सचिव, महिला व बालविकास विभाग, मंत्रालय, मुंबई.
महासंचालक व पोलीस महानिरीक्षक, महाराष्ट्र राज्य, मुंबई.
महासंचालक, गुन्हे अन्वेषण विभाग, पुणे.
संचालक, आरोग्य सेवा, मुंबई.
संचालक, वैश्विक योजना संचालनालय, मुंबई.
संचालक, न्यायसहायक वैज्ञानिक प्रयोगशाला.
प्राध्यापक आणि विभाग प्रमुख, व्यापार शास्त्र, ग्रैंड मेडिकल कॉलेज, मुंबई.
प्राध्यापक आणि विभाग प्रमुख, स्त्री रोग शास्त्र, ग्रैंड मेडिकल कॉलेज, मुंबई.
समन्वयक, सेहत (CEHAT), मुंबई.
समन्वयक, UNFPA, मुंबई.
सर्व सह संचालक, आरोग्य सेवा.
सर्व उप संचालक, आरोग्य सेवा.
सर्व जिल्हा शाल्य चिकित्सक.
सर्व जिल्हा आरोग्य अधिकारी.
सार्वजनिक आरोग्य विभाग (सर्व कार्यालय).
निवडनस्ती (आरोग्य 3).
Forensic Medical Examination of Sexual Assault Cases:
An Instruction Manual & Proforma

Ministry of Health & Family Welfare
Director of Health Services
Government of Maharashtra

2013
## INDEX

<table>
<thead>
<tr>
<th>SR.NO</th>
<th>Topic</th>
<th>Page No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preface</td>
<td>3-4</td>
</tr>
<tr>
<td></td>
<td>Introduction</td>
<td>5-6</td>
</tr>
<tr>
<td></td>
<td>Scope</td>
<td>7-9</td>
</tr>
<tr>
<td>2</td>
<td>Information Regarding Sexual Assault Related Different Acts</td>
<td>10-11</td>
</tr>
<tr>
<td></td>
<td>Health Consequences of Sexual assault</td>
<td>12-13</td>
</tr>
<tr>
<td></td>
<td>Duties Of Heath Care Providers</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Objectives Of Medical And Forensic Medical Examination</td>
<td>13-14</td>
</tr>
<tr>
<td></td>
<td>a) Guidelines For Forensic Medical Examination Of Victim</td>
<td>14-48</td>
</tr>
<tr>
<td></td>
<td>b) Brief Guidelines For Examination Of Accused</td>
<td>58-53</td>
</tr>
<tr>
<td></td>
<td>c) Brief Guidelines For Age Estimation Of Accused &amp; Victim</td>
<td>53-60</td>
</tr>
<tr>
<td></td>
<td>d) Do's And Don'ts For Medical Officers &amp; Instructions</td>
<td>60-62</td>
</tr>
<tr>
<td></td>
<td>e) Relevant Laws &amp; References</td>
<td>62-71</td>
</tr>
<tr>
<td>3</td>
<td>PROFORMAS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Forensic Medical Examination Report of Alleged Victim of Sexual Assault</td>
<td>72-77</td>
</tr>
<tr>
<td></td>
<td>Forensic Medical Examination Report of Alleged Accused of Sexual Assault</td>
<td>78-81</td>
</tr>
<tr>
<td></td>
<td>Form of Samples to be forwarded to FSL in case of Alleged Victim of Sexual Assault</td>
<td>82-85</td>
</tr>
<tr>
<td></td>
<td>Form of Samples to be forwarded to FSL in case of Alleged Accused of Sexual Assault</td>
<td>86-87</td>
</tr>
<tr>
<td>4</td>
<td>Medical Management / Treatment for Alleged Victim of Sexual Assault</td>
<td>88</td>
</tr>
<tr>
<td></td>
<td>Final Opinion in case of Examination of Alleged Victim of Sexual Assault</td>
<td>89-90</td>
</tr>
<tr>
<td></td>
<td>Final Opinion in case of Examination of Alleged Accused of Sexual Assault</td>
<td>91-92</td>
</tr>
<tr>
<td></td>
<td>Body Diagrams</td>
<td>93-95</td>
</tr>
<tr>
<td></td>
<td>Forensic Medical Examination Report of Age Estimation of Alleged Victim &amp; Accused of Sexual Assault</td>
<td>96-98</td>
</tr>
</tbody>
</table>
PREFACE

The cases of various types of sexual assault on women and female children are on constant rise. The Forensic Medical examination of victims of sexual assault and accused is done by medical officers working under department of Health services. It is not uncommon to see that such examinations are conducted in partly scientific and at times in a totally non-scientific manner resulting in problems in the process of crime investigation and administration of justice.

In view of WP (PIL) No. 01/2010 of Dr. Ranjana Pardhi & ors Vs State of Maharashtra; the director of Health services Govt. of Maharashtra appointed Eight member committee to look into the matter and asked the committee to prepare a manual and necessary formats concerned with Forensic medical examination of victims of sexual assault and accused. The list of committee members is as follows:*  

1. Dr. S. D. Nanandkar  
   Prof & Head, Dept of Forensic Medicine Grant Medical College 
   Chairman 
   Mumbai. 

2. Dr. S. M. Patil  
   Police Surgeon, Police Hospital 
   Nagpada Mumbai. 
   Member Secretary 

3. Dr. Mrs. R. G. Davar  
   Prof & Head, dept of ObGy, Grant Medical College Mumbai. 
   Member  

4. Dr. Seema Malik  
   Chief Medical Superintendent, 
   Peripheral Hospitals, BMC, 
   Mumbai  
   Member 

5. Dr. P. G. Dixit  
   Prof & Head, Dept of Forensic Medicine. Govt. Medical College 
   Nagpur 
   Member 

6. Dr. Ashok Nandapurkar  
   Resident Medical officer, Civil 
   Hospital Thane. 
   Member  

7. Dr. Nikhil Datar  
   Honorary Gynecologist, Cooper 
   Hospital Mumbai 
   Member 

8. Dr. S. M. Jawale  
   Medical officer, Civil Hospital 
   Thane. 
   Member 

The committee meetings were conducted on 05-01-11; 22-02-11; 03-03-11 & 21-04-11. Additional meetings were conducted in the Directorate of Health of Health services on 06-08-11; 28-09-11; 22-11-11; 15-4-12 & 28-3-13. These meetings were convened to bring about relevant changes in the manual and proformas, on the basis of suggestions given by the interveners and few more invited experts. In addition to this, the other members who have given their inputs earlier were Dr. Anant Phadke, Adv. Mini Mathew, Sonya Gil, Anuja Gulati, Adv. Grover, Dr. Walter Vaz, Dr. B.D.Pawar, Dr. R.B. Kulkarni, Dr. D.S.Nagaonkar, Dr. Indrajit Khandekar, Adv. V.A.Patait, Dr. N.N.Ambhore
(Jt.DMER). CEHAT was represented by Padma Deosthali, Sangita Rege and Sana Contractor. Most of the meetings were chaired by Jt. Director (Medical) Dr. Archana Patil.

In these meetings the committee had gone through the manuals and formats of WHO, CEHAT, UNICEF & Dr. Indrajit Khandekar (Assistant Professor, Department of Forensic Medicine, (MGIMS), Sevagram- Wardha). The main committee *also visited Rajawadi, Oshiwara and K.B. Bhaba Hospitals where the protocol of CEHAT is being used. After studying the available material and observations at above mentioned hospitals, a uniform manual and formats have been prepared as per the orders of Hon’ble Nagpur bench of Bombay High Court.

I on behalf of the committee is sincerely thankful to the representatives of CEHAT, Dr. Indrajit Khandekar, Dr. Ranjana Pardhi, Adv Vijay Patait, Govt. Pledger Smt. Bharati Dangre, Dr. Malve DFSL for their cooperation and inputs. I am expressly grateful to Hon’ble Additional Chief Secretary Health, Govt. Of Maharashtra for valuable guidance, inputs & also for giving an opportunity to me and the committee for working on this important assignment. Thanks are due to Hon’ble Secretary (L&O) Home, Dept., Director of Health Services & Director of Medical Education. On behalf of the committee I am especially thankful to Dr. Indrajit Khandekar for his painstaking & positive efforts and also for giving valuable inputs.

It is needless to say that the compilation of this work would not have been possible without valuable inputs from my committee members and cooperation and technical assistance given by the teaching faculty of Dept. of Forensic Medicine, Grant Govt. Medical College, Mumbai.

The manual and proformas prepared by the committee is the first and historic step aimed at improving the quality and simultaneously bringing about uniformity in the process as desired by the petitioners and ordered by the Hon’ble Nagpur Bench of Bombay High Court. I, on behalf of the committee hope that the manual and proformas in viewed accordingly in right spirit. It is also assured that the manual and proformas will be periodically revised (if found necessary) on the basis of feedback from concerned health professionals working in remote, rural and urban areas as well.

Dr. S. D. Nanandkar
MD (Forensic Medicine) LL.B.
Professor & Head
Dept. of Forensic Medicine
Grant Govt. Medical College & Sir JJ Group of Hospitals
Mumbai
(Chairman)
FORENSIC MEDICAL EXAMINATION OF SEXUAL ASSAULT CASES: A INSTRUCTION MANUAL

INTRODUCTION:

The sexual assault on women and female children is one of the most heinous crime against mankind. The crime is such a menace that no age is exception and which consists of various natural and unnatural sexual offences. It has been estimated that there were 20737 reported cases of sexual assault in 2007 in India, as compared to 15847 in 2003 (statistics published by National Crime Records Bureau). The cases show a constantly rising pattern even today. In addition to this the issue of trafficking of women & children for commercial sexual exploitation emerged in India after landmark decision of Hon'ble Supreme Court in the cases of Vishal Jeet (1990) & Gaurav Jain (1997). In these cases the Supreme Court issued directions to the Union & State governments to study the problem & prepare a National plan. Accordingly, in 1998, the government of India formulated the National Plan of Action to Combat Trafficking and Sexual Exploitation of women & children.

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

The problem of sexual violence against women and female children is very serious and vast in nature. Due to the complexities related to commission of crime, criminal investigation and varied nature of various criminal acts it cannot be possible to describe every related aspect in depth. This manual, therefore is aimed at highlighting the important aspects of investigation of such cases in precisely brief manner and more so in a practical way. A medical officer rendering his services in a government setup mainly in remote and rural areas has to perform administrative and clinical work in addition to examination of such and other medico-legal cases. Hence, a handy manual explaining important aspects of the theory, present practice and a desired standard operative protocol in Forensic medical examination of cases of sexual assault has been designed.
The contents are mainly related to Forensic medical examination of victim, accused and also cases of age determination.

Doctors – usually a Government employee – come across victims of sexual assault referred either by police / magistrate or directly as a first contact. The victims have got faith and respect for the medical practitioners which should be responded by humanly, empathetic approach without ignoring technical procedure related to legal provisions of the case. Precise scientific approach by doctors is a necessity to counteract violation of human rights in such cases.

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

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

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

The committee recommends that a one day training programme be designed and implemented for the doctors and paramedics involved in the process of Forensic Medical examination of victim and accused in cases of sexual assault. Similarly, a 3-hour reorientation programme can be conducted for those who are already working as a medical officer. This is quite necessary in view of scientific advancement, amendments in the related laws and Hon’ble Court judgments.
SCOPE:

This manual will be useful guide for doctors dealing with the cases of sexual assault, for proper examination, collection of evidence and opinion formation. At the outset, we want to clarify that this manual deals with important practical issues faced by doctors and it will not serve as text explaining various aspects of sexual assault in detail. A list of informative manuals and textbooks is provided in Annexure, which can be referred to if the examiner wishes. The manual also provides for contact details of departments of Forensic Medicine of various Government Medical Colleges in state of Maharashtra.

In addition to examination of victim, this manual contains brief guidelines regarding examination of victim and accused for age estimation and examination of the accused.

The manual mainly deals with examination of victim of sexual assault, its legal importance and interpretation, while dealing with cases of child sexual abuse, unnatural sexual offences and other cases of sexual assault.

Various formats/ instructions/provisions devised/ included are :

1. Format for Forensic Medical Examination of Sexual Assault Victim and Accused
2. Form of Report to be used when forwarding samples of Forensic Medical Examination of alleged victim and accused of sexual assault to FSL.
3. Format for giving final opinion of Forensic medical examination of alleged victim and accused of sexual assault.
5. Medical Management/Treatment Form (Checklist)- (Sexual Assault Victim)
6. Body diagrams that may be used for recording the injuries.
7. Instructions to be given to Medical Officers regarding cooperation & information to be given to police.
8. General DOs & DONTs for Medical Officers.
9. WHO definition of Sexual Assault.
It is observed that the facilities for comprehensive medical examination, Forensic medical examination, and allied specialty expertise with treatment and radiological services are not available at many Primary Health Centres. In addition to this, the matter of maximum distance to be travelled by the victim to reach competent centre was also discussed. It is learnt that the maximum distance between any two of the below mentioned hospitals in a particular area is in the range of 20 to 50 kms. Hence the manual recommends that the Forensic Medical Examination of the victim and accused in cases of sexual assault must be conducted at any of the following hospitals and a circular to this effect be issued by concerned departments. It must be remembered here that no victim will be denied medical treatment though examination will be carried out at other designated centre.

1) Government and Municipal Corporation Medical college Hospitals.
2) District civil Hospitals.
3) District women Hospitals.
4) Sub District Hospitals.
5) All Primary Health Centers & Rural Hospitals.
6) Police Hospitals having adequate infrastructure.
7) Municipal Hospitals having adequate infrastructure.
8) ESIS and ESIC Hospitals having adequate infrastructure.
9) Private Medical College Hospitals authorized by government.
10) Central Govt., Trust, Private Multi specialty; hospitals having adequate infrastructure and authorized by Government.
11) About 3 to 5 upgraded Primary Health Centres in every District.

The earmarked/ specified designated hospitals should be located at such places so that no unreasonable delay in reporting to the designated sites/ hospitals occurs which may hamper the process of investigation in future. For this purpose some PHCs may be upgraded with manpower and other facilities by the district health authorities. Circular to this effect may be issued by the concerned health department.

All the private practioners / nursing homes etc must be requested to refer alleged or suspected cases of Sexual Assault to nearby designated centres for Forensic Medical Examination after giving emergency treatment if needed. In unusual circumstances if
patient reports to them for treatment then recording of relevant injuries etc must be carefully done by them.

The earmarked and designated sites or hospitals must be informed to the Law enforcement agencies by the Civil Surgeon and District Health Officer. Public should be informed by district health authorities through media, official websites, and through other agencies or reasonable means about the designated sites for such examination.

Though it is recommended that these examinations should be carried out at above-mentioned centres, in a case presenting with serious life threatening emergencies, medical management should be carried out.

It must be understood by doctors that Forensic medical examination of victim is a “medico-legal emergency” as per Supreme Court directives issued in the year 2000. Hence, such cases must be examined without delay. No such case should be refused for examination for the reasons of non availability of lady medical officer, because any registered medical practitioner (allopathic) working in an authorized hospital can examine victim in presence of other woman.

In hospitals where services of specialists from Forensic Medicine and Gynecology are available, this examination can be jointly conducted by them. The doctor from the forensic department will take the responsibility of all medico-legal part and the doctor from the gynecology department will take the responsibility of treatment or medical management part.

The doctors from the forensic department will remain on call for this purpose. Head of Each institute or medical college shall make rules in this regard. The Forensic medicine expert and gynaecologist will be individually responsible for their respective role in examination, reporting and treatment. In general the court calls will be attended by both Forensic doctor & Gynaecologist or by any one of the two.
INFORMATION REGARDING SEXUAL ASSAULT RELATED DIFFERENT ACTS:

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

1) Sexual intercourse – vaginal/ anal/ oral:–

The commonly observed offence of sexual assault is in the form of peno vaginal sexual intercourse. Generally, injuries will be in the form of abrasion, abraded contusion, laceration and contused laceration. Presence of semen and presence of any or all of such injuries may be instrumental in diagnosing the offence of sexual assault. However, it may be noted that difference in size of organs may be relevant in cases of children, but still often injuries are not seen in children as the penetration may not be complete or victim is threatened etc. In cases of adults, injuries are largely dependent on resistance offered. However, resistance may not be offered in all cases as the survivor may be drugged/ intoxicated, may be restraint or under threat of harm.

The cases of unnatural sexual offence of peno anal intercourse are also not infrequent. There may be characteristic injuries, which will depend upon the amount of resistance and force used. These injuries may be in the form of abrasion, abraded contusion, laceration and contused laceration. Presence of semen with or without lubricant and presence of any or all of such injuries may be instrumental in diagnosing this unnatural offence of sexual assault.

The offence of buccal coitus (oral intercourse) is also not uncommon. In this offence depending upon resistance offered by victim and force used by accused there may be injuries to lips and at times buccal mucosa in the form of abrasion and abraded contusions. Proportionately there can be victim’s teeth bite mark on the penis. Presence of semen in the oral cavity and presence of any or all of such injuries may be instrumental in diagnosing this offence of sexual assault.
The definition of rape as per the recent amendment (The Criminal Law (Amendment) Bill, 2013 as Passed By Lok Sabha On 19 March, 2013) apart from peno-vaginal sexual intercourse includes other forms of sexual assault like oral penetration, urethral/ anal penetration, fingering, use of objects (other than penis) for vaginal, urethral and anal penetration. It also includes manipulation of any part of the body of a woman so as to cause penetration into the vagina, urethra, anus or any other part of body and application of mouth to the vagina, anus, urethra of woman and regards it as a 'rape' under the various circumstances explained in the law.

2) Sexual abuse of children/ people with mental and physical disabilities:

The quantum and severity of the injuries mentioned above in Sr. No. (1) in all varieties of cases may be more in cases of children but amount of force used will be the determining factor in such circumstances. In case of victims with physical and mental disabilities the injuries will not be numerous or extensive. Rest of the findings may be same as mentioned above.

3) Human trafficking:

The causative factors and the quantum with extent of injuries in cases of natural and unnatural sexual assault is same as mentioned above in Sr. No. (1) and (2), however the only difference in the protocol lies in mandatory age determination; in addition to Forensic medical examination for confirmation of sexual assault as per Section 15 (5-A) of ITPA.

4) Indecent assault:

This offence mainly comes under the category of non penetrative sexual assault (section 354 of IPC). The main ingredients of this offence are in the form of touching various body parts, breast sucking, kissing, fondling, fingering, masturbation, presence of lubrication, saliva or other body secretions etc. There may be evidence of injuries (abrasions, contusions) in these cases if significant force is used. However, it must be noted that in these cases, it may not be always possible to see injuries or find evidence, so accurate recording is important. However it must be noted that the offences like fingering & masturbation are now included in the Sec.375(b) of Criminal Law Amendment Act 2013.
HEALTH CONSEQUENCES OF SEXUAL ASSAULT:

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

<table>
<thead>
<tr>
<th>Physical Health Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Abdominal pain</td>
</tr>
<tr>
<td>• Burning micturation</td>
</tr>
<tr>
<td>• Sexual dysfunction</td>
</tr>
<tr>
<td>• Dyspareunia</td>
</tr>
<tr>
<td>• Urinary tract infection</td>
</tr>
<tr>
<td>• Unwanted pregnancy</td>
</tr>
<tr>
<td>• Miscarriage of existing fetus</td>
</tr>
<tr>
<td>• STD (Sexually transmitted diseases/ Infections)</td>
</tr>
<tr>
<td>• PID (Pelvic Inflammatory Disease)</td>
</tr>
<tr>
<td>• Unsafe abortion</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Psychological Health Consequences</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Short term psychological effects</td>
</tr>
<tr>
<td>• Fear and shock</td>
</tr>
<tr>
<td>• Physical and emotional pain</td>
</tr>
<tr>
<td>• Worthlessness</td>
</tr>
<tr>
<td>• Long term psychological effects</td>
</tr>
<tr>
<td>• Depression and chronic anxiety</td>
</tr>
<tr>
<td>• Feeling of vulnerability</td>
</tr>
<tr>
<td>• Loss of control</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intense self disgust and powerlessness</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Apathy</td>
</tr>
<tr>
<td>• Denial</td>
</tr>
<tr>
<td>• Numbness</td>
</tr>
<tr>
<td>• Withdrawal</td>
</tr>
<tr>
<td>• Emotional distress</td>
</tr>
<tr>
<td>• Impaired sense of self</td>
</tr>
<tr>
<td>• Nightmare</td>
</tr>
<tr>
<td>• Self blame</td>
</tr>
<tr>
<td>• Mistrust</td>
</tr>
<tr>
<td>• Avoidance and post traumatic stress disorder</td>
</tr>
<tr>
<td>• Chronic mental disorder</td>
</tr>
<tr>
<td>• Suicidal tendencies</td>
</tr>
</tbody>
</table>

| Inability to function normally in their daily lives |

RAPE TRAUMA SYNDROME: Symptoms appears in two stages

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

  Victim feels shock and disbelief regarding rape. They may initially react in two ways – a) in the expressed style in which patient display anger, anxiety, fear and often cries. b) in the controlled style in which patient remains calm and
controlled and displays little outward emotion. This phase can last from 6 weeks to few months.

- **Phase 2 – The reorganization phase:**
  It is a long term process in which the victim develops certain coping mechanisms. It includes outward adjustment, personal integration.

**DUTIES OF HEALTH CARE PROVIDERS:**

It must be understood by doctors that Forensic medical examination of victim is a “medico-legal emergency” as per Supreme Court directives issued in the year 2000. No such case should be refused for examination for the reasons of non availability of lady medical officer, because any registered medical practitioner (allopathic) working in an authorized hospital can examine them in the presence of female nurse/attendant.

- Immediate intervention or referral to higher centers in cases of medical and/or surgical emergencies arising from sexual assault. Under such circumstances life saving procedures can be done even without consent. Collection of evidence and other necessities can be done simultaneously while dealing with emergency.
- Providing necessary medical support for physical and psychological problem after obtaining informed consent.
- Detail Forensic medical examination and documentation.
- Collection, preservation and handing over different samples.
- Forming valid, justifiable and reasonable opinion depending strictly on the facts observed.
- Information to police.
- Providing copies of documentation and the medical examination to the survivor.
- Emergency contraception.
- Treatment.

**OBJECTIVES OF MEDICAL AND FORENSIC MEDICAL EXAMINATION:**

- Providing treatment and appropriate referrals for the patient.
- Ascertaining whether sexual act has been attempted / completed or not.
- Ascertaining whether such a sexual act is recent.
• Ascertaining whether such act was forcible.
• Collection of samples for FSL examination.
• Ascertaining whether there is e/o non penetrative sexual assault.
• Verification of age is must if validity of consent is questionable.

GUIDELINES FOR FORENSIC MEDICAL EXAMINATION OF VICTIM

Registration of sexually assaulted victims & Preliminary information:-

Medico-legal register / accident register available in casualty or Accident & Emergency Section is used for registering sexual assault cases. Record should be precise and in detail including preliminary data.

Register is in possession of CMO and should be kept in lock and key considering importance of confidentiality in such cases.

Indian law being procedural law it is necessary that all the preliminary details must be entered without fail to make the document more valid.

Each hospital or doctor can use already printed version of the form or can type or generate the same through Forensic Medical Software.

(I): Preliminary Information and consent:

1) Write the name of the Hospital/ Department/Unit including place where the examination is conducted.
2) Enter the case details like OPD / IPD number or other registration number of the patient with date, as applicable. Also Enter MLC (Medico-legal Case) number with date of registering MLC.
3) Record name of the alleged victim.
4) Enter age, sex, date of birth and religion.
5) The information related to the marital status is also important. So enter the marital status of the patient i.e., whether single, married, divorced etc.
6) Enter the patients address
7) Enter the contact phone number if any.
8) If the patient has been brought by police the information related to number and name of police personal with CR number, IPC section and name of the police station must be compulsorily written.
It is very important to remember that no case must be refused for examination for want of police requisition. If patient reports on her own and/or along with some relative, his name and relation must be mentioned.

9) The matter of consent has been discussed in the following section. A fully informed consent must be taken in prescribed form. It is mandatory to take signature of the victim/guardian and counter sign of the doctor.

10) Two well-defined identification marks with thumb impression (right hand in case of females and left hand in case of males must be taken.

11) The signature and name of female nurse/attendant: If female patient is to be examined by a male doctor then such examination shall be made in presence of a female person i.e., nurse/attendant/etc. In such circumstances the name and signature of the female person in whose presence the examination is conducted shall be obtained against this column of consent form. If female patient is being examined by female doctor then ‘not applicable’ must be written against this column.

12) Record date and time of medico-legal examination.

13) Record the name of the doctor who has conducted the examination.

**ROLE OF CONSENT:**

Consent is a voluntary agreement, compliance or permission. Consent signifies acceptance by a person of the consequences of an act that is being carried out. To be legally valid it must be given after understanding what it is given for and its consequences and risk involved. It is therefore necessary that only informed consent must be taken before conducting Forensic medical examination of victim. It is necessary to explain/inform about various ingredients of consent, benefits of giving consent and also problems arising out of partial/complete denial for medical and Forensic medical examination in a good language.

Consent is most important as no one including Court or police can force alleged victim of sexual assault to undergo examination. There are many benefits of informed consent. It gives full information regarding concerned procedure to the patient. It also
gives an idea regarding problems arising out of denial. It offers various options to the	patient. The informed consent also serves as a good legal safeguard for the doctor
conducting such procedure.

Informed consent: After explaining about examination, collection of evidence, information
to police and treatment, informed consent should be obtained from all the victims of
sexual assault, above 12 years. In case if the victim is below 12 years consent of the
guardian should be taken. However, it must be remembered that if the guardian himself
happens to be an accused, consent of Superintendent or RMO must be taken.
The ingredients of this informed consent should be as follows. (Mark that applies)
□ Medical examination, sample collection for investigations and treatment.
□ Forensic Medical examination of genitals (including anus), other body parts and also
examination of other secondary sexual characters.
□ Collection of samples for Forensic laboratory examination.

** I have also been informed that I can refuse the whole or part of the examination at
any stage (**Not applicable in case of accused.). In this event I have been informed the
possible Medico Legal implications/consequences of loss of evidence and
documentation. I have also been informed the benefits of full examination. I have been
further informed that this refusal will not have any impact on the quality of treatment
provided. All this has been explained to me in the manner and language which I can
understand.

- In cases of examination of accused for evidence of sexual assault, potency and age
  estimation, it is not necessary to take his consent (in case of denial) as per the
  provisions of section 53 of the code of Criminal procedure).
- Signature of witness may be taken. If victim is below 12 or mentally unsound,
  consent of parents/ guardian is required.
- If victim of sexual assault refuses to give consent for any of the act/ procedure, a
detailed informed refusal mentioning consequences of such act must be taken in
writing as mentioned above, and it should be signed by victim, doctor and witness.

(II) History/ Details of sexual assault:

It has been observed that the doctors examining victim of sexual assault, either
take a very brief/ cursory & formal history or ask dry and direct questions without
bothering for the grief and condition of the patient. Doctors should keep in mind that sexual assault is a social stigma and is a traumatizing experience. Hence, one must be very sensitive and compassionate while eliciting the history. Talk with the patient in a non-threatening environment and do not be judgmental, and do not interrupt the patient while eliciting the history. The patient may become depressed, indifferent or non-cooperative if above guidelines are not followed. Physical and mental comfort to the victim helps to elicit proper history. This can be achieved by providing privacy and empathetic approach by the team. History should be in her own language. Some of the important points to be elicited in the history of sexual assault are as follows.

- Date, time and place of assault.
- Details of assailant/s like their number and features if known.
- Details of the act or acts alleged
- Did she experience any pain at the time of incident or subsequently?
- Description of the type of surface on which the assault occurred.
- History of intoxication (medications/drugs/alcohol/inhaled substances etc) if any.
- The nature of the physical contacts
- Threat including verbal threat/ use of force, weapons used and injuries caused.
- Penetration attempted/ complete (oral, vaginal, anal) by penis /fingers /objects.
- Ejaculation; in vagina, anus, mouth, on breast or on other body parts or on clothing, bedding or other places.
- Oral contact of offender’s mouth with victim’s face, body or genito-anal area;
- Was there attempted or complete sucking, licking, kissing, and fondling?
- Was there use of condom and / or lubricant?
- Injuries inflicted on assailant if any.
- Whether she resisted – in which manner.
- Did she lose consciousness at any time? (which the patient is aware of)
- Any subsequent activities by the patient that may alter evidences, for example, bathing, douching, micturated, wiping, the use of tampons, change of clothing etc, should also be documented.
• Is there history of last consensual sexual intercourse, if yes when. (This information should be recorded only if there has been any consensual intercourse within past 2-3 weeks, because detection of sperm or semen of the consensual relationship, if any has to be ruled out as against the detection of sperm or semen of the accused. Also, this needs to be done on a case-to-case basis, when such information would contribute to identifying the assailant.)

• Was there menstruation, bleeding, pain at the time of alleged assault?

• Any form of contraception used and any history of sexually transmitted infections prior to assault (asked only if relevant to the exam or to the assault).

While taking history, no third person/ police is allowed. If she refused to answer, unnecessary pursuance should not be done. Importance of history for treatment purposes as well as its legal implications can be explained.

{III} MEDICAL, SURGICAL AND OBSTETRIC HISTORY:-

Physical and mental comfort to the victim helps to elicit proper history. This can be achieved by providing privacy and empathetic approach by the team. History should be in her own language.

a) Enter the relevant details regarding menarche/ menopause. Also enter the date of LMP (Last menstrual period).

b) Enter the patient’s menstrual status at the time of examination i.e., menstruating or not if relevant. Otherwise note- ‘not applicable’.

c) Enter the obstetric details of the patient. Note about pregnancies, deliveries, live births, abortions and deaths (G/P/L/A/D); if relevant to the assault.

d) Enter the details of contraception used (if relevant to the assault).

e) If patient is pregnant at the time of assault, then details like length of gestation be entered. Otherwise note- ‘not applicable’.

f) H/o allergies and current medication if any.

g) Past medical or surgical history, if relevant. Operative intervention in genital or perineal region if any.

{IV} GENERAL PHYSICAL EXAMINATION:-This examination is aimed at knowing the important parameters pertaining to overall health status of the person so that prioritization of medical and forensic examination can be done.
a) General Mental condition including orientation as regards to time, place, and person. In order to comment on the general mental condition the examining doctors is advised to refer 'the rape trauma syndrome' in the manual. It should be also kept in mind that doctor is not able to appreciate the signs of mental condition after the sexual assault in each and every case. The observations to be done in relation to this must include whether she was agitated, restless, numb, anxious, able to respond to questions asked by the doctor. It is advised that the doctor record her feelings in her own words for ensuring accuracy. Cases of sexual assault are underreported due to the attached social stigma. Hence it is pertinent that such reporting be interpreted as an act of courage. The survivors may respond in different ways in such traumatic events.

b) Take vitals like pulse, BP (blood pressure), respiratory rate. Also record, height and weight as a part of routine examination.

c) Signs of intoxication by drugs & / or alcohol.

d) Examination of clothes (if same as those worn at the time of assault). For evidence of tears, loss of parts, stains (i.e., blood, mud, semen etc), other foreign materials etc.

e) 17

f) Stains / foreign materials on body (including Pubic hairs & fingernails)

g) Gait of victim.

h) Abdominal examination with special reference to pregnancy.

i) Any other conditions like conditions of Fingernails- intact, broken, foreign body under the nails etc.

(V) INJURIES ON BODY:- The injuries on body may be due to various causes and of different types. Generally, these injuries are produced due to assault by the accused during struggle of the victim. There may be defence injuries also.

The injuries observed in this situation range from abrasion, abraded contusion, contusion, laceration at one end commonly and incised injuries, stab injuries, severe fractures and gunshot wounds at the extreme end. Do not use short form while describing the injury like CLW as it creates confusion. Injuries may be described in running text or in chart as shown in format. While describing injuries it is necessary to
note down their exact site, size, shape, color for age, direction, margins, depth and
evidence of any foreign material. The same injuries so entered can be marked on the
body diagrams for better appreciation. The injuries which are not visible to naked eye
examination may be seen if a follow up examination within a period of 48-72 hrs.

Following is the body region wise information of the injuries which may be seen in
the course of sexual assault. These areas must be carefully examined.

a. Head Neck Face:- Scalp hematomas, black eyes, petechial haemorrhges in
eyes, abrasion, contusion, laceration of jaw lips, buccal mucosa, gums, bite
marks on cheek, laceration of frenulum and fracture tooth, bruising of ears.
General or imprint bruises due to strangulation.

b. Breasts:- Bite marks, Contusions, discoid forceful fondling resulting in
fingertip bruises and crescentic nail scratches.

c. Upper limbs:- Contusions on shoulder and upper arms, contusions of wrist,
defense injuries on palms and forearms fingertip bruises and crescentic nail
scratches.

d. Buttocks:- Contusions, fingertip bruises and crescentic nail scratches and
graze abrasions in the event of dragging.

e. Inner aspect of thighs:- Abraded contusions and fingertip bruises and
crescentic nail scratches.

f. Other areas of body:- Sometimes graze abrasions on back, elbow and
scapular regions in the event of dragging. Situations are not uncommon
when injuries like head injury, incised injury, multiple fracture and stab
wounds are seen.

(VI) LOCAL EXAMINATION OF GENITALS:- This examination is the most integral part
in this process. The examination must be done in lithotomy position. If the patient is
menstruating at the time of examination then the process of examination and sample
collection of other areas be done. While describing injuries it is necessary to note down
their exact site, size, shape, color for age, direction, margins, depth and evidence of any
foreign material. The patient can be called back for re-examination immediately after the
period is over.

a. Pubic hairs: Examine for matting, any loose hairs, and foreign material.
b. Labia majora: Examine for evidence of swelling, tenderness, bleeding and type of injury. The injuries commonly seen in this area are abrasions, contusions & lacerations.

c. Labia Minora: 

d. Clitoris: 

e. Fourchette & Introitus /vagina:- The examination needs to be done with the help of vaginal speculum. Examine for evidence of swelling, tenderness, bleeding and type of injury. The injuries commonly seen in this area are of abrasions, contusions, and lacerations type. If the injuries are not visible but suspected Toluidine blue test must be performed.

f. Hymen:- Hymenal findings may be recorded only when relevant such as edema or bleeding, not otherwise.

**Finger Test of sexual assault victims:** The procedure is degrading and crude medically and scientifically irrelevant. This procedure should not be performed in cases of sexual assault as information about past sexual conduct has been considered irrelevant to the case in several judgments. On the basis of test results or on any other basis doctors should not identify that victim is habituated to sexual intercourse or not.

g. Evidence of perineal tear:- E/o swelling, bleeding and degree must be mentioned.

h. Urethra:- Swelling /edema, discharge, bleeding and injuries.

i. PS (persepculum) examination: relevant findings should be clearly noted.

j. Anus:- Look for injuries/bleeding/discharge/swelling/stains/warts. Per rectal examination may also be done to find out deeper injuries/stains/fissures/haemorrhoids.

k. Oral cavity: It should be inspected carefully, checking for bruising, abrasions and lacerations of buccal mucosa, petechiae on the hard/soft palate, torn frenulum & broken teeth. Collect an oral swab, if indicated.

l. Any other findings:- Any other important and relevant finding which not covered above must be entered.
(Note: PS examination is not warranted in children, but this examination needs to be done at least in case of adults, to identify and document internal injuries accurately)

[VII] SPECIFIC EXAMINATIONS: The tests should be done in following order.

A] Wet Mount Slide Test: The vaginal secretion from posterior fornices or cervical secretion, obtained by introducing plain sterile cotton wool swab (or 1ml pipette) and the material obtained must immediately be transferred to a glass slide and spread in the form of thin film, to visualize motile spermatozoa under microscope.

In case if the material so collected on swab shows partial drying it is necessary to put a drop of normal saline on the slide to preserve the motility of the sperms (a buffered nutrient medium may also be used if available).

And the wet mount slides can be examined under a biological microscope of 400 power within 5-10 mins for the presence of motile spermatozoa, which is a positive sign of recent sexual intercourse. This test must be done at an earliest because motility of sperm is seen upto 12 hours after ejaculation though both motile and non motile forms may be found in cervix for longer periods.

For visualization of non motile (dead) spermatozoa: In case of dry stain it is necessary to transfer the material in the watch glass and soaked in sterile water for 10 mins. It is then picked up with foreceps and smears are prepared on microscopic slide. The slides are dried and stained. Commonly employed staining method includes Gram's, H & E and Pap. The stained slide should be microscopically examined for the presence of human spermatozoa, which is a positive sign of recent sexual intercourse.

After examining the slide for motile spermatozoa the same slide must be air dried and sent to Forensic science laboratory in addition to other slides.

It must be noted that absence of spermatozoa does not rule out sexual intercourse.

B] Toluidine blue dye test: This test is done when the injuries are not appreciated by naked eye examination. After initial examination of posterior fourchette & fossa navicularis & collection of swabs, apply 1% aqueous solution of Toluidine blue dye to posterior fourchette & fossa navicularis. After allowing a minute for the Dye uptake, apply K-Y jelly or 10% acetic acid and wipe out the dye. Dye uptake is considered positive & affirms injury when there is residual blue coloring of the injuries /its margins after the excess dye has been removed.
Note: It should be done before Per Speculum examination, but after collection of vaginal samples, as spraying of the dye and washing away the excess can cause loss of evidence.

C] UV light Examination (if facilities are available): The seminal, blood and salivary stains (dried or moist), fluorescent fibres and subtle injuries, exhibits characteristic appearance when subjected to visual examination by using long wave UV light. Shall only be used to visualize the stain and for collection of swab from that area.

D] Anoscopic / Colposcopic examination (if facilities are available): Anoscopic examination is done in case of bleeding, severe pain, injury or foreign body in rectum. The Colposcope has a magnifying lens with green filter. This can be used for examination of injuries which are not appreciated by naked eye. The areas where this instrument can be used are oropharynx, genital and rectum. Even minor skin injuries and pathological lesions can also be appreciated. However, these examinations can be done at a referral centres.

(VIII): SAMPLE COLLECTION FOR HOSPITAL/ CLINICAL LABORATORY:
Where appropriate tests and laboratory facilities exist, the following tests for Sexually Transmitted Infections (STI) should be offered:

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

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

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

1. High vaginal/ Cervical Swab (Sterile Cotton) for microscopy and culture in plain sterile bulb. After the speculum is in place remove any mucus with cotton or gauze. Insert the swab and collect the specimen with a gentle side-to-side motion. Allow a few seconds for the organism to adsorb onto the swab surface. Sample any cervical discharge present.

2. Urethral Swab (Sterile Cotton) for microscopy and culture in plain sterile bulb.

3. Swab (Sterile Cotton) from discharge for microscopy and culture in plain sterile bulb.


5. Urine (midstream) for microscopy and culture in plain sterile bulb.

6. Swab (Sterile Cotton) from rectum for microscopy and culture in plain sterile bulb may be taken in required cases. Insert the swab 4-5 cm into the anal canal and gently move it from side to side to sample the anal crypts. Allow a few seconds for the organism to adsorb onto the swab, and gently rotate the swab during withdrawal. If heavy fecal contamination is observed on the swab, collect another specimen with a fresh swab.

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

**IX) COLLECTION OF FORENSIC EVIDENCE/ MATERIAL/ SAMPLES:**

Indian law is procedural. Therefore, in all cases of victim of sexual assault evidence should be collected as per guidelines. Please make an assessment of the case & determine what evidence needs to be collected before you begin. This procedure cannot be done mechanically and will require some analysis. This screening will also help in
avoiding unnecessary sample collection. Ideally, if there is no specific indication then there is no need to collect the samples for semen analysis if patient reports to the hospital after around three weeks of incidence. In such cases, reference samples can be collected if requested by police. Here it must be remembered that specific mention in words as to which samples are collected & which are not collected is very necessary. The proforma for the examination of the victim provides for these instructions plus the detail receipt of samples collected and preserved. The list of samples so collected under different headings is included in the forwarding letter (requisition) to the Forensic Science Laboratory, this is an annexure to the examination format and the same is mentioned so in the format. It is important to note that the swabs and smears collected from clothing, body and genitals must be air dried & kept in clean test tube having lid. The test tube is kept in paper envelope which is labeled and sealed. For performance of wet mount slide examination, a separate swab must be collected.

All samples must be sealed & labeled to avoid tampering. Properly filled requisition form is handed over to concerned police along with samples taking has/ her due receipt. Receipt includes signature, name, designation, buckle number of police, name of police station, date and time to maintain chain of custody.

In case if she comes on her own for examination, the samples collected must be kept in the custody of doctor / sister-in-charge on duty till handover to police. Here it must be remembered that primarily it is the responsibility of examining doctor as regards to collection, labeling, sealing and forwarding them through police to FSL. However if delay is anticipated he must hand it over to the In charge of central record section for subsequent hand over and obtain a detailed receipt to maintain strict chain of custody.

In the event of anticipated delay in handing over of samples, the same must be kept in normal refrigerator.

**General Evidence:**

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

2) Cloths: Cloths worn at the time of assault-
• Request the victim to undress herself behind the curtain stand and provide her with necessary hospital linen (dress).
• Note the presence of stains – semen, blood, foreign body etc.
• Note if there are any tears or marks on clothes.
• Allow clothes (including bedsheets, towel & handkerchief) to air dry and ensure that they are folded in such a manner that the stained parts are not in contact with unstained part of the clothing. Pack the clothes separately in clean brown paper.
• In case of used condom reverse it carefully, empty the contents on a clean, dry & sterile piece of cloth, dry it. Dry the condom as well, pack both separately in brown paper. Always use sterile gloves while doing this to avoid contamination.
• Preserve clothes in paper bags, seal and label them.
• In case if the victim has changed the cloth, police should be instructed to collect the clothes worn at the time of offence.

3) Examine the sanitary napkins, panty, diapers, and tampon (worn by the patient for the period of up to 24 hours after assault) for semen stains. If present then its blood group and DNA profiling.

**Toxicological Samples:**

4) Blood: Sterile needle and syringe is used to collect venous blood which is poured in different bulbs after removing needle. Gently shake the bulb to ensure mixing of preservative. Collect blood for grouping – 2 ml in citrate bulb, blood for chemical analysis – 5 ml in Fluoride and Oxalate bulb/ vacutainer (for evidence of alcohol and drugs).

5) Urine in a vial (fluoride bulb for evidence of alcohol and drugs).

**Body samples other than perineal region:**

6) Swabs from cheek and gums (Oral swabs as per history), one each for the evidence of semen, blood group and DNA profiling. If there is no history of oral sex, oral swab need not be collected.

7) The foreign material found on the body/cloths for its identification, nature and source.

8) Swabs from semen like stains on body for evidence of nature, blood group and DNA profiling.
9) Swab from bitten, licked and kissed areas (one each) for evidence of blood group and DNA profiling. If history indicates then the suspected saliva stains on victims body can be swabbed by clean sterile piece of cotton cloth. Air dry the cloth & pack it. If cigarette butts or chewing gum is found then air dry the same. Place the air dried saliva stains in clean paper envelope & forward to FSL as early as possible.

10) Combed head hairs for comparison and DNA profiling.

11) & 12): Fingernail scrapings/clippings of both hands separately for detection of skin, blood, hairs, soil, fibres from assailant; if human tissue its origin, blood group and DNA profiling. Nail scrapping is done with sterile toothpick. Nail clippings are taken with nail cutter. Both are collected separately for right and left hand. Both these materials so collected are collected in plain paper, folded and then put in paper envelope.

Genital and Anal Samples:

13) Matted pubic hairs for identification of semen, its group and DNA. The dried patch of approximately 10 to 15 hairs to be cut with scissor. Collect in paper, fold and kept in envelope.

14) Combed pubic hairs: Approximately 10 to 15 loose combed pubic hairs are to be collected in a clean paper underneath. These collected hairs along with the comb used are kept in same paper, folded and kept in envelope. This is useful for comparison with those of assailant.

15) One swab and smear from labia majora on a sterile swab and glass slide respectively with air drying to be put in an envelope for identification of semen / saliva of the assailant, its nature, group and DNA analysis.

16) One swab and smear from labia minora on a sterile swab and glass slide respectively with air drying to be put in an envelope for identification of semen / saliva of the assailant, its nature, group and DNA analysis.

17) One vaginal swab on a sterile swab with air drying to be put in an envelope for identification of semen of the assailant, its nature, group and DNA analysis. Other one should be used for wet mount slide preparation.

18) One cervical swab on a sterile swab with air drying to be put in an envelope for identification of semen of the assailant, its nature, group and DNA analysis. Other
one should be used for wet mount slide preparation if necessary in case if vaginal swab does not yield result.

19) One vaginal smear on a glass slide with air drying to be put in an envelope for identification of semen of the assailant, its nature, group and DNA analysis.

20) One swab from anal/rectal region each with smear (if applicable) on a sterile swab and a glass slide respectively with air drying to be put in an envelope for identification of semen of the assailant, its nature, group and DNA analysis.

**Reference samples:**

21) Blood on clean white cotton cloth for grouping and DNA analysis.

22) Blood in plain bulb/vaccutainers for grouping – 2 ml. (if not taken on clean white cotton cloth/filter paper)

23) Blood in EDTA bulb/vaccutainers for DNA analysis – 2 ml. (if not taken on clean white cotton cloth/filter paper)

24) & 25) Hairs (scalp and pubic) 10-20 strands (cut with scissor) to be collected and packed separately for comparison with the loose hairs found from the body of the victim herself and from the scene.

**Control Sample:**

26) Control swabs from the unstained area adjacent to the skin; collected to interpret the typing results from the evidence swab.

**NOTE:-**

- "INSTRUCTIONS OF FSL FOR SENDING GENITAL & ANAL SAMPLES"

**1. Vaginal Swab:**

Use dry sterile cotton swab, use minimum quantity of double distilled or glass distilled water to make the swab wet. Swab victim's genitals carefully. Use two to three swabs only. Do not prepare separate swab for each part of genitals (vagina), instead concentrate all the biological material on two to three swabs and term it as vaginal swab. Preparing separate swabs may lead to loss of valuable evidence material. After collection air dry the swabs properly. Do not pack wet swabs to avoid bacterial degradation of evidence material. Place the dried swabs in clean sterile test tube or glass vial and forward to FSL as early as possible. No preservative should be added.
2. **Vaginal Smear :-**

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

3. **Pubic Hair :-**

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

1. If the pubic hair is to be forwarded for transfer of hair from accused to victim and vice versa then careful combing should be done to detect any foreign hair.

2. In case of minor victim if the pubic hair of accused is detected near genitals of the victim then only it is advisable to forward the reference sample and control sample of accused. Otherwise forwarding only control pubic hair sample does not make any sense.

3. Forwarding scalp hair samples in sexual assault case does not make any sense. So avoid sending scalp hair samples routinely. It is advisable to send the scalp hair only if the foreign scalp hair is detected on person of victim. DNA test of pubic hair is only possible if the questioned pubic hair is with root.

4. Place the pubic hair sample in clean dry and sterile glass container. Avoid packing wet hair sample in paper or any absorptive packaging material as the body fluid in question may get transferred onto packaging material. Forward the sample as early as possible to FSL.

**Control blood :-**

Forward the control blood samples only in kit provided by FSL and as per the instructions of FSL. Accompany the samples with identification form provided by FSL. Duly fill the entries in ID form. No columns should be left empty. Never forward the control blood samples in any other containers as they are unsuitable for DNA analysis. Paternity dispute blood samples are also to be forwarded in above mentioned way.

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

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

**FORWARDING SAMPLES TO FSL:**

All samples must be sealed and labeled to avoid tampering. Properly filled requisition form is handed over to concerned police along with samples taking his/her due receipt. Receipt includes signature, name, designation, bundle number of police, name of police station, date and time to maintain chain of custody.

Samples for microbiological studies which include swabs, smears for STDs and blood for HIV test, VDRL is to be sent to Microbiology department of nearest Government Medical College along with requisition for the same.

If, it is not possible to immediately handover the samples to the police after examination or if, police is not available to collect the evidence; then such evidence shall be kept in the safe custody of assigned person in the health facility. The details of all handing over from one ‘custodian’ to the other must be documented and continuity must be maintained.

**RECEIPT:** The receipt must include total number of samples received in figures and words and the fact that the samples are received as per the list in intact, labeled and sealed condition for subsequent submission to FSL. The receiving person’s signature, Number., Name, Designation with name and place of police station must be mandatorily taken down at the bottom of the form or in a separate register maintained for this purpose.

**(X) FRAMING OF PROVISIONAL OPINION:**

Opinion must be evidence based. History or information supplied by police or others should not influence your opinion. Rape is legal definition and not medical diagnosis. Hence, word “Rape” should not be used while forwarding opinion.

On first examination of the victim, one should always mention the brief summarized facts observed. The final diagnosis of penetrative forceful (otherwise) sexual assault should not be given generally on first examination. Here it will be better to reserve the
final opinion until the results of Forensic Science Laboratory examination (if samples preserved) and follow up examination done within 2-7 days (if applicable).

It has been observed that most of the examining physicians write opinion in their medico-legal reports to the effect that “she is habituated to sexual intercourse” on the basis of findings of ‘finger test’. It must be remembered that this opinion has no relevance at all whatsoever to the offence. For this point, it will be relevant here to quote the observations of Supreme Court: the Supreme Court held that,

Even assuming that the victim was previously accustomed [to] sexual intercourse, that is not a determinative question. On the contrary, the question which was required to be adjudicated was did the accused commit rape on the victim on the occasion complained of. Even if it is hypothetically accepted that the victim had lost her virginity earlier, it did not and cannot in law give licence [sic] to any person to rape her. It is the accused who was on trial and not the victim. Even if the victim in a given case has been promiscuous in her sexual behavior earlier, she has a right to refuse to submit herself to sexual intercourse to anyone and everyone because she is not a vulnerable object or prey for being sexually assaulted by anyone and everyone (State of Uttar Pradesh v. Pappu, (2005) 3 SCC 594, para. 3.)

- Always keep in mind:
  
  Normal examination findings neither refute nor confirm the forceful sexual intercourse.

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

  Forceful sexual intercourse is possible without leaving any medical evidence. Absence of injury occurs in consensual as well as forced intercourse

  ➢ Apart from this **Reasons for absence of general injuries in alleged victims of serious sexual assault include:**

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

➢ Reasons for the absence of ano-genital injuries in alleged victims of serious sexual assault include:
- Less than half of all complainants of sexual assault have injuries to the genital and anal areas.
- The alleged sexual act (such as rubbing, touching) was unlikely to result in injuries.
- Delay in reporting the incidence
- The victim is sexually active.
- The natural elasticity of the postpubertal female genitalia, including the hymen.
- The natural elasticity of the anus.
- The use of lubricants.
- Survivor being unconscious, under the effect of alcohol/drugs

Provisional Opinion: Enter the approximate time in hours or days after which the examination is performed after the alleged incident. This is important as it may influence the appearance of findings and/or outcome of chemical analysis reports.

The ingredients of provisional opinion issued on first examination are as follows:
1) Evidence of injuries to the genitals / anus: This information is related to injuries to genitals i.e., vulva, hymen, vagina, anus. If injuries are absent then appropriate reasons for absence of injuries (detailed above) must be explained in this column for example delay in reporting to hospital, minimal application of force, use of lubricants, victim being unconscious/ under the influence of alcohol/ drugs/ threatened etc.

2) Evidence related to non-penetrative assault: This information relates to bite marks, injuries to lips, cheeks, breast, buttocks etc. Non-penetrative sexual assault may include fondling, sucking, forced masturbation etc. These acts may result into injuries (like bite marks, sucking marks, bruises/contusions, fingernail marks) which must be documented in opinion column as "there are signs suggestive of bite marks/ sucking
marks etc that are consistent with non-penetrative sexual assault”. If evidence of forceful kissing and/or masturbation is found on the body of the victim and swab from such sites is collected for FSL then opinion could be stated as “There are signs suggestive of forceful kissing and/or masturbation on body; however, final opinion kept pending till receipt of FSL reports’. Forceful kissing/ licking may leave salivary stains that can be detected in swabs taken from such sites by FSL. Hence, opinion on this aspect may be framed after the receipt of analysis reports. This evidence may not be available if victim have had a bath or washed herself/ body parts. If no signs present then opinion could be stated, as “opinion regarding application of force will be given after follow up examination”. If injuries are absent then in relevant cases appropriate reasons for absence of injuries (detailed above) must be explained in this column.

3) Evidence of injuries suggestive of application of force/ restraint: This information relates to injuries to neck, shoulders, wrists, scapular region, elbow, other parts of the back (i.e., nail scratch abrasions, graze abrasions in case of dragging etc) etc. Generally injuries because of application of force or restrain may be present on the various body parts like, forearm, inner parts of thighs, legs, neck, facial and intraoral injuries. Injuries may also be present on genitals. Therefore, medical examiner should always look for such injuries carefully. Even condition of cloths i.e., damaged or torn clothing, broken buttons etc may be evidence of application of force. This may also be taken into consideration while giving opinion. If injury/ injuries are present & cloths are torn etc; then opinion could be framed as “The evidence is consistent with application of force or restrain”. If no injuries appreciated & patient is examined within 24 hours of the assault and follow up is advised then opinion could be framed, as “At present there is no medical evidence suggestive of application of force or restrain. However final opinion will be given after follow up examination”. If no injuries appreciated and no follow up is indicated then opinion may be framed as “No medical evidence suggestive of application of force or restrain is appreciated. If injuries are absent then appropriate reasons for absence of evidence suggestive of application of force (detailed above) must be explained in this column for example, delay in reporting to hospital, minimal
application of force, submission of the victim is achieved by threats, victim being unconscious/ under the influence of alcohol/ drugs etc.

4) Opinion as to age of injuries, & nature of injuries (if applicable):

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

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

**ABRASION**

<table>
<thead>
<tr>
<th>Fresh</th>
<th>Bright Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 to 24 hours</td>
<td>Reddish scab</td>
</tr>
<tr>
<td>2 to 3 days</td>
<td>Reddish brown scab</td>
</tr>
<tr>
<td>4 to 7 days</td>
<td>Brownish black scab</td>
</tr>
<tr>
<td>After 7 days</td>
<td>Scab dries, shrinks and falls off from periphery</td>
</tr>
</tbody>
</table>

**CONTUSION**

<table>
<thead>
<tr>
<th>Fresh</th>
<th>Red</th>
</tr>
</thead>
<tbody>
<tr>
<td>Few hours to 3 days</td>
<td>Blue</td>
</tr>
<tr>
<td>4th day</td>
<td>Bluish black to brown (Haemosiderin)</td>
</tr>
<tr>
<td>5 to 6 days</td>
<td>Greenish (Haematoidin)</td>
</tr>
<tr>
<td>7 to 12 days</td>
<td>Yellow (Bilirubin)</td>
</tr>
<tr>
<td>2 weeks</td>
<td>Normal</td>
</tr>
</tbody>
</table>

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

**LACERATION**

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

**INCISED INJURY**
<table>
<thead>
<tr>
<th>Fresh</th>
<th>Hematoma formation</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 hours</td>
<td>Edges- red, swollen</td>
</tr>
<tr>
<td>24 hours</td>
<td>Scab of dried clot covering the entire area.</td>
</tr>
</tbody>
</table>

After this rough estimate can be based on signs of healing.

Note: This is reference information only, as many external and internal factors contribute in the color changes and healing of injuries.

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

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

5) Results of wet mount slide examination for evidence of spermatozoa: In this column, you are expected to mention whether unstained/ stained preparations show evidence of motile/ non-motile spermatozoa. It must be noted that absence of spermatozoa does
not rule out sexual intercourse. Therefore, while giving opinion doctor must also mention the appropriate reason/s (as detailed below) for its absence for example delay in analysis, washing of genitalia, sexual intercourse without ejaculation or ejaculation outside vagina etc.

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

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

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

➢ If patient/ victim gives history of drug/alcohol ingestion and shows signs suggestive of inebriation by drugs and/or by alcohol, like smell of alcohol, congestion of conjunctivae, dilatation of pupils with normally reacting to light and normal muscular coordination then opinion could be stated as "*There are signs suggestive of ingestion of drug and/or alcohol but the patient is not under the influence of it. However, final opinion is kept pending till receipt of FSL reports.*"

➢ If patient gives history of drug/alcohol ingestion and shows signs suggestive of inebriation by drugs and/or by alcohol, like smell of alcohol, congestion of conjunctivae, dilatation of pupils with sluggishly reacting to light, slurred incoherent speech, staggering gait, impaired conscious state, some memory loss and other signs of muscular in-cooordination then opinion could be stated as "*There are signs suggestive of ingestion of drug and/or alcohol and the patient is under the influence of it. However, final opinion is kept pending till receipt of FSL reports.*"
If there is history of drugs and/or alcohol ingestion but there are no signs suggestive of inebriation by drugs and/or by alcohol, then opinion could be stated as, "At the time of examination, there is no signs suggestive of ingestion of drug and/or alcohol. However final opinion will be given after the receipt of FSL reports".

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

If accused is under the influence of alcohol/drugs, his urine and blood samples can be sent to FSL for identification.

**OVERALL OPINION:** In this column doctors has to give over all opinion after taking into consideration all the above-mentioned findings/observations. Three (a to c) already framed opinions are given these are (Tick which is applicable & strike out which is not applicable):

a) Overall findings are consistent with sexual intercourse/assault; however final opinion is kept pending till receipt of FSL reports. This opinion may be framed if there are genital and/or physical injuries (fresh injuries) with wet vaginal/anal smear detecting spermatozoa and when samples are preserved for FSL.

b) Evidence of sexual intercourse/assault cannot be ruled out. Hence, final opinion is kept pending till receipt of FSL reports. This opinion may be framed if there are genital/physical injuries but no evidence of spermatozoa in the wet smear and samples are preserved for FSL.

c) Opinion reserved pending till receipt of FSL and/or ..................... (if any) investigations. This opinion may be framed when there are no physical and genital injuries; no evidence of spermatozoa in the wet smear and samples for FSL and/or other investigations is preserved. Appropriate reasons for absence of injuries, negative wet smear must be explained.

d) At 4th position (i.e., column number d) a blank space is given. In this space, various opinions that may be drawn as per the available findings are given below.
It must be noted that this list of opinions is not exhaustive and doctors are advised to form opinions based on the examples given below.

a. If there are recent genital and/or physical injuries (fresh injuries) with wet vaginal/anal smear detecting spermatozoa, the opinion could be stated as "There is evidence suggestive of recent forceful vaginal/anal intercourse."

b. If there are genital/physical injuries but no evidence of spermatozoa in the wet smear, it does not rule out forced penetrative sex. So the opinion should be stated as "There are signs of use of force/forceful penetration of vagina/anus, however the opinion regarding penetrative intercourse is reserved pending till availability of FSL reports."

c. If there are only physical injuries and no genital injuries, and no evidence of spermatozoa in the wet smear, it does not rule out forced penetrative sex. So the opinion should be stated as "There are signs of use of force, however the opinion regarding penetrative intercourse is reserved pending till availability of FSL reports."

d. If there are only genital injuries but no physical injuries, and no evidence of spermatozoa in the wet smear, it does not rule out forced penetrative sex. So the opinion should be stated as "There are signs of use of force/forceful penetration of vagina and/or anus; however the opinion regarding penetrative intercourse is reserved pending till availability of FSL reports."

e. If there is evidence of spermatozoa in the wet smear of vagina, but no physical and genital injuries then the opinion could be stated as, "There is signs of recent sexual intercourse. However opinion regarding forceful sexual intercourse will be given after the follow-up examination."

f. If there are normal exam findings i.e., there are no physical and genital injuries, no evidence of spermatozoa in the wet smear, samples for FSL is preserved & follow-up examination is planned then the opinion could be stated as "On examination the findings are within normal limit which neither refute nor confirm the forceful sexual intercourse. However, final opinion regarding penetrating intercourse is reserved pending till availability of FSL
reports and opinion regarding application of force will be given after follow up examination”.

g. If there are normal exam findings i.e., there are no physical and genital injuries, no evidence of spermatozoa in the wet smear, no samples are collected (if collection not indicated), and no follow-up examination is arranged/ planned (if not indicated) and if no opinion/s are kept pending (in such instances opinion/s given after first examination shall become the final opinion and not provisional) then the opinion could be stated as “On examination the findings are within normal limit which neither refute nor confirm the forceful sexual intercourse/ assault. Samples are not collected in this case as its collection is not indicated”.

Note:

- The overall opinion must be given after jointly considering the observations mentioned in Sr. No. X of Provisional Opinion (i.e. No. 1 to 6 on page No.29 to 32 of Manual) and write the same in blank space provided at Sr.No.X a) or b) or c) on page No. 5 of Victim examination format (Provisional Opinion Part). Alternatively the examining Doctor may choose any one of the seven options given in the Manual i.e. No. a) to g) on page No. 33 &34 of Manual & write down the same in the blank space provided at fourth position i.e. Sr. No. X- d) in the Provisional Opinion Format on page No. 5.

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

- It is mandatory that Doctor’s forensic medical report shall state precisely the reasons for each conclusion arrived at. The positive and important negative findings on which doctor’s opinion is based must find place in forensic medical report because bold opinions not supported by the reasons are not acceptable, as they are treated as unscientific.

- If final opinion is kept pending then it should be given in a separate format of final opinion after receipt of relevant reports.
- Patient/ victim shall be provided appropriate treatment as per the need and shall enter the details in format of treatment. This shall be attached to hospital papers and not to forensic medical report.

- If age estimation of the victim or patient is requested by the police then use format of Forensic Medical Examination for Age Estimation.

- Remember that issuing report is not an end of this process. Follow up is required for deep-seated injuries, probable pregnancy and STDs and of course for psychosocial support.

- Date & time: Enter the date & time of the beginning of examination.

- Enter the signature, name and designation of the examining doctor on right side and seal/ stamp of the examining doctor should be given in the box.

- Enter the total number of pages of the report including any extra-attached sheet of paper. It is ideal if the doctor puts a signature and date along with MLC number on each page of paper.

**FRAMING OF FINAL OPINION: -**

➢ Final Opinion must be evidence based as per physical findings of first examination, follow up examination (if done) and results of Forensic Science Laboratory examination. History or information supplied by police or others should not influence your opinion.

➢ Only those opinions which were kept pending or not finalized initially shall be given in final report to avoid repetition. If some opinions are already finalized in initial forensic medical report and were not kept pending for receipt of any reports/material then in final report it must be noted that ‘please see initial forensic medical report’ against particular opinion column.

➢ The final opinion may be in the form of one or multiple factors together. The opinion must be reason based.

➢ **It must be remembered that sexual intercourse cannot be ruled out even in the absence of one or all parameters mentioned above.**

The manual includes the format of final opinion to be issued. In this format, initially general information (preliminary information) is to be recorded. The Medical
Officer should enter the findings of follow up examination. Separate space is also provided for entering FSL report number and date of FSL and the results of analysis.

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

- This could be because, there was use of condom or the assailant may have a disease of the vas.
- Delay in reporting to the health facility/ Delay in the collection of sample/s
- Washing of the genitals
- Sexual intercourse without ejaculation or
- Sexual intercourse with ejaculation outside the genitalia etc.

In addition to these findings, opinion is given considering following points:

1) Evidence of recent or old vaginal / anal/ oral injuries: In some cases, these opinions are possible to be framed at the first instance only. If injuries are appreciated on follow up examination then opinion could be framed accordingly. If injuries are absent then in relevant cases appropriate reasons for absence of injuries (detailed above) must be explained in this column.

2) Evidence related to Non Penetrative Sexual assault: If FSL reports are negative for semen but positive for presence of lubricant only, wet smear was negative for presence of spermatozoa, there are no physical and genital injuries then the opinion would be "there is possibility of vaginal/anal penetration by lubricated object". Other opinions may be framed as per the available information. If injuries are absent then in relevant cases appropriate reasons for absence of injuries (detailed above) must be explained in this column.

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

5) Evidence as to consumption/ being under the influence of drugs and/ or alcohol: If the FSL report is positive for drugs/alcohol then opinion could be stated as, “evidence is present which suggest that at the time of examination & collection of sample, there was presence of drugs and/ or alcohol in the patient’s body and was or was not under the influence of it”

6) Evidence of sexually transmitted infections: During follow up, examination if the signs suggestive of sexually transmitted diseases get appreciated, and or reports identifies any type of infection then opinion could be stated as “evidence suggestive of Sexually Transmitted Infections appreciated”. If it is possible to identify the name of infections from the report then opinion shall be framed accordingly. During follow up examination if signs suggestive of sexually transmitted diseases are not appreciated and or reports come negative, then opinion could be stated as, “no evidence suggestive of Sexually Transmitted Infections is appreciated”. It must be noted that absence of a sexually transmitted infections (STI) in the victim does not rule out evidence of sexual connection. If evidence of STI is appreciated then it is necessary to examine the accused for the presence of these STIs. Presence of particular STI (like gonorrhea or syphilis) in both parties (accused and victim) is strong corroborative evidence of sexual intercourse.

**OVERALL OPINION:** In this column doctors has to give over-all opinion after taking into consideration all the above-mentioned findings/ observations. Two (a to b) already framed opinions are given these are:

a) Overall findings are consistent with sexual intercourse/ assault. This opinion may be framed if there are genital and/or physical injuries and/or wet vaginal/anal smear detecting spermatozoa and when FSL reports are positive for semen.
b) Findings neither confirm nor refute sexual intercourse/ assault. This opinion may be framed if there are normal exam findings i.e., there are no physical and genital injuries, no evidence of spermatozoa in the wet smear, FSL reports are negative. Appropriate reasons for absence of injuries, negative wet smear and negative FSL reports must be explained.

c) At 3rd position (i.e., column number c) a blank space is given. In this space, various opinions that may be drawn as per the available findings are given below. It must be noted that this list of opinions is not exhaustive and doctors are advised to form opinions based on the examples given below.

a) If there are genital injuries and presence or absence of physical injuries with negative wet vaginal/anal smear for spermatozoa and FSL report positive for presence of semen, then the opinion could be stated as *There is evidence suggestive of forceful vaginal/anal intercourse.*

b) If there is absence of genital injuries and presence of physical injuries with negative wet vaginal/anal smear for spermatozoa and FSL report positive for presence of semen, then the opinion could be stated as *There were evidence suggestive of forceful vaginal/anal intercourse.*

c) If there is absence of genital and physical injuries with negative wet vaginal/anal smear for spermatozoa and FSL report positive for presence of semen, then the opinion could be stated as *There is evidence suggestive of vaginal/anal intercourse.*

d) If FSL reports are negative for semen and wet smear are negative for presence of spermatozoa but there are physical injuries and presence or absence of genital injuries then the opinion would be *there is no evidence suggestive of vaginal/anal intercourse but there is evidence of assault*.

e) If FSL reports are negative for semen and wet smear are negative for presence of spermatozoa and there are genital injuries only then the opinion would be *there is no evidence suggestive of vaginal/anal intercourse but there is evidence of genital assault*.

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

- Enter the Date of preparation of the report.
- Enter the signature, name, designation of the examining doctor on right side.
- Enter the total number of pages of the report including any extra attached sheet of paper. It is ideal if the doctor puts a signature and date along with MLC number on each page of paper.

**Important note:**

➢ It is mandatory to enter the brief observations (Serial numbers 1-6 above) relevant to the title in the form of remarks, i.e. "present / absent" and the matter like age of injury and precisely brief justification/ reasons in support of your remarks.

➢ The Overall Opinion must be given after jointly considering the observations (i.e. 1 to 6 on page No.37 &38 of Manual) & write the same in the blank space provided at Sr. No. VII - a) or b) in the Final Opinion Format of Victim. Alternatively the examining Doctor may choose any one of the six options given in the Manual i.e. No. a) to f) on page No.38 & 39 of Manual & write down the same at 3rd position i.e Sr. No. VII - c) in the Final Opinion Format of Victim.

➢ Various reasons for absence of physical and genital injuries negative wet smear, and negative FSL report in alleged forceful sexual intercourse, (which are already explained above) must be kept in mind by the doctor and also be explained while framing the opinion and giving the evidence in the court of law.
XI] **PRE-REQUISITES AT THE HEALTH FACULTY ALONG WITH MATERIAL AND INFRASTRUCTURAL REQUIREMENT:**

1) Allopathic medical officers, nurses should be available for round O clock services. One counselor should be made available at every centre.

2) Examination room – should have privacy, appropriate lighting, adequate space and furniture.

3) Stationery – MLC & other registers, manual, reference books, examination formats, requisition forms, labels, pens, pencils, sealing material etc.

4) Equipments – weighing machine, torch, height measuring scale, speculum, (colposcope at referral centres) Proctoscope, anoscope, refrigerator, Wood’s lamp, microscope, Computer with printer, digital camera, two separate cupboards (one for equipment and other for stationery and formats) etc.

5) Kit for collection and preservation of samples:
   - Brown paper/sheet; Paper envelopes/bags; Plastic specimen bags
   - Swabs; (sterile cotton swab, Charcoal coated/ Dacron coated swabs (for collection of swab for STI), Stuart’s or Amies Transport medium (for transporting the swabs collected for STI to Hospital lab), Test tubes with lids; Comb; Nail cutter; Toothpick, scissor. Eosin–nigrosin reagents for staining slide for spermatozoa.
   - Disposable syringes; Scissors; Bulbs–plain, EDTA, Fluoride/ Vaccumtainers ; Distilled water/normal saline; Gloves; Glass slides; Cover slip; Magnifying lens;
   - Lignocaine jelly; Urine specimen container; Pregnancy test kit; STI kit,

6) Linen:
   - Sheets and blankets; Towels; Clothing; Patient gown
   - Sanitary items (e.g. Pads, tampons)

7) Treatment items:
   - Analgesics; Emergency contraception; Suture materials; Tetanus and Hepatitis prophylaxis / vaccination; STI prophylaxis.

XII] **TREATMENT AND FOLLOW-UP CARE:**

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

- In the event of a confirmed pregnancy because of sexual violence patients should be informed of their rights and briefed as to their options. If woman wishes to terminate, her pregnancy she should be referred to legal, safe abortion services.

- When appropriate, patients should be offered testing for chlamydia, gonorrhoea, trichomoniasis, syphilis, HIV and hepatitis B; this may vary according to existing local protocols. Doctors are advised to follow standard protocols for STI testing diagnosing and treatment.

- The decision to offer STI prophylaxis should be made on a case-by-case basis. Routine prophylactic treatment of all patients is not generally recommended.

- Health workers must discuss thoroughly the risks and benefits of HIV post-exposure prophylaxis so that they can help their patients reach an informed decision about what is best for them.

- Social support and counselling are important for recovery. Patients should receive information about the range of normal physical and behavioural responses they can expect, and they should be offered emotional and social support. If necessary referral to social worker or related organization on working group on the issue of violence against women must be made in order to unable the survivor to cope with the trauma related to sexual assault.

- All patients should be offered access to follow-up services, including a medical review at 2 weeks, 3 months and 6 months post assault, and referrals for counselling and other support services.

- Teach patients how to properly care for any injuries they have sustained.

- Explain how injuries heal and describe the signs and symptoms of wound infection.

- Discuss with the patient the signs and symptoms of STIs, including HIV, and the need to return for treatment if any signs and symptoms should occur.

- Explain the importance of completing the course of any medications given.

- Discuss the side effects of any medications given with the patient.
• Explain the need to refrain from sexual intercourse until all treatments or prophylaxis for STIs have been completed and until her sexual partner has been treated for STIs, if necessary.

• Explain rape trauma syndrome (RTS) and the range of normal physical, psychological and behavioural responses that the patient can expect to experience to both the patient and (with the patient's permission) family members and/or significant others. Encourage the patient to confide in and seek emotional support from a trusted friend or family member.

• Give patients written documentation regarding:
  ➢ any treatments received;
  ➢ tests performed;
  ➢ date and time to call for test results;
  ➢ meaning of test results;
  ➢ date and time of follow-up appointments;

• Stress the importance of follow-up examinations at two weeks and three and six months.

• The amount and length of social support and/or psychological counselling required by victims of violence varies enormously, depending on the degree of psychological trauma suffered and the victim's own coping skills and abilities. The level of social support post assault is therefore best determined on a case-by-case basis.

• Referrals: The types of referrals given will vary depending on the patient's individual needs and circumstances, and also on the availability of facilities and resources. Health care providers should be familiar with the full range of formal and informal resources that are available locally for victims of sexual violence.

[XIII] BRIEF GUIDELINES FOR EXAMINATION OF ACCUSED:

The examination of accused may provide a valuable information regarding coming to a conclusion in the cases of sexual assault. The accused should preferably be examined by the same doctor who has examined the victim. Practically this is not always possible. In this case his report and final opinion must be made available to the doctor who has examined the victim. Thus would provide an opportunity for correlating the
injuries found on her and physical details of the suspect. This manual contains the format for Forensic Medical Examination of alleged accused for evidence of sexual assault and potency. According to the chronology of headings of various parts of the examination, following are the brief guidelines related to examination of the accused.

(I) The preliminary information related to accused like name, age, MLC No., Police station are to be similarly entered as in case of the victim. Contents of consent to be taken are same however; the only difference is that he can be examined even without his consent and also by using reasonable degree of force if required.

(II) The history of alleged sexual assault can also be elicited by asking question to the accused regarding date, time and place of assault. Whether he was accompanied by other person, the various acts he performed, did he use force, whether he threatened the victim, degree of penetration, any unnatural sexual act and was there struggle, etc. While eliciting the history of sexual assault from the accused, as far as possible leading questions should not be asked and the accused be allowed to volunteer about the incident.

(III) The personal history to be taken is also on similar lines as that of victim. The only difference is that obstetric history is not applicable and we have to take information regarding history of any surgical procedure like vasectomy, orchidectomy, hydrocele, lower spinal surgery etc. The scar of vasectomy would be seen. These can have an effect on presence or absence of spermatozoa in the semen or on the ability to maintain an erection and sustain it until ejaculation. This would in turn, affect interpretation of chemical analysis of material obtained from the victim.

(IV) In most of the contents of general physical examination are similar to those of examination of the victim. However, it is important to note that the observations of male secondary sexual characters need to be entered precisely. The evidence of injuries on body of the accused indicating signs of struggle needs to be mentioned. Some of the examples of such injuries / findings are; avulsed pubic hairs, scratches/bruises on face-neck-shoulders, bite marks on shoulders/hand, scratches/bruises on hand and patterned bruises on legs due to kicks by victim. It must be noted that absence of injuries or signs of struggle could be due to several reasons such as because the victim was intoxicated, shocked, fearful, unable to
resist, delay in the examination, physician may not able to identify deep/ subtle bruises, patient threatened with grievous hurt to or death of herself or someone dear to her etc. Thus, absence of injuries or ‘signs of struggle’ does not mean that there was no sexual assault. The presence of stains of saliva, blood, mud should also be looked for.

(V) The local examination of perineum and genitals may provide valuable clues. This mainly consists of examination of pubic hairs for matting, development of penis and scrotum, evidence of circumcision and smegma, you must also look for signs of sexually transmitted infection. Injuries of penis are generally produced in two conditions. Abrasion and/or bruises may be seen on glans and prepuce and also on scrotum on infliction by the victim. There may also be injury in the form of contusion (on glans also) or a superficial and approximately linear (partly or completely encircling the shaft of penis covered by prepuce) laceration may be seen. The presence of smegma around corona glandis is considered as suggestive of absence of sexual intercourse within last 24 hrs. However, the contrary is not true. That is, absence of smegma does not mean that intercourse did take place in the previous 24 hours, as smegma could be lost due to washing and bathing. In view of Locard’s principle of exchange Lugol’s iodine test may be done if indicated. In this test prepuce is retracted and the glans and major part of shaft of penis is soaked with moist blotting paper, the blotting paper is then subjected to iodine vapours. Brown discoloration of the soaked part of the paper generally indicates presence of vaginal epithelium because these cells contains glycogen. The negative results of Lugol’s iodine test does not rule out sexual assault as the assailant may have had a bath or washed himself after committing the act.

(VI) A brief systemic examination can be done to reveal presence of disease like STIs, Diabetes, Elephantiasis and Spinal tuberculosis.

(VII) If necessary, the accused can be referred to concerned specialists for confirmation of or for ruling out any related major systemic disorder.

(VIII) Sample collection for Hospital/ Clinical Laboratory: Samples can be taken according to requirement of a case. Advice investigations/ test according to case presentations & signs. The accused must be examined for evidence of sexually
transmitted infections like gonorrhoeal discharge, syphilitic chancre etc. In such cases, the victim should be examined for the existence of these venereal diseases with due regard to their respective incubation periods. Various samples that can be preserved are:

1. Urethral Swab (Sterile Cotton) for microscopy and culture in plain sterile bulb.
2. Swab (Sterile Cotton) from discharge for microscopy and culture in plain sterile bulb.
4. Urine (midstream) for microscopy and culture in plain sterile bulb.

(IX) Samples for FSL: Like in case of victim, there are some samples which need to be sent for examination to the Forensic Science Laboratory. The list of these samples is mentioned in annexure III of this manual. The number/nature of samples collected for forensic science examination should be decided on the basis of time elapsed between the assault and examination, scientific observations pertaining to the examination of clothing and body and history of assault (to a limited extent). Collection of too many samples can be avoided. It is mandatory for Medical Officers to mention in this requisition form in words as to which samples are collected and which are not.

(X) While issuing provisional opinion following points must be taken into consideration.

a) Evidence of injuries on genitals. If there is absence of injuries then appropriate reasons for the same must be provided and explained in report.

b) Evidence of physical injuries. If there is absence of injuries then appropriate reasons for the same must be provided and explained in report.

c) Findings of Lugol’s Iodine test. Appropriate reasons for negative test must be provided and explained in the report.

d) Evidence of drug/alcohol intoxication.

The provisional opinion must be given in the following format:

After examining ................................................................. bearing above mentioned identification marks, .......... days after the incident, I/We is/are of the opinion that: .................................................................


51
**IMPORTANT NOTE : -**

1) The provisional opinion must be in the form of general opinion / impression about possibility of sexual intercourse, after taking into account positive findings in relation to genitals and the body in general. As mentioned above the provisional opinion must also include the fact of capacity of the accused to perform sexual act. In absence of these findings, opinion must be reserved till receipt of results of accessory examination.

   The final opinion must be issued after receipt of results of samples analysis from related laboratories.

2) Potency of Accused need not form a part of the investigation.

(XI) Forwarding samples to FSL and for microbiology studies:-

   All samples must be sealed and labeled to avoid tampering. Properly filled requisition form is handed over to concerned police along with samples taking his/her due receipt. Receipt includes signature, name and designation, buckle number of police, name of police station, date and time to maintain chain of custody.

   Samples for microbiological studies which include swabs, smears for STDs and blood for HIV test, VDRL is to be sent to Microbiology department of nearest Government Medical College along with requisition for the same.

(XII) Final opinion: This must be framed after receipt of results of Forensic science and other laboratories. At this time, one must go through the previously issued provisional opinion.

   The final opinion (annexure IV) format requires that the results of every laboratory examination are entered in the space provided for the same.

1) Evidence of injuries on genitals:- Indicating injuries inflicted by victim or those which are caused by forcible sexual intercourse. If there is absence of injuries then appropriate reasons for the same must be provided and explained in report.

2) Evidence of physical injuries:- Indicating signs of struggle. If there is absence of injuries then appropriate reasons for the same must be provided and explained in report.

3) Findings of Lugol's Iodine test:- Indicating vaginal intercourse. Appropriate reasons for negative test must be provided and explained in the report.
4) Evidence of drug/alcohol intoxication.

5) Any other findings: - Like e/o STIs, etc....

A space is provided in the proforma at serial No. 7 of final opinion for entering overall opinion / general impression as follows :-

6) Overall Opinion / General Impression ......................................................

Out of the First Six observations mentioned above in No.( XI ) of opinion, the final opinion may be in the form of one or multiple factors together. Hence while giving final opinion it is mandatory for the doctor to enter presence / absence of particular observation with its precisely brief description and reasons for the observations/ conclusion arrived in the space provided for each. If found necessary a comprehensive joint opinion regarding evidence of sexual intercourse with associated injuries and the capacity or otherwise of the accused to perform sexual act may be given at serial No. 6) above.

**Note:**

- It must be noted that absence of injuries does not rule out sexual assault. The absence of injuries could be due to several reasons such as because the victim was intoxicated, shocked, fearful, unable to resist, or threatened with grievous hurt to or death of herself or someone dear to her.

- As there is delay in forensic medical examination of accused, often medical examinations do not reveal positive findings which make it impossible to corroborate the crime. Hence, it is advised that the opinion in accused's forensic medical examination must be interpreted in the light of how many days after the alleged crime is the forensic medical examination being carried out.

**[XIV] BRIEF GUIDELINES FOR AGE ESTIMATION OF ACCUSED & VICTIM:-**

It is necessary to take informed consent of the victim as mentioned earlier in the manual. The consent of the accused also needs to be taken however; he can be examined by using reasonable force if he does not consent. Informed consent should be obtained from all the victims of sexual assault, above 12 years. In case if the victim is below 12 years consent of the guardian should be taken. However, it must be remembered that if the guardian himself happens to be an accused, consent of Superintendent or RMO must be taken.
It is mandatory to examine the victim in the presence of female attendant or nurse if examining doctor happens to be a male.

Age determination is one of the most important Forensic medical examinations of accused and victim. In case of accused, it has to be performed for deciding his criminal responsibility in relation to whether he is preadolescent, adolescent or adult (refer Juvenile Justice Act). To certain extent, it is also related to consent. In case of the victim the age estimation is done for the purpose of determining age in relation to consent for sexual intercourse (15 years for a married female) and her adulthood (18 years i.e. in case of unmarried female). The Juvenile Justice Act considers that a victim as well as the accused below 18 years of age is treated as child. Age determination is also necessary in cases of trafficking of foreign women for sexual exploitation (21 years). It is important to note here that assaults on minor victims are punishable with more severe sentences hence age assessment is critical. The Forensic medical age is the mean of physical age, dental age and radiological age.

The physical age is estimated on the basis of factors concerned with physical growth like height, weight, chest circumference and secondary sexual characteristics. In case of females, Tanner's staging for breast (B1 to B5) and Pubic hairs (P1 to P5). In case of males, this is determined on the basis of development of penis, axillary hairs, scrotum, moustaches and beard. A positive cremasteric reflex is also important in this regard.

**The TANNER STAGES for Onset & Progression Of Pubertal Changes:**

Because the onset and progression of puberty are so variable, Tanner has proposed a scale, now uniformly accepted, to describe the onset and progression of pubertal changes and is useful to assist for the age estimation. Boys and girls are rated on a 5 point scale. Boys are rated for genital development and pubic hair growth, and girls are rated for breast development and pubic hair growth.

**Stages for Pubic hair growth & Breast Development in FEMALES is staged as follows:**

- **Stage I (Preadolescent)** –
  - Pubic Hairs: Vellos hair develops over the pubes in a manner not greater than that over the anterior wall. There is no sexual hair. No coarse, pigmented hair
  - Breast: Only the papilla is elevated above level of the chest wall.
• **Stage II** –
  - Pubic Hairs: Sparse, long, pigmented, downy hair, which is straight or only slightly curled, appears mainly on labia [Age 11.2 years (9.0-13.4 years)]
  - Breast: [Breast Budding] - Breast buds palpable and areolae enlarge [Age 10.9 years (8.9-12.9 years)]

• **Stage III** –
  - Pubic Hairs: Dark, coarse, curly hair spreads over mons pubis [Age 11.9 years (9.6-14.1 years)]
  - Breast: Elevation of breast contour; areolae enlarge, although they show no separation of contour [Age 11.9 years (9.9-13.9 years)]

• **Stage IV** –
  - Pubic hairs: The hair distribution is adult in type but decreased in total quantity. There is no spread to the medial surface of the thighs with perineum. [Age: 12.6 years (10.4-14.8 years)]
  - Breast: Areolae forms secondary mound on the breast [Age: 12.9 years (10.5-15.3 years)]

• **Stage V** –
  - Pubic Hairs: Hair is adult in quantity and type and appears to have an inverse triangle of the classically feminine type. There is spread to the medial surface of the thighs but not above the base of the inverse triangle.
  - Breast: Mature female breasts have developed. The papillae may extend slightly above the contour of the breasts as the result of the recession of the areolae.

**Stages for Pubic Hair Growth & Genitalia Development in MALES is staged as follows:**

• **Stage I (Preadolescent)** –
  - Pubic Hairs: Vellos hair appears over the pubes with a degree of development similar to that over the abdominal wall. There is no coarse, pigmented pubic hair.
  - Genitalia: The testes, scrotal sac, and penis have a size and proportion similar to those seen in early childhood.

• **Stage II** –
- Pubic hairs: Minimal coarse, pigmented hair at base of penis [Age 12.0 years (age 9.9 to 14.0 years)]
- Genitalia: There is enlargement of the scrotum and testes and a change in the texture of the scrotal skin. Earliest increased length and width of penis [Age 11.5 years (age 10.5-14.5 years)]

• Stage III –
  - Pubic Hairs: Coarse, dark curly hair spread over the pubis [Age 13.1 years (11.2-15.0 years)]
  - Genitalia: Further growth of the penis has occurred, initially in length, although with some increase in circumference. There also is increased growth of the testes and scrotum. [Age 12.4 years (10.1-14.6 years)]

• Stage IV –
  - Pubic Hairs: The hair distribution is now adult in type but still is considerably less that seen in adults. There is no spread to the medial surface of the thighs with perineum [Age 13.9 years (12.0-15.8 years)]
  - Genitalia: The penis is significantly enlarged in length and circumference, with further development of the glans penis. The testes and scrotum continue to enlarge, and there is distinct darkening of the scrotal skin. [Age 13.2 years (11.2-15.3 years)]

• Stage V –
  - Pubic hairs: Hair distribution is adult in quantity and type and is described in the inverse triangle. There can be spread to the medial surface of the thighs. No hair spread to linea alba. [Age (15.3 years)]
  - Genitalia: The genitalia are adult with regard to size and shape by 16.5 years

**DENTAL AGE** is estimated by identifying the total number of teeth, how many and which among them are temporary and which are permanent. It is also essential to identify which is the last tooth erupted and based on charts we can estimate the dental age by noting the age corresponding to the tooth last erupted. There are total 20 temporary and 32 permanent teeth. For recording dental status of the person following chart can be used (Palmer’s system).
In this system the numbers given to individual teeth range from 1 to 8 (Central incisor to third molar). Accordingly each number is written in the boxes of above mentioned chart.

**Eruption of teeth**

<table>
<thead>
<tr>
<th>Temporary teeth</th>
<th>Permanent teeth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower Central incisors – 5 to 6 months</td>
<td>First molar – 6 to 7 years</td>
</tr>
<tr>
<td>Upper Central incisors – 6 to 7 months</td>
<td>Central incisor – 7 to 8 years</td>
</tr>
<tr>
<td>Upper lateral incisors – 7 to 8 months</td>
<td>Lateral incisor – 8 to 9 years</td>
</tr>
<tr>
<td>Lower lateral incisors – 8 to 9 months</td>
<td>First premolars – 9 to 10 years</td>
</tr>
<tr>
<td>First molars – 1 year</td>
<td>Second premolars – 10 to 11 years</td>
</tr>
<tr>
<td>Canines – 1.5 years</td>
<td>Canines – 11 to 12 years</td>
</tr>
<tr>
<td>Second molars – 2 to 2.5 years</td>
<td>Second molars – 12 to 14 years</td>
</tr>
<tr>
<td>Third molars – 17 to 25 years</td>
<td></td>
</tr>
</tbody>
</table>

**Crown and root development of third molar**

<table>
<thead>
<tr>
<th>Particulars</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete crown formation</td>
<td>15 years</td>
</tr>
<tr>
<td>Crown with 1/3rd root formation</td>
<td>16 years</td>
</tr>
<tr>
<td>Crown with 2/3rd root formation</td>
<td>17 years</td>
</tr>
<tr>
<td>Crown with complete root formation</td>
<td>18 years</td>
</tr>
<tr>
<td>Apical closure of root</td>
<td>19 years</td>
</tr>
</tbody>
</table>

In case of third molar, the crown is fully developed by the age of 15 years in girls and 16-17 years in boys. Half roots are formed by 16-17 years in girls and 17-19 years in boys. The root formation is complete by 18-19 years in girls and by 19-21 years in boys. Root apex closure is seen between 20-23 years in both boys and girls. It is clear from this
statistics that eruption and development of teeth in females takes place approximately one year earlier than males.

For confirming above mentioned findings/observation of teeth in determination of age an OPG (Orthopentogram) is the best x-ray which can be done. However, in periphery right and left oblique x-rays of mandible can be taken. These can be done if facility exists.

In elderly subjects age can be ascertained by application of Gustafson’s formula (based on ageing and decaying changes in the teeth). The changes are described as Attrition, Periodontosis, Secondary dentine formation, Cementum apposition, Root resorption and Root transparency.

**Radiological Age:-** Radiological assessment of bones is made by viewing the x-ray films. The process of appearance and union of long bones has a sequence and a time. Most bones are ossified from separate centres. That is one centre for the long bone and few small centres for the upper and lower ends. In long bones, the appearance and fusion of epiphyses can be evaluated for the purpose of age estimation. The findings can be described as “no fusion”; “fusing”; “fused”. *(If pregnancy is suspected, X-ray pelvis should not be advised. In such cases other X-ray should be taken after using lead apron for abdomen and pelvis)*

**X RAYS TO BE ADVISED**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Region to be x rayed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-14 years</td>
<td>Elbow and wrist</td>
</tr>
<tr>
<td>14-16 years</td>
<td>Shoulder, elbow, wrist, dentition, pelvis including upper end of femur and iliac crest</td>
</tr>
<tr>
<td>16-18 years</td>
<td>Shoulder, elbow, wrist, dentition, pelvis including upper end of femur and iliac crest</td>
</tr>
<tr>
<td>18-22 years</td>
<td>Shoulder, elbow, wrist, dentition, pelvis including upper end of femur and iliac crest &amp; Ischial Tuberosity. chest x ray showing medial end of clavicle and sternum</td>
</tr>
</tbody>
</table>

**Important at various ages in various joints visible radiologically:-**
<table>
<thead>
<tr>
<th>Age</th>
<th>Epiphyseal union</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 years</td>
<td>Hip joint (centre for lesser trochanter appears 10 to 12 years)</td>
</tr>
<tr>
<td></td>
<td>Elbow joint (centre for lateral epicondyle appears 11 to 12 years)</td>
</tr>
<tr>
<td></td>
<td>Wrist joint (centre for pisiform appears 10 to 12 years)</td>
</tr>
<tr>
<td>14 years</td>
<td>Hip joint (centre for iliac crest appears 14 years)</td>
</tr>
<tr>
<td></td>
<td>Elbow joint (centre for radial tuberosity appears 14 years)</td>
</tr>
<tr>
<td>16 years</td>
<td>Hip joint (centre for ischial tuberosity appears 16 years)</td>
</tr>
<tr>
<td>18 years</td>
<td>Shoulder joint (all the centres of upper end of the humerus fuse with shaft)</td>
</tr>
<tr>
<td></td>
<td>Wrist joint (all the centres of lower end of radius and ulna fuse with shaft)</td>
</tr>
<tr>
<td></td>
<td>Hip joint (centre for iliac crest fuses with ilium)</td>
</tr>
<tr>
<td>21 years</td>
<td>Hip joint (centre for ischial tuberosity fuses with the ischial body)</td>
</tr>
</tbody>
</table>

In case of pregnant women and very young children due precautions must be taken to avoid harmful exposure.

**Opinion about age:** After performing general, physical, dental and radiological examination, I am of the considered opinion that age of this person is between .............................................and ........................................including margin of error.

**NOTE:-**

1. There are many factors like environmental, genetic and dietetic, which affect physical, dental and radiological development. Though the given age is a fairly accurate estimate, a margin of error to certain extent, is still expected. Hence, the charts given above are for reference purpose.

2. The range of margin of error upto 16 years of age is 6 months ; 16-21 years of age is one year and 21-25 years of age is 1-2 years ; (with meticulous physical, dental & radiological examination.)

3. The margin of error above the age of 30-40 years is too high i.e. between 5-10 years or sometimes even more. For determination of age in this group requires x-rays of chest, skull and neck.

4. As far as possible and when facilities exist, the dental, physical and radiological examination should be conducted by concerned different specialists. In such cases, the comprehensive final opinion regarding age needs to be provided by the examining
doctor in consultation with and after calculating mean of ages obtained from all three methods.

ABOUT THE PROFORMA OF FORENSIC MEDICAL EXAMINATION REPORT OF AGE ESTIMATION:

The manual prescribes a single proforma for age estimation of victim as well as accused. This is because almost 60-70% contents are same. This will also reduce medical officer's burden of writing multiple formats.

The preliminary information is self explanatory. The procedure of taking consent in males is slightly different and the same has been already discussed.

The matter related to secondary sexual characters in males and females is also mentioned in detail. The procedure of dental examination and radiological examination along with method of making the entries is also already mentioned.

The details regarding framing opinion about range and margin of error are also mentioned. It is hoped that the information regarding physical, dental and radiological appearances given in this manual will certainly help Medical officers in framing the opinion regarding the age.

(XV) DO’S AND DON’TS FOR MEDICAL OFFICERS:

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>DO’S</th>
<th>DON’Ts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Documents the findings chronologically and with consistency.</td>
<td>Don't ally with any individual involved in investigation.</td>
</tr>
<tr>
<td>2</td>
<td>Maintain objectivity and avoid subjectivity.</td>
<td>Don't concur with traffickers, who may pressurize you to give false age determination report.</td>
</tr>
<tr>
<td>3</td>
<td>Conduct the age determination test whether requested or not by the investigating agency in case of minors as per ITPA act. However in other cases it should be done when requested by police.</td>
<td>Trial of the case has to be done by court not by you.</td>
</tr>
<tr>
<td>4</td>
<td>Provide a comfortable and relaxed</td>
<td>Do not use ambiguous words, those</td>
</tr>
<tr>
<td></td>
<td>atmosphere to the victim to seek his/her cooperation for the medical examination.</td>
<td>having more than one meaning, or which can be interpreted wrongly by either side.</td>
</tr>
<tr>
<td>---</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>5</td>
<td>Write the report clearly and precisely in scientific manner.</td>
<td>Do not disclose the identity of the victim and findings to any unauthorized persons.</td>
</tr>
<tr>
<td>6</td>
<td>Build “trust and confidence” with the victim.</td>
<td>Do not try to become an investigator. Remain a person of science.</td>
</tr>
<tr>
<td>7</td>
<td>Make sure that even minute detail of the examination is recorded in the medico-legal reports.</td>
<td>Do not write a lengthy and irrational history in the report. Do not venture a premature opinion.</td>
</tr>
<tr>
<td>8</td>
<td>Give appropriate treatment and counseling to the victim as per the need of the patient like emergency contraception, treatment of injuries/other conditions, prevention and treatment/assessment of sexually transmitted diseases etc as per the accepted norms.</td>
<td>Do not forget to give basic treatment, counseling &amp; psychological support at the time of Forensic Medical Examination.</td>
</tr>
</tbody>
</table>

(XVI) INSTRUCTIONS TO MEDICAL OFFICERS REGARDING CO-OPERATION & INFORMATION TO BE GIVEN TO POLICE:-

1) If Alleged Victim or Accused reports on their own Threat & Examine them & then Inform Police.

2) The Alleged Victim & Accused must be treated & examined as per Legal Provisions related to consent as already mentioned.

3) If Alleged Victim/ Accused is in Medically Serious condition, ask Police to immediately arrange for Dying Declaration. If delay is anticipated then record the Dying Declaration yourself as per rules.
4) Hand over all the clothing, bed sheet etc. in dried condition. Do not forget to encircle the torn/ stained areas with a ball point pen at least 1 inch away form margins of stain. Handover this in sealed condition & take receipt.

5) Handover Belongings like wrist watch, ornaments, footwear, weapon, foreign body in sealed condition & take receipt.

6) Various swabs (after drying), slides, blood/ urine samples, hairs, nails, soil samples on body must be handed over to Police for FSL examination in separately sealed containers as per list given & take receipt. All salivary stains must be air dried.

7) Inform Police to submit samples to FSL (Maximum) in 24 hours.

8) Conduct examination for Age determination on request by Police. However it is mandatory in cases of children as per ITPA & POCSO ACT.

9) Answer to the queries asked by Police Officer as per examination findings & availability of FSL & other reports. Generally these queries are regarding Age, Type- Manner-Age of injuries, signs of force used & evidence of intercourse/ assault.

10) If Victim/ Accused needs treatment by specialist, inform Police immediately after Forensic Medical Examination. However in emergency/ critical condition of patient necessary treatment should be done on priority before such examination.

{XVII} The World Health Organisation (WHO) DEFINITION OF SEXUAL VIOLENCE:

It defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments/ advances and acts to traffic, or otherwise directed against a person’s sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim on any setting, including but not limited to home and work.

{XVIII} RELEVANT LAWS:

Few provisions (Sections 357 CrPC, 166 B, 375, 376 A, 376 B, 367 C, 376 D, 354, 354 A, 354 B, 354 C, 354 D, 370 (1), 370 A of IPC) related to rape, trafficking and medical profession from THE CRIMINAL LAW (AMENDMENT) BILL, 2013 AS PASSED BY LOK SABHA ON 19 MARCH, 2013 are included in this manual. The notification of Govt. of India has already being issued on 02-04-2013.
• **357CrPC.** All hospitals, public or private, whether run by the Central Government, the State Government, local bodies or any other person, shall immediately, provide the first-aid or medical treatment, free of cost, to the victims of any offence covered under section 326A, 376, 376A, 376B, 376C, 376D or section 376E of the Indian Penal Code, and shall immediately inform the police of such incident.

• **166 B IPC.** Whoever, being in charge of a hospital, public or private, whether run by the Central Government, the State Government, local bodies or any other person, contravenes the provisions of section 357C of the Code of Criminal Procedure, 1973, shall be punished with imprisonment for a term which may extend to one year or with fine or with both.

• **375 IPC:** A man is said to commit "rape" if he-
  a) penetrates his penis, to any extent, into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person; or
  b) inserts, to any extent, any object or a part of the body, not being the penis, into the vagina, the urethra or anus of a woman or makes her to do so with him or any other person; or
  c) manipulates any part of the body of a woman so as to cause penetration into the vagina, urethra, anus or any part of body of such woman or makes her to do so with him or any other person; or
  d) applies his mouth to the vagina, anus, urethra of a woman or makes her to do so with him or any other person, under the circumstances falling under any of the following seven descriptions:—
     First.—Against her will.
     Secondly.—Without her consent.
     Thirdly.—With her consent, when her consent has been obtained by putting her or any person in whom she is interested, in fear of death or of hurt.
     Fourthly.—With her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.
     Fifthly.—With her consent when, at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by him personally or
through another of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent.

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

Seventhly.—When she is unable to communicate consent.

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

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

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

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

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

- **Section 376 (1) of IPC:** Punishment for rape. Whoever, except in the cases provided for in sub-section (2), commits rape, shall be punished with shall be punished with rigorous imprisonment of either description for a term which shall not be less than seven years, but which may extend to imprisonment for life, and shall also be liable to fine.

(2) Whoever,—

a) being a police officer, commits rape—
   i. within the limits of the police station to which such police officer is appointed; or
   ii. in the premises of any station house; or
   iii. on a woman in such police officer's custody or in the custody of a police officer subordinate to such police officer; or

b) being a public servant, commits rape on a woman in such public servant's custody or in the custody of a public servant subordinate to such public servant; or

c) being a member of the armed forces deployed in an area by the Central or a State Government commits rape in such area; or
d) being on the management or on the staff of a jail, remand home or other place of custody established by or under any law for the time being in force or of a women's or children's institution, commits rape on any inmate of such jail, remand home, place or institution; or

e) being on the management or on the staff of a hospital, commits rape on a woman in that hospital; or

f) being a relative, guardian or teacher of, or a person in a position of trust or authority towards the woman, commits rape on such woman; or

g) commits rape during communal or sectarian violence; or

h) commits rape on a woman knowing her to be pregnant; or

i) commits rape on a woman when she is under sixteen years of age; or

j) commits rape, on a woman incapable of giving consent; or

k) being in a position of control or dominance over a woman, commits rape on such woman; or

l) commits rape on a woman suffering from mental or physical disability; or

m) while committing rape causes grievous bodily harm or maims or disfigures or endangers the life of a woman; or

n) commits rape repeatedly on the same woman, shall be punished with rigorous imprisonment for a term which shall not be less than ten years, but which may extend to imprisonment for life, which shall mean imprisonment for the remainder of that person's natural life, and shall also be liable to fine.

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

a) "armed forces" means the naval, military and air forces and includes any member of the Armed Forces constituted under any law for the time being in force, including the paramilitary forces and any auxiliary forces that are under the control of the Central Government or the State Government;

b) "hospital" means the precincts of the hospital and includes the precincts of any institution for the reception and treatment of persons during convalescence or of persons requiring medical attention or rehabilitation;

c) "police officer" shall have the same meaning as assigned to the expression "police" under the Police Act, 1861;
d) "women's or children's institution" means an institution, whether called an orphanage or a home for neglected women or children or a widow's home or an institution called by any other name, which is established and maintained for the reception and care of women or children.

- **The Protection Of Children From Sexual Offences Act-2012. (No.32-of 2012, POCSO):** This Act aims at Protection of Children from Sexual Assault, Sexual Harassment & Pornography. As per this Act Child is any Person below the age of 18 years. The Act defines various elements of Sexual Acts like Aggravated Penetrative Sexual Assault (Section 5); Aggravated Sexual Assault (Section 9); Penetrative Sexual Assault (Section 3); Sexual Assault (Section 7); Sexual Harassment (Section 11). The various Ingredients/ contents of Penetrative & Non Penetrative Sexual Assault as per this Act are almost similar to those of 375 IPC (a to d). In addition to these acts, like touching the genitals, anus or breast or asking child to do so with other person; physical, Mental incapacitation of child; Making child be pregnant; infecting child with HIV virus are also included in this Act. For further readings, the Act may be referred for details if required.

- **Section 376A IPC:** Punishment for causing death or resulting in persistent vegetative state of victim.
- **Section 376 C IPC:** Prescribes punishment for Sexual intercourse by a person in authority.
- **Section 376 D IPC:** Deals with gang rape.
- **Section 354 of IPC:** Assault or use of criminal force to outrage a modesty of woman.
- **Section 354 A IPC:** Deals with Sexual harassment and punishment for sexual harassment
- **Section 354 B IPC:** Assault or use of criminal force to woman with intent to disrobe.
- **Section 354 C IPC:** Voyeurism.
- **Section 354 D IPC:** Stalking
- **Section 377 of IPC:** Voluntary sexual intercourse against the order of nature with any man, or woman, or animal is an unnatural sexual offence.
- **Section 370 (1) IPC:** Trafficking of person.
- **Section 370 (A) IPC**: Exploitation of a trafficked person.
- **Section 89 of IPC**: Consent of parent/guardian is necessary for anyone under the age of 12 years.
- **Section 39 of CrPC**: Public to give information of certain offences under sections
  (i) 121 to 126 of IPC and section 130 of IPC
  (ii) Sections 143, 144, 145, 147 and 148 of IPC
  (iii) Sections 161 to 165-A of IPC
  (iv) Sections 272 to 278 of IPC
  (v) Sections 302, 303 and 304 of IPC
  (vi) Section 364-A
  (vii) Section 382
  (viii) Sections 392 to 399
  (ix) Section 409
  (x) Sections 431 to 439
  (xi) Sections 449 and 450
  (xii) Sections 456 to 460
  (xiii) Sections 489-A to 489-E

- **Section 53 of CrPC**: Examination of accused by medical practitioner at the request of police officer -
  (1) When a person is arrested on a charge of committing an offence of such a nature and alleged to have been committed under such circumstances that there are reasonable grounds for believing that an examination of his person will afford evidence as to the commission of an offence, it shall be lawful for a registered medical practitioner, acting at the request of a police officer not below the rank of sub-inspector, and for any person acting in good faith in his aid and under his direction, to make such an examination of the person arrested as is reasonably necessary in order to ascertain the facts which may afford such evidence, and to use such force as is reasonably necessary for that purpose.
  (2) Whenever the person of a female is to be examined under this section, the examination shall be made only by, or under the supervision of, a female registered medical practitioner.
• **Section 53 A of CrPC** : Examination of person accused of rape by medical practitioner
  - 1) When a person is arrested on a charge of committing an offence of rape or an attempt to commit rape and there are reasonable grounds for believing that an examination of his person will afford evidence as to the commission of such offence, it shall be lawful for a registered medical practitioner employed in a hospital run by a Government or by a local authority and in the absence of such a practitioner within the radius of 16 kms from the place where the offence has been committed, by any other registered medical practitioner acting at the request of a police officer not below the rank of a sub inspector, and for any person acting in good faith in his aid and under his direction, to make such an examination of the arrested person and to use such force as is reasonably necessary for that purpose.

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

  i. The name and address of the accused and of the person by whom he was brought,

  ii. the age of the accused,

  iii. marks of injury, if any, on the person of accused,

  iv. the description of material taken from the person of the accused for DNA profiling, and

  v. other medical particular in reasonable detail.

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

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

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

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

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

- **Section 373 IPC:**- Buying minor for purposes of prostitution, etc
  Whoever buys, hires or otherwise obtains possessions of any person under the age of eighteen years with intent that such person shall at any age be employed or used for the purpose of prostitution or illicit intercourse with any person or any unlawful and immoral purpose, of knowing it to be likely that such person will at any age be employed or used for any purpose, shall be punished with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.

- **Section 164 A of CrPC:** 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.

- **Section 114 A of IEA:** Presumption as to absence of consent in certain prosecution for rape.

- **Section 146 of the Evidence Act,** for the proviso, the following proviso is substituted, namely:—

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

- **Section 154 CrPC:**-Information in cognizable cases.-
  (1) Every information relating to the commission of a cognizable offence, if given orally to an officer in charge of a police station, shall be reduced to writing by him or under his direction, and be read over to the informant; and every such information, whether given in writing or reduced to writing as aforesaid, shall be signed by the person giving it, and the substance thereof shall be entered in a book to be kept by such officer in such form as the State Government may prescribe in this behalf.
(2) A copy of the information as recorded under sub-section (1) shall be given forthwith, free of cost, to the informant.

(3) Any person aggrieved by a refusal on the part of an officer in charge of a police station to record the information referred to in sub-section (1) may send the substance of such information, in writing and by post, to the Superintendent of Police concerned who, if satisfied that such information discloses the commission of a cognizable offence, shall either investigate the case himself or direct an investigation to be made by any police officer subordinate to him, in the manner provided by this Code, and such officer shall have all the powers of an officer in charge of the police station in relation to that offence.

- **Section 202 IPC** :- Intentional omission to give information of offence by person bound to inform

  Whoever, knowing or having reason to believe that an offence has been committed, intentionally omits to give any information respecting that offence which he is legally bound to give, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both.

**REFERENCES:-**

2. Draft manual submitted by Dr Indrajit Khandekar (on whose report this PIL was filed), Assistant Professor, Dept of Forensic Medicine, Mahatma Gandhi Institute of Medical Sciences (MGIMS), Sevagram to Bombay High Court Nagpur Bench under PIL (WP) no 1/2010. (Dr Ranjana Paradhi & Adv Vijay Patait Vs Union of India & others).
4. The comprehensive health sector response to sexual assault. CEHAT working paper no.1, 2010

8. Modi’s Medical Jurisprudence and Toxicology, 23rd Ed.

9. Dr. K. S. Narayan Reddy’s, The Essential of Forensic medicine and Toxicology, 29th Ed.

10. J.B. Mukherjee’s Forensic medicine and Toxicology, 3rd Ed.

11. Dr. Umadethan’s Principles and Practice of Forensic medicine, 1st Ed.

12. Krishan Vij Textbook of Forensic medicine and Toxicology, 4th Ed.


16. Indian Penal Code (IPC).

17. Indian Evidence Act (IEA).


FORENSIC MEDICAL EXAMINATION REPORT OF ALLEGED VICTIM OF RAPE/
SEXUAL ASSAULT

NOTE: The victim must be given appropriate treatment and counseling as per the need.

(I) Preliminary information and consent

1. Name of the hospital: ...........................................................................................................

2. OPD/IPD No.: ................. Date: .......... MLC No.: ............ Date: ...........

3. Name of the alleged victim: .................................................................................................

4. Age: ............. Sex: ............... Date of Birth:............... Religion: .....................

5. Married/Single/Divorced: ...................................................................................................

6. Address: ..........................................................................................................................

7. Contact Phone Nos. if any: ..................................................................................................

8. Brought by:-
   a. If Police: Name................................................. B. No: ..................................... Police
      Station: ................................................. C.R. No.: ................................. U/s: .............
   b. If not brought by Police; then Name & relation of the person who brought (if any):
      ........................................................................................................................................

9. CONSENT: I ...................................................................................................................... hereby voluntarily consent and
   agree to the following- (Mark each that applies)
   □ Medical examination, sample collection for investigations and treatment.
   □ Forensic Medical examination of genitals (including anus), other body parts and also
     examination of secondary sexual characters.
   □ Collection of samples for Forensic laboratory examination.

   ** I have also been informed that I can refuse the whole or part of the examination at
   any stage. In this event I have been informed the possible Medico Legal
   implications/consequences of loss of evidence and documentation. I have also been
   informed the benefits of full examination. I have been further informed that this
   refusal will not have any impact on the quality of treatment provided. All this has been
   explained to me in the manner and language which I can understand.

   .............................................................. Sign/ Thumb impression: ..............................
   .............................................................. Name: ...........................................................

Signature & name of witness

Signature & name of the victim or guardian in case of
minor (when patient is unable to give consent due to
mental disability, or is under the age of 12 years)
10. Identification Marks: .................................................................

Thumb impression (Right in females & left in males)

11. Signature and name of female nurse/attendant (In presence of whom examination is conducted- if applicable): .................................................................

12. Date & time of examination: ................................................................

13. Name/s of the doctor who has conducted examination: ....................

(II) History/Details of alleged sexual assault:

a. As stated by victim. (e.g. Date, time, place of assault, number of assailants and type / nature of sexual assault and other relevant details. Refer to the Manual for Other Pointers. If necessary, use separate sheet):

b. History of alcohol /other drug intoxication at the time of assault: .................

c. Was the patient menstruating at the time of assault?: ..........................

(III) Medical, Obstetrical and Surgical History:

a) History of menarche / menopause: ..............................................LMP: .................

b) Is the patient menstruating at the time of examination: ...................

c) Obstetric history: G......P......L......A......D..................

d) Contraception: Yes/No.........If yes-Method used............

e) Was the victim pregnant at the time of assault? ....If yes, Length of gestation...........

f) Allergies: ........................................................ Current medication...........................

g) Relevant past medical/surgical history: ..................................................
(IV) General physical examination:

a) General Mental condition including orientation as regards to time, place & person:

b) BP:............ Pulse:............. Respirations:............. Height: ......... Weight:....... 

c) Signs of intoxication by drugs & / or alcohol: __________________________________________

d) Examination of clothes (if same as those worn at the time of assault) for evidence of
   tears, loss of parts, stains (i.e., blood, mud, semen etc), other foreign materials etc:

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

e) Stains / foreign materials on body (including Pubic hairs & fingernails)
   ................................................................

f) Gait of victim: ........................................................................................................

g) Abdominal examination with special reference to pregnancy: .................................

h) Any other: ..............................................................................................................

(V) Injuries on body: With special reference to head, neck, face, breast, upper limbs,
   buttocks, inner aspect of thighs etc. (Body charts may be used for recording the injuries,
   which have to be written in following format or can be described in running text. If
   necessary, use separate sheet).

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Type of injury</th>
<th>Site</th>
<th>Size</th>
<th>Margins</th>
<th>Color</th>
<th>Swelling</th>
<th>Nature of injury</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(VI) Local Examination of Genitals, Anus & oral cavity: (Following areas may be
examined for evidence of infection, matting/ staining, swelling, edema, bleeding, bruise,
tears, abrasions etc. Relevant samples should be collected before commencement of local
examination).

a) Pubic hairs: ........................................................................................................

b) Labia Majora: ....................................................................................................

c) Labia Minora: ....................................................................................................

d) Clitoris: ............................................................................................................

e) Fourchette & Introitus / Vagina: .......................................................................
   Oedema:.................Position of Tears: .......... O'clock.

g) E/o Perineal Tear if any: ..............................................................

h) Urethra: ..............................................................................

i) PS examination: .................................................................

j) Anus: ..................................................................................

k) Oral cavity: .......................................................................

l) Any other findings: ............................................................

(VII) Specific examinations :- (wherever facilities exists and if indicated)

a) Toluidine blue dye test: Results........................................

b) Wet mount slide test: Results........................................

c) UV light exam of clothes and skin: Results........................

d) Anoscopic / Colposcopic exam: Results............................

(VIII) Sample collection for Hospital/ Clinical Laboratory: Samples can be taken
according to requirement of a case advice investigations/ test according to case presentations &
signs:

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Sample name</th>
<th>Test for</th>
<th>Preservative/ Packing</th>
<th>Collected? Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>High vaginal/ Cervical Swab (Sterile Cotton)</td>
<td>Microscopy &amp; Culture</td>
<td>Plain Sterile Bulb</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Urethral Swab</td>
<td>Microscopy &amp; Culture</td>
<td>Plain Sterile Bulb</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Swab (Sterile Cotton) from discharge</td>
<td>Microscopy &amp; Culture</td>
<td>Plain Sterile Bulb</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Blood</td>
<td>Serology (for syphilis, HIV &amp; Hepatitis B)</td>
<td>Plain Sterile Bulb</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Urine (midstream)</td>
<td>Microscopy &amp; Culture</td>
<td>Plain Sterile Bulb</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pregnancy Test: Yes/ No/ Not indicated: If positive advise USG. .................................

(IX) Samples/ Forensic Evidence Preserved for FSL:

The samples must be collected as per time elapsed between assault and
examination, history and physical findings. This will avoid unnecessary sample
collection. The list of samples to be preserved is annexed herewith in triplicate,
which is the part of requisition to FSL for relevant examination. Here it must be
remembered that specific mention in words as to which samples are collected &
which are not collected is very necessary.

Note (if any): ..............................................................................

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

75
(X) **Provisional opinion:** Victim is examined after about ............... days/hours of the incidence.

7) Evidence of injuries to the genitals / anus: ..........................................................
   ..........................................................................................................................
   ..........................................................................................................................

8) Evidence related to non penetrative assault: .........................................................
   ..........................................................................................................................
   ..........................................................................................................................

9) Evidence of injuries suggestive of application of force / restraint: .....................
   ..........................................................................................................................
   ..........................................................................................................................

10) Opinion as to age of injuries and nature of injuries: ...........................................
    ..........................................................................................................................
    ..........................................................................................................................

11) Results of wet mount slide examination for evidence of spermatozoa: ...............
    ..........................................................................................................................
    ..........................................................................................................................

12) Evidence as to consumption/ being under the influence of drugs and/ or alcohol: ....
    ..........................................................................................................................
    ..........................................................................................................................

On the basis of above mentioned observations my/our OVERALL OPINION is that (Tick which is applicable & **strike out** which is not applicable):

- e) Overall findings are consistent with sexual intercourse/ assault; however final opinion is kept pending till receipt of FSL reports OR
- f) Evidence of sexual intercourse/ assault cannot be ruled out. Hence, final opinion is kept pending till receipt of FSL reports. OR
- g) Opinion reserved pending till receipt of FSL and/or ...................... (if any) investigations AND/OR
- h) ..........................................................................................................................
   .............................................................................................................................
Date: .............. (Report contains .............. pages each signed by doctor)

Stamp

Signature: ..........................................................
Name of Dr.: ......................................................
Dept/Designation: ..............................................

[XI] * IMPORTANT NOTE:

1. It is mandatory to enter the brief observations (Serial no.1-6 above) relevant to the title in the form of handwritten/ typed remarks, i.e. “present / absent” and the matter like age of injury and precisely brief justification (reasons) in support of your remarks.

2. The overall opinion must be given after jointly considering the observations mentioned in Sr. No. X of Provisional Opinion (i.e. No. 1 to 6 on page No. 29 to 32 of Manual) and write the same in blank space provided at Sr.No.X a) or b) or c) on page No. 5 of Victim examination format (Provisional Opinion Part). Alternatively the examining Doctor may choose any one of the seven options given in the Manual i.e. No. a) to g) on page No. 33 & 34 of Manual & write down the same in the blank space provided at fourth position i.e. Sr. No. X- d) in the Provisional Opinion Format on page No. 5.

3. Victim shall be provided appropriate treatment as per the need and the details should be entered in format of treatment. This should be attached to hospital papers &/or second copy of forensic medical report.

4. Absence of body/ genital injuries on Victim of Sexual Assault does not rule out commission of the said offence.

RECEIPT (by police official):

Received forensic medical examination report:

Signature.......................... Name of police:................................. Buckle No.
..................................... Police station:...............................
FORENSIC MEDICAL EXAMINATION OF ALLEGED ACUSED FOR EVIDENCE OF SEXUAL ASSAULT

(I) Preliminary information and consent:
1) Name of the hospital: .................................................................
2) OPD/IPD No.:............ Date:........ MLC No: ..................... Date:........
3) Name of the alleged Accused:........................................................
4) Age:..................... Date of Birth:............................. Religion:.............
5) Married/Single/Divorced:..............................................................
6) Address:...........................................................................................

.........................................................
7) Brought by: (Name of police: ................................................. B No. ............ of
........................................................................ Police Station. C.R.No .......... ...U/s.......................
8) CONSENT:- *
I ........................................................................................................ here by voluntarily consent and agree to the
following (Mark each that applies):
a) Medical examination and examination of genitals, examination of other secondary
sexual characters and examination of other body parts.
b) Collection of samples for medical and forensic examination and treatment.
All this has been explained to me in the manner and language, which I can
understand.
........................................................................ Sign/ Thumb impression: .........................
........................................................................ Name: .................................................................
9) Identification Marks: 1..............................................................

Left hand thumb impression

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

10) Date & time of examination:..............................................................
11) Name/s of the doctor who has conducted examination:..............

(II) History of alleged sexual assault as stated by Accused. (If necessary use separate sheet)
...........................................................................................................

Signature & name of witness
Signature & name of the accused or guardian in case of minor
...........................................................................................................
(III) MEDICAL AND SURGICAL HISTORY:-

a) History of alcohol / other drug abuse:

b) Allergies..........................Current medication.................................

c) Brief description of acts of penetration / ejaculation as stated by accused.............

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

d) Any Relevant Surgical history..............................................................

...........................................................
e) Whether bath was taken after the incident............................................
f) Whether he has changed the clothing after the incident..........................
g) Whether micturated after the incident..................................................
h) Whether defecated after the incident..................................................

(IV) General physical examination:

a) General Mental Condition.................................................................

b) BP.................................Pulse........................................Respirations........

Height........................Weight........................Nutrition..................

c) Signs of intoxication by drugs & / or alcohol........................................

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

d) Examination of clothes (if same as those worn at the time of assault). For evidence of tears, loss of parts, stains, other foreign materials etc.............................

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

e) Stains / foreign materials on body (including Pubic hairs & fingernails): ..........

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

f) Secondary sexual characters: Beard........................................Moustache........

Axillary Hairs........................................Pubic hairs..........................

g) Any mark of injury/scar/stains or foreign body on the body of the accused...........

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

(V) Local Examination: Perineum and Genitals

a. Pubic hairs Matting: Present / Absent & Foreign body: Present/ Absent , If present send for C.A.

b. Genitals:

Penis:- Any Deformity .................................................................

Development: ..............................................E/O circumcision..................

Cremasric Reflex: .................................................Smegma: ....................Scrotum:

.............................................................Signs of sexually transmitted infections: .............................................................Injuries on prepuce, glans penis, phrenum & Scrotum..........................
Lugol's Iodine test:

(VI) Systemic Examination:

(VII) Any other significant finding/ examination / referral:

(VIII) Sample collection for Hospital/ Clinical Laboratory: Samples can be taken according to requirement of a case advice investigations/ test according to case presentations & signs:

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Sample name</th>
<th>Test for</th>
<th>Preservative/ Packing</th>
<th>Collected? Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Urethral Swab</td>
<td>Microscopy &amp; Culture</td>
<td>Plain Sterile Bulb</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Swab (Sterile Cotton) from discharge</td>
<td>Microscopy &amp; Culture</td>
<td>Plain Sterile Bulb</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Blood</td>
<td>Serology (for syphilis, HIV &amp; Hepatitis B)</td>
<td>Plain Sterile Bulb</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Urine (midstream)</td>
<td>Microscopy &amp; Culture</td>
<td>Plain Sterile Bulb</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(IX) Samples/ Forensic Evidence preserved for FSL:

The samples must be collected as per time elapsed between assault and examination, history and physical findings. This will avoid unnecessary sample collection. The list of samples to be preserved is annexed herewith in triplicate, which is the part of requisition to FSL for relevant examination. Here it must be remembered that specific mention in words as to which samples are collected & which are not collected is very necessary.

Note (If any): .................................................................
PROVISIONAL OPINION: **

After examining the person bearing above mentioned identification marks, ...................
days/hours after the incident, I/We is/are of the opinion that: .................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
...........................................................................................................................................................................
Date: .................... (Report contains ................ pages each signed by doctor)

Stamp

Signature: .............................................
Name of Dr.: ..........................................
Dept/ Designation: .....................................

IMPORTANT NOTE**:

• The provisional opinion must be in the form of general opinion / impression about possibility of sexual intercourse, after taking into account positive findings in relation to genitals and the body in general. As mentioned above the provisional opinion must include the fact of capacity of the accused to perform sexual act. In absence of these findings, opinion must be reserved till receipt of results of accessory examination.
• Precisely brief justification (reasons) in support of your opinion must be given.
• * The accused can be examined physically without consent as per Cr.P.C 53 & 53 a, if he denies consent.

RECEIPT (by police official):

Received forensic medical examination report:
Signature:.............................. Name of police:................................. Buckle No.
...................................... Police station:.................................
Form of Report to be used when forwarding samples of Forensic Medical Examination of alleged victim of sexual assault to FSL

To,

The Chemical Analyser,
Forensic Science Laboratory.........................., Govt. of Maharashtra

Sir,

I / we am / are herewith forwarding the samples collected from alleged victim of sexual assault to you in Properly COLLECTED, PRESERVED, SEALED, & LABELLED CONDITION through concerned police station / Investigating Officer for necessary analysis.

1. MLC No: ...................... Patient Name:

2. Details of the sample collected: Date of sample collection:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Sample Name</th>
<th>Test (for evidence of)</th>
<th>Preservative/ Packing</th>
<th>Collected ? Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Debris with collection paper</td>
<td>Any foreign material, its nature, source</td>
<td>Paper Envelope</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Cloths</td>
<td>Any biological stains like blood, semen, saliva from the assailant (if yes then its nature, blood group and DNA) &amp; for identification of any foreign material.</td>
<td>Paper envelope</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Sanitary napkins, panty, diapers, tampons</td>
<td>Any stains/ semen. If present then its nature, group and DNA</td>
<td>Paper envelope</td>
<td></td>
</tr>
</tbody>
</table>

**TOXICOLOGICAL SAMPLES** (Send samples in Sr.No.4 & 5 along with separate forwarding letter)

| 4.     | Blood                       | Drug and/ or alcohol                                                              | Fluoride and oxalate bulb/ vacutainer |                   |
| 5.     | Urine                       | Drug and/ or alcohol                                                              | Fluoride bulb/ vacutainer            |                   |

**BODY SAMPLES (OTHER THAN PERINEAL REGION)**

<p>| 6.     | Swabs from cheek and gum.   | Semen. If present then its blood group and DNA profiling                          | Sterile test tube                   |                   |</p>
<table>
<thead>
<tr>
<th>7.</th>
<th>Foreign material on body</th>
<th>Identification, nature and source.</th>
<th>Paper envelope</th>
</tr>
</thead>
<tbody>
<tr>
<td>8.</td>
<td>Swab of Semen like stains on body</td>
<td>If present, then its nature blood group and DNA</td>
<td>Sterile test tube</td>
</tr>
<tr>
<td>9.</td>
<td>Swabs from bite/ licked/ kissed areas</td>
<td>Saliva. If present then its group and DNA profiling.</td>
<td>Sterile test tube</td>
</tr>
<tr>
<td>10.</td>
<td>Combed head hairs</td>
<td>To identify foreign hairs by comparing with reference sample. If found then DNA profiling</td>
<td>Paper envelope</td>
</tr>
<tr>
<td>11.</td>
<td>Fingernail scrapings (Right hand)</td>
<td>Detection of skin, blood, hairs, fibres from assailant; if human tissue its origin, blood group, DNA profiling.</td>
<td>Paper envelope</td>
</tr>
<tr>
<td>12.</td>
<td>Fingernail scrapings (Left hand)</td>
<td></td>
<td>Paper envelope</td>
</tr>
</tbody>
</table>

**GENITAL AND ANAL SAMPLES**

| 13. | Matted pubic hairs | Semen. If found its group and DNA. | Paper envelope |
| 14. | Combed pubic hairs | To identify foreign hairs by comparing with reference sample. If found, then comparison with suspect. | Paper envelope |
| 15. | One swab from labia majora | | Sterile test tube |
| 16. | One swab from labia minora | | ""
| 17. | One vaginal swab | Semen of the assailant, If found its nature, group and DNA analysis. | ""
| 18. | One cervical swab | | ""
| 19. | One vaginal smear | | ""
| 20. | One swab from anal/rectal region each with smear (if applicable) | Swab in test tube & smear in paper envelope | Sterile test tube & smear in paper envelope |
| 21. | Vaginal aspirates | Grouping/ DNA analysis | Sterile test tube |

**REFERENCE SAMPLES**

<p>| 22. | Blood (on white cotton cloth) | Grouping and DNA analysis. | Paper envelope |
| 23. | Blood (if not collected on cloth) | Grouping | Plain bulb/ vacutainers |</p>
<table>
<thead>
<tr>
<th></th>
<th>Blood (if not collected on cloth)</th>
<th>DNA analysis. Do not send directly. Kit to be collected from FSL.</th>
<th>EDTA bulb/vaccutainers</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.</td>
<td>Hairs (scalp) 10-20 strands (cut)</td>
<td>To compare with the loose hairs found from the body of the victim (if any) &amp; the scene</td>
<td>Paper envelope</td>
</tr>
<tr>
<td>25.</td>
<td>Hairs (pubic) 10-20 strands (cut)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>CONTROL SAMPLE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>Control swabs from the unstained area adjacent to the skin;</td>
<td>To interpret the typing results from the evidence swab.</td>
<td>Sterile test tube</td>
</tr>
<tr>
<td></td>
<td><strong>ANY OTHER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>Condom</td>
<td>Grouping/DNA analysis</td>
<td>Paper envelope</td>
</tr>
<tr>
<td>29.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total .......... samples are collected in this case.

Note (if any):

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

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

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

........................................ Facts of medico-legal importance in connection with the case:

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

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

...........................................................................................................................................................................
3. Copy of label:

| Hospital: .................................. | Place: .................................. |
| Sample name: ................................ | MLC No: .................................. |
| Patients Name: ................................ |                                  |
| Date: ...................................... | Sign: ..................................... |

Date: ...........

Signature: ..................................................

Name of Doctor: .............................................

Designation: ..................................................

**Note:**
1. Collection of too many samples can be avoided. As per DNA samples are concerned, routinely only blood, hair, nail debris, swab from labia minora & swab from vagina must be sent. Other samples must be sent, only if specifically asked by the investigating officer or if found necessary.
2. Biological samples collected from the victim should be stored at 4°C and sent FSL in same condition.

---

**RECEIPT (by police official):**

Received .............. (in words .................) above mentioned intact, sealed and labelled samples for subsequent submission to FSL. Signature.................................

Name of police:.......................... ........................................ Buckle No.

.......................... Police station:..........................
**Form of Report to be used when forwarding samples of Forensic Medical Examination of alleged accused of sexual assault to FSL**

To,

The Chemical Analyser,
Forensic Science Laboratory......................, Govt. of Maharashtra

Sir,

I / we am / are herewith forwarding the samples collected from alleged accused of sexual assault to you in Properly COLLECTED, PRESERVED, SEALED, & LABELLED CONDITION through concerned police station / Investigating Officer for necessary analysis.

4. MLC No: ...................... Alleged accused Name:

5. Details of the sample collected: Date of sample collection:

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Sample Name</th>
<th>Test (for evidence of)</th>
<th>Preservative/ Packing</th>
<th>Collected? Yes/ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.</td>
<td>Clothes</td>
<td>For identification of any biological stains/ materials (including foreign material) from the victim &amp; crime scene.</td>
<td>Paper Envelope</td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>Matted pubic hairs</td>
<td>For detection of semen &amp; identification of any hairs from the victim &amp; for identification of any foreign material from the crime scene. (if any)</td>
<td>Paper envelope</td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>Combed pubic hairs</td>
<td>To identify foreign hairs by comparing with those of victim</td>
<td>Paper envelope</td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>Scalp hairs (10-15)</td>
<td>For comparison with those found on the victim &amp; at the scene</td>
<td>Paper envelope</td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>One swab from prepuse, coronal sulcus</td>
<td>For detection of vaginal epithelial cells &amp; its DNA</td>
<td>Sterile test tube</td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>One smear from prepuse, coronal sulcus</td>
<td>For detection of vaginal epithelial cells &amp; its DNA</td>
<td>Paper envelope</td>
<td></td>
</tr>
<tr>
<td>36.</td>
<td>One swab from glans and urethral meatus</td>
<td>For detection of vaginal epithelial cells &amp; its DNA</td>
<td>Sterile test tube</td>
<td></td>
</tr>
<tr>
<td>37.</td>
<td>One smear from glans and urethral meatus</td>
<td>For detection of vaginal epithelial cells &amp; its DNA</td>
<td>Paper envelope</td>
<td></td>
</tr>
<tr>
<td>38.</td>
<td>Nail cutting / scraping</td>
<td>Detection of skin, blood, hairs, fibres from victim; if human tissue its blood group &amp; DNA profiling</td>
<td>Paper envelope</td>
<td></td>
</tr>
<tr>
<td>39.</td>
<td>Blood</td>
<td>Grouping</td>
<td>Plain bulb/ vacutainers</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>DNA analysis. Do not send directly. Kit to be collected from FSL.</td>
<td>EDTA bulb/ vacutainers</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>40.</td>
<td>Blood</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41.</td>
<td>Blood</td>
<td>Drug and/ or alcohol</td>
<td>Fluoride and oxalate bulb/ vacutainer</td>
<td></td>
</tr>
<tr>
<td>42.</td>
<td>Urine</td>
<td>Drug and/ or alcohol</td>
<td>Fluoride bulb/ vacutainer</td>
<td></td>
</tr>
</tbody>
</table>

**ANY OTHER**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>43.</td>
<td>Condom</td>
<td>Grouping/ DNA analysis</td>
<td>Paper envelope</td>
</tr>
<tr>
<td>44.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total ............ samples are collected in this case.

Note (if any):

6. Facts of medico-legal importance in connection with the case:

7. Copy of label:

<table>
<thead>
<tr>
<th>Hospital:</th>
<th>Place:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample name:</td>
<td>MLC No:</td>
</tr>
<tr>
<td>Patients Name:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Sign:</td>
</tr>
</tbody>
</table>

Date: ............  
Signature: ........................................

Name of Doctor: ........................................
Dept/Designation: ........................................

**Note:** 1. Collection of too many samples can be avoided. As per as DNA samples are concerned, routinely only blood, hair, nail debris, swab from labia minora & swab from vagina must be sent. Other samples must be sent, only if specifically asked by the investigating officer or if found necessary.
2. Biological samples collected from the accused should be store at 40C and send FSL in same condition.

**RECEIPT** (by police official):

Received ............ (in words ..................) above mentioned intact, sealed and labelled samples for subsequent submission to FSL. Signature.................................

Name of police:.................................  
Buckle No.  
................................. Police station:.................................
MEDICAL MANAGEMENT/TREATMENT FORM (CHECKLIST) - (SEXUAL ASSAULT VICTIM)

Name of the patient/ Victim: .................................................................

Place: ....................................................... MLC No: ..............................

- Investigations advised (if any): .........................................................
- Treatment given: Yes/No ........................................................................
- Emergency Contraceptive: Yes/No. If yes then details: ......................
- Prophylaxis and/or T/t for sexually transmitted infections: Yes/No. If yes then details:
  ........................................................................................................
- Injection tetanus toxoid (TT): Yes/ No ..................................................
- Treatment for injuries: Yes/ No ............................................................
- Follow up on (if any): ...........................................................................

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

- Counseling: Yes/ no ............................................................................
- Pregnancy test: Yes/No. If positive advise USG .................................
- Referral for further management and/or counseling: Yes/No. If yes then details:
  ........................................................................................................

- Other (if any): ....................................................................................
  ..........................................................................................................  

Date: ......................... Doctors sign: .................................................

  Name of Dr: ..........................................................

  Dept/Designation: ......................................................

Note:

- This form should be kept in hospital file attached to second copy of FMR/ OPD/IPD papers. Other relevant details of management shall be entered on routine medical papers.
- This form should be filled by the doctor who is entrusted with the responsibility of treating the patient. It is to be noted that this is just a checklist.
- If treatment provider is the different one from the doctor who is doing forensic medical examination, then treating doctor should come to the place (as early as possible) where the forensic medical examination is being done or vice versa to avoid unnecessary referrals and shunting of patient from one place to other.
FORENSIC MEDICAL EXAMINATION REPORT OF ALLEGED VICTIM OF RAPE/SEXUAL ASSAULT (FINAL OPINION)

To,

The Investigating Police Officer,
................................. police Station

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

I) Name of the victim: ........................................ Age/Sex: ......................
II) Address: .................................................................
III) Name of the hospital: .........................................................
IV) MLC No................................. CR No...................... Police station: ......................
V) Findings of follow up examination with date (if any): ......................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
.................................................................
VI) Results of laboratory tests (use extra sheet if required):-
1) FSL report number............ dated.................. Results:..................
.................................................................
.................................................................
2) FSL report number............ dated.................. Results:..................
.................................................................
.................................................................
3) FSL report number............ dated.................. Results:..................
.................................................................
.................................................................
4) FSL report number............ dated.................. Results:..................
.................................................................
.................................................................
5) FSL report number............ dated.................. Results:..................
.................................................................
6) FSL report number............ dated.................. Results:..................
.................................................................
7) Microbiological report (if any) No.......................... dated.................. Results:..................
VII) OPINION:-
1) Evidence of recent or old vaginal / anal/ oral injuries: .................................................................

2) Evidence related to non Penetrative Sexual assault.................................................................

3) Evidence of injuries suggestive of application of force / restrained: .................................

4) Opinion as to age of injuries and nature of injuries: ..............................................................

5) Evidence as to consumption/ being under the influence of drugs and/ or alcohol:
................................................................

6) Evidence of sexually transmitted infections ...........................................................................

OVERALL OPINION :-
After taking into consideration first Forensic Medical examination, Follow up examination and above mentioned laboratory reports, I am / we are of the following overall opinion that (Tick which is applicable & strike out which is not applicable):

 a) Overall findings are consistent with sexual intercourse/ assault OR
 b) Findings neither confirm nor refute sexual intercourse/ assault AND/OR
 c) ....................................................................

Date: ................................ (Report contains ............... pages; each signed by doctor)

Stamp of
designation/
Hospital

Signature: ...........................................................
Name of Dr.: ..................................................
Dept/ Designation : ................................................

Note:
➢ The final/ Overall Opinion must be given after jointly considering the observations (i.e. 1 to 6 on page No.37 & 38 of Manual) & write the same in the blank space provided at Sr. No. VII - a) or b) in the Final Opinion Format of Victim. Alternatively the examining Doctor may choose any one of the six options given in the Manual i.e. No. a) to f) on page No.38 & 39 of Manual & write down the same at 3rd position i.e Sr. No. VII - c) in the Final Opinion Format of Victim.

Hence, while giving final opinion it is mandatory for the Doctor to enter presence / absence of particular observation (1 to 6 above) with its precisely brief description in the space provided for each. In this connection, it must be remembered that sexual intercourse can not be ruled out even in the absence of one or all parameters mentioned above.
To,

The Investigating Police Officer,

................................. police Station

VIII) Name of the accused: ................................................. Age: ............... 
IX) Address: ........................................................................
X) Name of the hospital: .................................................................
XI) MLC No. .................. CR No. .................. Police station: ......................
XII) Results of laboratory tests (use extra sheet if required):

8) FSL report number ............ dated ............... Results: ........................................

9) FSL report number ............ dated ............... Results: ........................................

10) FSL report number ............ dated ............... Results: ........................................

11) FSL report number ............ dated ............... Results: ........................................

12) FSL report number ............ dated ............... Results: ........................................

13) FSL report number ............ dated ............... Results: ........................................

14) Microbiological report (if any) Number ............ dated ............... Results: ........................................

15) Microbiological report (if any) Number ............ dated ............... Results: ........................................
XIII) OPINION:-

After taking into consideration first Forensic Medical examination and above mentioned laboratory reports, I am / we are of the following opinion.

1. Evidence of injuries on genitals: .................................................................

2. Evidence of physical injuries (i.e. signs of struggle): ........................................

3. Findings of Lugol's Iodine test: .................................................................

4. Evidence of drugs / alcohol intoxication: ....................................................

5. Any other relevant observation: ..................................................................

6. Overall Opinion / General Impression: .........................................................

Date: ............................ (Report contains .......... pages; each signed by doctor)

Stamp of designation/ Hospital

Signature: ...........................................
Name of Dr.: ......................................
Dept/ Designation: .............................

NOTE: Out of the First Six observations mentioned above in No.( VII) of opinion, the final opinion may be in the form of one or multiple factors together. Hence while giving final opinion it is mandatory for the doctor to enter presence / absence of particular observation with its precisely brief description in the space provided for each. If found necessary a comprehensive joint opinion regarding evidence of sexual intercourse with associated injuries and the capacity or otherwise of the accused to perform sexual act may be given at serial No. 7 above.
FORENSIC MEDICAL REPORT (FMR): SEXUAL ASSAULT EXAMINATION

Body diagram to mark injuries (Figure Courtesy WHO Document ‘Guidelines for Medico-legal Care for Victims of Sexual Assault.

Name of the patient: ..................................................... MLC No: ...............
FORENSIC MEDICAL EXAMINATION REPORT OF
AGE ESTIMATION
(MALE / FEMALE)

(I) Preliminary information and consent:
1. Name of the hospital: .................................................................
2. OPD/IPD No.:-......... Date:-.........MLC No.:-...............Date:- .........
3. Name of the Patient:...........................................................................
4. Age:-......... (As informed by patient); Date of Birth:............... Religion:..............
5. Married/Single/Divorced:.................................................................
6. Address:..............................................................................................
7. Brought by:------------------------------------------------------------ of .........................
............................................................................ Police Station. C.R.No..........................U/s..........................
8. CONSENT:-
I ...........................................................................................................here by voluntarily consent and agree to the
following- (Mark that applies)
a) Medical examination and examination of genitals and also examination of other
secondary sexual characters for the purpose of age estimation.
b) Radiological and dental examination for the purpose of age estimation.
* I have also been informed that I can refuse the whole or part of the examination at
any stage. In this event, I have been informed about the possible Medico Legal
implications/consequences of loss of evidence and documentation. I have been
further informed that this refusal will not have any impact on the quality of treatment
provided. All this has been explained to me in the manner and language which I can
understand.

........................................... Sign/ Thumb impression: .........................
........................................... Name: .......................................................

Signature & name of witness

Signature & name of the person in case
of minor (when person is unable to give
consent due to mental disability, or is
under the age of 12 years)

9. Identification Marks: 1.................................................................

Thumb impression (Right in females & left in males)
10. Signature and name of female nurse/attendant. (In presence of whom examination is conducted- if applicable) ........................................................................................................

(III) General Physical Examination:
Height: .................. Weight:...................... Built:.........................
Pulse:...................... B.P..................................

(IV) Secondary sexual characters:

<table>
<thead>
<tr>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Moustaches</td>
<td>Genitals</td>
</tr>
<tr>
<td>Beard</td>
<td>Axillary Hair</td>
</tr>
<tr>
<td>Axillary Hairs</td>
<td>Menarche</td>
</tr>
<tr>
<td>Voice, Adams apple</td>
<td>LMP</td>
</tr>
</tbody>
</table>

Tanner Staging

<table>
<thead>
<tr>
<th>Pubic hairs development</th>
<th>Breast development</th>
</tr>
</thead>
</table>

(V) Dental Examination:

<table>
<thead>
<tr>
<th>RIGHT</th>
<th>LEFT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) Total Nos.: ...................... b) Spacing behind 2nd Molar:.................................
c) Any abnormality/ Details (if any): .................................................................
............................................................................................................................

(VI) Radiological Examination: (If pregnancy is suspected, X-ray pelvis should not be advised. In such cases other X-rays should be taken after using lead apron for abdomen and pelvis)

<table>
<thead>
<tr>
<th>X Ray Advised</th>
<th>X Ray Plate no &amp; Date</th>
<th>Observations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

97
(VII) OPINION REGARDING AGE:
After performing general, physical, dental and radiological examination, I am of the
considered opinion that age of this person is between ........... to ............. years
including margin of error.

Date: .............. Time of examination: ..............

(Report contains ............ pages each signed by doctor)

Signature: ......................................................
Name of Dr.: ..................................................
Dept/Designation: .............................................

** The accused can be examined physically without consent as per Cr.P.C 53 & 53 a, if
he denies consent. Strike out whichever is not applicable.

RECEIPT (by police official):
Received forensic medical age examination report:
Signature: .......................... Name of police: .......................... Buckle No.
.................................................. Police station: ..........................