

Sexual Assault Evidence Kit Protocol

CONTENTS AND CHECK LIST.

PLEASE FOLLOW THE GUIDELINES AS LAID DOWN IN THE MANUAL.

Form No.	Form Description	Number of Sheets	Distribution of Copies
1	Consent	1	Hospital (Buff) Patient (Pink)
2	Medical History	1	Hospital (Buff) Patient (Pink)
3	Sexual Assault History	3	Hospital (Buff) Police Department (Yellow)
4	Forensic examination	2	Hospital (Buff) Inside kit (Blue)
5	General examination and age estimation	7	Hospital (Buff) Police Department (Yellow)
6	Discharge slip	1	Hospital (Buff) Patient (Pink)

(SELF- ATTESTED Photocopy of all forms to be given to patient)

Guidelines for use of Evidence Kit for the woman / children

1. This kit is meant for use only by a registered medical practitioner.
2. The doctor must prioritise the needs of the patient. Urgent medical needs take priority over the collection of evidence.
3. After explaining the procedure to the patient, her consent or in the case of a child, the consent of the guardian must be recorded before beginning the examination.
4. Certain parts of the procedure may have to be postponed or missed according to the desire and condition of the patient. An explanation regarding the procedures missed in the initial examination must be clearly indicated in the appropriate place on the forms.
5. The doctor must take care that none of the information in the notes and forms included in the kit are used to further victimise the patient. Unnecessary evidence and history must be avoided.

Please open this kit only when consent has been obtained, and arrangements have been made for a complete examination.

Hospital

Police

Patient

Inside Kit

For Feedback Contact
CEHAT (CENTRE FOR ENQUIRY INTO HEALTH AND ALLIED THEMES)
Survey No. 2804 & 2805,
Sai Ashray, Aram Society Road,
Vakola, Santacruz (E),
Mumbai-400 055.
Tel. No. : 2667 3154 / 2667 3571
e-mail : cehat@vsnl.net

फॉर्म १ - पेशंटने सम्मती देण्याचा फॉर्म

प्रत: हॉस्पिटल, पेशंट

१. वैद्यकीय तपासणी आणि उपचारासाठी सम्मती
२. बलात्कारासाठी न्याय वैद्यकीय तपासणी आणि पुरावे गोळा करण्यासाठी सम्मती
३. न्याय वैद्यकीय तपासणीची माहिती पोलिसांना देण्याची सम्मती

(पेशंट अन्य भाषिक असल्यास तिला समजावून सांगावा. सम्मतीसाठी किमान १२ वर्षे पूर्ण पाहिजेत.)

प्रति,

डॉक्टर व रूग्णालयाचे इतर कर्मचारी.

मी, खालील गोष्टींसाठी स्वेच्छेने सम्मती देत आहे.

(सम्मती देणाऱ्याचे नाव)

१. (मी स्वतः/माझी/माझा/इतर नाते असल्यास)

(पेशंटचे नांव)

ची लैंगिक हिंसेतून उद्भवलेल्या परिणामांसाठी तपासणी व उपचार करण्यास परवानगी देते.

२. हिंसा करणाऱ्या माणसाला पकडण्यासाठी / शिक्षा करण्यात पोलिसांना मदत करण्यासाठी आवश्यक न्याय वैद्यकीय तपास करण्यास परवानगी देते. या तपासामध्ये संपूर्ण शारीरिक तपासणी म्हणजेच तोंड, स्तन, योनीमार्ग, गुदभाग आणि गुदभागातील तसेच रक्ताचे सॅपल घ्यावे लागतील याची मला माहिती आहे.

३. दिलेली माहिती व तपासताना मिळालेली माहिती पोलिसांना सांगण्याची, तसेच गोळा केलेले पुरावे व तपासात मदत होईल असे सर्व पदार्थ / माहिती पोलिसांना देण्याची परवानगी देते.

मी वरील माहिती मोकळेपणाने व संपूर्णतः स्वच्छेने देत आहे. मला कल्पना आहे की मी न्याय वैद्यकीय तपासणी तसेच पोलिसांना ही माहिती देण्यास नकार देऊ शकते आणि तरीही वैद्यकीय उपचारांसाठी मला कोणतीही आडकाठी केली जाणार नाही. मला हेही माहित आहे की मी ही परवानगी तपासणीच्या कुठल्याही टप्प्यावर मागे घेऊ शकते.

वरील माहिती मला भाषेत समजावली आहे, जी मला समजते आणि म्हणून मी सही करत आहे.

.....
साक्षीदाराची सही

.....
पेशंटची / नातेवाईकांची सही

.....
साक्षीदाराची सही

.....
पेशंटचे / नातेवाईकांचे नांव

FORM 1	PATIENT CONSENT FORM
Distribution:	Patient, Hospital

1. Consent to medical examination and treatment for the effects of sexual assault.
2. Consent to medico-legal investigation of the sexual assault.
3. Consent to disclosure of the results of the medico-legal examination.
4. Translated proforma for consent to be available in Hindi and State language.
5. Age of consent 12 yrs
6. Photocopies of all forms to be given to patient

To:

Dr and other personnel associated with the said hospital/dispensary.

I, hereby give voluntary consent to:
(Name of the person giving consent)

1. Examine and treat
(Patient's name)

(myself / my/ specify other relationship) for the effects of sexual assault;

2. Conduct a medico-legal investigation for the purpose of assisting the police in apprehending and/or prosecuting the persons who committed the assault. This investigation will include a physical examination which may involve an examination of the mouth, breasts, vagina, anus and rectum; in addition it may include the removal and isolation of articles of clothing, scalp hair, foreign substances from the body surface, saliva, pubic hair, samples taken from the vagina, anus, rectum, and the collection of a blood specimen.

3. Inform the police the history given and the findings of the examination, and provide them with any substances collected during the course of the medical investigation and any information and observations that might assist them in apprehending and/or prosecuting the person(s) who committed the assault.

I give my consent to the above fully and freely. I also understand that I have a right to refuse either a medico-legal investigation or informing the police or both, but my refusal will in no way result in denial of treatment for the effects of the assault.

I also understand that I am free to revoke all or any part of this consent at any time during the examination. The content of above is explained to me in language which I understand and hence I sign.

.....
.....
(Name & Signature of Witness)

.....
.....
(Name & Signature of Patient)

.....
.....
(Date, Place and Time)

.....
.....
(Name & Signature of guardian or relative of the patient when she is unable give her consent due to mental or physical disability, or if she is under the age of 12 years)

Form 1: One sheet only

: 2 :

Original - **Buff Paper**
Duplicate - **Pink Paper**

Out Patient Dept/ In Patient Department No.

FORM 2	MEDICAL HISTORY FORM
Distribution:	Patient, Hospital

For medical use only. To be completed by the examining physician.

Patient's name		M/F			
Address					
Telephone number/Contact number if available					
Age	Date of birth		Married / Single / Divorced		
Next of kin: Name and Address					
Name of accompanying female nurse/ attendant/ relative					
History of allergies			Current medication		
Relevant medical/surgical history:					
Menarche	Cycle	Menses	LMP	Gravida	Para
Contraception			Yes		No
Method used					
Is the patient pregnant? (UPT to be conducted after two weeks of incident)			Yes		No
If Yes, Length of Gestation					

Date of follow up examination -

.....
(Physician's signature)

.....
(Date)

Physician's Name :

Designation : Registration No.

Form 2: One sheet only

MLC Reference Number/ Outward Number

Crime Registration No. U/S OPD/ IPD

FORM 3	SEXUAL ASSAULT HISTORY FORM
DISTRIBUTION:	Doctor, Police Station.

For medical use only. To be completed by the examining physician.

Patient's name Identification marks (1) (2)
Date and Time of patient's arrival at the hospital
Received Request From (<i>tick or write if any other</i>) Self/ Police/ Magistrate/..... Letter number Dated
Brought by (Name and signature) on (Date) at (Time) Relation:
PC/ HC/ PN/ WPC ¹ Number Police Station:
Date, Time and Place of examination (Signature of examining doctor) (Name of examining doctor)
Examined in presence of (Signature of Witness) Examined in presence of (Name of Witness)
Narration of incident in survivor's own words:

¹ Police Const/ Head Cons/ Police Naik/ Woman Police Constable
Form 3: Three sheets only

Location of assault									
Date and time of assault									
Number of assailants and name/s									
Whether known to assailant					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Relationship to survivor if relevant									
Since assault were clothes changed?					Yes <input type="checkbox"/>		No <input type="checkbox"/>		
If yes, are they available?									
Were they washed / repaired?									
Since assault has person, (<i>tick</i>) 1. Eaten food 2. Ingested fluids 3. Smoked 4. Brushed 5. Gargled									
Has the patient left any marks of injury on the body of the assailant during the assault? If yes, enter details									
Describe pertinent data of the assault with regard to injuries to the complainant and mechanism, weapons or objects used or threatened, verbal threats, areas touched.									
Details regarding penetration: Was penetration attempted by penis, fingers or other object?									
	Attempted penetration			Completed penetration			Emission of semen		
	Write Yes (Y), No (N) or Don't Know (DK)								
Orifice	By Penis	By Finger	By Object	By Penis	By Finger	By Object	Yes	No	Don't know
Vagina									
Anus									
Mouth									
Was oral sex performed by assailant on patient?				Y	N	DK			
Masturbation of patient by assailant				Y	N	DK			
Masturbation of assailant by patient				Y	N	DK			
Did ejaculation occur outside body orifice?				Y	N	DK			
Describe location									
Kissing, licking or sucking of breasts or other parts of patient's body?				Y	N	If yes, describe-			

Was condom used ?	Y	N	DK
Status of the condom	Untorn	Torn	DK
Was lubricant used ?	Yes	No	DK
If penetration was attempted by object, describe object:			
Was last previous intercourse within one week prior to the assault? (other than assault)	Yes	No	Do not remember
Was patient menstruating at the time of the assault?			
Was patient menstruating at the time of the examination?			
Between the assault and the time of the examination did the patient:			
	Yes	No	Don't Know
Bathe			
Douche			
Void urine			
Defecate			
Use spermicide			
Since the assault has there been any vaginal discharge/bleeding?			
Prior to the assault has there been any vaginal discharge/bleeding?			
<p>..... (Date) (Doctor's signature and Name)</p> <p>..... (Date) (Nurse's signature and Name)</p> <p>..... (Date) (Social Worker's signature and Name)</p>			

FORM 4	FORENSIC EVIDENCE FORM
Distribution:	Hospital, Inside Kit

For medical use only. To be completed by the examining physician.

- Miscellaneous/ Debris collection paper on which patient undressed to be placed in envelope
- Is the clothing worn now the same as worn during the assault? Yes No
(If not, request clothes worn during the assault to be submitted)
- Clothing evidence to be placed in BAG 1

CLOTHING VIDENCE	1 A	1 B	1 C	1 D					
Items (To be labelled by doctor as 1A, 1B, 1C etc)									

- Body evidence samples duly labelled to be placed in BAG 2

BODY Label	EVIDENCE	Quantity to be taken	Tick <input checked="" type="checkbox"/> if sample collected	Sample not collected: Give reason
2A	Oral swabs	2 swabs		
	Give 10 ml of saline to rinse the mouth and then collect in a sterile container.			
2B	Blood stains on body Site Site Site Site	2 swabs each		
2C	Foreign material on body Site Site Site Site	2 swabs each		
2D	Seminal stains on body Site Site Site Site	2 swabs each		
2E	Other stains (specify site and suspected nature of material)	2 swabs each		
2F	Head hair combing			

Form 4: Two sheets only

: 7 :

Original - **Buff Paper**
Duplicate - **Blue Paper**

BODY Label	EVIDENCE	Quantity to be taken	Tick ✓ if sample collected	Sample not collected: Give reason
2G	Scalp hairs	5-10 strands (cut not plucked)		
2H	Take nail scrapings first of both hands separately			
2I	Nail clippings of both hands separately (Write if deeply cut already)	All		
2J	Blood for grouping in citrate vial	2 ml		
2K	Blood for alcohol levels/drugs, double oxalate	5 ml		

- Genital and Anal evidence samples duly labelled to be placed in Bag 3

GENITAL AND ANAL EVIDENCE		Quantity to be taken	Tick ✓ if sample collected	Sample not collected: Give reason.
3A	Matted pubic hair			
3 B	Combing of pubic hair (mention if shaved)			
3C	Cuttings of pubic hair of survivor (mention if shaved)	5-10		
3D	Vulval swabs	2		
3E	Vaginal swabs (Mention site) 1. Anterior 2. Posterior 3. & 4. Lateral	4		
3F	Normal saline/ distilled water and pipette out			
3G	Anal swab	2		
3H	Vaginal smear			

Name of patient

Kit No

Hospital name and location

.....
(Date)

.....
(Doctor's full name and signature)

.....
(Assistant Doctor's full name and signature)

RECEIPT FOR MATERIAL EVIDENCE

Forensic evidence in bags duly labelled with kit number

MLC No

Cr. No. U/S

Police Station Police referral No.

Sealed received from:

Name and registration number of doctor

Date Time Place

And received by:

Name and number of police officer

Kit Number:

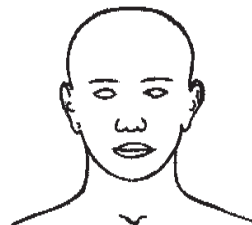
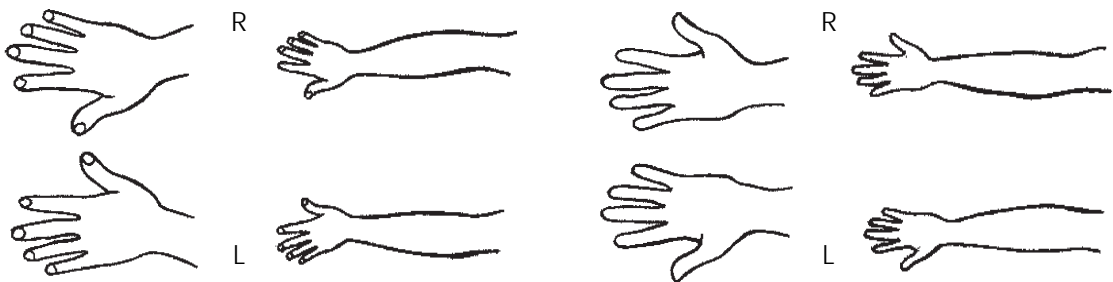
Reports of lab tests to be reported to hospital and examining doctors

FORM 5	GENERAL EXAMINATION AND AGE ESTIMATION FORM
Distribution:	Police Department, Hospital

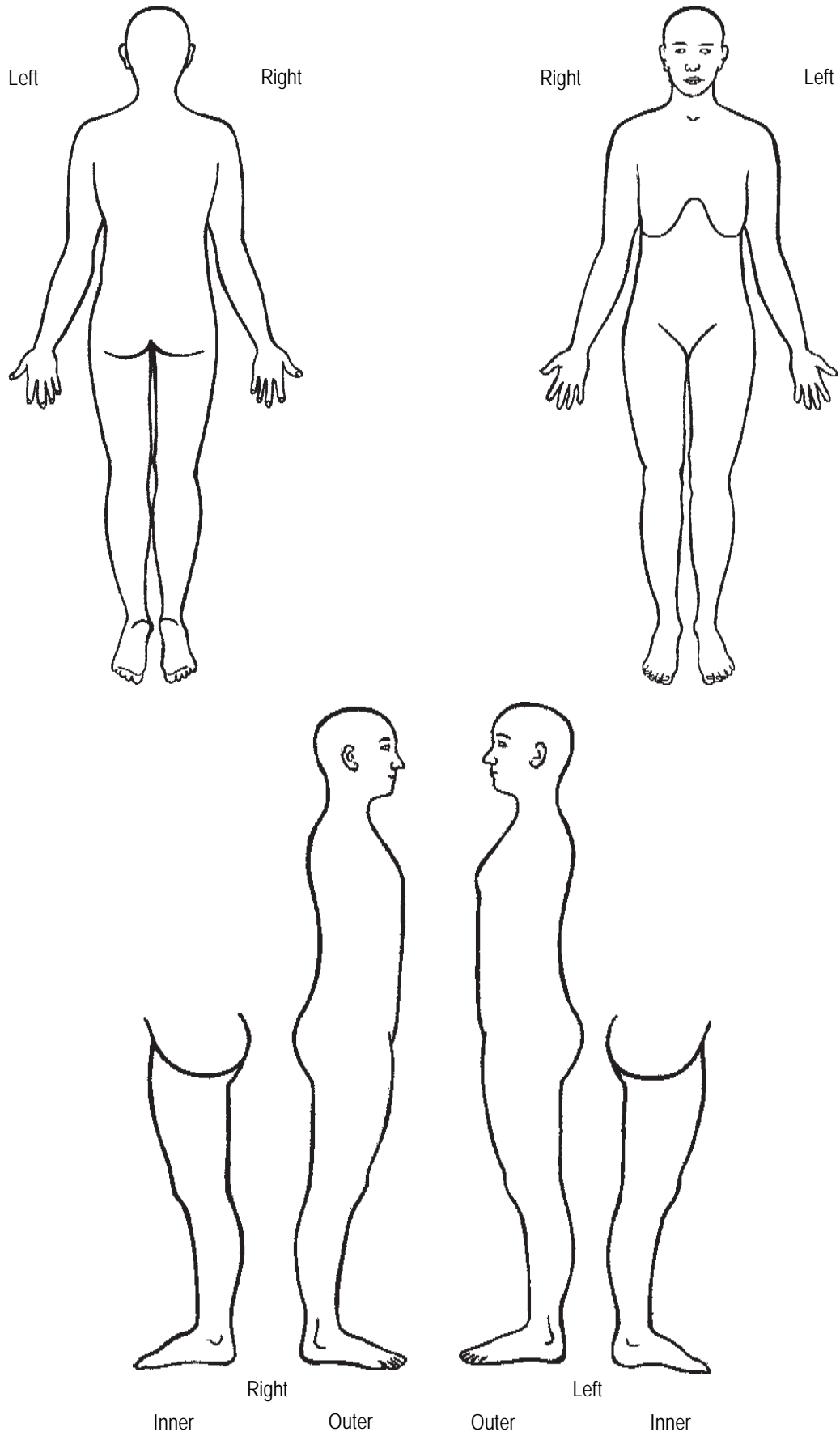
For medical use only: To be completed by the examining physician.

Height:	Weight:
<p>Comment on emotional / mental status (use terms like distressed, agitated, shocked, hopelessness, despair, powerlessness and loss of control, flashbacks, disturbed sleep, denial, guilt and self blame, shame, fear, numbness, mood swings, anger, anxiety, helplessness, controlled etc.). If the physician does not find a specific term to describe the emotional status, a statement to this effect may be made here.</p>	
<p>Physical Examination: Injuries to be documented on enclosed diagrams</p>	

Mark all injuries on the diagram provided on next page, indicating type of injury, size (length, breadth and depth as relevant), shape, colour, borders, age and content. Opinion regarding cause of injury for each injury- e.g. sharp object, cloth, rope, cigarette butt, metal/wood, nails/fingers to be recorded. Nature of force used- very aggressive, violent, restraint etc to be recorded.



Form 5 : 7 sheets only
 Figures courtesy WHO document 'Guidelines for Medico-Legal Care for Victims of Sexual Assault'



Figures courtesy WHO document 'Guidelines for Medico-Legal Care for Victims of Sexual Assault'

Specific areas to examine and note-

- o Note gait of patient

.....

- o Scalp for areas of tenderness, hair pulled out, dragged by hair

.....

- o Facial bone injury: orbital blackening, tenderness

.....

- o Petechial haemorrhage in eyes and other places

.....

- o Lips and buccal injury / Gums

.....

- o Behind the ears

.....

- o Ear drum injury

.....

- o Neck, Shoulders and Breast

.....

- o Wrists and forearms (e.g. injury when restrained)

.....

- o Finger marks on medial aspect of upper arms

.....

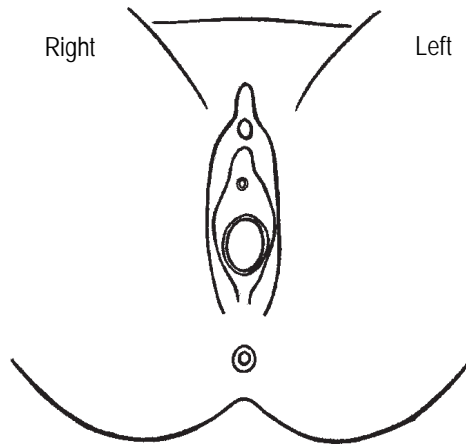
- o Inner aspect of thighs

.....

- o Other, please specify

.....

For use in Adult Females only



State of the sphincters :

State of perineal musculature :

Labia Majora :

Labia Minora :

Fourchette and introitus :

Anus and Rectum :

Per Speculum examination : YES NO

Findings :

Vagina :

Cervix :

Fornices :

Uterus :

Hymen (only if relevant) :

Per Vaginum Digital Examination : YES NO

Vagina :

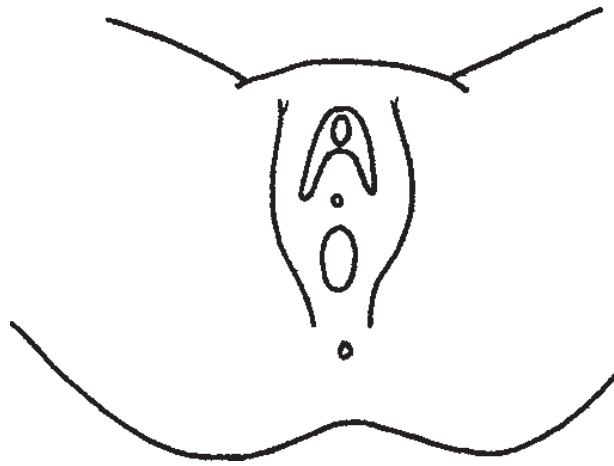
Cervix :

Uterus :

Any other findings to be noted:

Figure courtesy WHO document 'Guidelines for Medico-Legal Care for Victims of Sexual Assault'

In the case of Pre-Pubertal Female



Labia majora and minora :

.....
.....
.....

Fourchette and introitus :

.....
.....
.....

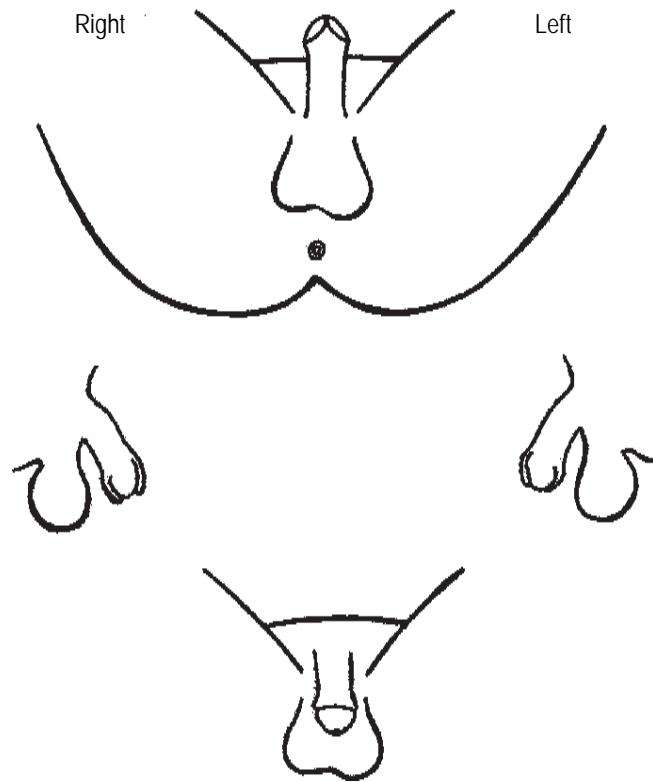
Hymen :

.....
.....
.....

Anus and rectum :

.....
.....
.....

For use in Male Survivors only



State of the sphincters :

State of perineal musculature :

Other injuries :

Proctoscopy conducted :

Yes

No

Figures courtesy WHO document 'Guidelines for Medico-Legal Care for Victims of Sexual Assault'

Estimation of Age in Case of Minor Girls

Kindly fill in a request for X-rays and attach a copy to this form.

Height

Weight

Breast Staging (see below)

Axillary Hair

Pubic hair (see below)

Dentition (Modified FDI formula) :

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

Teeth : Permanent / Deciduous

Whether space formed behind second molar

Yes

No

Ossification test-

1. X-rays advised
2. Observations
3. Inferences

Date :

.....

(Physician's signature)

TANNER STAGING FOR GIRLS

Stage	Pubic Hair	Breasts
1	Pre-adolescent	Pre-adolescent
2	Sparse, lightly pigmented, straight, medial border labia	Breast and papilla elevated as small mound; areola diameter increased
3	Darker, beginning to curl, increased amount	Breast and areola form enlarged, no contour separation
4	Coarse, curly, abundant but less than adult	Areola and papilla form secondary mound
5	Adult feminine triangle, spread to medial surface of thighs	Mature; nipple projects, areola part of general breast contour

TANNER STAGING FOR BOYS

Stage	Pubic Hair	Penis	Testes
1	None	Pre-adolescent	Pre-adolescent
2	Scanty, long, slightly pigmented	Slight enlargement	Enlarged scrotum, pink texture altered
3	Darker, starts to curl, small amount	Longer	Larger
4	Resembles adult, less than adult	Larger, glans and breadth increase in size	Larger, scrotum dark
5	Adult distribution spread to medial surface of thighs	Adult	Adult

Courtesy : 'Guidelines for Medical Examination and Management of the Sexually Abused Child', Province of Kwazulu-Natal Health Services

Provisional Opinion :

1. Age of survivor :

.....
.....

2. Evidence of injury if any :

.....
.....
.....

3. Evidence of intercourse :

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.....
.....

4. Evidence of child sexual abuse :

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.....
.....

5. Opinion after receiving laboratory test reports :

.....
.....
.....
.....

FORM 6	DISCHARGE / SUMMARY SLIP
Distribution :	Patient / Guardian, Hospital

Patient's name :

Date of birth :

Date of examination :

Doctor's name :

Sexually Transmitted diseases	Tests done	Treatment given	Follow-up on....
Gonorrhoea			
Chlamydia			
Syphilis			
HIV testing (after counselling and if consent given)			At 3 months and 6 months
Routine prophylaxis for HIV			
Hepatitis B			At 1 mth and 6 mths

	Tests done	Post-coital contraception given	Follow-up on....
Pregnancy			

Injuries	Surgery	Follow-up on...
1.		
2.		
3.		
4.		
5.		

Injection Tetanus toxoid (T.T.) Yes No

Psychological Assessment and Counselling	
Immediate	
Referral to...	
Follow-up on....	

.....
(Date)

.....
(Physician's name and signature)