stated as “There are signs suggestive of ingestion of drug and/or alcohol but the patient is not under the influence of it. However, final opinion is kept pending till receipt of FSL reports.”*
- *If patient gives history of drug/alcohol ingestion and shows signs suggestive of inebriation by drugs and/or by alcohol, like smell of alcohol, congestion of conjunctivae, dilatation of pupils with sluggishly reacting to light, slurred incoherent speech, staggering gait, impaired conscious state, some memory loss and other signs of muscular incoordination, then opinion could be stated as “There are signs suggestive of ingestion of drug and/or alcohol and the patient is under the influence of it. However, final opinion is kept pending till receipt of FSL reports.”*
- *If there is history of drugs and/ alcohol ingestion but there are no signs suggestive of inebriation by drugs and/or by alcohol, then opinion could be stated as, “At the time of*

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examination, there is no signs suggestive of ingestion of drug and/or alcohol. However final opinion will be given after the receipt of FSL reports”.

- If there is no history as well as no signs suggestive of inebriation by drugs and/or by alcohol, then opinion could be stated as *“There is no history and no signs suggestive of ingestion of drug and/or alcohol. Hence, samples for analysis are not preserved”*. In such cases if samples are preserved for analysis at the request of investigation police officer then it should be stated as, *“However, samples are preserved for toxicological analysis as per the request of investigating police officer”*.

Note:

- It is mandatory that doctor’s forensic medical report shall state precisely the reasons for each conclusion arrived at. The important findings on which doctor’s opinion is based must find place in forensic medical report because bald opinions not supported by the reasons are not acceptable.
- If final opinion is kept pending, then it should be given in a separate format of final opinion after receipt of relevant reports.
- In cases where no sample is collected (if collection not indicated) and no follow up examination is arranged (if not indicated) and if no opinion/s are kept pending, then opinion/s given after first examination shall become the final opinion (and not provisional).
- Patient/ victim shall be provided appropriate treatment as per the need and shall enter the details in format of treatment. This shall be attached to the hospital papers and not to forensic medical report.
- If age estimation of the victim or patient is requested by the police, then use format of Forensic Medical Examination for Age Estimation.
- Date & time: Enter the date & time of the beginning of examination.
- Enter the signature, Name, & Department-designation of the examining doctor on right side and seal/ stamp of the examining doctor/ hospital should be given in the box.
- Enter the total number of pages of the report including any extra attached sheet of paper. It is ideal, if the doctor puts a signature and date along with MLC number on each page of paper.

FRAMING OF FINAL OPINION:

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- Final Opinion must be evidence based as per physical findings of first examination, follow up examination (if done) and results of Forensic Science Laboratory examination. History or information supplied by police or others should not influence your opinion.
- Only those opinions which were kept pending or not finalized initially shall be given in final report to avoid repetition. If some opinions are already finalized in initial forensic medical report and were not kept pending for receipt of any reports/ material, then in final report it must be noted that 'please see initial forensic medical report' against particular opinion column.
- The final opinion may be in the form of one or multiple factors together. The opinion must be reason based.
- **It must be remembered that sexual intercourse cannot be ruled out even in the absence of one or all parameters mentioned above.**

The manual includes the format of final opinion to be issued which includes:

1. Name of the victim and Age/Sex
2. MLC No. Enter CR No & Police station if applicable.
3. Findings of follow up examination (date wise- if any): Findings of follow up examination shall be entered here. If there are multiple follow up examination, then findings must be entered date wise.
4. Results of laboratory tests (if any): Enter here the Report no, date of issue of report and important positive and negative findings. Use additional sheets if required.
5. Other (if any): Any other important medico-legal aspect, which is not covered under above headings, shall be entered here.

Framing of Final Opinion: Shall be framed after taking into consideration the findings mentioned in first Forensic Medical examination report, findings of Follow up examination and above mentioned laboratory reports.

Reasons for negative FSL report for semen in the samples collected from genitalia etc in alleged victims of sexual assault:

- This could be because, there was use of condom or the assailant may have a disease of the vas.
- Delay in the collection of sample/s

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- Washing of the genitals
- Sexual intercourse without ejaculation or
- Sexual intercourse with ejaculation outside the genitalia etc.

Note: *Doctors while framing the opinion and or giving evidence in the court of law must keep in mind the various reasons (which are already explained above) for absence of physical and genital injuries in forceful sexual intercourse, negative wet smear, and negative FSL report.*

Various opinions that can be framed are as follows (It must be noted that this list of opinions is not exhaustive and doctors are advised to form opinions based on the examples given below).

1) *Medico-legal diagnosis and/or Evidence of penetrative or Non-penetrative sexual assault:*

- a) If there are genital injuries and presence or absence of physical injuries with negative wet vaginal/anal smear for spermatozoa and FSL report positive for presence of semen, then the opinion could be stated as *'There were evidence suggestive of forceful vaginal/anal intercourse.'*
- b) If there are absence of genital injuries and presence of physical injuries with negative wet vaginal/anal smear for spermatozoa and FSL report positive for presence of semen, then the opinion could be stated as *'There were evidence suggestive of forceful vaginal/anal intercourse.'* If genital injuries are absent then appropriate reasons for absence of injuries (detailed above) must be explained in this column while framing opinion.
- c) If there are absence of genital and physical injuries with negative wet vaginal/anal smear for spermatozoa and FSL report positive for presence of semen, then the opinion could be stated as *'There were evidence suggestive of vaginal/anal intercourse.'* Appropriate reasons for absence of injuries (detailed above) must be explained in this column while framing opinion.
- d) If FSL reports are negative for semen and wet smear are negative for presence of spermatozoa but there are physical injuries and presence or absence of genital injuries then the opinion would be *"there are no evidence suggestive of vaginal/anal intercourse but there is evidence of assault"*. Appropriate reasons for absence of injuries and negative FSL report (detailed above) must be explained in this column while framing opinion.

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- e) If FSL reports are negative for semen and wet smear are negative for presence of spermatozoa and there are genital injuries only then the opinion would be *“there is no evidence suggestive of vaginal/anal intercourse but there is evidence of genital assault”*.
- f) If FSL reports are negative for semen and wet smear are negative for presence of spermatozoa and there are no physical and genital injuries then the opinion would be *“there is no evidence suggestive of forceful vaginal/anal intercourse which neither refute nor confirm the forceful sexual intercourse/ assault”*. Appropriate reasons for absence genital/ body injuries, negative wet smear and FSL reports (for example; delay in reporting to hospital, minimal application of force, submission of the victim is achieved by threats, victim being unconscious/ under the influence of alcohol/ drugs etc., delay in analysis, washing of genitalia, sexual intercourse without ejaculation or ejaculation outside vagina, use of condom etc) must be explained while giving opinion. In this connection, it must be remembered that sexual intercourse cannot be ruled out even in the absence of one or more parameters mentioned above.
- g) If FSL reports are negative for semen but positive for presence of lubricant only, wet smear are negative for presence of spermatozoa, there are no physical and genital injuries then, the opinion would be *“there is possibility of vaginal/anal penetration by lubricated object”*.

Note: Whenever FSL reports are negative, appropriate reasons for negative FSL reports (detailed above) must be explained while framing the opinion.

- 2) *Evidence suggestive of application of force/ restrained:* If injuries gets appreciated after the follow up examination, then opinion can be framed accordingly by taking into consideration the various opinions framed under provisional opinion column. If no injuries appreciated after follow up examination then, opinion may be framed as *“No medical evidence suggestive of application of force or restrain is appreciated”*. Appropriate reasons for absence of injuries (as detailed in provisional opinion) must be explained in this column.
- 3) *Opinion as to age of injuries, and nature of injuries (if applicable):* In most of the cases these opinions are possible to be framed at the first instance only. In those cases where opinion as to nature of injuries was kept pending till receipt of radiological investigation reports then, this opinion can be framed after receipt of the said reports accordingly.

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- 4) Evidence/Opinion of Sexually Transmitted Infections: During follow up examination, if the signs suggestive of sexually transmitted diseases are appreciated then, opinion could be stated as “evidence suggestive of Sexually Transmitted Infections appreciated after such and such period”. If it is possible to identify the nature of infections from the report, then opinion shall be framed accordingly. During follow up examination, if signs suggestive of sexually transmitted diseases does not gets appreciated, then opinion could be stated as, “no evidence suggestive of Sexually Transmitted Infections is appreciated”.
 - 5) *Evidence/Opinion as to under the influence of drug/s and/or alcohol:* If the FSL report is positive for drugs/alcohol then opinion could be stated as, “*evidence is present which suggest that at the time of examination & collection of sample, there was presence of drugs and/ or alcohol in the patient’s body and was or was not under the influence of it*”
 - 6) *Any other opinion/ general impression:* If it is not possible to cover, any opinion in the above columns, then that opinion may be entered in this column. Overall, general impression by taking into consideration all the above opinions may also be stated in this column. In this connection, it must be remembered that sexual intercourse cannot be ruled out even in the absence of one or more parameters mentioned above.
- Enter the Date of preparation of the report.
 - Enter the signature, name, dept/ designation of the examining doctor on right side.
 - Enter the total number of pages of the report including any extra attached sheet of paper. It is ideal if the doctor puts a signature and date along with MLC number on each page of paper.

Note:

- Only those opinions which were kept pending or not finalized initially shall be given in final report to avoid repetition.
- The final opinion may be in the form of one or multiple factors together. The opinion must be reason based.
- It must be remembered that sexual intercourse cannot be ruled out even in the absence of one or all parameters mentioned above.

TREATMENT AND FOLLOW-UP CARE:

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- For ensuring relevant important preventive and curative measures taken by the health care provider, a checklist is given in a separate format for Medical Management/Treatment. It mainly consists of following points.
 - Name/Age/Sex of the patient/ survivor. Enter MLC no.
 - Investigations advised (if any)
 - Treatment given: Yes/No
 - Emergency Contraceptive: Yes/No. If yes then details
 - Prophylaxis and/or treatment for sexually transmitted infections: Yes/No. If yes then details.
 - Injection tetanus toxoid (TT): Yes/ No
 - Treatment for injuries: Yes/ No
 - Counseling: Yes/ No
 - Referral for further management and/or counseling: Yes/No. If yes then details:
 - Pregnancy test: Yes/no. If pregnancy is suspected advise USG for confirmation.
 - Follow up on (if any).
 - Other (if any):
- Use this form provided with this protocol as a checklist for giving basic treatment/ management.
- This form should be kept in hospital file attached to second copy of FMR/ OPD/IPD papers. Other relevant details of management shall be entered on routine medical papers.
- This form should be filled by the doctor who is entrusted with the responsibility of treating the patient. It is to be noted that this is just a checklist. If treatment provider is the different one from the doctor who is doing forensic medical examination, then treating doctor should come to the place (as early as possible) where the forensic medical examination is being done or vice versa to avoid unnecessary referrals and shunting of patient from one place to other.
- Exposure to sexual violence is associated with a range of health consequences for the victim. Comprehensive care must address the following issues: physical injuries; pregnancy; STIs, HIV and hepatitis B; counselling and social support and follow-up consultations.
- The possibility of pregnancy resulting from the assault should be discussed. If the woman is first seen up to 5 days after the assault took place, emergency contraception should be

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offered. If she is first seen more than 5 days after the assault, she should be advised to return for pregnancy testing if she misses her next period.

- In the event of a confirmed pregnancy because of sexual violence, patients should be informed of their rights and briefed as to their options. If woman wishes to terminate her pregnancy, she should be referred to legal, safe Medical Termination of Pregnancy (MTP).
- When appropriate, patients should be offered testing for chlamydia, gonorrhoea, trichomoniasis, syphilis, HIV and hepatitis B; this may vary according to existing local protocols. Doctors are advised to follow standard protocols for STI testing diagnosing and treatment.
- The decision to offer STI prophylaxis should be made on a case-by-case basis. Routine prophylactic treatment of all patients is not generally recommended.
- Health workers must discuss thoroughly the risks and benefits of HIV post-exposure prophylaxis so that they can help their patients reach an informed decision about what is best for them.
- Social support and counselling are important for recovery. Patients should receive information about the range of normal physical and behavioural responses they can expect, and they should be offered emotional and social support. If necessary referral to social worker or related organization or working group on the issue of violence against women must be made in order to enable the survivor to cope with the trauma related to sexual assault.
- All patients should be offered access to follow-up services, including a medical review at 2 weeks, 3 months and 6 months post assault, and referrals for counselling and other support services.
- Teach patients how to properly care for any injuries they have sustained.
- Explain how injuries heal and describe the signs and symptoms of wound infection.
- Discuss with the patient the signs and symptoms of STIs, including HIV, and the need to return for treatment if any signs and symptoms should occur.
- Explain the importance of completing the course of any medications given.
- Discuss the side effects of any medications given with the patient.

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- Explain the need to refrain from sexual intercourse until all treatments or prophylaxis for STIs have been completed and until her sexual partner has been treated for STIs, if necessary.
- Explain rape trauma syndrome (RTS) and the range of normal physical, psychological and behavioural responses that the patient can expect to experience to both the patient and (with the patient's permission) family members and/or significant others. Encourage the patient to confide in and seek emotional support from a trusted friend or family member.
- Give patients written documentation regarding:
 - any treatments received;
 - tests performed;
 - date and time to call for test results;
 - meaning of test results;
 - date and time of follow-up appointments;
- Stress the importance of follow-up examinations at two weeks and three and six months.
- The amount and length of social support and/or psychological counselling required by victims of violence varies enormously, depending on the degree of psychological trauma suffered and the victim's own coping skills and abilities. The level of social support post assault is therefore best determined on a case-by-case basis.
- Referrals: The types of referrals given will vary depending on the patient's individual needs and circumstances, and also on the availability of facilities and resources. Health care providers should be familiar with the full range of formal and informal resources that are available locally for victims of sexual violence.

Note: For Psychological Support for Women Survivors of Sexual Assault kindly refer to A Draft Tool Kit developed for Health Settings.

HANDING OVER OF FORENSIC MEDICAL REPORTS, FORENSIC EVIDENCE ETC TO POLICE:

- Original report should along with forensic evidence (if collected) and properly filled FSL requisition form be handed over to police under due acknowledgement. Enter the name of the police to whom the samples are handed over along with his or her name, buckle number, designation, police station & district and shall obtain the signature (as a receipt)

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along with date on second copy of the report or on a handover register specially meant for this purpose.

- If, it is not possible to immediately handover the samples to the police after examination or if, police is not available to collect the evidence, then such evidence shall be kept in the safe custody of assigned person in the health facility. The details of all handing over from one ‘custodian’ to the other must be documented and continuity must be maintained.
- Samples for microbiological studies which include swabs, smears for STDs and blood for HIV test, VDRL is to be sent to Microbiology department (and not Forensic Science Laboratory) of nearest Government hospital/ Medical College along with requisition for the same.

PRE-REQUISITES OF THE HEALTH FACILITY ALONG WITH MATERIAL AND INFRASTRUCTURAL REQUIREMENT:

- 1) Allopathic medical officers, nurses should be available for round O clock services. One counselor may be made available at every centre.
- 2) Examination room – must have privacy, appropriate lighting, adequate space and furniture.
- 3) Stationery: MLC & other registers, manual, reference books, examination formats, requisition forms, labels, pens, pencils, sealing material, paper envelopes etc.
- 4) Equipments: torch, height measuring scale, inch tape, speculum, (colposcope at referral centres) Proctoscope, anoscope, refrigerator, Wood’s lamp, microscope, Computer with printer, digital camera, two separate cupboards (one for equipment and other for stationery and formats) etc.
- 5) Kit for collection and preservation of samples:

Brown paper/sheet; Paper envelopes/bags; Plastic specimen bags

Swabs; (sterile cotton swab, Charcoal coated/ Dacron coated swabs (for collection of swab for STI), Stuart’s or Amies Transport medium (for transporting the swabs collected for STI to Hospital lab), Test tubes with lids, Comb, Nail cutter, Toothpick, scissor. Eosin–nigrosin reagents for staining slide for spermatozoa.

Disposable syringes; Scissors; Bulbs–plain, EDTA, Fluoride/ Vaccutainers, Distilled water/normal saline, Gloves, Glass slides, Cover slip, Magnifying lens, Lignocaine jelly; Urine specimen container, Pregnancy test kit, STI kit.

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6) Linen:

Sheets and blankets, Towels, Clothing, Patient gown

Sanitary items (e.g. Pads, tampons)

7) Treatment items:

Analgesics; Emergency contraception; Suture materials; Tetanus and Hepatitis prophylaxis / vaccination; STI prophylaxis.

DO'S AND DON'TS FOR MEDICAL OFFICERS:

Sr.No.	DO'S	DON'TS
1.	Provide a comfortable and relaxed private atmosphere to the victim to seek his/her cooperation for the medical examination.	Do not use ambiguous words, those having more than one meaning, or which can be interpreted wrongly by either side.
2.	Build "trust and confidence" with the victim.	Do not try to become an investigator. Remain a person of science.
3.	Maintain objectivity and avoid subjectivity.	Don't concur with traffickers, who may pressurize you to give false age determination report.
4.	Documents the findings chronologically and with consistency.	Don't ally with any individual involved in investigation.
5.	Make sure that even minute detail of the examination is recorded in the medico-legal reports.	Do not write a lengthy and irrational history in the report. Do not venture a premature opinion.
6.	Write the report clearly and precisely in scientific manner.	Do not disclose the identity of the victim and findings to any unauthorized persons.
7.	Conduct the age determination test whether requested or not by the investigating agency in case of minors as per ITPA act. However, in other cases it	Trial of the case has to be done by court not by you.

	should be done when requested by police.	
8.	Give appropriate treatment and counseling to the victim as per the need of the patient like emergency contraception, treatment of injuries/ other conditions, prevention and treatment/assessment of sexually transmitted diseases etc as per the accepted norms.	Do not forget to give basic treatment, counseling & psychological support at the time of Forensic Medical Examination.

RELEVANT LAWS:

Few provisions (Sections 357 CrPC, 166 B, 375, 376 A, 376 B, 367 C, 376 D, 354, 354 A, 354 B, 354 C, 354 D, 370 (1), 370 A of IPC) related to rape, trafficking and medical profession from THE CRIMINAL LAW (AMENDMENT) BILL, 2013 AS PASSED BY LOK SABHA ON 19 MARCH, 2013 are included in this manual.

- **357CrPC.** All hospitals, public or private, whether run by the Central Government, the State Government, local bodies or any other person, shall immediately, provide the first-aid or medical treatment, free of cost, to the victims of any offence covered under section 326A, 376, 376A, 376B, 376C, 376D or section 376E of the Indian Penal Code, and shall immediately inform the police of such incident."
- **166 B IPC.** Whoever, being in charge of a hospital, public or private, whether run by the Central Government, the State Government, local bodies or any other person, contravenes the provisions of section 357C of the Code of Criminal Procedure, 1973, shall be punished with imprisonment for a term which may extend to one year or with fine or with both."
- **375 IPC:** A man is said to commit "rape" if he-
 - a) penetrates his penis, to any extent, into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person; or
 - b) inserts, to any extent, any object or a part of the body, not being the penis, into the vagina, the urethra or anus of a woman or makes her to do so with him or any other person; or

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- c) manipulates any part of the body of a woman so as to cause penetration into the vagina, urethra, anus or any part of body of such woman or makes her to do so with him or any other person; or
- d) applies his mouth to the vagina, anus, urethra of a woman or makes her to do so with him or any other person, under the circumstances falling under any of the following seven descriptions:—

First.—Against her will.

Secondly.—Without her consent.

Thirdly.—With her consent, when her consent has been obtained by putting her or any person in whom she is interested, in fear of death or of hurt.

Fourthly.—With her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.

Fifthly.—With her consent when, at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by him personally or through another of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent.

Sixthly.—With or without her consent, when she is under eighteen years of age.

Seventhly.—When she is unable to communicate consent.

Explanation 1.—For the purposes of this section, "vagina" shall also include labia majora.

Explanation 2.—Consent means an unequivocal voluntary agreement when the woman by words, gestures or any form of verbal or non-verbal communication, communicates willingness to participate in the specific sexual act:

Provided that a woman who does not physically resist to the act of penetration shall not by the reason only of that fact, be regarded as consenting to the sexual activity.

Exception 1.—A medical procedure or intervention shall not constitute rape.

Exception 2.—Sexual intercourse or sexual acts by a man with his own wife, the wife not being under fifteen years of age, is not rape.

- **Section 376 (1) of IPC:** Punishment for rape. Whoever, except in the cases provided for in sub-section (2), commits rape, shall be punished with shall be punished with rigorous

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imprisonment of either description for a term which shall not be less than seven years, but which may extend to imprisonment for life, and shall also be liable to fine.

(2) Whoever,—

- a) being a police officer, commits rape—
 - i. within the limits of the police station to which such police officer is appointed; or
 - ii. in the premises of any station house; or
 - iii. on a woman in such police officer's custody or in the custody of a police officer subordinate to such police officer; or
- b) being a public servant, commits rape on a woman in such public servant's custody or in the custody of a public servant subordinate to such public servant; or
- c) being a member of the armed forces deployed in an area by the Central or a State Government commits rape in such area; or
- d) being on the management or on the staff of a jail, remand home or other place of custody established by or under any law for the time being in force or of a women's or children's institution, commits rape on any inmate of such jail, remand home, place or institution; or
- e) being on the management or on the staff of a hospital, commits rape on a woman in that hospital; or
- f) being a relative, guardian or teacher of, or a person in a position of trust or authority towards the woman, commits rape on such woman; or
- g) commits rape during communal or sectarian violence; or
- h) commits rape on a woman knowing her to be pregnant; or
- i) commits rape on a woman when she is under sixteen years of age; or
- j) commits rape, on a woman incapable of giving consent; or
- k) being in a position of control or dominance over a woman, commits rape on such woman; or
- l) commits rape on a woman suffering from mental or physical disability; or
- m) while committing rape causes grievous bodily harm or maims or disfigures or endangers the life of a woman; or
- n) commits rape repeatedly on the same woman, shall be punished with rigorous imprisonment for a term which shall not be less than ten years, but which may extend to

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imprisonment for life, which shall mean imprisonment for the remainder of that person's natural life, and shall also be liable to fine.

Explanation.—For the purposes of this sub-section,—

- a) "armed forces" means the naval, military and air forces and includes any member of the Armed Forces constituted under any law for the time being in force, including the paramilitary forces and any auxiliary forces that are under the control of the Central Government or the State Government;
 - b) "hospital" means the precincts of the hospital and includes the precincts of any institution for the reception and treatment of persons during convalescence or of persons requiring medical attention or rehabilitation;
 - c) "police officer" shall have the same meaning as assigned to the expression "police" under the Police Act, 1861;
 - d) "women's or children's institution" means an institution, whether called an orphanage or a home for neglected women or children or a widow's home or an institution called by any other name, which is established and maintained for the reception and care of women or children
- **Section 376A IPC:** Punishment for causing death or resulting in persistent vegetative state of victim.
 - **Section 376 C IPC:** Prescribes punishment for Sexual intercourse by a person in authority.
 - **Section 376 D IPC:** Deals with gang rape.
 - **Section 354 of IPC:** Assault or use of criminal force to outrage a modesty of woman.
 - **Section 354 A IPC:** Deals with Sexual harassment and punishment for sexual harassment
 - **Section 354 B IPC:** Assault or use of criminal force to woman with intent to disrobe.
 - **Section 354 C IPC:** Voyeurism.
 - **Section 354 D IPC:** Stalking
 - **Section 377 of IPC:** Voluntary sexual intercourse against the order of nature with any man, or woman, or animal is an unnatural sexual offence.
 - **Section 370 (1) IPC:** Trafficking of person.
 - **Section 370 (A) IPC:** Exploitation of a trafficked person.
 - **Section 89 of IPC:** Consent of parent/guardian is necessary for anyone under the age of 12 years.

- **Section 39 of CrPC:** Public to give information of certain offences under sections
 - (i) 121 to 126 of IPC and section 130 of IPC
 - (ii) Sections 143,144,145,147 and 148 of IPC
 - (iii) Sections 161 to 165- A of IPC
 - (iv) Sections 272 to 278 of IPC
 - (v) Sections 302,303 and 304 of IPC
 - (vi) Section 364-A
 - (vii) Section 382
 - (viii) Sections 392 to 399
 - (ix) Section 409
 - (x) Sections 431 to 439
 - (xi) Sections 449 and 450
 - (xii) Sections 456 to 460
 - (xiii) Sections 489-A to 489-E
- **Section 53 of CrPC :** Examination of accused by medical practitioner at the request of police officer - (1) When a person is arrested on a charge of committing an offence of such a nature and alleged to have been committed under such circumstances that there are reasonable grounds for believing that an examination of his person will afford evidence as to the commission of an offence, it shall be lawful for a registered medical practitioner, acting at the request of a police officer not below the rank of sub-inspector, and for any person acting in good faith in his aid and under his direction, to make such an examination of the person arrested as is reasonably necessary in order to ascertain the facts which may afford such evidence, and to use such force as is reasonably necessary for that purpose.
(2) Whenever the person of a female is to be examined under this section, the examination shall be made only by, or under the supervision of, a female registered medical practitioner.
- **Section 53 A of CrPC :** Examination of person accused of rape by medical practitioner – 1)
When a person is arrested on a charge of committing an offence of rape or an attempt to commit rape and there are reasonable grounds for believing that an examination of his person will afford evidence as to the commission of such offence, it shall be lawful for a registered medical practitioner employed in a hospital run by a Government or by a local authority and in the absence of such a practitioner within the radius of 16 kms from the place where the

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offence has been committed, by any other registered medical practitioner acting at the request of a police officer not below the rank of a sub inspector, and for any person acting in good faith in his aid and under his direction, to make such an examination of the arrested person and to use such force as is reasonably necessary for that purpose.

2) The registered medical practitioner shall, without delay, examine such person and prepare a report of his examination giving the following particulars, namely:-

- i. The name and address of the accused and of the person by whom he was brought,
- ii. the age of the accused,
- iii. marks of injury, if any, on the person of accused,
- iv. the description of material taken from the person of the accused for DNA profiling, and
- v. other medical particular in reasonable detail.

3) The report shall state precisely the reasons for each conclusion arrived at

4) Exact time of commencement and completion of the examination shall also be noted in the report.

5) The registered medical practitioner shall, without, delay, forward the report of the investigating officer, who shall forward it to the magistrate referred to in Section 173 as part of the documents referred to in clause (a) of sub-section (5) of that section.

- **Section 372 IPC :** Selling minor for purposes of prostitution, etc

Whoever sells, lets to hire, or otherwise disposes of any 164 [person under the age of 18 years with intent that such person shall at any age be employed or used for the purpose of prostitution or elicit intercourse with any person or for any unlawful and immoral purpose, or knowing it to be likely that such person will at any age be] employed or used for any such purpose, shall be punished with imprisonment of either description for a term which may extend to 10 years, and shall be liable to fine.

- **Section 373 IPC:-** Buying minor for purposes of prostitution, etc

Whoever buys, hires or otherwise obtains possessions of any person under the age of eighteen years with intent that such person shall at any age be employed or used for the purpose of prostitution or illicit intercourse with any person or any unlawful and immoral purpose, of knowing it to be likely that such person will at any age be employed or used for

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any purpose, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.

- **Section 164 A of CrPC** (Inserted by Code of Criminal Procedure (Amendment) Act, 2005):
Medical examination of the victim of rape.- (1) Where, during the stage when an offence of committing rape or attempt to commit rape is under investigation, it is proposed to get the person of the woman with whom rape is alleged or attempted to have been committed or attempted, examined by a medical expert, such examination shall be conducted by a registered medical practitioner employed in a hospital run by the Government or a local authority and in the absence of such a practitioner, by any other registered medical practitioner, with the consent of such woman or of a person competent to give such consent on her behalf and such woman shall be sent to such registered medical practitioner within twenty-four hours from the time of receiving the information relating to the commission of such offence.
(2) The registered medical practitioner, to whom such woman is sent shall, without delay, examine her person and prepare a report of his examination giving the following particulars, namely:--
(i) the name and address of the woman and of the person by whom she was brought;
(ii) the age of the woman;
(iii) the description of material taken from the person of the woman for DNA profiling;
(iv) marks of injury, if any, on the person of the woman; (v) general mental condition of the woman; and (vi) other material particulars in reasonable detail,
(3) The report shall state precisely the reasons for each conclusion arrived at.
(4) The report shall specifically record that the consent of the woman or of the person competent, to give such consent on her behalf to such examination had been obtained.
(5) The exact time of commencement and completion of the examination shall also be noted in the report.
(6) The registered medical practitioner shall, without delay forward the report to the investigating officer who shall forward it to the Magistrate referred to in section 173 as part of the documents referred to in clause (a) of sub-section (5) of that section.
(7) Nothing in this section shall be construed as rendering lawful any examination without the consent of the woman or of any person competent to give such consent on her behalf.

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Explanation.--For the purposes of this section, "examination" and "registered medical practitioner" shall have the same meanings as in section 53.]

- **Section 114 A of IEA:** Presumption as to absence of consent in certain prosecution for rape.
- **Section 146 of the Evidence Act,** for the proviso, the following proviso is substituted, namely:—

"Provided that in a prosecution for an offence under section 376, section 376A, section 376B, section 376C, section 376D or section 376E of the Indian Penal Code or for attempt to commit any such offence, where the question of consent is an issue, it shall not be permissible to adduce evidence or to put questions in the cross-examination of the victim as to the general immoral character, or previous sexual experience, of such victim with any person for proving such consent or the quality of consent."

- **Section 154 CrPC:-**Information in cognizable cases.-
 - (1) Every information relating to the commission of a cognizable offence, if given orally to an officer in charge of a police station, shall be reduced to writing by him or under his direction, and be read over to the informant; and every such information, whether given in writing or reduced to writing as aforesaid, shall be signed by the person giving it, and the substance thereof shall be entered in a book to be kept by such officer in such form as the State Government may prescribe in this behalf
 - (2) A copy of the information as recorded under sub-section (1) shall be given forthwith, free of cost, to the informant
 - (3) Any person aggrieved by a refusal on the part of an officer in charge of a police station to record the information referred to in sub-section (1) may send the substance of such information, in writing and by post, to the Superintendent of Police concerned who, if satisfied that such information discloses the commission of a cognizable offence, shall either investigate the case himself or direct an investigation to be made by any police officer subordinate to him, in the manner provided by this Code, and such officer shall have all the powers of an officer in charge of the police station in relation to that offence.
- **Section 202 IPC :-** Intentional omission to give information of offence by person bound to inform

Whoever, knowing or having reason to believe that an offence has been committed, intentionally omits to give any information respecting that offence which he is legally

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bound to give, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both.

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