



THE REPUBLIC OF UGANDA

**THE DIRECTORATE OF PUBLIC PROSECUTIONS**

**GUIDELINES FOR COMPLETING  
POLICE FORM 3B  
FOR MEDICAL EXAMINATION  
OF VICTIMS OF SEXUAL ASSAULT**

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## **INTRODUCTION:**

Proper documentation of medical evidence of sexual assault and the timely collection of the relevant samples are vital for effective prosecution of such cases. The health worker, through the medical examination and the documentation of the findings therefore, helps the Courts of Law to establish whether a sexual act took place between the victim and the suspect, and the circumstances surrounding it.

### **Place of medical examination:**

Examinations of victims of sexual assault may be carried out in out-patient clinics. Some health units, however, examine the victims in the gynaecological units, while others use side rooms of the wards. The most important features of a place for such medical examinations are the following;

- a) There should be adequate visual and auditory privacy
- b) The room should be well lit
- c) There should be an examination couch and preferably one with lithotomy poles.
- d) Adequate supply of gloves and swabs

The clinic should, in addition, have tape measures and rulers, a source of running water, a screen and a changing room where possible.

When handling a victim of sexual assault, it is very important for the health worker to create a good interpersonal relationship with the victim right from the beginning.

### **Handling victims of sexual violence: useful techniques**

You may find the following strategies and techniques helpful when dealing with victims of sexual violence:

- Greet the victim by name. Use her preferred name. Make her your central focus.
- Introduce yourself to the victim and tell her your role.
- Have respect for victim at all times.
- Be professional.

- Have a calm demeanor and use a gentle tone of voice A victim who may been frightened is in need of people who will understand and support her. Avoid expressions of shock or disbelief
- Do not perform the examination in haste.
- Maintain as much eye contact as is culturally appropriate especially during history taking.
- Have an empathetic and non-judgmental attitude while the victim recounts her experiences.
- Always address the victims questions and concerns.
- Avoid using victim-blaming statements such as, “What did you think would happen?”, “What were you doing out alone?”, “What were you wearing?” or “You should have known better.”

#### **COMPLETING THE POLICE FORM:**

Upon receipt of the request to examine the victim by the police, the health worker should fill the sections on the police form as follows.

##### **Section 1: Particulars of the request**

- Use the information provided by the police on the request form to record the particulars of the request
- This information is useful when testifying in the Courts of Law. It forms the legal basis of the examination.

##### **Section 2: Place of medical examination**

- Indicate the place where the examination is being carried out. This should be the name of the particular health unit.

##### **Section 3: Demographic information (particulars) of the victim.**

- Interview the victim or the accompanying person to provide the particulars of the victim.

- The particulars of the victim identify who that person is and is used to contact the victim when the need arises.

#### **Section 4: Apparent age of the victim based on medical examination**

The age of a person can medically be determined using:

- 1) Physical development
  - 2) Dentition (Eruption of teeth).
  - 3) Radiology.
- State the estimated age of the victim.
  - Indicate how you have estimated the age.

#### **Section 5: Description of circumstances/ history of the incident(s) as told to the health worker.**

Interview the victim or the accompanying person to establish when the sexual assault occurred and the circumstances thereof. This is to guide the health worker to examine the relevant areas and document appropriate injuries of the particular sexual act.

The following details about the alleged assault should be documented where applicable.

- The date, time and location of the assault, including a description of the type of surface on which the assault occurred.
- Description and number of assailants.
- The nature of the physical contacts and detailed account of violence inflicted.
- Use of weapons and restraints if any.
- Use of medications/drugs/alcohol/inhaled substances.
- How clothing was removed (where applicable).
- Details of actual or attempted sexual activity should also be carefully recorded, in particular whether or not the following occurred:
  - Vaginal penetration of victim by offender's penis, fingers or objects;
  - Rectal penetration of victim by offender's penis, fingers or objects;
  - Oral penetration of victim by offender's penis or other object;

- Oral contact of offender's mouth with victim's face, body or ano-genital area;
  - Forced oral contact of victim's mouth with offender's face, body or ano-genital area.
  - Ejaculation in victim's vagina or elsewhere on the victim's body or at the scene.
- Activities performed by the victim after the assault such as bathing and douching.

### **Section 6: Relevant gynaecological and obstetric history**

A victim's recent gynaecological and obstetric histories are of particular relevance in some cases of sexual assault. Care should, however, be taken to document what is relevant to that particular case. The health worker should inquire about:

- The first day of the last normal menstrual cycle.
- The age at which the first menstrual cycle was seen
- Past and present pregnancies
- Any ano-genital surgery
- Contraceptive history
- Last consensual sex, as details of this may be required if DNA analysis is to be performed.

### **General principles in medico-legal examinations.**

- Make sure the equipment and supplies are prepared and available.
- Do not ask the victim to undress or uncover completely. Examine the upper half of her body first, then the lower half; or give her a gown to cover herself.
- Examine the victim's clothing under a good light before she undresses. Collect any foreign debris on clothes and skin or in the hair (soil, leaves, grass, foreign hairs). Ask the victim to undress while standing on a sheet of paper to collect any debris that falls.
- Systematically examine the victim's body. Start the examination by taking the vitals (pulse, blood pressure, respiratory rate and temperature) as this is more reassuring for the victim. Do not forget to look in the eyes, nose, and mouth (inner aspects of lips, gums and palate, in and behind the ears, and on the neck. Check for signs of pregnancy.
- Take note of the pubertal stage where applicable.

- Look for signs that are consistent with the victim's story, such as bite and punch marks, marks of restraints on the wrists, patches of hair missing from the head, or torn eardrums, which may be a result of being slapped. If the victim reports being throttled, look in the eyes for petechial haemorrhages. Examine the body area that was in contact with the surface on which the violence occurred to see if there are injuries.
- Take the samples, as provided in section 10, during the examination.
- Record your findings and mark/ illustrate them carefully on the body figure pictograms in the form, in legible hand writing.

### **Section 7: General examination of the victim.**

Note the physical condition of the victim including:

- Whether the victim is frail, is sickly, is disabled or strong and capable of putting up resistance.
- The gait and especially whether the victim walks with difficulty.
- Whether the clothing is soiled or torn.

### **Section 8: Mental Examination**

The aim of a mental examination is to establish the emotional and psychosocial effects of the sexual assault on the victim and to establish if the victim had a mental illness. The mental examination is carried out through observation of the victim, a clinical interview with the victim, taking of collateral history and a formal assessment of the victim's current thinking, mood (feeling) and behaviour. The health worker needs to establish history of previous mental illness, family history of mental illness and the past and immediate medical history of the victim.

The mental examination of the victim will include evaluation of:

#### **Appearance, Behavioral activity and Speech:**

- Observe whether the victim is alert or appears restless, sad, crying or any other abnormal or inappropriate behavior especially when talking about the incident.
- Note if the volume of speech is low or high, if it's fast or slow, coherent or difficult to understand.

### **Mood (Affect or demeanor)**

This evaluates the victim's inner emotional state and is noted from the facial expression, body posture and vocal tone. The mood may be elated or depressed.

### **Thoughts, Perception and Cognitive Functioning**

These will be assessed by establishing rapport with the victim.

Assess whether the victim has:

- Ideas that are linked, logical and goal directed and the victim is well oriented in person, place and time.
- Delusions, obsessions, thought insertions, thought withdrawals and thought broad casting.
- Hallucinations and illusions.
- The ability to concentrate and recollect events.

### **Section 9: Examination of the regions of the body:**

The findings of the physical examination will depend on how soon after the sexual violence took place, the victim presents to the health worker. The health worker should endeavor to examine all the regions of the body systematically as outlined and document the findings on the police form. The objective of the physical examination is to determine the nature, number, position and dimensions of all injuries.

An injury is tissue damage resulting from any of the following; physical force, heat, cold, chemicals electricity or radiation. Most of the injuries are wounds. A wound is defined as a disruption of the continuity of tissues as a result of a mechanical force. The following is a brief description of the types of wounds encountered in forensic examinations.

**An abrasion** is a superficial injury in which the skin or mucous membrane has been crushed or removed by rubbing. These may be scratches, grazes (or scrapes) friction abrasions or imprint (patterned) abrasions.

**A bruise** is a wound resulting from the escape of blood into tissue from ruptured small blood vessels with a resultant discoloration and/or swelling of the overlying intact skin or membrane. They are also known as contusions. The appearance of bruises may be delayed up to 24 hours.

**A laceration** is a tear in the tissues. It usually has irregular edges and is normally caused by crushing or blunt force trauma. It is usually associated with bruising.

**An incised** wound is also known as a cut. There is full thickness breach of the skin and the wound has regular edges. It is caused by a sharp edged object and it may bleed profusely. Chop wounds are gapping wounds caused by heavy, sharp-edged objects.

**A stab** wound is a wound produced by a piercing object or made by driving into a body a pointed object. A fatal complication of stab wounds is hemorrhage which is characteristically internal. The edges and depth of the wound may correspond to the shape and length respectively of the offending object.

### **Examination of the genital area, anus and rectum**

Even when female genitalia are examined immediately after a rape, there is injury may only be identified in less than 50% of cases. A genital examination should be carried out as indicated below.

- Systematically inspect, in the following order, the mons pubis, the inner aspects of the thighs, the perineum, the anus, the labia majora and minora, the clitoris, the urethra, the introitus and hymen: Note any scars from previous female genital mutilation or childbirth.

Look for

- Any signs of infection, such as ulcers, vaginal discharge or warts.
- Injuries to the hymen (these are more common in children and adolescents).
- Injury at the introitus, often located in the posterior fourchette
- Injury to the vaginal walls, cervix and fornices.

- Always endeavor to take samples for laboratory analysis. When collecting samples for DNA analysis, take swabs from around the anus and perineum before taking the samples from the vulva, in order to avoid contamination.
- For the anal examination the victim may have to be in a different position than for the genital examination. In suspected cases of anal penetration, note the shape and dilatation of the anus. Note any fissures around the anus, the presence of faecal matter on the perianal skin, and bleeding from rectal tears. If indicated by the history, collect samples from the rectum.
- If there has been vaginal penetration, gently insert a speculum, lubricated with water or normal saline. Do not use a speculum when examining children, virgins and when the victim has fresh tears. Under good lighting inspect the cervix, then the posterior fornix and the vaginal mucosa for trauma, bleeding and signs of infection. Take vaginal swabs at this stage.
- If indicated by the history and the rest of the examination, do a bimanual examination and palpate the cervix, uterus and adnexae, looking for signs of abdominal trauma, pregnancy or infection.
- Perform a recto-vaginal examination and inspect the rectal area for trauma, recto-vaginal tears or fistulas, bleeding and discharge if indicated. Note the sphincter tone. If there is uncontrollable bleeding or suspected presence of a foreign object, refer the victim to a specialist.

### ***Special considerations for elderly women***

Elderly women, like children, are at increased risk of vaginal tears and injury, and transmission of STI and HIV when vaginally assaulted. Decreased hormone levels after the menopause result into atrophy of the vagina, thereby making the vagina prone to injuries. Use a thin speculum for genital examination. If the only reason for the examination is to collect samples or to screen for STIs, consider inserting swabs only without using a speculum.

### ***Special considerations for boys.***

- For the genital examination:
  - Examine the scrotum, testicles, penis, periurethral tissue, urethral meatus and anus.
  - Note if the victim is circumcised.
  - Look for hyperaemia, swelling and tenderness Distinguish these from inguinal hernias, hydroceles and haematocoeles and torsion of testis.

- Torsion of the testis is a surgical emergency that requires immediate intervention.
- If the urine contains large amounts of blood, look for penile and urethral trauma.
- Perform a rectal examination in cases of anal sex and look for trauma and signs of infection of the prostate and rectum.
- If relevant, collect material from the anus for examination for spermatozoa under a light microscope.

***Special considerations for examination in children***

- Note the child's weight, height, and pubertal stage.
- Ask girls whether they have started their menses. If the girl has attained her menarche, she may be at risk of pregnancy.
- Small children can be examined on the mother's/guardian's lap. Older children should be offered the choice of sitting on a chair or on the mother's lap, or lying on the bed.
- Examine the hymen. Note the location of any fresh or healed tears in the hymen and the vaginal mucosa.
- A digital examination is not recommended in young children (below 10 years unless there is a strong clinical indication).
- Examine for vaginal discharge. In prepubertal girls, vaginal specimens can be collected with a dry sterile cotton swab.
- Do not use a speculum to examine prepubertal girls as this is extremely painful and may cause serious injury.
- A speculum may **only** be used when you suspect a penetrating vaginal injury and internal bleeding. In this case, a speculum examination of a prepubertal child is usually done under general anesthesia.
- In boys, examine the frenulum of the prepuce for injuries and the anus and urethra for any discharge.
- Reflex anal dilatation can be indicative of anal penetration, but also of constipation.
- Do **not** carry out a digital examination to assess anal sphincter tone.
- If the child is highly agitated, and cannot be calmed down, and physical examination is vital, the examination may be performed with the child under sedation. Oral diazepam may be given in the doses of 0.15 mg/kg or alternatively promethazine syrup in doses of 15-20 mg for children between 2-5 years.

### **Section 10: Estimation of the ages of wounds and injuries:**

The age of a wound is estimated by observing its colour, the state of bleeding, scab formation and stage of healing.

- A fresh wound is a wound that has been caused within the last 2 days. This is a wound that is red and easily bleeds.
- A wound caused within 2 and 5 days is dry and does not bleed actively and is pale or brown in appearance
- A wound that more than 5 days will shows obvious signs of healing such as epithelial growth and granulation tissue formation. Initially it is of a paler colour than the surrounding skin.

### **Section 11: Collection of materials/samples for purposes of evidence:**

It is essential that the collection, labeling, storage and transportation of specimens follow legally and scientifically acceptable standards and procedures.

When collecting specimens for forensic analysis, the following principles should be strictly adhered to:

- Collect samples for DNA analysis from all places where there could be saliva (where the attacker licked or kissed or bit the victim) or semen on the skin or clothes.
- The victim's pubic hair should be combed for foreign hairs.
- If ejaculation took place in the vagina or anal area or mouth, swabs should be taken for examination for spermatozoa and for DNA and acid phosphatase analysis. In children, the anus and the vulva should always be inspected.
- Label clearly and accurately all specimens with the victim's name/ identifying codes and date of birth, the health worker's name, the type of specimen, and the date and time of collection.
- Ensure safety of the samples and maintain the chain of custody of the evidence.

The table below lists the range of forensic specimens that are typically of interest in cases of sexual violence, together with notes about appropriate collection techniques and comments on their relevance.

### Forensic specimens

SITE	MATERIAL	EQUIPMENT	SAMPLING INSTRUCTIONS
Anus (rectum)	Semen	Cotton swabs and microscope slides	Use swab and slides to collect and plate material; lubricate instruments with water, not lubricant.
	Lubricant	Cotton swab	Dry swab after collection
Blood	Drugs	Appropriate tube.	Collect 10 ml of venous blood
	DNA (victim)	Appropriate tube	Collect 10 ml of blood.
Clothing	Adherent foreign materials (e.g. semen, blood, hair, fibres)	Paper bags	Clothing should be placed in a paper bag(s). Collect paper sheet or drop cloth. Wet items should be bagged separately.
Genitalia	Semen	Cotton swabs and microscope	Use separate swabs and slides to collect slide and plate material collected from the external genitalia, vaginal vault and cervix; lubricate speculum with water not lubricant or collect a blind vaginal swab
Hair	Comparison to hair found at scene	Sterile container	Cut approximately 20 hairs and place hair in sterile container.

Mouth	Semen	Cotton swabs, sterile container (for oral washings) or dental flossing	Swab multiple sites in mouth with one or more swabs To obtain a sample of oral washings, rinse mouth with 10 ml water and collect in sterile container.
	DNA (victim)	Cotton swab	
Nails	Skin, blood, fibres, etc. (from assailant)	Sterile toothpick or similar or nail scissors/clippers	Use the toothpick to collect material from under the nails or the nail(s) can be cut and the clippings collected in a sterile container.
Sanitary pads/ampons	Foreign material e.g. semen, blood, hair)	Sterile container	Collect if used during or after vaginal or oral penetration.
Skin	Semen	Cotton swab.	Swab sites where semen may be present
	Saliva (e.g. at sites of kissing, biting or licking), blood	Cotton swab	Dry swab after collection.
	Foreign material (e.g. vegetation, matted hair or foreign hairs)	Swab or tweezers	Place material in sterile container(e.g. envelope, bottle)
Urine	Drugs and HCG	Sterile container	Collect 100 ml of urine.

Samples should be dispatched to the laboratory immediately.

**Section 11: Any other relevant information.**

Report any relevant information in regard to the case that may not have been reported in the rest of the above sections. Such information may include;

- a) Serious complications diagnosed which need immediate attention.
- b) Any treatment given or procedure done like PEP and any surgery. These should include those administered even before the case was reported to police.
- c) Any referrals made or required.

**Section 12: Concluding remarks**

Summarise your findings and relate them to the sexual assault under investigation.

**Particulars of the Health worker.**

The particulars of the health worker are important for purposes of identification and communication with other investigators and the Courts of Law. The qualifications of the health worker are what makes him or her a professional or expert witness.