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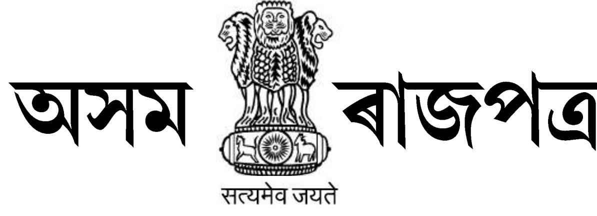

THE ASSAM GAZETTE

অসাধাৰণ

EXTRAORDINARY

প্ৰাপ্ত কৰ্তৃত্বৰ দ্বাৰা প্ৰকাশিত

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GOVERNMENT OF ASSAM
ORDERS BY THE GOVERNOR
DEPARTMENT OF WOMEN & CHILD DEVELOPMENT

NOTIFICATION

The 16th November, 2022

E. No. WCDD.181041/57.- The Department of Women & Child Development is pleased to notify the **Standard Operating Procedures (SOP) for Coordinated Response to Address & Outlining Key Measures for Prevention of Violence against Women and Girl Child** as vetted by Assam State Legal Services Authority, Home Department and Health & Family Welfare Department. A copy of the final SOP is annexed herewith.

1. INTRODUCTION

Violence against women andgirls below 18 years of age is a problem across the world. It affects women and girls of all races, ethnic groups, classes and nationalities. It is a life-threatening problem for an individual woman or a girl and a serious problem for the Society. Women and girls continue to face violence because of the deep-rooted social and cultural discrimination.

Violence against women and girls or gender basedviolence is a manifestation of historically unequal power relations between men and women which have led to domination over and discrimination against women by men. Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences among persons depending on sex. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

Violence denies women and girls the right to survival, well-being, and development, yet the fact is that most violence occurs within the four walls of the home and within the most intimate and trusted relationships, because of which women often hide it and continue to suffer in silence. Because of this, violence is generally viewed as a private, personal or family matter. However, in recent years there is greater recognition of the issue, and violence is being increasingly viewed as a social and public problem and a violation of human rights.

Also, violence against women and girls tends to increase in specific settings such as prisons, institutions for people with disabilities, and juvenile centers. It also tends to increase in settings of humanitarian crises including conflicts, wars, famine and floods.

Violence against women and girls below 18 yearsof age may be of various forms including but not limited to –

- Domestic violence
- Intimate Partner violence.
- Harassment of any kind
- Forced pregnancy and abortion
- Child / Early and Forced Marriage
- Sexual harassment and exploitation
- Non-partner Sexual Assault
- Trafficking
- Honor Crimes
- Stalking
- Witch Hunting
- Acid Attack
- Gender-related killing/femicide
- Female genital mutilations

All such violence have repercussion on critical health issue also. It is a major cause of disability including death amongst women, adversely impacting the physical, mental, sexual and reproductive health of women and young girls. Survivors of Gender Based Violence GBV are:

- At higher risk of suffering death, including suicide
- Twice as likely to experience depression
- almost twice as likely to have alcohol use disorders
- 16 per cent more likely to have a low birth-weight baby
- 1.5 times more likely to acquire HIV and 1.5 times more likely to contract Sexually Transmitted Disease STD
  Studies have also shown that while all women are vulnerable to violence, the risk of violence is known to increase in certain cases, like, during pregnancy; in long term illnesses such as tuberculosis; in women who have been infected with HIV infections; women with infertility or women who have borne only daughters; women having mental illness, women with disabilities of any type and amongst women who have undergone tubectomies/ hysterectomies, when it is perceived that reproductive values have diminished.

Adolescents Girl face specific issues like Child Marriage, child labour, child trafficking and sexual. Girls with disabilities of any type, infected with HIV, orphans, and girls from low-income families are more vulnerable to violence. Issues faced by Adolescents Girls may be overlooked in research and assessments of Violence due to their restricted mobility, limited access to services, and consent limitations. Without their full participation, the risks and effects of GBV on adolescent girls may not be captured in the data.

2. STATE SCENARIO

DEMOGRAPHIC PROFILE

Population: According to the Census of India, 2011 the population of Assam stands at 312.05 lakh of which **152.66 lakh (48.92%) are female**. Out of the total 312.05 lakh population, 86% population live in rural areas & 14% population live in urban areas of the State.

Children Population: The total population of 0 - 18 years children are 127.69 lakh of which **48.63% are girls**.

Sex Ratio and Literacy: Sex Ratio of females per 1000males as per Census 2011 is 958. The overall Literacy rate in the state is 72.19%, of which it is 69.34% in rural areas and in urban it is 88.47%. The female literacy rate in rural areas is 63% and in urban areas it is 84.9%

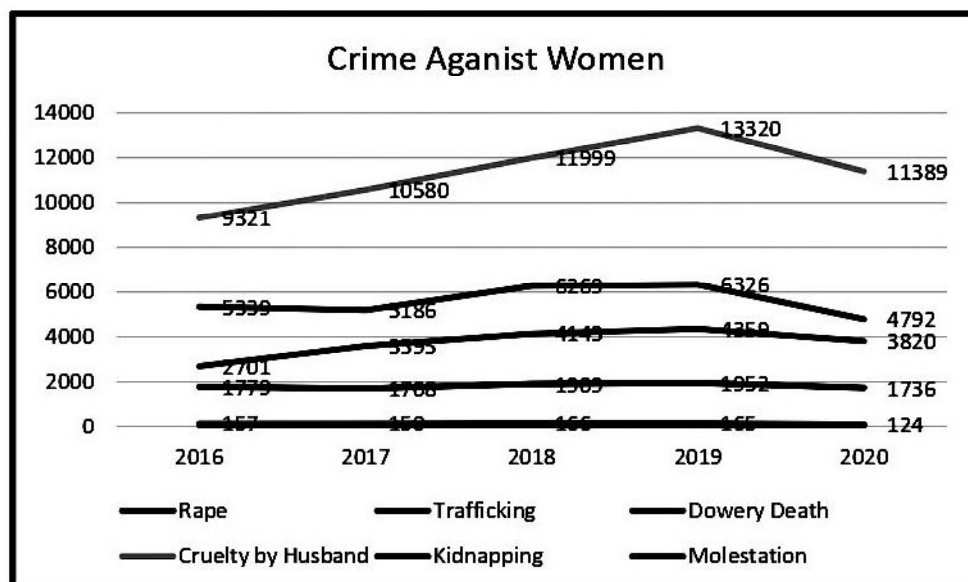
STATISTICS RELATED TO VIOLENCE AGAINST WOMEN AND GIRL

Assam has reported the highest rate of crimes against women among all states and union territories for the last three consecutive years for which official data are available. There has been a marked increase in three categories of crimes against women – domestic violence, kidnapping and molestation--from 2016 to 2019, according to National Crime Records Bureau (NCRB). **Assam's rate of crimes against women is higher than the Indian average in 2020.**

NCRB Data Analysis- Crime against Women (IPC + SLL) - 2017-2020

2016	2017	2018	2019	2020
21164	23082	27687	30025	26352

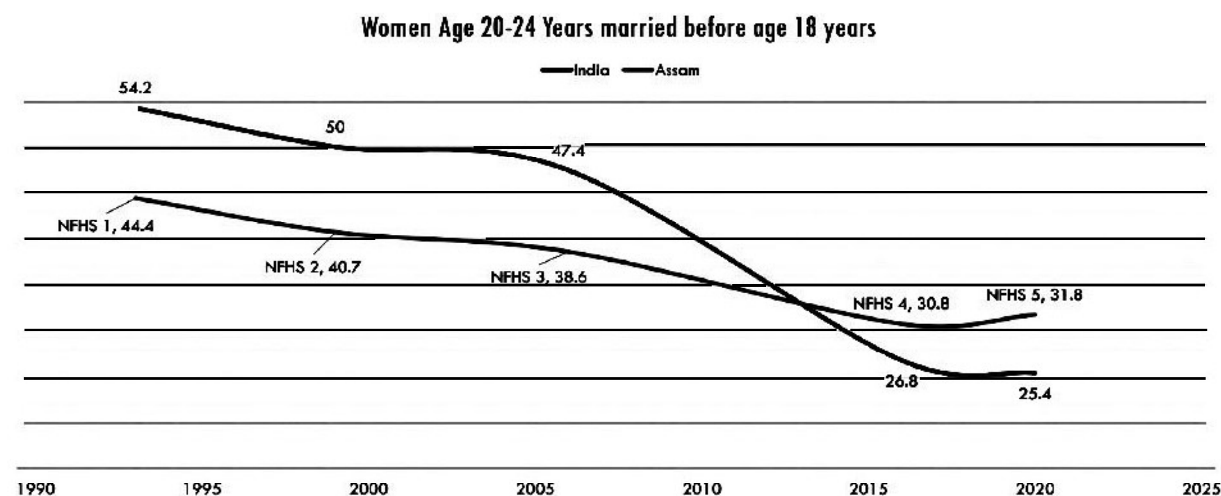
Data from Assam Police Crime and Criminal Tracking Network and System (APCCTNS)-Incidences of crime against women for the year from 2016 to 2020.



The increasing trend of violence against women seen in the CCTNS data has also been captured in the NFHS, India's largest household health survey, which periodically collects nationally representative data on health and gender-based violence. In the four years between NFHS – 4 (2015-16) and NFHS – 5 (2019-20), the proportion of wives who reported violence by husbands increased from 24.5% to 32% in Assam. The number of women aged between 18 and 29 years who reported sexual violence increased to 8%, up from 5.8% in NFHS-4. More rural women in Assam reported spousal violence (32.9%) than urban women (26.6%) in NFHS-5, and marginally more rural women (8.1%) reported sexual violence than urban (7.4%).

Along with these, there has been a rise in cases of other forms of violence against girls such as child marriage cases. Contrary to the national trend, where until 2020 cases of child marriage were in receding trend but in Assam it is in the increasing trend and way above the national rate as per NFHS – 5 data. It is 25.4 for national level and in Assam, the rate is 31.8 as per the latest episode of NFHS data.

TRENDS IN CHILD MARRIAGE — ASSAM VS INDIA



3. OBJECTIVE OF THE PRESENT SOP

There is no single solution to addressing GBV, and the needs and wishes of survivors are not the same. Therefore, all GBV survivor service seekers must be acknowledged and treated with respect. Women and girl below 18 years of age who are survivors of various forms of violence or gender based violence, need immediate care and protection especially access to the following services:—

1. Immediate health care &Counselling Services
2. Safety & Social Security
3. Support for initiating legal action against the perpetrators, offenders or wrong doers
4. Long term support and linkages for recovery and rehabilitation
5. Strategies towards prevention of Violence against women & Girl Child through coordinated efforts:

At present in Assam, various schemes under various departments along with the prevalent legal provisions for women and girls are in place for responses and prevention measures for violence against women and girls. Schemes and Programmes like Ujjawala Homes, SwadharGreha, State Homes, VTRCs, One Stop Centres, Women Help Line, Beti Bachao Beti Padhao, Kasturba Gandhi Balika Vidyalaya, Child Protection Services, Assam Victim Compensation scheme, National Legal Service Authority scheme, Sukanya SamridhiYojna, Right to Education, Scheme for Adolescent Girls, PMMVY, WIFS, RKSK, JSY, JSSY, RBSK, Wage Compensation scheme for Pregnant women of Tea Garden Areas of Assam Deen Dayal Antodaya Yojna-NRLM, DDU-GKY, Assam Orunudoi Scheme, IGNW Pension scheme, Indira Miri UWP scheme, Mukhya Mantri Shishu Sewa Asoni, PM Cares for Children Scheme, Chief Minister's COVID-19 Widow Support Scheme etc. are running. Statutory bodies like State Women Commission and State Commission for Child Rights are also operating in the state, but what is needed is the coordination & response on time when needed.

In order to promoteasurvivor-centred approach and ensure **survivors' recovery and empower them to make decisions about possible recovery interventions,** this SOP is notified. The Specific Objective of this SOP is to–

1. Enhance the efficiency and quality of service delivery to survivors of violence through inter-departmental coordination
2. To establish a survivor-centred approach where the survivors have to be placed at the centre of each step of the response process, and that every decision should be driven by the survivor's needs, wishes and capacities.

Note: In this SOP the term GBV is refers only to Women and Girls below the age of 18 years.

4. STATUTORY AND LEGAL FRAMEWORK

The Standard Operating Procedures for coordinated response to address Gender-Based Violence against Women & Girl Child in Assam is based on the various provisions and suggestions outlined under the various legislations, guidelines, reference documents, guidelines of other states and inputs from organisations and individuals. The SoP took reference tothe following key legislation and publications –

1. The Indian Penal Code, 1860 (IPC)
2. The Code of Criminal Procedure, 1973 (Cr.P.C)
3. The Criminal Law Amendment Act, 2013
4. Protection of Women from Domestic Violence Act, 2005 (PWDVA)
5. The Protection of Children from Sexual Offences Act, 2012 (POCSO)
6. The Juvenile Justice (Care and Protection of Children) Act, 2015
7. Guidelines & Protocols: Medico-legal care for survivors s of Sexual Violence, Ministry of Health and Family Welfare, Government of India, 2014. (All Service Providers to refer to these Guidelines and Protocols for detailed information.)
8. Guidelines for Protection of Good Samaritans, Ministry of Health & Family Welfare, Government of India, 2015
9. Guidelines for One Stop Centers, Ministry of Women & Child Development, Government of India
10. Sexual Harassment of Women at Workplace(Prevention, Prohibition and Redressal) Act 2013
11. Assam Witch Hunting (Prohibition, Prevention and Protection) Act 2013
12. A framework to underpin action to prevent violence against women – UN Women Publication
13. Guidelines for Women Help Line, Swadhar, Ujjwala of Ministry of Women & Child Development, GoI

5. INTENDED USERS OF THE SOP

Intended users of the Standard Operating Procedures

Department of Women and Child Development, in the past, undertook several processes on the issues related to gender based violence which necessitated having a comprehensive standard operating procedure to respond to the need of survivors of gender-based violence in the state of Assam. In the wake of these processes Department of Women and Child Development with support from other departments, various organisations and individuals collated this document namely standard operating procedures which outline the role of each of the associated stakeholders in responding to the immediate need of survivors of GBV.

Service providers that are engaged in GBV response and prevention, are primarily from the following departments –

- Women and Child Development Department
- Health and Family Welfare
- Department of Home - Police Department
- Judicial Department – Assam State Legal Services Authority
- Skill Development Departments
- Community Based Organisations / NGOs / CSOs
- Panchayat & Rural Development

6. GRIEVANCE REDRESSAL MECHANISM

Any violation of the protocols and guidelines in Standard Operating Procedures for coordinated response to address Gender-Based Violence against Women and Girls below the age of 18 years shall be immediately brought to the notice of the notified NODAL OFFICER for appropriate and suitable action.

7. STRUCTURE OF THE SOP

These guidelines are issued after necessary vetting and concurrence of Home Affairs, Judicial Department, Social Welfare, and Health and Family Welfare Department. The SOP consists of the following chapters which deal with immediate health care needs, ensuring the safety of the survivor, providing legal support and assisting in long term rehabilitation & Role of Stakeholders. The SOP also talks about the key provisions to be undertaken while working out preventive measures to end violence toward women and girls below the age of 18 years.

The SOP also provides insight of the preventive measures that can be used by different stakeholders while working on the preventive aspects of Violence against Women & Girl Child.

Chapter-1

IMMEDIATE HEALTH CARE

Role of the Stakeholders

1.1. Health Care Facility / Hospital / Health Care Professional:

1.1.1. Preparedness and Response:

a) All Hospitals /Health Care Facilities **whether public or private**, whether run by the Central Government, the State Government, local bodies or any other person are legally bound to do the following:—
   - To immediately, provide the first-aid or medical treatment, free of cost, as per Section 357C Cr.P.C, to the survivors of GBV covered under Section 326A, 376, 376A, 376B, 376C, 376D or Section 376E of the IPC.
   - To inform the police about the incident. Non-reporting of cases of sexual offences against minors is additionally punishable under Section 21 (1) of the POCSO Act, 2012.
   - If the survivor or guardian (in the case of a minor) does not wish to participate in the police investigation, it should not result in a denial of treatment.

b) Display signage/signboards at prominent places to help the survivor reach the appropriate point of care.

c) The registration section of the health facility should have separate counters for women, persons with disability and senior citizens. The survivor should be admitted within a reasonable time.

d) The survivor depending on the nature of their violence should be admitted either in the One Stop Centre located mostly in the respective district headquarter or in the most appropriate ward of a health facility. Depending on the nature of the violence and in the event of admission in the One Stop Centre or in the General ward, the survivor.

e) In the situation of a diagnostic dilemma, the Unit Heads of different Departments/ Specialty should review the case and line of management and admit to the most appropriate ward with endorsement on the Bed Head ticket.

f) The Health Care professionals should also conduct routine screening in the casualty and in all other Departments to identify children and women who are survivors of GBV.

g) The Health Care professionals should establish linkages with other stakeholders and services such as police, shelter homes, counselling, legal services etc. in their area of operation.

h) Should be given preference for transfer to the appropriate ward on a priority basis.

i) Updated contact numbers of all key service providers such as the nearest Police Stations, District Legal Services Authority (DLSA), District Child Protection Unit (DCPU), Child Welfare Committee (CWC) Protection Officer under PWDVAct, Shelter Homes,Child Care Institutions (CCI), CHILDLINE (1098), Women Helpline (181), One Stop Centre (OSC), District Hub for Empowerment of Assam (DHEW),Ambulance (108), registered Disabled People's Organisation (DPOs), women's organisations etc. should be readily available and displayed in the Health Care facility.

j) In case of a minor girl, the Child Welfare Committee should also be intimated within 24 hours of being brought to the health care facility.

k) In case of a girl/woman with disability, it is important to make the survivor comfortable and establish trust, in order to conduct medical examination. They may not be able to describe the event or even realise that a crime has been committed.

l) The District Health Vigilance & Monitoring Committee or District Quality Assurance Committee / Rogi Kalyan Samiti members should visit the OPDs and Wards on different occasions and report any lapses to the head of the institution. The Committee should recommend action against any lapses if so detected.
m) Existing Complaint Redressal System (Complaint Box, Grievance Cell) of the Health Facilities should be strengthened to receive complaints and address issues at the earliest.
n) Right to privacy and confidentiality of the survivor should be maintained. The media should not be allowed to interact with the survivor inside the hospital premises. Only the head of the Health Institution should interact with the media if needed.
o) In case a Good Samaritan/Bystander takes a case of violence to the nearest health facility for providing treatment, the registered public and private hospital should not detain her/him or demand payment for registration and admission costs unless she/he is a family member or relative of the survivor.
p) The Bystander or Good Samaritan should be allowed to leave the health facility immediately and no questions should be asked to her/him. If the Good Samaritan is an eyewitness, she/he should leave the health facility after furnishing her/his name, address and contact number.

1.1.2. Medical Examination & Treatment:

a) If a person has come directly to the Hospital without the Police requisition, the hospital is bound to provide treatment and conduct a medical examination with consent of the survivor/parent /guardian (depending on age). A Police requisition is not required for this.
b) If a person has come on his /her own without FIR, she/he may or may not want to lodge a Complaint but requires a medical examination and treatment. Even in such cases the Doctor is bound to inform the Police as per law. However, neither Court nor Police can force the survivor to undergo medical examination. It has to be with the informed consent of the survivor / parent / guardian (depending on the age). 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. At the time of MLC intimation being sent to the Police, a clear note stating "informed refusal for police intimation" should be made.
c) If the person has come with a Police requisition or wishes to lodge a complaint later, the information about medico-legal case (MLC) number & Police Station should be recorded.
d) Doctors are legally bound to examine and provide treatment to survivors of sexual violence. The timely reporting, documentation and collection of forensic evidence may assist the investigation of this crime. Police personnel should not be present during any part of the examination.
e) Refusal for medico-legal examination or collection of evidence or both will not be used to deny treatment to survivor.
f) Survivors of sexual violence should receive all services completely **free of cost**. This includes OPD/inpatient registration, laboratory and radiology investigations, Urine Pregnancy Test (UPT), medicines and any other operative procedure. The doctor must mark the case papers for any sexual violence case as "free" so that free treatment is ensured.
g) Examination of a case of sexual violence shall be conducted by any registered medical practitioner (RMP) as per Section 164 A of the Cr.P.C. It is not mandatory that only a gynaecologist shall examine a case of sexual violence.
h) The medical examination shall be conducted only by a woman doctor as per Section 27 (2) of POCSO Act, 2012, in case the survivor is a girl child below 18 yrs.
i) In case of a girl or woman, every possible effort should be made to find a female Doctor, but in the absence of a lady Doctor, treatment and examination should not be denied or delayed and a male Doctor should conduct the examination in the presence of a female attendant in case of emergency or as a life saving measure. In case of a child/person with disability, the medical examination should be conducted in presence of the parent, guardian or any other person in whom the survivor reposes trust or confidence.

j) The police shall not be present in the examination room during history taking, examination, evidence collection and treatment being provided to the survivor.

k) The examination Doctor should not make any value judgement on the assault committed against the survivor.

l) In case of sexual violence, the health care professionals shall follow the MoHFW Guidelines and Protocols for medico-legal care for survivors of sexual violence, 2014. This encompasses:
   - Initial resuscitation/ First-Aid
   - Informed consent for examination, evidence collection, police procedures
   - Detailed History taking
   - Medical Examination
   - Age Estimation (physical/dental/radiological) – if requested by the investigating agency
   - Evidence Collection as per the protocol
   - Documentation (as per format enclosed in *Annexure III*)
   - Packing, sealing and handing over the collected evidence to police
   - Treatment of Injuries
   - Testing/prophylaxis for STIs, HIV, Hepatitis B and Pregnancy
   - Psychological support &counselling
   - Referral to higher health facilities for further treatment if required. (As per Referral Protocol enclosed in *Annexure II*).
   - Facilitation for further support like legal and shelter etc. through - One Stop Centre / CHILDLINE (1098) / Women Helpline (181) etc.
   - Maintenance of Medico-Legal Register (As per format in *Annexure – IV*)
   - Reporting of Medical Legal Cases (As per format in *Annexure – V*)

m) **Consent for medical examination (Section 89 & 90, IPC):** The doctor who examinesthe survivor of sexual violence shall ensure that the consent form is signed either by the survivor if she is above 12 years of age and by her parent/guardian if not in sound mental health/not in a state to give consent or below 12 years of age.

   Informed consent is mandatory for examination, evidence collection and police information (FIR) i.e. Doctor shall inform the survivor being examined about the nature and purpose of examination, evidence collection and police information and in case of child to the child's parent/guardian/any person in whom the child reposes trust.
   The left thumb impression of the survivor must be attested on the "Medico-Legal Examination Report of Sexual Violence" format.

n) **Consent for treatment or any medical procedure (Section 87 & 92, IPC):**
   - A survivor whose age is 18 years or above can make a decision on her own behalf for treatment.
   - Consent must be taken from the guardian/ parent if the survivor is under the age of 18 years.
   - In a situation where it is life-threatening, the doctor may initiate treatment without consent as per Section 92 of IPC.

o) Birth records, school records, identity proofs etc., if available, can be used as proof for age determination. In case documentary proof is not available or inadequate; an ossification test can be done by the doctor to determine the age.

p) During the Examination & noting of history , the presence of women nurse/Doctor is mandatory to present and husband or other maternal relative are not mandatory to present .

1.1.3. Evidence Collection:

a) The Sexual Assault Forensic Evidence Kit (SAFE Kit) shall be procured locally from the Rogi Kalyan Samiti (RKS) Fund/National Health Mission (NHM) Flexipool/ Contingency Fund and made available at Government health facilities for collecting and preserving physical evidence following sexual violence whereas private health care facilities will procure kit at their own cost. List of items in SAFE Kit is enclosed in *Annexure –I.*
b) If the survivor reports within 96 hours (4 days) of the assault, all evidences including swabs must be collected based on the nature of assault; even though there is less likelihood of finding evidence after 72 hours (3 days) of the occurrence of the assault.
c) The examining doctor has to hand over evidence collected to the Police (Investigating Officer) for forensic investigation.
d) The hospital must designate the examining doctor responsible for handling evidence and no other person must have access to the samples. The examining doctor will be held responsible for the preservation and packaging of the sample.
e) The provisional medical opinion/report should be handed over to the Police immediately following the medical examination of the survivor and final opinion/report is to be submitted after receiving the FSL/pathological reports.
f) A copy of Medico-Legal Examination Report /all documentation pertaining to medico-legal examination and treatment should be handed over to the survivor or guardian (in case of minor), free of cost immediately.

1.1.4. Linkages and Referrals:

a) In case of a referral to higher level institution, referrals slip with reasons for referral need to be provided. The referral protocol for GBV, is enclosed vide *Annexure – II* which should be followed for GBV referral cases. The higher institution should be informed in advance about the referral case for a prompt response.
b) For inter facility transport of GBV cases, 108(Mrityunjoy Emergency Response Services) /102 ambulances or other services used for transportation of patients should be arranged, on priority. The examining Doctor should decide on the transportation to be used depending on the condition of the survivor. For safe transfer/shifting, adequate number of ambulances, wheel chair, stretchers, stretcher bearers and equipment like oxygen etc. should be made available on priority.
c) The Health Facility should maintain a "Call Receipt Register" to receive, record and intimate information regarding GBV to the person concerned (Doctor, Blood Bank, Others) promptly. The time of compliance should be noted in the same register. The head of the Health Facility / Department concerned should verify the Register daily.
d) The survivor needing services of other Departments/Speciality should be attended on call within reasonable time.
e) The Health facility should maintain a list of counsellors available in the district including the ones available within the health setup, One Stop Centre, counsellors appointed in Swadhaar, Ujjawala Homes, Counsellors of the District Child Protection Unit and CHILDLINE or independent volunteers with adequate expertise in providing counselling services. One of these counsellors, preferably a lady, shall provide counselling services to GBV cases.

1.2. Police:

a) Whenever a survivor reports to the police, the police shall take her to the nearest health facility for medical examination, treatment and care without delay.

b) The police will ensure that the samples/evidence collected by the Doctor are sent to the forensic laboratory at the earliest.
c) The police shall not be present in the examining room during history taking, examination, evidence collection and treatment being provided to the survivor.
d) In case the police receives intimation from a health care facility regarding a GBV case, the Police Station */Special Juvenile Police Unit* will carry out due investigations. The police will also intimate the Protection Officer in case of domestic violence and the CWC in case the survivor is a minor.
e) A Head Constable should be deployed at the Casualty, to assist GBV cases and medico-legal procedures.
f) Any person who voluntarily reports a case of GBV or brings the survivor to the Health Facility or Police Station should not be harassed or intimidated.

1.3. Protection Officer under Protection of Women from Domestic Violence Act, 2005:

a) The Protection Officer (PO) will maintain a list of all service providers providing legal aid or counselling, shelter homes and medical facilities.
b) The PO will get the aggrieved person medically examined, if she has sustained bodily injuries and forward a copy of the medical report to the police station and the Magistrate having jurisdiction in the area where the domestic violence has alleged to have taken place.

1.4. Child Welfare Committee (Minor Survivors):

a) In case of minor survivors who are produced before the CWC first, the CWC can request for a medical examination and treatment at the Health Care Facility in the vicinity and also ask the Special Juvenile Police Unit to file an FIR.

Chapter - 2

SAFETY

Role of Stakeholders

2.1. Health Care Facility/Hospital/Health Care Professional:

a) In case the examining doctor feels that the survivor is at risk and not safe, or the perpetrator of the crime is someone in the immediate circle of the survivor, the Doctor can take the following initiatives:—
   - Contact the One Stop Centre (if functional) for the safety and security of the survivor.
   - Contact the Protection Officer for ensuring the safekeeping of the survivor in a shelter home.
   - Contact the Child Welfare Committee in case of a minor survivor.
   - Contact the Police Station/Special Juvenile Police Unit in the nearest police station and request for survivor protection.
   - Organise for a bed in the health care facility for the survivor.

b) Not to disclose the identity of the survivor and keep all records confidential.

c) The examining Doctor has to be sensitive to the needs and safety of a girl/ woman with disability as the survivor is at risk of abuse in shelters and hospitals. As per Section 376 (2) (l) of the revised Indian Penal Code (Criminal Law Amendment Act, 2013) the punishment for rape increases when rape is committed on a woman suffering from mental or physical disability.

2.2. Police:

a) On receipt of the complaint of GBV, a First Information Report (FIR) shall be promptly registered. The survivor can lodge the FIR in any police station in the country. On receipt of the FIR, it can be transferred to the concerned police station for investigation. A copy of the FIR is to be provided free of cost to the complainant/survivor.

b) The *Police Station/Special Juvenile Police Unit* in the police station shall promptly deal with and assist the survivor of sexual and gender based violence.

2.3. Protection Officer under Protection of Women from Domestic Violence Act, 2005:

A. The Protection Officer will make available a shelter home, if the aggrieved person so requires and forward a copy of this report of having lodged the aggrieved person in a shelter home to the police station and the Magistrate having jurisdiction in the area where the shelter home is situated (As per Section 9.1(f) of PWDV Act, 2005).

2.4. Child Welfare Committee (Minor Survivors):

a) Where a child is produced before the CWC, the relevant CWC, based on a preliminary enquiry will ascertain whether the child needs to be shifted from its current place of residence to a Children's Home or a Shelter Home (or any other safe place).

b) Mandatory reporting by any adult including a doctor or other health care professional to the Child Welfare Committee and Police is required in case of child sexual abuse. The CWC shall take immediate steps to protect the child from abuse and provide necessary care and support (Section 19 of POCSO Act, 2012).

2.5. Shelter Homes/Child Care Institutions/One Stop Centre:

a) Provide long/medium/short term care and protection to the survivor.

b) Provide counselling support to the survivor.

c) Not to disclose the identity of the survivor and provide support to other agencies in the investigation

d) Escort the survivor, if required during her visit to the medical facility/CWC etc.

Chapter – 3

SUPPORT FOR INITIATING LEGAL ACTION AGAINST THE PERPETRATORS/OFFENDERS/WRONG DOERS

Role of Stakeholders

3.1. Health Care Facility/Hospital/Health Care Professional:

a) Provisional medical opinion/report & final opinion/report shall be given to the survivorfree of cost, immediately. The Medico - legal Examination Report Format on sexual violence is enclosed vide *Annexure III*.

3.2. Police:

a) Offences involving rape and molestation, etc., shall be promptly investigated and chargesheet shall be filed in the court within 60 days since the date of registration of the case as far as practicable. If investigation cannot be completed within a period of 60 days for genuine reasons, written permission for extension of time must be obtained from the SP/DCP of the district/establishment. In this connection provisions of PCO 338/2013 and PCO 343/2012 must be strictly adhered to.

b) The statement of a woman survivoris to be recorded by a woman police officer or any woman officer. If not reported at the police station, the survivor should not be called to the police station. The Investing Officer (I.O.) should visit her home in plain clothes for ascertaining facts in the presence of her relatives or family members.

c) The incident should be thoroughly inspected and all out efforts should be made to collect maximum evidence from the spot. If necessary, scientific team may be summoned to collect evidences. Exhibits collected/ lifted should be properly packed/ preserved, sealed and sent to Forensic Science Laboratory (FSL) for chemical analysis as quickly as possible.

3.3. Legal Services:

a) A woman or a child survivor is entitled to be provided with free legal aid under the Legal Services Authorities Act, 1987.

b) The District Legal Services Authority (DLSA) shall provide assistance to the survivor of GBV in terms of provision of lawyer, compensation etc. A lawyer from the panel of DLSA will offer legal assistance and explain provisions and remedies available to the survivor.

c) Under Section 12(c) of the Legal Services Authorities Act, 1987, every child who has to file or defend a case shall be entitled to legal services under this Act. The POCSO Act, 2012 provides for entitlement of the assistance of legal counsel under Section 40, which the family of the child shall be entitled to, and where they are not provided with such counsel, they shall be entitled for a lawyer from the Legal Services Authority.

d) In addition to providing free legal aid, the DLSA has the following roles to play:

- Payment of court and other process fee;
- Payment of charges for preparing, drafting and filing of any legal proceedings;
- Payment of charges of a legal practitioner or legal advisor;
- Payment of costs for obtaining decrees, judgments, orders or any other documents in a legal proceeding; payment of costs of ppaperwork including printing, translation etc.
- Processing the application for claims under the Assam State Victim Compensation Scheme, 2012 & its amendment.

3.4. Protection Officer under Protection of Women from Domestic Violence Act, 2005:

The Protection Officer shall:

a) Assist the Magistrate in the discharge of his functions under the Protection of Women from Domestic Violence Act, 2005;
b) Make a domestic incident report of violence to the Magistrate, in such form and in such manner as may be prescribed, upon receipt of a complaint of domestic violence and forward copies thereof to the Police Officer in charge of the Police Station within the local limits of whose jurisdiction domestic violence is alleged to have been committed and to the service providers in that area;
c) Make an application in such form and in such manner as may be prescribed to the Magistrate, if the aggrieved person so desires, claiming relief for issuance of a protection order;
d) Ensure that the aggrieved person is provided legal aid under the Legal Services Authorities Act, 1987 and make available free of cost the prescribed form in which a complaint is to be made;

3.5. Child Welfare Committee (Minor Survivors):

a) The CWC may direct the District Child Protection Unit to facilitate the process of FIR filing and coordination with the Legal Services Authority, if so required.
b) In addition to this, the CWC shall also direct the DCPU or other agencies in the district for providing various support services to the child and his/her family like Counsellors, medical assistance, shelter, interpreters, psychiatric support etc.

3.6. Shelter Homes/Child Care Institutions/One Stop Centre:

a) Prepare the individual care plan/rehabilitation plan for the child/women.
b) Not to disclose the identity of the survivor and provide support for mainstreaming the child.
c) Facilitate to initiate legal action against the perpetrator / offender / wrong doer.
d) Support the survivor in the legal proceedings by escorting her to the Magistrate, DLSA etc.

Chapter – 4

LONG TERM SUPPORT AND LINKAGES FOR RECOVERY AND REHABILITATION OF THE SURVIVOR

Role of Stakeholders

4.1. Health Care Facility/Hospital/Health Care Professional:

a) Intimate the Survivor about the provision of compensation under 'The Assam Victim Compensation Scheme, 2012' and its amendment.
b) Intimate the Survivor about the provisions and procedures to obtain Unique Disability Identity card (UDID) and provisions therein.
c) Provide long term treatment for recovery, if required to the survivor.

4.2. Police:

a) Complete the investigation within the scheduled time frame and provide updated information to the survivor and her family about the progress of the case.

4.3. Legal Services:

a) The Assam Victim Compensation Scheme, 2012 & its amendment provides financial assistance to the survivor and provides support services such as shelter, counselling, medical aid, legal assistance, education and vocational training depending upon the needs of the survivor.
The survivor or her dependants as the case may be is eligible for compensation under the following 11 categories:
1. Loss of life;
2. Loss of any limb or part of body resulting in 80% or above disability (including acid attack);
3. Loss of any limb or part of body resulting in disability of 40% or above but below 80% (including acid attack);
4. Loss of any limb or part of body resulting in below 40% disability;
5. Loss or injury causing severe mental agony to women and child survivors in case of human trafficking;
6. Simple injury to child survivor;
7. Rape;
8. Penetrative sexual assault and aggravated penetrative sexual assault in case of child survivors;
9. Sexual assault and aggravated sexual assault in case of child survivor;
10. Sexual harassment of Girl child for pornographic purposes;
11. Survivor of acid attack.
b) In case of survivor of acid attack, the report of Chief District Medical Officer (CDMO) / Sub Divisional Medical Officer (SDMO) and the report of Investigating Officer (I.O.) including the copy of FIR, shall be conclusive and on the basis of such reports an interim compensation shall be paid to the survivor to facilitate medical attention and expenses in this regard.

4.4. Protection Officer under Protection of Women from Domestic Violence Act, 2005:

a) To ensure that the order of monetary relief under section 20 of the Protection of Women from Domestic Violence Act, 2005 is complied with and executed, in accordance with the procedure prescribed under the Code of Criminal Procedure, 1973.

4.5. Child Welfare Committee (Minor Survivors):

a) Direct the DCPU, Shelter Home and Child Care Institution to provide the necessary support to the survivor and her family, like filing for compensation, counselling services etc.
b) Regularly review the progress of the survivor basing on reports received from the DCPU and Homes

c) Based on the various reports like preliminary inquiry report, periodic progress reports and individual care plan for the survivor, the CWC may pass the following orders for rehabilitation of the survivor:—
   - Reuniting the child with the family with/without various support services like sponsorship etc. along with regular follow up by the District Child Protection Unit.
   - Short/Medium/Long term institutionalisation in a Child Care Institution with clear instructions on the counselling needs of the child.

d) The CWC will direct the Child Care Institution/Shelter Home/ DCPU to prepare an individual care plan for the child and monitor the condition of the child in coordination with the DCPU and CCI/Shelter Home. The CWC will play a key role in the rehabilitation of the survivor.

4.6. Shelter Homes/Child Care Institutions/One Stop Centre:

a) The survivor in the shelter homes are to be provided with psycho-social care along with medical treatment.
b) Efforts for reintegration with their families (wherever feasible) should also be made.
c) The survivor should be enrolled in a school or vocational course.
d) Follow up the case and provide support to the survivor for award of compensation.

Chapter – 5

PREVENTION STRATEGIES AND COORDINATION EFFORTS

Violence against women and girls is rooted in society due to, social norms and gender stereotypes. Given the devastating effects of violence on women, efforts have to be concentrated mainly on response and providing services for survivors.

However, the best way to end violence against women and girls is to prevent it from happening in the first place by addressing its root and structural causes.

Effective prevention has the potential to both prevent violence from occurring in the first place and to complement the actions of the response system to avert repeated cycles of violence. In doing so, it also holds the promise of reducing the social and economic costs of violence. In addition to those borne by individual women, these include the costs of providing health care, police and judiciary services and child and welfare support, as well as costs resulting from the erosion of human capital and lost productivity.

The importance of an effective response system and links between the response and prevention systems are noted as crucial foundations for prevention.

> Prevention cannot be a short-term effort, but rather an endeavour that requires ongoing commitment from governments and other stakeholders, increased research to inform and monitor progress, and persistent action that addresses VAW at its source.

INTERVENTION TO PREVENT VIOLENCE AGAINST WOMEN & GIRL CHILD

Various interventions, tools & techniques may be adopted by stakeholders (Government &Non government) to prevent VAWG before it occurs & to prevent re-victimizations. The Following are some tested intervention worldwide to prevent Intimate Partner Violence, Non Partner Sexual Assaults & other types of violence against Women andGirls below the age of 18 years.

Intervention areas	Examples
Legislative, policy, organizational and institutional reforms	
Strengthening infrastructure and transport to promote safety	Improving the safety of public transport and street lighting
Improvements in school infrastructure for safety	Improving water, sanitation and hygiene facilities for girls (e.g. sex segregated toilets, menstrual hygiene facilities
Reducing alcohol availability	Regulation to reduce the density of alcohol outlets or reduce alcohol consumption (e.g. through taxation, rationing, regulating trading hours
Mobilizing and engaging communities and organizations (CBO/CSO/NGOs)	
Community mobilization to change social norms	Participatory projects, community driven development engaging multiple stakeholders and addressing gender norms
Whole-of-school' interventions to promote gender equality, respectful relationships and safe, discrimination-free school environments	Multi-level interventions targeting teachers and other school staff, pupils, reporting mechanisms, parents and the local community, along with national advocacy. A variety of strategies are used (e.g. curriculum and group-based programmes, policy reform, advocacy

Organizational auditing processes to identify and address structures and practices contributing to gender inequality and VAWG. Involves developing audit tools and processes for engaging staff, community members and volunteers in using these to reflect on organizational cultures and processes and plan reform. Inducements may be used to encourage or support compliance (e.g. funding, awards)	
Capacity building of stakeholders – developing modules, cascading capacity building approach	Capacity building on subjects like – Menstrual Hygiene Management, Positive Masculinity, demystifying concepts of Gender and Sex etc.
Creating models for replication	Various organizations working on children's participation through available platforms such as child protection committees, school management committees etc. which leads to the empowerment of girls in particular.
Engaging the media to support efforts to prevent VAWG	
Social marketing campaigns or edutainment plus group education that raise awareness about VAWG and promote egalitarian gender norms	Social marketing campaigns or edutainment plus group education that raise awareness about VAWG and promote egalitarian gender norms.
Component communications campaigns to raise awareness of VAWG	Campaign involving advertisements through television and print media.
Economic, social and political empowerment	
Gender equality training for women and girls	School or community programmes to improve women's and girls' agency. Can include other components such as safe spaces, mentoring and life skills training.
Economic empowerment and income supplements	Micro-finance, vocational training, job placement or cash or asset transfers (e.g. land reform).
Economic empowerment and income supplements plus gender equality training	Micro-finance, vocational training, job placement or cash or asset transfers (e.g. land reform) plus gender equality training.
Collectivization of sex workers	Supporting sex workers to come together as a collective and become advocates for their rights.
Engagement with Elected Representative	Voting Rights, Decision Making etc.
Skills development	
Group-based training - men and boys	School programmes and group education workshops to promote changes in social norms and behaviours that encourage VAW and gender inequality. Propagating concepts like positive masculinity and gender equality.

Group-based training on gender equality and expressions of femininity and masculinity for both women and men	Group education workshops in schools and community settings to promote critical reflection and dialogue on gender norms and behaviour that encourage VAW and gender inequality. In contrast to the above, these involve both men and women.
Bystander programmes	Programmes to strengthen individual skills and knowledge to take positive or 'pro-social' action in relation to attitudes and behaviours supporting violence (e.g. the belief that women deserve violence) and precursors to violence (e.g. sexist attitudes). Typically implemented as part of a broader programme of community/organizational mobilization.
Programmes to support the skills of parents (both men and women) to promote gender equality and non-violence in their parenting practices	Individual attitudes and behaviours pertaining to violence and gender relations are established in childhood, adolescence in particular, and the family is a key influence.
Mitigating the consequences of prior exposure to violence	
Mitigating the impacts of witnessing intra-parental violence*	Psychotherapeutic and psycho-educational interventions for children who have been exposed to violence perpetrated against their mothers, noting that the primary benefits and purposes of such programmes are to preserve children's human rights and restore their well-being.
Addressing other types of violence that can also contribute to preventing violence against women.	
Parenting programmes to prevent child abuse and neglect	Nurse home-visit programmes aimed to strengthen parenting attitudes and skills, noting that the primary purpose and benefits of such programmes are the prevention of child abuse.
Advocacy to prevent VAW	
Skills training and capacity-building for organizations and community members advocating for gender equality and the elimination of VAW	
Entail non-violent individuals to 'speak out' and play a leadership role regarding gender inequality and the elimination of VAW. These may be targeted to prominent individuals or be delivered through informal peer groups (e.g. among young people) or organizational settings identified in Table 5 below (e.g. workplaces	

Let's remind ourselves that-

Prevention is most likely to be successful when:

- Use of IEC materials which are developed keeping in consideration of Gender sensitiveness
- There is a high level of awareness that VAWG is a form and a manifestation of discrimination against women, Girl Child and those efforts to prevent it must be framed within the promotion of women's human rights and gender equality as a whole.
- There is a high level of awareness that VAWG is prevalent, has serious consequences and can be prevented.

- Key players across sectors are engaged and their actions are well coordinated, ideally through a coordinating body.
- Work on prevention is supported through the development of formalized processes such as in legislation or in high-level, cross-sector plans.
- It is based on the best understanding of the root causes of, and risk factors for, prevalent forms of VAW, and what works to mitigate them.
- Policies and programme interventions are designed through free and informed consultations with rights-holders.
- Practitioners have access to different tools related to physical, physiological and psycho-social health, academic and vocational education, life skill and vocational skill building etc.

Annexure-I

Sexual Assault Forensic Evidence Kit

The Sexual Assault Forensic Evidence (SAFE) Kit shall contain the following items for collecting and preserving the physical evidence following a sexual violence:—

- 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 nails scrapings
- Small scissors
- Urine sample container
- Tubes / vials/ vacutainers for blood samples (Ethylenediaminetetraacetic acid (ETDA), 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 (35 mm, digital with colour printer)
- Microscope
- Colposcope/Magnifying glass
- Toluidine blue dye
- 1% acetic acid diluted spray
- Urine pregnancy test kit
- Surgilube
- Medications

Annexure-II

Referral Protocol for Treatment of Gender Based Violence Cases

1. **Conditions for referral:**

- Survivor requiring specialized level of medical attention which is not available in the existing Hospital providing health care.
- Attending medical personnel can refer with adequate reason.

2. **Procedures to be followed by the referring Health Facility:**

- Registration at OPD/IPD
- Attending doctor at first approach shall resuscitate the survivor, if required.
- Provide necessary treatment.
- Detail examination of survivor & collection of evidence with proper documentation.
- Intimate the Police immediately about the assault.
- Intimate in advance to the referred hospital for emergency health services, provision of bed & linking with other agencies.
- In case the survivor requires critical care during transportation, the hospital shall provide a skilled medical professional to accompany to the referred health facility along with required treatment such as IV drip and oxygen inhalation etc, on the way.
- Police protection is to be provided to the survivor, if required. (The need of police protection is to be assessed by the referring person)
- The provisional opinion with the examination report along with the referral slip must be submitted.
- Prior information to the "One Stop Centre" where available for greater coordination to manage the case of GBV.
- Referral register to be maintained indicating date, time & cause of referral.

3. **Procedure to be followed at the referred health facility:**

- The case shall be registered at the receiving health facility.
- The case shall be attended immediately by an Assistant Professor & above rank on duty in Medical College Hospitals and doctors on duty in other hospitals. The attending doctor shall treat, examine & collect evidence & intimate police, if required.
- Cases of sexual assault or rape shall be referred directly to the examination/labour room.
- Arrangement shall be made for medico-legal examination of the survivor.
- The examination format, SAFE kit & other supplies should be available.
- The referral slip in duplicate shall be duly signed and acknowledged by the attending doctor. One acknowledgement copy of the referral slip shall be returned to the primary facility or the doctor (first contact). The primary doctor shall confirm receipt of acknowledgement from the referred health facility.

4. **Transportation:**

- Transportation of the survivor is the responsibility of the police. However, ambulances (108/102) or other services used for transportation of the patients may be used for transportation of the survivor from one health facility to other in case of referral. Transportation of the survivor is to be made free of cost.
- During transportation, if any treatment is required it should be made available by the referring Hospital /primary facility free of cost. Provide police protection, if required.

5. The Primary health facility shall follow up on information about the case at the referred health **facility**.

6. Referral Slip enclosed.

Inter facility referral slip for treatment of GBV cases

Name of the referring facility:..Address:..

Contact No.:.....................................Date & Time of Arrival:..

1. Name of the survivor: ....Age:...............Gender:........................

Address:

Village Name Block Police Station District State

Contact No:...

2. Father's /Husband's Name/Guardian /Any other accompanying person

Address: Village Name Block Police Station

District State

Contact No:...

3. Identified by: Name of Police Personnel Id. No.

4. Two marks of identification

5. Regd. No. at COPD/OPD/IPD:...Dt...............................

6. Referred on:....................../......................./....................(d/m/yr) at ....(time)

7. Name of the facility to where the survivor is referred...
8. Nature /type of assault /injury: Time................Cause............................
9. Police Station intimated: Date...............Time...................Police Station...........................
10. Police protection provided: Yes/No If, No Justify
11. Name & designation of the police personnel & paramedic worker accompanying the survivor:
12. Date & time of examination:
13. Examination findings:

14. Brief history of GBV survivor:

15. Mention details of samples collected for forensic examination:

1.	5.
2.	6.
3.	7.
4.	8.

16. Mode of transportation provided:

17. Treatment given, if any:

18. Additional investigation/evaluation required, if any, at the referred facility:

Signature of Referring Physician /Health Functionaries

(Name / Designation /Stamp)

Date & Time

Signature of the receiving person

Date & Time

One Copy of the referral slip acknowledged by the receiving facility shall be returned to the primary facility

Annexure - III

Medico-legal Examination Report of Sexual Violence

1. Name of the Hospital ……………………… OPD No.……………Inpatient No ……...…..
2. Name ……………………………….......... D/o or S/o (where known)…………................
3. Address……………………………………..…………………………………………...
4. Age (as reported) ………………………. Date of Birth (if known).……………………….

4.1. If any documentary evidence/proof regarding age of the survivor is available? Yes/No

4.2. In view of answer "4.1" above, is there a need of ossification test to determine the age of survivor. Yes/No

5. Sex (M/F/Others) ……………………………..…………..……….............……….
6. Date and time of arrival in the hospital …………………………………………….……
7. Date and time of commencement of examination…………………………...…..…………
8. Brought by…………………………………………………………. (Name & signatures)

8.1. If, brought by a Good Samaritan, address & contact number (Optional)............................

....

9. MLC No. …………………………………..Police Station……………………...…..……....
10. Whether conscious, oriented in time and place and person……………………...……...
11. Any physical/intellectual/psychosocial disability …………………………….………..

(Interpreters or special educators will be needed where the survivor has special needs such as hearing/speech disability, language barriers, intellectual or psychosocial disability).

12. Informed Consent/refusal

I……………………………………D/o or S/o….………………………….……hereby give

my consent for:

a) Medical examination for treatment Yes No ☐

b) This medico-legal examination Yes No ☐

c) Sample collection for clinical & forensic examination Yes No ☐

I also understand that as per law the hospital is required to inform police and this has been explained to me.

I want the information to be revealed to the police Yes ☐ No ☐

I have understood the purpose and the procedure of the examination including the risk and benefit, explained to me by the examining doctor. My right to refuse the examination at any stage and the consequence of such refusal, including that my medical treatment will not be affected by my refusal, has also been explained and may be recorded. Contents of the above have been explained to me in …………………………....language with the help of a special educator/interpreter/support person (circle as appropriate) ……………………..….................

If special educator/interpreter/support person has helped, then his/her name and signature……………………………………………………………………………..................................

Name & signature of survivor or parent/guardian/person in whom the child reposes trust in case of child (<12 yrs)

……………………………………………………………………………………

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

With date, time & place

Name & signature/thumb impression of Witness

…………………………………………………………………………………....

…………………………………………………………………………………....

…………………………………………………………………………………....

With Date, time and place

13. Marks of identification (Any scar/mole)

(1) ……………………………………………………………………………
(2) …………………………………………………………………………...

Left Thumb impression

14. Relevant Medical/Surgical history

Onset of menarche (in case of girls) Yes / No Age of onset………………......……………
Menstrual history – Cycle length and duration ……......…Last menstrual period…........……
Menstruation at the time of incident - Yes/ No, Menstruation at the time of examination- Yes / No
Was the survivor pregnant at time of incident - Yes/No, If yes, duration of pregnancy…..……… weeks
Contraception use: Yes/No…………………If yes – method used: ....…… Vaccination status – Tetanus (vaccinated/not vaccinated), Hepatitis B (vaccinated/not vaccinated)

15 A. History of Sexual Violence

(i) Date of incident/s being reported (ii) Time of incident/s (iii) Location/s
(iv) Estimated duration: 1-7 days………………. 1 week to 2 months…................................... 2-6 months…........………………. >6 months….. Episode: One…………Multiple ……..…Chronic (>6 months) …………Unknown………...
(v) Number of Assailant(s) and name/s .....………………………... (vi) Sex of assailant(s)……………………................................Approx. Age of assailant(s) ……………………….................................If known to the survivor – relationship with the survivor....…………………..
(vii) Description of incident in the words of the narrator: Narrator of the incident: survivor/informant (specify name and relation to survivor) .... If this space is insufficient, use extra page

15 B. Type of physical violence used if any (Describe):

Hit with (Hand, fist, blunt object, sharp object)	Burned with
Biting	Kicking
Pinching	Pulling Hair
	Banging head
Violent shaking	Dragging
Any other:	

15 C.

i. Emotional abuse or violence if any (insulting, cursing, belittling, terrorizing)

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

ii. Use of restraints if any…………………………………………………………………..

iii. Used or threatened the use of weapon(s) or objects if any……………………………

iv. Verbal threats (for example, threats of killing or hurting survivor or any other person in whom the survivor is interested; use of photographs for blackmailing, etc.) if any:

………………………………………………………………………..

v. Luring (sweets, chocolates, money, job) if any: ……………………..................................

vi. Any other:……………………………………………………………………………………......

15 D.

i. Any H/O drug/alcohol intoxication:

ii. Whether sleeping or unconscious at the time of the incident: ……………………………

15 E. If survivor has left any marks of injury on assailant/s, enter details: ……………………

15 F. Details regarding sexual violence:

Was penetration by penis, fingers or object or other body parts (Write Y=Yes, N=No, DNK=Don't know) **Mention and describe body part/s and/or object/s used for penetration.**

	Penetration			Emission of Semen		
Orifice of Survivor	By Penis	By body part of self or assailant or third party (finger, tongue or any other)	By Object	Yes	No	Don't know
Genitalia (Vagina and/or urethra)						
Anus						
Mouth						

Oral sex performed by assailant on survivor	Y	N	DNK
Forced Masturbation of self by survivor	Y	N	DNK
Masturbation of Assailant by Survivor,	Y	N	DNK
Forced Manipulation of genitals of assailant by survivor	Y	N	DNK

Exhibitionism (perpetrator displaying genitals)	Y	N	DNK
Did ejaculation occur outside body orifice (vagina/anus/mouth/urethra)?	Y	N	DNK
If yes, describe where on the body			
Kissing, licking or sucking any part of survivor's body	Y	N	If yes, Describe
Touching/Fondling	Y	N	If yes, Describe
Condom used*	Y	N	DNK
If yes status of condom	Y	N	DNK
Lubricant used*	Y	N	DNK
If yes, describe kind of lubricant used			
If object used, describe object:			
Any other forms of sexual violence			

*** Explain what condom and lubricant used to the survivor**

Post incident has the survivor	**Yes/ No/ Do Not Know**	**Remarks**

Changed clothes Changed undergarments Cleaned/washed clothes Cleaned/washed undergarments Bathed Douched Passed urine Passed stools Rinsing of mouth/Brushing/Vomiting (Circle any or all as appropriate)		

Time since incident…………………………………………………………………...…… H/o

vaginal/anal/oral bleeding/discharge prior to the incident of sexual violence…………………

H/o vaginal/anal/oral bleeding/discharge since the incident of sexual violence………..………

H/o painful urination/ painful defecation/ fissures/ abdominal pain/pain in genitals or any other part since the incident of sexual violence.

16. General Physical Examination-

i. Is this the first examination……………………………………………...……………………...
ii. Pulse……….……………………………BP……..……………………………………………
iii. Temp.…………………………………………….Resp. Rate………………………………..
iv. Pupils ………………………………………………………………………………….…….

v. Any observation in terms of general physical wellbeing of the survivor……..………………

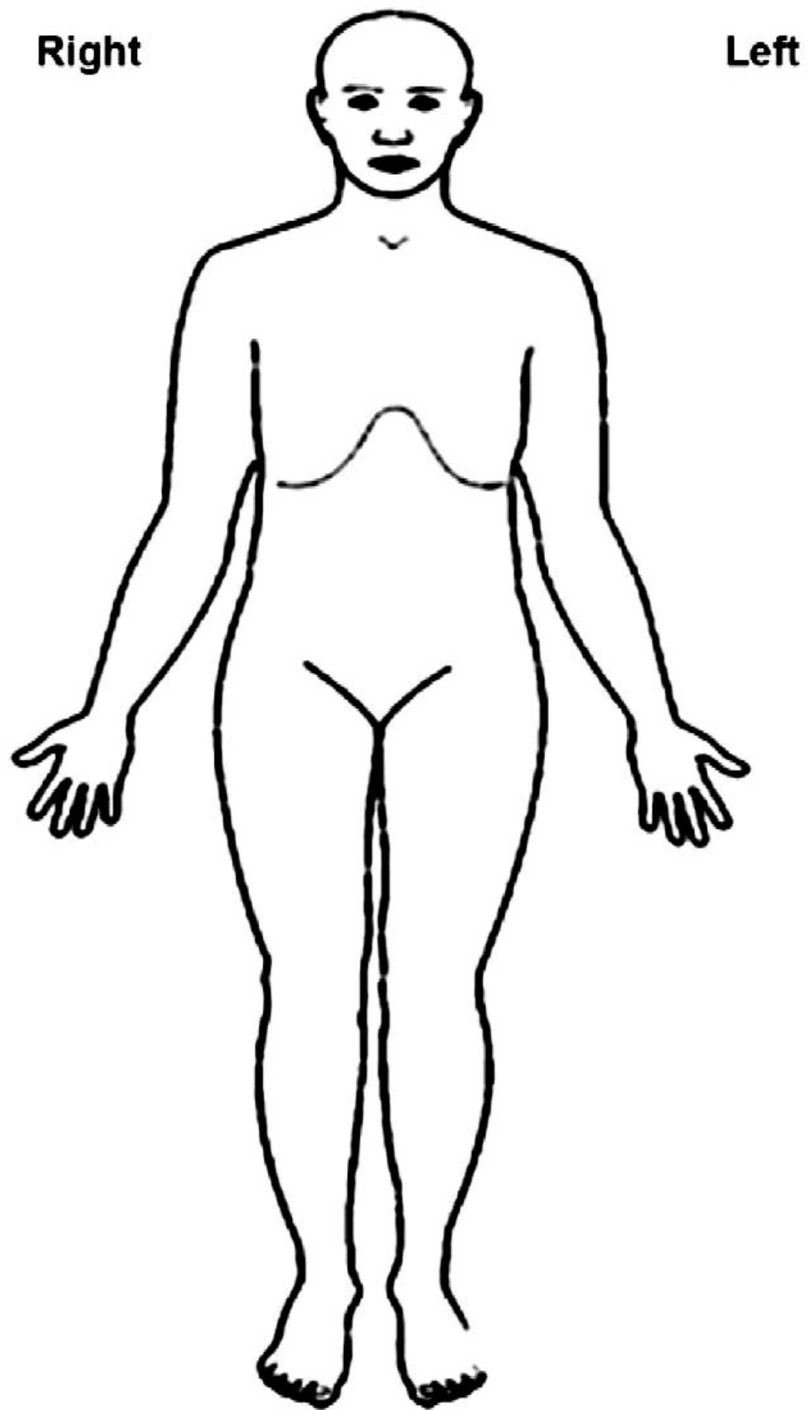
17. Examination for injuries on the body if any

The pattern of injuries sustained during an incident of sexual violence may show considerable variation. This may range from complete absence of injuries (more frequently) to grievous injuries (very rare).

(Look for bruises, physical torture injuries, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge specially on the scalp, face, neck, shoulders, breast, wrists, forearms, medial aspect of upper arms, thighs and buttocks) Note the

Injury type, site, size, shape, colour, swelling signs of healing simple/grievous, dimensions.)

Scalp examination for areas of tenderness (if hair pulled out/ dragged by hair)	
Facial bone injury: orbital blackening, tenderness	
Petechial haemorrage in eyes and other places	
Lips and Buccal Mucosa / Gums	
Behind the ears	
Ear drum	
Neck, Shoulders and Breast	
Upper limb	
Inner aspect of upper arms	
Inner aspect of thighs	
Lower limb Buttocks	
Other, please specify	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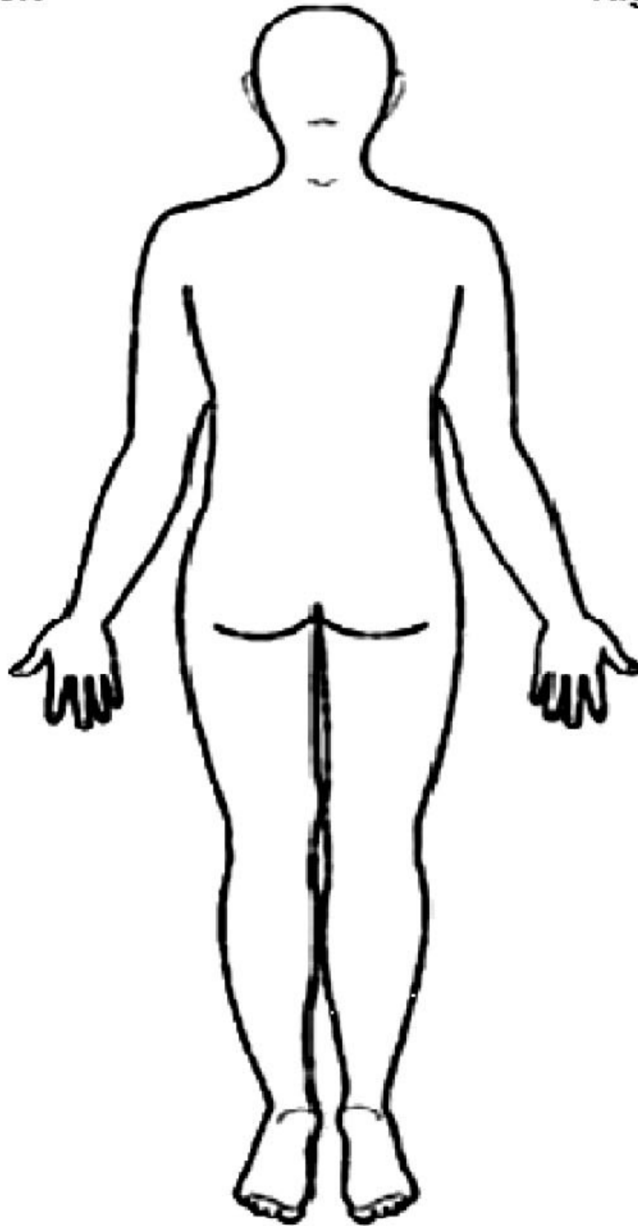
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18. Local examination of genital parts/other orifices*:

A. External Genitalia: Record findings and state NA where not applicable.

Body parts to be examined	Findings	
Urethral meatus & vestibule		
Labia majora		
Labia minora		
Fourchette & Introitus		
Hymen Perineum		
External Urethral Meatus		
Penis		
Scrotum		
Testes		
Clitoropenis		
Labioscrotum		
Any Other		

*** Per Vaginum /Per Speculum examination should not be done unless required for detection of injuries or for medical treatment.**

P/S findings if performed ………………………………………………………………………… P/V findings if performed ………………………………………………………………………... Record reasons if P/V of P/S examination performed ……………………………………………

B. Anus and Rectum (encircle the relevant)

Bleeding/ tear/ discharge/ oedema/ tenderness

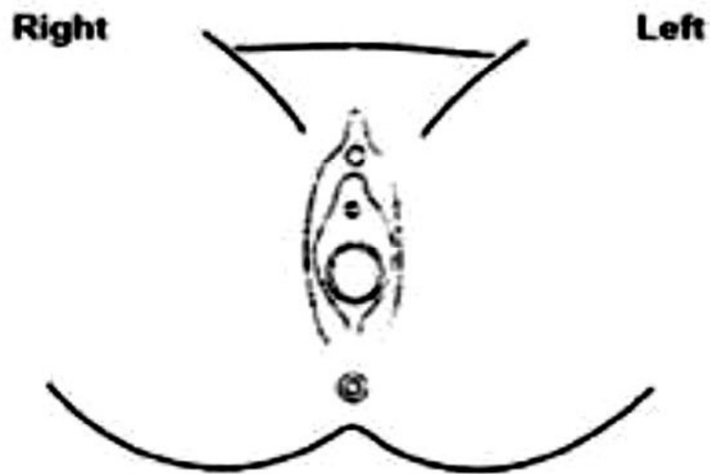
C. Oral Cavity - (encircle the relevant)

Bleeding/ discharge/ tear/oedema/ tenderness

19. Systemic examination:

Central Nervous System: ……………………………………………………………………….. **Cardio Vascular System:** ………………………………………………………………………..

Respiratory System: ……………………………………………………………………………..**Chest:** …………………………………………………………………………………………..**Abdomen:** ……………………………………………………………………………………..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20. Sample collection/investigations for hospital laboratory/ Clinical laboratory

1) Blood for HIV, VDRL, HbsAg
2) Urine test for Pregnancy
3) Ultrasound for pregnancy/internal injury
4) X-ray for Injury

21. Samples Collection for Central/ State Forensic Science Laboratory

1) Debris collection paper
2) Clothing evidence where available – (to be packed in separate paper bags after air drying)

List and Details of clothing worn by the survivor at time of incident of sexual violence

3) **Body evidence samples as appropriate (duly labeled and packed separately)**

	Collected/Not Collected	Reason for not collecting
Swabs from Stains on the body (blood, semen, foreign material, others)		
Scalp hair (10-15 strands)		
Head hair combing		
Nail scrapings (both hands separately)		
Nail clippings (both hands separately)		
Oral swab		

Blood for grouping, testing drug/alcohol intoxication(plain vial)		
Blood for alcohol levels (Sodium fluoride vial)		
Blood for DNA analysis (EDTA vial)		
Urine (drug testing)		
Any other (tampon/ sanitary napkin/ condom/ object)		

4) **Genital and Anal evidence** (Each sample to be packed, sealed, and labelled separately-to be placed in a bag)

* Swab sticks for collecting samples should be moistened with distilled water provided.

	Collected/Not Collected	Reason for not collecting
Matted pubic hair		
Pubic hair combing (mention if shaved)		
Cutting of pubic hair (mention if shaved)		
Two Vulval swabs (for semen examination and DNA testing)		
Two Vaginal swabs (for semen examination and DNA testing)		
Two Anal swabs (for semen examination and DNA testing)		
Vaginal smear (air-dried) for semen examination		
Vaginal washing		
Urethral swab		
Swab from glans of penis/clitoropenis		

*Samples to be preserved as directed till handed over to police along with duly attested sample seal.

22. Provisional medical opinion

I have examined (name of survivor)............................M/F/Other...................aged...................

reporting_ (type of sexual violence and circumstances)........................., XYZ days/hours after the incident, after having (bathed/douched etc).............................. My findings are as follows:

- Samples collected (for FSL), awaiting reports
- Samples collected (for hospital laboratory)
- Clinical findings
- Additional observations (if any)

23. Treatment prescribed:

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

24. Date and time of completion of examination ……………………………...…………..

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

Signature of Examining Doctor

Name of Examining Doctor

Place: Seal

25. Final Opinion (After receiving Lab. reports)

Findings in support of the above opinion, taking into account the history, clinical examination findings 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

Name of Examining Doctor

Place: Seal

COPY OF THE ENTIRE MEDICAL REPORT MUST BE GIVEN TO THE SURVIVORFREE OF COST IMMEDIATELY.

Annexure-IV

MEDICO-LEGAL CASE REGISTER FORMAT

Serial No.	Month	Date	Name of Survivor	Address	Age (As reported)	Sex (F/M/Other)	Brought By	MLC No.	Police Station Where case registered	MLC registered under Section of POCSO/IPC/Any other	Name of examining Doctor	Date & time of arrival hospital	Date & time commencement of examination	Date & time of completion of examination	Date of handing over forensic evidence to Police	Date of receipt of laboratory report form Hospital	Date of receipt of forensic evidence report from FSL	Date of Handing over final medico-legal examining report to Police	Date of Handing over final medico-legal examintion report to survivor or parents / guardian in case survivor is minor	Date of intimation to Police in case of referral/Discharge/ LAMA/Death of survivor	In Case of referral name of referral health institution	Signature of examining Doctor
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

Signature of Head of the Health Institution

Name :

Date : Note : At the end of every month the administrative head of the health Institution is to verify the Medico-Legal Register i. e. Superintendent of the MCH/Capital Hospital BBSR/RGH/RKL, ADMON (Medical) of DHH, SDMO of SDH, MO (I/C) of CHC.

Annexure – V

Reporting Format of Medico-Legal Cases for Health Institutions

(All MCH/DHH/SDH/CHC shall submit monthly report to the Superintendent/CDMO by the 5th of every month.

Compiled report of Medico- Legal Cases shall be forwarded by the Superintendent / CDMO to the
Director, Family Welfare by the 10th of every quarter)

State:**..*****District:*****...**

Reporting Period:**..*****Date:*****...**

Name of the health institution:**..**

Srl. No.	*Items*	*Total*
1	*No. of MLC cases*	
2	*Sex*	
a.	*Male*	
b.	*Female*	
c.	*Others*	
3	*Age*	
a.	*Below 18*	
b.	*18-35*	
c.	*36-60*	
d.	*Above 60*	
4	*Cases Booked*	
a.	*Under POCSO*	
b.	*Under IPC*	
c.	*Others*	
5	*Outcome*	
a.	*Discharge*	
b.	*Referral*	

c.	*Left against medical advise (LAMA)*			
d.	*Death*			
6	*Human Resource*	***Sanctioned***	***In Place***	
a.	*Medical Officer*			
b.	*Staff N*			
7	*Human Resource Trained*	***MO***	***SN***	
a.	*GBV*			
b.	*Child Sexual Abuse*			
c.	*Guidelines /Protocols of Sexual Violence*			
8	*SAFE Kit*	***Opening Balance***	***SAFE Kit Used***	***Remaining Balance***
a.				

Note: Hospital Managers at the MCH/DHH/SDH and the MO (I/C) at the CHC are responsible for monthly /quarterly reporting, as applicable.

Remarks:

Signature

Name & Designation

Date

Annexure – VI

Contact Details of Key Functionaries and Service Providers in respective districts

i District Legal Services Authority (DLSA)
ii District Child Protection Unit (DCPU),
iii Child Welfare Committee (CWC)
iv Juvenile Justice Board (JJB)
v Protection Officer under PWDVAct,
vi List of CCIs
vii Childline in operational districts
viii One Stop Centre
ix District Hub for Empowerment of Women (DHEW)
x Child Care Institutions (CCIs)
xi Swadhar Greh
xii Ujjawala Home
xiii Working Women's Hostel

MUKESH CHANDRA SAHU,
Principal Secretary to the Government of Assam,
Department of Women and Child Development, Dispur.

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