

CONFIDENTIAL

Medical Examination Report for Sexual Assault

- 1. **Name**D/o, S/o.....
- 2. **Address**.....
- 3. **Age** **Sex**
- 4. **Brought by**.....
- 5. **MLC No.****Police Station**.....
- 6. **Date and Time of examination**.....
- 7. **Informed Consent**

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

hereby give my consent for this medical examination after having understood the purpose and the procedure of the examination including the risk and benefit, explained to me by the examining doctor. My right to refuse the examination at any stage and the consequence of such refusal has also been explained and can be recorded, if necessary. [.....]

Witness/Accompanying person

Signature of person and/or
Guardian in case of **minor** [.....]

8. Marks of identification

- (1) Thumb impression (Right in female and left in male)
- (2) Any scar/mole/deformity



9. History

Brief description of the incident.....
.....
.....
.....
.....
.....
.....
.....
.....

10. General Physical Examination- [.....]

Comment [A1]: Specific written consent needs to be taken by the examining doctor from the survivor for 1) physical and genital examination, 2) evidence collection, 3) treatment, 4) reporting to the police and 5) photography (if photographs are taken).

Survivors may access the health facility with different needs and this must be respected.

All survivors must be informed of the benefits of undergoing the examination, but if a survivor refuses a certain part of the medical procedure, informed refusal must be documented.

The survivor must also be informed that refusal will have no impact of the quality of services that s/he receives.

Comment [A2]: It must be specified that any person over the age of 12 years can give consent.

Comment [A3]: Signature of Doctor taking consent must be recorded too.

Comment [A4]:
The following details of the sexual assault must be included in the proforma:
1)Date, time, place of assault, number of assailants and relationship of survivor to assailant
2)type of sexual assault – whether and what kind of penetration occurred, if there was non-penetrative assault in terms of fondling, kissing, sucking, licking of body parts or forced masturbation,
3) whether there was emission of semen,
4) if a condom or lubricant was used,
5) use of verbal/physical threats or weapons;
6)alcohol/drug intoxication.
7)if the survivor was menstruating at the time of assault/examination,
8)washed, bathed, douched, urinated after the assault;
9) if a lubricant was used or if threats were issued or the survivor was intoxicated.
There is a high chance that doctors may miss documenting these vital components in the history if they are not a part of the proforma.

Comment [A5]: The incident of sexual assault may have both physical and psychological impact on the health of the survivor and all this needs to be reflected in the proforma. The proforma offers no scope to assess and record the “general mental condition” of the survivor.

- i. Whether oriented in space & time
- ii. Pulse BP Temp. Resp. Rate Pupils
- iii. Clothing - fresh torn, stains of blood/semen/mud, etc.
- iv. Whether the victim has washed her genitalia/ mouth/ anal canal and changed her clothes or not after the incident.

11. Examination for injuries

(Look for Bruises, Systemic Physical torture injuries, Nail abrasions, Teeth bite marks, Cuts, lacerations, head-injury, any other injury)

Injury	Site	Size	Colour	Swelling	Simple/Grievous
1.					
2.					
3.					
4.					

Comment [A6]:
To begin by asking the doctor to 'look for injuries' is problematic.

There is no mention of the fact that injuries are not always seen in cases of sexual assault and so examination should not be restricted to this. Instead, the purpose of examination should be to identify signs of harm that has been caused to the survivor as a result of the assault.

12. Local examination of genital parts:

A. Pubic hair combing

B. External Genitalia

- i. Labia Majora Any swelling, tears, edematous, bruises or abrasion: -
- ii. Labia Minora Scratch, bruising, fingernail marks tear, infection: -
- iii. Fourchette Bleeding, tear: -
- iv. Vulva Any injury, bleeding, discharge: -
- v. Perineum

Comment [A7]:
There is no direction on which parts of the body are to be examined.

There are no body charts on which they can be marked. Injuries are best represented when marked on body charts. They must be numbered on the body charts and each injury must be described in detail.

C. Hymen- Intact / Torn

Injury-fresh/oedema/congestion/tenderness

D. Vagina & Cervix (Any Bleeding/ tear/ discharge/ oedema/ tenderness)*

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

* P/V examination only if medically indicated.

E. Anus (encircle the relevant)

Bleeding/ tear/ discharge/ oedema/ tenderness

Comment [A8]:
There is no need to place special emphasis on the hymen.

Hymen should be treated like any other part of the genitals while documenting examination findings. Only those findings such as fresh tears, bleeding, edema etc. that are relevant to the episode of assault are to be documented. Old tears are largely irrelevant in the case of adult women who are married or sexually active, and these should not be recorded. Guidelines to ensure standard practices based on the above-mentioned points should be provided.

13. Sample collection for hospital laboratory/ Clinical laboratory

(Samples can be taken according to requirement of a case and advise investigation according to case presentations and signs e.g. Pregnancy, STD, HIV, Drug addiction/ Substance abuse, Pus Culture)

- 1) Blood
- 2) Vaginal swabs
- 3) Culture specimen
- 4) Urine

14. Samples for Central/ State Forensic Science Laboratory

(1) Collection of forensic samples*

- a) Blood (blood grouping, testing drug intoxication).....
- b) Urine (to test for suspected pregnancy, drug testing).....
- c) Seminal stain (blood grouping and identification).....
- d) Nail scrubbing
- e) Pubic Hairs (to look for seminal stain, foreign hair etc).....
- f) Vaginal swabs
- g) Vulval swabs
- h) Microscopic examination of vaginal slides (motile and immotile sperm) on spot

* Samples may be preserved for DNA profiling if required at a later stage.

(2) Clothing

(3) Swabs and smears over clean glass slide

- (a) Vagina
- (b) Mouth
- (c) Anus

15. Clinical Opinion

After performing the above mentioned clinical examination the findings are:

- a) Consistent with recent sexual intercourse/ assault.
- b) Not consistent with recent sexual intercourse/ assault.
- c) Opinion reserved pending availability of reports of the sample sent.

Comment [A9]: This test can be done at the hospital itself and need not be sent to the Forensic Science Laboratory.

Comment [A10]: Nail Cuttings should be collected rather than 'nail scrubbing'

Comment [A11]: Such opining is grossly insufficient.

The opinion should be able to comment on whether there is any evidence of a penetrative or non-penetrative sexual assault and reasons for the same [signs of use of force, drug/alcohol intoxication, stains etc.].

It must offer scope for the doctor to record injuries or other signs of assault that might have been observed, or relevant findings from history which explains why signs/ evidence may be absent.

Provisional opinion must be provided by doctors. If doctors choose the option of reserving their opinion pending final reports, the entire purpose of history and examination findings is lost.

Guidelines for providing an opinion are required.

Dated.....

Time.....

**Signature and
Name of Medical Officer**

The following serious omissions have been made in the protocol:

1. **Treatment:** Treatment for the effects of sexual assault is the most crucial role of the health care provider. Unfortunately, treatment is often not provided at several health facilities whose focus rests on medico-legal examination and evidence collection. To ensure that survivors receive treatment at health facilities, it is crucial that this be made a part of the proforma. The WHO prescribes that survivors be assessed and treated for injuries, pregnancy, Sexually Transmitted Illnesses, and psychological trauma. This includes conducting urine pregnancy tests, microbiological investigations for assessment of STIs, blood investigations for Hepatitis B and HIV. In case a pregnancy is detected, abortion needs to be provided. Further, counselling to address psychological trauma caused due to the assault is to be provided.

Also emergency contraception to be administered if the survivor has reported of the assault within first 72 hours. It can be given for up to 5 days after the assault

The survivor must also be called for follow up examination to note the development of bruises or other injuries, test for pregnancy, VDRL, etc.

2. **Chain of Custody:** No Guidelines for labeling, packaging and transporting forensic specimens are provided, including maintaining a log for documentation.

3. **Age Estimation:** There is no age estimation form included, nor any guidelines for when age estimation is to be carried out.

Formatted: Numbered + Level: 1 +
Numbering Style: 1, 2, 3, ... + Start at: 1 +
Alignment: Left + Aligned at: 0.25" + Indent
at: 0.5"