Report on Observations Conducted at the Police Hospital

Sana Contractor

Research Team: Rashmi Divekar, Aneeha Rajan

Introduction

Sexual Assault, in addition to being a grave human rights violation, is also a public health issue. Not only does it have mental and physical health consequences on the survivor, but there is also a crucial role that health professionals have to play in responding to it.Health professionals have two major responsibilities vis-à-vis survivors of sexual assault. They are responsible for providing medical and psychological care for the survivor and are required to conduct a thorough examination and collect crucial medical evidence. However, both these roles are compromised in practice. For instance, a study conducted by CEHAT in 2006 in six health facilities in Maharashtra revealed the inadequacy of the health system response to sexual assault. The study found that only three of the six health facilities had any protocol at all for examining and evidence collection in cases of sexual assault. Moreover, there were no guidelines for health care providers to provide prophylactic treatment and tests for STIs, nor for providing emergency contraception. Provision of psychological support to survivors was as good as absent.

In order that health systems are able to fulfill their responsibilities, international standards recommend that a uniform protocol be implemented to streamline this process and ensure that services are provided to survivors. In 2008, CEHAT implemented a comprehensive response to sexual assault at two peripheral municipal hospitals in Mumbai – RajawadiHospital and Oshiwara Maternity Home. This included implementation of the Sexual Assault and Forensic Evidence (SAFE) kit coupled with training for health care providers on the issue of sexual violence as well as providing counselling services to survivors of sexual assault. The PoliceHospital, located in Nagpada, Mumbai examines about 200 cases of sexual assault a year. In the city of Mumbai, this is more than that received by any other hospital. We felt that given the number of cases that are received at this hospital, it would be pertinent to establish a RapeCrisis Center that provides comprehensive medico-legal as well as therapeutic services for survivors of sexual assault. It was with this intention that we approached the PoliceHospital. Before we could start doing this work, as a first step, we needed to understand the functioning of the hospital system as well as the manner in which survivors are dealt with,so that we could develop an appropriate intervention at the hospital. It was for this purpose that these observations were conducted in October-November 2008.

Objectives:

1. To understand the existing procedures followed and services provided in cases of sexual assault.
2. To understand the role of each player (doctor, nurse, police and any other staff coming in contact with the woman) in responding to cases of sexual assault.

About the Hospital:

The NagpadaPoliceHospital is a State-run secondary care hospital which was set up in 1867. It is unique in that it comes under the administration of the Home Department rather than the health department. The 114-bedded hospital is headed by the Police Surgeon, and is staffed with four Medical Officers and seventeen nurses. Other than this there are sixty honorary doctors who visit the hospital once or twice a week for their respective out-patient clinics. The hospital runs OPDs of various specialties five days a week. Both out-patient and in-patient services are meant to cater to police personnel only and not general public. Other than this, the Police Hospital performs the function of examination of persons in police custody, victims such as those of

sexual assault who require a medico-legal examination and fitness examination of police and other law enforcement personnel. They also conduct investigative tests like Narco-analysis for which a special team is brought in. Three of the four MOs are involved in conducting medico-legal examinations. Of these, at least one is present in the hospital round-the-clock.

Method:

The method used for conducting this study was that of non-participant observation. We observed the handling of cases of sexual assault at the police hospital for a total of nine days, three of these round-the-clock. Two researchers from CEHAT were present in the hospital at all times. On days when we were present in the nights, we were allotted a room where we could wait. On the first day of field work, we informed all the hospital staff – doctors, nurses, clerks and ward servants – that we would be observing cases of sexual assault and taking notes. We explained the purpose of this exercise to them as well as the work that we were doing in other hospitals vis-à-vis sexual assault. We also introduced ourselves to the survivors and accompanying relatives, explaining that we were trying to understand what was done for sexual assault cases at the hospital as this would help us to set up services for survivors.Police constables who accompanied survivors to the hospital were also informed about who we were and what we were doing. We followed every survivor who was brought to the hospital from the time she entered the hospital, until she left, documenting all the procedures that were performed and the role of each provider. This included every person that the woman came in contact with during her time in the hospital – the receiving clerk, the accompanying woman police constable, the examining physician and other patients.All conversations occurring between the survivor, the police and the various hospital staff were documented verbatim. The guidelines used for observation are provided inAnnexure 1.

While conducting observations, we provided support to survivors and furnished them with our contact numbers, encouraging them to call or visit us. In the first case in which we observed, we were not allowed to speak to the survivor as the woman police constable told us that we would have to get permission from the investigating officer. We hence spoke with the hospital authorities and insisted that we be allowed to speak to the survivors as we thought this was important. We had anticipated that we might not be allowed to witness the examination and evidence collection procedures if the victims refused this. However, quite the contrary, victims or their parents often requested us to be present as they were scared and had no information about what was going to be done. In that sense, we felt that our presence provided some amount of support to the women. Another challenge that we faced was of having to deal with some of the staff. One of the staff members had passed a lewd remark towards one researcher and this made her uncomfortable. After this, we decided that two researchers would go on fieldwork together rather than just one.

Profile of cases seen:

In the nine days that we observed, we saw four survivors of sexual assault, four accused and three 'rescued' women under SITA. Other than this, there wereother people were in police custody who also came in for medico-legal examination (such as murder suspects) and new police recruits who came for fitness check-ups.

Profile of sexual assault cases:

Of the four cases of sexual assault we saw, two were of kidnappings and rape by the boyfriend. In one of these cases the incident was two months old while in the other, it was two days old. The third case was of a girl who had run away from home and her parents were alleging kidnapping and rape by a boy from the neighbourhood. However, she denied any such history. The fourth case was that of gang rape where the victim along with the three accused (known to her) were brought to the hospital for examination.

General Procedure followed in cases of sexual assault:

All women coming to this hospital are brought by police.When a woman comes to the hospital, she is accompanied by two plain-clothes police constables – one male and one female. She is taken to the medico-legal room where a clerk makes an entry into the MLC register. He also takes her consent for examination and checks her height. She is then taken to the doctorwhere history is taken and examination is done. Evidence collection happens in a closed room, in the presence of a nurse. The room consists of a table for examination, a lamp and cabinets with requisite material. The nurse only plays the role of asking the girl to undress and she arranges for whatever material the doctor needs to conduct the examination.

A proforma is used for recording history and examination findings (Annexure 2). The examination consists of genital and general examination. In general examination, the height and weight are recorded and breasts are examined for any injuries.Assessing for tenderness or injuries over other parts of the body, based on history, is not done. The woman is accompanied at all times such as history taking, general examination, age estimation by a woman police constable, except during evidence collection.In case if age-estimation is required, an x-ray is taken. Facility for this is available in the hospital. After this, the woman is sent back with the police. The samples are kept in the MLC room in a drawer with the clerk and are later taken by the police to the FSL along with a requisition letter. FSL reports come back to the hospital and are attached to the reports which are then sent to the police.

Problems in the procedures followed and manner of response:

1. Mandatory referral to PoliceHospital for Examination of Sexual Assault

The cases that we observed were all brought to the hospital by the police. We also noted that all of the cases were registered in police stations in far away suburbs, but were still brought till Nagpada for examination. Often, this entailed traveling from as far as Goregaon and Borivali to Nagpada, resulting in a considerable amount of delay in examination and evidence collection. This was done despite the fact that there are public hospital in the suburbs which are equippedwith emergency departments who routinely carry out several other medicolegal procedures. When we asked the police why this was being done, we were told that the police hospital was the designated hospital for conducting these examinations as they are staffed with forensic experts. Moreover, this was the 'protocol' and they hence had to follow it.

2. Lack of prompt response to cases

The police hospital classifies sexual assault survivors as 'fresh cases' and 'old cases' based on how recent the episode of assault is. If the woman reports to the police within three days of the assault and is brought immediately to the hospital, then she is considered a 'fresh' case. A lapse of more than three days makes her an 'old case'. As per orders from the Commissioner of Police, only fresh cases are to be examined after 5:30pm. This means that if a woman who is an 'old' case of sexual assault is brought to the hospital after 5:30 pm, she will be turned away and her

examination will be carried out only on the next day. We saw two such cases who came late evening from places as far as Borivali and were sent back. We also saw one ‘fresh’ case, which came at 2:00 am but was sent back and asked to come the next day. In case the woman is sent back, she is required to report to the police station again the next day, from where she is brought to the hospital. We were told by one police officer that if she doesn’t reportto the police station the next day, then the police go to her house and bring her to the hospital. Alternatively, she is kept in police custody until the next day, but not admitted to the hospital. Overall, it seems like medical examination and evidence collection in sexual assault cases is not considered urgent enough to warrant immediate attention. Asking survivors to return on the next day causes unnecessary delay in examination, loss of evidence and unwarranted inconvenience to the survivor.

3. Problems in Seeking Consent:

Seeking informed consent is mandatory in all cases of sexual assault as per the law. This means that the survivor must be informed about the procedures that are being performed and the purpose of conducting the examination must be explained.However, at the police hospital we found that doctors do not seek any informed consent from the woman. It is the clerk who notes whether or not the woman has consented to being examined by a male doctor. No effort is made to explain anything to the survivor. The following transcript illustrates this:

The clerk in the MLC room was filling out the woman’s particulars in the proforma. He asked her “One male doctor will do her medical examination. Is that okay with you?” The woman was silent, she didn’t understand. The clerk repeated the question but she was still silent and looked confused.Another person in the room said“He is saying that a male doctor will do the examination. Is that okay?” The woman was still confused, but she said yes. The clerk then called her husband and asked if it is okay for a male doctor to do the examination. The husband said “How does it matter now, whether a male does the examination or anyone else.” As soon as he said that, the clerk wrote on the form that the woman had given consent and sent her with the WPC for examination.

We did not see any case in which a survivor refused examination. In the event that she does refuses examination by the male doctor, we were told that she is referred to a nearby State-run hospital for examination as there are no female medical officers at the Police Hospital. This would result in further loss of time and evidence and cause the survivor even more inconvenience.

4. Problems in Seeking History

History sought by many people:

As explained above, when the woman comes to the hospital, she is first taken to room no. 22 where a medico-legal case is registered and consent is sought by the clerk. The clerk notes down the patient’s name, CR number and section under which the case has been filed in the MLC register. He also asks the patient’s history of abuse.There is no reason why the clerk should seek such a history or enquire about particulars, given that it serves no purpose. It unnecessarily traumatizes the survivor who has to talk to more people than is required.We are reproducing the transcript of a conversation that occurred in room number 22 to illustrate this point:

Clerk: what is your name?

Girl: ABC
Clerk: Say it loudly. We are deaf and can't here.
What do you do?
Girl: 10th passed.
Clerk: since when do you know the accused?
Girl: 2 months.
Clerk: What does he do?
Girl: Nothing.
Clerk: Does he have parents?
Girl: Yes.
Clerk: Does he stay near your place?
Girl:Yes.
Clerk: How many times did you go out with him?
Girl: Only once. He threatened me and took me out with him.
Clerk: Where you went?
Girl: Place X.
Clerk: Oh you went to Place X! Very good.
Girl: After some days his parents also came to Place X.
Clerk: Till that time were you alone?
Girl: Yes.
Clerk: For whole night?
Girl: No.
Clerk: Did you do some wrong thing?
Girl: Yes.
Clerk: What do your mother and father do?
Girl: Mother is domestic worker and I don't have a father. From there I called my mother. She came there and brought me to Mumbai.
Clerk: While going did u tell your mother?
Girl: No
WPC: Her mother lodged a missing complaint in police station.
Clerk: Doctor will do your medical check up. Will it do?
Girl: Yes.
Other police: Take this girl outside and call her mother.

Lack of confidentiality while seeking history:
In all cases, the survivor's history is documented by the doctor in the presence of the police constable. This poses a problem as the police wants the doctor to corroborate the history that the survivor has given in her statement. We have observed that the survivor is put in an uncomfortable position, particularly if she has given a statement to the police under pressure from her parents.This was clearly seen in one case where the girl had been kidnapped and raped. Her history was being taken by the doctor in the presence of the male and female police constable as well as her parents – a violation of her privacy. The whole interaction was wrought with disbelief in the girl's history and it seemed more like an interrogation than anything else, with the police constantly interrupting the girl in order to make sure that the history she gave the doctor was the same as the one she gave in her FIR. We are reproducing a transcript below to illustrate this:

Doctor: "Did you go by yourself or did he take you forcibly?"
Girl: "He took me forcibly"
Doctor: "Did you scream?"
Girl: "No"
Doctor: "Why not?"
Then she said she went by herself.
Doctor (smilingto the police constable): "She is saying she went by her self."
Doctor (to girl): "Did you love him?"
Girl: "He said he would kill my father if I didn't go with him?"
Police: "How can he kill your father just like that? Tell the truth or he will be let go."
Girl: "I am telling the truth"
Doctor: "So where did you go after he took you away?"
Girl: "We went to a lodge in Place A."
Police: "But when you came in the train you were coming from Place B."
Girl: "Wait, let me finish! He first took me to Place A and then on Thursday morning he took me to Place B."
Doctor: "How did you go from Place A to Place B?"
Girl: "By rickshaw"
Doctor: "Then what happened?"
Girl: "I stayed with him for two days and then on Thursday he gave me something to drink. I was unconscious and then he had sex with me."
Police: "You didn't say all this in your statement!"
Girl: "I did"
Doctor: "How do you know what happened if you were unconscious?"
Parents: "Please speak the truth at least now"

Lack of belief in the survivor's history In all four cases, we saw that while seeking history, doctorsexpress doubt over the veracity of history revealed by the survivor.They cross-question the woman by asking her why she didn't scream or how it is that she has no injuries, and the entire process of history taking sounds more like interrogation. Not only that, the history given is sometimes ridiculed, reflecting the doctors' biases. In the transcript below, the doctor mocks the woman's history because she has no injuries. Moreover, he questions her about why she did not scream for help and why she did not report the case immediately, thereby conveying that he suspected what she was saying.

Doctor: Tell me, what happened, when did it happen, how did it happen?
Woman: It was around 7:30 on Sunday evening. I had gone to make a phone call and was returning when one of the men came in front of me, put a handkerchief on my mouth, pulled me and took me to another place. Two more men were waiting there. Then, one after another, all three of them did bad things to me (mere saath bura kaam kiya). And they left. I came home and told my husband. He went and fought with the three of them. Then we went and made a police complaint.
Doctor: Are they people you know?
Woman: Yes, they live in our neighborhood.
Doctor: Where did they pull and take you?
Woman: To a secluded area.

Doctor: You didn't make any noise?
Woman: He threatened me. He said that if I scream, he will kill me.
Doctor: Did they rape you on the ground?
Woman: Yes
Doctor: Were there no stones there? Did you not get hurt at all? Or was there a bed there?
Woman: There were leaves from the tree.
Doctor: (to all) She was raped on the ground, and she wasn't even hurt! They must have put a bed there for her. (laughing)
The woman was quiet.
Doctor: If this happened on Sunday, why did you complain on Tuesday?
Woman: They locked us in a room.
Doctor: Why?
Woman: My husband fought with them. He told them he will file a complaint at the police station. They were scared so they kept us locked in a house.
Doctor: For how long were you locked?
Woman: Till the next morning.
Doctor: Then why didn't you complain on Monday?
Woman: I was scared so I went to my Mother's house. When I came back the next day, I complained.

5. Problems in examination and evidence collection:
Inconsistency in Examination and Evidence Collection
The decision for how thorough/ detailed the examination should be or what evidence got collected seemed to depend on whether the doctor considered the case 'genuine' or 'bogus'. This terminology was used either by the police or the doctor almost in every case. In some cases, the first question asked by the doctor to the police was "Is this case real or bogus?" The presence of absence of injuries isused an indicator of how genuine a case is. In the absence of injuries, as mentioned in the above section, there is disbelief of the history narrated by the woman.

In 'old' cases, medical examination comprised only of assessing the status of the hymen. We were not able to understand what purpose such a cursory examination would serve.In cases of women who are sexually active, the hymen would obviously not be there. In such a situation, recording an old-tear on the hymen is irrelevant. However, in the only 'old' case that we saw, this was the only finding mentioned in examination and the doctor remarked that "*there is nothing in this case. The hymen tear is old, that means she is habituated to sex.*"Such documentation is absolutely unscientific and unnecessary. Several judgments of both the Supreme Court and High Courts have clearly stated that a woman's past sexual conduct is irrelevant to cases of sexual assault. Therefore there is no need for the doctor to make such a comment.

We also found that the examination conducted was not thorough. For instance, in one case of a survivor who was gang rapesand had reported within three days, no vaginal swab was taken. Only a vulval swab and pubic hair clippings were taken and examination was wrapped up in barely five minutes. The doctor only checked the private parts and commented *"This is a false case. If she was gang raped like she is alleging, how is it that there is not even a scratch"*.

A complete physical examination for bruises, scratches, injuries etc., which should be done for all cases, was seen only in one case. This was the case of a 14-year old girl who had run away from home and whose parents had filed a complaint against a boy in the neighborhood, alleging that he had raped her. The girl, in her history denied this, but the examination was conducted anyway. When we asked the doctor why he was doing an examination despite the fact that she was giving no history, he said that the father had made the allegation and if the examination was not carried out, he would create a ruckus.In order to protect himself, therefore, the doctor took the allegation levied by the father more seriously than the word of the survivor and resorted to a very detailed examination for bodily injuries. The consent of the girl, despite being over 12 years of age was not respected.

Overall, the role of the doctor vis-à-vis examination seems to be more that of an investigator than anything else. The doctor is always suspicious of what the woman is saying and examination is a means of verification of her story.

Two-finger test

Checking how many fingers the vaginal opening allows insertion of is part of the routine protocol for examination of sexual assault survivors at this hospital. The purpose of conducting this test is to assess whether a particular survivor is 'habituated' to sex or not. Undue emphasis is given to genital examination, where as general examination, details about the assault were completely ignored. It is important to understand that the two-finger test has been considered an archaic, unscientific and largely irrelevant. The two-finger test of admissibility 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.

6. Survivor and Accused not always taken to the same facility

Though it is claimed that all survivors and accused in sexual assault are brought to this hospital , in the cases observed by us, this is not necessarily true. In the cases observed by us only in one case were both accused and survivor brought to the police hospital. In another case, the accused was brought to Police hospital, but the survivor had been taken to a BMC hospital. In order that evidence of the two be correlated in order to strengthen the case, it is important that both the survivor and the accused be examined by the same doctor, or at least at the same hospital.

7. Absence of any medicaltreatment

The most jarring observation for us has been that no medical treatment was provided to any of the survivors at the hospital. No tests for STIs/HIV or pregnancy are conducted at the hospital. Health complaints that could have been caused by sexual assault are neither probed for, not recorded. Even basic services like antibiotics for STI prophylaxis and emergency contraception are not provided at the hospital. We were told that patients are sent to nearby JJ or Cama hospitals for treatment if there is any 'serious injury', but in the cases that we saw, no patient was referred. This means that survivors with no obvious physical injuries never come in contact with a doctor. In fact we saw one case of a 4 year old who was sexually abused and reported to anotherhospital complaining of burning micturition. On probing her history, the doctors at that hospital learnt that she was examined at Police hospital, but the doctors there did not refer her for any medical treatment despite an obvious health complaint. Given the absence of even basic medical treatment, the possibility of finding psychological care being provided at the hospital was a far cry. The irony is that the hospital has all the major medical departments, but survivors

cannot avail of them This dismal state of affairs points to the fact that the role of the doctors at Police hospital is only restricted to collecting evidence to corroborate the police case. Even though it is a hospital and its first role should be that of providing medical care to survivors, there is no such service provided to survivors of sexual assault.

Discussion

The health system has a dual role to play while responding to survivors of sexual assault – one therapeutic and the other medico legal. We strongly believe that it cannot over-ride their role of providing treatment to the survivor.Our observations reveal that both medical and psychological care isfar from delivered at the PoliceHospital. As mentioned, none of the cases that we saw received any sort of treatment. We were told that those with injuries are sent to JJ and Cama hospitals, but most survivors do not have injuries. This means that a large majority of women reporting sexual assault are passing through the health system without receiving any sort of medical care. This is indeed a cause for worry, given that this hospital sees almost 200 cases of sexual assault every year.

As far as the medico-legal role is concerned, the processes of history taking, examination and evidence collection all suggest that the doctor and the hospital do not function neutrally. It is the impression of the police that guides these procedures.During history taking, the police is actually present in the room to ensure that the history is in sync with what is noted in the FIR. With regard to examination and evidence collection, the police's impression of whether the case is 'real' or 'bogus' dictates how thoroughly it is done.For all practical purposes, the doctor ceases to be an examining physician and plays the role of an investigator in alliance with the police.

Moreover, procedures and attitudes that survivors encounter at the hospital traumatize the already traumatized woman further.The survivor is made to unnecessarily repeat her story again and again. The entire process of seeking history, which requires utmost sensitivity is mired in judgment and ridicule. The purpose or nature of examination is not explained to the survivor even once. Consent seeking, which should provide the woman with enough informationto make an informed decision about examination, treatment, medical procedures, isturned into a mere formality.

Given that the hospital is one of the first responders in cases of sexual assault, it is crucial that the services it provides be comprehensive and sensitive. The nature ofservicesthat a survivor receives at the hospital can affect the long-term impact that the episode will have on her physical and mental health. As of now, the police hospital receives the largest number of survivors of sexual assault in the city of Mumbai. Survivors are being taken to this hospital apparently because it is staffed with forensic specialists who, one would believe are better equipped to conduct such examinations than other doctors. However, our findings of the study show that the hospital staff is in fact unprofessional and biased in its conduct. Moreover, it is only the Police Surgeon who has an MD in Forensic Medicine.

Recommendations:

In this light, we suggest some recommendations that would improve the overall response of the hospital towards survivors of sexual assault:

1. We strongly recommend that all survivors reporting at the hospital receive appropriate medical as well as psychological care. This includes provision of treatment for immediate injuries caused by the assault, prophylaxis for sexually transmitted infections, emergency contraception and psychological support.

2. The procedure for consent seeking in the hospital needs to be drastically modified. A survivor must be empowered to make an informed decision, by providing her with information about the details and purpose of such examination
3.
4. Thesurvivor must not be shadowed at all times by the police constable and must certainly not be allowed to witness the process of seeking history. Like all other patients, sexual assault survivors who are brought to the hospital are also entitled to their privacy. Particularly during history taking, the doctor must ensure that the police and relatives are not present (unless the survivor wishes them to be present), as this pressurizes the survivor and traumatizes her further.The doctors must keep in mind that they are expected to work neutrally and must refrain from allowing police attitudes to affect their job.

5. No one, except the examining doctor (and nurse in case it is a male doctor)must ask the survivor for her history.If the survivor wishes, a relative or friend may be present at this time. No administrative staff such as clerk should be allowed to carry out any medical procedure including measuring height and weight. The clerk is not expected to provide any treatment or conduct any examination and we do not understand why he should be talking to the survivor at all. Further, it is unnecessarily traumatizing for a woman to keep recalling and repeating an episode which was evidently painful. It does not serve any purpose towards improving the care provided to the survivor and should hence be strongly discouraged.

6. The hospital with immediate effect must adopt a gender sensitive proforma for examination and evidence collection as mandated by the WHO. The two-finger test of admissibility must not be performed under any circumstances. The number of fingers that the vagina admits is irrelevant to the case of sexual assault and provides unnecessary information regarding the woman's past sexual history that may be used against her in the court of law.

7. There is no law/circular mandating that all sexual assault victims be taken to the Police Hospital. As per section 164(A) of the CrPC, any registered medical practitioner in who a survivor vests trust can conduct a medical examination and forensic evidence collection. In such a scenario, examination of sexual assault victims should be de-centralized and they should be taken to the public hospital nearest to the police station where the case is reported, or even a private hospital if the woman so wishes.

Conclusion

We consider it a matter of gross medical negligence that survivors are passing through the PoliceHospital and not receiving any form of medical or psychological care. If the hospital feels that it does not have the necessary infrastructure and expertise to provide comprehensive care to survivors, they must refrain from receiving survivors of sexual assault. As per the law, any medical practitioner can do forensic evidence collection for a sexual assault survivor. There are several other public hospitals in the city of Mumbai who are equipped and are conducting these examinations on a regular basis. In such a scenario, examination of sexual assault survivors at

the PoliceHospitalmust be stopped until the hospital can improve its response, modify the existing procedures and start providing medical and psychological treatment to victims. Until then, survivors should be taken to the hospital nearest to the police station where the case is reported, so that they may receive appropriate care.

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Annexures:

1. Guide for observations
2. NagpadaPoliceHospital proforma for examination of rape victim
3. Letter of permission from Police Surgeon

Annexure I

Guidelines for Observation

Profile of cases

- How many women/girls reporting sexual assault come to the hospital daily?
- What is the profile of sexual assault?
- Do males come as well?
- What are the ages, roughly?

Procedure

- How does the woman come to the hospital?
- Who does she come with?
- What happens to her when she comes?
- Where is examination done? What is done as part of examination?
- Who does the examination? Who are the other players and what is their role?
- Where does she go after examination?
- Chain of custody:Where is evidence stored? For how long? Where does it go from the hospital? Who takes it?

Services provided

- What kind of treatment is provided to survivors?
- How many cases are hospitalized? Is admission mandatory?
- Other services for such patients? Social worker?

Documentation

- What forms are filled out?
- What documentation is done? (MLC etc) Details of such documentation.
- Where are these documents stored? To who all are copies provided?

Staff

- What is the strength of staff dealing with cases of sexual assault?
- What are the doctors' qualifications?
- Role of Nurses.
- Role of other staff.
- Role of police.

Other functioning of the hospital

- What other departments are there?
- What is the role of honoraries?
- What other types of cases are brought to the hospital?