



# उत्तर प्रदेश आयुर्विज्ञान विश्वविद्यालय

सैफई, इटावा (उ०प्र०) - 206130

**Uttar Pradesh University of Medical Sciences**

Saifai, Etawah - 206 130 Phone: (05688) 276563, Website: www.upums.ac.in

Letter No. 1744/UPUMS/SOP(164-CD)/23-24

Date : 14.08.2023

## Office Order

It is to inform you that a Guidelines, Standard Operating Procedure (SOP) and Performa pertaining to sexual assault victim within the university setting is being established with the aim of effectively addressing the needs of sexual assault victims at UPUMS Hospital, Saifai. The features of Guidelines, Standard Operating Procedure (SOP) and Proforma are as follows:-


1. Background and significance
2. Definition
3. Incidence and prevalence
4. Legal framework/Performa for reporting
5. Disclosure of sexual assault
6. Procedure for immediate medical and forensic aid
7. Legal proceeding
8. Resources for support
9. Preventive education
10. Training and capacity building
11. Organization policy and guidelines/ Performa for consent, history collection and physical examination

  
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### Copy to:

1. All Dean
2. Medical superintendent
3. All HOD with the request to the communicate all the faculty/ Doctor/PG student
4. Registrar
5. Administrative Officer
6. Medical Officer, Emergency Department
7. I/C, Sexual harassment cell
8. I/C, CAC for uploading in the university website
9. PA to VC
10. PA to Pro VC

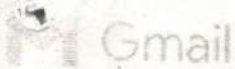
  
Vice Chancellor

## Material types &amp; details used in SAFE Kit - Municipal Corporation of Greater Mumbai

Sr. No.	Name of the Printing Material in a Kit	Number of Quantity in a kit	Sr. No.	Name of the Medical Material in a Kit	Number of Quantity in a kit	Sr. No.	Name of the Stationary Material in a Kit	Number of Quantity in a kit
1	Examination Manual (Ministry of Health & Family Welfare)	1	1	Glass slides	6	1	Blothing Papers (4" x 4" diameter)	1
2	Materials envelopes (arranged accordingly) Size: H-24cm. X W-7.5cm.	26	2	Surgical Hand Gloves (6.5") (Sterile)	1 set	2	comb (bigger teeth)	1
3	Proforma form: Size : A4	1	3	**Saline/ distilled water 5 ml. bottle	2	3	comb (fine teeth)	1
4	Swab Guards Size: H-16.5cm. X W-2cm.	9	4	Cotton Swab sticks (sterile)	30	4	Red colour sealing wax	1
			5	Syringe Needle 10 ml. (sterile)	1	5	Polythene Bags - BIG (Size 16" X 20")	1
			6	Urine container 50 ml. (sterile)	1	6	Polythene Bags - Small (Size 7" X 10")	2
			7	Vacutainer Bottles Sodium Floride 2 ml. Grey	1			
			8	Vacutainer Bottles EDTA 3 ml. Purple	1			
			9	Vacutainer Bottles Plain 4 ml. Red	1			

Note\*\*

Can not send in courier as it is not allowed.



Sandeep Arya &lt;aryasandeep2007@gmail.com&gt;

## Regarding Safe kit procurement, UPUMS, Saifai

2 messages

Sandeep Arya <aryasandeep2007@gmail.com>  
To: "cehatmumbai@gmail.com" <cehatmumbai@gmail.com>

Mon, Jul 24, 2023 at 4:05

To  
Dr. Amrita Pitre  
CEHAT, Mumbai

Subject: Sexual Assault Evidence Collection Kits, Free availability.

Madam,

Greeting of the day..

Respectfully, I am directed to approach you on behalf of Medical Superintendent, U.P. University of Medical Sciences, Saifai, Etawah that we are tertiary health care unit, an autonomous body of state, we are facing the sexual assault victims or survivors in our emergency unit, considering the fact in sexual assault, we are highly require SAFE KIT for collection and preservation of evidence and treatment of assault survivor/victim.

kindly help us out to get approx 200 SAFE KIT as a free supply to the institution, if availability is possible, kindly inform the process of procurement.

Thank you in anticipation.

Sandeep Arya  
Assistant professor  
Faculty of Nursing, UPUMS, Saifai  
Mobile no. - 8938955369

CEHAT <cehatmumbai@gmail.com>

To: Sandeep Arya <aryasandeep2007@gmail.com>

Fri, Aug 4, 2023 at 1:05

Cc: Pramila Naik <pramila@cehat.org>, "SANGEETA (Cehat)" <sangeeta@cehat.org>, Ashwini Chougule <ashwini@cehat.org>, Yogita Shivankar <yogita@cehat.org>

Dear Sir,

Sorry for reverting back late on your email. Hope you find this email helpful. Please find some **information about CEHAT**, please go through the same.

CEHAT is a not for profit organisation working on health issues impacting the lives of marginalised populations. SAFE Kit, sexual assault forensic evidence kit is a box comprising of paraphernalia such as vactunaires/bulbs for collection of urine, blood, scissors, nail clippers, catchment papers, plastic bags to collect clothes, envelopes for storing evidence collected and the like.

However, just the usage of the SAFE Kit at the level of each hospital is not adequate to provide a comprehensive health care response. What is required to have a holistic and good quality health response is a gender sensitive proforma for examination and treatment, psychological first aid and adherence to a standard operating protocol at the level of each hospital. The protocol developed by CEHAT for medical examination and treatment has been used by several public hospital in more than 150 sexual assault cases since 2008. We would be happy to share with you a medical examination and treatment manual, sample SAFE Kit as well as a report outlining CEHAT's work on sexual assault health care. The Central Government Health Ministry has adapted the same protocol.

These kits can be easily prepared at the level of each hospital by the departments itself as its only a matter of procuring the necessary items (check the attached list). We also run national level courses to equip health professionals to understand and respond to the issue of gender based violence and sexual violence. We would be happy to offer such trainings at your hospital too.

Please see link provided below -

<http://www.cehat.org/go/uploads/Publications/R87%20Establishing%20a%20Comprehensive%20Health%20Sector%20Response%20to%20Sexual%20Assault.pdf> (report)

Thank you.  
With regards  
Swati P.  
CEHAT, Mumbai  
[Quoted text hidden]

SAFE Kit material List for reference.xlsx

11K

**Uttar Pradesh University of Medical Sciences,  
Saifai, Etawah, U.P. India**



**Guidelines, SOPs & Performa for Sexual Assault of  
UPUMS, Saifai, Etawah, U.P.**



**2023**

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**Dr. P. K. Singh**  
Vice Chancellor

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*Michel*

*Dr.*

*[Handwritten Signature]*

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## Section -1

### Introduction

Sexual assault is a very upsetting and common problem that has been going on for a long time in many different cultures and countries. It's any sexual contact or action that happens without the victim's permission. It has been a pervasive, grave, and distressing problem throughout history. It refers to any form of non-consensual sexual activity in which one individual exercises power and control over another through force, coercion, manipulation, or the inability to grant consent.<sup>1</sup>

Sexual assault has historically been met with silence, disbelief, victim-blaming, and social stigma, making it challenging for survivors to come forward and pursue justice. Over time, however, awareness and comprehension of sexual assault have increased, resulting in changes in societal attitudes, legal frameworks, and support systems for survivors.

Significant achievements have resulted from efforts to combat sexual assault, including the women's rights movement, advocacy for survivor rights, the establishment of rape crisis centres and hotlines, and changes in legislation. Numerous nations have passed legislation criminalizing sexual assault, protecting survivors, and promoting education and prevention.

Media coverage, social movements such as #MeToo, and survivor accounts have cast light on the pervasiveness of sexual assault and sparked crucial conversations about consent, respect and gender equality. These discussions have contributed to breaking the isolation and challenging the social norms that perpetuate sexual violence.<sup>2</sup>

It is essential to recognize that sexual assault affects people of all ages, genders, and socioeconomic circumstances, medical assistance, legal recourse, and community resources comprise the survivors' support. Numerous organizations and help lines are available to provide survivors and their loved ones with support, guidance, and resources.

#### 1.1 History of sexual assault in India

In the past, patriarchal values and customs have had a significant impact on Indian society. As a result, gender inequality has persisted within Indian society, and a culture of silence has developed in response to sexual assault and harassment. Traditional practises such as child marriage, the dowry system, and the killing of female infants have all been responsible for contributing to the subservient and vulnerable position that women have historically held.

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Throughout India's colonial era, which spanned over two centuries and ended with the country's independence in 1947, there were incidents of sexual assault committed by both colonial authorities and native perpetrators. This was the case even after India attained its independence. It was common knowledge that British officers committed sexual crimes against Indian women, and events such as the massacre at Jallianwala Bagh in 1919 highlighted the terrible treatment of Indian people by the administration of the colonial government. After the country gained its independence, sexual violence remained to be a problem, despite the fact that it became more publicised as a result of increased media coverage and heightened social awareness. As a result of a number of high-profile incidents, the nation has been shook to its core, and public fury has been generated, which has led to calls for more stringent legislation and more protection for victims. The rape of Mathura in 1972, the rape of Bhanwari Devi in 1992, and the gang rape of Nirbhaya in 2012 are three examples that stand out as particularly noteworthy. Domestic violence already recognized as a criminal offence since 1983 under Indian Penal Code 498-A. Protection of Women from Domestic Violence Act 2005 (PWDVA) includes all forms of physical, emotional, verbal, sexual, and economic violence under definition of domestic violence.<sup>3,4,5,6,7</sup>

The subject of sexual violence has gained a great amount of attention in India in recent years, which has led to conversations and initiatives aimed at tackling the issue. The Indian Penal Code (IPC) went through a series of revisions in 2013, one of which increased the severity of the penalties for sexual offences like rape. In addition, in order to ensure that justice is delivered in a timely manner, steps have been taken to set up specialised courts known as fast-track courts and to execute changes designed to speed up the legal process. In spite of these precautions, sexual assault continues to be a significant problem in India. Inadequate reporting, social stigma, the practise of blaming victims, and a court system that moves at a snail's pace are often the factors that prevent survivors from obtaining justice. There have been ongoing efforts made by activists, non-governmental organisations (NGOs), and the government to increase awareness, improve support services for survivors, and expand legal processes in order to successfully combat sexual violence.<sup>8,9</sup>

## 1.2 Purpose and scope of the guidelines

1. Aid the victim of violence with medical care.
2. Establish standard operating procedures for the care, treatment, and rehabilitation of sexual violence survivors/victims.

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3. If necessary, provide psychological support to both the victim and perpetrator of violence.
4. Instructions can be given to hospitals on how to deal with incidents of suspected or actual gender-based violence.
5. To treat victims of trauma-based violence with empathy and to encourage them to consult a psychologist or psychiatrist.
6. Conduct the appropriate medico-legal assessment to aid law enforcement in prosecuting violent offenders.
7. Women seeking care for themselves or their children should be referred to the mentioned organisations if any suspicion of abuse exists.
8. The sexual assault guidelines acknowledge the significance of prevention and awareness programmes. They may enumerate strategies for increasing awareness of sexual assault, promoting education on consent, and challenging harmful attitudes and behaviours that contribute to a culture of violence.
9. Health care professionals must follow the cultural sensitivity while carrying out medical procedures and good quality care to the survivors of sexual assault.

### 1.3 The significance of addressing sexual assault

For several reasons, addressing sexual assault is crucial:

- ❖ Victim Justice and Recovery: - Sexual assault survivors have devastating physical, mental, and emotional after effects. Addressing sexual assault is a step towards bringing about justice and healing for victims and their communities. Survivors can take back control of their life and begin the healing process with the help of support groups, and legal options.
- ❖ Deconstruction Culture of Sexual Assault: - Rape culture, which normalises and trivialises sexual violence, must be dismantled if sexual assault is to be eradicated as a social problem. Addressing sexual assault is an important step in challenging and destroying rape culture, which perpetuates victim shaming, silence, and blame. This shift in perspective is essential if we are to build a society that values consent, cares for survivors, and punishes offenders.
- ❖ Early Detection: - The first step in dealing with sexual assault is to take preventative measures to ensure it doesn't happen in the first place. A culture of respect, empathy, and consent can be established through advocacy, education about consent and healthy

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relationships, and the rejection of cultural norms that enable sexual violence. Efforts to prevent sexual assault help make communities and workplaces safer for everyone.

- ❖ Gender Equity and the Protection of Human Rights: -Sexual assault is a breach of a person's right to bodily autonomy, dignity, and human rights, regardless of the victim's gender. Because of this, gender and power inequities are reinforced, as are the effects of marginalisation. Promoting gender equality necessitates addressing sexual assault as a means of combating structural oppression and advancing the creation of a society in which all people are safe from violence and discrimination.
- ❖ Guarding Public: - Threat to Public Safety Sexual assault is a major problem in today's society. To combat sexual assault, legal frameworks must be fortified, law enforcement responses must be enhanced, and offenders must be held accountable for their crimes. Improve public safety and work towards a society where sexual violence is not accepted by funding effective prevention strategies and robust support systems.
- ❖ Community Welfare: -In addition to the victim, the community as a whole feels the effects of sexual assault. Addressing sexual assault is vital for developing resilient communities that value the well-being and safety of its people. By promoting a culture of consent, respect, and accountability, communities may join together to support survivors, avoid future instances, and enhance overall social cohesiveness.
- ❖ Create protective environment: Parents and society must teach the teens and kids to respect girls, teach healthy dating and intimate relationship skills to teens, promote sex education to youngsters, and improve safety and monitoring in schools, safe workplace policy for women.

#### 1.4 Health consequences

The survivors of sexual assault may experience severe physical, psychological, and emotional consequences. Depending on factors such as the nature and severity of the assault, the individual's resilience, and the support received, the health consequences of sexual assault can vary. These are some prevalent health consequences<sup>10</sup>:

- ❖ Sexual assault can result in a variety of physical injuries, including bruises, scrapes, and abrasions, as well as more severe injuries such as fractures or internal trauma. Survivors may require medical care for both immediate treatment and possible long-term health concerns.
- ❖ If unprotected sexual contact occurred during the assault, there is a risk of contracting sexually transmitted infections (STIs). As it pertains to sexually transmitted

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infections (STIs), health professionals can provide the necessary testing, treatment, and follow up.

- ❖ **Pregnancy:** Sexual assault can result in unwanted pregnancies. Professionals in the health care field can offer survivors advice and support regarding emergency contraception, pregnancy testing, and options such as abortion and adoption.
- ❖ **Survivors of sexual assault frequently experience mental health issues, including post-traumatic stress disorder (PTSD), anxiety, melancholy, and suicidal ideation. Health professionals, particularly mental health specialists, play a crucial role in addressing these issues by providing therapy, and support.**
- ❖ **Substance abuse:** Some survivors of sexual assault may turn to substance abuse as a coping mechanism. Professionals in the health care field can provide guidance, substance misuse treatment, and referrals to support groups or specialised services.

## **Section 2**

### **Definition and Forms**

#### **2.1 Conceptual definition of sexual assault**


The amended of Indian Penal code of Section 375, a man is said to commit 'rape' if he:

- 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
- inserts, to any extent, any object or part of the body, not being the penis, into the vagina, the urethra or anus of a woman or makes her do so with him or any other person; or
- manipulates any part of the body of a woman so as to cause penetration into the vagina, urethra or anus of such woman or makes her to do so with him or any other person; or
- applies his mouth to the vagina, anus or 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:

- i. against her will
- ii. without her consent
- iii. with her consent, when her consent has been obtained by putting her or any person in whom she is interested in the fear of death or hurt.

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- iv. 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.
- v. with her consent when, at the time of giving such consent, by reason by unsoundness of mind or intoxication or the administration by him personally or through another of any stupefying or unwholesome substances, she is unable to understand the nature and consequences of that to which she gives consent.
- vi. with or without her consent, when she is under eighteen years of age.
- vii. when she is unable to communicate consent.<sup>11</sup>

## 2.2 Different form of sexual assault

It is essential to recognise that sexual assault is not limited to a single act or behaviour, as it can take many different forms. Here are various types of sexual assault:

- ❖ Rape: -Sexual contact, such as vaginal, anal, or oral penetration, that occurs without the victim's consent or against their will is considered a rape.
- ❖ Sexual exploitation: - It is the exploitation of a person for sexual purposes through manipulation, fraud, or misuse of power, frequently involving trafficking, pornography, and prostitution.
- ❖ Sexual harassment: unwanted sexual advances, remarks, gestures, or actions that create an intimidating, hostile, or offensive environment. It can occur in a variety of locations, including workplaces, institutions, and public areas.
- ❖ Sexual coercion: - It is the use of pressure, threats, manipulation, or force to compel an individual to engage in sexual activities against their will.
- ❖ Fondling or groping: - The unwanted and un-consented stroking or fondling of a person's intimate body parts.
- ❖ Sexual abuse of children: -Sexual abuse of children includes inappropriate touching, exposing genitalia, child pornography, and forcing a child to engage in sexual actions.
- ❖ Marital rape: -In the context of a marriage, a rape occurs when one spouse forces or coerces the other to engage in sexual activities without their consent.<sup>10,12</sup>

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## Section- 3

### Incidence and Prevalence

#### 3.1 Statistical data related to incidence and prevalence

National family health survey conducted by Ministry of Health and Family Welfare in 2019-2021 highlights that 6% of women between the ages of 18 and 49 reports having ever been the victim of sexual violence. The survey also shows that people who have intimate relationships with women are more likely to conduct sexual violence. Eighty-two percent of ever-married women ages 18 to 49 who have ever experienced sexual violence name their present husband as the offender, while 14 percent name a prior husband. Reported sexual assault, 'other' family members (39%), a current or previous lover (16%), and a family friend (12%), respectively, were the most frequent offenders. Unmarried women occasionally name strangers (5%), teachers, fathers, stepfathers, and brothers, respectively (4%). Survey also represents that among women age 18-49 years, sexual violence mostly happens with 30-39 years (7%), rural background women (6.7%), women with no schooling or below 5 years of schooling (8.8%), with widowed/divorced/separated/deserted (13.8%), women of nuclear family (6.4%), women of schedule caste (7.2%), possess lower economic wealth (10%).<sup>13</sup>

A report submitted by UN Human Rights Bodies shows 29.3% women face lifetime Physical and/or Sexual Violence by Intimate Partner, 24% Physical and/or Sexual Intimate Partner Violence in the last 12 months and 27.3% Child Marriages in India.

The State/UT-wise complaints during 2014-2019 registered by National Commission for Women (NCW), under the category "Rape/Attempt to rape" found highest in Uttar Pradesh followed by Delhi, Haryana and Rajasthan.<sup>14</sup>

An article published in BMC journal had eye opener result shows that rate of all rape-related crime increased from 11.6 to 19.8 per 100,000 women and girls from year 2001 to 2018. The highest percentage of crimes was recorded as assault followed by rape. Most commonly a known person (44.3%) or other known person (43.1%) cited as offender in majority of rape cases.<sup>15</sup>

According to an annual report of the National Crime Records Bureau (NCRB) in 2021, total 31,677 rape cases were registered all over country, average of 86 cases per day. As per NCRB, Highest numbers of rape cases were registered in State Rajasthan followed by Madhya Pradesh and Uttar Pradesh.<sup>16</sup>

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### 3.2 Impact on mental, social and physical of survivors

Sexual assault can have profound and multifaceted effects on survivors, affecting their mental, social, and physical health. It is essential to recognise that individuals may react differently to such traumatic experiences, and that the effects can vary depending on several factors, such as the individual's resilience, support networks, and access to resources. The following are the common impact: -

#### Mental Impact:

- ❖ Post-Traumatic Stress Disorder (PTSD): Sexual assault survivors may develop PTSD, characterised by intrusive memories, flashbacks, nightmares, and extreme anxiety or dread.
- ❖ Depression and Anxiety: It is common to experience sadness, hopelessness, and a loss of interest in previously relished activities. Additionally, survivors may develop anxiety disorders like generalised anxiety disorder or panic disorder. As a coping mechanism to cope with the trauma, survivors may experience a feeling of disassociation from their body or emotions.
- ❖ Self-Blame and remorse: Survivors may unfairly blame themselves for the assault, resulting in feelings of remorse, shame, and diminished self-esteem. Sexual assault can erode survivors' trust in others, making it difficult for them to form new relationships or sustain existing ones.
- ❖ Self harm: As a consequence of the trauma, certain survivors may experience suicidal ideation or engage in self-harm.

#### Social Consequences:

- ❖ Isolation and Withdrawal Survivors: - It may withdraw from friends, family, and social activities due to feelings of shame, guilt, or dread of being judged. Sexual assault can wreak havoc on relationships, as survivors may struggle with intimacy, trust, and vulnerability. They may also encounter difficulties forming new romantic relationships.
- ❖ Stigmatisation and Judgement: Society's misconceptions and victim-blaming attitudes can exacerbate survivors' trauma, resulting in feelings of alienation and reluctance to seek assistance.

#### Impact on Work or Education:

- ❖ In their academic or professional pursuits, survivors may experience difficulty concentrating, decreased productivity, or absenteeism.

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#### Physical Impact:

- ❖ Physical Injuries: During the assault, survivors may sustain physical injuries ranging from minor scrapes and bruises to more severe injuries.

#### Sexual Health Concerns

- ❖ Sexual assault can result in sexually transmitted infections (STIs), pelvic pain, gynaecological issues, and reproductive health complications.

#### Chronic Pain and Fatigue:

- ❖ Survivors may experience chronic pain, headaches, or fatigue as a result of the assault's physical and emotional duress.<sup>10</sup>

## Section 4

### Legal framework

#### 4.1 Human rights for the protection of the survivor

In India, survivors of sexual assault are protected by a number of human rights and legal frameworks. Some of India's most important human rights laws and regulations are as follows:

1. The Indian Constitution: All citizens of India, including those who have endured sexual violence, are afforded basic protections under the law by the Indian Constitution. Important clauses are as follows: -
  - a) Article 21's guarantee of a person's "right to life and personal liberty" protects the survivor's ability to do so in an atmosphere free from violence and abuse.<sup>17</sup>
  - b) Equal Protection of the Law & No discrimination (Article 14 & Article 15): This guarantees that no one will be treated differently because of their gender.<sup>18</sup>
  - c) Criminal Law (Amendment) Act, 2013: The 2012 gang rape in Delhi prompted the passage of this law. Key provisions are as follows:
    - New sexual offences such as acid assaults, stalking, and voyeurism were created as a result of the law's expansion of the definition of sexual offences.
    - Increased penalties include mandatory minimum sentences for some sexual offences and the death penalty for the most egregious incidents of rape that result in the victim's death or permanent vegetative state.
    - Survivors of sexual assault have the right to have their privacy protected, and it is illegal to reveal their identity in any public forum.<sup>19</sup>
2. The Protection of Children from Sexual Offences Rules, 2020 is a piece of legislation that was passed in order to deal with sexual crimes committed against children. The

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law recognises the special vulnerability of child victims and provides a definition of sexual offences committed against children. The act requires the creation of special courts to ensure the promptness of trials, the confidentiality of processes, and the incorporation of other child-friendly practises into the judicial system. The act stipulates the appointment of a special educator or counsellor to assist the child survivor in his or her recovery and rehabilitation.<sup>20</sup>

3. Advice from the National Association of Legal Services Authority (NALSA): The National Association of Legal Services Authority (NALSA) has issued recommendations to ensure that survivors of sexual assault have access to justice and legal representation. These rules highlight the survivor's entitlement to free legal assistance, confidentiality, and emotional support throughout the proceedings.<sup>21</sup>
4. The Indian government has set up OSCs (One-Stop Centres) all over the country to provide medical care, legal representation, and police help to rape survivors.<sup>22</sup>

#### **4.2 Indian laws and regulation related to sexual assault**

Sexual assault is a serious crime in India, and there are numerous laws and regulations in place to combat it. Here are some of India's most important sexual assault laws and regulations:

**IPC:** The Indian Penal Code is India's primary criminal code, and it contains a number of sections addressing sexual offences. The pertinent sections consist of:

- a) Section 375: This section defines the offence of rape, which occurs when a man engages in sexual activity with a woman without her consent under certain circumstances. Recognising that men can also be victims of rape, the law was revised in 2013 to broaden the definition of rape and make it gender-neutral.<sup>23</sup>
- b) Section 376: This section addresses the penalties for rape. It provides for various degrees of punishment based on the gravity of the offence, including life imprisonment or varying terms of solitary confinement, and in some cases, the death penalty. This section criminalises assault or criminal force against a woman with the intent to violate her decorum.<sup>23</sup>
- c) Section 354A: This section addresses sexual harassment and establishes penalties for actions such as unwanted physical contact or advances, making sexually charged remarks, or showing pornographic material against a woman's will.<sup>24</sup>

**Criminal Law (Amendment) Act 2013:** This law was passed in response to the 2012 protests that followed the barbaric gang rape in Delhi. It made a number of amendments to

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the IPC to strengthen laws pertaining to sexual offences. Among the essential provisions of this statute are:

- a) The definition of rape was expanded to include acts other than penile penetration. It recognises different types of sexual assault, including oral and anal penetration and the use of implements.
- b) Stricter punishments: The act imposed harsher punishments for sexual offences, including a minimum term of imprisonment for rape and the possibility of the death penalty in certain circumstances.
- c) New offences: The act introduced new offences, including acid assaults, stalking, voyeurism, and the unauthorised disrobing of a woman, with specific punishment provisions.<sup>8</sup>

**The Protection of Children from Sexual Offences Act (POCSO) 2012:** This act is intended to specifically address sexual offences against minors. It provides a comprehensive framework for safeguarding minors against sexual abuse and exploitation. Among the essential elements of the POCSO Act are:

- a) The act recognises that minors under 18 are incapable of providing informed consent to any sexual activity.
- b) Strict punishments: The act stipulates severe punishments for crimes committed against minors, including life imprisonment or even the death penalty in certain extreme cases.
- c) Special courts and procedures: The act establishes special courts and procedures to guarantee a child-friendly environment for the prosecution of such crimes.<sup>20</sup>

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### 4.3 Performa for Reporting

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#### REPORT OF MEDICO-LEGAL EXAMINATION OF SURVIVOR OF SEXUAL OFFENCE

Confidential Record

Hospital OPD No.

Date:

#### I. GENERAL INFORMATION AND CONSENT.

1. Name of hospital/ Medical Institute .....
2. Name of victim/ survivor .....
3. Age & Sex of victim/ survivor.....
4. Date of birth (As per Adhar Card) .....
5. Address of survivor  
.....  
.....  
.....
6. Ward Name & Bed No. ....
7. Name of person who brought the victim/ survivor and relationship with victim/ survivor  
.....
8. Name of doctor(s) who conducted the examination .....
9. MLC No..... Police station.....
10. If Victim conscious and oriented with time, place and person .....
11. Informed written consent/refusal: (Written by the survivor/parent/guardian/by the examiner and read over to the survivor:  
I \_\_\_\_\_ D/o or S/0 \_\_\_\_\_ hereby given my consent for:  
a) Medical examination for treatment Yes/ No  
b) The Medico-legal examination Yes/ No  
c) Sample collection for clinical and forensic examination Yes/ No
12. Signature, name and address of the independent witness .....
13. I want the information to be revealed to the police Yes/ No
14. I also understand that as per law the hospital is required to inform the police, and this has been explained to me.

I have understood the purpose and procedure of the examination including risk and benefits that explained to me by the examining doctor.

Name and signature of Survivor

Name and signature of Parents  
(In case of child < 12 years)

Thumb impression

Date, time and place.....

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**REPORT OF MEDICO-LEGAL EXAMINATION OF SURVIVOR OF SEXUAL OFFENCE**

15. Identification marks (Two):

- 1.....  
2.....

16. Patient history collected: Yes/ No (Enclose the history collection Performa)

17. Physical examination conducted in presence of female attendant: Yes/ No (enclose physical examination Performa)

18: Date, time and location of incidence .....

19. Estimated time to approach hospital .....

20. Description of incident in the words of the survivor / informant

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

21. Any history of drug/ alcohol intoxication .....

22. Details regarding sexual violence: Mention Yes/ No/ Don't Know/ brief in words

	Survivor remark	Doctors remark of evidence
Oral sex performed by accused		
Vaginal sex performed by accused		
Anal sex performed by accused		
Forced masturbation of accused by survivors		
Forceful manipulation of genitalia organs of survivors		
Forceful penetration by objects		
Kissing, licking or sucking any part of survivors body		
Touching/ folding		
Did ejaculation occur inside/ outside of body orifice		
Condom used during assault		

23. Sample collection for central /state forensic science laboratory: Body evidence samples as appropriate (duly labelled and packed separately)

Parts	Collected (Y) /Not Collected (N)	Reason for not collecting
Head hair combing (Debris)		
In-between finger (Debris)		
Swabs from Stains on the body (blood, semen, foreign material, others)		
Nail scrapings (both hands separately)		
Nail clippings (both hands separately)		
Scalp hair (10-15 strands)		
Swab from each breast (Two Swabs)		

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**REPORT OF MEDICO-LEGAL EXAMINATION OF SURVIVOR OF SEXUAL OFFENCE**

24. Local examination of genital parts/other orifices

Body parts to be examined	Findings
Urethral meatus & vestibule	
Labia majora	
Labia minora	
Fourchette & Introitus	
Hymen Perineum	
External Urethral Meatus	
Public hair	

25. Cervical, Vaginal, Urethral, Anal, Rectum, Oral cavity Swabs

Parts	Collected (Y) /Not Collected (N)	Reason for not collecting
Cervical (two swabs and two slides)		
Vaginal ((two swabs and two slides)		
Urethral (two swabs and two slides)		
Anal (two swabs and two slides)		
Rectum (two swabs and two slides)		
Oral cavity (two swabs and two slides)		

26. Blood test and urine test analysis

Parts	Collected (Y) /Not Collected (N)	Reason for not collecting
Blood for grouping, testing drug/alcohol intoxication (plain vial)		
Blood for alcohol levels (Sodium fluoride vial)		
Blood for DNA analysis (DNA card and gauge cloth piece)		
Blood for HIV, VDRL, HbsAg testing (EDTA vial)		
Urine test for Pregnancy		
Urine (drug testing)		

27. Examination for injuries on the body if any

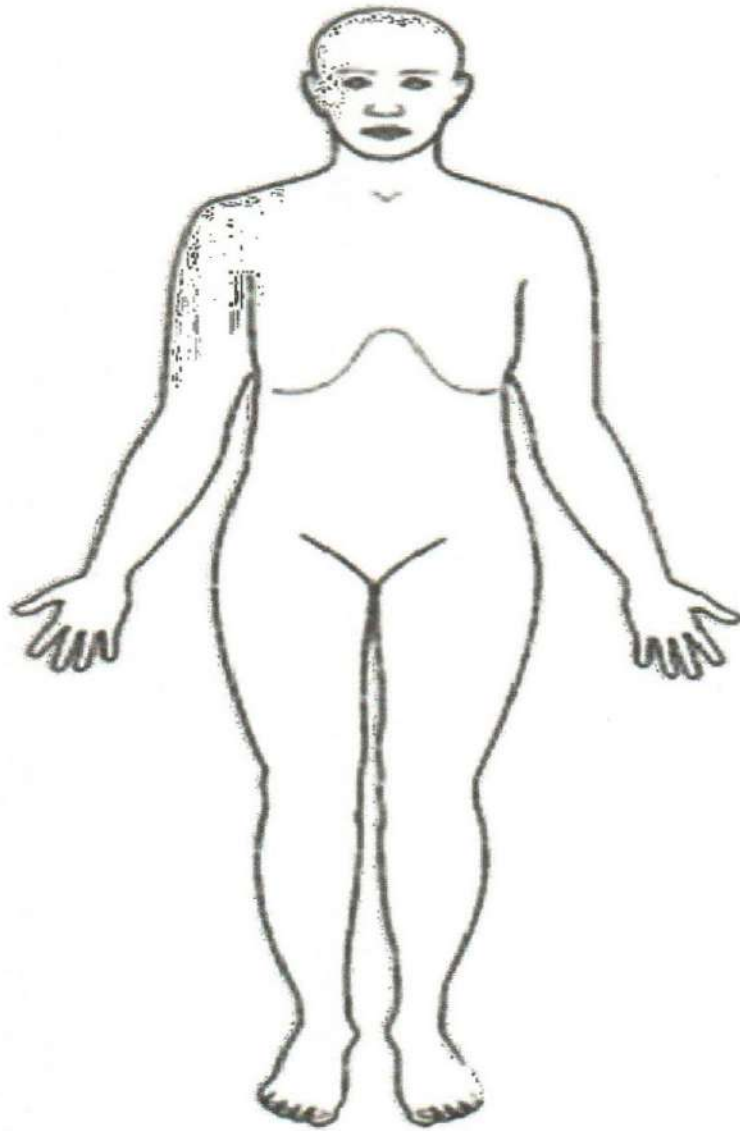
Scalp examination	
Facial bone injury	
Petechial haemorrhage in eyes and other places	
Lips and Buccal mucosa/ Gums	
Ear/ Ear drum	
Neck, shoulder and breast	
Upper limb/ Inner aspect of upper arms	
Lower limb and buttocks	
Inner aspects of thigh	
Any other, specify	

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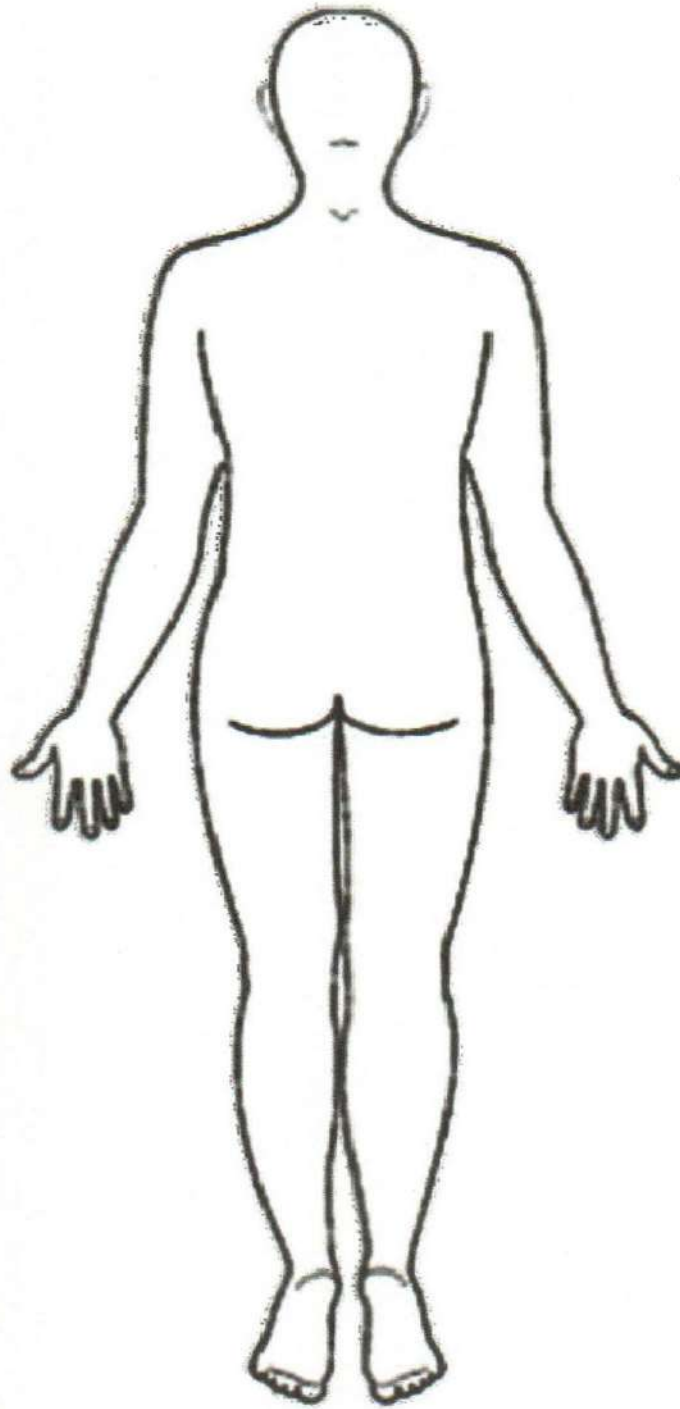
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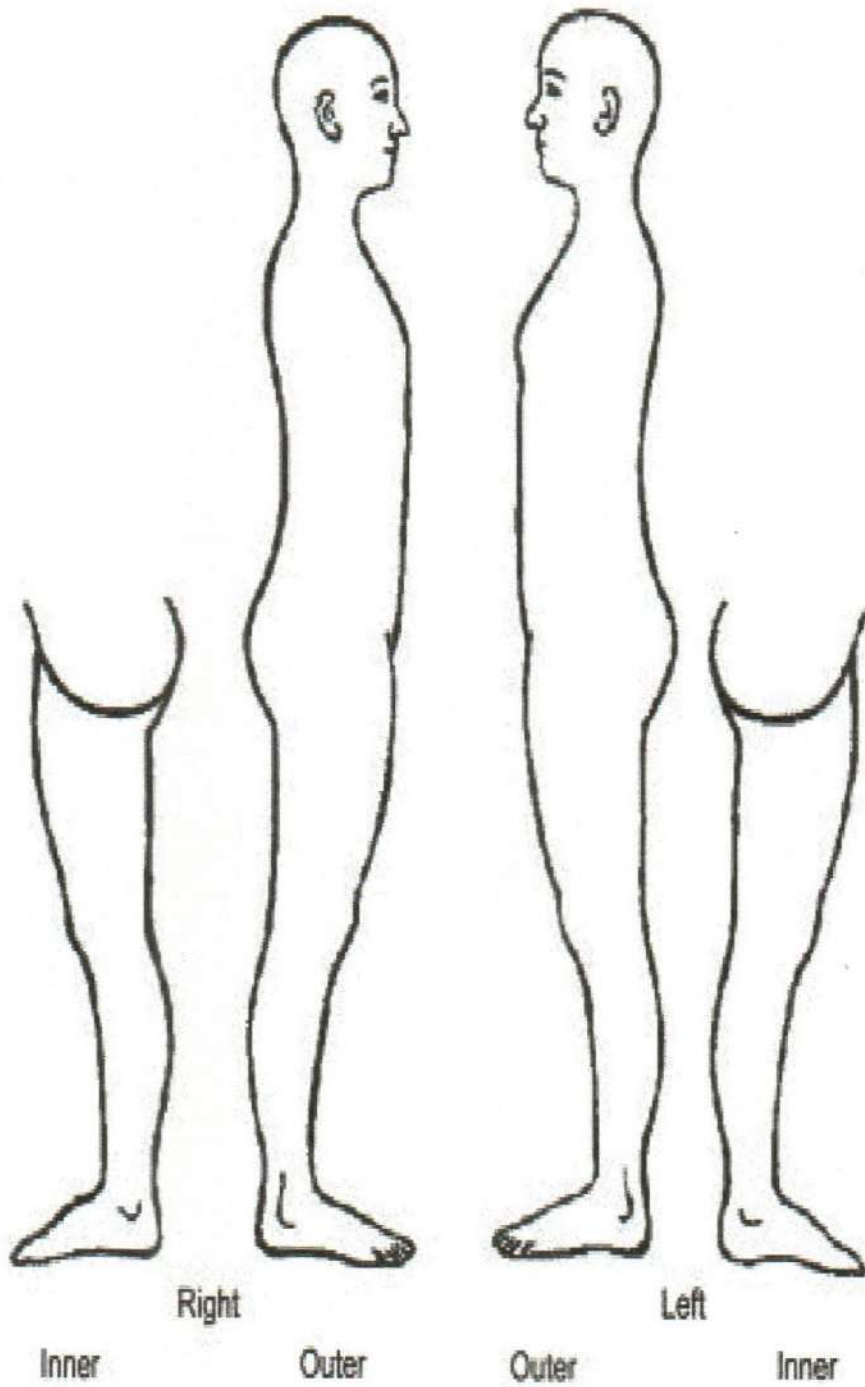
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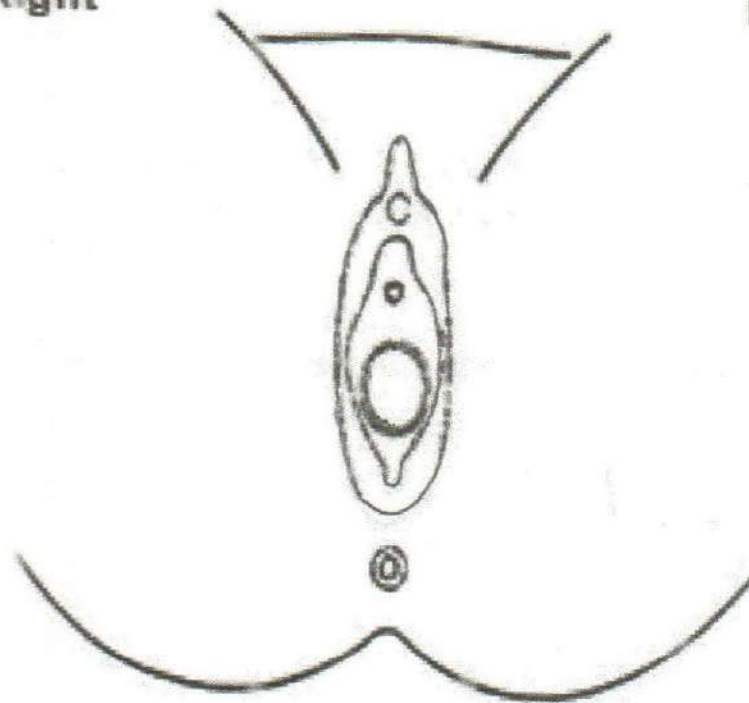
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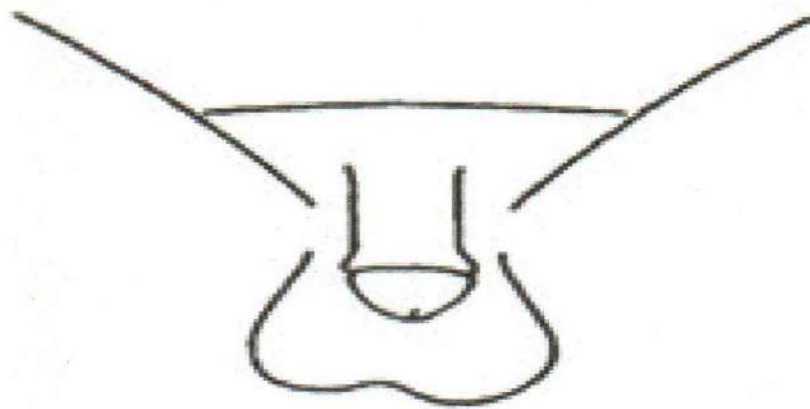
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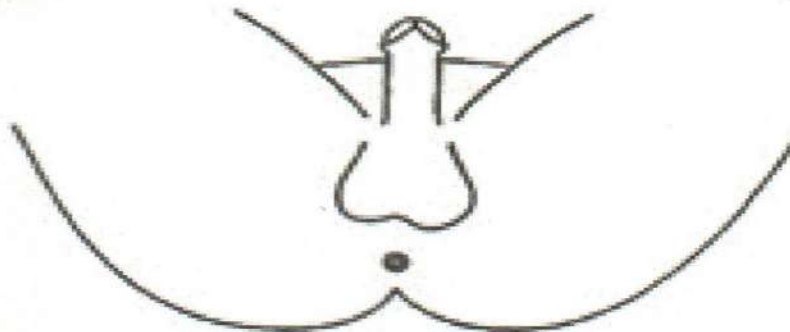
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**28. Other tests or examination**

- a) Ultrasound for pregnancy/internal injury - Yes/No
- b) X-ray for Injury - Yes/No

Treatment	Yes	No	Type and comments
STI prevention treatment			
Emergency contraception			
Wound treatment			
Tetanus prophylaxis			
Hepatitis B vaccination			
Post exposure prophylaxis for HIV			
Counseling			
Other			

**29. Treatment prescribed:**

**30. Date and time of completion of examination.....**

This report contains.....number of sheets and ..... number of envelopes.

**Signature of Examining Doctor**

**Seal**

**Place**

**31. Final Opinion (After receiving Lab reports)**

**Findings in support of the above opinion,** taking into account the history , clinical examination finding and laboratory reports of bearing identification marks described above.....hours/days after the incident of sexual violence, I am of the opinion

that:.....

.....


.....

.....

**Signature of Examining Doctor**

**Seal**

**Place**

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## Section 5

### Disclosure of sexual assault

#### 5.1 Promoting survivors' reporting

- ✓ Provision of accessible support: Help Line number- 7275354429, counselling, legal representation, and medical attention.
- ✓ Raise people's awareness: A campaign on the first Tuesday of April can raise awareness among the general public.<sup>25</sup> Address the victim-blaming mindset and the stigma that surrounds sexual assault in society. Promote a culture of belief and support for survivors to dispel myths and misconceptions. Promote conversations about respect, healthy relationships, and consent. The awareness by UPUMS, Saifai will be conducted once in a year in various areas.
- ✓ Sensitization of professionals: Provide specialized training for professionals, such as law enforcement officers, medical staff, counsellors, and educators, who may interact with survivors. Training should place a strong emphasis on sensitivity, trauma-informed techniques, and knowledge of survivors' needs.
- ✓ Confidentiality concerns: Anonymity and confidentiality are essential elements in motivating survivors to come forward.
- ✓ Sharing the survivor's story: Showcase the bravery and resiliency of other survivors to encourage others to come forward and receive support. These tales have the capacity to encourage and inspire others to seek assistance and share their experiences.
- ✓ Empower survivors: Empower survivors by informing them of their rights, choices, and resources that are available to them. Stress the importance of self-care and that reporting is a personal decision. Whether they decide to report or not, survivors need respect and assistance.
- ✓ Engage with communities: Assist in boosting reporting and assisting survivors by collaborating with community leaders, organizations, and influencers. Promote community dialogues, educational opportunities, and activities that address sexual assault and its effects.

#### 5.2 Confidentiality consideration

1. Informed consent: Obtain the survivor's informed consent before spreading information about their case. Explain the limitations of confidentiality and what information may need to be shared with appropriate parties, such as law enforcement or other professionals involved in the investigation or support process.

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2. **Privacy and Protection:** Ensure that all information related to the case of the survivor is stored securely and is protected from unauthorized access.
3. **Restricting information:** Restrict information disclosure to only those professionals directly involved in providing support or investigating the case. Share information based on the "need-to-know" principle, ensuring that each recipient understands the significance of maintaining confidentiality.
4. **Anonymity and False Names:** Provide survivors with the option of using pseudonyms or remaining anonymous when reporting or discussing their experiences, especially in public or media settings. This can assist in protecting their identity and minimizing the risk of potential injury or re traumatisation.
5. **Respecting the autonomy of survivor:** Respect the autonomy of the survivor and include them in decisions regarding the sharing of their information. Give them the chance to make informed decisions about what information is shared, with whom, and why.
6. **Legal proceeding:** Be aware of any reporting or disclosure requirements pertaining to sexual assault cases in your jurisdiction. Certain situations, such as instances of child abuse or imminent threats to the safety of the survivor, may necessitate mandatory reporting.
7. **Professional's responsibility:** The professionals who handle sexual assault cases are required to maintain confidentiality.

## **Section 6**

### **Early Response**

#### **6.1 Crisis help lines**

1. **The National Commission on Women's (NCW) helpline is 1091:-**The National Commission for Women (NCW) is a government organization devoted to promoting and protecting the rights of women in India. They provide assistance for a variety of issues, including sexual assault, via a helpline.
2. **Women Helpline (India-wide): 181,** The Women Helpline is a toll-free, 24-hour hotline that offers support and assistance to women in distress, including sexual assault victims.<sup>26</sup>
3. **Uttar Pradesh Police Helpline: 112,** In the event of any emergency, including sexual assault, the Uttar Pradesh Police Helpline can be contacted.

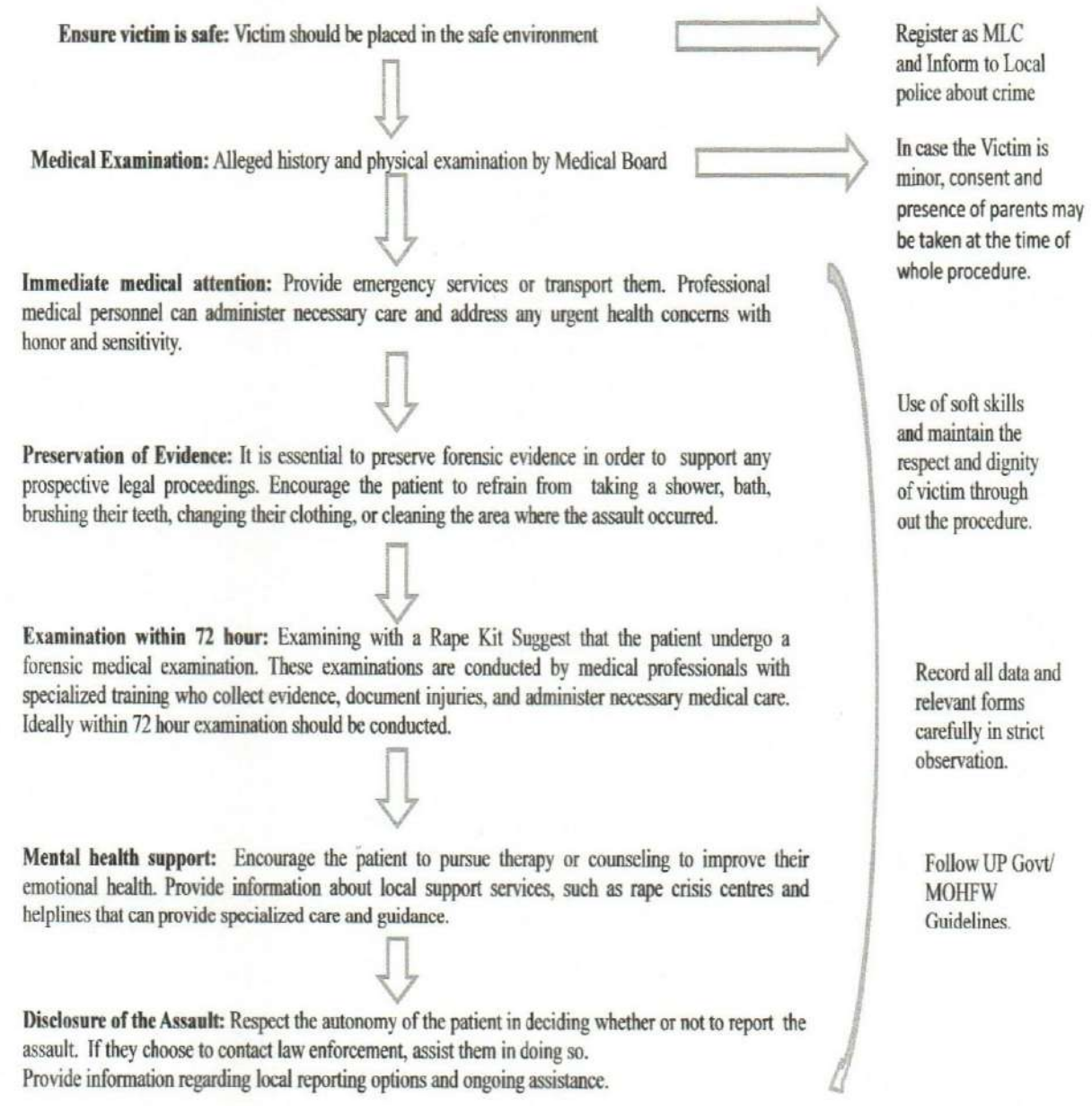
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4. Uttar Pradesh Women Power Line: 1090, The Women Power Line in Uttar Pradesh is a helpline that provides support and assistance to women in cases of harassment and violence, including sexual assault.<sup>27</sup>

5. Uttar Pradesh University of Medical Sciences, Saifai, Etawah helpline number.....7275354429

### 6.2 Procedure for Immediate medical and forensic aid



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## Section 7

### Investigation and Legal Proceedings

#### 7.1 Procedure for Collection and preservation of evidence

The Criminal Law (Amendment) Act, 2013, the Indian Evidence Act, and recommendations released by the Ministries of Home Affairs and Health and Family Welfare oversee the process for gathering and preserving evidence in cases of sexual assault in India. The procedure for collection and preservation of evidence is as follows:-

1. **Immediate medical response:** The survivor of a sexual assault should be transported to a designated medical facility immediately following the assault. The medical examination should be administered by a licence physician, preferable a female physician.
2. **Informed Consent:** Before the examination, the consent of the survivor or a guardian (in the case of a minor) must be obtained. The medical examination must be performed in a private area to ensure confidentiality.
3. **Gathering evidence:** The trained professionals should record the victim's medical history, including details of the assault, injuries, and any other pertinent information. Clothing and other physical evidence should be collected with care and packaged in separate containers to prevent contamination. To preserve biological evidence, swabs from relevant body areas, such as the genitals, mouth, and other areas of contact, should be collected. Any additional evidence, such as photographs of injuries or other visible indications, must be documented with the victim permission.
4. **Maintenance of evidence:** The collected evidence must be appropriately labelled, sealed, and stored in a secure and tamper-resistant manner. To ensure the integrity of the evidence, a chain of custody should be maintained.
5. **Early communication:** Immediate delivery of the evidence to the investigating officer or the designated forensic laboratory is required.
6. **Documentation:** The physician should prepare a comprehensive medical examination report that includes the survivor's medical history, examination findings, injuries, and any other pertinent observations. The doctor should sign and seal the report, as well as include their credentials and registration number. The report should be given to the survivor or their legal guardian.
7. **Referral and Assistance:** Information regarding support services, and legal options should be provided to the survivor. Appropriate referrals to specialised services, such as forensic counsellors or support groups, should be made.<sup>28</sup>

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## 7.2 Interviewing techniques for witnesses and survivors

While communicating the witnesses and survivors of the sexual assault, it is important to establish the rapport and use of therapeutic communication has prime importance. The following are the techniques which can be used in interviewing the witnesses and survivors:-

- **Establish empathic approach:** Create a secure and relaxing atmosphere for the interview. Introduce yourself and describe your role while maintaining confidentiality and building trust. It is important to use empathetic and nonjudgmental language.
- **Active listening:** Give the speaker your undivided attention and listen attentively. Demonstrate empathy and comprehension through both verbal and nonverbal cues. Permit pauses and silences so the person can completely express themselves.
- **Open ended questioning:** Encourage the individual to provide comprehensive, narrative answers. Ask them open-ended queries that permit them to express their experiences freely. Avoid leading or insinuating questions that could sway their answers.
- **Trauma-Informed Methodology:** Recognise the potential trauma that the individual may have endured. Consider their feelings and reactions during the interview. Avoid re-traumatisation by employing affirming and supportive language.
- **Therapeutic communication techniques:** Techniques like clarification, reflection, restating and sharing perception should be used.
- **Verbatim recording:** Document with precision and objectivity the interview process and information shared. When appropriate, use direct quotes or verbatim statements to document the speaker's words. Avoid deriving interpretations or conclusions in the documentation.
- **Referral and Assistance:** Provide information regarding available support services. As required, provide referrals to, medical, and legal professionals. Ensure that the individual is aware of their rights and options for seeking help.

## Section 8

### Services and Resources for Support

#### 8.1 Comprehensive support services accessible to survivors

In India, including Uttar Pradesh (UP), survivors of sexual assault have access to a variety of support services. Here are some examples:

1. One Stop Centres (OSC): One Stop Centres, also known as Sakhi centres, provide survivors of violence, including sexual assault, with integrated support services. Under

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one roof, these centres provide medical assistance, legal aid, police assistance, and temporary shelter.<sup>29</sup>

2. Multiple help lines are available in India to provide survivors of sexual assault with immediate support and guidance. Typically operated by non-governmental organisations (NGOs) or government agencies, these hotlines can provide information, and referrals to appropriate services.<sup>26</sup>
3. State Commission for Women: The Uttar Pradesh State Commission for Women is an organisation that strives to protect and advance women's rights. They may provide survivors of sexual assault with support, guidance, and legal assistance.<sup>27</sup>
4. Non-Governmental Organisations (NGOs): Numerous NGOs like Humsafar in Uttar Pradesh that offer support services to the victim.<sup>30</sup>
5. Public Hospitals and Government Health Centres: Public hospitals and government health centres in Uttar Pradesh can assist survivors of sexual assault with medical care. This includes medical exams, forensic evidence collection, treatment for physical injuries, and counselling.

## Section 9

### Preventive Education

#### 9.1 How to raise awareness and prevention camp?

- Define Campaign Goals: Set campaign goals.
- Study the Issue: Learn about sexual assault, its causes, and effects.
- Stakeholder collaboration: Engage with local organisations, NGOs, community leaders, educational institutions, healthcare providers, law enforcement, and survivor advocacy groups.
- Communicate Effectively: Target your messages. Use inclusive, non-victim-blaming language.
- Multiple Channels: Reach more people with multi-channel marketing. Use social media, workshops, webinars, public forums, schools, colleges, and workplaces to spread information. Promote your message through local media.
- Train Volunteers and Educators: Teach volunteers, educators, and campaign ambassadors about sexual assault, prevention, and resources.
- Engage Survivors and Experts: Include survivors and experts in your campaign.
- Workshops, seminars, and panel discussions on consent, healthy relationships, and prevention should be held.
- Provide Resources and Support: Create booklets and flyers with helpline numbers, support services, and legal resources for sexual assault survivors.
- Continuously assess your campaign's impact. Track participant feedback, social media involvement, and sexual assault knowledge and attitudes.

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## 9.2 School, workplace, and community education

### Schools:

- ❖ Curriculum Integration: Advocate for age-appropriate and comprehensive sex education to be incorporated into school curricula. Ensure that topics such as consent, healthy relationships, boundaries, and recognising the signs of abuse are covered.
- ❖ Organise awareness campaigns in schools, such as seminars, assemblies, or guest-speaker sessions addressing sexual assault prevention, consent, and reporting mechanisms.
- ❖ Establish programmes for peer education in which trained students educate their peers about sexual assault, consent, and healthy relationships.
- ❖ Create student-led clubs and support groups that promote sexual assault awareness, peer support, and a secure space for discussing sexual assault-related issues.

### Workplace:

- ❖ Encourage the development of explicit sexual harassment and assault prevention policies in the workplace. Ensure that policies contain reporting mechanisms, support resources, and repercussions for offenders.
- ❖ Conduct mandatory training sessions on recognising, preventing, and responding to sexual assault and harassment for all employees. Include topics such as bystander intervention, consent, and fostering respectful workplaces.
- ❖ Organise workplace-based awareness campaigns utilising posters, email newsletters, intranet platforms, and informational sessions. Share resources, helpline numbers, and information about available employee support services.
- ❖ Culture of Support: Promote a culture of support in which frank communication about sexual assault is encouraged. Encourage employees to report incidents without fear of retaliation, while maintaining confidentiality and taking appropriate action.
- ❖ Organise workshops, seminars, and community events that address sexual assault prevention, consent, and survivor support. To maximise outreach and impact, collaborate with local organisations, experts, and community leaders.

### Community Engagement:

- ❖ Promote awareness by engaging with local community centres, religious institutions, and cultural organisations. Request permission to share information at community events, festivals, and public gatherings.
- ❖ Utilise a variety of media platforms to spread awareness about sexual assault. Publish articles, opinion pieces, and interviews in local newspapers, periodicals, and on the web. Utilise social media to disseminate information, share survivor accounts, and facilitate community discussions.
- ❖ Collaboration with NGOs and Support Services: Organise collaborative awareness campaigns and educational initiatives in partnership with local NGOs and support service providers. Share available resources, hotlines, and information on support services.

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### 9.3 Sexual assault cultural norms

- **Consent Culture:** A consent culture must be fostered in order to prevent sexual assault. Cultural norms should emphasise the significance of impassioned and ongoing consent in all sexual interactions, promoting the notion that consent is a voluntary agreement between all parties.
- **Gender Equality:** Combating gender inequalities and promoting gender equality are essential for preventing sexual assault. Cultural norms that promote equal rights, opportunities, and respect for all genders can assist in addressing power disparities and decreasing the likelihood of sexual violence.
- **Blaming:** The cultural norms that blame sexual assault victims contribute to a culture of silence, fear, and humiliation. It is essential to combat victim-blaming attitudes and transfer the focus to perpetrator accountability.
- The manner in which individuals are socialised and educated about sexuality, relationships, and consent is influenced by cultural norms. The promotion of comprehensive, age-appropriate sex education that emphasises consent, boundaries, respect, and healthy relationships can aid in the challenge of detrimental cultural norms.
- Promoting a culture of active bystander intervention can aid in the prevention of sexual assault. Individuals who witness potentially detrimental situations or behaviours should be encouraged by cultural norms to speak up, intervene, and assist victims.
- **Reporting and Justice:** Cultural norms influence the encouragement of survivors of sexual assault to report incidents and pursue justice. It is essential to foster a secure and empowering environment for survivors to come forward, ensuring that cultural norms do not discourage reporting or perpetuate scepticism.
- **Intersectionality:** Cultural norms should acknowledge the intersectionality of experiences, taking into account how race, ethnicity, socioeconomic status, and disability intersect with sexual assault. Considering these intersections is crucial for inclusive support and prevention strategies.

## Section 10

### Training and capacity building

#### 10.1 Professional development programs

1. The training session of professionals in UPUMS, Saifai will be conducted by Forensic Department in month of November every year.
2. The Steps for conducting training and capacity building are as follows:
  - ❖ **Determine the Objectives and Goals:** Determine the program's objectives and goals. Establish objectives that are measurable and aligned with the requirements of the participants and the organisation.
  - ❖ **Conduct Requirements Assessment:** Conduct a requirements assessment to determine the participants' current skill and knowledge gaps.

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- ❖ Plan the Programme: Based on the objectives and requirements analysis, plan a programme that addresses the identified gaps. Develop a curriculum or plan that incorporates a variety of learning activities, such as workshops, seminars, webinars, and mentoring, coaching, and online courses.
- ❖ Determine the financial resources available for the programme before establishing a budget. Consider the costs associated with venue rentals, materials, presenters or trainers, technology, and any other required expenditure. Budget resources accordingly.
- ❖ Planning the Programme: Develop a schedule that includes specific dates, times, and locations for each session, outlining the program's timeline. Identify and invite experienced professionals or subject matter experts who can effectively convey the content and engage the participants.
- ❖ Arrange Logistics: Take care of logistical details, such as reserving venues, arranging necessary apparatus and materials, ensuring internet connectivity, and, if applicable, arranging catering. Develop a marketing and communication strategy to increase programme awareness and participation.
- ❖ Deliver the Programme: Carry out the scheduled sessions as intended. Ensure that sessions are engaging, interactive, and adaptable to various learning styles.
- ❖ Conduct Evaluations and Solicit Feedback: Conduct evaluations at the conclusion of each session or the end of the programme. Provide opportunities for ongoing learning and development beyond the program's duration.

## 10.2 Ensuring empathy and sensitivity in interactions with survivors

- Knowledge regarding Sexual assault: - Understand their struggles, especially trauma. Knowing this helps you speak compassionately.
- Honour Limits: Recognise survivors' triggers. Respect their limits and feelings. Avoid pressuring them to divulge details they may not want to.
- Without interrupting, validate survivors. Support their feelings. Confirm their feelings.
- Believe and Affirm: Disbelievers can re-traumatize survivors. Believe their narrative and appreciate their bravery. Reassure them.
- Don't judge the survivor's choices. Don't judge others' trauma responses. Let them talk without judgement.
- Active Empathy: Imagine the survivor's feelings and experiences. Recognise their pain. Use "I can't imagine how difficult this must be for you" or "I'm here for you, and I want to support you in any way I can."
- Use soft skills with Victim of sexual assault during all procedure i.e. history taking, physical examination and treatment.
- Find local helplines, support groups, therapists, and sexual assault survivor organisation. Give survivors this information to obtain more help. Avoid imposing help or decisions.
- Prioritise consent. Ask before talking, embracing, or sharing sensitive information. Respect their refusal.

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- Protect the survivor's privacy unless it's unsafe or illegal. Assure them their narrative and personal information will remain secret.
- Self-care: Helping survivors is emotional. Ask friends, relatives, or experts. Refresh with activities.

### 10.3 Policy and Institutional Assistance

#### ❖ Reporting procedure

The stepwise guidelines for reporting for sexual violence through the medical examination is as follows:<sup>28</sup>

1. Initial resuscitation/ First aid
2. Informed consent for examination, evidence collection, police procedures
3. Detailed History collection
4. Medical Examination
5. Age estimation(physical/dental/radiological)- if requested by the investigating agency
6. Evidence collection as per the protocol
7. Documentation
8. Packing, sealing and handing over the collected evidence to police
9. Treatment of injuries
10. Testing/ Prophylaxis of STIs, HIV, Hepatitis B and Pregnancy
11. Psychological support and counseling
12. Referral for further help( shelter, legal support)

#### ❖ Investigation procedure

- Saliva:
- Body tissues and/or body parts:
- Bedding:
- Forensic evidence (hairs, fibers, soil, etc.):
- Victim's/Suspect's body fluids/tissues (semen, blood, vaginal fluids, etc.):
- Tampons or sanitary napkins:
- Latent fingerprints:
- Items used in the assault (condom, lubricants, burglary tools, etc.):
- Other items related to assault (clothing, bedding, facial/toilet tissues, items left by suspect/victim, etc.)

**Note: Evidence should be collected from SAFE KIT (sexual assault forensic evidence).**

**(SAFE) kit containing the following items for collecting and preserving physical evidence following a sexual violence:<sup>28</sup>**

- 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

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- ✓ • Wooden stick for finger nail scrapings
- ✓ • Small scissors
- Urine sample container
- Tubes/ vials/ vaccutainers for blood samples [Ethylene diaminetetra acetic 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
- Patient gown, cover sheet, blanket, pillow
- Post-It notes to collect trace evidence
- ✓ • Camera (35mm, digital with colour printer)
- ✓ • Microscope
- ✓ • Colposcope/ Magnifying glass
- ✓ • Toluidine blue dye
- 1% Acetic acid diluted spray
- Urine Pregnancy test kit
- Surgilube
- Medications

**10.4 Existing Policies related to Sexual assault**

The policy on Sexual Harassment Committee for women safeguard at Workplace Uttar Pradesh University of Medical Sciences, Saifai, Etawah has been implemented.

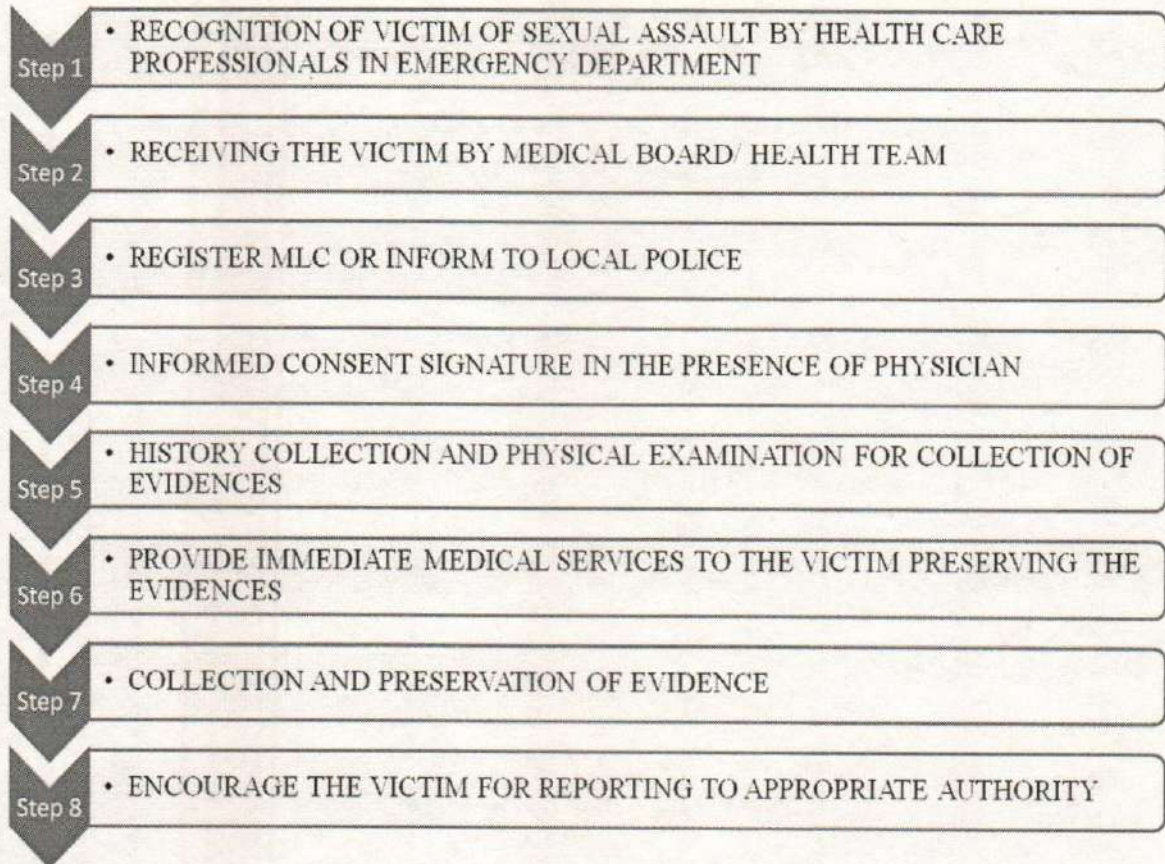
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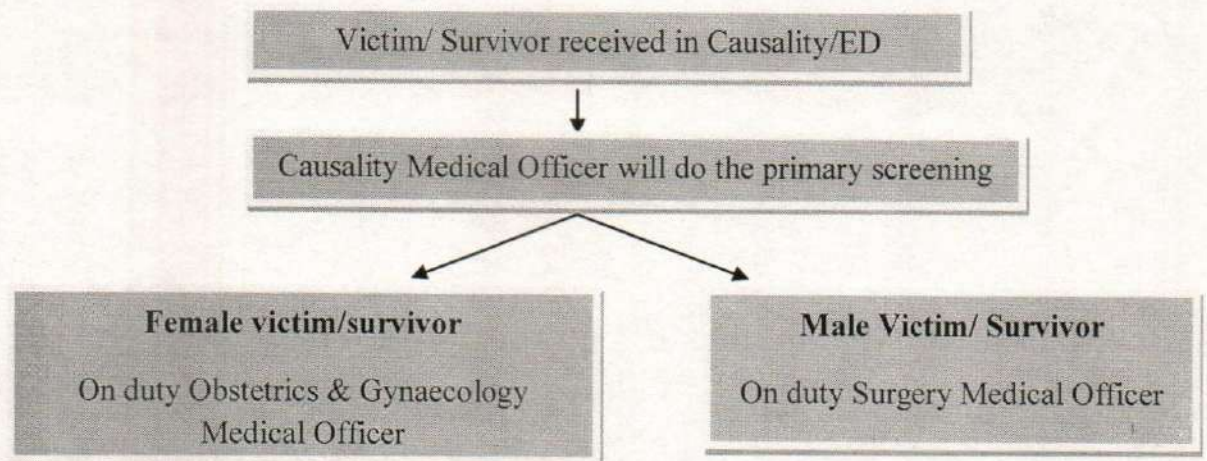
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## Section 11 Organizational Policy and Guidelines

### 11.1 Flow diagram representing the guidelines



### Flow diagram for receiving the victim/ survivor by medical team of UPUMS, Saifai



If special cases/circumstances, on call consultant from Forensic department, Orthopaedic department, Dental department, Radiology department and any other department will give their expertise opinion.

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Vice Chancellor

## 11.2 Performa for consent

UPUMS, Saifai Etawah

### Victim Consent

#### Part 1

- Purpose of the examination:** The purpose of the examination is to assess and document the injuries and collection of evidence.
- Explanation of the procedure:** The procedure which requires the forensic evidence collection such as DNA analysis will be explained to the victim.
- Right of the victim:** The victim's examination and evidence collecting are voluntary. They have the right to withdraw the exam at any time.
- Risk / Benefits:** No risk associated with the documentation and evidence collection. Benefits are gathering evidence support the legal procedures if the victim decides to pursue them.
- Confidentiality:** The information given by you will be kept confidential. Without the victim knowledge the information given will not be disseminated.
- Alternative options:** The Alternate examination and evidence gathering choices, such as having a male or female healthcare provider will be present or having a support person accompanies the victim during the examination. If the victim desires to go to another hospital, your decision will have no impact on hospital administration.

#### Part 2

I have had the procedure explained to me and have read the contents of this form/had the contents of this form read to me. I am giving my consent for following (Tick mark (√) and write specific):

- Consent for medico legal examination (written consent is must).....
- Consent for specific procedures (Except if court order).....
- Consent for additional procedures and photographs.....
- Consent if victim is age < 12 years.....

*Name of victim:*

*Signature / Thumb impression of victim:*

*Name of relative:*

*Relationship to victim:*

*Signature/ Thumb impression of relative:*

*Date:*

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Vice Chancellor

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History Collection Performa

1. Identification data

- a) Name :
- b) Age: ..... Date of Birth: ..... Gender: Female/Male/Transgender
- c) Contact Information:
- d) Ward/ bed no.:
- e) Address:
- f) Education status
- g) Occupation
- h) Income
- i) IPD no.
- j) Name of Doctor
- k) Date and Time of admission:
- l) Marital status
- m) Religion
- n) Source of health care
- o) Information given by: ..... Name and Relation with victim.....
- p) Requisition(If any) form:..... vid Crime no. ....of .....Police station dated..... and brought/accompanied by(Number if any, name & designation).....

2. Consent - Granted/ declined

3. Presenting Complain

- a) Location of assault
- b) Date and Time of assault
- c) Verbatim description of the assault
- d) Known relationship with perpetrator

4. Injuries/ Physical symptoms:

- a) Physical discomforted Subjective data
- b) Physical symptoms Objective data

5. Mood and Affect symptoms:

- a) Descriptions of emotional state:

6. Medical sign/symptoms: Pain on urination and/ defecation, Abdominal pain/ Generalized body ache/ weight loss/ alcohol/ drug administered to the survivor

7. Social support system: Family/Friend/ Social support network

8. Clothing condition: Changed cloth of incidence/ Wearing the same cloths/ clothed washed or not

Signature / thumb impression of victim

Signature & Name of Medical Examiner

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Chancellor



## II. HISTORY

- 1) History/Details of stated sexual assault (As stated by survivor)  
.....
- 2) If history was narrated by anyone other than the survivor, name, address & relation of the person who narrated it: .....
- 3) State of consciousness and orientation at the time of sexual assault: .....
- 4) No. of people involved in sexual assault: .....
- 5) History of physical and verbal threat/abuse and use of weapons if any.....
- 6) History of drugs or alcohol being given to the survivor before or during the assault: .....
- 7) Pain on urination / defecation since the assault.....
- 8) Whether bathed/urinated/defecated/Vomited/washed the genitals or anus or mouth or the body part on which the sexual offence has been committed, since the incident:.....
- 9) History of any other sexual experience/ intercourse in last 72 Hrs.....
- 10) If Accused ejaculated inside/ outside vagina .....
- 11) Did the assailant use condom or any lubricant: Yes/No/Don't know.....
- 12) History of sexual abuse in the past in children:.....
- 13) History and stated cause of injury if any on the body: .....
- 14) Any other information to be conveyed: .....
- 15) Relevant menstrual and obstetric history (for females only):
  - 1) LMP:.....
  - 2) Whether menstruating
    - (a) At the time of examination: Yes/No/NA
    - (b) At the time of assault: Yes/No/NA.
  - 3) Whether on any type of contraception at the time of assault: Yes/No/NA.  
If yes, type.....
  - 4) Other relevant history if any.....
  - 5) Was the survivor pregnant at the time of assault: Yes / No / NA.  
If yes, length of gestation.....
- 6) Medical and Surgical history:
  - 1) History of congenital or acquired disability in the past: Present/Not present/ Not available.  
If present, details:.....
  - 2) History of vaccinations (Tetanus, Hepatitis B).....
  - 3) Any other relevant medical or surgical history:.....

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Vice Chancellor

**UPUMS, Saifai Etawah**

**Physical Examination Performa**

**Pre requisite**

1. Before physical examination consent should be obtained from the victim.
2. Name and Signature of the attending health care professionals should be mentioned.

**Date:** .....

**Time:**.....

**General appearance**

1. Level of consciousness
2. Weight
3. Height
4. BMI
5. General body built up
6. Bleeding ( External/Internal)
7. Sign – Distress/Anxiety/Physical discomfort
8. Identification mark( any 2)-

**Head and Neck (Injury sign)**

1. Scalp
2. Face
3. Ear
4. Nose
5. Mouth
6. Neck

**Chest**

1. Inspection: Bruising, Laceration, Visible sign of trauma
2. Percussion:
3. Palpation:
4. Auscultation:

**Abdomen**

1. Inspection Bruising, Laceration, Visible sign of trauma
2. Auscultation
3. Percussion
5. Palpation : Tenderness/ Swelling in abdomen

**Genital Examination (Tick Mark the term)**

1. Public hair inspection for any matted hair/ finding of accused hair: Collect sample
2. Injuries/ Redness/Swelling/ Laceration/Abrasion/ Other trauma
3. Explain the characteristics of mark term in details
4. Vaginal swabs : Taken/ not taken (Note- Two finger per vaginal examination is restricted)
5. Careful observation of Vulva, Hymen, Vagina and collection of semen sample

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**Anorectal Examination (Tick Mark the term)**

1. Bruises
2. Laceration
3. Sign of trauma

**Neurological Assessment (Elaboration in case of drug inflicted cases)**

1. GCS score
2. Level of consciousness
3. Assess condition and movements of muscles; size, symmetry, strength, tone, unusual involuntary movements:
4. Gait and balance:
5. Assessment of coordination
  - Finger to toe test:
  - Rapid alternating movements:
6. Heel to shin test:
  - Assessment of light touch, pain, and temperature:
  - Vibratory sensation test:
  - Test sensitive to position:
  - Tactile discrimination (fine touch):
7. Any deficits / abnormal sensation

**Document preserved for evidence (Tick mark the evidence collected):**

Vaginal smear/ vaginal swab/ Nail clippings/ loose hair from combings of pubic region/ Public hair samples/ Pubic hair sample (cut)/ scalp hair sample (cut)/blood sample for presence of sedative/hypnotics/ Urine sample for sedative/ hypnotics/ Urine for pregnancy test/ swab from skin of thigh/ Buccal sample and swabs/Anal smear/ Anal swab/ loose hair from anal region & buttocks/ Penile swab/ Clothes/Swabbs from the suspected stains on the body parts(specify the area)/ Blood for DNA profiling/ Fetal blood in case of abortion or delivery/ Blood for screening the HbsAg/ VDRL/ HIV.

If other document preserved (specify).....

**Impression:**

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Dr. P. K. S39  
Vice Chancellor