

Medico-legal Examination After Alleged Sexual Assault

16-year-old girl • Consent • Evidence collection • Documentation • Reporting

KUHS MBBS - FMT - Exam-Oriented Revision Notes

Core Case Approach

In a 16-year-old girl brought after alleged sexual assault, the doctor must provide urgent medical care, obtain valid informed consent, collect evidence properly, document findings carefully and report as required by law.

Exam Flow Sequence

1. Consent & preliminary details	2. General examination	3. Local genital examination	4. Evidence collection	5. Preservation & dispatch	6. Documentation & reporting
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1. Consent and Preliminary Steps

Area	Exam-oriented points
Consent	Survivor must be informed about nature and purpose of examination and evidence collection. Since she is 16 years old, written informed consent for examination may be signed by the survivor herself. She has right to refuse complete or partial examination or evidence collection. Refusal must be documented, but medical treatment must not be denied.
Legal provision	Examination is conducted under Section 164-A CrPC / Section 184 BNSS. It should be conducted without delay, preferably within 24 hours of receiving information.
Examiner	Examination should preferably be done by a female registered medical practitioner. If examined by a male doctor, a female nurse / attendant should be present.
Privacy and dignity	Examination must be done in a private room or screened area. Confidentiality and dignity of the survivor must be maintained. A relative may be allowed to remain present if requested by the survivor.

Preliminary details to record

Category	Details
Identity & general	Name, age, address; height, weight, nutritional status; marital status; person who brought her; two identification marks.
History	Medical, surgical, menstrual, obstetric and sexual history; date of last consensual intercourse, if any.
Incident history	Date, time and place of alleged assault; number of assailants; type of act alleged; use of force, threat or violence; post-incident events such as bathing, washing, urination, defecation or change of clothes.

2. General Examination

General condition

Aspect	Record / examine
General	Stature, height and weight; gait; nutritional status.
Behaviour and mental state	Anxiety, depression, crying or features of rape trauma syndrome.

Examination of clothes

Method

Survivor should stand over a clean sheet of paper and remove clothes herself. This helps collect falling trace evidence.

Clothes - look for	Trace evidence / findings
Damage & disturbance	Tears; missing or torn buttons.
Stains & soiling	Blood stains; seminal stains; mud or soiling.
Trace material	Foreign hairs.

Extra-genital injuries

Examine whole body for signs of struggle or violence	Specific findings / sites
Types of injuries	Abrasions; bruises; fingernail scratches; bite marks; love bites / hickeys; black eye.
Common sites	Face, breasts, wrists, shoulders, back, buttocks, thighs and inner thighs.
High-yield signs	Crescentic nail abrasions or finger contusions on inner thighs.

Examine whole body for signs of struggle or violence	Specific findings / sites
Nails	Fingernails for blood or tissue of accused.

3. Local Genital Examination

Position

The examination is usually done in lithotomy position.

Part examined	Look for
Vulva	Tears; swelling; redness; abrasions; tenderness; discharge.
Hymen	Fresh tears; bleeding; oedema; bruising. Fresh tears are commonly seen at posterolateral positions, especially 5 o'clock and 7 o'clock. An intact hymen does not rule out sexual assault.
Vagina	Bruising; lacerations; bleeding or blood clots; seminal fluid; discharge. Bruises may be seen on lower one-third of anterior vaginal wall and upper one-third of posterior vaginal wall.
Cervix	Abrasions, especially away from external os.
Perineum	Tears or lacerations of fourchette; injury to posterior commissure.

Two-finger test - prohibited

The two-finger test / per-vaginum test for vaginal laxity must not be conducted to establish rape or sexual violence. It is unscientific and banned.

4. Findings Suggestive of Recent Sexual Assault in a Virgin

Findings of recent defloration include:

Area / evidence	Findings
Hymen	Fresh, red, swollen, tender and bleeding tears; tears commonly at 5 o'clock and 7 o'clock positions.
Labia	Labia majora and minora swollen, tender, bruised and congested.
Fourchette / posterior commissure	Torn or lacerated.
Vaginal walls	Bruised, tender and bleeding.
Vagina	Blood clots or seminal fluid.
Thighs	Crescentic nail abrasions and finger contusions on inner thighs.
Laboratory evidence	Presence of spermatozoa or positive tests for semen in vaginal swabs.

Definitive evidence of recent sexual intercourse

- Spermatozoa.
- Acid phosphatase.
- p30 / PSA.
- Semenogelin.

5. Evidentiary Materials to be Collected

Sample group	Materials to collect
Clothes	All inner and outer clothes worn at the time of alleged incident. Preserve clothes showing blood, semen, mud or tearing.
Swabs and smears	High vaginal swab; low vaginal swab; cervical swab; introitus swab; perineal swab; anal swab if anal assault is alleged; buccal swab if oral assault is alleged; swab from bite marks for salivary DNA; swabs from dried seminal or blood stains on body.
Hair	Loose foreign hairs from body; matted pubic hair, cut and preserved; plucked pubic hair of survivor for comparison; scalp hair samples if required.
Nails	Fingernail clippings; fingernail scrapings for foreign epithelial cells, blood or tissue of accused.
Blood	ABO grouping; alcohol and drug screening; HIV and Hepatitis B baseline testing; DNA analysis.
Saliva	For secretor status grouping.

6. Preservation and Dispatch of Samples

Preservation	Dispatch / chain of custody
Wet clothes, swabs and smears must be air-dried in shade at room temperature.	Each packet must be properly labelled with name, sample details, date and signature.
Do not heat the samples.	Samples must be sealed with the doctor's or departmental seal.
Each sample should be packed separately.	Hand over to investigating officer with proper receipt.
Use paper bags / paper envelopes to allow air circulation.	Maintain strict chain of custody.
Do not use plastic bags or sealed non-porous containers, as moisture causes putrefaction and DNA degradation.	

7. Medico-legal Duties of Doctor

Doctor must	Doctor must
Provide immediate medical treatment and first aid.	Inform police as required.
Not delay treatment for police formalities.	Since she is below 18 years, provisions of POCSO Act are applicable.
Not refuse examination merely because police have not brought the survivor.	Provide prophylaxis against sexually transmitted diseases.
Obtain informed consent.	Provide emergency contraception to prevent unwanted pregnancy.
Examine without delay, preferably within 24 hours.	Assist in age determination.
Maintain privacy and confidentiality.	Avoid unscientific practices such as the two-finger test.
Collect, preserve and dispatch evidence properly.	Act as an expert witness in court when summoned.

Important legal points

- Disclosure of identity of survivor is punishable under Section 228-A IPC.
- Sexual intercourse with a female below 18 years, even with consent, is invalid and constitutes statutory rape under POCSO Act and Section 63 BNS / Section 375 IPC.

8. Documentation and Reporting

MLR principle

The medico-legal report must be complete, objective and written contemporaneously.

Medico-legal report should include:

Include in MLR	Include in MLR
Consent details.	Description of all injuries.
History in survivor's own words as far as possible.	Body diagrams showing injuries.
General examination findings.	Samples collected and handed over.
Genital examination findings.	Treatment given.
Positive and negative findings.	Opinion based on medical findings.

Important points while giving opinion

Point	Exam-oriented wording
Normal examination	Normal examination does not rule out sexual assault.
Penetration	Penetration may occur without genital injury.
Absence of injury	May be due to fear, threat, lack of resistance or use of lubricant.
Avoid legal conclusion	The doctor should not state whether "rape has occurred" or "rape has not occurred".
Medical opinion may state	Evidence of recent sexual intercourse / penetration; evidence of physical struggle or injuries; awaiting FSL / DNA report.

Conclusion

Medico-legal Interpretation

In this 16-year-old girl, medico-legal examination must be done promptly under Section 164-A CrPC / Section 184 BNSS, with valid consent, privacy and proper evidence collection. Since she is below 18 years, POCSO provisions apply, and documentation, sample preservation, police reporting and chain of custody are crucial.