

# NATIONAL GUIDELINES ON EXAMINATION, REPORTING AND MANAGEMENT OF SEXUALLY ABUSED SURVIVORS FOR MEDICO-LEGAL PURPOSES



# NATIONAL GUIDELINES ON EXAMINATION, REPORTING AND MANAGEMENT OF SEXUALLY ABUSED SURVIVORS FOR MEDICO-LEGAL PURPOSES

Compiled by

The College of Forensic Pathologists of Sri Lanka

with the technical and financial assistance by

UNFPA the United Nations Population Fund Sri Lanka

Published by



Ministry of Health  
Ministry of Justice  
Sri Lanka



The College of Forensic  
Pathologists of Sri Lanka



United Nations Population Fund  
Sri Lanka

NATIONAL GUIDELINES ON EXAMINATION, REPORTING AND MANAGEMENT OF SEXUALLY ABUSED  
SURVIVORS FOR MEDICO-LEGAL PURPOSES

©The College of Forensic Pathologists of Sri Lanka

First edition 2014

ISBN 978-955-7509-00-6

Compiled and designed by:

Dr. Anuruddhi Edirisinghe, Dr. Handun Wijewardena, Dr. Indira Kitulwatte and Dr. Uthpala Attygalle

Cover page designed by:

Dr. Anuruddhi Edirisinghe and Mr. Ranga Edirisinghe

Printed by

Empressions Printing and Publishing (Pvt) Ltd, Colombo 03, Sri Lanka

# Contents

---

Messages from the Secretary Health	iv
Message from the Secretary Justice	v
Message from the UNFPA Representative	vi
Message from the President CFPSL	vii
Preface	viii
Acknowledgement	ix
Acronyms and Abbreviations	xi
Statement of Intent	2
Introduction	3-9
Instructions for medico-legal Examination	10-18
Attachment 1: Sample collection – instructions	19-23
Attachment II: Nomenclature	24
Format for collecting medico-legal information in alleged sexual abuse	26-38
Format for Medico-Legal Report	39-40

## Message from the Secretary, Ministry of Health



Sexual violence has been identified as a major public health issue resulting in physical trauma and significant mental anguish and suffering for the victims. It is associated with an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences.

A medical examination can involve not only in retrieval of forensic medical evidence to aid a police investigation but also allows the opportunity to make referrals for appropriate healthcare. To ensure the opportunity for immediate and comprehensive medical care to the sexual assault victims and to assist their recovery, they need access to a range of health care services and professional support including counselling. At the same time to avoid further trauma, responses to victims and referrals must be both sensitive and effective considering the diversity of victims.

Government Hospitals in this country are known as institutions, where victims of sexual assault can receive medical care and counselling, as well as assisting police investigation into alleged offences. It is known that variability in training and expertise in handling sexual assault cases contributes to better knowledge of the real incidence of sexual assault, increased community education and awareness and ultimately better prevention.

Doctors working in the capacity of Medical Officer Medico Legal are often the first contact for the victims of sexual assault in the healthcare system. Presently, a significant proportion of medico-legal services in this country are being carried out by grade medical officers with no specialized training. Therefore, to ensure maximal attainment of necessary expertise for all medical officers handling these cases a management guideline is of extreme importance.

The hard work done by the members of the College of Forensic Pathologists of Sri Lanka and the invaluable assistance of the UNFPA in preparation of these guidelines is greatly appreciated. I believe these guidelines will play an imperative role in providing higher standard of care for these victims with uniformity throughout the country.

**Dr. Y.D. Nihal Jayathilaka**  
**Secretary**  
**Ministry of Health**

## **Message from the Secretary, Ministry of Justice and Law Reforms**



Sexual assault is an area of considerable legal and social complexity. During the healing process many survivors of sexual violence experience a remarkable reality shift, and see life and themselves drastically different than before. Survivors often struggle to cope and lead happy, peaceful lives irrespective of them being a child or an adult. The reason behind this is that many victims are intensely traumatized not only by the humiliation of their physical violation but by the fear of being severely injured or killed.

The responsibilities of the medical experts in sexual offences are not only the collection and preservation of evidence but also to assist and support the victims for a speedy recovery of the unpleasant experience. The approach of the medical expert who is often the first responder to the victim can significantly affect the recovery.

Often the victims of sexual violence are the sole witnesses to the crime. However, the victims find it especially painful to discuss their victimization and reluctant to cooperate with law enforcement officials. Therefore, it is important to obtain complete details of the crime through a sensitive and objective approach with expertise to assist the judiciary. Forensic medical examination can further assist the criminal investigation by collecting forensic evidence and documenting pertinent physical findings from examinees. Accurate reporting of the findings and analysing them on a scientific basis to formulate an impartial opinion to the court of law is another expectation from the forensic medical examination. Good quality medical examination and reporting can invariably lead to a successful prosecution.

I am pleased to see the hard work done by the members of the College of Forensic Pathologists of Sri Lanka in uplifting the standards of their specialty and providing fairly uniform service throughout the country through best practice guidelines irrespective of the qualifications and expertise of the attending doctor. Further, the assistance of the UNFPA in making these guidelines a reality is much appreciated. I hope this guideline will address the needs of the victim while promoting high quality, standardized care for all who had victimized this brutal crime.

**Mrs. Kamalini de Silva**

**Secretary  
Ministry of Justice and Law Reforms**

## Message from the UNFPA Representative



It has been a pleasure to extend our support to this important initiative in developing national guidelines on examination, reporting and management of sexually abused survivors for medico-legal purposes.

Through our partnership with the College of Forensic Pathologists our objective was to establish national guidelines on examination, reporting and management of sexually abused survivors for medico-legal purposes. This was done by adapting the 'guidelines on clinical management of rape survivors' developed by WHO in partnership with UNFPA.

As we all know, sexual assault is a traumatic experience, both emotionally and physically. It is important that all persons who come into contact with them be empathetic and ensure that their rights are respected without compromising the recourse to legal action.

It is important to understand that all individuals, including actual and potential victims of sexual violence, are entitled to receive the protection and respect of their human rights. Both the health and the legal system which comprise of highly technical personnel need to be conscious of the needs and the feelings of the individuals who have been subjected to sexual assault. It is crucial to avoid unnecessary referrals and visits to health institutions causing re-victimization of the already harassed person.

We congratulate the Ministry of Health, Ministry of Justice and Law Reforms and the College of Forensic Pathologists for their commitment, dedication and partnership in developing of these guidelines. The presence of the highest authorities in the health as well as the legal system in developing these guidelines is in itself an indication that these will have national ownership and will be implemented.

We sincerely hope that these high-quality guidelines will go a long way in securing the justice for those subjected to sexual abuse.

**Mr. Alain Sibenaler**

**Representative**

**United Nations Population Fund**

## Message from the President, College of Forensic Pathologists of Sri Lanka



Sexual assault is a profound concern of Sri Lankan community, similar to the rest of the world, since it destroys not only the mental and physical wellbeing of the victim, but also the dignity and hopes for a bright future of the victim with the family.

Prevalence of sex crimes indicated the need to identify and implement necessary measures to prevent and manage such cases according to an agreed method all over the country. This guideline was developed to enable the forensic practitioner (both, specialist or non-specialist) to provide the best possible management for the victim in a Sri Lankan context parallel to international standards.

College of Forensic Pathologists of Sri Lanka (CFPSL) is very pleased about this guideline because it is the product of continuous effort of a team of leaders and the whole membership. The process started several years back by one council and concluded by another council. But the spirit, responsibility and enthusiasm about this project was seen uninterrupted from everybody. Completion of such a major project, provide the experience, confidence and the recognition for the CFPSL. This project is one major step of the long future journey of the CFPSL.

Finally as the President of the College I would like to place on record an appreciation note to all who contributed to this document especially UNFPA, Ministry of Health, Ministry of Justice and other stake holders.

**Dr. S.M.H.M.K. Senanayake**

**President of CFPSL**



# Preface

---

Sexual violence/abuse in a society is considered to have the iceberg phenomenon where the majority of the problems are not surfaced while the exposed tip representing the cases reported to the law. According to the Sri Lanka police statistics sexual violence has been steadily increasing over the years and the recent data (2011) reports a total of 1870 instances of rape and incest and 517 instances of unnatural offense/grave sexual abuse<sup>1</sup>. It is well documented that majority of the incidents are not reported to the authorities.

According to the Criminal Code Procedure of Sri Lanka, a police officer investigating a crime of alleged sexual abuse is expected to produce the victim as well as the alleged perpetrator to a government medical officer and obtain a report for evidential purposes. Although the purpose of this legal requirement is mainly to assist in dispensing justice, the health care needs of the survivors should not be forgotten. A government medical officer with a basic degree attending to medico-legal examinations of this nature usually gains his primary knowledge through the Legal Medicine Module and the Forensic Medicine clinical attachment, while the specialist training covers more in-depth knowledge, technical skills and delivering an expert opinion to courts.

For a good quality medico-legal examination of sexually abused survivors a sound knowledge, fine skills of examination, interpretation abilities, backed by scientific reasoning as well as adherence to medical ethics and standards are needed. While empowering them with technical skills the doctor needs to be guided by the principles ensuring the rights of individuals such as right to health care, right to human dignity, right to non-discrimination, right to information as well as right for self-determination.

The College of Forensic Pathologist of Sri Lanka (CFPSL) is a professional organisation formed in 2000 with the aim of maintaining the highest standards in Forensic Medicine in Sri Lanka. It identified the deficiencies and the training gaps in the examination of sexual abuse in 2007 and appointed a subcommittee to draft an examination form to be used by a MBBS qualified doctor. In 2008 the Collage entered into a partnership with UNFPA to form National Guidelines on examination, reporting and management of sexually abused survivors for medico-legal purposes through a process of adapting World Health Organisation Guidelines for medico-legal care of victims of sexual violence and clinical management of rape survivors. The Guidelines were developed using a consultative process and it was piloted by the College in several hospitals and is now ready for national implementation through the Ministry of Health.

The use of the guideline not only improves the quality of the medico-legal service to the examinee but also ensures the uniformity of the service provision at the national level. The development of a document of this nature is a process. There were many milestones over the years. The lessons learned had broadened the horizons of the members. We take this opportunity to pay our sincere gratitude and appreciation to all those who contributed to make this endeavour success.

The College of Forensic Pathologists of Sri Lanka  
No 111, Francis Road, Colombo 8

---

<sup>1</sup>Sri Lanka Police Web site GRAVE CRIME ABSTRACT FOR THE YEAR 2011 [http://www.police.lk/images/others/crime\\_trends/2011/grave-crime-abstract-for-the-year-2011.pdf](http://www.police.lk/images/others/crime_trends/2011/grave-crime-abstract-for-the-year-2011.pdf) [ Accessed 2.9.2013]

# Acknowledgements

---

The College of Forensic Pathologists of Sri Lanka wishes to acknowledge all those who contributed towards the development of this guideline, although there are too many to mention by name. However we would be failing in our duty, if we do not mention at least those who did core activities and played a key role.

Firstly, we would like to thank United Nations Population Fund (UNFPA) Sri Lanka, especially, Ms. Lene K Christiansen, the UNFPA Country Representative (2008-2013) and Dr.Chandani Galwaduge, National Programme Officer, Reproductive Health,(2004-2013) for establishing a partnership with the College and by providing financial assistance to develop the national guidelines based on WHO documents of Medico-legal care for victims of sexual violence 2003 and Clinical Management of Rape Survivors of 2004. Further Mr. Alain Sibenaler the current UNFPA representative Sri Lanka, Mr. Gamaini Wanasekara, Assistant Representative and Mr. Jayan Abeywickrama, National Program Analyst, UNFPA, Sri Lanka for their continuous support for the finalization of the document and the launching.

Secondly, Prof.Ananda Samarasekera, President of the CFPSL (2008-2010) for taking up the challenge and giving leadership to the project of drafting the national guideline on examination, reporting and management of sexually abused survivors for medico-legal purpose. It was Dr. A. Dayapala (Honorary Joint Secretary 2008-2010) together with Prof. Samarasekera who prepared the project proposal.

Development of the Guidelines conducted through a consultative process where many professionals and stake holders provided their inputs generously. We appreciate the support given by members of our College as well as representatives from the Sri Lanka College of Obstetricians & Gynaecologists, Sri Lanka College of Paediatricians, Sri Lanka College of Psychiatrists, National STD/AIDS Control Programme, Family Health Bureau, Attorney Generals Department, Department of Probation, Women & Children's desk of the Police, National Child Protection Authority, as well as advocates in the field.

We acknowledge the Presidents and the Secretaries of the College who held Office during subsequent years Dr. Uthpala Attygalle (President 2010-2011) and Professor MSL Salgado (President 2011-2012) in particular.

A document of this nature will not become a reality without a dedicated membership who compiled and reviewed the document diligently. Dr. Anuruddhi Edirisinghe, Dr. Indira Kitulwatte and Dr. Handun Wijewardena need special thanks for their tireless efforts. The technical assistance and guidance given by Dr. Lakshman Senanayake and Dr. Wilma Doedens from UNFPA need to be mentioned with gratitude since they were instrumental in fine-tuning the document.

A format to record the findings of medico-legal examination developed in response to the need identified during the Presidency of Dr L.B.L. de Alwis (2006-2007) was used as the basis for the current national guidelines in addition to the WHO documents. The guidance given by Dr. L.B.L. de

Alwis and the hard work of the members of the subcommittee appointed for this purpose, comprising of Dr. Jean Perera (chairperson), Dr. SMHMK Senanayake, Dr. Ianthi Gunasekera, Dr. Asela Mendis, Dr. Anuruddhi Edirisinghe, Dr. Channa Perera, Dr. Indira Kitulwatte and Dr. Nirmla Perera are greatly appreciated. Contributions made by Dr. Buddhika Weerasundera and Dr. Dinesh Fernando in establishing linkages with the UNFPA which resulted in a very successful partnership also needs acknowledgement.

During Dr. Dananjaya Waidyrathna's Presidency (2012-2013), on the advice of Dr. Ravindra Ruberu, Secretary, Ministry of Health, the Guideline was piloted and we acknowledge his leadership in the process. The assistance given by Consultant Judicial Medical Officers and the Medical-Officers (Medico-Legal) of various hospitals including those of North and East where the piloting was conducted is also acknowledged.

We are thankful to Dr. Anuruddhi Edirisinghe for conceptualizing the cover page and Mr Ranga Edirisinghe for graphic designing. Our appreciation also goes to Impressions Printing & Publishing (Pvt) Ltd. for printing the document.

We acknowledge the guidance and the support extended by the Ministry of Health and the Ministry of Justice making this document a reality.

The Council of the College of Forensic Pathologists 2013-2014

# Abbreviations and acronyms used in this guide

---

A&E	Accident and emergency
PCU	primary care unit
BHT	bed head ticket
CFPSL	College of Forensic Pathologists of Sri Lanka
CNS	central nervous system
CT	computed tomography
CVS	cardio-vascular system
DNA	deoxyriboneucleic acid
EC	emergency contraceptive pills
EDTA	ethylene diamine tetra acetic acid
ENT	ear, nose & throat
HCG	human chorionic gonadotrophin
GAD	Government Analyst's Department
MLEF	Medico-Legal Examination Form
MLR	Medico-Legal Report
MO	medical officer
MRI	magnetic resonance imaging
NGO	Non-Governmental Organization
PR	per rectum
PV	per vaginum
RS	respiratory system
SAFE	Sexual Assault Forensic Evidence
SAS	Sexually abused survivor
SLMC	Sri Lanka Medical Council
STI	sexually transmitted infection
UFR	urine full report
UNFPA	United Nations Population Fund
US	ultra sound / ultra-sonography
UV	ultra violet
WHO	World Health Organization

**NATIONAL GUIDELINES ON EXAMINATION,  
REPORTING AND MANAGEMENT OF  
SEXUALLY ABUSED SURVIVORS FOR  
MEDICO-LEGAL PURPOSES**

## **STATEMENT OF INTENT**

The main purpose of this guideline is to improve the quality of the medico-legal services on examination, reporting and management of sexually abused survivors. This guideline is not intended to be construed or to serve as a standard practice. The provision of medico-legal service is determined on the basis of facilities available in institutions and is subjected to change as scientific knowledge and technology advances. The parameters of practice illustrated in this guideline should be considered as recommendations only. They should not be regarded as the only proper method/s of medico-legal examination, management and reporting. The ultimate decision regarding adopting a particular medico-legal examination procedure may be made by the doctor concerned in light of the facts revealed and the facilities available.

## Introduction

Sexual violence is ubiquitous; it occurs in every culture, in all levels of society and in every country of the world. It has a significant negative impact on the health of the population. The potential reproductive, sexual and mental health consequences are numerous. Thus, in all societies sexual violence has been criminalized. The penal code of Sri Lanka covers all the facets of sexual violence. [1]

Medico-legal examination of a victim or an alleged perpetrator of sexual violence/abuse is an important step in the criminal investigation procedure. The principle objective of the medico-legal examination is to report the facts and to give an unbiased medical opinion to the court. In many instances initiation of medical management and social welfare of victims/alleged perpetrators comes under the purview of the medico-legal expert. In Sri Lanka the state provides free medico-legal services to its citizens through a network of health institutions spread throughout the country. Medico-legal services are available at all Government Health Institutions from Peripheral Units, District Hospitals to higher level hospitals such as Teaching/Tertiary Care Hospitals. Patients from lower level institutions are transferred/referred to the higher level hospitals depending on the need of the individual.

According to the existing legal system in Sri Lanka, a medico-legal examination of a victim or an alleged perpetrator of sexual violence/abuse can be entrusted to a “Government Medical Officer” who may be a Board Certified Specialist in Forensic Medicine or a Grade Medical Officer with a basic medical degree. Services of specialists are available at District Base Hospitals and higher medical institutions. In all other health institutions medico-legal services are provided by grade medical officers, at times, without any special training in Forensic Medicine after the basic qualification. Thus, the quality of the performance of the examination, interpretation of findings and the management of the sexually abused survivor could vary. The lack of standards and uniformity of the work can lead to difficulties for the judiciary and the health care professionals. Having identified the problem in 2006, the College of Forensic Pathologists of Sri Lanka developed National Guidelines on examination, reporting and management of sexually abused by using multidisciplinary consultative and review process. Thus, the main aim of these guidelines is establishing best practices and standardization of medico-legal examinations of survivors of sexually abused. Secondly it is expected to improve the health care and forensic services to the sexually abused and improve the knowledge and skills of the health care workers through teaching and training.

These guidelines describe best practices in the medico-legal management of individuals who have been sexually assaulted. It is intended to be used throughout the country. The document includes detailed guidance on the medico-legal examination, reporting and management of individuals who have been sexually assaulted. It explains how to perform a thorough physical examination for medico-legal purposes, record the findings and provide medical care, psychological, legal and social support to individuals who have been sexually abused. However the medical officer may consider deviation of the procedures in these guidelines depending on availability of facilities and resources at the individual hospital, under special circumstances with adequate justification.

Sexual assault is a traumatic experience, both emotionally and physically. Survivors may have been sexually assaulted by one or several people, in different circumstances, once or repeatedly over a period of time. Therefore, it is very important that a medico-legal examiner understands that the survivors may react in different ways. The manner in which they react may be affected by the way in which they are received and treated by the law enforcement officers and the medical community. Hence it is important to conduct these examinations in an empathetic, understanding, ethical and non-judgmental manner which would give them confidence and reassurance which help the doctor to carry out a higher quality medico-legal examination and management.

The responsibility of the medico-legal examiner is to conduct an examination according to the guidelines, including documentation of findings together with providing, or directing the survivor for appropriate care and finally sending a comprehensive report with an opinion to a court of law to help in the administration of justice.

Human rights of all survivors of sexual violence should be protected and respected including those of children.[2] Therefore, Medical Officers performing medico-legal duties have to be conversant and adhere to the principles of the rights of the individual when they deliver services.

These are:

**Right to health care:** Right to receive good quality health services, including reproductive health care to manage the physical and psychological consequences of the abuse, prevention and management of pregnancy and Sexually Transmitted Infections (STIs). It is critical that the health services do not in any way re-victimize the survivors.

**Right to human dignity:** Survivors should receive management and care with the dignity and respect they owe as human being. Informed written consent should be obtained. Confidentiality and privacy should be maintained throughout the examination and thereafter.

**Right to non-discrimination:** There should be no discrimination when providing services to a person who has been sexually abused on any ground such as race, sex, gender, occupation, social status etc.

**Right to information:** Information on all options available should be provided to each survivor in a language and in a manner that the individual understands.

**Right to self-determination:** Decisions about receiving health care and treatment (Eg. emergency contraception) need to be made by the survivor. However survivors should be provided with the relevant information regarding the above so that she/he could make an informed decision. Providers of health care should not force, pressurize or discourage survivors to have any examination or treatment.



**Right to privacy:** Only persons who are essential to facilitate the examination should be present. A female patient should not be examined without the presence of a female member of the staff and vice versa.

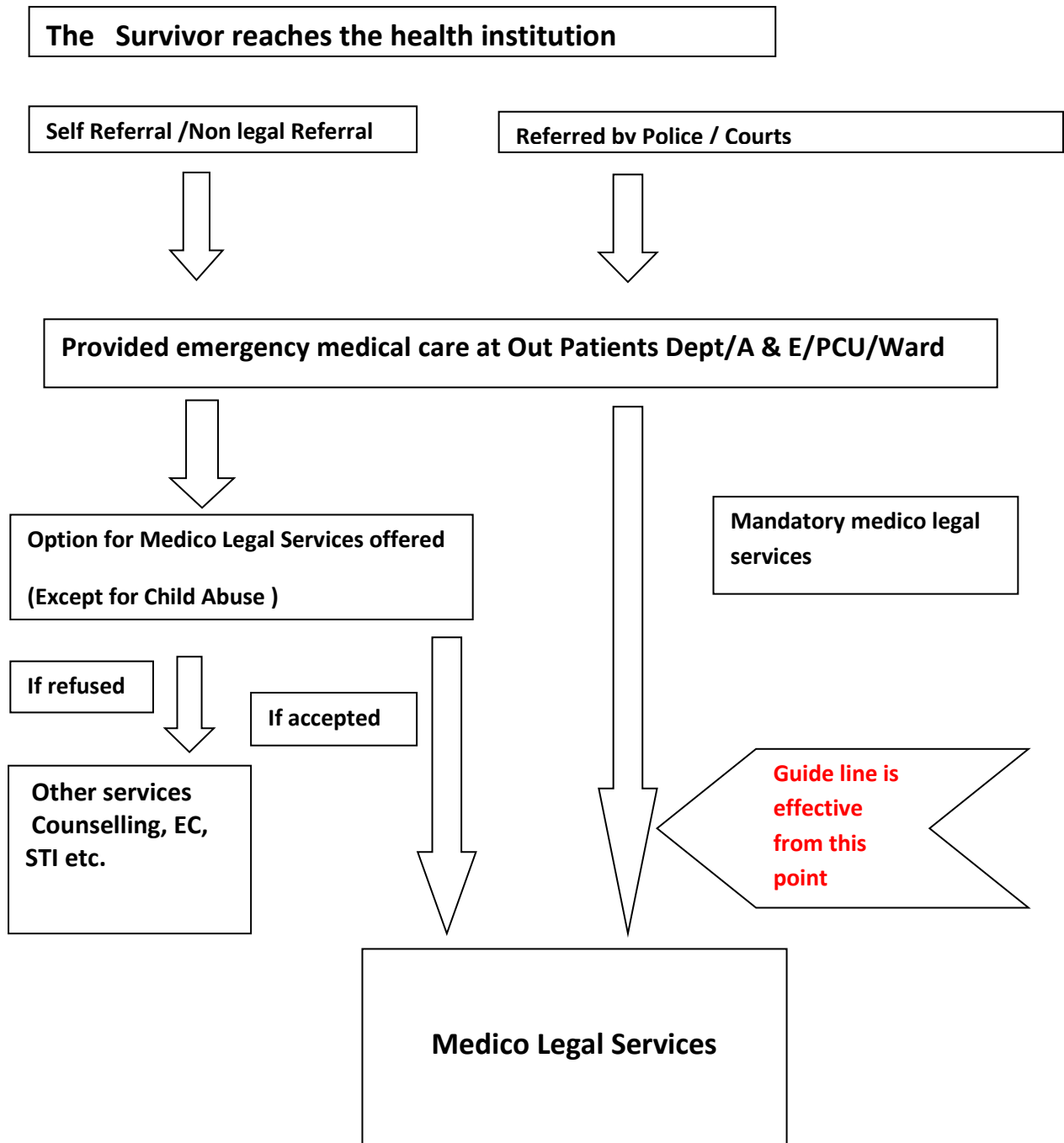
**Right to confidentiality:** All information related to survivors should be kept confidential and private. Relevant information needs to be disclosed in the discharge of professional duties that involve medical management and legal obligations towards the administration of justice.

In preparing these guidelines, due consideration has been given to the varied nomenclature that characterizes this field of expertise. For purposes of consistency, the following terms have been used throughout the document:

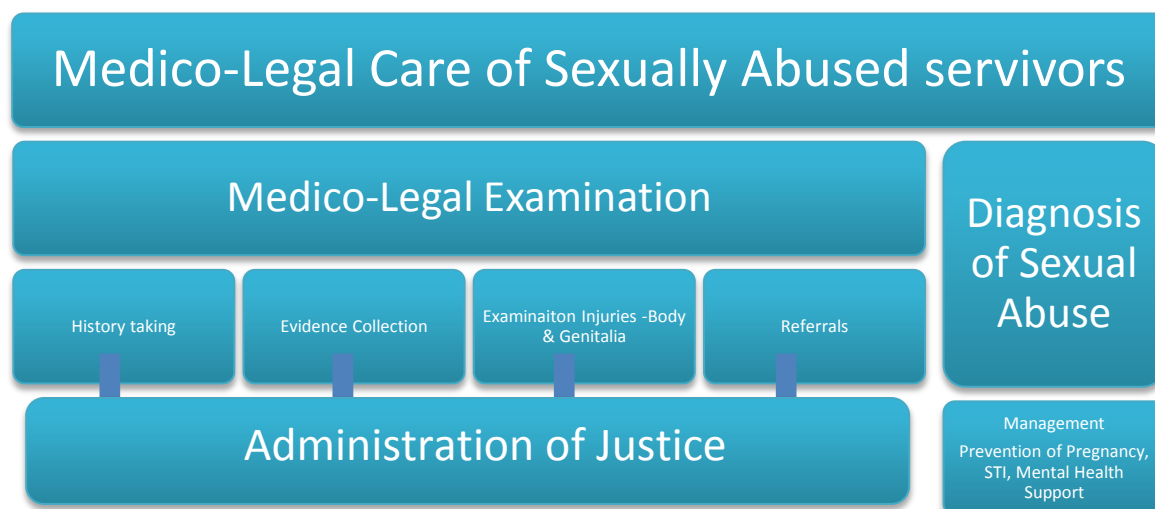
- *Victims:* individuals (i.e. women, men, children) who report that they have been sexually assaulted.
- *Perpetrators:* individuals (i.e. women, men, children) who report that they have committed sexual assault.
- *Survivors of sexual abuse:* individuals (i.e. women, men, children) who are still living when they report that they have been sexually assaulted/abused.
- *Sexual violence* (synonymous with sexual abuse): a term covering a wide range of activities, including rape/forced sex, indecent assault and sexually obsessive behaviour.
- *Health workers:* professionals who provide health services, for example, doctors, nurses and other professionals who have specific training in the field of health care delivery.
- *Examinee:* a person subjected to a medico-legal examination.
- *Child:* an individual under the age of 18 years.
- *Specialist in Forensic Medicine:* A Board Certified Specialist.
- *Grade Medical Officers:* doctor who has a postgraduate diploma or has been working in the Government Medical care after internship.
- *Government Medical Officer:* a doctor who has a basic medical degree (MBBS/ or equivalent) registered in the SLMC and works for the Government.

For reasons stated earlier, the guidelines use the *adult woman* as the primary user of health services.

Figure 1: The floor chart on when the Guidelines are effective



It is the duty of the examining doctor to make sure that all aspects of medical care and appropriate referrals are provided to the survivor.



- Ideally, victims of sexual assaults are examined by Specialists in Forensic Medicine or Grade Medical Officers with special training in Forensic Medicine. However, in their absence any Government medical officer with a basic medical degree will be required to provide these services.
- Medico- Legal Examination should only be performed on individuals who have been issued a Medico-Legal Examination Form (MLEF) by the police or on an order by a court of law.
- Examination of the survivor has to be performed in an environment that places the survivor at ease.
- Informed written consent should be obtained from the examinee prior to medico-legal examination. When obtaining consent the regions of the body that may require examination should be identified and explained.
- Medico-Legal Examination and Management
  - Begin the examination by introducing yourself, indicating your professional position and explaining the need for such examination.
  - Ensure that a trained support person or a suitable health worker of the same sex as the examinee is present as a chaperone throughout the examination.
  - Explain what is going to happen before each step of the examination, why it is important and how it will assist in the care received.

- Address survivor's concerns if any. Note that the individual can refuse steps of the examination at any time as it progresses. Therefore, it is important to explain each step involved in the medico-legal examination including obtaining evidence or samples.
- Reassure the examinee that the examination findings will not be divulged to anyone except to the appropriate medical and legal authorities.
- Consider the request made by the survivor for the presence of a support person during the medico-legal examination other than the health care worker.
- Limit the number of people to a minimum in the examination room.
- Do the examination without undue delay since forensic evidence may be lost.
- If the examinee refuses any step of the examination it should be documented and the examinee should sign it. It is the duty of the examiner to explain the legal implications that he/she has to face for not being able to continue with the medico-legal examination.
- Referral in relation to medico-legal management shall be decided by the examining doctor in agreement with the survivor after explaining for what purpose, except where referrals are made for forensic purpose.
- Referrals may include the following
  - Psychiatrist/Clinical Psychologist for psychological opinion and emotional support.
  - Gynaecologist where relevant. (Assessment and documentation of genital injuries should be done by the medical officer during the medico-legal examination; however, if injuries involve internal organs or a pregnancy, assistance will be needed.)
  - Offer or refer for emergency contraception where indicated.
  - STI clinic for diagnosis/treatment/prophylaxis where necessary.
  - Other specialties where medically indicated such as surgery/ ENT/Eye/etc.

- Survivor supportive services such as Gender Based Violence care centers in Government Hospitals and NGOs that provide related support services.
  - Ensure safety of the survivor within the hospital and discuss a safety plan.
  - If the examiner feels that the survivor is mentally ill or has a learning disability refer for psychological assessment to establish the ability to give legally valid consent for sexual act/s.
- The examinee should be provided with a document containing the name and the designation of the medical officer who conducted the examination.
- Administration of Justice
    - The examining doctor is expected to give to the referring authority, an initial opinion on sexual abuse based on findings at the completion of the medico-legal examination.
    - The records related to the case should be kept under the safe custody of the examining doctor.
    - On receiving summons by a Court of Law or a request by the Attorney General's Department, the medico-legal report should be submitted without delay.
    - The doctor should maintain the highest professional standards on receiving summons and in giving expert evidence in a court of law.

### Reference

1. Penal Code [Amendment ] Act No 22 of 1995 and Penal Code [Amendment ] Act No 29 of 1999.
2. The United Nations Charter on Rights of the Child 1989.

## **INSTRUCTIONS TO CONDUCT MEDICO-LEGAL EXAMINATION OF SEXUALLY ABUSED SURVIVORS (Adults)**

When using this guideline three grades of recommended practices are identified as follows mainly depending on the facilities available.

Grade X	Recommended	Recommendations under grade X are very basic and every effort should be made to <b>adhere</b> .
Grade Y	Desirable	Recommendations under grade Y are desirable and for optimal care, every effort should be made to be <b>offered</b> .
Grade Z	Optional	Recommendations under grade Z are specialized and may require high technical facilities and expertise and when available every effort should be made to <b>carry them out</b> .

### **1. IDENTIFICATION**

- Record the examinee's name, date of birth, age, gender and address.
- If date of birth and age is not known, age can be estimated including radiological and dental examination. Refer the examinee to relevant consultant/s. Eg. Radiologists, dental surgeon (Forensic Odontologist if services are available).
- Record the marital status of the examinee including number of vaginal deliveries where relevant.
- Record the contact details including telephone numbers.

### **2. PRELIMINARY INFORMATION**

#### **2.1 Record the**

- name and address of the institution where the examination is performed.
- date and time of the examination.
- language the examinee used.
- language used if an interpreter was used.
- reason, if any, for delay in presentation.

#### **2.2 INFORMATION GIVEN BY THE POLICE OFFICER:**

When and where relevant regarding the complaint and the subsequent events till seen by doctor. (mention the name, rank/number and the station)

#### **2.3 INFORMATION GIVEN BY THE NEXT OF KIN OR ACCOMPANYING PERSON – in case of someone who is unable to express her/himself.**

### **3. CONSENT**

Valid informed written consent of the examinee is **mandatory** prior to commencement of the examination. In addition, if the examinee appears to be mentally retarded or more than 18 years of age having learning difficulties, consent should be obtained from the next of kin/guardian or a responsible adult. For photography and sampling, separate consent must be taken. The standard forms of consent shall be used for this purpose. If the Sexually abused survivor (SAS) is not competent in giving a valid consent and a guardian/next of kin is not available a court order may have to be obtained.

### **4. HISTORY**

Record relevant history, the name(s) of the person(s) providing the history and their relationship to the examinee.

#### 4.1 HISTORY GIVEN BY THE EXAMINEE IN HIS/HER OWN WORDS

##### Document events in chronological order

Include date, time or timeframe of incident and place of incident/s.

##### Record the history of the incident/s

- Presenting complaint/s, name/s and details of assailant/s.
- If documenting specific statements made by the patient or historian, use quotation marks.
- Document if statement/s made by patient were spontaneous (i.e. not in response to a question or comment).
- When interviewing ask open-ended questions such as “What happened to you? How did this happen? What did he/she do?” etc.
- Minimize leading questions (WHY questions) or questions that require understanding abstract or complex concepts.
- Document use of contraceptives related to the incident/s
- Record the following details where relevant
  - History of emotional abuse.
  - Exposure to domestic violence.
  - If there is a delay in reporting, producing or examinations give reasons and the time duration of the delay.

##### In alleged sexual abuse

- Type of abuse- oral/Inter-crural intercourse/Inter-labial/vaginal/anal/ penetration, etc. as perceived by the victim.
- Issues in relation to obtaining consent for sexual activity – use of threats/intimidation/fear of death/hurt/detention/enticement (eg. pornographic literature)/unsound mind/intoxication (alcohol/drug) /impersonation/under 16 years of age/rewards.
- Effects as perceived by the victim at the time of incident- bleeding/pain/soreness/ejaculation/discharge.
- Effects as perceived by the victim after the incident-bleeding PV, bleeding PR /soreness/pain on walking/dysuria/pain on defecation/ discharge-PV, anus/pruritus (anus, vulva)/ other specify).
- Force/injuries inflicted by the perpetrator on the victim during the incident as perceived by the examinee.
- Bites, beating, pinch, scratch, pricks, pulling hair, use of weapons-blunt/ sharp force etc. inflicted by the examinee on the perpetrator.
- Use of contraceptives - type and method (emergency, short term, long term, permanent).
- In a case of a male examinee ask about the history of vasectomy, where relevant.

#### 4.2 THE RELEVANT ACTS FOLLOWING THE INCIDENT

Describe relevant acts following the incident such as

- washing of genital/anal area, bathing, urination, defecation, brushing teeth, rinsing mouth, changing / washing clothes, use of tampon/pad, vomit etc.

#### 4.3 PREVIOUS SEXUAL ACTIVITY (where medico-legally relevant)

Make sure to inquire in a manner that will not embarrass the examinee.

#### 4.4 PAST HISTORY

Record relevant past medical and surgical history. Note whether the examinee is on regular follow up at a clinic or on regular medical treatment. Inquire any cognitive, physical or mental/emotional disabilities.

#### 4.5 MENSTRUAL AND OBSTETRIC HISTORY

Record relevant details about menstrual history and the date of the last period.  
Record use of contraceptives of short and long term.

#### 4.6 SOCIAL HISTORY

Schooling and level of education. (Relevance to the legal systems)  
Type of employment (if relevant) and family income etc.  
Habits such as alcohol, smoking and drugs.

### 5. EVIDENCE COLLECTED

Collect samples during the examination prior to physical examination of each component. Pay attention to correct method of collection, preservation, labeling and maintaining the chain of custody. Use of Sexual Assault Forensic Evidence (SAFE) kit provided by the Ministry of Health is recommended for evidence collection if the alleged incident has taken place within 72 hours of examination. This period may be extended as necessary. Record all the samples collected and the name of the person who collected them. Use separate envelopes for materials collected from different locations.

#### **(Refer Attachment 1 on Instructions on sample collection)**

If samples are handed over or any instructions are given to the police officer, record them and obtain the signature of the officer.

It is preferable to have a copy of the request form of the investigations.

#### 5.1 SAMPLES OBTAINED (FROM THE EXAMINEE)

There is a spectrum of samples that is to be collected in a case of alleged sexually abused survivor (SAS). In the event of not collecting, the reason must be recorded. Information regarding all the samples that were taken from the examinee, as well as all the physical evidence and trace evidence collected must be described in detail.

It is important to collect the sample at the first opportunity without delay. Collect blood sample for alcohol/toxicology, urine where the examinee's clinical presentation suggests drug intoxication. Some drugs may be detected in the urine up to 96 hours after ingestion. Collect urine in a clean container.

Information regarding where the samples were sent for investigation must be recorded in a register. Request form with the relevant information should be sent to the laboratory maintaining chain of custody. **(Refer Attachment 1 on instructions on sample collection)**

#### 5.2 CLOTHING COLLECTED

Clothing needs to be collected in instances when history suggests that there will be contact traces and other evidence on them. Record the type and nature of the clothing collected and how it was packed (eg. paper bag) and sent for what purpose.



## 6. EXAMINATION

Examination should be carried out in the presence of a chaperone of the same sex of the examinee. The only persons who are essential to facilitate the examination should be present.

### 6.1 OBSERVATIONS

Record your findings on eye contact, physical appearance, smell, dress, gait, physical discomfort/pain and emotional state (calm, crying, anxious, inappropriate behaviour, depressed mood, co-operative, distress, loss of self-value) etc.

### 6.2 GENERAL PHYSICAL EXAMINATION

- Record:
  - vital signs.
  - height, weight, nutritional state, gross deformity and disability, personal hygiene, clinical features of intoxication etc
  - signs of puberty (breast development etc. )

### 6.3 EXAMINATION OF CLOTHING

- List the clothing worn by the victim at the time of examination.
- Record whether they were the clothing worn by the victim at the time of incident. If the clothing worn by the victim at the time of incident is available, list, and describe (tears, stains etc.).
- If the clothing worn at the time of the incident is not available record the reason for it. Where possible, make attempts to obtain those clothes, examine them and handover to police.
- Make arrangements to have a set of clothing if the clothing worn is taken as a sample.  
**(See attachment 1 : Step 5 for sample collection)**

### 6.4 EXAMINATION OF INJURIES AND SCARS

- Describe the appearance of injuries (recent, healing, scar) include nature, site, size, shape, direction, disposition, associated injuries, signs of healing or infection, and complications. (Use annexure I & II)
- Examine the mouth for injuries, other findings, and foreign material. (X)  
**(See attachment 1 : Step 1 for sample collection)**
- Signs and symptoms of dento-facial trauma may include: avulsed teeth, lip lacerations, tongue injuries, frenulum injuries and jaw and facial bone fractures. They should be referred for dental or maxillo-facial care as and when needed. (X)
- In head trauma cases: Examine carefully for evidence of scalp trauma. Record any bruises, areas of scalp swelling or hair loss. Examine earlobes carefully for any bruising or petechiae.(X)
- In suspected bite marks, serial photographs should be taken with a scale in different angles and with the least delay. Where expertise is available, examinee should be referred to the Forensic Odontologist as soon as possible for bite mark investigations. (Y)  
**(See attachment 1 : Step 7 for sample collection)**

### 6.5. REVIEW OF SYSTEMS

- In addition to the positive findings as mentioned above, review the systems (CNS, CVS, and RS etc.) and record findings for exclusionary purposes. (X)

## 6.6. GENITAL AND PARA GENITAL EXAMINATION

- A standard positioning and technique must always be used in external and internal examination of genitalia and rectum. The technique used must not cause undue pain, physical and mental discomfort to the examinee and the examiner must always select an 'examinee-friendly' technique. Position and the technique employed must be recorded. (X)
- Look for injuries, development of secondary sexual characteristics and evidence of pregnancy/delivery etc. (X)

## 6.7. FEMALE GENITAL EXAMINATION

Take all genital samples prior to examination of each component of genital examination. (X)

**(See attachment 1 : Steps 7 to 13 for sample collection)**

- Note appearance of pubic hair for secondary sexual characteristics and other observations. (X)
- Note the appearance of labia majora, labia minora, posterior fourchette, fossa navicularis. (Refer Annex 3 : labeled diagram on female genitalia) (X)
- Observe for the presence of bleeding, discharge, presence of foreign materials etc.
- Note and draw the type of hymen(X) and position of hymen. (X)
- Record the presence of recent injuries such as abrasions, contusions and lacerations according to the position of the clock. Observe for signs of swelling, tenderness and redness to indicate a fresh injury or whether injury is healing or is completely healed. Please mark on the diagram form provided. (Refer Annex III : labeled diagram on female genitalia) (X)
- When describing hymenal injuries use standard nomenclature given in Attachment II.
- Note whether the hymen is attenuated. (Z)
- Record the examining position and technique used (supine/prone/knee elbow) especially in recording of the hymenal injuries. (X)
- Note the size of the hymenal orifice. (X)
- Note the presence of injuries in the vaginal wall (where relevant) and changes to the cervix (where relevant), urethra and perineum. (X)
- Look for evidence of pregnancy and delivery. (X)
- Look for STI relevance.
- All important negative findings should be recorded. (X)
- In case of inability to arrive at a conclusion at the end of the examination, contact the nearest specialist in Forensic Medicine ( in management or general guidelines section)

## 6.8. USE OF ANY INSTRUMENT FOR GENITAL EXAMINATION IF RELEVANT

If necessary, a foley catheter/cotton swab/glass rod, speculum examination, colposcopy, toluidine test can be used for further examination of genital area. (Z)

## 6.9. ANAL EXAMINATION (See Annexe III)

Record the appearance of peri-anal area, anal opening, anal canal. Look for Injuries (recent, healing, scars), reflex anal dilatation, lubricant, blood, semen, any other foreign materials, faecal soiling. (X) Note any perianal diseases.

**(See attachment 1 : Step 11 for sample collection)**

**6.10. MALE GENITAL EXAMINATION** (see annexure IV)

Note the pubic hair, shaft, prepuce, corona, glans and urethral meatus, scrotum, testes/epididymis/ cords.(X)

Describe the injuries and scars including vasectomy scar, presence of discharge or any other abnormalities or diseases. (X)

**(See attachment 1 : Step 10 for sample collection)**

**7. LABORATORY INVESTIGATIONS**

- Whenever laboratory investigations are requested, the medical officer must indicate in the request form the type of analyses or tests that must be performed on the samples taken from the examinee.
- Record the types of laboratory tests ordered, results and opinion if available.
- Record diagnostic imaging studies ordered, results and opinion.

**8. PHOTO DOCUMENTATION (Y)**

- Photograph injuries and other findings where relevant.
- Use standard photographic techniques.
- Use an appropriate light source.
- Use an identifying number, a ruler or scale for size reference in the photograph.
- Document the name of the person who takes the photographs.

**9. RECORD OF REFERRAL AND THE FEEDBACK**

- Referral for psychological attention and counselling, examination for sexually transmitted diseases and examination by a supplementary medical examination or investigation should be done where necessary.
- Whenever referrals are done it should be accompanied with a referring letter that includes a brief history and findings of examination. State why the referral is made.
- There shall be a suitable efficient and effective arrangement between the government medical officer and referred specialty to ensure delivery of the report in a confidential manner without undue delay.
- Once the reports of referrals are received attach them to the notes. If the report is in the bed head ticket, get a photo copy of the relevant page if facilities are available according to the procedures. If not note it down as it is with the name of the specialist/medical officer/etc.

**10. SUMMARY AND OPINION**

**10.1** Medico-legal opinion should be formulated by the examining doctor, after the evaluation of the history, examination, laboratory investigations and reports of referrals.

**10.2** Interpret the overall findings so that the maximum amount of information as well as an expert opinion is offered.

**10.3** Opinion regarding injuries may include

- Causation of injury/findings
- Nature of the causative weapon/agent (stab, blunt force, physical agent etc.)
- Category of hurt
- Probable life threatening conditions
- Probable age of the injuries
- Presence or absence of repeated trauma
- Whether consistent with the history

#### 10.4 Opinions on sexual abuse

- If medical evidence of penetration is present state whether vaginal, intra labial, anal or oral
- State whether there is evidence of any other type of sexual act.
- Evidence of recent, previous or repeated penetration.
- If there is penetration, state whether time frame of the injuries are consistent with the history.
- Possible mechanism of the genital injuries
- Please note that the presence of genital injuries including hymenal only indicates penetration and not necessarily penetration by a penis.
- To give an opinion on intercourse (penile penetration) scientific evidence such as presence of spermatozoa in the vagina has to be demonstrated.
- ***It is not the responsibility of the medico-legal examiner to determine whether a person has been 'raped' since that is a legal determination. Therefore the word 'rape' should not be used in the report.***

**10.5** Opinion on general physique, mental status and correspondence with age where relevant.

**10.6** Opinion on physical, mental, psychological sequelae when relevant.

**10.7** An opinion on sexually transmitted diseases or pregnancy where appropriate.

#### 11. PERSONNEL INVOLVED

Record the name, signature and designation of the examiner.

Document whether another healthcare provider assisted with the examination or evidence collection and handling. If so, record the name, signature & designation.

#### 12. DISCHARGE OF THE PATIENT

Indicate whether a follow-up examination is needed and if so record the date/dates of review.

### MEDICO-LEGAL MANAGEMENT AND REPORTING

1. Medico- Legal Examination is performed on individuals who have been issued a MLEF by the police or on an order by a court of law.
2. Ideally, victims of sexual assaults are examined by Specialists in Forensic Medicine or Grade Medical Officers with special training in Forensic Medicine. However, in their absence any medical officer will be required to provide these services.
3. Management of survivors of sexual abuse shall be initiated by a Medical Officer when referred by police/court or other specialist without delay.
4. If a survivor directly reports to any medical officer then such officer shall advise the survivor/guardian, to make a complaint to the police after attending to immediate health needs.
5. If the health condition of the survivor needs immediate medical attention, or it is desirable to separate the survivor to prevent further abuse, such survivors shall be admitted to the hospital. The ward staff should inform police immediately.
6. The medico-legal examination should be conducted by the Medical Officer performing medico-legal duties without undue delay. However, if the survivor needs immediate medical treatment that should be attended first.
7. The survivor's privacy, confidentiality and dignity should be respected to the utmost.
8. Referral in relation to medico-legal management shall be decided by the examining doctor.

**REFERRALS**

Relevant referrals for medico-legal purposes shall be decided by the examining government medical officer. The reason for referral should be clearly mentioned in the letter of referral. However, necessary steps should be taken to minimize the re-victimization by multiple examinations and history taking by various specialists.

Referrals may include the following

- i. Psychiatrist/MO psychiatry/ Clinical Psychologist for psychological assessment, emotional support, management and opinion.
- ii. Gynecologist where relevant. (Assessment and documentation of genital injuries should be done by the medical officer during the medico-legal examination)
- iii. STI Clinic for screening/ diagnosis /treatment /prophylaxis where necessary.
- iv. Other specialties where medically indicated such as surgery/ ENT/Eye etc.
- v. Survivor supportive services such as Gender Based Violence Care Centers in Government Hospitals and Non-Governmental Organizations that provide related support services.
- vi. Ensure safety of the survivor within the hospital and discuss a safety plan.
- vii. If the survivor appears to be mentally ill or has a learning disability refer, for psychological assessment to establish the ability to give consent for sexual act/s.

**EMERGENCY CONTRACEPTION**

The need for emergency contraception should be addressed immediately as the efficacy of contraceptive depends on the time elapsed. The examinee should be informed of the availability of emergency contraception to prevent a possible pregnancy. If she wishes to have emergency contraception, it should be offered to her without delay or referred to gynecological services.

**PROCEDURE TO BE FOLLOWED AT THE END OF EXAMINATION**

Examinee may be briefed of the medico-legal examination findings where the survivor wishes to know. The information should not be divulged to third party without the consent of the examinee.

The examinee should be provided with a document containing the name and the designation of the medical officer who conducted the examination.

**ADMINISTRATION OF JUSTICE**

- i. The examining doctor is expected to give to the referring authority, an initial opinion on sexual abuse based on findings at the completion of the medico-legal examination. The completed police copy of the medico-legal examination form should be handed over to the police officer who brought the examinee for examination in a strictly confidential manner maintaining the chain of custody.
- ii. The records related to the case should be kept under safe custody of the examining doctor.
- iii. On receiving summons or a request to send a report by a court of law, the Attorney General's Department, or by the regional police station to forward the facts to Attorney General's Department the medico-legal report should be submitted without delay.

## MEDICO-LEGAL REPORT

Medico-Legal Report should be prepared in accordance to the format given in the National Guidelines. It is a structured format prepared according to the needs of the administration of justice. Therefore, it is recommended that the doctor must make full effort to prepare a comprehensive report including the medico-legal opinion, which can be understood by a layman.

Diagrams provided in the guidelines can be attached for descriptive purpose. Attaching of photographs of injuries for descriptive purpose also can be done as an annexe while preserving the identity of the examinee.

A computerized or typed report is the ideal. However, in the absence of facilities for computerized or typed report clearly hand written reports may be produced to the courts.

Duly completed original report should be sent to courts by registered post or by hand maintaining chain of custody. It is the duty of the doctor to ensure that the Medico-Legal Report is received by the courts and a note of receipt of the report is returned to him/herself. A copy of the original document should be kept with the doctor's case-records. No copy of the Medico-Legal Report shall be given to any unauthorized persons.

## ATTACHMENT 1

### SAMPLE COLLECTION - INSTRUCTIONS

Use Sexual Assault Forensic Examination kit (rape-kit) if available.

**PLEASE NOTE:**

- ✓ Unless otherwise noted, do not moisten swabs prior to sample collection.
- ✓ All swabs should be air dried prior to packaging.
- ✓ Unless otherwise noted, place the evidence collection specimens back into the envelope or bag from which they came.
- ✓ All envelopes and bags should be sealed. Attach a tracking label to the outside of each envelope or bag and fill out all information requested.

**Step 1. ORAL SWABS AND SMEAR**

Carefully swab the buccal area and gum line. Be sure to collect the swabs from the upper and lower buccal areas and gum line, rotating the swabs during collection.

Place the swabs in the swab box. Mark the swab box "Oral".

**Step 2. FINGERNAIL CLIPPINGS/SWABBINGS/SCRAPING LEFT HAND AND RIGHT HAND**

**NOTE: Fingernail clippings are preferred. If patient refuses clippings, collect swabbings/scrapings.**

Remove folded paper from envelope and place, unfolded, on a flat surface.

Hold patient's left hand over the paper and gently clip the entire nail, allowing the clippings to fall on the paper.

For swabbings, dampen a sterile swab from **Step 15** and swab under the nails.

Place the air dried swab in the folded paper.

**Step 3. KNOWN DNA COLLECTION**

Have the patient rinse his /her mouth with water prior to this evidence collection step.

Remove components from kit envelope.

Open the swab protector and slide the protector back to expose the swab head.

Using the swab, vigorously swab the inside of both sides of the patient's cheek for 5 to 10 seconds.

The swabs should be air dried for 03 hours before packaging. During drying make sure that the swab is not contacting with any surface (bench top or wall of the tube etc.)

Pull the swab head back into the protector and re-close the protector around the swab head.

**Step 4. KNOWN HEAD HAIR SAMPLE**

**NOTE: Collect a minimum of 10 - 12 Cut hair from various scalp locations.**

Remove folded paper from envelope and place, unfolded, on a flat surface.

Place the hairs in the center of the paper and refold paper so as to retain the hairs.

#### Step 5. FOREIGN MATERIAL COLLECTION

**NOTE: If patient changed clothing after the assault, inform officer in charge so the police may collect the clothing worn at the time of the assault. Do not cut through any existing holes, rips or stains in patient's clothing. Do not shake out patient's clothing. If secure facilities are available, air-dry any wet or damp clothing. Otherwise, notify law enforcement personnel that clothing is wet or damp. If additional clothing bags are required, use only new paper (grocery type) /Paper bags.**

UNFOLD AND PLACE A CLEAN HOSPITAL BED SHEET ON FLOOR.

Remove paper sheet from "Foreign Material Collection" bag, unfold and place over bed sheet.

Instruct patient to stand in center of paper sheet and carefully remove each item of clothing.

Collect each item as removed and place each in a separate clothing bag, as labeled.

Refold paper sheet on which patient stood in such a manner as to retain any debris present, then return it to the "Foreign Material Collection" bag.

#### Step 6. DEBRIS COLLECTION

**NOTE: Do not package debris from different areas in the same envelope. Use Step 16 for additional packaging material or use facility materials and make a druggist fold.**

Remove the folded sheet of paper from the "Debris Collection" envelope.

Unfold the paper and place on a flat surface.

Collect any debris present on the patient (dirt, hair, leaves, fibers, etc.) and place in the center of the paper.

Fold the paper so as to retain the debris.

Identify the location from which the samples were removed on the anatomical drawings on the envelope.

#### Step 7. DRIED SECRETIONS / STAINS / SMEARS

**NOTE: This step is provided for the collection of dry or damp suspected blood, semen or saliva, which may be present on the patient's body. Carefully examine for areas of kissing, sucking, or biting for saliva; body areas for ejaculate; lubricant not collected elsewhere; or other dried secretions. A Woods (UV) Lamp is helpful for locating secretions on patient's body.**

Collect dried secretions by lightly moistening two of the provided swabs with distilled water, and then thoroughly swabbing the area with both swabs.

Re-swab the area with two additional dry swabs at the same time.

Mark on each swab box whether the swabs are the first or second swabs. Also identify on each box whether or not the swabs are suspected semen, saliva, blood, or other. If other, please describe.

Place each set of swabs in the appropriate box.

Identify the location from which the samples were removed on the anatomical drawings on the envelope.



If multiple secretions are present, repeat the procedure using the additional swabs found in Step 15. Do not package swabs from two different areas in the same swab box.

#### Step 8. PUBIC HAIR COMBING

Remove the folded paper and comb provided in the “Pubic Hair Combing” envelope.

Unfold the paper and place under the patient’s buttocks, and using the comb provided, comb the pubic hair in downward strokes to allow any debris or loose hairs to fall onto the paper.

Remove the paper from under the patient.

Place the comb in the center of the paper and refold so as to retain the comb and any evidence collected.

**Note: hair for DNA testing is packed in folded paper and stored in 4° C**

#### Step 9. KNOWN PUBIC HAIR SAMPLE

**NOTE: Collect minimum of 3-cut pubic hairs from various regions of the pubic area.**

Remove folded paper from envelope and place, unfolded, on a flat surface.

Place hairs in the center of the paper and refold so as to retain the hairs.

#### Step 10. GENITAL/PENILE SWABBINGS

Moisten swabs provided with a minimal amount of distilled water.

Holding the swab briskly swab the external genitalia, including along the folds. In a female patient, swab between the labia majora and the labia minora. Be sure to rotate the swabs during the collection procedure. In a male patient swab the coronal sulcus, entire penis and scrotum.

The swabs should be air dried for at least 04 hours prior to packaging. Place the swabs in the box and mark “Genital / Penile”.

#### Step 11. ANAL SWABS AND SMEAR

**NOTE: Swabs may be moistened with a minimal amount of distilled water for the comfort of the patient.**

Carefully swab the anus. Swab perianal, anal, and deep anal areas.

The swabs should be air dried for at least 04 hours prior to packaging.

Place the swabs in the swab box and check mark “Anal”.

#### Step 12. VAGINAL SWABS AND SMEAR

Carefully swab the vaginal vault using swabs. Get swabs from low vaginal, high vaginal/posterior fornix. Prepare the smear using the swab.

The swabs should be air dried for at least 04 hours prior to packaging.

Place the swabs in the swab box and check “Vaginal.”

### Step 13. CERVICAL SWABS AND SMEAR

**NOTE: This step is particularly important if more than 12 hours have passed since the assault**

Carefully swab the cervix using swabs, visualizing cervix. Prepare the smear using the swab.

The swabs should be air dried for at least 04 hours prior to packaging.

Place the swabs in the swab box and check “Cervical.” Please note that the vaginal swabs are taken prior to inserting the speculum for cervical swab.

### Step 14. MISCELLANEOUS EVIDENCE COLLECTION

**NOTE: This step is provided for the collection of evidence not previously covered elsewhere (e.g., tampons, sanitary napkin, sex toys, condoms etc.)**

Collect item of evidence and allow to air-dry if necessary.

Place in paper bags labeled “Miscellaneous.”

### Step 15. ADDITIONAL SWABS AND SMEARS

**NOTE: This step is provided for the collection of evidence not previously covered elsewhere.**

If necessary, moisten the swabs provided with a minimal amount of distilled water. Holding the swabs provided, thoroughly swab the area making sure to rotate the swabs during the collection procedure. Check “Other” on the outside of the swab box and identify the sample on the line provided. Place the swabs in the swab box and write the area of the patient’s body from which the sample was obtained. Place the swab box in the “Additional Swabs” envelope.

### Step 16. URINE SPECIMEN / SAMPLE

**NOTE: If the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of a drug used to facilitate rape, the patient should be asked for consent to have a urine sample collected for identification of “rape drugs.” If drug facilitated sexual assault is suspected, determine whether ingestion of the drug occurred within the last 96 hours (4 days). If so, immediately collect urine as specified below. To assist the toxicologist, document the date and time when the drug was probably ingested, the date and time the specimens were collected, and any drug or alcohol voluntarily ingested in the last five days. Use a 100 ml sterile urine specimen jar from hospital stock if a urine specimen is needed. Do not place the urine specimens back in the kit instead use the packaging materials provided.**

Using normal hospital procedure and 100 ml sterile urine collection container from hospital stock, collect a 100 ml sample in the jar.

Attach a tracking label to the jar.

Seal the jar tightly.

Seal with evidence tape and place in the zip-lock bag and close.

Place the zip-lock in the “Urine Collection” box.

Seal the box, attach a tracking label, and fill out all information requested.

DO NOT PLACE BOX BACK IN SEXUAL ABUSE FORENSIC EXAMINATION (SAFE) KIT

If possible, freeze box until transport to laboratory for analysis. If unable to freeze, refrigeration is acceptable.

#### Step 17. BLOOD ALCOHOL/TOXICOLOGY SPECIMEN

**NOTE:** If the patient presents with drowsiness, memory loss, impaired motor skills, etc. or there is a suspicion of a drug used to facilitate rape, and the ingestion is suspected to have occurred within 24 hours of the hospital examination, the patient should be asked for consent to have a blood sample collected for identification of “rape drugs”. If consent is given, immediately collect a blood sample as specified below. The sample should be preferably collected before the administration of therapeutic drugs. Do not use isopropyl alcohol for cleaning purposes before venepuncture. Use normal saline/ distilled water etc.

To assist the toxicologist, document the date and time when the drug was probably ingested, the date and time the specimens were collected, and any drugs or alcohol voluntarily ingested in the last five days. Use two 10 ml gray-topped blood tubes (potassium oxalate and sodium fluoride) from hospital stock if a blood sample is needed. Do not place blood alcohol tubes into kit, instead use packaging materials provided.

Using normal medical procedure and two 10 ml (potassium oxalate and sodium fluoride) blood collection tubes, withdraw a sample from the patient allowing blood tube to fill to maximum volume.

Attach a tracking label to the blood tubes.

Place the tubes in the enclosed bubble pack and seal.

Place the bubble pack in the “Blood Collection” box.

Seal the box, attach a tracking label, and fill out all information requested.

DO NOT PLACE BOX BACK IN KIT.

If possible refrigerate (DO NOT FREEZE) box until transport to the laboratory for analysis.

Use of results of blood investigations for medico-legal purposes should only be carried with a valid consent obtained from the examinee.

## Attachment II

### Nomenclature that should be used in describing hymenal findings- (reference)

**John McCann, Sheridan Miyamoto, Cathy Boyle, Kristen Rogers. Healing of Hymenal Injuries in Prepubertal and Adolescent Girls: A Descriptive Study** PEDIATRICS Vol. 119 No. 5 May 2007, pp. e1094-e1106

#### **APPENDIX: GLOSSARY OF TERMS**

- Cleft: An angular defect on the edge of the hymen whose edges are closely approximated. The defect may extend to the muscular attachment of the hymen.
- Concavity: A curved or hollowed U-shaped depression of the edge of the hymenal membrane.
- Notch: A V-shaped indentation or defect on the edge of the hymenal membrane that may extend to the muscular attachment of the hymen.
- Hymenal tear/laceration: A defect/ injury in the hymenal membrane caused by a blunt force that has ripped or pulled apart the hymenal tissue.
- Superficial partial tear of the hymenal membrane: A laceration or tear of the hymenal membrane that extends less than half way through the width of the membrane.
- Intermediate partial tear of the hymenal membrane: A laceration or tear of the hymenal membrane that extends halfway through the width of the membrane.
- Deep partial tear of the hymenal membrane: A laceration or tear of the hymenal membrane that extends more than halfway through the width of the membrane.
- Complete tear or transection of the hymen: A laceration or tear of the hymenal membrane that extends through the entire width of the membrane to its attachment.
- Transection of the hymen with an extension: A laceration or tear of the hymenal membrane that extends through the attachment and into the surrounding tissues.
- Laceration: A defect of the tissues caused by a ripping or pulling apart caused by blunt force. The wound may contain bridging structures.
- Incision: Wounds created by a sharp instrument whose edges are well defined. The wound contains no bridging structures.

# **Format for collecting Medico-Legal information in alleged sexual abuse including diagrams and Medico-Legal Report**

## FORMAT FOR COLLECTING MEDICO-LEGAL INFORMATION IN ALLEGED SEXUAL ABUSE

**(Use only for doctor’s reference)**

Please fill/tick appropriately. Read the entire form and <b>refer the guideline</b> before completion.			
MLEF number :	Police station :	Date of Issue :	
Court:	Case number :	Date of order :	Date of trial:
<b>1. IDENTIFICATION</b>			
Full name of examinee:			
Date of birth:	Age:	Years:	Months:
If age is not known, estimated approximate age:			
Sex:			
Marital status: Unmarried/ Married			
Contact details of the examinee: Address:			
Phone number:			
<b>2. PRELIMINARIES</b>			
<b>2.1 PRELIMINARY INFORMATION:</b>			
Place of examination:			
Date & time of the commencement of the examination:			
Examinee produced by (name, rank/number, station etc.): (Police, Prison, NCPA, Probation, Referral from hospital, other)			
Reasons for production:			
Examinee accompanied by if any (if relevant- name and relationship):			
Name of the institution:			
Bed Head Ticket number:			
Date & time of admission:			
Ward number: (Attach photocopy of bed head ticket in relevant cases)			
Interpreter used for history taking:	Yes	No	
Name of interpreter:			
Relationship of the interpreter	Family	Friend	Specify
Language used (please specify in detail):			
<b>2.2 INFORMATION GIVEN BY THE POLICE OFFICER: (where relevant)</b>			
<b>2.3 INFORMATION GIVEN BY THE NEXT OF KIN /ACCOMPANYING PERSON: (where relevant)</b>			



<b>4. HISTORY</b>	
<b>4.1 HISTORY GIVEN BY THE EXAMINEE IN HIS/HER OWN WORDS</b>	
<b>4.1.2 FORCE/INJURIES INFLICTED BY THE VICTIM ON THE PERPETRATOR DURING THE INCIDENT</b>	
<b>4.2 DESCRIBE THE RELEVANT ACTS FOLLOWING THE INCIDENT</b>	
<b>4.3 PREVIOUS SEXUAL ACTIVITY (when &amp; where medico-legally relevant)</b>	
<b>4.4 PAST MEDICAL/SURGICAL HISTORY (where relevant)</b>	
Hospitalization(s) with reasons Medications Allergies Disabilities (specify):	
<b>4.5 MENSTRUAL &amp; OBSTETRIC HISTORY</b>	
Menarche/ Age of Menarche:	
Last Menstrual Period:	Menstruation at the time of incident: Yes/ No
Symptoms of pregnancy: Yes/ No	Period of amenorrhoea:
Number of children/type of deliveries:	Use of contraception:
Past history of abortions:	
<b>4.6 SOCIAL HISTORY</b>	



<b>5. EVIDENCE COLLECTED AND SUBMITTED TO LABORATORY</b>						
<b>5.1. SAMPLES OBTAINED (VICTIMS OF SEXUAL ABUSE)</b>						
Type	Yes	No	Send to lab	Stored	Collected by whom	Date/time of collection
Oral swab						
Oral smear						
Swab from introitus						
Vaginal swab 1. Low 2. High 3. Cervical (where relevant & not contraindicated)						
Perianal swabs						
Anal swabs (opening/canal)						
Anal smear						
Coronal smear						
External penile smear						
Dried body fluids/stains/lubricants						
Saliva swabs from bite marks						
Control swabs						
Matted pubic hair						
Pubic hair combings & comb						
Cut pubic hair						
Head hair combings & comb						
Cut head hair						
Finger nail scrapings						
Blood for DNA						
Tampon or sanitary pad						
Foreign matter						
Others						
<b>5.2. CLOTHING COLLECTED</b>						
<b>5.3. TOXICOLOGY SAMPLES</b>						

..... பாலீசீயே சேவெச கரண ..... ஈ஁க  
 டீரண.....வண மம வெவெடூ  
 ..... மகண / மகணவீச  
 டீபடேசீ டேண லடீ பரீடீ

1. லே஁கீசா லே஁கலீகண கீரீமம
2. வெவெடூ சாசணவலம ரீகெண சாமம
3. கீடீரீகக கார டீமம
4. வெவெடூ பரீகீசண வெணம சேலு கீரீமம
5. மகேசீகூறீ கீசே஁க லம கீகீமம
6. வெணவீ .....  
கார ககீலீ.

.....  
பாலீசீ கீலமரீசா஁ ஈ஁சண

.....  
டீகண கா வெலாவ

பமலீசீ அதீகாரீயீடம பரீசோதண மாதரீ ககையளீக்கப்படடாலே அல்லது வேறு அறீவுறுத்தல் ககாடுக்கப்படடாலே அவ் அதீகாரீயீன் ககையமப்பத்தீணைப் பெறு இதணைப் பயன்படுத்தவும்.

தீரு.தீருமதீ.செல்வீ.....(பெயரும், இலக்கமும்) ஆகீய.....எணும் பமலீசீ நரீலையத்தீணைச் சேர்ந்த பமலீசீ அதீகாரீயாகீய நான்,

வைத்தீயர்:.....இனால் பீன்வருவணவற்றைச்

செய்வதற்கு வரீளக்கமளீக்கப்பட்டு அறீவுறுத்தப்பட்டுள்ளேன்.

1. வைத்தீயசாலையில் அணுமதீப்பதற்கு.
2. வரீசேட வைத்தீய சீபாரீசீன்போது உடன்செல்ல
3. மருத்துவ ஆய்வுகூட பரீசோதணயீன்போது உடன்செல்ல
4. ஆய்வுகூட மாதரீகளைக் ககையளீப்பதற்கு
5. ந்தீமன்ற ஆணையீணைப் பெறுவதற்கு.
6. பீற.....

.....  
பமலீசீ அதீகாரீயீன் ககையமப்பம்

.....  
தீகதீயும் நேரம்

If samples are handed over or any instruction given to a police officer, obtain the signature of the officer.

I ..... (Name & number) of police station.....  
was informed and instructed by Dr..... to

1. Admit to hospital
2. accompany for specialist referrals
3. hand over the samples
4. accompany for investigations
5. get magistrate order
6. other.....

.....  
Signature of the police officer

.....  
Date & time

**6. EXAMINATION**

**6.1. OBSERVATIONS**

**6.2. GENERAL PHYSICAL EXAMINATION**

Pallor:	Pulse:	Height:	Weight:
Disabilities:			
Other:			
Built and nourishment:			

**6.3. CLOTHING**

**6.4. EXAMINATION OF INJURIES AND SCARS**

(Use diagram form provided.(see annexure I)

**6.5. REVIEW OF SYSTEMS**

(Negative except as noted below)

**6.6. GENITAL AND PARA GENITAL EXAMINATION**

- Breast
- Pubic hair
- Axillary hair
- Evidence of pregnancy/delivery(describe briefly)

**6.7. FEMALE GENITAL EXAMINATION**

Use diagram form provided (see annexure II)

**6.8. USE OF ANY INSTRUMENT FOR GENITAL EXAMINATION (if relevant)**

**6.9. ANAL EXAMINATION**

Use diagram form provided (see annexure III)

**6.10. MALE GENITAL EXAMINATION**

Use diagram form provided (See annexure IV)

**7. DIAGNOSTIC STUDIES (where relevant)**

<b>7.1. LABORATORY</b>	<b>Performed or not</b>	<b>Interpretation</b>
Pregnancy test (HCG/ $\beta$ gravindex)		
UFR		
Stains and swabs for spermatozoa (semen)		
DNA		
Other		
<b>7.2. DIAGNOSTIC IMAGING</b>	<b>Indication</b>	<b>Report</b>
US scan		
X-ray		
CT Scan		
M R I		
Other		

**REMARKS**

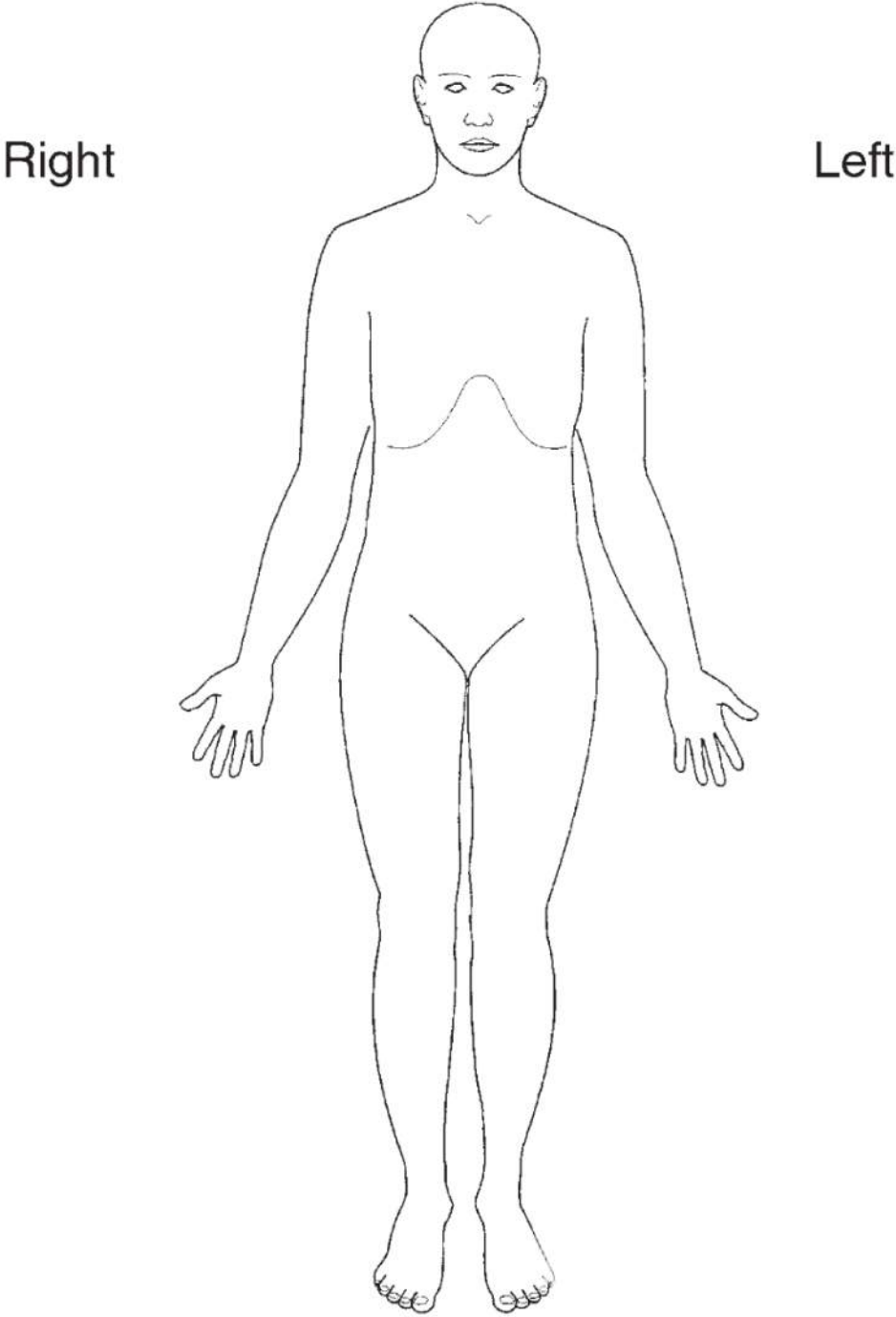
**8. PHOTO DOCUMENTATION (where relevant)**

Photographs taken by:

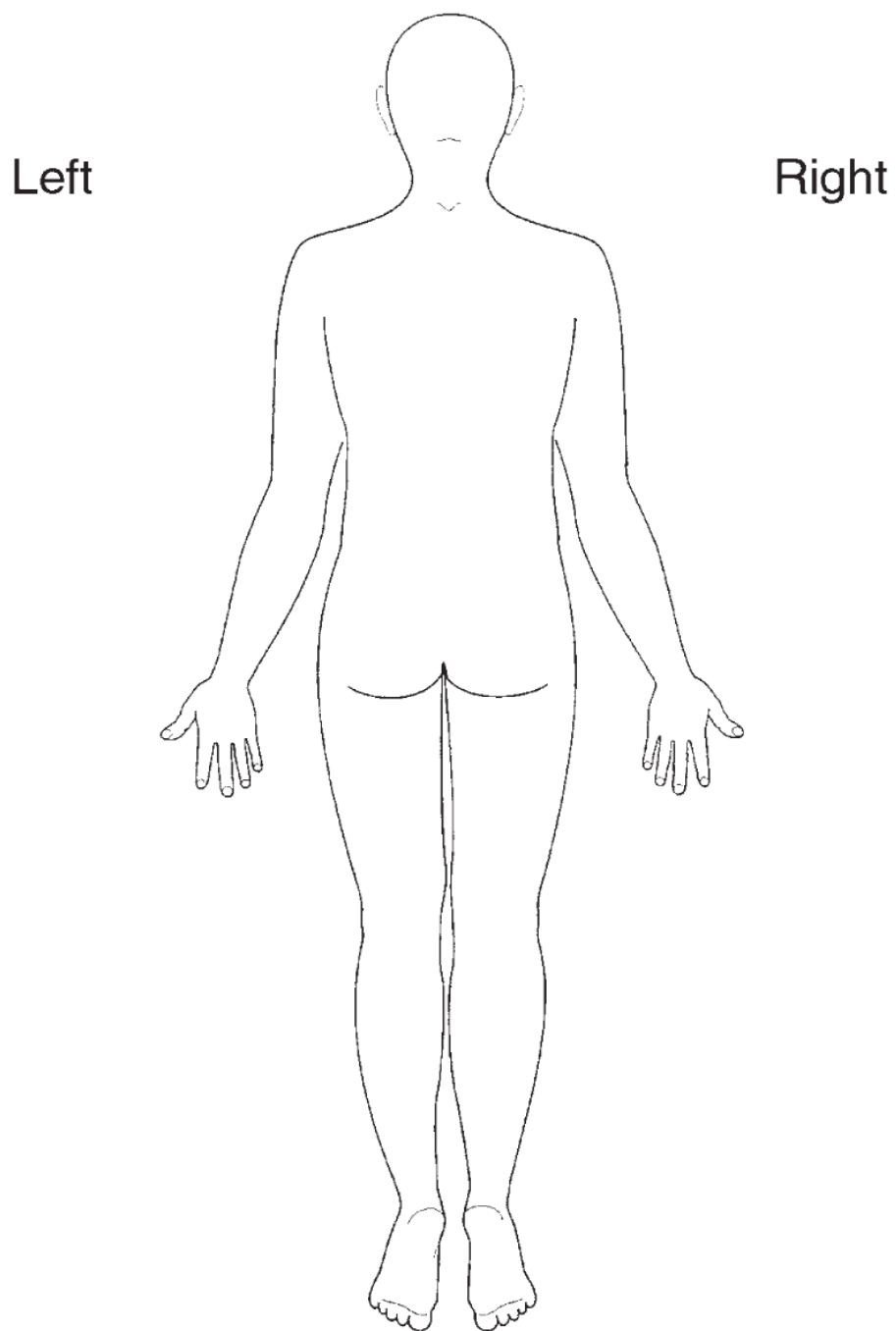
Recommend follow-up photographs to be taken in 1-2 days (where relevant)

<b>9. REFERRALS (where relevant)</b>			
Referral	Indication for referral	Date & time of referral	Opinion
STI			
Psychiatry			
Gynaecology & Obstetrics			
Surgery /Urology			
Radiology			
Other			
<b>10. SUMMARY AND OPINION</b>			
<b>Summary of positive findings/important negative findings</b>			
<b>Conclusions and opinions</b>			
<b>11. NAME, SIGNATURE &amp; DESIGNATION OF THE EXAMINER</b>			
<b>11.1. Name/s of others participated/observed the examination:</b>			
<b>12. DATE/S AND TIME/S OF REVIEW:</b>			

Annexure I

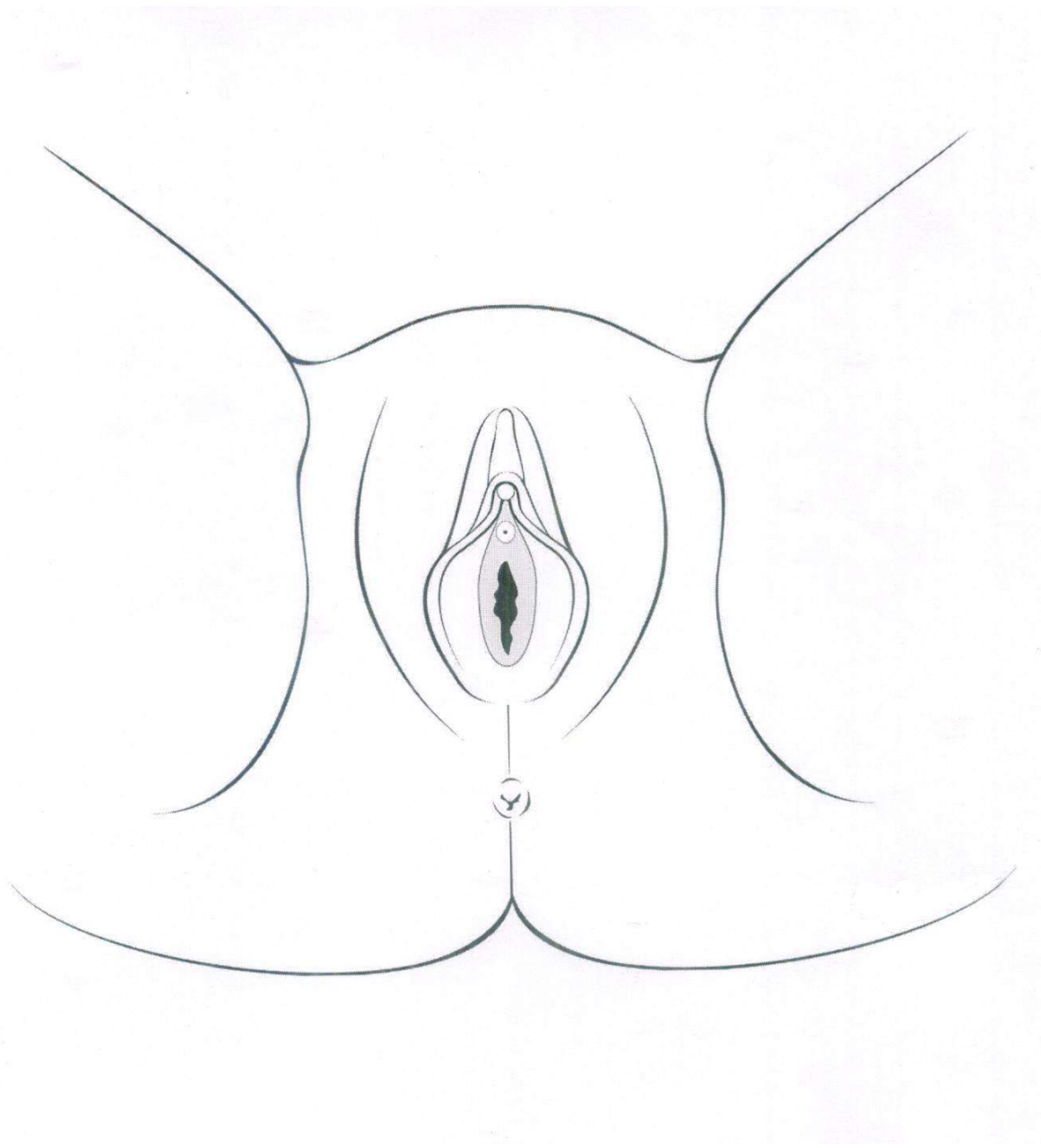


Annexure II



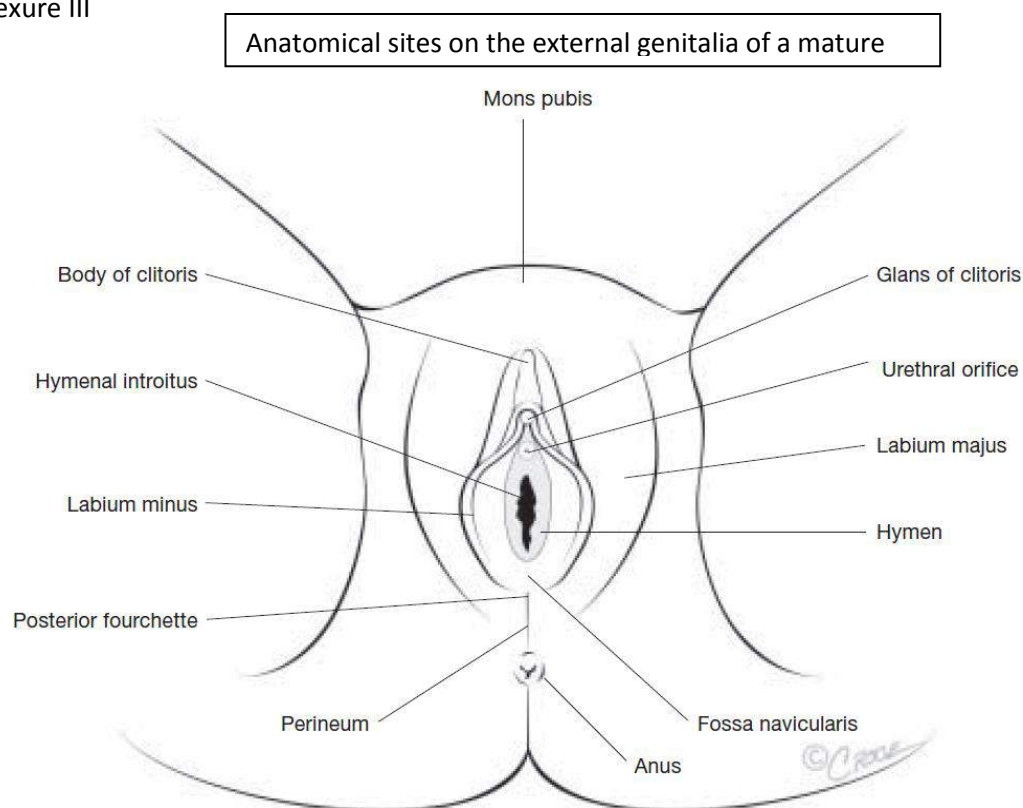
Annexure III

Position	
Technique	





Annexure III



BOX 1

**Female genital anatomy and recommended terminology**

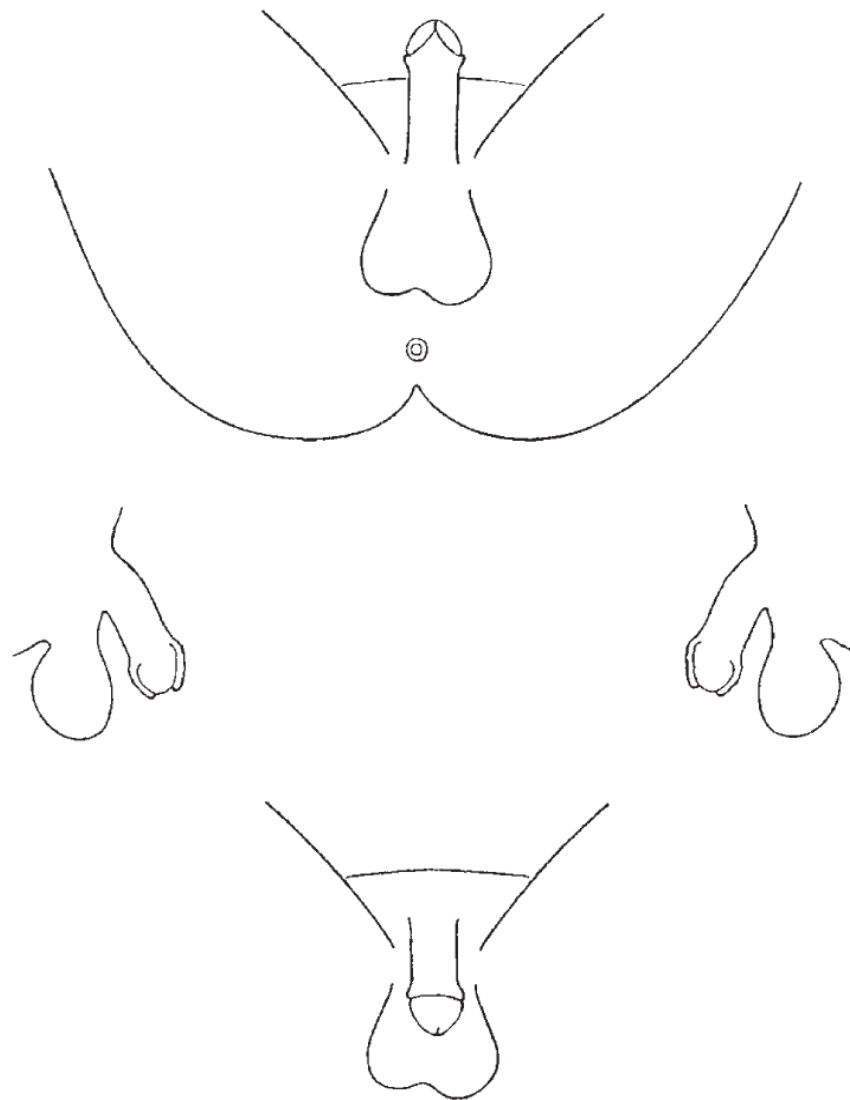
- The **vaginal vestibule** is the space in front of the hymenal membrane that is enclosed by the labia minora. This is sometimes incorrectly referred to as the introitus.
- Reference to the hymenal opening should be made using the term “**hymenal orifice**” and not “introitus” in order to avoid confusion.
- The **fossa navicularis** is the concave area between the posterior attachment of the hymen to the vaginal wall and the posterior fourchette (or commissure).
- The **posterior fourchette** is the point where the labia minora meet posteriorly and fuse together. It is only present after puberty, though this term is often applied, albeit incorrectly, to pre-pubescent girls.
- The **posterior commissure** is the point where the labia majora meet and fuse together, both before and after puberty.

Adopted from Guidelines for Medico-Legal Care for victims of sexual violence WHO 2003

Annexure IV

Right

Left



# **Medico Legal Report**

**A. Serial number:**

**B. Case No**

**C. Court:**

**D. Date of Trial**

**E. Reference details:**

- a. MLEF number:
- b. Date of issue:
- c. Police station/Court:

**F. Identification:**

- Full name:
- Date of birth:
- Age:
- If date of birth is not known estimated age:
- Sex:
- Address:

**G. Preliminary details**

- Place of examination:
- Date and time of the examination:
- Examination performed by:
- The examinee was produced by:
- Hospital:
- Date and time of admission:
- BHT number:
- Ward:
- Date of review: (if reviewed)

**H. Information about the incident:**

Short relevant history:

**I. Physical examination:**

**General examination:**

**Systemic examination: (if indicated)**

**Wounds and scars:**

**Mental state:**

**J. Examination of genitalia: (where relevant)**

**K. Examination of the anus and perianal area: (where relevant)**

**L. Medical investigations and results: (where relevant)**

**M. Referrals and review:**

**N. Opinion:**

**O. Recommendations (where relevant)**

**P. Remarks (where relevant)**

**Signature of the Medical officer:**

**Name and qualifications:**

**Designation and place of work:**

**SLMC registration No:**

**Date:**

**Place:**

ISBN 978-955-7509-00-6



9 789557 509006