

**GUIDELINES & PROTOCOLS**

**MEDICO-LEGAL CARE FOR  
SURVIVORS OF SEXUAL  
VIOLENCE**



## **Violence is preventable but not inevitable**

There is a need to address the economic and socio-cultural factors that foster a culture of violence against women (VAW). The health care system is the only institution that interacts with almost every woman at some point in her life and women living with violence are likely to visit health facilities more frequently. **Interventions by health providers can potentially mitigate both the short and long-term health effects of gender-based violence on women and their families.**

Taking into understanding the rise in the reported cases of violence against women and also the gaps in responding to the needs of survivors of sexual violence at various levels, **there is an urgent need to setting up of standardized protocols for care, treatment and rehabilitative services for survivors of sexual violence.**

These guidelines and protocols recognize the role of the health sector and is a positive way forward towards providing empathetic support and rebuilding lives after assault.

- ❖ **Survivor:** The term survivor recognizes that the person has agency and she is capable of taking decisions despite being victimised, humiliated and traumatised due to the assault.

Use of the term survivor by all those providing services recognizes these efforts and encourages them to believe the person and not pity her, whereas the term “victim” is understood as a person who doesn't possess agency and is not fully capable of comprehending situation at hand because of the victimhood faced.

**The health concerns of survivors/victims of sexual violence, and their right to health is an issue of importance.**

**THE RIGHT TO HEALTH CARE** requires the state to ensure that appropriate physical and mental health services are available without discrimination and are accessible, acceptable and of good quality. This includes medical treatment for physical injuries, prophylaxis and testing for sexually transmitted infections, emergency contraception, and psychosocial support.

To realize the right to health care of survivors/victims, **health professionals must be trained to respond appropriately to their needs**, in a sensitive and non-discriminatory manner respectful of the privacy, dignity and autonomy of each survivor.

Health workers cannot refuse treatment or discriminate on the basis of gender, sexual orientation, disability, caste, religion, tribe, language, marital status, occupation, political belief, or other status. **Refusal of medical care to survivors/victims of sexual violence and acid attack amounts to an offence under Section 166B of the Indian Penal Code read with Section 357C of the Code of Criminal Procedure.**

**THE PROTOCOLS AND GUIDELINES recognize the role of health sector in strengthening legal frameworks, developing comprehensive and multi-sectoral national strategies for preventing and eliminating all forms of sexual violence.**

*It is proposed to provide clear directives to all health facilities to ensure that all survivors of all forms of sexual violence, rape and incest, including people that face marginalisation based on disability, sexual orientation, caste, religion, class, have immediate access to health care services that includes immediate and follow up treatment, post rape care including emergency contraception, post exposure prophylaxis for HIV prevention and access to safe abortion services, police protection, emergency shelter, documentation of cases, forensic services and referrals for legal aid and other services. It recognizes the need to create an enabling environment for survivors/victims where they can speak out about abuse without fear of being blamed, where they can receive empathetic support in their struggle for justice and rebuild their lives after the assault.*

It also recognises the critical role of health professionals in their interface with the police, CWCs and judiciary. Such inter-sectoral collaboration is essential to provide services and deliver justice. The health system is committed to setting up services for survivors.

# HEALTH CONSEQUENCES OF SEXUAL VIOLENCE

Sexual violence, in addition to being a violation of human rights, is an important public health issue as it has several direct and indirect health consequences.

For those survivors who do not reveal a history of sexual violence, the following signs and symptoms should prompt one to suspect the possibility of sexual abuse/assault:

## PHYSICAL HEALTH CONSEQUENCES

- Severe abdominal pain.
- Burning micturition.
- Sexual dysfunction.
- Dyspareunia.
- Menstrual disorders.
- Urinary tract infections.
- Unwanted pregnancy.
- Miscarriage of an existing fetus.
- Exposure to sexually transmitted infections (including HIV/AIDS).
- Pelvic inflammatory disease.
- Infertility.
- Unsafe abortion.
- Mutilated genitalia.
- Self-mutilation as a result of psychological trauma.

## **PSYCHOLOGICAL HEALTH CONSEQUENCES**

### **Short term psychological effects:**

- Fear and shock.
- Physical and emotional pain
- Intense self-disgust, powerlessness.
- Worthlessness.
- Apathy.
- Denial.
- Numbing.
- Withdrawal.
- An inability to function normally in their daily lives.

### **Long term psychological effects:**

- Depression and chronic anxiety.
- Feelings of vulnerability.
- Loss of control/loss of self-esteem.
- Emotional distress.
- Impaired sense of self.
- Nightmares.
- Self-blame.
- Mistrust.
- Avoidance and post-traumatic stress disorder.
- Chronic mental disorders.
- Committing suicide or endangering their lives.

## **ROLE OF HEALTH PROFESSIONALS**

### **ROLE OF THE HEALTH FACILITY AND COMPONENTS OF COMPREHENSIVE HEALTH CARE RESPONSE**

Health professionals play a dual role in responding to the survivors of sexual assault.

- The first is to provide the required medical treatment and psychological support.
- The second is to assist survivors in their medico-legal proceedings by collecting evidence and ensuring a good quality documentation.

After making an assessment regarding the severity of sexual violence, the first responsibility of the doctor is to provide medical treatment and attend to the survivor's needs. While doing so it is pertinent to remember that the sites of treatment would also be examined for evidence collection later.

#### **Section 164 (A) of the Criminal Procedure Code lays out following legal obligations of the health worker in cases of sexual violence:**

- Examination of a case of rape shall be conducted by a registered medical practitioner (RMP) employed in a hospital run by the government or a local authority and in the absence of such a practitioner, by any other RMP.
- Examination to be conducted without delay and a reasoned report to be prepared by the R.M.P.
- Record consent obtained specifically for this examination.
- Exact time of start and close of examination to be recorded.

- RMP to forward report without delay to Investigating Officer (IO), and in turn IO to Magistrate.
  - The Criminal Law Amendment Act 2013, in Section 357C Cr.PC says that both private and public health professionals are obligated to provide treatment.
  - Denial of treatment of rape survivors is punishable under Section 166 B IPC with imprisonment for a term which may extend to one year or with fine or with both.

**Health professionals need to respond comprehensively to the needs of survivors. THE COMPONENTS OF A COMPREHENSIVE RESPONSE INCLUDE:**

- Providing necessary medical support to the survivor.
- Establishing a uniform method of examination and evidence collection by following the protocols. [ in the Sexual Assault Forensic Evidence (SAFE) kit. [The contents of the kit are listed under Operational Issues
- Informed consent.
- First contact psychological support and validation.
- Maintaining a clear and fool-proof chain of custody of medical evidence collected.
- Referring to appropriate agencies for further assistance (e.g. Legal support services, shelter services, etc).

## **It is important to establish a rapport with the survivor.**

Nothing has to be said or done to suggest disbelief regarding the incident. Try to create a Bond of Trust. The whole Staff should be courteous. The help of a counselor should be taken.

## **Facilitating procedures:**

- The health worker should explain to the survivor in simple and understandable language the rationale for various procedures and details of how they will be performed.
- Specific steps when dealing with a survivor from marginalized groups such as children, persons with disability, LGBTI persons, sex workers or persons from minority community, may be required as recommended in Chapter 3.
- Ensure confidentiality and explain to the survivor that she/he must reveal the entire history to health professional without fear.
- The fact that genital examination may be uncomfortable but is necessary for legal purposes should be explained to the survivor.

The survivor should be informed about the need to carry out additional procedures such as x-rays, etc which may require him/her to visit to others departments.

**While performing the examination, the purpose of forensic medical examination is to form an opinion on the following:**

- Whether a sexual act has been attempted or completed. Sexual acts include genital, anal or oral penetration by the penis, fingers or other objects as well as any form of non-consensual sexual touching. A sexual act may not only be penetration by the penis but also slightest penetration of the vulva by the penis, such as minimal passage of the glans between the labia with or without emission of semen or rupture of the hymen.
- Whether such a sexual act is recent, and whether any harm has been caused to the survivor's body. This could include injuries inflicted on the survivor by the accused and by the survivor on the accused. However, the absence of signs of struggle does not imply consent.
- The age of the survivor needs to be verified in the case of adolescent girls/boys. Whether alcohol or drugs have been administered to the survivor needs to be ascertained.

# **GUIDELINES FOR RESPONDING TO SPECIAL GROUPS**

Marginalized groups are defined as:

1. Individuals who face discrimination because their gender identity is not based on physiological appearance or where an individual's body doesn't fall in the rigid binary of male and female genitalia.
2. Individuals who face discrimination based on the sexual orientation they practice.
3. Individuals who face discrimination because they are involved in sex work.
4. Individuals with physical, psycho social and/or intellectual disability.
5. Individuals from religious minorities, castes or tribes.

Complete medical treatment and health care must be offered right at the outset at all health facilities. Health professionals should ensure that they are not biased against people belonging to marginalised groups and must treat them with respect.

## **5 Groups have been identified:**

- A. Transgender and intersex persons
- B. Persons of alternate sexual orientation
- C. Sex workers
- D. Persons with Disability
- E. People facing caste, class or religion based discrimination

## A. Transgender and intersex persons

**Intersex:** Non-conformity of an individual's body to prevalent ideas of maleness and femaleness. It is used as a blanket term for different biological possibilities and variations which may include, for instance, a large clitoris, absence of vagina, congenital absence of gonads among others.

**Transgender:** Individuals whose lived gender identity does not conform to their physiological appearance. It includes cultural categories such as hijras, transvestites as well as transitioning or post-operative transpersons. Transgender people may identify with either male or female gender identity, both, or neither.

Medical practitioners must recognize that transgender and intersex people (TG/IS) are vulnerable to sexual violence due to the marginalization and discrimination they face. Under such circumstances, it is all the more essential that sexual violence faced by TG/IS people is recognized as such by health professionals who often serve as the first point of approach for a survivor of sexual violence. It is not uncommon for TG and IS persons to experience ridicule in the health facilities.

### ***Guidelines for examination:***

- Gender identity is not constituted by anatomy, especially appearance of genitals.

**Primacy should be given in the record to the survivor's stated gender identity** and appropriate names and pronouns used.

- Intake forms and other documents that ask about gender or sex should have options as male/female/others.

- **Genital anatomical variations of transgender and intersex people must be included in the examination proforma.**

- Transgender and intersex people may be unwilling to report the case to law enforcement for fear of being exposed to inappropriate questions and abuse, therefore adequate care should be provided for those who do approach health institutions.

- Information on the intersex variations or transgender status of the survivor must be treated as confidential and not to be revealed without the survivor's consent.

- The inadvertent discovery during examination or history taking that a person is transgender or intersex must not be treated with ridicule, hostility, surprise, shock, or dismay.

- It is important to be aware of the possible health consequences that the sexual violence may have resulted in.

For instance, transgender male individuals who still have ovaries and a uterus can become pregnant even when they were using testosterone and/or had not been menstruating.

Similarly, intersex variations which include non-typical genital appearance may still put some intersex women at risk of pregnancy.

## **B. Persons of alternate sexual orientation**

Sexual orientation refers to a person's sense of identity based on sexual attractions, related behaviour, and membership in a community of others who share those attractions. The 'normative' sexual orientation in our society is 'heterosexual', meaning that persons are expected to be attracted to others of the opposite sex. However, people may have various other sexual orientations. A person identifying with a homosexual identity for instance, is sexually attracted to a person of the same sex.

### ***Guidelines for examination***

Even though the examination of a lesbian, gay or bisexual individual is not physically any different from that of a heterosexual person, a doctor should be especially sensitive to the former group's anxieties and concerns when it comes to such examinations.

- There should be no judgment on the person's sexual orientation in general or as a cause of the assault.
- Confidentiality of their sexual orientation should be maintained.
- Old injuries or fact that a person is 'habituated to anal sex' should NOT be recorded.

***Treatment should NOT be denied to any person based on/due to their sexual orientation.***

The doctor or the hospital staff should not give any advice or 'offer solutions' to 'cure' them of their sexual orientation.

### **C. Sex workers:**

*Sex work: Is broadly defined as the exchange of money or goods in lieu of sexual services, either regularly or occasionally, involving female, male, and transgender adults.*

While women remain the largest group involved in sex work, the numbers of men acknowledged to be involved is growing. It is important to bear in mind that just because sex workers exchange sexual acts for money or goods, does not mean that they cannot be sexually assaulted. The Supreme Court of India has acknowledged that a woman who is a sex worker has the right to decide with whom she will have sex, and so any non-consensual intercourse with her would therefore amount to rape.

#### ***Guidelines for examination***

While examining sex workers reporting sexual violence, it is important to keep in mind that sex workers face a number of challenges due to the nature of their work when they approach the healthcare system.

- A sex worker has a right to receive treatment and not providing it for any reason is punishable by law.
- Do not make assumptions about the person's health.
- Only information of the current episode of violence that the survivor is reporting must be documented.

## **D. Persons with Disability**

Persons with disability includes those who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. Women and children with disability are particularly vulnerable to violence, discrimination, stigma and neglect.

Women and girls with disabilities who are institutionalized are at risk of abuse in shelters and hospitals. This has now been recognized as 'custodial rape' in the revised Indian Penal Code (Criminal Law Amendment Act, 2013).

### ***Guidelines for examination:***

- Be aware of the nature and extent of disability that the person has and make necessary accommodations in the space where the examination is carried out.
- Do not make assumptions about the survivor's disability and ask about it before providing any assistance.
- Do not assume that a person with disability cannot give history of sexual violence himself/herself. Because abuse by near and dear ones is common, it is important to not let the history be dictated by the caretaker or person accompanying the survivor. History must be sought independently, directly from the survivor herself/himself.
- Make arrangements for interpreters or special educators in case the person has a speech/hearing or cognitive disability.

## **E. People facing caste, class or religion based discrimination**

Sexual violence is mostly perpetrated by those in a position of power upon those who are relatively vulnerable. This position of power may be a function of a person's gender, class, caste, religion, ethnicity, sexual orientation and/or other factors

Health professionals should be aware that while women and girls are specifically targeted during communal or caste conflicts, other members of the targeted community (including young boys) may also be subjected to sexual violence.

### ***Guidelines for examination***

- Do not pass any explicit or implicit comments, or in any other way communicate your personal opinion, about the person's caste or religion while medically treating them.
- In a situation of communal/caste conflict, health professionals should sensitively enquire about and look for signs and symptoms that suggest sexual violence, among all women and girls who access the health system, even where they do not explicitly claim to have suffered sexual violence.

## **GUIDELINES FOR RESPONDING TO THE CHILDREN**

The prevalence of child sexual abuse in India is known to be high. A National Study on Child Abuse conducted by the Ministry of Women and Child Development showed that more than 53 per cent children across 13 states reported facing some form of sexual abuse while 22 per cent faced severe sexual abuse. Both boys and girls reported facing sexual abuse.

***While the principles of medical examination and treatment for children remains the same as that for adults, it is important to keep some specific guidelines in mind:***

- In case the child is under 12 years of age, consent for examination needs to be sought from the parent or guardian.
- Children may be accompanied by the abuser when they come for medical treatment, so be aware and screen when you suspect abuse.
- Do not assume that because the child is young he/she will not be able to provide a history. History seeking can be facilitated by use of dolls and body charts.
- Believe what is being reported by the child.
- Specific needs of children must be kept in mind while providing care to child survivors.

Doses of treatment will have to be adjusted as required in terms of medical treatment.

For psychological support, it is imperative to speak with the carer/s of the survivor in addition the survivor themselves.

- Health professionals must make a note of the following aspects while screening for sexual abuse.

However genital and anal examination should not be conducted mechanically or routinely. A few indicators for routine enquiry are -

- Pain on urination and /or defecation
- Abdominal pain/ generalized body ache
- Inability to sleep
- Sudden withdrawal from peers/ adults
- Feelings of anxiety, nervousness, helplessness
- Inability to sleep
- Weight loss
- Feelings of ending one's life

# OPERATIONAL ISSUES

Every hospital must have a Standard Operating Procedure (SOP) for management of cases of sexual violence:

1. To provide comprehensive services.
2. For the smooth handling of the cases and clarity of roles of each staff.
3. To have uniform practice across all doctors in the hospital.

The SOP must be printed and available to all staff of the hospital.

- Any registered medical practitioner can conduct the examination and it is not mandatory for a gynaecologist to examine such a case.

- In case of a girl or woman, every possible effort should be made to find a female doctor but absence of availability of lady doctor should not deny or delay the treatment and examination.
- In case a female doctor is not available for the examination of a female survivor, a male doctor should conduct the examination in the presence of a female attendant. In case of a minor/person with disability, his/her parent/guardian/any other person with whom the survivor is comfortable may be present.

- In the case of a transgender/intersex person, the survivor should be given a choice as to whether she/he wants to be examined by a female doctor, or a male doctor. In case a female doctor is not available, a male doctor may conduct the examination in the presence of a female attendant.

- Police personnel must not be allowed in the examination room during the consultation with the survivor. If the survivor requests, her relative may be present while the examination is done.

- There must be no delay in conducting an examination and collecting evidence.

- Providing treatment and necessary medical investigations is the prime responsibility of the examining doctor. Admission, evidence collection or filing a police complaint is not mandatory for providing treatment.
- The history taking & examination should be carried out in complete privacy in the special room set up in the hospital for examination of sexual violence survivor.

The room should have adequate space, sufficient lighting, a comfortable examination table, all the equipment required for a thorough examination, and the

**SEXUAL ASSAULT FORENSIC EVIDENCE (SAFE) KIT** containing the following items for collecting and preserving physical evidence following a sexual violence:

- Forms for documentation
- Large sheet of paper to undress over
- Paper bags for clothing collection
- Catchment Paper
- Sterile cotton swabs and swab guards for biological evidence collection
- Comb
- Nail Cutter
- Wooden stick for finger nail scrapings
- Small scissors
- Urine sample container
- Tubes/ vials/ vaccutainers for blood samples  
[Ethylenediaminetetraacetic acid (EDTA), Plain, Sodium fluoride]
- Syringes and needle for drawing blood
- Distilled water
- Disposable gloves
- Glass slides
- Envelopes or boxes for individual evidence samples
- Labels
- Lac(sealing wax) Stick for sealing
- Clean clothing, shower/hygiene items for survivors use after the examination

*Other items for a forensic/medical examination and treatment which may be included:*

- Good torch
  - Vaginal speculums
  - Drying rack for wet swabs &/or clothing
  - Patient gown, cover sheet, blanket, pillow
  - Post-It notes to collect trace evidence
  - Magnifying glass
  - Toluidine blue dye
  - 1% Acetic acid diluted spray
  - Urine Pregnancy test kit
  - Medications- Betadine, EC Pills, Anxiolytic drugs, Analgesics, Antibiotics etc.
- 
- The collected samples for evidence may be preserved in the hospital till such time that police are able to complete their paper work for dispatch to forensic lab test including DNA.
  - After the examination is complete the survivor should be permitted to wash up, using the toiletries and the clothing provided by the hospital if her own clothing is taken as evidence.
  - Admission should not be insisted upon unless the survivor requires indoor stay for observation/treatment.

- **Survivors of sexual violence should receive all services completely free of cost.** This includes OPD/inpatient registration, lab and radiology investigations, Urine Pregnancy Test (UPT) and medicines.

The casualty medical officer must label the case papers for any sexual violence case as “free” so that free treatment is ensured. Medicines should be prescribed from those available in the hospital. If certain investigations or medicines are not available, the social worker at the hospital should ensure that the survivor is compensated for investigations/ medicines from outside.

A copy of all documentation (including that pertaining to medico-legal examination and treatment) must be provided to the survivor free of cost.

# **MEDICAL EXAMINATION AND REPORTING FOR SEXUAL VIOLENCE**

**The following guidelines are for health professionals when a survivor of sexual violence reports to a hospital.**

The guidelines describe in detail the stepwise approach to be used for a comprehensive response to the sexual violence survivor as follows:

- I. Initial resuscitation/ first Aid
- ii. Informed consent for examination, evidence collection, police procedures
- iii. Detailed History taking
- iv. Medical Examination
- v. Age Estimation (physical/dental/radiological) - if requested by the investigating agency.
- vi. Evidence Collection
- vii. Documentation
- viii. Packing, sealing and handing over the collected evidence to police
- ix. Treatment of Injuries
- x. Testing/prophylaxis for STIs, HIV, Hepatitis B and Pregnancy
- xi. Psychological support & counseling
- xii. Referral for further help (shelter, legal support)

**Record the name of hospital where the survivor is being examined followed by the following:**

**2-5. Name, address, age and sex** (male/female/other) of the survivor

**6-7. Date and time of** receiving the patient in the hospital and commencement of examination

**8. Name of the person who brought the survivor** and relationship to accompanying persons.

**12. Informed consent:** A survivor may approach a health facility under three circumstances:

- a) on his/her own only for treatment for effects of assault;
  - b) with a police requisition after police complaint; or
  - c) with a court directive.
- If a person has come directly to the hospital without the police requisition, the hospital is bound to provide treatment and conduct a medical examination with consent of the survivor/parent/guardian (depending on age). A police requisition is not required for this.
  - If a person has come on his/her own without FIR, s/he may or may not want to lodge a Complaint but requires a medical examination and treatment. Even in such cases the doctor is bound to inform the police as per law. However neither court nor police can force the survivor to undergo medical examination. It has to be with the informed consent of the survivor/ parent/ guardian (depending on the age). In case the survivor does not want to pursue a police case, a MLC must be made and she must be informed that she has the right to refuse to file FIR. An informed refusal must be documented in such cases.
  - If the person has come with a police requisition or wishes to lodge a complaint later, the information about medico-legal case (MLC) no. & police station should be recorded.
  - Doctors are legally bound to examine and provide treatment to survivors of sexual violence. The timely reporting, documentation and collection of forensic evidence may assist the investigation of this crime. Police personnel should not be present during any part of the examination.

In all three circumstances, it is mandatory to seek an Informed Consent/refusal for examination and evidence collection. Consent should be taken for the following purposes: examination, sample collection for clinical and forensic examination, treatment and police intimation.

Doctors shall inform the person being examined about the nature and purpose of examination and in case of child to the child's parent/guardian/ or a person in whom the child reposes trust. This information should include:

a) The medico-legal examination is to assist the investigation, arrest and prosecution of those who committed the sexual offence. This may involve an examination of the mouth, breasts, vagina, anus and rectum as necessary depending on the particular circumstances.

b) To assist investigation, forensic evidence may be collected with the consent of the survivor. This may include removing and isolating clothing, scalp hair, foreign substances from the body, saliva, pubic hair, samples taken from the vagina, anus, rectum, mouth and collecting a blood sample.

c)The survivor or in case of child, the parent/guardian/or a person in whom the child reposes trust, has the right to refuse either a medico-legal examination or collection of evidence or both, but that refusal will not be used to deny treatment to survivor after sexual violence.

d)As per the law, the hospital/ examining doctor is required/duty bound to inform the police about the sexual offence. However, if the survivor does not wish to participate in the police investigation, it should not result in denial of treatment for sexual violence.

**Emphasize that seeking treatment is critical for the survivor's well-being.**

- The survivor or guardian may refuse to give consent for any part of examination. In this case the doctor should explain the importance of examination and evidence collection, however the refusal should be respected. It should also be explained that refusal for such examination will not affect/compromise treatment. Such informed refusal for examination and evidence collection must be documented.

- In case there is informed refusal for police intimation, then that should be documented. At the time of MLC intimation being sent to the police a clear note stating “informed refusal for police intimation” should be

- Only in situations, where it is life threatening the doctor may initiate treatment without consent as per section 92 of IPC.
- The consent form must be signed by the person him/herself if s/he is above 12 yrs. of age. Consent must be taken from the guardian/ parent if the survivor is under the age of 12 years.
- In case of persons with mental disability, please refer to section on “Persons with Disabilities”
- The consent form must be signed by the survivor, a witness and the examining doctor.
- Any major 'disinterested', person may be considered a witness

**13. Two marks of identification** such as moles, scars, tattoos etc., preferably from the exposed parts of the body should be documented. While describing identification mark emphasis should be on size, site, surface, shape, colour, fixity to underlying structures.

Left Thumb impression is to be taken in the space provided.

#### **14. Relevant medical/surgical history**

- Menstrual history (Cycle length and duration, Date of last menstrual period).If the survivor is menstruating at the time of examination then a second examination is required on a later date in order to record the injuries clearly. Some amount of evidence is lost because of menstruation. Hence it is important to record whether the survivor was menstruating at the time of assault/examination
- Vaccination history is important with regard to tetanus and hepatitis B, so as to ascertain if prophylaxis is required.

#### **15. Sexual violence history**

- Be sensitive to the survivor as she has experienced a traumatic episode and s/he may not be able to provide all the details. Explain to him/her that the process of history taking is important for further treatment and for filing a case if needed.
- Create an environment of trust so that the survivor is able to speak out. Do not pass judgmental remarks.

- A relative could be present with the consent of the survivor, if s/he is comfortable.
- Details of the date, time and location of incident of sexual violence should be recorded. In case of more than one assailant, their number should be recorded along with the names and relation if known.
- One must note who is narrating the incident- survivor or an informant. If history is narrated by a person other than the survivor herself, his/her name should be noted. Especially if the identity of assailants is revealed it is better to also have a countersignature of the informant.
- The doctor should record the complete history of the incident, in survivor's own words as it has evidentiary value in the court of law.
- Use of any Physical violence during assault must be recorded with detailed description of the type of violence and its location on the body (eg. Beating on the legs, biting cheeks, pulling hair, kicking the abdomen etc.).
- Note history of injury marks that the survivor may state to have left on the assailant's body as it can be matched eventually with the findings of the assailant's examination. I
- If any weapon(s) were used such as sticks, acid burns, gun shots, knife attacks etc.; if the use of drugs/alcohol was involved. Verbal threats should be recorded in survivor's words, eg. harming her or her near and dear ones.
- Information regarding attempted or completed penetration by penis/ finger/ object in vagina/ anus/ mouth should be properly recorded. There could also be other acts such as masturbation of the assailant by the survivor, masturbation of the survivor by the assailant, oral sex by the assailant on the survivor or sucking, licking, kissing of body parts. Information about emission of semen, use of condom, sucking or spitting along with the location should be clearly stated. Information about emission of semen outside the orifices should be elicited as swabs taken from such sites can have evidentiary value. Information regarding use of condom during the assault is relevant because in such cases, vaginal swabs and smears would be negative for sperm/semen.
- While recording history of sexual violence, it is important to enquire and record in simple language whether these acts occurred or not. A clear differentiation should be made between a 'negative' and 'not sure' history. If the survivor does not know if a particular act occurred, it should be recorded as “did not know”.

- One should not feel awkward in asking for history of the sexual act. If details are not entered it may weaken the survivor's testimony. The details of history are what will also guide the examination, treatment and evidence collection and therefore seeking a complete history is critical to the medical examination process, sample collection for clinical & forensic examination, treatment and police intimidation.
- In case of children, illustrative books, body charts or a doll can be used if available, to elicit the history of the assault. When it is difficult to elicit history from a child, please call an expert.
- Details of clothing worn at the time of assault should be recorded.
- Post assault Information should be collected on activities like changed clothes, cleaned clothes, bathed/ urinated/ defecated/ showered/ washed genitals (in all cases) and rinsing mouth, drinking, eating (in oral sexual violence)/ had sexual intercourse after the incident of sexual violence. This would have a bearing on the trace evidence collected from these sites.
- If vaginal swabs for detection of semen are being taken then record history of last consensual sexual intercourse in the week preceding the examination. It should be recorded because detection of sperm/semen is a valuable evidence. While seeking such history, explain to the survivor why this information is being sought, because the survivor may not want to disclose such history as it may seem invasive.
- Information related to past abuse (physical/sexual/emotional) should be recorded in order to understand if there is any health consequence related to the assault. This information should be kept in mind during examination & interpretation of findings.
- Relevant Medical & Surgical History: Relevant medical history in relation to sexually transmitted infections (gonorrhoea, HIV, HBV etc.) can be elicited by asking about discharge per-urethra/per-anus, warts, ulcers, burning micturition, lower abdominal pain etc. Based on this information reexamination/ investigations can be done after incubation period of that disease. If there is vaginal discharge, record its type, i.e., texture, colour, odour, etc.
- Relevant surgical history in relation to treatment of fissures/injuries/scars of ano-genital area should be noted.

## **16. General physical examination**

- Record if the person is oriented in space and time and is able to respond to all the questions asked by the doctor. Any signs of intoxication by ingestion or injection of drug/alcohol must be noted.
- Pulse, B.P., respiration, temperature and state of pupils is recorded.
- A note is made of the state of clothing if it is the same as that worn at the time of assault. If it is freshly torn or has stains of blood/ semen/ mud etc.; the site, size, and colour of stains should be described.

## **17. Examination for injuries**

- Presence of injuries is only observed in one third cases of forced sexual intercourse.

Absence of injuries does not mean the survivor has consented to sexual activity. As per law, if resistance was not offered that does not mean the person has consented.

- The entire body surface should be inspected carefully for signs of bruises, physical torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks.
- Describe all the injuries. Describe the type of injury (abrasion, laceration, incised, contusion etc.), site, size, shape, colour, swelling, signs of healing, simple/grievous, dimensions. Mention possible weapon of infliction such as - hard, blunt, rough, sharp, etc.
- Injuries are best represented when marked on body charts. They must be numbered on the body charts and each must be described in detail.
- Describe any stains seen on the body - the type of stain (blood, semen, lubricant, etc.) its actual site, size and colour. Mention the number of swabs collected and their sites.

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

**A.** External genital area and Perineum is observed carefully for evidence of injury, seminal stains and stray pubic hair. Pubic hair is examined for any seminal deposits/ stray hair.

Combing is done to pick up any stray hair or foreign material, and sample of pubic hair, and matted pubic hair is taken and preserved. If pubic hair is shaven, a note is made.

**B.** In case of female survivors, the vulva is inspected systematically for any signs of recent injury such as bleeding, tears, bruises, abrasions, swelling, or discharge and infection involving urethral meatus & vestibule, labia majora and minora, fourchette, introitus and hymen.

- Examination of the vagina of an adult female is done with the help of a sterile speculum lubricated with warm saline/ sterile water. Gentle retraction allows for inspection of the vaginal canal. Look for bruises, redness, bleeding and tears, which may even extend onto the perineum, especially in the case of very young girls. In case injuries are not visible but suspected; look for micro injuries using good light and a magnifying glass/ colposcope whatever is available. If 1% Toluidine blue is available it is sprayed and excess is wiped out. Micro injuries will stand out in blue.

Care should be taken that all these tests are done only after swabs for trace evidence are collected.

- Per speculum examination is not a must in the case of children/young girls when there is no history of penetration and no visible injuries. The examination and treatment as needed may have to be performed under general anaesthesia in case of minors and when injuries inflicted are severe. If there is vaginal discharge, note its texture, colour, odour.

- **Per-Vaginum examination commonly referred to by lay persons as 'two-finger test', must not be conducted for establishing rape/sexual violence and the size of the vaginal introitus has no bearing on a case of sexual violence.**

Per vaginum examination can be done only in adult women when medically indicated.

- The status of hymen is irrelevant because the hymen can be torn due to several reasons such as cycling, riding or masturbation among other things. An intact hymen does not rule out sexual violence, and a torn hymen does not prove previous sexual intercourse. Hymen should therefore be treated like any other part of the genitals while documenting examination findings in cases of sexual violence. Only those that are relevant to the episode of assault (findings such as fresh tears, bleeding, edema etc.) are to be documented.

- Genital findings must also be marked on body charts and numbered accordingly.

C. Bleeding/swelling/tears/discharge/stains/warts around the anus and anal orifice must be documented. Per-rectal examination to detect tears/stains/fissures/hemorrhoids in the anal canal must be carried out and relevant swabs from these sites should be collected.

D. Oral cavity should also be examined for any evidence of bleeding, discharge, tear, odema, tenderness.

## **19. Collection of samples for hospital laboratory/ clinical laboratory**

- If requested by police radiographs of wrist, elbow, shoulders, dental examination etc. can be advised for age estimation. Refer to Annexure 3 for details on Age estimation.

- For any suspected fracture/injury- appropriate investigation for the relevant part of the body is advised.

- Urine Pregnancy test should be performed by the doctor on duty and the report should be entered.

- Blood is collected for evidence of baseline HIV status, VDRL and HbsAg

## 20. Collection of samples for central/ State forensic science laboratory

- After assessment of the case, determine what evidence needs to be collected. It would depend upon nature of assault, time lapsed between assault and examination and if the person has bathed/washed herself since the assault.
- If a woman reports within 96 hours (4 days) of the assault, all evidence including swabs must be collected, based on the nature of assault that has occurred.
- The 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. In such cases swabs should only be sent 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.
- The nature of swabs taken is determined to a large extent by the history and nature of assault and time lapse between incident and examination.
- Request the survivor to stand on a large sheet of paper, so as to collect any specimens of foreign material e.g. grass, mud, pubic or scalp hair etc. which may have been left on her person from the site of assault/ from the accused. This sheet of paper is folded carefully and preserved in a bag to be sent to the FSL for trace evidence detection.

**Clothes that were worn at the time of incident of sexual violence are of evidentiary value** if there is any stains/tears/trace evidence on them. Hence they must be preserved. Please describe each piece of clothing separately with proper labeling. Presence of stains - semen, blood, foreign material etc - should be properly noted.

Also note if there are any tears or other marks on the clothes.

- Always ensure that the clothes and samples are air dried before storing them in their respective packets. Ensure that clothing is folded in such a manner that the stained parts are not in contact with unstained parts of the clothing. Pack each

## **Body evidence:**

- Swabs are used to collect bloodstains on the body, foreign material on the body surfaces seminal stains on the skin surfaces and other stains. Detection of scalp hair and pubic hair of the accused on the survivor's body (and vice-versa) has evidentiary value.

Collect loose scalp and pubic hair by combing. Intact scalp and pubic hair is also collected from the survivor so that it can be matched with loose hair collected from the accused. All hair must be collected in the catchment paper which is then folded and sealed.

- If there is struggle during the sexual violence, with accused and survivor scratching each other, then epithelial cells of one may be present under the nails of the other that can be used for DNA detection. Nail clippings and scrapings must be taken for both hands and packed separately. Ensure that there is no underlying tissue contamination while clipping nails.

- Blood is collected for grouping and also helps in comparing and matching blood stains at the scene of crime.

- Collect blood and urine for detection of drugs/alcohol as the influence of drugs/alcohol has a bearing on the outcome of the entire investigation. If such substances are found in the blood, the validity of consent is called into question. In a given case, for instance, there may not be any physical or genital injuries. In such a situation, ascertaining the presence of drug/alcohol in the blood or urine is important since this may have affected the survivor's ability to offer resistance. Urine sample may be collected in a container to test for drugs and alcohol levels as required.

- Venous blood is collected with the sterile syringe and needle provided and transferred to 3 sterile vials/ vaccutainers for the following purposes: Plain Vial/Vacutainer - Blood grouping and drug estimation, Sodium Fluoride - Alcohol estimation, EDTA - DNA Analysis.

- Collect oral swab for detection of semen and spermatozoa. Oral swabs should be taken from the posterior parts of the buccal cavity, behind the last molars where the chances of finding any evidence are highest.

## **Genital and anal evidence**

- In the case of any suspected seminal deposits on the pubic hair of the woman, clip matted portion of the pubic hair; allow drying in the shade and placing in an envelope.
- Pubic hair of the survivor is then combed for specimens of the offender's pubic hair. A comb must be used for this purpose and a catchment paper must be used to collect and preserve the specimens. Cuttings of the pubic hair are also taken for the purpose of comparison or to serve as control samples. If pubic hair has been shaved, do not fail to make a mention of it in the records.
- Take two swabs from the vulva, vagina, anal opening for ano-genital evidence. Swabs must be collected depending on the history and examination. Swabs from orifices must be collected only if there is a history of penetration. Two vaginal smears are to be prepared on the glass slide provided, air-dried in the shade and sent for seminal fluid/ spermatozoa examination.
- Often lubricants are used in penetration with finger or object, so relevant swabs must be taken for detection of lubricant. Other pieces of evidence such as tampons (may be available as well), which should be preserved.
- Swab sticks for collecting samples should be moistened with distilled water provided.
- Swabs must be air dried, but not dried in direct sunlight. Drying of swabs is absolutely mandatory as there may be decomposition/degradation of evidence which can render it un-usable.
- Vaginal washing is collected using a syringe and a small rubber catheter. 2-3 ml of saline is instilled in the vagina and fluid is aspirated. Fluid filled syringe is sent to FSL laboratory after putting a knot over the rubber catheter.

- While handing over the samples, a requisition letter addressed to the FSL, stating what all samples are being sent and what each sample needs to be tested for should be stated. For example, "Vaginal swab to be tested for semen". This form must be signed by the examining doctor as well as the officer to whom the evidence is handed over.
- Please ensure that the numbering of individual packets is in consonance with the numbering on the requisition form. Specimens sent to the Forensic Science laboratory will not be received unless they are packed separately, sealed, labeled and handed over.

## **21. Provisional clinical opinion**

- Drafting of provisional opinion should be done immediately after examination of the survivor on the basis of history and findings of detailed clinical examination of the survivor.
- The provisional opinion must, in brief, mention relevant aspects of the history of sexual violence, clinical findings and samples which are sent for analysis to FSL.
- An inference must be drawn in the opinion, correlating the history and clinical findings.

It should be always kept in mind that normal examination findings neither refute nor confirm the forceful sexual intercourse. Hence circumstantial/other evidence may please be taken into consideration.

### **Absence of injuries or negative laboratory results may be due to:**

- a. Inability of survivor to offer resistance to the assailant because of intoxication or threats
- b. Delay in reporting for examination
- c. Activities such as urinating, washing, bathing, changing clothes or douching which may lead to loss of evidence
- d. Use of condom/vasectomy or diseases of vas

**This reasoning must be mentioned while formulating the opinion.**

Genital injuries	Physical injuries	Opinion	Rationale why forced penetrative sex cannot
Present	Present	There are signs suggestive of recent use of force/forceful penetration of vagina/anus. Sexual violence cannot be ruled out.	Evidence for semen and spermatozoa are yet to be tested by laboratory examinations in case of penile penetration.
Present	Absent	There are signs suggestive of recent forceful penetration of vagina/anus.	Evidence for semen and spermatozoa are yet to be tested in case of penile penetration. The lack of physical injuries could be because of the survivor being unconscious, under the effect of alcohol/drugs, overpowered or threatened. It could be because, there was

Absent	Present	There are signs of use of force, however vaginal or anal or oral	The lack of injuries could be because of the survivor being unconscious, under the effect of alcohol /drugs, overpowered or
Absent	Absent	There are no signs of use of force; however final opinion is reserved pending availability of FSL reports. Sexual violence cannot	The lack of genital injuries could be because of use of lubricant. The lack of physical injuries could be because of the survivor being unconscious, under the effect of alcohol/drugs, overpowered or threatened. It could also be because,

## 22. Treatment guidelines and psychosocial support

### Sexually transmitted infections:

- If clinical signs are suggestive of STD, collect relevant swabs and start PEP. If there are no clinical signs, wait for lab results. For non-pregnant women, the preferred choice is Azithromycin 1gm stat or Doxycycline 100mg bd for 7days, with Metronidazole 400 mg for 7days with antacid.
- For pregnant women, Amoxycillin/Azithromycin with Metronidazole is preferred. Metronidazole should NOT to be given in the 1st trimester of pregnancy.

Hepatitis B. Draw a sample of blood for HBsAg and administer 0.06 ml/kg HB immune globulin immediately (anytime upto 72 hours after sexual act).

### Pregnancy Prophylaxis (Emergency contraception)

- The preferred choice of treatment is 2 tablets of Levonorgestrel 750 ìg, within 72 hours.  
If vomiting occurs, repeat within 3 hours. OR 2 tablets COCs Mala D – 2 tablets stat repeated 12 hours within 72 hours
- Although emergency contraception is most efficacious if given within the first 72 hours, it can be given for up to 5 days after the assault.
- Pregnancy assessment must be done on follow up and the survivor must be advised to get tested for pregnancy in case she misses her next period.

**Lacerations:** Clean with antiseptic or soap and water. If the survivor is already immunized with Tetanus Toxoid or if no injuries, TT not required. If there are injuries and survivor is not immunized, administer ½ cc TT IM. If lacerations require repair and suturing, which is often the case in minor girls, refer to the nearest centre offering surgical treatment.

**Post Exposure Prophylaxis (PEP)** for HIV should be given if a survivor reports within 72 hours of the assault. Before PEP is prescribed, HIV risk should be assessed.

**Follow-up:** Please emphasize the importance of follow up to the survivor. It is ideal to call the survivor for re-examination 2 days after the assault to note the development of bruises and other injuries; thereafter at 3 and 6 weeks. All follow ups should be documented.

- Repeat test for gonorrhoea if possible.
- Test for pregnancy.
- Repeat after six weeks for VDRL.
- Assess for psychological sequelae and re-iterate need for psychological support as per section 5 of the guidelines.

**Psychosocial care:** All survivors should be provided the first line support. The health professional must provide this support himself/herself or ensure that there is someone trained at the facility to provide this. Refer to section VII for details.

## Signature and seal

After the examination the medical practitioner should document the report, formulate opinion, sign the report and handover the report and sealed samples to police under due acknowledgement.

- On the last sheet, mention how many pages are attached. Each page of the report should be signed to avoid tampering.
- It is important that one copy of all documents be given to the survivor as it is his/her right to have this information. One copy to be given to the police and one copy must be kept for hospital records.
- All evidence needs to be packed and sealed properly in separate envelopes. The responsibility for this lies with the examining doctor. All blood samples must be refrigerated until handed over to next in chain of custody. The hospital has the responsibility of properly preserving samples till handed over to police.
- Each envelope must be labeled as follows

Packet number.....  
Name of the hospital & place .....  
Hospital number & date .....  
Police station with MLC number .....  
Name of the person with age & sex .....  
Sample collected .....  
Examination required.....  
Date & time signature of doctor with seal

- Chain of custody: The hospital must designate certain staff responsible for handling evidence and no one other than these persons must have access to the samples. This is done to prevent mishandling and tampering. If a fool-proof chain of custody is not maintained, the evidence can be rendered inadmissible in the court of law. A log of handing over of evidence from one 'custodian' to the other must be maintained.

## **Miscellaneous information**

If a woman reports with a pregnancy resulting from an assault, she is to be given the option of undergoing an abortion, and protocols for MTP are to be followed. The products of conception (PoC) may be sent as evidence to the forensic lab (FSL) for establishing paternity / identifying the accused. The examining doctor/AMO/CMO is to contact the respective police station, ask them to collect the DNA Kit from the FSL and bring it to the hospital to coincide with the time of MTP. The DNA Kit is used to collect the blood sample of the survivor. The accompanying DNA Kit forms are to be filled by the examining doctor. A photograph of the survivor is required for this form, and should be arranged for prior to the MTP.

The products of conception (PoC) are to be rinsed with normal saline (NOT completely soaked in saline) and collected in a wide-mouthed container with a lid.

This sample is to be handed over immediately to the police along with the DNA Kit, or preserved at 4 degree Celsius.

It is to be transported by the police in an ice-box, maintaining the temperature at around 4 degree Celsius (2 to 8 degree Celsius) at all times.

**23. FINAL OPINION: To be formulated after receiving reports from the FSL**

	S. No. Genital	Physical injuries/	FSL report injuries/	Final opinion
<b>FOR PENILE PENETRATION</b>				
1.	Present	Present	Positive for presence of semen	There are signs suggestive of forceful vaginal/anal
2.	Present	Absent	Positive for presence of semen	There are signs suggestive of forceful vaginal/anal
3.	Absent	Present	Positive for presence of semen	There are signs suggestive of forceful vagina/anal intercourse.
4.	Absent	Absent	Positive for presence of semen	There are signs suggestive of vagina/anal intercourse.
5.	Absent	Absent	Positive for drugs/ alcohol and semen	There are signs suggestive of vagina/anal intercourse under the influence of drugs/alcohol.
<b>FOR NON-PENILE PENETRATION</b>				
6.	Present	Present	FSL report is negative for presence of semen/ alcohol/ drugs/lubricant	There are no signs suggestive of vagina/anal intercourse, but there is evidence of physical and genital assault.

7.	Present	Absent	FSL report is negative for presence of semen/ alcohol/ drugs/ lubricant	There are no signs suggestive of vagina/anal intercourse, but there is evidence of genital assault.
8.	Absent	Present	FSL report is negative for presence of semen/ alcohol/ drugs/ lubricant	There are no signs suggestive of vagina/anal intercourse, but there is evidence of physical assault.
9.	Absent	Absent	FSL report is negative for presence of semen/ alcohol/ drugs/ lubricant	There are no signs suggestive of penetration of vagina/anal.
10.	Absent	Absent	FSL report is positive for presence of lubricant only	There is a possibility of vaginal/anal penetration by lubricated object.

• **OPINION FOR NON-PENETRATIVE ASSAULT**

1.	Bite marks present and /or FSL detects salivary stains	There are signs suggestive of evidence of bite mark/s on _____ site(time the injury)
2.	Sucking marks (discoid, subcutaneous extravasation of blood, with or without bite marks) present and /or FSL detects salivary stains.	There are signs suggestive of sucking mark/s on _____ site (time the injury).
3.	Forceful fondling, with presence of bruises or contusions with or without fingernail marks	There are signs suggestive of forceful physical injuries on _____ site(time the injury) (which may be due to fondling)
4.	Only forceful kissing and FSL detects salivary stains	There are signs suggestive of salivary contact (which may be due to kissing)
5.	If the history suggests forced masturbation of the assailant by the survivor and if there is evidence of seminal stains detected on the hands	There are signs suggestive of the survivor of seminal fluid contact (which may be due to masturbation)
6.	In case there are no signs of sucking, licking..... detected, but the history suggests some such form of assault	It is still important to document a good history because the survivor may have had a bath or washed him/herself.

## **Clinical guidelines for responding to IPV and sexual assault, WHO, 2013:**

Health-care providers should, as a minimum, offer first-line support when women disclose violence. **First Line support includes:**

- Ensuring consultation is conducted in private.
- Ensuring confidentiality, while informing women of limits of confidentiality.
- being non-judgmental and supportive and validating what the woman is saying.
- providing practical care and support that responds to her concerns, but does not intrude
- asking about her history of violence, listening carefully, but not pressuring her to talk (care should be taken when discussing sensitive topics when interpreters are involved).
- helping her access information about resources, including legal and other services that she might think helpful.
- assisting her to increase safety for herself and her children, where needed.
- providing or mobilizing social support-

If doctors are unable to provide first-line support, they should ensure that someone else at the health facility is available to do so.

*A set of guidelines based on the above:*

## **Creating an enabling atmosphere and establishing trust**

### **The health professional should**

- Speak to survivor in a private space
- Recognize her courage in reaching you as she has overcome several barriers
- Recognise the dilemma faced by survivor in reporting violence. Do not label non-reporting to police as false case.
- Assure the survivor that her treatment will not be compromised
- Inform survivor of available resources, referrals, legal rights so that she can take an informed decision.

a. Sexual violence is known to cause physical, emotional social and economic consequences which can jeopardize the well-being of survivors and their families. Fear of police investigation procedures, shame related to the sexual violence, lack of support from the community, fear that nobody will believe them and lack of information about negative health consequences may lead survivors to hide such incidents.

b. Reasons for not wanting to report to police could range from fear about community reactions, fear that nobody would believe them, feelings of shame, threats from perpetrators. With children there could also be a possibility that survivor has not disclosed the assault to parents/guardians.

## **Facilitation and demystification of medical procedures**

### **The health professional should:**

- Prepare the survivor for an internal examination.
- Explain the various stages of the examination.
  
- Communicate the rationale for referral for X-ray, USG, age estimation amongst others.

a. Any incident of sexual violence leads to a feeling of powerlessness amongst survivors. It is therefore important to recognize such covert feelings and explain the purpose of medical examination. Explaining the purpose of internal examination and steps in conducting it can help survivors to make sense of what is happening to them. This can help in regaining control over the situation.

b. Currently each health setting may not have all the infrastructure for additional services such as age estimation, laboratory for assessing infections, sonographymachines to detect internal injuries/ pregnancy and so on. While making referrals providers must ensure confidentiality and privacy of survivors so that they are not embarrassed due to being identified as a “survivor of sexual violence”.

## Addressing survivor's emotional well-being

### The health professional should:

- Recognise that survivors may present varied emotions.
  - Encourage the survivor to express her feelings.
  - Encourage survivors to seek crisis counseling.
  - Assess for suicidal ideation.
  - Make a safety assessment and safety plan.
- 
- Involve family and friends in healing process of survivor.
    - a. Each survivor copes with the assault differently. Coping is also dependent on whether survivors have parental/ spousal support, community support, job security, economic wherewithal for litigation and several such factors.
    - b. Most survivors may not openly express their feelings. A good starting point is to explain range of feelings that survivors may experience such as sleeplessness, anxiety, nervousness, crying spells, feelings of ending one's life, anger and flash backs (RTS, emotional reactions post rape) after an assault. It must also be discussed that such reactions are normal after a traumatic episode.
    - c. Crisis counseling can help in overcoming trauma. Providers must explain to the survivors that:
      - i. "rape" is a violation of bodily integrity and not a loss of honour.
      - ii. Assault is an abuse of power and not an act of lust.
      - iii. Positive messaging such as "you are not responsible for rape", "It is not about the clothes you wear"

iv. This would enable the survivor to discard feelings of self-blame as it is the perpetrator who should feel ashamed about the act and help in rebuilding survivor's confidence in self.

### **Safety assessment must be done:**

If assessment reveals that she is unsafe and fears reoccurrence of sexual violence health professional must offer her alternate arrangements for stay such as temporary admission in the hospital or referral to shelter services. However some survivors may want to go home particularly if there are children or other dependents. A safety plan must be made which may include suggestions such as making a police complaint about threats received, building support strategy with neighbours/ community and temporary relocation from the old residence.

### **In situations, where a parent is the perpetrator of sexual abuse:**

Survivors under 18 years, are likely to be accompanied by parents / guardians. **If a health professional finds out that the perpetrator is the parent, it is critical to involve social worker/counselor from the hospital to discuss safety of the child.** As per POCSO Act, 2012 social worker would have to speak with the child to assess whom the child trusts and can be called upon in the hospital itself. Simultaneously social worker would also have to contact police, who in communication with social worker should assess whether the child is in need of protection and care. Likewise the child may be admitted to the hospital for a period of 24 hours till a long term strategy for shelter or child welfare home is made.( Chapter 5, Procedure on reporting offence , POCSO Act, 2012)

## **Role of family, friends and community :**

- Recovery from sexual violence is dependent on the extent of support received from family, friends and community. Health professionals are best suited to engage with family and discuss ways of promoting survivors' well-being. It must be discussed with all care givers that survivor should not be held responsible for the assault. Judgments such as; “she should have been careful”, “she should have resisted” make the survivors journey to recovery more difficult.

## **In situations of child sexual abuse**

Parents may experience anger, confusion, and guilt. Some may also blame themselves for not having taken adequate care or paid attention to the child. Reiterate that it is the perpetrator who misused their position.

## **Messages such as:**

- Believe that recovery from abuse is possible
- Strategies such as good touch and bad touch can be taught to the child from a very young age, so that if the child is touched inappropriately, she should raise an alarm.
- Restricting child's mobility such as not being allowed to play with friends, not allowed to go to school, not allowed to visit friends, may be perceived by the child as punishment for something the child had no control on.
- Encourage the child to carry on with his/ her daily routine.
- Follow up with crisis counselling so that the child is able to deal with negative feelings and also heal from the abuse.

### **Dealing with adolescents:**

- In cases of adolescent survivors, communicate that she was not at fault, encourage her to share feelings, fears and concerns. For an adolescent, acceptance by family and peers becomes a critical aspect in healing.
- Parents and friends should encourage survivor to seek counselling and crisis intervention support as adolescence is an age of turbulence and the survivor may not be comfortable talking about several issues with parents / carers such as “contraception”, “health sexual relationships”, fears of contracting infections such as STI/HIV, anxiety about how they are perceived by others in the school/ college.
- Carers should exercise caution and not become over protective and restrictive in their approach. This could occur due to fear of recurrence of the assault and fear for survivor's safety. These concerns need to be discussed openly with the survivor and encourage her to make informed decisions.

### **A RAPID CRISIS RESPONSE CELL**

should be constituted within each hospital

### **Members of the Cell:**

1. Medical Superintendent/ SMO Incharge of DH/ SDH/ CHC
2. Nursing Superintendent/ Matron/ Senior Most Sister/Staff Nurse
3. Senior Gynaecologist
4. Counsellor (From the existing structure- ICTC/ RMNCH), if available.

### **Responsibilities of the Cell**

Though the first responsibility of Medical examination and treatment lies with the Gynaecologist or EMO on duty.

- It will be the Prime responsibility of the Cell for the effective handling of all cases of Sexual violence reporting to the hospital.

**In case of any difficulty, any of the members of the cell can be contacted and are directly responsible for proper management of all such cases.**

- Contact Nos. of all should be written in bold and displayed on the Notice Board of the hospital.

Name of Person	Designation	Contact No.

- Sufficient Material in the form of Posters, Charts depicting information of the Medico-legal Care of the Survivors of Sexual Violence and Domestic Violence should be displayed in the hospital.

## **The Standard Protocol for the Medico-legal Care for Survivors of Sexual Violence**

A Survivor /victim of sexual violence reports to a health facility



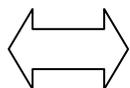
**Provide medical treatment and attend to the survivor's needs immediately.**

*Prime responsibility of the doctor*

***During OPD Timings***

Should be taken to the Gynaecology OPD

***Duty of the Gynaecologist***



***Outside OPD Timings***

Should be taken to Emergency

***Duty of the EMO***

**There should not be any kind of delay for**

- OPD Slip/ Admission File

- Waiting in the queue
- Filing a Police complain



**Any registered medical practitioner can conduct the examination**

In case of any girl or woman- A Female doctor should be the first choice



In case, a Female doctor is not available for the examination of a female survivor



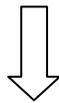
A male doctor should conduct the examination in the presence of a female attendant



**The whole Staff should be very courteous and gentle.**

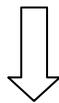
- Must respect the privacy and dignity of the survivor
- Must respond appropriately to their needs sensitively

***Health workers cannot refuse treatment or discriminate on any basis***



*Before initiating any examinations or medico-legal investigations*

Obtain **INFORMED CONSENT** of the survivor  
Or of the Guardian in case of minor



Assess the severity of sexual Violence



Provide required Medical Treatment



**Provide psychological support**

With the help of a Counsellor



Assist survivors in their medico-legal proceedings

- **Collecting evidence \*\***
- Ensuring a good quality documentation
- Inform Police in case the Survivor is not accompanied by the Police

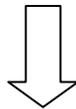


**Drafting of provisional opinion**

Should be done immediately after examination of the survivor

on the basis

of history and findings of detailed clinical examination of the survivor.



Ensure **Follow-up** and Provide Psychological Support for the Post-Traumatic Event Stress even after the Survivor leaves the health facility

This may require long-term Psychological Support after the event and frequent visits of the survivor to the health facility.

**Should be always attended to on priority basis and never be neglected on any grounds.**

**\*\* Per-Vaginum examination** commonly referred to as '**two-finger test**', must not be conducted for establishing rape/sexual violence.

*Per-vaginum examination can be done only in adult women when indicated.*

\*The terminology like vagina, 2-finger loose/ patent/ ruptured should not be used & not to be written by any staff member.

**\*\* *The term Rape should not be used in the Final Opinion. It should be labelled as a case of Sexual Assault/ Violence.***