

**Textbooks referred to:**

<b>Issues</b>	<b>Modi</b>	<b>Reddy, Narayan and Murthy</b>	<b>Parikh</b>	<b>Nandy, 2012</b>
<b>General Comments</b>	- Rape is a charge very easy to make and very difficult to refute		-Rape is an allegation easily made and harder to disprove	-Findings are more in virgin victims than deflorated women
<b>Instructions</b>	-Examination of accused; Is the accused physically capable of performing the assault? -Medical evidence includes injury to private parts, injuries to other parts, seminal stains. -Extent of injury depends on degree of disproportion between genital organs -Several examples of injuries to genitals	-Whether there is evidence of <b>previous</b> sexual intercourse -the victim should be examined in the present of a female staff member in order to avoid being accused in case of male doctors	-Proforma – a) general build and appearance b) Voice c) Gait d) Intelligence e) Demeanour -Injury depends upon nature of hymen, disproportion between male and female organs -Caution must be exercised when a woman has no signs of injuries and says that she was under drug influence	-Requisition from police or magistrate. -It should also be asked and noted if she has any previous experience of sexual intercourse whether she was habituated to frequent intercourse, or habitually practices masturbation manually or with some aid. -if a woman took intoxicating agent willfully to enjoy the act , then this will not amount to rape --Marks of resistance are important to state lack of willingness
<b>Resistance</b>	Age and physical built of victim and accused	Depends upon the type of woman, her age, development and on social status.	-height and weight. -Resistance offered depends upon the type of woman, development, whether she is a virgin or not, on the class of society to which she belongs. In most cases signs of resistance to be expected.	-height, weight, general built and configuration should be recorded as it denotes capacity to resist the offender. -a smart working and educated woman will be able to offer resistance while a timid, weak and shy woman is not expected to offer much resistance.

<p><b>Dynamics of sexual violence</b></p>	<p>-Victim frequently scratches the assailant.          -When grown up virgin girls, unmarried or married women, offer resistance, marks of violence such as bruises and scratches of fingernails may be found on the external genitals, perineum abdomen, chest, back, limbs, neck and face, Love bite marks are also seen on cheeks, neck, and inner thighs due to sucking pressure and teeth imprints.          -It is impossible to anaestheise a woman against her will while she is awake. So not to believe story of women being rendered unconscious by hanky soaked in chloroform.          -Women (in excitable and emotional temperament) during stage of anaesthesia might get a dream or hallucination that she has been raped,</p>	<p>-In most cases of rape, physical injury involves hitting or slapping the victim, choking her, knocking her to the ground, and/or forcibly tearing her clothes.          -necessary to prove that maximum resistance was offered by the woman and that all means had been tried to prevent sexual intercourse, e.g shouting, crying, beating, biting etc. The woman may surrender from fear or exhaustion, in which case it is regarded as rape.          -Women who faint due to fear or are made helpless due to their clothes being thrown to their face, or who have been drugged or unconscious from any cause and children may not be able to resist  <u>-The woman usually scratches the assailant during the struggle.</u></p>	<p>The woman <u>usually</u> scratches her assailant and this may result in injury to her nails which should be recorded.</p>	<p>inner aspects of lips due to friction of teeth , by pulling thighs wide apart to penetrate or abrasions due to victim trying to cover her private parts .</p>
<p><b>Gait</b></p>	<p>Carefully observe gait</p>	<p>Those in pain will walk with guarded gait , with slow pace and legs apart</p>	<p>Gait of a survivor is broad based as walking is painful</p>	<p>Gait</p>

<b>Mental state</b>	Rape Trauma Syndrome	<p>-Her general demeanor (distressed or calm, disheveled, dazed or shocked, intoxicated, excited, agitated, withdrawn, tearful, cooperative or aggressive, hysterical, stoic, etc); emotional and mental state should be observed while she tells her story.</p> <p>-Elevated pulse may reflect emotional stress or major trauma.</p>	<p>In such a case, the demeanour of the girl (distressed, dazed, aggressive, shocked, tearful) immediately after the alleged commission of the crime should be subjected to very critical investigation, as these may provide valuable evidence, corroborative or otherwise, regarding the alleged ravishing.</p>	
<b>Differences between women who are sexually habituated and those who are not</b>	<p>-Evidence of sexual intercourse in cases of a woman used to it, cannot form a legal proof of rape (context of sex worker)</p> <p>Myths about habituation to anal intercourse:</p> <ul style="list-style-type: none"> <li>-shaving of the anal hair but not pubic hair</li> <li>-funnel shaped depression of buttocks towards anus (absent in strong healthy person but natural in thin individuals or old women)</li> </ul>	<p>-Explanation of lack of genital examination is given as victim may be sexually experienced.</p> <p>-elasticity of genitalia in post pubertal women.</p> <p>-Anal examination – Digital examination may show loss of elasticity and tone. If only one finger is admitted with discomfort and there are no scars, it indicates full act has not taken place. If two fingers are admitted with the slightest discomfort and there are no scars, then it is possible that the act could have taken place.</p>		<p>-The <b>breasts</b> of a woman not accustomed to sexual practices will be hemispherical, firm, spongy with smaller nipples and pinkish areola. In women habituated with sexual practices, the breasts will be lax, larger, slightly pendulous with larger raised nipples</p> <p>-Labia minora – In women habituated with sexual intercourse labia minoras are slightly projected out, pigmented and enlarged. In others, there are pinkish, smaller and covered by majoras.</p> <p>-Clitoris is slightly enlarged in women habituated to intercourse and masturbation In a woman habituated to sexual intercourse, caruncular</p>

				<p>hymenalis appearance will be there, with tags of hymenal tissue at the periphery.</p> <p>- With sexually habituated victims or those masturbating victims, vaginal wall may be congested and 2 fingers will be admitted.</p>
<b>Hymen</b>	<p>-In nubile virgins the hymen is usually lacerated having one or more radiate tears (more so in the posterior half), the edges of which are red, swollen and painful and bleed on touching</p> <p>-Indications of penetration: 6 examples of hymenal injuries</p>	<p>-rupture of the hymen occurs on first intercourse with virgins , which is the main evidence of rape</p> <p>-tears to hymen depend on disproportion of vagina and penis.</p> <p>-Note Edges of the hymen and determine diameter of tears and determine old and new tears</p> <p>A circumference of 9 to 10 cm of the hymen is considered the least necessary for sexual intercourse.</p>	<p>-determine the level of hymeneal rupturing and whether this is recent or old, Superficial injuries must be assessed in light of personal hygiene. redness and inflammation from a long standing infection must be distinguished from the real injury.</p> <p>Section in genital examination called – Rape on a virgin – Laceration of this structure (hymen) occurs with the first intercourse and is the primary evidence in the case of a rape of a virgin. In the first intercourse, tearing of hymen occurs posteriorly or on one side.</p>	<p>in case of virgins, there can be one or more tears usually on posterior aspects at 5 ,7 or 6 o clock position while in previously deflorated women recent tears may not be seen and they may have old tears</p>
<b>Elasticity</b>	<p>If hymen is intact and not lacerated, it is absolutely necessary to note the distensability of vaginal orifice</p>	<p>In most young women a finger can pass through the vagina If vaginal opening is enough to admit two fingers easily, sexual</p>	<p>Distensability of vagina can be understood by number of fingers that can be admitted. If it can admit 2 fingers than</p>	<p>Vaginal rugosity is lost after repeated intercourse in habituated women.</p>

	in the number of fingers passing into vagina.	intercourse is possible without rupture of hymen.	sexual intercourse has occurred	
<b>Lack of injuries</b>	-All caselaws given as examples indicate that genital injuries have to be present	In absence of vaginal injuries, an examination of laxity of vagina , length of vagina, number of fingers that can be passed , elasticity of hymen to be determined for degree of penetration -absence of marks of violence on the genitals of the child, when an early examination is conducted is strong evidence that rape has not been committed.	Under the Indian law, it is essential that the woman resist to her utmost. It would not amount to rape if after half-hearted resistance she gave consent.	Explanation of hymenal rupture absent has been given as hymen being tough, fleshy congestion or hymeneal opening is large due to masturbation
<b>Incest</b>		i) between mental defectives who are unable to understand the prohibitions against it, or whose feelings are too strong to inhibit them behaving this way, ii) where alcohol removes the natural inhibition,iii) in case of cerebral disease, such as general paralysis, senile cerebral degeneration etc iv)where a brother and sister separated since childhood meet later as strangers v) where close relations have to live in intimacy		Incest is seen amongst those with timid personalities , having no exposure to outside world , low mental development and so on

<b>Natural/unnatural offences</b>	Terms such as active and passive agents in cases of anal intercourse	Define unnatural offence as abnormal	When a man is deprived of the company of a woman for a long time and the natural means of sexual gratification are not available to him( sex starved) or if his mental condition is abnormal , he is likely to indulge in sex practices against the order of nature.	The book differentiates natural and unnatural sexual offences. Sodomy, anal coitus, lesbianism and bestiality have been named under unnatural sexual offences. Natural offences have been called as rape, adultery, and incest. The edition says that incest is still not an offence in India .
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**FALSE ALLEGATION:**

<p><b>Reddy</b></p> <p>Such charges are made by consenting women when act is discovered by parents , or if she becomes pregnant or to blackmail and for purpose of revenge.</p> <p>-She cannot describe the assailant because she kept her eyes closed/she cannot describe details of incident --Assailant was a total stranger or a person whom she can describe in vague or non specific terms.</p> <p>-She offered resistance but was forcibly overcome as the assailant was large or powerful. - Damage to her clothing is inconsistent with any injuries she reports. - Confirming laboratory findings are absent - Undue delay in reporting, - Uncertainty about consent.- Injuries are not serious and are made either by fingernails or by sharp instruments. - Injuries do not involve sensitive tissues such as genitals, nipples and lips.</p>	<p><b>Parikh</b></p> <p>Chances of false accusations should be noted ( 2 PAGES DEVOTED TO THIS) , a fully conscious lady of normal physique will make all efforts to refuse her legs from being separated by a man.</p> <p>Vulval and vaginal injuries may be maliciously produced in children by using instruments , fingers and artificial bruises may be produced by using marking nut juice</p> <p>Frogs blood may be used to stain clothes and private parts solution such as egg albumin may be used to stain clothes</p> <p>Sometimes women whose husbands are away and get pregnant may claim rape to cover up the act</p> <p>False charges can be disproved in many cases by medical evidence , statement of the victim which is not convincing, injuries and episode dates don't match, doubtful story about drugs being given and false lab results</p>
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Parikh, C. K. (1999). Parikh's text book of medical jurisprudence and toxicology: for classrooms and courtrooms (6<sup>th</sup> ed.). New Delhi: CBS publishers.

Modi, J.P. (2012). Modi A Textbook of Medical Jurisprudence and Toxicology (24<sup>th</sup> ed.). Haryana: LexisNexis.

Reddy, K. S. Narayan & Murty, O.P. (2013). The Essentials of forensic medicine and toxicology (32<sup>nd</sup> ed.). Hyderabad: K. Saguna Devi.

Nandy, A. (2010). Principles of forensic medicine including toxicology (3<sup>rd</sup> rev. enl. Ed.). Kolkata: New Central book agency.