



SOP on Collection & Processing of Scientific/Forensic Evidences in case of Sexual Assault on Women



**National Human Rights Commission
India**

**Standard Operating Procedure
(SOP)
on Collection & Processing of
Scientific/Forensic Evidences
in Case of
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Standard Operating Procedure (SOP) on Collection & Processing of Scientific/Forensic Evidences in Case of Sexual Assault on Women

Sexual Violence is the most heinous of all crimes having devastating physical and psychological effects on the victims. Adding to it, is the extremely poor conviction rate in such cases because of several reasons- one being the poor forensic medical evidence collection, documentation as well as maintenance of chain of custody of evidence etc. If we talk about examination of Sexual Assault Survivor (SAS) (used for both surviving and deceased) of alleged rape and

procedure of collection of evidences, it is different in different states.

In northern parts of the country, it is mostly the female doctors who examine the victim. The same is not true in other parts of country wherein, male doctors also examine the SAS. Likewise it is also true that in many of States, it is the gynecologists who examine these cases whereas in few States these cases are examined by forensic medicine experts. It has been observed that conviction rate in such cases have been found increased when the examination is being done by trained forensic medicine persons.

The doctors should explain each step of examination to the SAS before performing the examination. Doctors should then ask the SAS to use her 'free will' either to accept or decline any of the steps. It is pertinent

to mention here that no requisition from police or order from the court is required for examination of SAS. It is the duty of the doctors to first provide the primary treatment and complete the examination of SAS and then report such cases to the police.

In order to facilitate proper collection, preservation and examination of samples collected during examination of SAS, the Commission, issues the following **Standard Operating Procedure**:

A. Victim Care

1. Identity of the SAS must be kept confidential at every step. (Sec 228A IPC, Sec 23, 24(5), 33(7) POCSO Act; SC Judgement Nipun Saxena Vs Union of India 2018)
2. The priority should be on treating life-

threatening injuries of the SAS & then collecting the forensic evidences.

3. The examination of SAS should be done in complete privacy and security. Consent (informed, verbal and written consent) from the SAS is must to start the forensic examination. In case of minors, elderly persons, mentally ill and intoxicated persons, consent of a person competent to give such consent on behalf of the SAS should be taken. (Sec 164A CrPC; Sec 27 POCSO Act; Guidelines & Protocols by M o Health & Family Welfare on Medico-legal care for survivors/victims of sexual violence).

B. Promptness in Examination

1. The SAS should be examined promptly/ at the earliest possible. The collection of forensic evidence can take upto few

hours even by a trained professional, depending upon the case as every case requires requisite 'due diligence' and 'humane approach'. As the time passes between time of assault and examination of SAS, the quality of forensic evidences will deteriorate. The optimal time for 'forensic DNA evidence' collection, is upto 72 hours (in no case beyond 96 hours) of the assault. However, 'forensic DNA evidence' can still be collected upto 7 days due to advancements in DNA technology.

2. The efficacy of sample collection depends on history of nature of assault, time elapsed between the assault and the examination, and also on post-assault activities. **Therefore, date and time of examination and collection of all the samples must be clearly mentioned in the report.**

C. Collection of Samples

1. Sexual Assault Evidence Collection (SAEC) Kit, apart from the forensic labs, must also be made available at all hospitals (both Private and Government) and police stations where the SAS approaches first. (Provision for SAEC kits & necessary directions are given to all States vide MHA's letter dated 17/1/2019 & 5/10/2020).
2. A thorough, detailed and proper history involving symptoms since the assault, details of the assault, number of assailants, specific threats, type of penetration, non-genital acts, recent genital procedures, loss of consciousness, amnesia and all activities (like taking bath, changing clothes and douching) after the assault should be mentioned in the report.

3. Detailed history about change of clothing/ bathing/washing private parts is essential to be documented. Clothes of the survivor worn at the time of assault should be enquired into. If the SAS is wearing the same clothes, these must be collected, preserved and sealed. If the clothes have been changed, the IO should ensure to collect the clothes which SAS was wearing at the time of assault and preserve it.
4. SAS should be asked to stand on a large sheet of white paper and then 'undress'. This will aid in collection of any foreign material which might have been left from the site of assault or from the accused. This sheet of paper should be folded very carefully and preserved in a bag to be sent to the FSL.
5. Describe each piece of clothing separately and label each of them

properly. Presence of stains or tears should be noted. Each piece of clothing should be packed in a separate bag, sealed and labelled. It should also be ensured that the clothes are air-dried before storing them in bags. The clothes need to be collected in paper bags and not in polythene bags etc.

6. Examine the full body for injuries, lesions, secretions etc. and document them with photos if possible (confidentiality of SAS must be maintained). If bite marks are present on SAS, then swab the area twice and preserve them. While describing the stains on the body, mention the type of stains, site, size, colour, number of swabs collected from each site.
7. Collect loose scalp and pubic hair by combing the SAS. Intact scalp and pubic hair should also be collected from the

- SAS so that it can be compared with the hair of either SAS or the perpetrator. Hair samples should be preserved in the catchment paper to be folded and sealed.
8. Nail clippings and scrapings must be taken from both the hands of SAS and packed separately.
 9. Oral swabs should be taken from the posterior parts of the buccal cavity, behind the last molars of SAS for detection of semen/spermatozoa. The same should be air dried and separately packed.

D. Collection of Blood and Urine samples

1. Collect the blood sample of SAS for testing of HIV, VDRL, HBsAg status and also to compare it with any other blood stains collected during the proceedings.
2. Collect the blood and urine samples for

detection of drugs and alcohol to determine what drugs the SAS used or consumed or alleged to have been forced to consume.

3. 'Collect venous blood' with a sterile syringe and needle and transfer to 3 sterile vials/vacutainers. It should be distributed in 1st plain vial for blood grouping and drug estimation, 2nd vial for alcohol estimation in Sodium fluoride vial and 3rd EDTA vial for DNA analysis. These samples must be refrigerated until handed over to next in chain of custody.
4. Use a 'sterile container' to collect minimum 100 ml of urine or as maximum as possible. Urine pregnancy test should be done and the result should be incorporated in the report.

E. Genital and Anal evidence

1. Collect matted portion of the pubic hair of SAS by cutting from the base, air-dry and seal it in an envelope.
2. Two swabs each should be taken from the vulva, vagina and anal opening. Two slides for each swab should be made, air dried and packed.
3. Two vaginal smears should be prepared on the glass slides, air-dried and sent for seminal fluid/spermatozoa examination.
4. Vaginal washing should be collected using a sterilised syringe and a small sterilised rubber catheter. 2-3 ml of saline should be instilled in the vagina and fluid should be aspirated. Fluid filled syringe should be sent to the FSL after putting a knot over the rubber catheter.

F. Handing over samples to FSL

1. For handing over the samples, a requisition letter should be addressed to the concerned FSL stating what all samples are being sent and what each sample needs to be tested for.
2. This requisition letter must be signed by the examining doctor and the police personnel to whom the sample has been handed over shall also sign the letter.
3. Requisition letter should be duly-checked to ensure that the numbering of individual packets is in accordance with the numbering on the requisition form.

G. General

1. It is very important to air dry all the samples before sealing them as this is the only way to prevent its degradation.

2. The samples should also be labelled properly.
3. The swab sticks used for collection of samples should be moistened with distilled water.
4. Ensure a chain of custody of various specimens.
5. Keep a record of all specimens in a register.
6. Pack all specimens in a dry paper bag, seal it and keep them in a refrigerator until handed over to IO.

It is envisaged that this Standard Operating Procedure when implemented in letter & spirit, will surely help to improve our system of medicolegal investigation by way of better collection and preservation of various evidences in cases of sexual assault on women.

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