



Government of West Bengal
Department of Health Family Welfare
Swasthya Bhawan; GN-29; Sector -V
Salt Lake City; Kolkata-700091

Memo No. HAD / 9M-03-2024/ 3991

Date 05/06/2024

ORDER

In modification of the Order No. HF/O/MERT/1319/5C-34/13 Pt.1 dated, Kolkata, 30th October, 2023 issued by the Special Secretary, MERT Branch, Deptt. Of H &FW, Govt. of WB, the modalities for implementation of the POCSO Act, 2012 and read with POCSO Rules, 2020, framed as the Standard Operating Procedure (SOP) in respect of Medical Examination of the POCSO victims and perpetrators, reporting format of Medical Examination of the said victims and perpetrators under POCSO Act in Part-I and the guidelines for filling up the same in Part-II are issued to all Government health establishments concerned for compliance by the concerned Medical Officers.

This has the approval of the Principal Secretary, H & FW Department. Govt. of WB

wms
9/6/24

Director of Medical Education
Department of H & FW
Govt. of West Bengal

[Signature]
05/06/24

Director of Health Services
Department of H & FW
Govt. of West Bengal

Enclosures:


- (1) SOP,
- (2) Reporting Format in Part-1,
- (3) Filling up guideline in Part-II

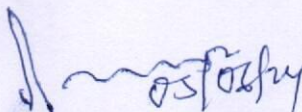
Memo No. HAD / 9M-03-2024/ 3491/4 (15)

Date: 05/06/2024

Copy forwarded for information and necessary action to the:

- 1) Principal Secy. Deptt. Of WCD&SW
- 2) Secretary (Coordination), Home Department
- 3) Director, Child Rights & Trafficking
- 4) Spl. Secy, Mental Health
- 5) OSD & Spl. Secy(MERT)
- 6) Joint Director(RCH) & SFWO
- 7) Director, IPGMER & SSKM/School of Tropical Medicine, Kolkata
- 8) Principal MCH, KOLKATA/NRS MCH/R.G KAR MCH/CNMCH MCH/ Burdwan MCH/Bankura MCH/ Medinipur MCH/ North Bengal MCH/ College of Medicine & JNM Hospital/ College of Medicine/ Murshidabad MCH/ Malda MCH/ Tamralipta Government Medical College/ Jhargram MCH/Sarat Chandra Chattopadyay Medical College,Uluberia /Jalpaiguri Govt.MCH/ Barasat Govt.MCH/ Prafulla Chandra Sen MCH, Arambag / Rampurhat MCH
- 9) CMOH..... (All districts including health districts)
- 10) Superintendent-----
(All district Hospitals/SSH/MSH/SDH/SGH/RH/Other Hospital)
- 11) BMOH.....(All RH/BPHC)
- 12) Assistant Secy. (MERT)
- 13) PA to Principal Secretary of this Department
- 14) PA to Special Secretary (ME) of this Department
- 15) PA to Principal Secy, GTA


Director of Medical Education
Department of H & FW
Govt. of West Bengal


Director of Health Services
Department of H & FW
Govt. of West Bengal

SOP in respect of Medical Examination of the rape POCSO victims and for providing psychiatric support to them

A. Preliminaries that need to be followed (preparedness):

Victim should not be examined (medico legally) without written requisition from investigating police officer or and without having any order from the Ld. Magistrate but in case of emergency no such requisition is necessary from any medical practitioner, hospital or other facility centre

Examination is to be done without any delay.

Examination is to be done in a prescribed Government format.

Treatment of the victim gets priority over medico legal examination, if the condition requires. The victim, to be examined, is to be first identified by the escorting authorized police personnel in front of examining doctor with police personnel's full signature & date, number/ designation in the examination format.

Written consent should be taken preferably in own handwriting of the victim with full signature/thumb impression after full explanation of the procedure of examination preferably in the language she understands with permission to collect material evidences. If she is under 12 years of age and of unsound mind, then written consent of parents/guardian/nearest kin/the persons upon whom trust is reposed and consider his/her well being and willing must be taken with or without victim's consent. The consent is to be taken in a plain white paper.

Victim should be examined preferably by a Lady Gynecologist/Lady Medical Officer in presence of a female nurse/female employee/Female GDA of the concerned hospital along with full signature, designation of the examiner (doctor).

As per POCSO ACT, a child is one who is aged below 18 years of age. As per section 27 of POCSO Act, a lady medical officer should examine a girl child (one who is below 18 years of age).

As per section 27 of POCSO Act, whenever examination is done, a parent or any person whom the child trusts should be present throughout the examination. If such persons are not available, then it is the duty of the hospital to provide a person who is trustworthy.

As section 357(c) of CrPC and Rule 5 of POCSO it is compulsory for doctor/hospital to provide treatment to all victims/survivors of sexual offences.

Assault history of event must be in the patient's own words e.g. date & time, number of accused, place of occurrence etc.



Inquiry has to be done whether the patient has bathed, gargled, brushed teeth, changed clothes, urinated or defecated since the attack which may alter interpretation of subsequent findings.

Any evidence of trauma should be documented dislocation, bruises, laceration, secretion, torn and bloody clothing.

The mental and emotional states of the victim are also to be noted.

All collected samples & records must be enveloped, signed & sealed with date and send to the chemical examiner through the police station, concerned.

Time of admission, time of examination, date and time of sexual assault and the appearance of the patient must be recorded.

B. Preparation for physical examination of the victim

The patient is to be assisted by the attendant lady to undress gradually over a sheet of large piece of paper to obtain debris.

Arrangement for collecting materials for the purpose of vaginal/urethral swab and smear is to be made.

Each item of clothing must be placed in a separate paper bag (plastic bags promote moisture retention which may lead to formation of mold and mildew which can destroy evidence).

Bags should be appropriately labeled and sealed: and thereafter handed over to appropriate law enforcement authorities.

C. Physical examination proper

The patient should be examined (from head to toe) for injury especially to the face, head, neck, breasts, inner aspect of thighs, back and buttocks, inner and outer aspects of upper and lower extremities.

Assessment must be done for external evidences of trauma (abrasion, bruises, laceration, stab wounds etc.).

Inspection of fingers should be done for broken nails, tissue & foreign materials under nails.

Body diagrams to be drawn or photographs to be taken for documenting the evidences.

Oral Examination should be done for collection saliva swab and the saliva is to be preserved.

The saliva can be utilised for DNA profile determination of the victim and comparison with that of the salivary swab of assailant.

A saliva specimen should be obtained.

Culture specimens are to be taken from gum and tooth areas, if needed.

RAPE EVIDENCE COLLECTION KIT

The emergency departments of all health facilities in the State of West Bengal should keep commercially prepared rape evidence collection kits as well as written protocols for the treatment of injuries, legal documentation and preventive measures for sexually transmitted disease and pregnancy.

D. Obtaining laboratory specimen

Treating the patient always gets priority to the physician rather than sample collection of the victim.

Collected vaginal aspiration/material evidences should be examined, earliest possible, for presence or absence motile/non-motile sperm/any venereal discharge.

Sterile swab should be used for collection of vaginal pool for acid phosphatase, blood group, antigen of semen and precipitation test against human sperm and blood.

All the collected specimens should be labeled with name of person, date & time of collection, body area from which specimen was obtained and names of personnel collecting specimens to preserve chain of evidence given in the designated person (crime laboratory) and obtaining an itemized receipt.

Report of medical examination should be prepared expeditiously & opinionated considering all possible angles.

E. Age estimation of the victim

This has to be done along with medico-legal examination.

Age estimation should be done when in doubt and when reliable documentary evidence or proof is not available or the age of the child/ victim appears to be in border line.

F. Providing follow-up services

Psychological, emotional & supportive counseling of the victim should be done once she recovers from the acute emergent condition and should be continued throughout during her stay in the hospital and even after she is discharged, periodically or as & when required/if she feels.

An appointment must be given for follow up surveillance for pregnancy, sexually transmitted disease (STD) and 'HIV' with counseling

The patient should be advised to be accompanied by family member or relative or close acquaintance when leaving the health care facility of the concerned hospital.

Patient is to be informed for availing counseling services to prevent long term psychological effects or trauma.

Counseling services to be provided free of cost and made available to the victim as and when she requires.

Whenever a sexually assaulted child requires immediate care and protection the doctor should inform the local police station to seek assistance of the Child Welfare Committee (CWC).

Rule 6 under POCSO Rules, 2020:

- 1) The registered medical practitioner shall submit the report on the condition of the child within 24 hrs to the SJPU or Local Police.
- 2) If the Child is a “divyang” (person with disability), suitable measures and care shall be taken as per the provision of the Rights of Persons with Disabilities Act, 2016(49 of 2016)



PART—I

GOVT OF WEST BENGAL

..... HOSPITAL
Address.....

Department.....

CONFIDENTIAL

Report of Medicolegal Examination of Victim of Sexual Violence

(Victim girl/ Victim boy under POCSO Act

And Victim girl under Sec 376 IPC)

(Based on Published Guidelines & Protocols for Medicolegal Care for survivors/victims of Sexual Violence by MOHFW, Gov of India and Orders of Supreme Court of India and Calcutta High Court)

(Note: Write NA in appropriate section)

Reference (if Requisition received from Police/Magistrate/ Court):

Or

IPD/OPD/MLC No: (if victim directly reports to the Hospital):

Date:

Date & time of receiving the patient

Date of Examination:

Time of Starting the Examination:

Time of completion of Examination:

Name: **Victim Boy/ Victim Girl**

Stated age:

Gender: (Male/Female/Third gender)

LTI of Victim/ Legal guardian:

(To be attested by the M.O)

Brought and identified by:

- Full Signature/LTI of the person who brought and identified.....
- Name of the person who brought the survivor and relationship to accompanying persons.

Informed Consent taken from (Consent Form enclosed):

Examined in Presence of:

- Signature(s) of the person in presence of whom consent obtained and examination done.....

Incident after the Assault:

- ✓ Wearing Apparels (unchanged/changed/washed):
- ✓ Details of clothing worn at the time of assault
(if unchanged, then condition of wearing apparels: look for any stain(suspected blood/seminal stain/mud stain, tears, loss of button etc)
- ✓ Taken Bath (yes/no):
- ✓ Menstrual bleeding occurred (yes/no):
- ✓ Washed the genitalia and or anal region and or mouth (yes/no):

General Examination:

Pulse:

BP:

Respiratory Rate:

Temperature:

Genital Examination: (based on Sex of the Victim, if not applicable write 'NA')

- Labia Majora:
- Labia Minora:
- Hymen:
- Clitoris:
- Fourchette:
- External Urethral Meatus:
- Vagina:
- Uterus palpable per abdomen (no/ yes, if yes then its level):
- Penis:
- Scrotum
- Testes:
- Clitoropenis:
- Labioscrotum:

Anus, Anal canal and Rectum (if needed):

Oral Examination (if needed):

Injuries present over Extra-genital Body parts:

X-ray Examination advised/not required (rule out pregnancy before that): (if requested by Police for estimation of age/ detection of any bony injury/foreign body)

Information related to past abuse (physical/sexual/emotional):

Relevant Medical & Surgical History:

Materials Preserved: (put Tick of Cross, mention not applicable in appropriate place)

Check the Body evidence list and add the missing ones

1. Vaginal swabs and smears (for detection of spermatozoa, motility of sperms/ any component of semen, if spermatozoa detected then its DNA typing)
2. Vaginal Wash (for detection of spermatozoa, motility of sperms/ any component of semen, if spermatozoa detected then its DNA typing)
3. Peri-vaginal swabs (for detection of spermatozoa, motility of sperms/ any component of semen, if spermatozoa detected then its DNA typing)
4. Pubic hairs (combed out loose pubic hair/ cut strands if matted- for loose pubic hairs: DNA typing and if it is found to be foreign origin, then its preservation and matching with DNA profile of the accused, for matted cut strands- detection of spermatozoa, if spermatozoa detected then its DNA typing and matching with DNA profile of the accused)
5. Nail scrapings and clippings (for detection of any skin epithelial cells, blood, if found then DNA profiling of the same and if found to be foreign origin, then its preservation and matching with DNA profile of the accused, Fibre of any cloth etc)
6. Wearing apparels (if unchanged and worn at the time of assault for detection of any foreign hair, any stain like blood, seminal stain, mud, stain of any lubricant and DNA typing of the biological trace evidence if found to be foreign origin, then its preservation and matching with DNA profile of the accused)
7. Blood in EDTA vial for DNA typing/ Blood soaked and dried filter paper/ with control/ FTA card for DNA typing
8. Blood in plain vial for drug estimation of needed
9. Blood in Sodium Fluoride vial for detection and estimation of alcohol if needed
10. Blood in plain vial for Sexually transmitted infection(VDRL, HIV, HbsAg, Anti HCV)
11. Urine for drug/alcohol testing if needed
12. Swab from any stain if present apart from vaginal and peri-vaginal swabs
13. Swab and smears from Anus, anal canal and peri-anal region when history of anal intercourse/anal injury is present (for detection of spermatozoa, motility of sperms/ any component of semen, if spermatozoa detected then its DNA typing)
14. Penile swab and smears in cases of victim boy if there is history of buccal coitus with the victim boy (for detection of saliva, grouping, detection of buccal epithelial cells and DNA typing)
15. Buccal swab and smears and rinsed mouth wash in cases of history of buccal coitus for detection of spermatozoa, motility of sperms/ any component of semen, if spermatozoa detected then its DNA typing)

Note: if no material is present justify the reason:

Opinion:

Advice: [tick as per necessity but point 3 is essential]

1. USG for detection of pregnancy/ Refer to OPD of Gynae and Obs for Emergency Contraception if need/ for detection of pregnancy/management of genital injury
2. Refer to OPD of Dermatology of any Govt. Hospital for further evaluation and management of Sexually Transmitted infection if needed
3. Refer to OPD of Psychiatry of any Govt. Hospital for Counselling and Support.
4. Refer to Dept of Forensic Medicine and Toxicology of any Govt Medical College and Hospital or to any Medical Officer (Medicolegal) of any Govt. Hospital for valuable opinion regarding estimation of age if required by the I.O
5. May ask for repeat examination after 2-3 days for examination of any 'delayed bruise' or after 6 weeks for repeat blood examination for VDRL and **later on for HIV** (6 weeks, 3 months, 6 months) and hepatitis (6 months)
6. Refer to any other specialityfor.....
7. Any investigation suggested:

.....

(Full Signature of the Medical Officer with date and Official seal)

Name:

Reg NO:

Enclosed:

- Informed Consent Form
- Requisition to State FSL and/or Microbiology for preserves materials as noted above

GOVT OF WEST BENGAL

..... HOSPITAL

Address.....

Department of

Informed Consent/Informed Refusal Form for Medicolegal Examination and evidence collection of Victim of Sexual Violence: [English]

Reference: (if Requisition received from Police/Magistrate/ Court):

Or

IPD/OPD/MLC No (if victim directly reports to the Hospital):

Date:

Name: **Victim Boy/ Victim Girl**

Type of victim-

- a) on his/her own only for treatment for effects of assault;
- b) with a police requisition after police complaint; or
- c) with a court directive. (p23, MoH&FW Guideline)

Stated age:

Gender: (Male/Female/Third gender)

Declaration by the Victim/ Guardian/Legal Guardian:

I have been clearly explained regarding the followings by the Medical Officer before starting the Examination in the language I clearly understand with the help of a special educator/interpreter/support person (circle as appropriate):

1. The purpose and possible outcome of the examination
2. The report [in case of b) and c) type of victim] of the examination will be supplied to the concerned authority under whose request or direction the examination is being conducted and the Report may be used in the Court in future and I/victim will be subjected to cross examination.
3. Noting identification marks from which I/he/she may be identified later on.
4. A thorough physical examination including genital and or anal or oral examination including dental examination as deemed fit by the examining doctor and for the purpose of examination I/ He/ She have/has to undress completely before the examining doctor and witness.
5. Radiological examination as deemed fit by the examining doctor.
6. Details Collection of samples as deemed fit by the examining doctor for the interest of the case and collected specimens will be forwarded to the concerned authorities for necessary examination.
7. I/He/She may be referred to other speciality for further examination if needed.
8. My/his/her right of Informed refusal before starting the examination/anytime during examination/ sample collection and possible consequences of such refusal for Medicolegal examination and also been informed that informed refusal will not affect my/his/her right to get treatment.
9. I further declare that the examining doctor has given me chances to ask questions and concerns and answered my queries to my satisfaction.
10. Being a male/female/third gender I have no objection for undergoing examination by a male/female doctor in presence of witness.

11. Being a male/female/third gender I have no objection for undergoing examination by a male/female doctor in presence of witness.

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

After understanding all the above mentioned facts I hereby give my free consent, willingly, voluntarily for:

1. Medicolegal Examination and Sample Collection: Yes/No
2. Only Medicolegal Examination: Yes
3. Only Sample Collection: Yes

I also express my wish to participate/ not to participate in Police Investigation, however the Hospital is duty bound to inform about the case to the concerned Police Station.

(LTI of the Victim or his or her Guardian/legal Guardian with date, to be attested by the examining doctor)

if victim is more than 12 yrs of age, or else guardian / parent will sign it if she/he is under 12 years of age.

Declaration by the Interpreter/Special Educator: (if needed)

I confirm that I have accurately interpreted the contents of the Informed Consent form and related conversation between the examining doctor and the victim/person consenting on behalf of the victim.

In case of female/ transgender/ intersex victim, mention about availability of female doctor and in case of non availability of female doctor , mandatory presence of female attendant.

Also mention if the survivor requests, relative may be present while the examination is done.

.....
Signature of the Interpreter/ Special Educator with date

Name:

In case there is informed refusal for police intimation, then that should be documented. At the time of MLC intimation being set to the police, a clear note stating "informed refusal for police intimation" should be made.

Declaration by the Examining Doctor:

I declare that I have explained the purpose, procedure, possible outcome of the Medicolegal Examination and Informed Refusal with its consequences to the victim/ the person giving consent on his/her behalf. I have given the victim/ person giving consent on his/her behalf all opportunities to ask questions related to the examination and I have answered these questions from my best knowledge and intention in the language he/she clearly understands or with the help of a Special Educator or Interpreter who signed above.

.....
(Signature of the Medical Officer with date and Official seal)

Name & Reg No.:



PART--II

Guidelines for filling the Form of 'Medicolegal Examination of Victim of Sexual Violence':

1. The victim of sexual offence may directly report to the hospital or may be taken to the hospital

(a) on his/her own only for treatment for effects of assault; by the relatives or any other person for treatment of effects of assault. And in such case it is the responsibility of the hospital to register the case as a 'Medicolegal Case' or 'Police Case' and intimation should be sent to the Police Station having jurisdiction over the hospital, or

(b) with a police requisition after police complaint. Then the case is already registered as a 'Police Case' and in this case the examining doctor should mention the reference as noted in the submitted police requisition. e.g.PS case no..... datedu/s 376 IPC or under POCSO Act 2012, or

(c) with a court directive. **The examination should be conducted in a room maintaining privacy of the victim and the examining doctor should be non judgmental, reassuring and empathetic towards the victim. Do not delay the examination, it is a Medicolegal emergency.** In all such cases IPD/OPD/MLC number with date is to be mentioned in the report.

2. POCSO Act is a **GENDER NEUTRAL** act and under this Act the victims are less than 18 years and could be of an sex. If the victim is a female and less than 18 years of age, medical examination is to be done by a female doctor only

3. **victims of sexual offence above 18 years is age can be examined by either male or female doctor, however female doctor is preferred, though male doctor can examine a female victim above 18 years of age with consent of the victim girl where she must explicitly express her consent to be examined by a male doctor.**

4. Name of the victim:

a. **If the victim is less than 18 years of age: name must not be mentioned as per Order from the Hon'ble Calcutta High Court vide CRA 517 of 2017 and Supreme Court of India vide W.P.(C) No. 565 of 2012 dated 11.12.2018 . If the minor victim directly reports to the hospital, then in the report, in place of name, write as 'Victim Girl' Or 'Victim Boy'. However for practical purpose the hospital has to inform about the incident to the Police. Then the particulars of the minor victim is to be written separately in another sheet of paper and in sealed condition it is to be handed over to the police during the time of police intimation from the hospital.**

b. **If the victim of sexual offence is more than 18 years, we recommend the same and not in favour of writing the name of the victim, rather in the Report in place of name, the doctor should mention as 'Victim Girl' when such a victim girl directly comes to the hospital with allegation of sexual assault on her rest of the procedure of police intimation could be the same as mentioned for minor victims.**

c. **When the victim comes through the police, in the police requisition investigating officer often designates the victim as 'X' or 'Y' and the same is to be mentioned in the medical report in place of name.**

5. It is advisable to take the Left thumb impression of the victim/legal guardian irrespective of age to protect the identity but in POCSO Cases the examining doctor must not take signature but should take the LTI of the victim/legal guardian.

6. Informed Consent or Informed Refusal:

a. **A victim of sexual offence whose age is less than 12 years, consent should be taken from parents or guardians.**

b. **A victim of sexual offence above 12 years of age and having a sound mind, not under the influence of any drug or alcohol at the time of examination, has every right either to give consent for medical examination or to refuse for the examination.**

c. **For victims above 12 years of age but under the influence of any drug or alcohol or having mental illness or disorders of intellectual development which limits his/her capacity to understand and comprehend the information provided to him or her from the medical officer, in all such cases consent should be obtained from the parents or the guardians.**

d. Please go through the informed consent form which is self explanatory. Use appropriate consent form (Bengali/ Hindi/ English) based on the understanding of the victim or the victim.

e. If the victim is deaf or dumb, then there is a communication barrier between the doctor and the victim and to overcome such barrier the doctor should sought help of a Interpreter or Special Educator who will help the examining doctor to assess compos mentis of the victim, then if the victim is found to have compos mentis, then further communication between the doctor and the victim can be continued through the Interpreter of the Special Educator. Please remember parents could not be the Interpreter even they insist so because they are not disinterested party and may modulate the information according to their interest disrespecting the choice of the victim.

7. Brought and identified by:

- a) If brought by police, then write name and designation of the Police person take full signature with date.
- b) If brought by any relative of the victim then the doctor may write 'brought by her mother and take her LTI.
- c) If the victim comes to the hospital alone, then in this column, the doctor may write that the victim has come alone.

8. Examined in presence of:

- d) If the victim is female, then take female attendant who may be female nursing staff or female group C or D staff of the hospital and write her name, designation and take her full signature with date.
- e) If the victim is male, then examination should be done in presence of a male attendant who could be a group C or D staff of the hospital and write his name, designation and take his full signature with date.
- f) In case of third genders, ask his or her preference and select the witness accordingly.
- g) **In POCSO cases victim can be examined in presence of his or parents/guardian/ any person on whom the child reposes trust and confidence.**

9. Identification marks: note two identification marks which can be a mole, scar, birth marks, any congenital abnormality or acquired deformity. Tattoos are not preferred.

10. Marital status: unmarried/ married/ married but divorced/ married but separated/ widow/ in living relationship

11. Menstrual status: mention whether menarche has attained, if yes then what age, next write about LMP, whether any period is missed which can give a hint about pregnancy. In older women, enquired about menopause also.

12. Gait: normal/ guarded

13. Mental state: check whether the victim is conscious or unconscious. If conscious, then whether he/ she is oriented with time, place and person (compos mentis) or disoriented or under the influence of any drug or alcohol. If the examining doctor has any doubt regarding

compos mentis of the victim or his or her capacity to give consent, then the doctor should sought Psychiatric help.

14. **Axillary hair:** not appeared/ soft growth/ fully grown/ shaved or trimmed
15. **Pubic hair:** look for development as per Tanner staging which is helpful for purpose of age estimation. For reference:

Tanner I: no pubic hair at all (prepubertal) (**typically age 10 and younger**)

Tanner II: small amount of long, downy hair with slight pigmentation at the base of the penis and scrotum (males) or on the labia majora(females) (**10–11.5**)

Tanner III: hair becomes more coarse and curly, and begins to extend laterally (11.5–13)

Tanner IV: adult-like hair quality, extending across pubis but sparing medial thighs (**13–15**)

Tanner V: hair extends to medial surface of the thighs (**15+**)

- If shaved then mentioned accordingly.
- If pubic hair is present, then pubic hair should also be checked for whether the pubic hair is matted with blood or semen or not. If matted then it should be cut and preserved and if not, then it should be combed gently and any loose pubic hairs that come following combing should be preserved.

16. **Breast:** Examine the development of breast as per Tanner staging which will be beneficial for estimation of age. For reference:

Tanner's stage 1: no glandular tissue, areola follows the skin contours of the chest (prepubertal) (typically age 10 and younger)

Tanner's stage 2: breast bud forms, with small area of surrounding glandular tissue; areola begins to widen with increase in pigmentation (10 yr–11.5 yr)

Tanner's stage 3: [one mound stage] breast begins to become more elevated, and extends beyond the borders of the areola, which continues to widen but remains in contour with surrounding breast (11.5 yr–13 yr)

Tanner's stage 4: [two mound stage] increased breast size and elevation; areola and papilla form a secondary mound projecting from the contour of the surrounding breast (secondary mounding of areola above the plane of breast and papilla or nipple above areola) (13 yr–15 yr).

Tanner's stage 5: [one mound stage] breast reaches final adult size; areola returns to contour of the surrounding breast, with a projecting central papilla. (15 yr+)

- Breasts should also be looked for any injury which to be noted in 'injuries present over Extra-genital Body parts' column.

17. Teeth:

- Counting of teeth is important for estimation of age.
- There could be 20 temporary teeth, 5 in each quadrant and 32 permanent teeth, 8 in each quadrant.
- Sequence of presence in oral cavity:

From midline to lateral:

○ Temporary teeth-

Central incisor-lateral incisor-canine-1st temporary molar-2nd temporary molar

○ Permanent teeth-

Central incisor-lateral incisor- canine- 1st premolar-2nd premolar-1st permanent molar-

2nd permanent molar-3rd permanent molar

Sequence of eruption: Temporary teeth

lower central incisor	6 th to 7 th month
upper central incisor	7 th to 8 th month
upper lateral incisor	8 th to 9 th month-10 th month
lower lateral incisor	9 th to 10 th month-12 th month
1 st molar	12 th to 14 th month
canine	18 th month
2 nd molar	24 th -30 th month

Sequence of eruption: Permanent teeth

name	age of eruption
1 st molar	6 th -7 th year
central incisors (upper and lower)	7 th to 8 th year
lateral incisors (upper and lower)	8 th to 9 th year
1 st premolar	9 th to 10 th year
2 nd premolar	10 th to 11 th year
canine	11 th to 12 th year
2 nd molar	12 th to 14 th year
3 rd molar	17 th to 25 year

- The doctor may follow the Palmer's notation of dental charting.
- Try to differentiate between temporary and permanent tooth if the victim is in the period of mixed dentition and tick the appropriate box. In case of confusion the examining doctor may suggest Orthopantomograph (OPG) or can refer to Forensic Medicine Specialist for estimation of age.
- Count the total number of teeth, total number of temporary and permanent teeth or all permanent teeth.
- Look for any spacing for third molar after eruption of 2nd permanent molar tooth.
- Note whether there is any tooth that is missing, broken with gum bleed.

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

18. History of the case:

Use of any Physical violence during assault must be recorded with detailed description of the type of violence and its location on the body (eg. Beating on the legs, biting cheeks, pulling hair, kicking the abdomen etc.).

Note history of injury marks that the survivor may state to have left on the assailant's body as it can be matched eventually with the findings of the assailant's examination.

• If any weapon(s) were used such as sticks, acid burns, gun shots, knife attacks etc.; if the use of drugs/alcohol was involved.

- If Police requisition is received, mention the history of the case as noted in police requisition.
- But irrespective of Police requisition, history should be taken from the victim if he or she is of sound mind and able to speak, otherwise (when the victim is not in a

position to give history because of mental illness or disorder of intellectual development, unconsciousness, victim is disoriented due to any intoxication or victim is deaf and dumb) history should be taken from accompanying person and mention who is providing the history like- 'as stated by the victim' or 'as stated by the mother of the victim'.

• Inquire about:

- ✓ Date and time of the assault
- ✓ Place of assault
- ✓ Assaulted by one or more persons
- ✓ Known or unknown
- ✓ Any weapon used
- ✓ Whether beaten
- ✓ If history of penetration is present, then whether in vagina/ anus/mouth/multiple sites and by what (penile or non penile- finger/stick/ any other object)
- ✓ Any other sexual act
- ✓ Any resistance offered? If not then what could be the reason (threatened/over powered/emotionally manipulated/any other reason)
- ✓ Whether any history of bleeding from genitalia during or after the act
- ✓ Whether consciousness is lost during anytime or after the act
- ✓ Also ask about known pre-existing sexually transmitted infection

19. **Incident after the act:** ask the particulars as mentioned in the examination form

20. Genital Examination:

Local examination of genital parts/other orifices:

- A. External genital area and Perineum is observed carefully for evidence of injury, seminal stains and stray pubic hair. Pubic hair is examined for any seminal deposits/ stray hair. Combing is done to pick up any stray hair or foreign material, and sample of pubic hair, and matted pubic hair is taken and preserved. If pubic hair is shaven, a note is made.
- B. In case of female survivors, the vulva is inspected systematically for any signs of recent injury such as bleeding, tears, bruises, abrasions, swelling, or discharge and infection involving urethral meatus & vestibule labia majora and minora, fourchette, introitus and hymen.
- Examination of the vagina of an adult female is done with the help of a sterile speculum lubricated with warm saline/ sterile water. Gentle retraction allows for inspection of the vaginal canal. Look for bruise, redness, bleeding and tears, which may even extend onto the perineum, especially in the case of very young girls. In case injuries are not visible but suspected; look for micro injuries using good light and a magnifying glass/ colposcope whatever is available. If 1% Toluidine blue is available it is sprayed and excess is wiped out. Micro injuries will stand out in blue. Care should be taken that all these tests are done only after swabs for trace evidence are collected.
 - Per speculum examination is not a must in the case of children/young girls when there is no history of penetration and no visible injuries. The examination and treatment as needed may have to be performed under general anaesthesia in case of minors and when injuries inflicted are severe. If there is vaginal discharge, note its texture, colour, odour
 - Per-Vaginum examination commonly referred to by lay persons as 'two-finger test', must not be conducted for establishing rape/sexual violence and the size of the vaginal introitus has no bearing on a case of sexual violence. Per vaginum examination can be done only in adult women when medically indicated.
 - The status of hymen is irrelevant because the hymen can be torn due to several reasons such as cycling, riding or masturbation among other things. An intact hymen does not rule out sexual violence, and a torn hymen does not prove previous sexual intercourse. Hymen should therefore be treated like any other part of the genitals while documenting examination findings in cases of sexual violence. Only those that are relevant to the episode of assault (findings such as fresh tears, bleeding, edema etc.) are to be documented.
 - Genital findings must also be marked on body charts and numbered accordingly.
- C. Bleeding/swelling/tears/discharge/stains/warts around the anus and anal orifice must be documented. Per rectal examination to detect tears/stains/fissures/hemorrhoids in the anal canal must be carried out and relevant swabs from these sites should be collected.

- Labial injury is uncommon in adult woman, though if any bruise/abrasion present should be noted accordingly, however bruise in labia majora is very consistent finding in children
 - Hymen:
 - intact/ look for any fresh tear or old tear or status carunculæ hymenalis
 - If old tear- note at which o'clock position (place the victim in lithotomy position and 12 is toward pubis and 6 is toward anus) and may mention in this way- 'one old completely healed complete tear was seen at 6 o'clock position.'
 - Fresh tears- mention at which o'clock, partial or complete. Generally torn margins will be ragged, swollen, congested with oozing of blood (seen soon after the act) or ragged, congested, swollen (2-3 days after the act).
 - Keep it in mind that status of hymen is irrelevant because it may not rupture following penetration or may rupture even without penetration. It is only the fresh tear that corroborates with the time since assault is relevant.
 - Clitoris: healthy/ any injury like abrasion/laceration
 - Fourchette: intact/fresh injury-tear/healed scar
 - External urethral meatus: any injury seen
 - Vagina: any injury seen like bruise, laceration, abrasion/ no injury detected. **'Two finger test' must not be done to assess the size of vaginal introitus as this is derogatory, inhuman and unscientific. However if required speculum examination may be performed. In children speculum examination is to be avoided unless indicated.**
 - For male victims under POCSO Act, examine penis for any injury like abrasion, teeth bite mark etc, tearing of frenulum. Similarly scrotum should also be checked for any injury. Same is applied for clitoropenis or labioscrotum.
21. **Anus and rectum:** look for any injury like perianal abrasion, fresh tear at anal margin or in anus may or may not extending to rectum/ old healed tear
 22. **Oral cavity:** should be examined for any injury like loosening or traumatic fall of teeth/ gum bleeding/ tearing of labial frenulum/ mucosal abrasion, discharge, oedema, tenderness etc.
 23. **Injuries present over extra-genital body parts:** -please follow the 'Injury Report' Section for details (how to describe and opine including age of injury). Please remember for genital/oral/anal injuries the examining doctor has to mention the details of the injury, as followed in cases of extra-genital injury like type, size, location, age, simple/grievous, age of injury

A. History of Sexual Violence

(i) Date of incident/s being reported	(ii) Time of incident/s	(iii) Location/s
(iv) Estimated duration: 1-7 days..... 1 week to 2 months..... 2-6 months..... >6 months..... Episode: One..... Multiple Chronic (>6 months) Unknown.....		
(v) Number of Assailant(s) and name/s.....		
(vi) Sex of assailant(s)..... Approx. Age of assailant (s)..... If known to the survivor – relationship with the survivor.....		
(vii) Description of incident in the words of the narrator: Narrator of the incident: survivor/informant (specify name and relation to survivor)		

If this space is insufficient use extra page

B. Type of physical violence used if any (Describe):

Hit with (Hand, fist, blunt object, sharp object)	Burned with
Biting	Kicking
Pinching	Pulling Hair
Violent shaking	Banging head
Any other:	Dragging

C. Use of Mental Pressure if any:

- i. Emotional abuse or violence if any (insulting, cursing, belittling, terrorizing).....
- ii. Use of restraints if any
- iii. Used or threatened the use of weapon(s) or objects if any.....
- iv. Verbal threats (for example, threats of killing or hurting survivor or any other person in whom the survivor is interested; use of photographs for blackmailing, etc.) if any:
- v. Luring (sweets, chocolates, money, job) if any:

vi. Any

24. X-ray examination (apart from detection of any bony injury or foreign body) in relation to estimation of age: **[Rule out pregnancy before advice]**

- ✓ Investigating officers are sometimes concerned with age of the victim because specially when the victims are minor, and depending on age, case will be registered under particular section of IPC with addition to POCSO Act and punishment will change.
- ✓ For estimating age up to or around 18 years, the examining doctor may suggest Digital X-ray of – Elbow joint (AP and lateral views), Wrist Joint (AP view), Pelvis (AP view) and after getting the X-Ray plates, mention date and place of radiological examination, plate numbers. For reference age ranges we follow ‘Galstaun’s Chart for Bengalee population.

25. Materials preserved:

- ✓ Depends on type of sexual assault and duration between the incident and Medicolegal examination.

Materials Preserved: (put Tick of Cross, mention not applicable in appropriate place)

Genital and Anal evidence (Each sample to be packed, sealed, and labeled Separately-to be placed in a bag)

* Swab sticks for collecting samples should be moistened with distilled water provided.

	Collected/Not Collected	Reason for Not collected
Matted pubic hair		
Pubic hair combing (mention if shaved)		
Cutting of pubic hair (mention if shaved)		
Two Vulval swabs (for semen examination and DNA testing)		
Two Vaginal swabs (for semen examination and DNA testing)		
Two Anal swabs (for semen examination and DNA testing)		

DA

Vaginal smear (air-dried) for		
semen examination		
Vaginal washing		

Samples to be preserved as directed till handed over to police along with duly attested sample seal.

- ✓ Ministry of H&FW, Govt of India suggested preservation of all the materials including vaginal swabs up to 96 hours of the incident, however possibility of getting positive results become weaker after 72 hours, still as the victim may not be sure about exact hours passed since the assault, extension of 96 hours is suggested.
- ✓ Please go through this section from the Form for guidance.
- ✓ For collection of evidence you may use 'SAFE' Kit or things present in that kit can be arranged locally very easily (like comb, scissors, nail cutter, syringes, vials, envelopes, glass slides, filter papers, sterile cotton swabs, distilled water for soaking the sterile swabs before taking sample.
- ✓ Send all the preserved materials in properly labelled, signed, sealed condition to State Forensic Science Laboratory except the blood for STI, that is to be sent to Microbiology of any Govt Hospital.

26. Opinion:

- ✓ Sometimes Investigating Police officer may ask certain questions in the requisition to the examining doctor. Irrespective of Police queries, medical opinion should be based on:
 - i. Any evidence of recent sexual intercourse or forceful sexual intercourse/ evidence of genital and extra-genital injuries/ evidence of anal intercourse/opinion whether the victim is sexually assaulted or not
 - ii. Any foreign body in and around genitalia
 - iii. Evidence of sexually transmitted infection
 - iv. Pregnancy
 - v. Intoxication
 - vi. Estimation of age if required by the I.O

A) Any evidence of recent sexual intercourse or forceful sexual intercourse/ evidence of genital and extra-genital injuries/ opinion whether the victim is sexually assaulted or not:

- ✓ Note: Sometimes the I.O may ask the examining doctor that whether 'She is raped?' Please remember that the examining doctor should never make any opinion whether she is raped or not as rape is a legal definition, not a medical diagnosis. It will be determined later on in the Court of Law.
- ✓ To answer this query opinion will vary depending upon the findings of injuries which are broadly divided into two categories: genital injury and extra-genital injury (physical injury).
- ✓ **Before that please remember negative findings does not rule out the possibility of sexual assault.**
- ✓ **No genital/anal injury may be due to:** i) Delayed reporting leading to healing of genital injuries ii) No much disproportion in size of the inserting object and vagina/anus, like insertion of finger iii) Insertion of object with lubrication
- ✓ **No physical injury may be due to:** i) Delayed reporting leading to healing of genital injuries ii) unconsciousness iii) under effect of any drug or alcohol iv) over powered v) under effect of threat of harm or death vi) emotional manipulation
- ✓ **Negative laboratory result may be due to:** i) Delayed reporting ii) Menstruation iii) Activities such as urinating, washing, bathing, changing clothes or douching which may lead to loss of evidence iv) Use of condom or vasectomy status of the

accused v) intercourse without ejaculation/ejaculation outside genitalia.

Situations	Provisional Opinion:	Final Opinion (after getting reports over preserved and sent materials if received)
<p>1. Genital/anal injury- Present, Physical injury- Present</p>	<p>There are signs suggestive of <u>recent forceful penetration</u> of vagina or anus, suggestive of physical and genital assault. Opinion in relation to Forceful Sexual intercourse will be given after obtaining reports from state FSL over preserved and sent vaginal/anal swabs and smears or oral swabs. (Recent- to be determined by healing stage of the injuries)</p>	<p>Vaginal or anal or oral swabs are positive for spermatozoa: <u>There are signs suggestive of recent forceful vaginal or anal or oral intercourse</u> with evidence of physical and genital assault.</p> <p>Vaginal or anal or oral swabs are negative for spermatozoa: There are signs suggestive of <u>recent forceful penetration</u> of vagina or anus, suggestive of physical and genital assault, however forceful vaginal or anal or oral intercourse cannot be ruled out.</p>
<p>2. Genital/anal injury- present, Physical injury- absent.</p>	<p>There are signs suggestive of <u>recent forceful penetration</u> of vagina or anus, suggestive of genital assault. Opinion in relation to Forceful Sexual intercourse will be given after obtaining reports from state FSL over preserved and sent vaginal/anal/oral swabs and smears. (Recent- to be determined by healing stage of the injuries)</p>	<p>Vaginal or anal or oral swabs are positive for spermatozoa: <u>There are signs suggestive of recent forceful vaginal or anal or oral intercourse</u> with evidence of genital assault.</p> <p>Vaginal or anal or oral swabs are negative for spermatozoa: There are signs suggestive of <u>recent forceful penetration</u> of vagina or anus, suggestive of genital assault, however forceful vaginal or anal or oral intercourse cannot be ruled out.</p>

<p>3. Physical Injury- present, Genital injury- absent.</p>	<p>There are signs of use of force on the body of the victim, however vaginal/anal/oral penetration/ intercourse including sexual assault cannot be ruled out. Further opinion will be given after obtaining reports from State FSL over preserved and sent vaginal/anal swabs and smears or oral swabs.</p>	<p>Vaginal or anal or oral swabs are positive for spermatozoa: there are signs suggestive of forceful vaginal/anal/ oral intercourse with application of force on the body of the victim, suggestive of sexual assault.</p> <p>Vaginal/ anal/ oral swabs are negative for spermatozoa: There are signs of use of force on the body of the victim, however vaginal/anal/oral penetration/ intercourse including sexual assault cannot be ruled out.</p>
<p>4. Genital injury- absent, Physical injury- absent.</p>	<p>There is no sign of use of force on the body of the victim at the time of examination, however vaginal/oral/anal penetration/ intercourse</p>	<p>Vaginal or anal or oral swabs are positive for spermatozoa: There is no sign of use of force on the body of the victim at the time of</p>
	<p>including sexual assault cannot be ruled out. Further opinion will be given after obtaining reports from State FSL over preserved and sent vaginal/anal swabs and smears or oral swabs.</p>	<p>examination, however there is evidence suggestive of vaginal/anal/ oral intercourse.</p> <p>Vaginal/ anal/ oral swabs are negative for spermatozoa: There is no sign of use of force on the body of the victim at the time of examination, however the possibility of vaginal/oral/anal penetration/ intercourse including sexual assault cannot be ruled out.</p>

B) Detection of any foreign body in and around genitalia:

Opinion- Opinion will be given after obtaining report from State FSL over preserved and sent materials (vaginal/anal swabs and smears, swabs around vagina/anus, combed or cut pubic hairs, nail scrapings and clippings, wearing apparels etc)

C) Evidence on sexually transmitted infection:

- Opinion: (Based on the findings of your examination like chancre, purulent urethral discharge etc).

- Otherwise write, clinically not suggestive during examination, however further opinion will be given after obtaining report from Dept of Microbiology over preserved and sent blood for STIs.

The victim may further be referred to OPD of Dermatology of any Govt Medical College and Hospital/ Govt Hospital for further examination and valuable opinion.

- D) Pregnancy:** suggest Urine for Pregnancy test **and USG** and opine accordingly and the female victim may further be referred to OPD of Gynae and Obstetrics of any Govt Medical College and Hospital/ Govt Hospital for further examination and valuable opinion.

E) Evidence as to intoxication:

Findings	Opinion
1. History of drug or alcohol ingestion, clinical findings shows sign of inebriation by drug or alcohol to that extent-like smell of alcohol from mouth, congestion of conjunctivae, dilatation of pupils but normal reaction to light, normal muscular coordination.	Signs suggestive of ingestion of alcohol/drug, but the victim is not under the influence of drug or alcohol at the time of examination. Final opinion is kept reserved till receipt of FSL report over preserved and sent blood (for drug testing and alcohol) .
2. History of drug or alcohol ingestion, clinical signs shows sign of inebriation by drug or alcohol to that extent- smell of alcohol from mouth, congestion of conjunctivae, dilatation of pupils but sluggish reaction to light, slurred incoherent speech, staggering gait, signs of muscular in-coordination.	Signs suggestive of ingestion of alcohol/drug, and the victim is under influence of drug or alcohol at the time of examination. Final opinion is kept reserved till receipt of FSL report over preserved and sent blood (for drug testing and alcohol) .
3. History of drug or alcohol ingestion, but no clinical signs suggestive of inebriation by drug or alcohol	At the time of examination there is no clinical sign suggestive that the victim is under influence of alcohol or drug. Final opinion is kept reserved till receipt of FSL report over preserved and sent blood (for drug testing and alcohol) .

F) Estimation of age:

After getting the X-ray plates and or OPG, the doctor may frame the opinion in this way:
 Considering the findings of Physical, Dental and Radiological Examination I am of the opinion that the age of the victim is above.....years (age in words) but less thanyears of age (age in words) on the date of radiological examination i.e. on
 (For difficulty the victim may be referred to Dept of Forensic Medicine and Toxicology of any Govt Medical College and Hospital or to any Medical Officer Medicolegal of any Govt Hospital for valuable opinion.)

27. The original report is to be given to the Investigating Officer in sealed envelope (it may accompany the particulars of the victim in separate sealed envelope when victim comes to the hospital directly), one copy is to be kept in Hospital as a part of Medical Record maintaining strict confidentiality and the victim is also entitled to get a copy of report when she/he directly comes to the hospital or brought to the hospital otherwise when she/he comesthrough police, then certifying copy of report will be given to him or her by the police.

28. Treatment and Prophylaxis:

- A) Treat the injuries as per standard guidelines.
 - B) Rationale for Emergency contraception, PEP for HIV and Treatment/prophylaxis of STIs should be taken into consideration and managed accordingly
29. Never hesitate to take help from your Forensic Medicine Colleague if you face any difficulty for guidance.