

Standard Operating Protocol for medico-legal care for Sexual Assault Survivors (SAS)

A. O. [Signature] Galen [Signature]

List of Abbreviations:

Abbreviations	Meaning
SAS	Sexual Assault Survivors
MO	Medical Officer
POCSO	Protection of children from sexual offence
MLC	Médico Legal Certificate
JJ	Juvenile Justice
SAFE	Sexual Assault forensic evidence
DNA	Deoxyribonucleic Acid
ECP	Emergency Contraceptive Pills
FIR	First Information Report
MTP	Medical Termination of Pregnancy
UPT	Urine Pregnancy Test
BMW	Bio Medical Waste
PPE	Personnel Protective equipment
WCD	Women and Child Department
CCI	Child Care institute
MoHFW	Ministry of Health and Family welfare

Standard Operating Protocol for medico-legal care for sexual Assault survivors (SAS)

1. Examination of a case of sexual assault (Sexual Assault Forensic Examination)

It must be very meticulous, and it has far reaching consequences in the line of justice.

2. Who will perform?

A lady medical officer (not necessarily gynaecologist) will perform examination.

3. Is consent needed or not?

- Informed written consent is must, in prescribed format.
- In case of a minor or intellectually disabled survivor, consent of parents or guardian is required.
- In case of minor or intellectually disabled survivor, if the parents /guardian refuse the examination, **they must be counselled** and the same should be documented clearly (as per the mandate of Section-27, POCSO Act). In case of destitute/orphan or intellectually disabled survivor, the Child Welfare Committee or Bal Kalyan Samiti must be informed and the survivor should be counselled by the concerned representative of the Bal Kalyan Samiti and the medical officer.

4. Who is to be informed?

- In case the survivor is brought directly to medical facility, then the nearest police station must be informed.
- In case the survivor does not want to pursue a police case, a MLC must be made and she must be informed that she has the right to refuse to file FIR. An informed refusal must be documented in such cases.
- In case accompanied by a police personnel, the Personnel Number (CP Number) and name of the latter along with a copy of FIR are to be recorded in the case record and MLC report.

5. Proof of age

- In all cases under POCSO Act, where the age of the survivor, and cases where the age of the child in conflict with law are material, the following documents/ procedure shall be relied upon (Section-34, POCSO Act read along with Juvenile Justice (Care and Protection of Children) Act, 2000.)
 - (i) A date of birth certificate from the school, matriculation or equivalent certificate from the concerned examination Board, if available; and in the absence thereof,
 - (ii) Birth certificate given by a corporation or a municipal authority or a Panchayat, Government Hospital.
 - (iii) And only in the absence of (i) and (ii) above, age shall be determined by an ossification test or any other medically proven and improved age determination test.
 - (iv) A copy of identity proof (if available) may be attached in the case record and MLC documents.

6. Prerequisites

- The examination should be carried out in a well-lit room, with only the needed staff wearing proper PPE.

- The Sexual Assault Forensic Evidence (SAFE) kit should be ready; Items like swab sticks, syringes and needle for drawing blood, lancets, nail scrappers, comb and nail cutters should be used only once for a case.
- It should then be disposed off and should not be used for any subsequent case, except instruments which should be disinfected or autoclaved. Usage of any used articles may lead to contamination of DNA samples.
- Two identification marks (I.D Marks) on the exposed part like the face, upper and lower limbs. I.D marks are moles, scars, and tattoo marks etc. on the body should be documented.
- The survivor should be asked to stand on white paper on the floor and undress. If possible, the examiner should look for fall debris for evidence collection.
- Outer and inner clothing should be preserved separately, and white paper should be kept on the floor. **Clean clothing should be provided to the survivor.**
- In case the survivor is not accompanied by any member of her family, the information about such crime should be given immediately to her family and/or the Bal Kalyan Samiti.

7. Treatment of survivor

- The survivor of such crime should be treated with dignity, empathy and sensitivity with psychosocial support by representative of Bal Kalyan Samiti.
- **Emergency treatment for MLC procedure and examination must not be deferred. Saving her life is as much a priority as for any other survivor (even if she gives negative consent for SAFE).**
- The identity of the survivor must not be made public and due care must be taken not to reveal her identity in print and electronic media.
- Admission shall be as MLC case and name will be Miss X (X IX MONTH MMXXIV). Photo of such survivor may be used in the case diary for the purpose of re-investigation.

8. Preventing long-term issues after assault

The following protocol should be followed by the medical officer, based on consent, for preventing long-term issues post assault:

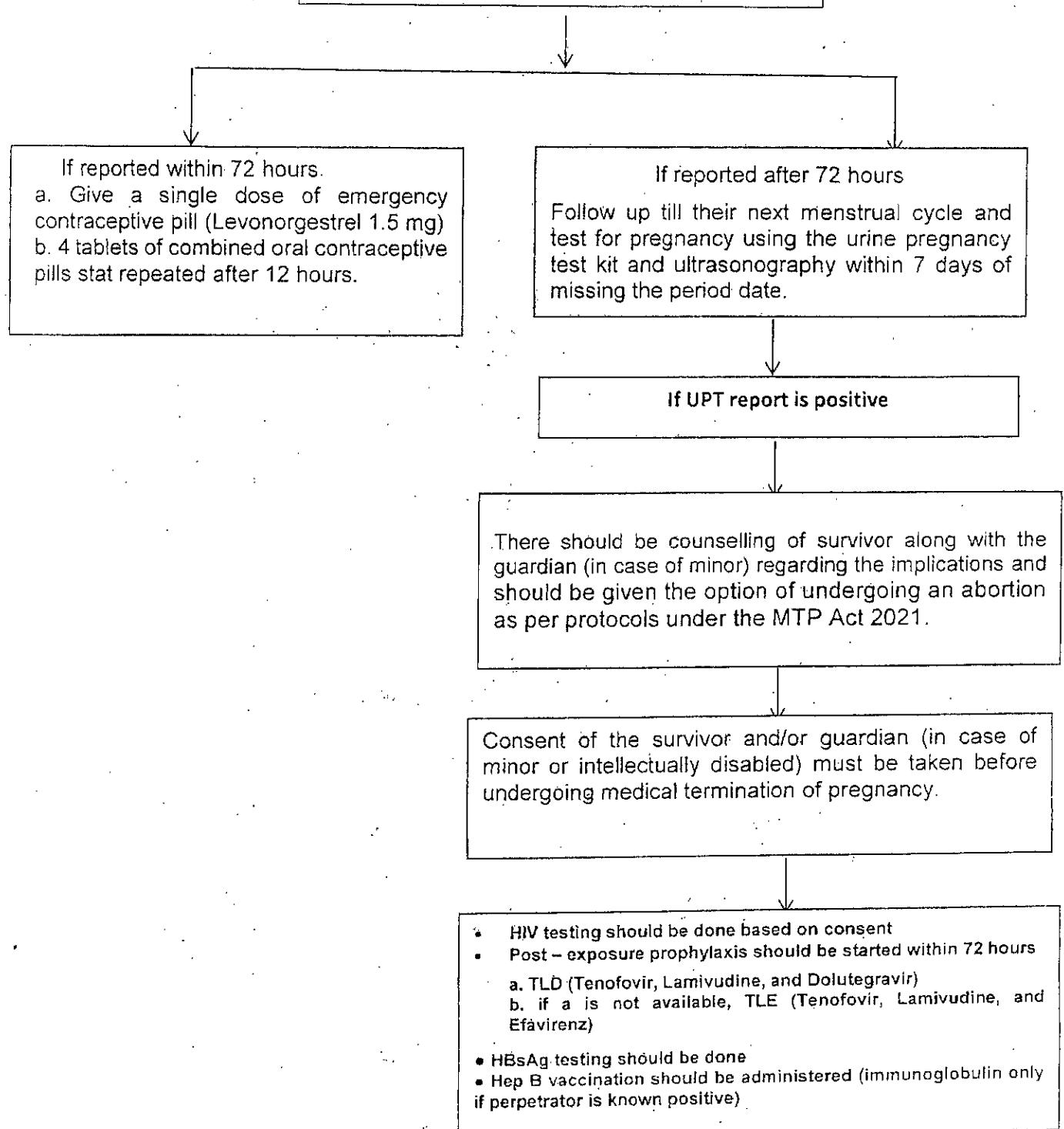
- Emergency contraception should be offered to the survivor along with appropriate counselling if assault is reported **within 72 hours**.
- The following emergency contraceptives should be offered and the survivor should be followed up till the next menstrual cycle:
 - a. Single dose of emergency contraceptive pill. (Levonorgestrel 1.5 mg)
 - b. 4 tablets of combined oral contraceptive pills stat repeated after 12 hours.

(If the survivor vomits within 1 hour of taking ECPs the dose needs to be repeated)

- In case she has not attained menarche, and if age is more than 7.5 years above pills can be safely administered, and survivor can be put under watch and ensure follow up as per protocol.
- If the survivor reports after **72 hours** of sexual assault, they should be followed up till their next menstrual period and tested for pregnancy using the urine pregnancy test kit and ultrasonography within 07 days of missing their period date.
- If the survivor tests positive in the Urine pregnancy test, they should be counselled along with the concerned guardian (in case of minor) regarding the implications of pregnancy, and should be given the option of undergoing an abortion as per protocols under the MTP Act 2021.
- Consent of the survivor and/or guardian (in case of minor or intellectually disabled) must be taken before undergoing medical termination of pregnancy.
- HIV testing should be done based on consent.
- Post – exposure prophylaxis should be started within 72 hours:
 - a. TLD (Tenofovir, Lamivudine, and Dolutegravir)
 - b. If (a) is not available, TLE (Tenofovir, Lamivudine, and Efavirenz)
- HBsAg testing should be done

- Hep B vaccination should be administered (immunoglobulin only if perpetrator is known positive)
- The survivor should also be counselled on mental health and should be encouraged to access mental health care services through the Tele MANAS helpline (14416 or 1-8008914416) or the district mental health clinic.
- Facility incharge must ensure regular social behavioural trainings of all cadres specially who are dealing with sexual assault survivor.
- Post the MTP procedure conducted (based on consent), the survivor should be followed up till next six menstrual cycles along with an ultrasonography.

Preventing long-term issues after assaults



After MTP procedure, (based on consent), the survivor should be followed up till next six menstrual cycles along with ultrasonography.

DR. Rakesh Kumar

9. SAFE KIT

The SAFE kit should include the following:

- Forms for documentation
- Large sheet of paper to undress over
- Paper bags for clothing collection
- Catchment Paper
- Sterile cotton swabs and swab guards for biological evidence collection
- Comb
- Nail Cutter
- Wooden stick for finger nail scrapings
- Small scissors
- Urine sample container
- Tubes/ vials/ vaccutainers for blood samples [Ethylenediaminetetraacetic acid (EDTA), Plain, Sodium fluoride]
- Syringes and needle for drawing blood
- Distilled water
- Disposable gloves
- Glass slides
- Envelopes or boxes for individual evidence samples
- Labels
- Lac(sealing wax) Stick for sealing
- Clean clothing, shower/hygiene items for survivors use after the examination
- Other items for a forensic/medical examination and treatment that may be included are:
 - Woods lamp/Good torch
 - Vaginal speculums
 - Drying rack for wet swabs &/or clothing
 - Survivor gown, cover sheet, blanket, pillow
 - Post-It notes to collect trace evidence
 - Camera (35mm, digital with colour printer)
 - Microscope
 - Colposcope/ Magnifying glass
 - Toluuidine blue dye
 - 1% Acetic acid diluted spray
 - Urine Pregnancy test kit
 - Surgilube
 - Medications

Instruments should be disinfected (washed with soap and water then autoclaved) before reuse as per BMW rules 2016.

10. Medicolegal examination

- Thorough medical and incident history should be recorded (menstrual, vaccination and sexual violence, physical violence)
- Guardian / representative of Bal Kalyan Samiti in case of minor can be present if SAS wishes.
- ***No two-finger test must be done, and no comment should be made on vaginal laxity or sexual habit***
- Nature of sexual violence, time lapsed and whether survivor has bathed and changed her clothing should be recorded;
 1. Survivor will undress on a plain white sheet of paper to collect any loose evidence as pubic hair etc

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2. All clothing must be folded inside out and kept in paper bags
3. If a sanitary pad is there the sticky side is covered with butter paper and kept in paper bag
4. Note and draw any bite or injury marks, swelling, haemorrhage or laceration
5. Head hair sample must be plucked and placed in paper envelope
6. Pubic hair must be combed after laying survivor on white paper to collect loose hair which is sent
7. Survivor's pubic hair is plucked and packed
8. Vulval swab is taken by separating the labia and smearing a wet swab stick over inner aspect of labia minora and navicular fossa
9. Vaginal swab is taken from anterior and posterior fornixes by speculum examination
10. Cervical swab is similarly sent
11. Anorectal swab is collected and packed
12. Survivor's blood samples in lavender, red, grey and green vials
13. Oral swab is taken where there is suspected oro-genital trauma
14. Breast swabs
15. Slides prepared from vulval, and vaginal smears are prepared and sent in slide cases or with another slide on top
16. Nail cutting and scrapings
17. Urine sample is sent in sterile container
18. Vaginal washing is also needed

SAFE to be Collected

Specimen	Purpose	Preservation	Chain of Custody
Products of conception (fetal tissue, membranes, placenta)	DNA profiling to establish paternity	Normal saline or dry sterile container (avoid formalin for DNA)	Seal, label, hand over to IO with MLC number.
Fetal tissue sample	DNA of foetus	Saline or dry	Tissue to be transported maintaining cold chain.
Blood sample of survivor	DNA comparison/ toxicology	EDTA & plain vials	
Buccal swab of survivor (if blood unavailable)	DNA comparison	Air Dry swab	
Buccal swab of accused (if available)	Reference DNA	Air Dry Swab	Seal, label, hand over to IO with MLC number.

11. Drafting the report and dispatching the report and specimens

- The report of sexual assault survivor examination should be prepared immediately after examination and handed over to investigating officer.
- A copy of the receiving must be attached in the case record with the name and personal number of the official.
- A copy of medical report should be made available to the survivor.

12. Important instructions

- Documentation should be thorough.
- Packing and labelling should have name not Miss X.
- Proper PPE should be used to avoid contaminating DNA samples.

[Handwritten signatures and initials follow, including 'A', 'D', 'C', 'J', 'L', 'R', and 'N' with various signatures and initials written over them.]

- A copy of the record must be kept in the case record.

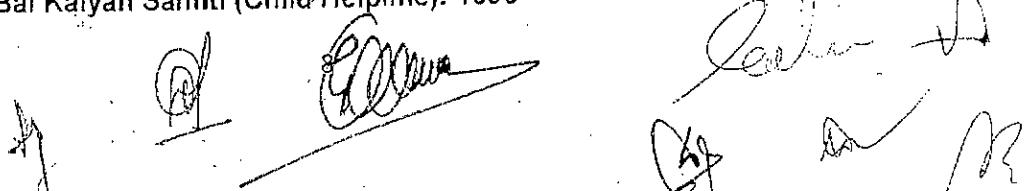
13. Follow-up

The importance of follow up should be explained and emphasized to the survivor. follow up to be done by WCD DEPTT (ONE STOP CENTRE, CCIs & Bal Kalyan Samiti). It should be ensured that in whole process of follow up confidentiality of the survivor should not be compromised. The survivor can be called for re-examination 02 days after the assault to note the development of bruises and other injuries.

- Every case should be followed up at 02 weeks, 04 weeks, 03 months and 06 months.
 - **The 02 weeks follow – up visit:**
 1. Test for pregnancy if indicated.
 2. Check if survivor has completed course of STI medication.
 3. Assess the survivors emotional and mental status; if required support and counselling.
 - **The 04 Weeks follow – up visit:**
 1. 2nd dose of Hepatitis B vaccination.
 2. Repeat pregnancy test.
 3. Assess the survivors emotional and mental status; if required support and counselling.
 - **The 03 Month follow – up visit:**
 1. HIV and syphilis testing, Pre and post - test counselling to be ensured.
 2. Assess the pregnancy status.
 3. Assess the survivors emotional and mental status; if required support and counselling.
 - **The 06 Month follow – up visit:**
 1. 03rd dose of Hepatitis B vaccination.
 2. Test for HIV, Pre and post - test counselling to be ensured.
 3. Assess the survivors emotional and mental status and refer as necessary.
 4. Assess for psychological sequelae and re-iterate need for psychological support as per; Section 5 of the guidelines.
- All follow-ups should be documented.
- If pregnancy positive, abortion services as per the provisions of MTP Act should be offered upto 09 weeks under supervision of medical officer, Product of Conceptus for DNA testing can be collected in sterile saline vial/container with proper labelling, and if the pregnancy is more than 09 weeks to up to 20 weeks can be terminated at CHC level under supervision of trained RMP as per MTP act.
- In case of more than 20 weeks and up to 24 weeks case should be referred at appropriate facility has up to two Obstetricians and Gynaecologists.
- In case of minor, if menarche has not occurred, then the child should also be tested for pregnancy through UPT in subsequent follow-up visit.
- For details on the above, refer guidelines and protocols for medico-legal care for survivors/survivors of sexual violence, MoHFW, 2014.

Important Helpline Numbers:

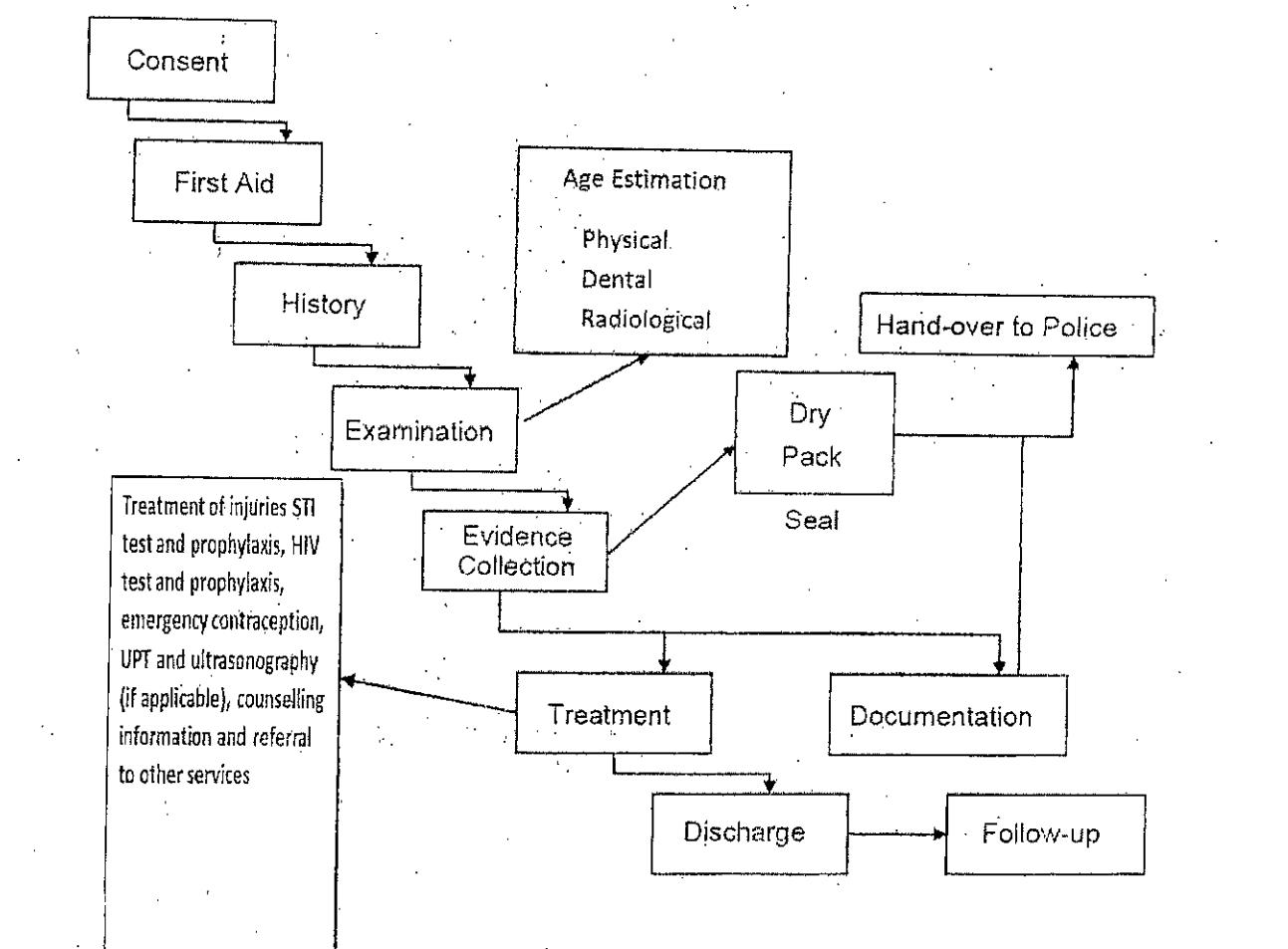
1. One Stop Center: 181
2. Bal Kalyan Samiti (Child Helpline): 1098



Handwritten signatures of officials, likely the authorizing authority for the document.

3. Women Helpline: 1090
4. Telemanas: 14416 or 1-8008914416

Steps for comprehensive healthcare response to sexual violence



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