



1) ADHS (FW) | N/A
2) MRO

GOVERNMENT OF KERALA
Health & Family Welfare (FW) Department

No. 6073/FW2/2014/H&FWD

018828

Thiruvananthapuram,
Dated: 22.02.2014.

CIRCULAR

Sub:- Health & Family Welfare Department - Protection of Children against Sexual Offences (POCSO) Act - Mandatory reporting of CSA cases to the Police and Child friendly approach to the Children brought for the medical examination - instructions - issued.

It is noted that the number of reported case of Child sex abuse is on the increase in our State. As per the Protection of Children against Sexual Offences (POCSO) Act, it is mandatory for doctors to report to police on the occurrence of abuse a child. In the circumstances it is hereby directed to observe the following instructions.

1. Mandatory reporting of CSA cases to the police :- As per section 20 of Protection of Children against Sexual Offences (POCSO) Act and 164 A of Cr.PC, the hospital is responsible to report to police, if they come across any incidents of sexual assault. Model forms for examining, reporting, police intimation are enclosed as Annexure(I, II and III).
2. Child friendly approach to the Children brought for the medical examination :-
 - (1) Sect 27 (2) of Protection of Children against Sexual Offences (POCSO) Act, in case the victim is a girl child, the medical examination shall be conducted by a women doctor.
 - (2) The medical examination

(....2)

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shall be conducted in the presence of the parent of child or any other person whom the child reposes trust or confidence. (3) Where in case the parent of the child or other person referred to subsection (3) cannot be present, for any reason, during the medical examination of the child, the medical examination shall be conducted in the presence of a woman nominated by the head of the medical institution.

3. Standardised test for medical examination of the Sexually abused children - A standard procedure for examination and reporting of CSA survivors has to be finalized. This will be helpful to include physical, psychological aspects, both for forensic use as well as treatment. The doctors need to be sensitized and trained based on the medico legal Code by the initiative of District Medical Officers in the districts. A flow chart from Centre for Enquiry into Health and Allied Themes (CEHAT), which is provided for guidance is enclosed as Annexure IV.

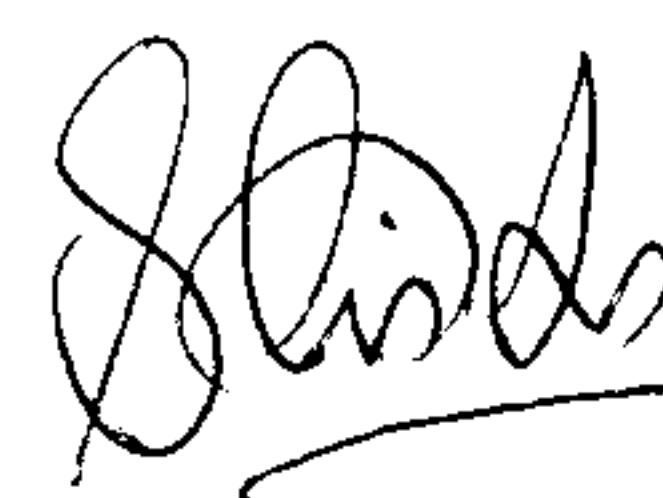
Dr. K. ELLANGOVAN
Secretary to Government

To

✓ The Director of Health Services, Thiruvananthapuram
The Director of Medical Education, Thiruvananthapuram
The State Mission Director, National Rural Health Mission,
Thiruvananthapuram.

All District Medical Officers (Health)
The Home Department
The Social Justice Department
The General Education Department
The Web & New Media, Information & Public Relations Department
The Stock File/Office Copy

Forwarded/By Order,



Section Officer.

To BE MAINTAINED IN TRIPLICATE - ONE FOR VICTIM, HOSPITAL & FOR POLICE

Annexure -

ORIGINAL

POLICE INTIMATION

To : The S.I./SHO of Police station.

I write to inform you that a person by name
male/female, agedyears, address
.....
came to this institution with alleged history of
He/she is being treated as inpatient in.....ward / outpatient / referred / expired in casualty.*

Please do the needful.

Date :
Place :
Name of institution :

Signature :
Name :
Designation :

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To : The S.I./SHO of Police station.

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He/she is being treated as inpatient in.....ward / outpatient / referred / expired in casualty.*

Please do the needful.

Date :
Place :
Name of institution :

Signature :
Name :
Designation :

*Strike off whichever is not applicable

- 19 -
- 11 -

Annexure - II

ORIGINAL

Page 1

Ref. ML. No./FVSA :

Date :

REPORT OF EXAMINATION OF A FEMALE VICTIM OF SEXUAL ASSAULT

Name : Age : years
Address :

Requisition (if any) from ;
vide Crime No. of Police station dated
and brought or accompanied by (Name & Address.)

Consent :

Date, time of commencement & place of examination.....

Identification marks :

- (1).....
- (2).....

Marital status : Married / Unmarried. Educational status :

Occupation :

Signature, name and designation of female witness if any ;

History related to the incident (as stated by subject /):

- 1) Date, time and place of alleged act :
- 2) State of consciousness at the time of incident :
- 3) Number and name(s) of person(s) involved :
- 4) Details of position :
- 5) Degree of violence used and extent of penetration ;
- 6) Resistance offered and if no resistance offered, reason (s) :
- 7) Pain on walking / urination / defecation :
- 8) Whether urinated / washed the genital area since the incident :
- 9) Reasons for delay in complaint if any :
- 10) Any other information to be conveyed :

Sexual history (Previous experience / frequency / date of last sexual act).....

Menstrual history : Age of menarche : years / Not attained / Menopause attained.

Periods : Regular / Irregular / NA Whether menstruating now : Yes/No/NA.

Date of Last Menstrual Period :

Other relevant history if any :

Obstetric history : Whether pregnant now : Yes / No / NA. No of previous pregnancies :

Type of delivery & other details :

(To be continued in Page 2)

Page 2(Continued from Page 1)

Ref. ML. No./FVSA :

Date :

Physical examination

a) General : 1) Height.....cm. 2) Weight.....kg. 3) Build & nourishment : Good / Moderate / Poor.
4) Clothes : Intact / Disordered / Torn/NA. 5) General Mental condition : Excited / Calm / Depressed.
6) Secondary sexual characters including breasts :

b) Local : (1) Condition of pubic hair : Matted / Not matted /
(2) Appearance of labia / clitoris :
(3) Hymen ; Intact / Torn / Carunculae hymenalis / Absent / Fleshy and elastic /
If torn, partial / complete, at O'clock Position(s) and fresh / infected / healing / old.....

(4) Fourchette : Intact / Torn. Details
(5) Posterior commissure : Intact / Torn. Details
(6) Vagina : Admits one / two / more fingers. Rugae : Distinct / Not distinct. Discharge : Absent / Present
If present, Normal / blood / yellowish / whitish.....
Injuries in the vagina ;

(7) Appearance of perineum and thighs :
(8) Others if any :

c) Injuries on the body (if any) :
.....
.....

d) Systemic examination findings :

Examination concluded atam/pm on.....

Material Objects preserved : (1) Vaginal smears (2) Vaginal swabs (3) Nail clippings
(4) Loose hair from combings of pubic region (5) Pubic hair samples (cut) (6) Scalp hair samples (cut)
(6)Urine for pregnancy test (7)Blood to look for sedatives/hypnotics (8) urine to look for sedatives /
hypnotics (9) Clothes. Any other :
If not preserved, reasons :

OPINION

- Findings of examination are consistent / not inconsistent with the history of alleged sexual assault
- There is evidence / no evidence of recent / past vaginal penetration.
- The injuries on the body could be / could not be suggestive of resistance from the victim.
- There is evidence / no evidence of recent sexual intercourse. (Based on laboratory results)

Reasons for the conclusions arrived at ;

Date :

Signature :

Place :

Name :

Name of Institution. :

Designation :

(strike off which is not applicable)

**** Strike off which is not applicable.**

Issued to as per his request No.dated

Date :

Signature of the issuing officer :

Received the certificate :(Signature, name & designation)

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Anne KUYE III

ORIGINAL

Ref. ML / No. / VUSO : Date :

REPORT OF EXAMINATION OF A VICTIM OF UNNATURAL SEXUAL OFFENCE

Name : Age : years. Sex : M / F

Address :

Requisition (if any) from ;

vide Crime No. of Police station dated

and accompanied by (Name & Address.)

Consent :

Date, time & place of examination.....

Identification marks :

Educational status : Occupation

History related to the incident (as stated by the subject /) :

Whether changed clothing since the incident: Yes/No/NA. Whether bathed since the incident: Yes/No/NA

Whether washed mouth / had any food or drinks / urinated / defecated since the incident: Yes/No/NA.

Whether having pain on walking/urination/defecation: Yes/No/NA. Any history of vomiting : Yes/No/NA.

Any history of bleeding from anus : Yes/No/NA. Loss of consciousness during / after the incident : Yes/No.

Physical examination

a) General : 1) Height.....cm. 2) Weight.....kg. 3) Build : Good/Moderate/Poor. 4) Gait: Painful / Not
4) Mental disposition : Excited / Calm / Depressed. 5) Clothes : Intact / Disordered / Torn/NA.

b) Local : (1) Lips and oral cavity:.....

(2) Anus : Anal mucosa : Smooth / Thickened. Tears : Present / Absent. If present, Recent / old.
Depression of anus : Present / Not present. Hemorrhoids : Present / Not present.

Stains of blood / Semen / Lubricants : Present / Absent. Anal sphincter : Patulous / Non patulous

Anal sphincter admits one / more finger, with / without pain. Sphincter tone : Retained / Lost

Evidence of STD : Present / Not present. On bimanual lateral traction, anal orifice closes / opens.

Findings of rectal examination with speculum :

(3) Penis & scrotum :

(4) Inner thigh regions & pereneum :

c) Injuries on the body (if any) :

d) Systemic examination findings :

Material objects preserved : (1) Buccal smears and swabs (2) Anal swabs and smears

(3) Swab from skin of thighs. (4) Nail clippings (5) Loose hair from anal region & buttocks

(6) Pubic hairs (cut) sample (7) Blood & Urine to look for sedatives/hypnotics (7) Clothes.

(8) Swabs from suspected stains on the body parts. Others if any :

If not preserved, reasons :

OPINION

• Findings of examination are consistent with / not inconsistent with / not consistent with the history of alleged unnatural sexual offence.

• There is evidence / no evidence of recent / past anal penetration.

• The injuries on the body could be / could not be suggestive of resistance by the victim.

• There is evidence / no evidence of recent anal / buccal coitus. (Based on laboratory results)

Date : Signature :

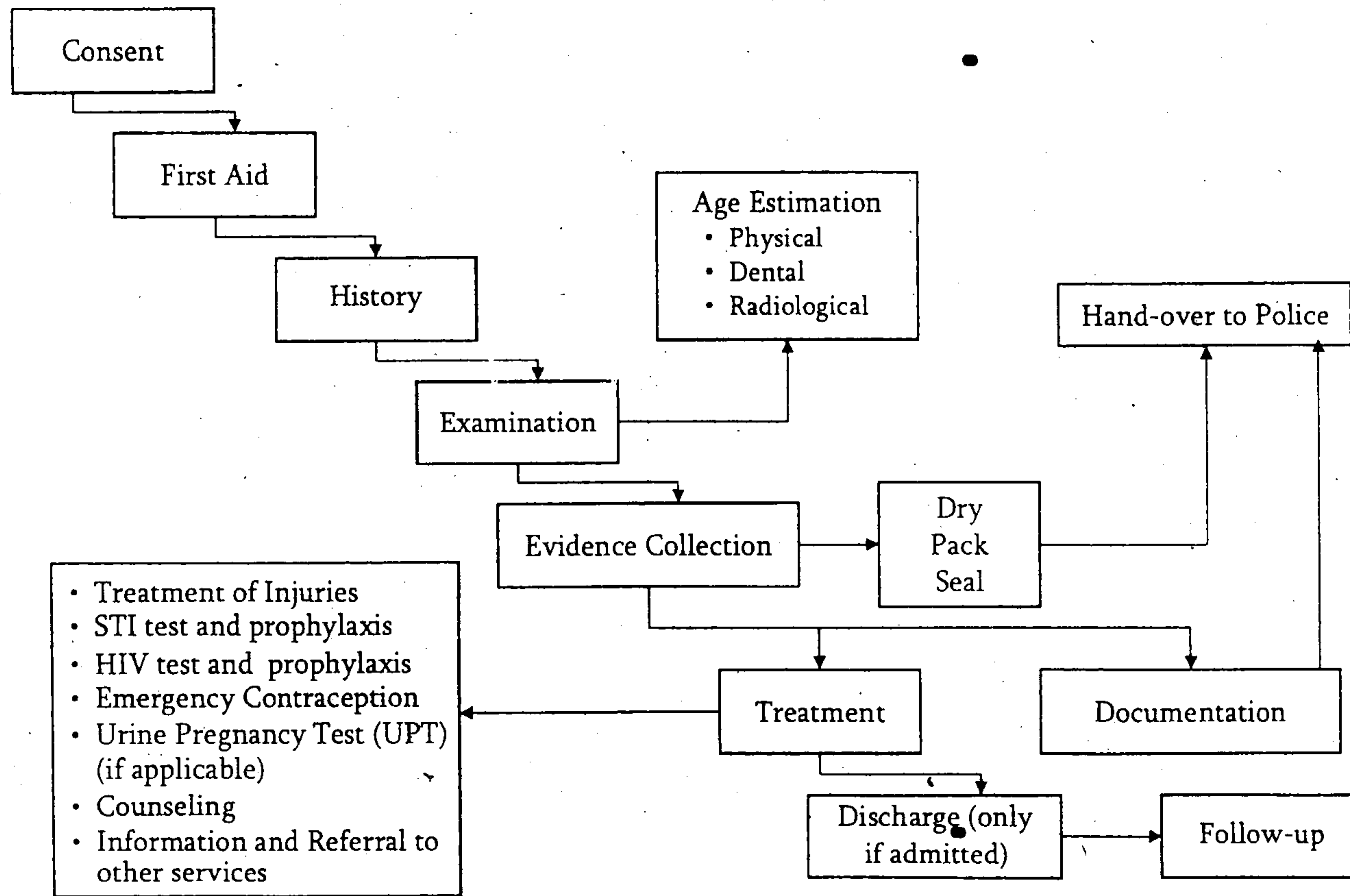
Place : Name :

Name of Institution. : Designation :

(strike off which is not applicable)

Received the certificate : (Signature & P.C.No.)

The diagram below represents the components of your role as a health care provider.



28-17
Annexure - IV
MDO