Kerala Medico-legal Protocol for Examination of Survivor of Sexual Offences
PART – 1

Reporting format for medico-legal examination of survivor of sexual offences
Survivor must be given appropriate treatment and counseling as per need, even if the survivor refuses consent for medico-legal examination. Write with ball point pen and use good quality carbon paper to ensure clear and legible duplicate and triplicate copies of the report. Examination of a woman survivor of sexual assault shall generally be done by a female doctor. Examination of a girl survivor (aged below 18 years) shall only be done by a woman doctor. A child survivor shall only be examined in the presence of a parent or any person in whom the child reposes trust or confidence. If the parent or such a person cannot be present due to any reason, the examination shall be conducted in the presence of a woman nominated by the head of the institution. First aid or medical treatment, free of cost shall immediately be provided to the survivor. Requisition or registering the FIR is not a necessary pre-requisite for conducting the examination.

Ref. ML./VSO/No : ……………………… Hospital OP/IP No.: ……………… Date : ……………………..

Name of Medical Institution : …………………………………………………………………………………………………………

Name of doctor(s) who conducted the examination : ………………………………………………………………………………

Date and time of arrival of the survivor at hospital : …………………………………………………………………………………………………………

Survivor is a Woman / Girl / Boy / Man / Others………………………………………………………………………………………………… **

I. GENERAL INFORMATION.

1) Name : ……………………………………………………………………………. W/D/S/o…………………………………….

2) Address : ………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………

……………………………………………………………………………………………………………………………………………… Contact phone numbers 

3) Age : …….years…….months…….days. (As stated by the………………………………………………………………………)


In all situations where the stated age of the survivor is below eighteen years and any of the valid proof of date of birth is not available, determination of age should be done by concerned specialist(s) in the format prescribed in the Kerala Medico-legal Code. This should also be followed in borderline cases where the stated age of the survivor is likely to be challenged, owing to non-availability of valid proof of date of birth.

5) Requisition (if any) from ; …………………………………………………………………………………………………………………

vide Crime No. …………… of …………………………………………… Police station dated ……………………

and brought/accompanied by (Number if any, name & designation.) …………………………………………………………………………………….

6) If not brought with requisition, name, address and relation of the person who brought or is accompanying the survivor……………………………………………………………………………………………………………………………………………….

Medico-legal examination of the survivor shall only be conducted after obtaining valid consent. Informed written consent should be obtained, in the language, which the survivor/parent/guardian can write or understand. If survivor is below 12 years of age or mentally unsound, consent of parent/guardian is required. If the survivor/parent/guardian is not able to write the consent due to illiteracy or other such reasons, the examiner should write it and read it over to them. A sample of the wording of consent can be the following. “I, …………………, hereby voluntarily consent for a complete medico-legal examination to look for evidence of sexual offence on my body/on the body of ………………… who is my………………………., after being completely informed about all aspects of the examination, my right to refuse or consent for examination, the possible medico-legal implications/consequences of loss of evidence if I refuse the examination and the possible medico-legal advantages if I consent for the examination”. The survivor/parent/guardian may be made to write the translation of the above in the language which she/he can write or understand. Separate consent for police intimation, collection of material objects and transmission of report of examination to investigating officer is not necessary since the law has made it mandatory.
Survivor must be given appropriate treatment and counseling as per need, even if the survivor refuses consent for medico-legal examination. Write with ball point pen and use good quality carbon paper to ensure clear and legible duplicate and triplicate copies of the report. Examination of a woman survivor of sexual assault shall generally be done by a female doctor. Examination of a girl survivor (aged below 18 years) shall only be done by a woman doctor. A child survivor shall only be examined in the presence of a parent or any person in whom the child reposes trust or confidence. If the parent or such a person cannot be present due to any reason, the examination shall be conducted in the presence of a woman nominated by the head of the institution. First aid or medical treatment, free of cost shall immediately be provided to the survivor. Requisition or registering the FIR is not a necessary pre-requisite for conducting the examination.

Ref. ML./VSO/No : …………………….. Hospital OP/IP No.: …………….. Date : …………………….

Name of Medical Institution : ………………………………………………………………………………………………………

Name of doctor(s) who conducted the examination : ……………………………………………………………………………

Date and time of arrival of the survivor at hospital : …………………………………………………………………………………………………

Survivor is a Woman / Girl / Boy / Man / Others…………………………………………………………………………………………

I. GENERAL INFORMATION.

1) Name : ……………………………………………………………………………………..W/D/S/o………………………………….

2) Address : ………………………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………..PIN…………………………………………….

………………………………………………………………………………………………………………………………………………………Contact phone numbers ………… ………………………

3) Age : …..years……months…….days. (As stated by the………………………………………………………………………)


In all situations where the stated age of the survivor is below eighteen years and any of the valid proof of date of birth is not available, determination of age should be done by concerned specialist(s) in the format prescribed in the Kerala Medico-legal Code. This should also be followed in borderline cases where the stated age of the survivor is likely to be challenged, owing to non-availability of valid proof of date of birth.

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vide Crime No. ………………… Police station dated ……………

and brought/accompanied by (Number if any, name & designation.) …..…………….…...… …………………

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Survivor must be given appropriate treatment and counseling as per need, even if the survivor refuses consent for medico-legal examination. Write with ball point pen and use good quality carbon paper to ensure clear and legible duplicate and triplicate copies of the report. Examination of a woman survivor of sexual assault shall generally be done by a female doctor. Examination of a girl survivor (aged below 18 years) shall only be done by a woman doctor. A child survivor shall only be examined in the presence of a parent or any person in whom the child reposes trust or confidence. If the parent or such a person cannot be present due to any reason, the examination shall be conducted in the presence of a woman nominated by the head of the institution. First aid or medical treatment, free of cost shall immediately be provided to the survivor. Requisition or registering the FIR is not a necessary pre-requisite for conducting the examination.

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Name of Medical Institution : …………………………………………………………………………………………………

Name of doctor(s) who conducted the examination : …………………………………………………………………………………………………

Date and time of arrival of the survivor at hospital : …………………………………………………………………………………………………

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1) Name :…………………………………………………………W/D/S/o………………………………….

2) Address :…………………………………………………………………………………………………..

……………………………………………………………………………………………………………………………………

PIN…Contact phone numbers ………………………………………………………………………………………….

3) Age : ……….years……….months……..days. (As stated by the……………………………………………….)

4) Date of birth :…………………… Proof of date birth : School Certificate/Birth Certificate/Not available.

In all situations where the stated age of the survivor is below eighteen years and any of the valid proof of date of birth is not available, determination of age should be done by concerned specialist(s) in the format prescribed in the Kerala Medico-legal Code. This should also be followed in borderline cases where the stated age of the survivor is likely to be challenged, owing to non-availability of valid proof of date of birth.

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II. CONSENT. Written by the survivor/parent/guardian/by the examiner and read over to the survivor**

Name & signature of the survivor/parent/guardian. Name & Signature of the witness/support person. Left thumb impression of the survivor.

8) Date and time of commencement of examination .................................................................

9) Identification marks: (1) ........................................................................................................

...................................................................................................................(2)

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

10) Marital status: Married/Single/Divorced/Child/others..........................................................


III. HISTORY

a) History/Details of alleged sexual assault: As stated by survivor / If the survivor is not in a position to narrate the history, name & relation of the person who narrated it: ..........................................................

Questions of humiliating or incriminating nature which may cause mental agony should not be asked to the survivor. Utmost sympathy and compassion should be shown towards the survivor. Adequate privacy should be ensured. Record date, time and place of assault, type / nature of assault, number and name(s) of assailant(s) if known, whether the alleged sexual offences were committed repeatedly on the survivor and other relevant details, as far as possible in survivor’s own words. Use additional sheets if necessary.
CONFIDENTIAL RECORD

Ref. ML./VSO/No : …………………….. Date : ……………… ….…. 

II. CONSENT. Written by the survivor/parent/guardian/by the examiner and read over to the survivor**


Name & signature of the survivor/parent/guardian. Name & Signature of the witness/support person. Left thumb impression of the survivor.

8) Date and time of commencement of examination……………………………………………………………………………………………

9) Identification marks : (1)……………………..….………………………… ……………………………….. 

10) Marital status : Married/Single/Divorced/Child/others……………………………………………………………………………………………

11) Educational status :………………………..……… Occupation:……………………..……………

III. HISTORY

a) History/Details of alleged sexual assault : As stated by survivor / If the survivor is not in a position to narrate the history, name & relation of the person who narrated it :……………………………………………………………………………………………

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Name & signature of the survivor/parent/guardian. Name & Signature of the witness/support person. Left thumb impression of the survivor.

8) Date and time of commencement of examination

9) Identification marks : (1)……………………………………………………………………………………………….
                                           (2)………………………………………………………………………………………………………………

10) Marital status : Married/Single/Divorced/Child/others

11) Educational status : Occupation:

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Questions of humiliating or incriminating nature which may cause mental agony should not be asked to the survivor. Utmost sympathy and compassion should be shown towards the survivor. Adequate privacy should be ensured. Record date, time and place of assault, type / nature of assault, number and name(s) of assailant(s) if known, whether the alleged sexual offences were committed repeatedly on the survivor and other relevant details, as far as possible in survivor’s own words. Use additional sheets if necessary.
1) State of consciousness and orientation at the time of sexual assault: ..................................................

2) History of drugs or alcohol being given to the survivor before or during the assault: ......................

3) Pain on walking / urination / defecation since the assault: ............................................................... 

4) Whether bathed/urinated/defecated/Vomited/washed the genitals or anus or mouth or the area on body 
   where the sexual offence has been committed, since the incident: ..................................................

5) History and alleged cause of injury if any on the body: .................................................................

6) Any other information to be conveyed: ....................................................................................... 

b) Menstrual and obstetric history (for females only): 
   1) Menarche: Attained at ....... years / Not attained.

   2) Menopause: Attained / Not attained / NA. 

   3) Periods: Regular / Irregular / NA. 

   4) LMP: ................................

   5) Whether menstruating (a) at the time of examination :Yes/No/NA (b) at the time of assault :Yes/No/NA.

   6) Whether on any type of contraception at the time of assault : Yes/No/NA. If yes, type............... 

   7) Obstetric history with relevant details : G……/P……/L……/A……/D………………………… 

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

   8) History of last consensual intercourse if any (Optional and need to be recorded only if present during the 
      preceding 72 hours of the incident) : NA/...........................................................

   9) Other relevant history if any : ................................................................................................

   10) Was the survivor pregnant at the time of assault : Yes / No / NA. If yes, length of gestation.........

      Whenever pregnancy is alleged or suspected, pregnancy test with urine sample should be done to confirm
      pregnancy and Ultrasound Scanning of abdomen should be done to find out the period of gestation.

   c) Medical and Surgical history:

      1) History of congenital or acquired physical disability in the past : Present/Not present/Not available.

         If present, details : ................................................................................................................

      2) History of psychiatric illness or any such mental disability in the past : Present/Not present/Not available.

         If present, details : ................................................................................................................

      3) Any other relevant medical or surgical history : ....................................................................
7) State of consciousness and orientation at the time of sexual assault: .................................................................

8) History of drugs or alcohol being given to the survivor before or during the assault: ...............................

9) Pain on walking / urination / defecation since the assault: .................................................................

10) Whether bathed/urinated/defecated/Vomited/washed the genitals or anus or mouth or the area on body
where the sexual offence has been committed, since the incident: .............................................................

11) History and alleged cause of injury if any on the body: ...........................................................................

12) Any other information to be conveyed: ..................................................................................................

b) Menstrual and obstetric history (for females only): 1) Menarche: Attained at .....years / Not attained.

2) Menopause: Attained / Not attained / NA. 3) Periods: Regular / Irregular / NA. 4) LMP: ............

5) Whether menstruating (a) at the time of examination: Yes/No/NA (b) at the time of assault: Yes/No/NA.

6) Whether on any type of contraception at the time of assault: Yes/No/NA. If yes, type .................

7) Obstetric history with relevant details: G……/P……/L……/A……/D………………

8) History of last consensual intercourse if any (Optional and need to be recorded only if present during the
preceding 72 hours of the incident): NA/……...………… …………… …………………………………

9) Other relevant history if any: .............................................................................................................

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2) History of psychiatric illness or any such mental disability in the past: Present/Not present/Not available.

If present, details: .................................................................................................................................

3) Any other relevant medical or surgical history: ...................................................................................

...........................................................................................................................................................
13) State of consciousness and orientation at the time of sexual assault: .................................................................

14) History of drugs or alcohol being given to the survivor before or during the assault: ..........................

15) Pain on walking / urination / defecation since the assault: .................................................................

16) Whether bathed/urinated/defecated/Vomited/washed the genitals or anus or mouth or the area on body
where the sexual offence has been committed, since the incident: .................................................................

17) History and alleged cause of injury if any on the body: .................................................................

18) Any other information to be conveyed: ........................................................................................................

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2) Menopause: Attained / Not attained / NA. 3) Periods: Regular / Irregular / NA. 4) LMP: ……

5) Whether menstruating (a) at the time of examination: Yes/No/NA (b) at the time of assault: Yes/No/NA.

6) Whether on any type of contraception at the time of assault: Yes/No/NA. If yes, type………………..

7) Obstetric history with relevant details: G……../P……../L……../A……../D………………

8) History of last consensual intercourse if any (Optional and need to be recorded only if present during the
preceding 72 hours of the incident): NA/……...………… …………… …………………………………

9) Other relevant history if any: ........................................................................................................

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5) Whether menstruating (a) at the time of examination: Yes/No/NA (b) at the time of assault: Yes/No/NA.

6) Whether on any type of contraception at the time of assault: Yes/No/NA. If yes, type………………..

7) Obstetric history with relevant details: G……../P……../L……../A……../D………………

8) History of last consensual intercourse if any (Optional and need to be recorded only if present during the
preceding 72 hours of the incident): NA/……...………… …………… …………………………………

9) Other relevant history if any: ........................................................................................................

10) Was the survivor pregnant at the time of assault: Yes / No / NA. If yes, length of gestation………

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7) Obstetric history with relevant details: G……../P……../L……../A……../D………………

8) History of last consensual intercourse if any (Optional and need to be recorded only if present during the
preceding 72 hours of the incident): NA/……...………… …………… …………………………………

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If present, details: …………………………………………………………………………………………………………………

2) History of psychiatric illness or any such mental disability in the past: Present/Not present/Not available.

If present, details: …………………………………………………………………………………………………………………

3) Any other relevant medical or surgical history: ……………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………
IV. GENERAL PHYSICAL EXAMINATION.

1) Height…………cm. 2) Weight…….kg. 3) Build & nourishment : Good / Moderate / Poor.

4) BP:…………………………….. 5) Pulse:……………………… 6) Respirations:…………………………….

7) Level of consciousness : Conscious/Semi-conscious/Unconscious/………………………… ……………

8) General Mental condition : Excited / Calm / Depressed/Anxious/……………………………… ………..

9) Memory  : Normal / impaired.  9) Orientation of time & space : Normal / impaired/…………… ……...

10) Gait : Normal / Painful / Unsteady / Unable to stand upright/………………………………………........

11) Examination of clothes (if same as those worn at the time of assault) : Intact/Disordered/Torn/NA.

    If torn, description of tears, loss of parts, condition of buttons, stains and smearing etc:………… ………

    ……………………………………………………………………………………………………………………………

    Findings of UV light examination of clothes…………………………………...………………… ………

    ……………………………………………………………………………………………………………………………

12) Secondary sexual characters : Not developed / Developing (adolescent) / Developed (adult)………… ………

13) Examination of nails :………………………………………………………………… ……………….. …

    …………………………………………………………………………………………………………………….

14) Evidence or findings suggestive of mental or physical disability : Present/Absent.

    If mental or physical disability is present/suspected, detailed evaluation of the survivor should be done by
    the District Medical Board, unless he/she has been already evaluated and a certificate of disability issued.

15) Evidence or findings suggestive of intoxication by alcohol and/or drugs : Present/Absent.

    If evidence of intoxication by alcohol and/or drugs are present/suspected, examination of the survivor
    should be done for drunkenness or that for intoxication with drugs, in the prescribed formats.

V. LOCAL EXAMINATION.

Examiner should take care to minimize the discomfort and pain during examination. Short breaks may be given
if the survivor desires so. Examination shall only be done in adequate privacy and the presence of any person
other than the survivor and the examiner should be allowed with the consent of the survivor. Strike off the
portions which are not relevant with regard to the survivor, e.g. description of male genitalia when the survivor
is a female and description of female genitalia and breasts when the survivor is a male. Discharge of thick viscid
fluid, blood etc, smearing of skin and mucus membrane with thick viscid fluid, blood etc and dried stains of
mucoid fluid, blood etc should be described if present. Whenever semen or saliva is suspected, swabs should
be taken. Foreign body or particles should be noted if present. Unhealthy mucosa, infection, ulcers, evidence of
STD etc should be described, if present. Swelling, congestion/reddening and tenderness should be looked for and
described if present. All injuries and other findings should be recorded in detail. Nail marks, bite marks and
contusions should be specifically looked for. Complete description of injuries should be made incorporating the
type of injury, size, site, direction etc. Bleeding, scab, color changes of wound/scab, stage of healing, infection etc
which may indicate the age of injuries should also be noted. Marking the injuries in diagrams may be done to
specify special attributes of the wound indicating pattern or nature. Use additional sheets whenever necessary.
IV. GENERAL PHYSICAL EXAMINATION.

1) Height…………cm. 2) Weight…….kg. 3) Build & nourishment : Good / Moderate / Poor.
4) BP:…………………………….. 5) Pulse:……………………… 6) Respirations:……………………………………
7) Level of consciousness : Conscious/Semi-conscious/Unconscious/………………………………………
8) General Mental condition : Excited / Calm / Depressed/Anxious/……………………………………
9) Memory  : Normal / impaired.  9) Orientation of time & space : Normal / impaired/…………………………
10) Gait : Normal / Painful / Unsteady / Unable to stand upright/………………………………………………
11) Examination of clothes (if same as those worn at the time of assault) : Intact/Disordered/Torn/NA.

If torn, description of tears, loss of parts, condition of buttons, stains and smearing etc:…………………

Findings of UV light examination of clothes……………………………………………………………………

12) Secondary sexual characters : Not developed / Developing (adolescent) / Developed (adult)………….…

13) Examination of nails :…………………………………………………………………………………..

14) Evidence or findings suggestive of mental or physical disability : Present/Absent.

If mental or physical disability is present/suspected, detailed evaluation of the survivor should be done by
the District Medical Board, unless he/she has been already evaluated and a certificate of disability issued.

15) Evidence or findings suggestive of intoxication by alcohol and/or drugs : Present/Absent.

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described if present. All injuries and other findings should be recorded in detail. Nail marks, bite marks and
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7) Level of consciousness : Conscious/Semi-conscious/Unconscious/………………………… 

8) General Mental condition : Excited / Calm / Depressed/Anxious/……………………………… 

9) Memory  : Normal / impaired. 9) Orientation of time & space : Normal / impaired/…………… 

10) Gait : Normal / Painful / Unsteady / Unable to stand upright/………………………………………

11) Examination of clothes (if same as those worn at the time of assault) : Intact/Disordered/Torn/NA.

If torn, description of tears, loss of parts, condition of buttons, stains and smearing etc:…………
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Findings of UV light examination of clothes…………………………………...…………………
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12) Secondary sexual characters : Not developed / Developing (adolescent) / Developed (adult)…………
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13) Examination of nails :………………………………………………………………… ……………….. 
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if the survivor desires so. Examination shall only be done in adequate privacy and the presence of any person
other than the survivor and the examiner should be allowed with the consent of the survivor. Strike off the
portions which are not relevant with regard to the survivor, e.g. description of male genitalia when the survivor
is a female and description of female genitalia and breasts when the survivor is a male. Discharge of thick viscid
fluid, blood etc, smearing of skin and mucus membrane with thick viscid fluid, blood etc and dried stains of
mucoid fluid, blood etc should be described if present. Whenever semen or saliva is suspected, swabs should be
taken. Foreign body or particles should be noted if present. Unhealthy mucosa, infection, ulcers, evidence of
STD etc should be described, if present. Swelling, congestion/reddening and tenderness should be looked for and
described if present. All injuries and other findings should be recorded in detail. Nail marks, bite marks and
contusions should be specifically looked for. Complete description of injuries should be made incorporating the
type of injury, size, site, direction etc. Bleeding, scab, color changes of wound/scab, stage of healing, infection etc
which may indicate the age of injuries should also be noted. Marking the injuries in diagrams may be done to
specify special attributes of the wound indicating pattern or nature. Use additional sheets whenever necessary.
Ref. ML./VSO/No : .......................... Date : ..........................

a) Pubic Hairs.

1) Pubic hairs : Present/Not appeared/Shaven.
2) Growth : Brawny/thin/thick/ ........................................

3) Appearance : Not matted / Mattes with wet/dried thick viscid fluid / Mattes with blood/ ..........................
4) Smearing : No smearing/ Smeared with thick viscid fluid/Smeared with blood/ .................................

b) Female External Genitalia.

1) Development of genitalia : Under-developed/Developing/Developed/ ...........................

2) Mons pubis and anterior commissure : .................................................................

3) Vulval outlet : .................................................................

4) Labia majora : .................................................................

5) Labia minora : .................................................................

6) Clitoris : .................................................................

7) Vestibule : .................................................................

8) Posterior commissure, Fowchette and fossa navicularis : .................................................................

9) Hymen ; Intact / Torn / Carunculae hymenalis / Absent / Fleshy and elastic / ...............................

PV/PS examination should be limited to looking for tenderness and injuries and shall not be used as a measure of admissibility of finger(s). If, on examination it is found that the hymen is intact and inelastic and admitting only the examining finger or less, further PV/PS examination which may rupture hymen shall not be done. An intact hymen does not rule out rape defined by section 375 of IPC or penetrative sexual assault defined by section 3 & 5 of Protection of Children from Sexual Offences Act.

If torn, partial / complete tear, at ............................. O’clock Position(s).

Tears appeared fresh /recent/ infected / healing / old. Details : .........................................................

..........................................................................................................................
a) Pubic Hairs.

1) Pubic hairs: Present/Not appeared/Shaven.  2) Growth: Brawny/thin/thick/……………………..

3) Appearance: Not matted / Matted with wet/dried thick viscid fluid / Matted with blood/………………..

4) Smearing: No smearing/ Smeared with thick viscid fluid/Smeared with blood/……………………….. …

b) Female External Genitalia.

1) Development of genitalia: Under-developed/Developing/Developed/……………………………………

2) Mons pubis and anterior commissure: ………………………………………………………………………

3) Vulval outlet: ………………………………………………………………………………………………………

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5) Labia minora: ………………………………………………………………………………………………………

6) Clitoris: ……………………………………………………………………………………………………………

7) Vestibule: ……………………………………………………………………………………………………………

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Tears appeared fresh /recent/ infected / healing / old. Details: …………………………………………………

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CONFIDENTIAL RECORD

Ref. ML./VSO/No : ……………………..  Date : ……………………..

a) Pubic Hairs.

1) Pubic hairs : Present/Not appeared/Shaven.  
2) Growth : Brawny/thin/thick/………………………….. .

3) Appearance : Not matted / Mattad with wet/dried thick viscid fluid / Mattad with blood/………………………….. 

4) Smearing : No smearing/ Smeared with thick viscid fluid/Smeared with blood/……………………….. …

b) Female External Genitalia.

1) Development of genitalia : Under-developed/Developing/Developed/…………………………………….....

2) Mons pubis and anterior commissure : …………………………… ………………………………………

3) Vulval outlet : …………………………..…………………………………………………… …………….

4) Labia majora : ………………...……………………………………………………………… ……………

5) Labia minora : ……………….…………………………………………………………………… ………..

6) Clitoris : ………………………………………….…………………………………………………. ………

7) Vestibule : …………………………………………………………………………………………………… ...

8) Posterior commissure, Fourchette and fossa navicularis : ……………………………………………........

9) Hymen ; Intact / Torn / Carunculae hymenalis / Absent / Fleshy and elastic / …………………………….. ...

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If torn, partial / complete tear, at ………………………………O’clock Position(s).

Tears appeared fresh /recent/ infected / healing / old. Details : ………………………………………

………………………………………………………………………………………………………………..
10) Vagina: ...........................................................................................................................................

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11) Anterior and posterior fornix: ....................................................................................................................

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

12) Any other findings: .....................................................................................................................................

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

c) Male External Genitalia.

1) Penis: ......................................................................................................................................................

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

Fore skin: Retractable/Non retractable/Circumcised........................................................................................

Glans penis: ...................................................................................................................................................

Corona, frenulum and sulcus: Smegma deposits: Present/Absent.................................................................

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


Development of testis: Small / Medium / Adult size. Sensations & Reflexes: Normal/Impaired.

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

d) Urethra.


Foreign body in urethra: Present/Absent. Details of injuries and other findings, if present...................

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

e) Perineum.

Smearing with thick viscid fluid/dried stains of mucoid fluid/blood/dried blood stains: Present/Absent.

Swelling: Present/Absent. Tenderness: Present/Absent. Details of injuries including perineal tear...........

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

f) Anus. (May be examined in the knee-elbow position and using a proctoscope).


Discharge: Absent / Present. If present, thick viscid fluid / blood / feculent/..............................................

Smearing with thick viscid fluid/dried stains of mucoid fluid/blood/fecal matter: Present/Absent.


Details of injuries/Scars if present: ................................................................................................................

........................................................................................................................................................
10) Vagina : ...........................................................................................................................

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

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

11) Anterior and posterior fornix:...........................................................................................................................

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

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12) Any other findings : ...........................................................................................................................

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Fore skin : Retractable/Non retractable/Circumcised ......................................................................................

Glans penis : ...........................................................................................................................

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


Development of testis : Small / Medium / Adult size. Sensations & Reflexes: Normal/Impaired.

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

d) Urethra.


Foreign body in urethra : Present/Absent. Details of injuries and other findings, if present ……………

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

e) Perineum.

Smearing with thick viscid fluid/dried stains of mucoid fluid/blood/dried blood stains :Present/Absent.

Swelling :Present/Absent. Tenderness :Present/Absent. Details of injuries including perineal tear………

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f) Anus. (May be examined in the knee-elbow position and using a proctoscope).


Discharge :Absent / Present. If present, thick viscid fluid / blood / feculent/ ..................................................

Smearing with thick viscid fluid/dried stains of mucoid fluid/blood/fecal matter :Present/Absent.


Details of injuries/Scars if present : ..............................................................................................................
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d) Urethra.


Foreign body in urethra: Present/Absent. Details of injuries and other findings, if present..............

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

e) Perineum.

Smearing with thick viscous fluid/dried stains of mucoid fluid/blood/dried blood stains: Present/Absent.

Swelling: Present/Absent. Tenderness: Present/Absent. Details of injuries including perineal tear.....

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

f) Anus. (May be examined in the knee-elbow position and using a proctoscope).


Discharge: Absent / Present. If present, thick viscous fluid / blood / feculent/ .................................

Smearing with thick viscous fluid/dried stains of mucoid fluid/blood/fecal matter: Present/Absent.


Details of injuries/Scars if present: ........................................................................................................

..........................................................................................................................................................
   On bimanual lateral traction, anal orifice closes / opens. If remains open, transverse diameter……cm.
   Smearing of ano-rectal mucosa with thick viscid fluid/lubricant/blood/fecal matter: Present/Absent.
   Details of injuries, if present: ........................................................................................................

   g) Buttocks and Thighs.
   Smearing with thick viscid fluid/dried remnants of mucoid fluid/blood/blood stains: Present/Absent.
   If present, details: ...........................................................................................................................
   Details of injuries, if present: ........................................................................................................

   h) Breasts (For Females Only).
   Smearing with thick viscid fluid/dried remnants of mucoid fluid/blood/blood stains: Present/Absent.
   If present, details: ...........................................................................................................................
   Details of injuries, if present: ........................................................................................................

   i) Mouth and Oral Cavity.
   Skin in circum-oral region: Normal/Congested/Swollen/……………… Tenderness: Present/Absent.
   Mucosa of inner aspects of lips and cheeks: Normal/Congested/Ulcerated/…………………………
   Phrenulum: Intact/congested/Torn. Gum margins: Normal/Congested/Swollen/……………………
   Mucosa of floor of mouth, palate and tongue: Normal/Congested/Swollen/Ulcerated/……………..
   Bleeding from oral mucosa, gums and root of teeth: Present/Absent. If present, details………………
   …………………………………………………………………………………………………………………
   Dentition: Total number of teeth:……………… Details:…………………………………………………………..
   Details of loosened, fractured and lost teeth if any:……………………………………………………………..
   Details of oral injuries, if present: ........................................................................................................


On bimanual lateral traction, anal orifice closes / opens. If remains open, transverse diameter ........ cm.

Smearing of ano-rectal mucosa with thick viscid fluid/lubricant/blood/fecal matter: Present/Absent.


Details of injuries, if present: ........................................................................................................................................


g) Buttocks and Thighs.

Smearing with thick viscid fluid/dried remnants of mucoid fluid/blood/blood stains: Present/Absent.


If present, details: ........................................................................................................................................

Details of injuries, if present: ........................................................................................................................................


h) Breasts (For Females Only).

Smearing with thick viscid fluid/dried remnants of mucoid fluid/blood/blood stains: Present/Absent.


If present, details: ........................................................................................................................................

Details of injuries, if present: ........................................................................................................................................


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Phrenulum: Intact/congested/Torn. Gum margins: Normal/Congested/Swollen/..........................................

Mucosa of floor of mouth, palate and tongue: Normal/Congested/Swollen/Ulcerated/.................................

Bleeding from oral mucosa, gums and root of teeth: Present/Absent. If present, details:.........................

Dentition: Total number of teeth: ................. Details: ........................................................................................................................................

Details of loosened, fractured and lost teeth if any: .............................................................................................

Details of oral injuries, if present: ........................................................................................................................................

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Smearing of ano-rectal mucosa with thick viscid fluid/lubricant/blood/fecal matter: Present/Absent.
Details of injuries, if present: ………………………………………………………………………..
………………………………………………………………………………………………………………

G) Buttocks and Thighs.
Smearing with thick viscid fluid/dried remnants of mucoid fluid/blood/blood stains: Present/Absent.
If present, details: ………………………………………………………………………………………
………………………………………………………………………………………………………………
Details of injuries, if present: ………………………………………………………………………..
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………

H) Breasts (For Females Only).
Smearing with thick viscid fluid/dried remnants of mucoid fluid/blood/blood stains: Present/Absent.
If present, details: ………………………………………………………………………………………
………………………………………………………………………………………………………………
Details of injuries, if present: ………………………………………………………………………..
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………………………………………………………………………………………………………………
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………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
VI. INJURIES ON THE BODY.

a) Head, Neck and Face:

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b) Trunk:

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………………………………………………………………………………………………………………
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VII. SPECIFIC EXAMINATIONS. (Wherever facilities exist and if indicated)

<table>
<thead>
<tr>
<th>Toluidine blue test should be done before per-speculum examination as the speculum may cause superficial injuries on the mucosa. Toluidine blue test should not be done before collection of vaginal samples, as spraying of the dye and washing away the excess can cause loss of evidence. UV light examination shall only be used to identify seminal/salivary stains on skin and for collection of swab from that area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Results of Toluidine blue test :...................................................................................</td>
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<tr>
<td>b) Results of wet mount slide test : ..............................................................................</td>
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<tr>
<td>c) Findings of colposcopic examination : .......................................................................</td>
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<td>d) Findings of anoscopic examination : .........................................................................</td>
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<td></td>
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VI. INJURIES ON THE BODY.

a) Head, Neck and Face :

b) Trunk :

c) Upper limbs :

d) Lower limbs :

VII. SPECIFIC EXAMINATIONS. (Wherever facilities exist and if indicated)

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a) Results of Toluidine blue test:

b) Results of wet mount slide test:

c) Findings of colposcopic examination:

d) Findings of anoscopic examination:

e) Results of UV light examination of skin:
VIII. MATERIAL OBJECTS PRESERVED:**

Relevant material objects should be preserved according to the nature of the sexual assault. Strike off whichever is not preserved. Preservation of all the relevant material objects is mandatory in all cases when the survivor is brought for examination within 96 hours of the alleged incident. When the survivor is brought after a period of seven days of the alleged incident, all the material objects need not be preserved. If the survivor is brought after 96 hours but within one week of the alleged assault, preservation is optional and according to the possibility for trace evidence to be retained on the body of the survivor as revealed by relevant points from the history. For preservation of clothes and pubic hair combings, it is ideal that the survivor stands on a large, clean paper spread on the floor and undress herself. Collection of material objects should be done without causing any further mental agony to the survivor. Hairs should be cut close to the root from different regions without causing pain or any detrimental effect on appearance. Vaginal, penile, anal, buccal and other swabs should be dried completely and packed in clean paper or paper envelope. Swabs should not be packed in plastic paper or bottles. Blood for DNA profiling should be collected in glass bottles or containers with EDTA as the preservative. Alternatively, blood can be preserved by soaking in sterile or autoclaved cotton gauze and dried well in air and packed in clean/sterile paper packet or envelope. When stains are to be collected, cotton gauze wetted with pure distilled water should be used to mop out the stain completely, air dry and pack in clean/sterile paper or paper envelope.

(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) (7) Blood to look for sedatives/hypnotics (8) Urine to look for sedatives/hypnotics (9) Urine for pregnancy test (10) Swab from skin of thighs (11) Buccal smears and swabs (12) Anal swabs and smears (13) Loose hair from anal region & buttocks (14) Penile swabs (15) Clothes. (16) Swabs from suspected stains on the body parts (Specify the region)

Any other : ..................................................................................................................
..................................................................................................................
..................................................................................................................
..................................................................................................................
If not preserved, reasons : ..........................................................................................................
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IX. FURTHER EXAMINATIONS AND CONSULTATIONS:

1) Examination of drunkenness : Done / Not Done / Not Necessary.
2) Examination for intoxication by drugs. : Done / Not Done / Not Necessary.
3) Examination to look for/assess mental or physical disability. : Done / Not Done / Not Necessary.
4) Examination of age. : Done / Not Done / Not Necessary.
5) Examination to confirm/assess/rule out pregnancy. : Done / Not Done / Not Necessary.
6) Consultation with infectious disease specialist. : Done / Not Done / Not Necessary.
7) Consultation with psychiatrist. : Done / Not Done / Not Necessary.
8) Consultation for treatment of injuries. : Done / Not Done / Not Necessary.
9) Any other (specify) ..........................................................................................................

Examination concluded at .............................................am/pm on .............................................
VIII. MATERIAL OBJECTS PRESERVED:**

Relevant material objects should be preserved according to the nature of the sexual assault. Strike off whichever is not preserved. Preservation of all the relevant material objects is mandatory in all cases when the survivor is brought for examination within 96 hours of the alleged incident. When the survivor is brought after a period of seven days of the alleged incident, all the material objects need not be preserved. If the survivor is brought after 96 hours but within one week of the alleged assault, preservation is optional and according to the possibility for trace evidence to be retained on the body of the survivor as revealed by relevant points from the history. For preservation of clothes and pubic hair combings, it is ideal that the survivor stands on a large, clean paper spread on the floor and undress herself. Collection of material objects should be done without causing any further mental agony to the survivor. Hairs should be cut close to the root from different regions without causing pain or any detrimental effect on appearance. Vaginal, penile, anal, buccal and other swabs should be dried completely and packed in clean paper or paper envelope. Swabs should not be packed in plastic paper or bottles. Blood for DNA profiling should be collected in glass bottles or containers with EDTA as the preservative. Alternatively, blood can be preserved by soaking in sterile or autoclaved cotton gauze and dried well in air and packed in clean/sterile paper packet or envelope.

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6) Consultation with infectious disease specialist. : Done / Not Done / Not Necessary.
7) Consultation with psychiatrist. : Done / Not Done / Not Necessary.
8) Consultation for treatment of injuries. : Done / Not Done / Not Necessary.
9) Any other (specify) ............................................................................................................................

Examination concluded at .............................................am/pm on ..................................................
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Any other : ……………………………………………………………………………………………
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6) Consultation with infectious disease specialist. : Done / Not Done / Not Necessary.
7) Consultation with psychiatrist. : Done / Not Done / Not Necessary.
8) Consultation for treatment of injuries. : Done / Not Done / Not Necessary.
9) Any other (specify) ……………………………………………………………………………………………

Examination concluded at ………………………………………. am/pm on ……………………………
X. OPINION.
• Findings of examination are consistent / not consistent with the history of alleged sexual assault.**
• The findings are consistent / not consistent with the alleged time of occurrence**
• There is evidence / no evidence of recent vaginal / anal penetration.**
• The injuries on the body could have / could not have sustained as alleged / Not applicable.**
• Injuries appeared Fresh / are of age consistent with / not consistent with the alleged time of sustenance of injury / Not applicable.**
• The injuries could be grievous / not grievous / cannot be opined now.**
• Opinion(s) reserved pending results of laboratory examinations (regarding recent vaginal, anal, oral or inter-crural intercourse or any other)............................................................................................................................
• Any other............................................................................................................................

XI. Reasons for the conclusions arrived at.;............................................................................................................................
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(Office seal)

Date : .........................  Signature : .........................
Place : .............................. Name : ..............................
Name of Institution : ......................... Designation : ..............................

**(strike off which is not applicable)
X. OPINION.

- Findings of examination are consistent/not consistent with the history of alleged sexual assault.
- The findings are consistent/not consistent with the alleged time of occurrence.
- There is evidence/no evidence of recent vaginal/anal penetration.
- The injuries on the body could have/could not have sustained as alleged/Not applicable.
- Injuries appeared Fresh/are of age consistent with/not consistent with the alleged time of sustenance of injury/Not applicable.
- The injuries could be grievous/not grievous/cannot be opined now.
- Opinion(s) reserved pending results of laboratory examinations (regarding recent vaginal, anal, oral or inter-crural intercourse or any other).

XI. Reasons for the conclusions arrived at.


II. Body diagrams showing injuries. : Diagram 1 / Diagram 2 / Diagram 3 : Attached / Not attached / N.A.

(Office seal)
X. OPINION.

- Findings of examination are consistent/not consistent with the history of alleged sexual assault.
- The findings are consistent/not consistent with the alleged time of occurrence.
- There is evidence/no evidence of recent vaginal/anal penetration.
- The injuries on the body could have/could not have sustained as alleged/Not applicable.
- Injuries appeared fresh/are of age consistent with/not consistent with the alleged time of sustenance of injury/Not applicable.
- The injuries could be grievous/not grievous/cannot be opined now.
- Opinion(s) reserved pending results of laboratory examinations (regarding recent vaginal, anal, oral or inter-crural intercourse or any other).

XI. Reasons for the conclusions arrived at.;


II. Body diagrams showing injuries. : Diagram 1 / Diagram 2 / Diagram 3 : Attached / Not attached / N.A.

(Office seal)
Dorsum of right hand above, Left below.

Palm of right hand above, left below.

Back of hand and forearm, right above left below

Front of forearm and hand, right above and left below

Right side of face, head and neck

Left side of face, head and neck
CONFIDENTIAL RECORD

Ref. ML./VSO/No: ........................

Dorsum of right hand above, Left below.

Back of hand and forearm, right above left below

Right side of face, head and neck

Diagram 3 of DUPLICATE

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

Palm of right hand above, left below.

Front of forearm and hand, right above and left below

Left side of face, head and neck
Dorsum of right hand above, Left below.

Palm of right hand above, left below.

Back of hand and forearm, right above left below

Front of forearm and hand, right above and left below

Right side of face, head and neck

Left side of face, head and neck
FINAL OPINION
(MEDICO-LEGAL EXAMINATION OF SURVIVOR OF SEXUAL OFFENCE)

Medico-legal examination of the survivor of sexual offence by name ________________________
W/D/S/o…………………………………………, aged……………… years was done on …………………
and material objects were preserved for Chemical/Forensic/………………. analysis, as
recorded in the report of examination with Ref. ML/VSO/No…………………………………………
dated……………………… issued from this institution. Material objects preserved were the
following: …………………………………………………………… ………………………………………. 
………………………………………………………………………………………………………………
………………………………………………………………………………………………………………
Opinion(s) regarding the following were reserved pending the results of analysis of the material
objects……………………………………………………………………………………………………………………
……………………………………………………………………………………………………………………
The Certificate of Chemical/Forensic/………………….. analysis No……………………
dated………………………………………………………………………………………………………………
of the above said material objects was received on…………………………………………………
Laboratory Findings :
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Final Opinion(s):
Based on the findings of examination and results of analysis of material objects and in addition
to/in modification of the opinions already given, final opinion(s) is/are furnished as follows :-
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Reasons for conclusion(s):
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……………………………………………………………………………………………………………………
Place :………………………… Signature :
Date :………………………….. Name :
Designation :
Original issued to:……………………………………………………………………
Duplicate issued to:…………………………………………………………………………
(** Strike off if not applicable)
CONFIDENTIAL RECORD

Ref. ML./VSO/No : ................................/(Dated : ..........................)         Date:..............................

FINAL OPINION
(MEDICO-LEGAL EXAMINATION OF SURVIVOR OF SEXUAL OFFENCE)

Medico-legal examination of the survivor of sexual offence by name ...........................................
W/D/S/o.............................................................., aged...........years was done on .................
and material objects were preserved for Chemical/Forensic/................................. analysis, as
recorded in the report of examination with Ref. ML/VSO/No........................................
dated.............................. issued from this institution. Material objects preserved were the
following: ..............................................................................................................................
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Opinion(s) regarding the following were reserved pending the results of analysis of the material
objects........................................................................................................................................
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The Certificate of Chemical/Forensic/................................. analysis No..................
................................. dated......................................................... of the above said
material objects was received on..........................................................

Laboratory Findings  :
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Final Opinion(s):

Based on the findings of examination and results of analysis of material objects and in addition
to/in modification of the opinions already given, final opinion(s) is/are furnished as follows :-
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Reasons for conclusion(s):
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Place :.........................                  Signature :
Date :.........................                  Name :

Original issued to:.................................................................
Duplicate issued to:...........................................................................
(** Strike off if not applicable)
FINAL OPINION
(MEDICO-LEGAL EXAMINATION OF SURVIVOR OF SEXUAL OFFENCE)

Medico-legal examination of the survivor of sexual offence by name ........................................
W/D/S/o.............................................................................., aged........ years was done on ......................
and material objects were preserved for Chemical/Forensic/........................................ analysis, as
recorded in the report of examination with Ref. ML/VSO/No. ..........................................................
dated.................................. issued from this institution. Material objects preserved were the
following: .............................................................................................................

Opinion(s) regarding the following were reserved pending the results of analysis of the material
objects...........................................................................................................................................

The Certificate of Chemical/Forensic/........................................ analysis No. ............
.......................................................... dated...................................................... of the above said
material objects was received on.................................................................

Laboratory Findings :
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Final Opinion(s):
Based on the findings of examination and results of analysis of material objects and in addition
to/in modification of the opinions already given, final opinion(s) is/are furnished as follows :-

Reasons for conclusion(s):
.......................................................................................................................................................

Place :............................ Signature :
Date :............................ Name :
Designation :

Original issued to:...........................................................
Duplicate issued to:...........................................................

(** Strike off if not applicable)
PART - II

Guidelines for Examination and Report of Survivor of Sexual Offences
Guidelines for Examination and Report of Survivor of Sexual Offences

(1) There should be adequate stock, in the institution, of the formats, facilities and materials necessary for the medico-legal examination of the survivor of sexual offence and allied medico-legal examinations as may be required with each such examination of the survivor, as enlisted hereinafter.

i. An examination table, preferably the one on which the survivor can be examined in the lithotomy, lateral and knee-elbow position, as is required.

ii. Facilities and equipments for a proper physical examination in a separate room under adequate privacy and under proper conditions of light.

iii. A copy of the manual for examination and care of survivor of sexual offence issued by the WHO or Government of India, draft format for examination and report of sexual offence and the formats of labels and forwarding note for dispatching the material objects collected during examination.

iv. Equipments for measuring height, weight and for recording blood pressure and a systematic medical examination.

v. Facilities and equipments for collection, packing and sealing of vaginal swabs, smears, pubic hair combings, clothes and any such material object, the examination of which may have a bearing on the case, including cotton, glass slides etc and a metallic seal for affixing on melted wax, on the bottles and packets forwarded for chemical analysis.

vi. There should also be facilities for collection and preservation of blood and urine samples, as may be necessary in cases of sexual assault on the survivor intoxicated with drugs, alcohol etc.

vii. There should be at least four sets of unused, readymade, colored dress (churidar) for females of small, medium, large and extra-large size.

viii. It is ideal to have facilities for toluidine blue dye test, wet mount slide test, colposcopic examination, Wood’s Lamp for UV light examination etc.

ix. Wherever possible, SAFE kits may be made available to every institution undertaking examination of survivor of sexual offences to facilitate comprehensive examination, reporting and preservation of material objects.

(2) The format for report of examination of the survivor of sexual offence and the body diagrams should be printed in a book form with Original (perforated to make detachable) for issuing to the Judicial / Police Officer and duplicate (perforated to make detachable) to be issued to the survivor or the person nominated by the
survivor and the triplicate to be retained as office copy. Report should be printed in at least 30x21cm (A 4 Size) paper with good quality. The paper of the original should be white in color, duplicate light red and triplicate light blue. The printing, supply, maintenance and issue of the formats and reports of examination of survivor of sexual offences and allied examinations including examination of drunkenness and intoxication, estimation of age, examination to look for signs of recent delivery-abortion etc should be made according to the conditions laid down in the Kerala Medico-legal Code.

(3) The examination of female survivors of sexual offences shall generally be conducted by a female registered medical practitioner. However, in situations where the examination by a female registered medical practitioner cannot be arranged within a reasonable time and the referral of the survivor to a female registered medical practitioner is not possible or advisable due to reasons like life-threatening state of the survivor, non-availability of transport, condition of the road etc, the examination shall be conducted by the male registered medical practitioner available in the institution to which the survivor came or was brought. In all such situations where a female survivor of sexual offences is examined by a male registered medical practitioner, consent of the survivor or parent or guardian should be obtained and the examination should be done in the presence of a female bystander or support person. If such a female bystander is not available, a female hospital staff, preferably staff nurse should be made to be present as the support person at the time of examination. The name of the female bystander/support person should be recorded in the report and her signature to that effect should be obtained. Medical examination of a girl survivor of sexual offence, the girl being a female child below the age of eighteen years, shall only be conducted by a female registered medical practitioner. No female registered medical practitioner working in an institution shall refuse to report for undertaking the examination of a female survivor of sexual offences came or was brought to that institution and when such examination is requested by a male registered medical practitioner on duty at the particular time.

(4) Whenever possible, the examination of a female survivor of sexual offences shall be conducted by a female gynecologist. This does not in any way constitute a ground for referral of examination of a female survivor of sexual offence to another centre from an institution where there is a female registered medical practitioner on duty at the material time. No female gynecologist working in an institution shall refuse to report for undertaking the examination of a female survivor of sexual offences came
or was brought to that institution and when such examination is requested by the registered medical practitioner on duty at the particular time.

(5) With the conditions for exceptions laid down in the previous clauses, every registered medical practitioner, practicing Modern Medicine is bound to examine, without any delay, a survivor of sexual offence brought to or coming to the institution where he/she is working and is on duty at the material time and he/she is also bound to record the findings of such examination, in the manner conforming to the requirements laid down by Sec.164A of the Code of Criminal Procedure and the Orders from The Apex Court of the country in this regard, only except in situations where the survivor refuses consent for such medico-legal examination.

(6) Medico-legal examination of a survivor of sexual offences shall be conducted in all instances where the survivor directly approaches a registered medical practitioner and when the survivor is brought with or without requisition for examination. The only essential pre-requisite for such examination is the written informed consent obtained from the survivor when the survivor is aged above twelve years and from the parent/guardian when the survivor is below twelve years. No registered medical practitioner shall consider the requisition from Judicial or police officer or registering a case as a necessary pre-requisite for examination of the survivor of sexual offence. In all situations where the survivor is brought with a request from an officer or agency without authority for such requisitioning, the examination shall be conducted after obtaining the consent from the survivor/parent/guardian.

(7) Informed written consent for a complete medico-legal examination should be obtained, in the language, which the survivor/parent/guardian can understand. If survivor is below 12 years of age or mentally unsound, consent should be obtained from the parent/guardian. If the survivor/parent/guardian is not able to write the consent due to illiteracy or other such reasons, the examiner should write it and read it over to her/him. If the registered medical practitioner has valid reasons to believe that the parent or guardian present with the survivor committed or abetted the sexual assault and is refusing consent for examination to safeguard himself or the offender, the provision of parental consent will not be applicable. In such cases the registered medical practitioner shall obtain the consent for examination from the support person nominated by the head of the institution. Separate consent for collection of samples is not necessary since the explanation (a) of section 53 and section 164 A of the Code of Criminal Procedure include the collection of material objects a part of examination. Separate consent for police intimation is not necessary since section
Section 354C of the Code of Criminal Procedure and section 19 (1) of the Protection of Children from Sexual Offences Act mandates the intimation. Separate consent for the transmission of the report of examination to police also is not necessary since section 164 A of the Code of Criminal Procedure warrants the immediate forwarding of the report to the investigating officer.

8) Even if the survivor refuses consent for medico-legal examination, adequate treatment for injuries and all physical and mental conditions should be given and consultations as specified later shall be provided to the survivor in all instances. In all situations where it is required, physical and psychological treatment of the survivor gets priority over medico-legal examination. The survivor has the right to refuse any examination or treatment completely or part thereof. Even during the process of examination, the survivor can ask the registered medical examiner to stop further examination.

9) The medical examination of a child survivor of sexual offences shall be conducted in the presence of the parent of the child (except in situations where incest is suspected) or any other person in whom the child reposes trust or confidence. Where, in the case the parent of the child or other person referred to above, 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, preferably staff nurse, nominated by the head of the medical institution.

10) A proper history should be obtained in the survivor’s own words, in all possible instances and should be recorded as such. Record date, time and place of assault, type / nature of assault, number and name(s) of assailant(s) if known, whether the alleged sexual offences were committed repeatedly on the survivor and other relevant details, as far as possible in survivor’s own words. State of consciousness and orientation of time and place at the time of sexual assault and any history of drugs or alcohol being given to the survivor before or during the assault should be specifically asked in all possible instances. History of any physical or mental disability should be obtained if present. Date of last consensual sexual intercourse within the preceding 72 hours of the time of sexual assault should also be asked when the survivor reports within 72 hours of the alleged assault. This need to be recorded, only if it is relevant with regard to the alleged sexual assault. During all stages of history taking and examination, the registered medical practitioner should treat the survivor in the same manner in which he would have treated one of his family members or friends. Humiliating or incriminating questions should be avoided.
His approach should be humane and sympathetic and unbiased and impartial at the same time. However, this does not in any way mean that the registered medical practitioner should omit or add anything which may favor in an undue manner or adversely affect the lawful interests of the survivor or those of any other person.

(11) A complete general physical examination and local examination with reference to the alleged type of assault should be conducted. Local examination includes examination of vagina and breasts (in females), penis and scrotum (in males), urethra, mouth and oral cavity, anus, buttocks and thighs. Areas involved in the alleged type of sexual assault should be examined thoroughly. Discharge of thick viscid fluid, blood etc, smearing of skin and mucous membrane with thick viscid fluid, blood etc and dried stains of mucoid fluid, blood etc on skin should be noted if present and described. Whenever semen or saliva is suspected, swabs should be taken. Foreign body or particles should be noted if present. Unhealthy mucosa, infection, ulcers, evidence of STD etc should be described, if present. Swelling, congestion/reddening and tenderness should be looked for and described if present. All injuries and other findings should be recorded in detail. Nail marks, bite marks and contusions should be specifically looked for. Description of injuries should include the type, size, site, direction etc. Bleeding, scab, color changes of wound/scab, stage of healing, infection etc which may indicate the age of injuries should be noted. Whenever necessary, reference to the manual for examination or any standard text book should be made.

(12) Registered medical practitioners shall not perform two finger test or record findings like diameter or circumference of the vaginal canal which may indicate the previous sexual experience of the female survivor. Per-vaginal test should be limited to looking for tenderness and injuries. If, on examination it is found that the hymen is intact and inelastic and not admitting or admitting only the examining finger or less, further PV/PS examination which may rupture hymen shall not be done. An intact hymen does not rule out rape defined by section 375 of Indian Penal Code or penetrative sexual assault defined by section 3 & 5 of Protection of Children from Sexual Offences Act 2012.

(13) All columns should be carefully filled in. Care should be taken to strike off whichever is not applicable in the history, examination and opinion parts. Strike off the portions which are not relevant with regard to the survivor, e.g. description of male genitalia when the survivor is a female and description of female genitalia and breasts when the survivor is a male survivor. If any particular column is not applicable to the
examination of the survivor, write “Not Applicable” towards the column. When there are injuries to the genitalia and/or on the body, they should be described in detail and the age of the injuries (whether fresh or of age assessed by appearance) should be noted. Registered medical practitioners should bear in mind the fact that absence of injuries on the body of the survivor does not imply consent of the survivor and also does not rule out resistance.

(14) The registered medical practitioner is also bound to preserve all the available material objects which may provide evidence and which may be of help in the further investigation of the case (e.g. Clothes, Vaginal swab, anal swab etc), with a view to avoid loss of findings due to delay in collection and preservation. Whenever the survivor comes or is brought to the institution/hospital without changing the clothes worn at the time of assault, they will have to be preserved. In all such situations where the survivor is a female, the institution/hospital has the responsibility to provide cloths to the survivor from the stock maintained as per sub-clause vii of clause (1) above.

(15) Relevant material objects should be preserved according to the nature of sexual assault. Strike off whichever is not preserved. Any of the following material objects may be preserved for examination from a survivor of sexual assault –

- Vaginal swabs to look for semen and spermatozoa.
- Vaginal smear to look for spermatozoa.
- Nail clippings to look for foreign fibers, particles, hairs, epithelial cells etc.
- Loose hair combings from pubic region to look for foreign hairs.
- Pubic hair (cut) samples for comparison.
- Scalp hair (cut) samples for comparison.
- Buccal swabs to look for semen or spermatozoa.
- Anal swabs to look for semen and spermatozoa.
- Swab from skin of thighs, with cotton soaked in normal saline.
- Loose hairs from anal region and buttocks to look for foreign hairs.
- Penile swabs to look for saliva.
- Clothes to look for seminal, blood and other stains and foreign particles or hairs.
- Urine for pregnancy test.
- Blood for chemical analysis.
- Urine for chemical analysis.
- Any other, as the nature of the case demands.
Whenever swabs are preserved, sufficient number of swabs should be taken to look for spermatozoa, for analysis for semen and for DNA profiling if spermatozoa are detected. Whenever hairs are preserved from a living person, cut samples should be taken ensuring the entire length of hairs by cutting them close to root. Hairs should not be plucked from the body of a living person. Vaginal, anal, buccal and other swabs should be dried completely and packed in clean paper or paper envelope. Swabs should not be packed in plastic paper or bottles. Blood for DNA profiling should be collected in glass bottles or containers with EDTA as the preservative. Alternatively, blood can be preserved by soaking in sterile or autoclaved cotton gauze and dried well in air and packed in clean/sterile paper packet or envelope. When stains are to be collected, cotton gauze wetted with pure distilled water should be used to mop out the stain completely, air dry and pack in clean/sterile paper or paper envelope. Registered medical practitioners should always remember that moisture in the swabs may facilitate fungal growth and cause destruction of the biological evidence.

(16) Preservation of all the relevant material objects is mandatory in all cases when the survivor of sexual assault is brought for examination within 96 hours of the alleged incident. When the survivor is brought after a period of seven days of the alleged incident, the doctor need not preserve all the material objects. If the survivor is brought for examination after 96 hours but within one week of the alleged assault, preservation is optional and according to the possibility for trace evidence to be retained on the body of the survivor as revealed by relevant points from the history. However, he should preserve material objects like blood for DNA profiling, hairs etc, if the same is requested by the investigating officer. He should send the urine for pregnancy test if pregnancy is suspected.

(17) All material objects should be immediately sealed and labeled in the manner prescribed in the Kerala Medico-legal Code. Whenever the examination is conducted on a written requisition from a Judicial or Police Officer, the material objects should be immediately handed over to the Investigating Officer who should take it on a seizure mahassar for forwarding to the Forensic Science Laboratory. In all situations where the survivor directly comes or is brought to the institution/hospital and material objects are preserved from the survivor, it should be recorded in the police intimation that the material objects are preserved which will have to be taken on a seizure mahassar for immediate forwarding to the Forensic Science Laboratory.
(18) Toluidine blue test should be done before per-spectulum examination as the spectrum may cause superficial injuries on the mucosa. Toluidine blue test should not be done before collection of vaginal samples, as spraying of the dye and washing away the excess can cause loss of evidence. UV light examination shall only be used to identify seminal/salivary stains on skin and for collection of swab from that area.

(19) Opinion should be furnished by taking the history and findings of examination together into consideration. If the findings of examination are consistent with the alleged history, opinion should be furnished that the findings of examination are consistent with the history of alleged sexual assault. Opinion should also include whether the findings are consistent or not consistent with the alleged time of occurrence. If there are injuries in the vagina or anus, opinion as to vaginal or anal penetration can be furnished. If there are injuries on the body, opinion as to whether the injuries were caused in the manner alleged, whether they were caused at the alleged time of occurrence and whether they were grievous or not should be furnished. Any other opinion regarding any relevant history or findings should also be furnished if present. Opinion regarding recent vaginal or anal intercourse should be based on the detection of semen or spermatozoa in the vagina or anus respectively. This and any other opinion which was reserved pending results of analysis of material objects should be furnished as the final opinion in the prescribed format.

(20) Marking the injuries in diagrams is not recommended in every examination of survivor of sexual offence. It may be done to specify some special attributes of the wound indicating pattern or nature of the wound. E.g. bite marks, pattern of an object etc. Each such diagram should bear the signature name and designation of the registered medical practitioner and office seal of the institution.

(21) In all situations where the stated age of the survivor is below eighteen years and any of the valid proof of date of birth is not available, determination of age should be done by concerned specialist(s) in the format prescribed for the same in Kerala Medico-legal Code. This should also be followed in borderline cases where the stated age of the survivor is likely to be challenged, owing to non-availability of valid proof of date of birth. If mental or physical disability is present or suspected, detailed evaluation of the survivor should be done by the District Medical Board, unless the survivor has been already evaluated and a certificate of disability issued.
(22) If evidence of intoxication by alcohol and/or drugs is present or suspected, examination of the survivor should be done for drunkenness or that of a victim alleged to have been drugged, in the formats prescribed in Kerala Medico-legal Code.

(23) Whenever pregnancy is alleged or suspected, pregnancy test with urine sample should be done to confirm pregnancy and Ultrasound Scanning of abdomen should be done to find out the period of gestation.

(24) As per Section 357C of Code of Criminal Procedure, whoever being in charge of a hospital, public or private, whether run by the Central Government, the State Government, local bodies or any other person, has a responsibility to provide first aid or medical treatment immediately to a female survivor of sexual offence, free of cost. The survivor shall not be made to pay for anything including consultations, medicines and clinical investigations. If the survivor requires in-patient treatment, as far as possible admission should be made to a separate room where continuous monitoring is possible and the possibility for any threat or inducement from the side of accused can be prevented.

(25) Consultations with appropriate specialists should be made whenever necessary. The objectives of the treatment should be with a view to the following

- Treatment for cuts, bruises, and other injuries including genital injuries, if any.
- Treatment for exposure to sexually transmitted diseases (STDs) including prophylaxis for identified STDs.
- Treatment for exposure to Human Immunodeficiency Virus (HIV), including prophylaxis for HIV after necessary consultation with infectious disease experts.
- Emergency contraceptive measures if there is possibility of pregnancy from the sexual assault.
- Consultation for mental or psychological health or other counseling.
- Appropriate treatment for any other condition which require such treatment.
- Appointment for follow-up evaluation and treatment.

(26) The registered medical practitioner shall not, under any circumstances, disclose the identity of the survivor or the findings of his examination, to anyone other than the Investigating Officer or the Hon'ble Court. Adequate precautions should be taken to prevent others from getting the details regarding the identity of the survivor from the place of examination or the record keeping section of the institution. The report of examination of the survivor of sexual offences is exempted from the purview of Right to Information Act.
(27) The original of the report of examination should be issued to the Investigating officer. Whenever the examination is conducted on the written requisition from a judicial or police officer, the report should be issued immediately to the investigating officer. When the examination is conducted on the written request from anybody other than a judicial officer or investigating police officer, the original of the report shall not be issued to the person who has requested the examination. In such situations the original of the report shall only be issued to the investigating police officer on a written requisition for the same. The duplicate copy should be issued to the survivor or a person nominated by the survivor on a written request for the same. The triplicate should be retained as the office copy.
PART – III

Law relevant to examination and report of survivor of sexual offences
RELEVANT SUPREME COURT JUDGMENTS

1. State Of Karnataka vs Manjanna on 4 May, 2000: 18. Before parting with the case, we wish to put on record our disapproval of the refusal of some Government hospital doctors, particularly in rural areas, where hospitals are few and far between, to conduct any medical examination of a rape victim unless the case of rape is referred to them by the police. Such a refusal to conduct the medical examination necessarily results in a delay in the ultimate examination of the victim, by which time the evidence of the rape may have been washed away by the complainant herself or be otherwise lost. It is expected that the State/appellant will ensure that such situation does not recur in future.

2. B. C. Deva @ Dyava vs State Of Karnataka on 25 July, 2007: The plea that no marks of injuries were found either on the person of the accused or the person of the prosecutrix, does not lead to any inference that the accused has not committed forcible sexual intercourse on the prosecutrix.

3. Supreme Court of India, Lillu @ Rajesh & Anr. vs State Of Haryana on 11 April, 2013: In view of International Covenant on Economic, Social, and Cultural Rights 1966; United Nations Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power 1985, rape survivors are entitled to legal recourse that does not re-traumatize them or violate their physical or mental integrity and dignity. They are also entitled to medical procedures conducted in a manner that respects their right to consent. Medical procedures should not be carried out in a manner that constitutes cruel, inhuman, or degrading treatment and health should be of paramount consideration while dealing with gender-based violence. The State is under an obligation to make such services available to survivors of sexual violence. Proper measures should be taken to ensure their safety and there should be no arbitrary or unlawful interference with his privacy. ........Thus, in view of the above, undoubtedly, the two finger test and its interpretation violate the right of rape survivors to privacy, physical and mental integrity and dignity. Thus, this test, even if the report is affirmative, cannot ipso facto, be given rise to presumption of consent.

4. Supreme Court of India, Dilip vs State Of M.P. on 16 April, 2013: 18. Undoubtedly, any direction issued by this Court is binding on all the courts and all civil authorities within the territory of India. In addition thereto, it is an obligation on the part of the State authorities and particularly, the Director General of Police and Home Ministry of the State
to issue proper guidelines and instructions to the other authorities as how to deal with such cases and what kind of treatment is to be given to the prosecutrix, as a victim of sexual assault requires a totally different kind of treatment not only from the society but also from the State authorities. Certain care has to be taken by the Doctor who medically examine the victim of rape. The victim of rape should generally be examined by a female doctor. Simultaneously, she should be provided the help of some psychiatrist. The medical report should be prepared expeditiously and the Doctor should examine the victim of rape thoroughly and give his/her opinion with all possible angle e.g. opinion regarding the age taking into consideration the number of teeths, secondary sex characters, and radiological test, etc. The victim should be sent for medical examination at the earliest and her statement should be recorded by the I.O. in the presence of her family members making the victim comfortable except in incest cases.

5. Supreme Court of India, Shah Nawaz Vs State of U.P. & Anr. Dated 05.08.2011:.......Rule 12 of the Juvenile Justice (Care and Protection of Children) Rules, 2007 (hereinafter referred to as `the Rules') which reads as under:- "....... . (3) In every case concerning a child or juvenile in conflict with law, the age determination inquiry shall be conducted by the court or the Board or, as the case may be, the Committee by seeking evidence by obtaining - (a) (i) the matriculation or equivalent certificates, if available; and in the absence whereof; (ii) the date of birth certificate from the school (other than a play school) first attended; and in the absence whereof; (iii) the birth certificate given by a corporation or a municipal authority or a panchayat; 4 (b) and only in the absence of either (i), (ii) or (iii) of clause (a) above, the medical opinion will be sought from a duly constituted Medical Board, which will declare the age of the juvenile or child..... .....Rule 12 of the Rules categorically envisages that the medical opinion from the medical board should be sought only when the matriculation certificate or school certificate or any birth certificate issued by a corporation or by any Panchayat or municipality is not available.

Relevant High Court Judgments

1. Delhi High Court, Delhi Commission For Women Vs Delhi Police dated 23.4.2009:

II) DOCTORS/ HOSPITALS/ HEALTH DEPARTMENT

a. Special rooms to be set up in all government hospitals for victims to be examined and questioned in privacy.
b. A sexual assault evidence collection kit or sexual assault forensic evidence (SAFE) kit consisting of a set of items used by medical personnel for gathering and preserving physical evidence following a sexual assault should be available with all the Government Hospitals. A sexual assault evidence collection kit should contain commonly available examination tools such as:

• Detailed instructions for the examiner

• Forms for documentation

• Tube for blood sample

• Urine sample container

• Paper bags for clothing collection

• Large sheet of paper for patient to undress over

• Cotton swabs for biological evidence collection

• Sterile water

• Glass slides

• Unwaxed dental floss

• Wooden stick for fingernail scrapings

• Envelopes or boxes for individual evidence samples

• Labels

Other items needed for a forensic/ medical exam and treatment that may be included in the rape kit are:

• Woods lamp

• Toluidine blue dye

• Drying rack for wet swabs and/or clothing

• Patient gown, cover sheet, blanket, pillow

• Needles/ syringes for blood drawing

• Speculums
• Post-it Notes used to collect trace evidence
• Camera (35 mm, digital, or Polaroid) film, batteries.
• Medscope and/or colcoscope
• Microscope
• Surgilube
• Acetic acid diluted spray
• Medications
• Clean clothing and shower/hygiene items for the victims use after the examination

c. A detailed description of “Assault/Abuse History” be mentioned by the attending doctor on the MLC of the victim; The doctor must ensure that the complete narration of the history of the case detailed by the victim and her escort is recorded.

d. After the examination is complete the victim should be permitted to wash up using toiletries provided by the hospital. The hospital should also have clothing to put on if her own clothing is taken as evidence.

e. All hospitals should co-operate with the police and preserve the samples likely to putrefy in their pathological facility till such time the police are able to complete their paperwork for dispatch to forensic lab test including DNA.

2. Delhi High Court - Virender vs The State Of Nct Of Delhi on 18 September, 2009:
III MEDICAL EXAMINATION: (i) Orientation be given to the Doctors, who prepare MLCs or conduct post mortems to ensure that the MLCs as well as post mortem reports are up to the mark and stand judicial scrutiny in Courts.(Ref : Mahender Singh Chhabra vs. State of N.C.T. Of Delhi & Ors.)

(ii). While conducting medical examination, child victim should be first made comfortable as it is difficult to make her understand as to why she is being subjected to a medical examination.

(iii). In case of a girl child victim the medical examination shall be conducted preferably by a female doctor.(Ref: Court On Its Own Motion vs. State & Anr.)
(iv) In so far as it may be practical, psychiatrist help be made available to the child victim before medical examination at the hospital itself. (Ref: Court On Its Own Motion vs. State & Anr.)

(v). The report should be prepared expeditiously and signed by the doctor conducting the examination and a copy of medical report be provided to the parents/guardian of the child victim. (Ref: Court On Its Own Motion vs. State & Anr.)

(vi). In the event results of examination are likely to be delayed, the same should be clearly mentioned in the medical report. (Ref: Court On Its Own Motion vs. State & Anr.)

(vii). The parents/guardian/person in whom child have trust should be allowed to be present during the medical examination. (Ref: Court On Its Own Motion vs. State & Anr.)

(viii). Emergency medical treatment wherever necessary should be provided to the child victim. (Ref: Court On Its Own Motion vs. State & Anr.)

(ix). The child victim shall be afforded prophylactic medical treatment against STDs. (Ref: Court On Its Own Motion vs. State & Anr.)

(x). In the event the child victim is brought to a private/nursing home, the child shall be afforded immediate medical attention and the matter be reported to the nearest police station. (Ref: Court On Its Own Motion vs. State & Anr.)
Relevant sections of Law


4Section 164 A of Cr.P.C. – Medical examination of a victim of rape.

(1) Where, during the stage when an offence of committing rape or attempt to commit rape is under investigation, it is proposed to get the person of the woman with whom rape is alleged or attempted to have been committed or attempted, examined by a medical expert, such examination shall be conducted by a registered medical practitioner employed in a hospital run by the Government or a local authority and in the absence of such a practitioner, by any other registered medical practitioner, with the consent of such woman or of a person competent to give such consent on her behalf and such woman shall be sent to such registered medical practitioner within twenty-four hours from the time of receiving the information relating to the commission of such offence.

(2) The registered medical practitioner, to whom such woman is sent, shall, without delay, examine her person and prepare a report of his examination giving the following particulars, namely:-

i. The name and address of the woman and of the person by whom she was brought.

ii. The age of the woman.

iii. The description of the material taken from the person of the woman for DNA profiling.

iv. Marks of injury, if any, on the person of the woman.

v. General mental condition of the woman and

vi. Other material particulars in reasonable detail.

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

(4) The report shall specifically record that the consent of the woman or of the person competent to give such consent on her behalf to such examination had been obtained.

(5) The exact time of commencement and completion of the examination shall also be noted in the report.

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

(7) Nothing in this section shall be construed as rendering lawful any examination without the consent of the woman or of any person competent to give such consent on her behalf.

Explanation.- For the purpose of this section, “examination” and “registered medical practitioner” shall have the same meanings as in section 53.

4(Inserted by Act 25 of 2005, section 17, with effect from 23-6-2006)

[Explanation in section 53 – (a) “examination” shall include the examination of blood, blood stains, semen, swabs in case of sexual offences, sputum and sweat, hair samples and finger nail clippings by the use of modern and scientific techniques including DNA profiling and such other tests which the registered medical practitioner thinks necessary in a particular case.

(b) “registered medical practitioner” means a medical practitioner who possess any medical qualification as defined in clause (h) of section 2 of the Indian Medical Council Act, 1956(102 of 1956) and whose name has been entered in a State Medical Register]

9Section 357 C. Treatment of victims.- All hospitals, public or private, whether run by the Central Government, the State Government, local bodies, or any other person, shall immediately, provide the first-aid or medical treatment, free of cost, to the victims of any
The Indian Penal Code.

*Section 166 B. Punishment for non-treatment of victim.*- Whoever, being in charge of a hospital, public or private, whether run by the Central Government, the State Government, local bodies or any other person, contravenes the provisions of section 357C of the Code of Criminal Procedure, 1973 (2 of 1974), shall be punished with imprisonment for a term which may extend to one year or with fine or with both. *(Inserted by the Criminal Law Amendment Act, 2013, section 3, with retrospective effect from 3-2-2013).*

Section 202. Intentional omission to give information of offence by person bound to inform.- Whoever, knowing or having reason to believe that an offence has been committed, intentionally omits to give any information respecting that offence which he is legally bound to give, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine, or with both.

Section 319 Hurt.- Whoever causes bodily pain, disease or infirmity to any person is said to cause hurt.

Section 320 Grievous hurt.- The following kinds of hurt only are designated as “grievous” :-

i. Emasculation.
ii. Permanent privation of sight of either eye.
iii. Permanent privation of hearing of either ear.
iv. Privation of any member or joint.
v. Destruction or permanent impairing of the powers of any member or joint.
vi. Permanent disfiguration of the head or face.
vii. Fracture or dislocation of a bone or tooth.
viii. Any hurt which endangers life or which causes the sufferer to be during the space of twenty days in severe bodily pain or unable to follow his ordinary pursuits.

[Explanation: member means a tissue, an organ or a limb being part of the body, capable of performing a distinct function]

Section 326A. Voluntarily causing grievous hurt by use of acid etc.- Whoever causes permanent or partial damage or deformity to, or burns or maims or disfigures or disables, any part or parts of the body of a person or causes grievous hurt by throwing acid on or by administering acid to that person, or by using any other means with the intention of causing or with the knowledge that he is likely to cause such injury or hurt, shall be punished with imprisonment of either description for a term which shall not be less than ten years but which may extend to imprisonment for life, and with fine:

Provided that such fine shall be just and reasonable to meet the medical expenses of the treatment of the victim:

Provided further that any fine imposed under this section shall be paid to the victim.

1 [Section 375.- Rape] A man is said to commit "rape" if he—

(a) penetrates his penis, to any extent, into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person; or
(b) inserts, to any extent, any object or a part of the body, not being the penis, into the vagina, the urethra or anus of a woman or makes her to do so with him or any other person; or

(c) manipulates any part of the body of a woman so as to cause penetration into the vagina, urethra, anus or any part of body of such woman or makes her to do so with him or any other person; or

(d) applies his mouth to the vagina, anus, urethra of a woman or makes her to do so with him or any other person, under the circumstances falling under any of the following seven descriptions:

First.—Against her will.

Secondly.—Without her consent.

Thirdly.—With her consent, when her consent has been obtained by putting her or any person in whom she is interested, in fear of death or of hurt.

Fourthly.—With her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.

Fifthly.—With her consent when, at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by him personally or through another of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent.

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

Seventhly.—When she is unable to communicate consent.

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

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

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

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

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

Section 376. Punishment for rape

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

(a) being a police officer, commits rape—

(i) within the limits of the police station to which such police officer is appointed; or

(ii) in the premises of any station house; or

(iii) on a woman in such police officer's custody or in the custody of a police officer subordinate to such police officer; or

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

(c) being a member of the armed forces deployed in an area by the Central or a State Government commits rape in such area; or

(d) being on the management or on the staff of a jail, remand home or other place of custody established by or under any law for the time being in force or of a women's or children's institution, commits rape on any inmate of such jail, remand home, place or institution; or

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

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

(g) commits rape during communal or sectarian violence; or

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

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

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

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

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

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

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

Explanation.—For the purposes of this sub-section,—
(a) "armed forces" means the naval, military and air forces and includes any member of the Armed Forces constituted under any law for the time being in force, including the paramilitary forces and any auxiliary forces that are under the control of the Central Government or the State Government;

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

(c) "police officer" shall have the same meaning as assigned to the expression "police" under the Police Act, 1861;

(d) "women's or children's institution" means an institution, whether called an orphanage or a home for neglected women or children or a widow's home or an institution called by any other name, which is established and maintained for the reception and care of women or children.

Section 376A. Punishment for causing death or resulting in persistent vegetative state of the victim.-

[72x464]1[376A. Whoever, commits an offence punishable under sub-section (1) or subsection(2) of section 376 and in the course of such commission inflicts an injury which causes the death of the woman or causes the woman to be in a persistent vegetative state, shall be punished with rigorous imprisonment for a term which shall not be less than twenty years, but which may extend to imprisonment for life, which shall mean imprisonment for the remainder of that person's natural life, or with death.]

Section 376B. Sexual intercourse by husband upon his wife during separation.-

1[376B. Whoever has sexual intercourse with his own wife, who is living separately, whether under a decree of separation or otherwise, without her consent, shall be punished with imprisonment of either description for a term which shall not be less than two years but which may extend to seven years, and shall also be liable to fine.

Explanation.—In this section, "sexual intercourse" shall mean any of the acts mentioned in clauses (a) to (d) of section 375.]

Section 376C. sexual intercourse by a person in authority.

1[376C. Whoever, being—

(a) in a position of authority or in a fiduciary relationship; or

(b) a public servant; or

(c) superintendent or manager of a jail, remand home or other place of custody established by or under any law for the time being in force, or a women's or children's institution; or

(d) on the management of a hospital or being on the staff of a hospital, abuses such position or fiduciary relationship to induce or seduce any woman either in his custody or
under his charge or present in the premises to have sexual intercourse with him, such sexual intercourse not amounting to the offence of rape, shall be punished with rigorous imprisonment of either description for a term which shall not be less than five years, but which may extend to ten years, and shall also be liable to fine.

Explanation 1.—In this section, "sexual intercourse" shall mean any of the acts mentioned in clauses (a) to (d) of section 375.

Explanation 2. —For the purposes of this section, Explanation 1 to section 375 shall also be applicable.

Explanation 3.—"Superintendent", in relation to a jail, remand home or other place of custody or a women's or children's institution, includes a person holding any other office in such jail, remand home, place or institution by virtue of which such person can exercise any authority or control over its inmates.

Explanation 4.—The expressions "hospital" and "women's or children's institution" shall respectively have the same meaning as in Explanation to sub-section (2) of section 376.]

Section 376D. Gang rape.-

1[376D. Where a woman is raped by one or more persons constituting a group or acting in furtherance of a common intention, each of those persons shall be deemed to have committed the offence of rape and shall be punished with rigorous imprisonment for a term which shall not be less than twenty years, but which may extend to life which shall mean imprisonment for the remainder of that person's natural life, and with fine: Provided that such fine shall be just and reasonable to meet the medical expenses and rehabilitation of the victim: Provided further that any fine imposed under this section shall be paid to the victim.]

Section 376E. Punishment for repeat offenders.- 1[376E. Whoever has been previously convicted of an offence punishable under section 376 or section 376A or section 376D and is subsequently convicted of an offence punishable under any of the said sections shall be punished with imprisonment for life which shall mean imprisonment for the remainder of that person's natural life, or with death.]

1. Inserted by Section 9 of ‘The Criminal Law (Amendment) Act, 2013’.

The Indian Evidence Act

1Section 53A. Evidence of character or previous sexual experience not relevant in certain cases.— In a prosecution for an offence under section 354, section 354A, section 354B, section 354C, section 354D, section 376, section 376A, section 376B, section 376C, section 376D or section 376E of the Indian Penal Code or for attempt to commit any such offence, where the question of consent is in issue, evidence of the character of the victim or of such person's previous sexual experience with any person shall not be relevant on the issue of such consent or the quality of consent.”.

1Inserted by the Criminal Law Amendment Act, 2013, section 25 with retrospective effect from 3-2-2013.
The Protection of Children from Sexual Offences Act 2012

Section 19. Reporting of offences.
(1) Sub-section (1) : Notwithstanding anything contained in the Code of Criminal Procedure, 1973 (2 of 1974), any person (including the child) who has apprehension that an offence under this Act is likely to be committed or has knowledge that such an offence has been committed, shall provide such information to the (a) Special Juvenile Police Unit or (b) the local police.

Section 21. Punishment for failure to report or record a case.
(1) Sub-section (1) : any person who fails to report the commission of an offence under sub-section (1) of Section 19 or Section 20 or who fails to record such offence under sub-section (2) of Section 19 shall be punished with imprisonment of either description which may extend to six months or with fine or with both.
(2) Sub-section (2) : any person, being in charge of any company or an institution (by whatever name called) who fails to report the commission of an offence under sub-section (1) of Section 19 in respect of a subordinate under his control, shall be punished with imprisonment for a term which may extend to one year and with fine.

Section 27. Medical examination of a child
(1) Sub-section (1) : The medical examination of a child in respect of whom any offence has been committed under this Act, shall, notwithstanding that a First Information Report or complaint has not been registered for the offence under this Act, be conducted in accordance with Section 164 A of the Code of Criminal Procedure, 1973 (2 of 1974).
(2) Sub-section (2) : In case the victim is a girl child, the medical examination shall be conducted by a woman doctor.
(3) Sub-section (3) : The medical examination shall be conducted in the presence of the parent of the child or any other person in whom the child reposes trust or confidence.
(4) Sub-section (4) : Where, in the case the parent of the child or other person referred to in sub-section (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.


Section 5. Emergency medical care.
(1) Where an officer of the Special Juvenile Police Unit or the local police receives information under section 19 of the Protection of Children from Sexual Offences Act that an offence under the Act has been committed, and is satisfied that the child against whom an offence has been committed is in need of urgent medical care and protection, he shall, as soon as possible, but not later than 24 hours of receiving such information, arrange to take such child to the nearest hospital or medical care facility centre for emergency medical care:
PROVIDED that where an offence has been committed under sections 3, 5, 7 or 9 of the Act, the victim shall be referred to emergency medical care.
(2) Emergency medical care shall be rendered in such a manner as to protect the privacy of the child, and in the presence of the parent or guardian or any other person in whom the child has trust and confidence.
(3) No medical practitioner, hospital or other medical facility centre rendering emergency medical care to a child shall demand any legal or magisterial requisition or other documentation as a pre-requisite to rendering such care.
(4) The registered medical practitioner rendering emergency medical care shall attend to the needs of the child, including-
   (i) Treatment for cuts, bruises, and other injuries including genital injuries, if any.
   (ii) Treatment for exposure to sexually transmitted diseases (STDs) including prophylaxis for identified STDs.
   (iii) Treatment for exposure to Human Immunodeficiency Virus (HIV), including prophylaxis for HIV after necessary consultation with infectious disease experts.
   (iv) Possible pregnancy and emergency contraceptives should be discussed with the pubertal child and her parents or any other person in whom the child has trust and confidence.
   (v) Wherever necessary, a referral or consultation for mental or psychological health or other counseling should be made.
(5) Any forensic evidence collected in the course of rendering emergency medical care must be collected in accordance with Section 27 of the Act.

The Protection Of Women from Domestic Violence Act 2005.-

3. Definition of domestic violence. For the purposes of this Act, any act, omission or commission or conduct of the respondent shall constitute domestic violence in case it -

(a) harms or injures or endangers the health, safety, life, limb or well-being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse; or

(b) harasses, harms, injures or endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or

(c) has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b); or

(d) otherwise injures or causes harm, whether physical or mental, to the aggrieved person.

Explanation I. - For the purposes of this section,-

(i) "physical abuse" means any act or conduct which is of such a nature as to cause bodily pain, harm, or danger to life, limb, or health or impair the health or development of the aggrieved person and includes assault, criminal intimidation and criminal force;

(ii) "sexual abuse" includes any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of woman;

(iii) "verbal and emotional abuse" includes-

(a) insults, ridicule, humiliation, name calling and insults or ridicule specially with regard to not having a child or a male child; and

(b) repeated threats to cause physical pain to any person in whom the aggrieved person is interested.

(iv) "economic abuse" includes-
(a) deprivation of all or any economic or financial resources to which the aggrieved person is entitled under any law or custom whether payable under an order of a court or otherwise or which the aggrieved person requires out of necessity including, but not limited to, household necessities for the aggrieved person and her children, if any, stridhan, property, jointly or separately owned by the aggrieved person, payment of rental related to the shared household and maintenance;

(b) disposal of household effects, any alienation of assets whether movable or immovable, valuables, shares, securities, bonds and the like or other property in which the aggrieved person has an interest or is entitled to use by virtue of the domestic relationship or which may be reasonably required by the aggrieved person or her children or her stridhan or any other property jointly or separately held by the aggrieved person; and

(c) prohibition or restriction to continued access to resources or facilities which the aggrieved person is entitled to use or enjoy by virtue of the domestic relationship including access to the shared household.

Explanation II. - For the purpose of determining whether any act, omission, commission or conduct of the respondent constitutes “domestic violence” under this section, the overall facts and circumstances of the case shall be taken into consideration

4. Information to Protection Officer and exclusion of liability of informant.

(1) Any person who has reason to believe that an act of domestic violence has been, or is being, or is likely to be committed, may give information about it to the concerned Protection Officer.

(2) No liability, civil or criminal, shall be incurred by any person for giving in good faith of information for the purpose of sub-section (1).

7. Duties of medical facilities. If an aggrieved person or, on her behalf a Protection Officer or a service provider requests the person in charge of a medical facility to provide any medical aid to her, such person in charge of the medical facility shall provide medical aid to the aggrieved person in the medical facility.