

**Guidelines for Examination of
Suspect/Accused of Rape in
Sexual Violence**

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Introduction

Traditionally the accused of Rape was a male only, age was no bar, right from a pubertal boy to an old man have been alleged to be accused of Rape. But now with the passage of POCSO Act 2012, wherein the accused is a gender neutral 'person' that means includes both male and a female, thus our understanding of the whole scenario behind the medical examination of Accused of Rape/ Sexual violence has to be refocused to suit the current scenario. This examination also is a medico-legal emergency. Focus should be to carry out immediate medical examination of accused. Scope for successful collection of evidence may provide link to the alleged Rape/ Sexual violence. But this would decrease with the passage of time / delay in this examination. Unfortunately in India the accused has to be first arrested by the police and then only brought for this examination which normally never happens immediately. The examining doctor has a dual role , one is collecting forensic evidence and second is provision of treatment This could range from prophylactic treatment to prevent sexually transmitted infections (STI's), treat injuries, avoid pregnancy by emergency contraception (female accused),It is important to remember that the doctor is not an investigation officer; and only through the medical examination and treatment does the doctor help the investigation / prosecution / court, by whatever is learnt / collected / documented during the course of the therapeutic role of the doctor. Unfortunately the doctors role has been misunderstood as only evidence collection and not as the one to also provide therapeutic requirements of the accused. Non-provision of therapeutic treatment will lead to violation of ethical responsibility of doctors

Basic procedures for medico legal examination and care

The following guidelines are for health professionals when an accused of sexual violence reports to a hospital.

- Record the name of hospital where the accused is being examined followed by the following: Name, address, age and sex (male/female/TG) of the accused
- Date and time of accused reaching the hospital (brought by police / court order / reporting self for treatment for the effects of sexual violence) and commencement of examination
- Name and signature of the person who brought the accused
- Name of the police station
- Whether conscious, oriented in time, place and person this has to be ascertained both for evidentiary value in court for whatever is disclosed by the accused during medical examination as well as for treatment.
- Any physical/intellectual/psychosocial disability Interpreters or special educators will be needed where the accused has special needs such as hearing/speech disability, language barriers, intellectual or psychosocial disability.

1. Informed Consent/refusal:

- The medico-legal examination is to assist the investigation, arrest and prosecution of those who committed the sexual offence. This may involve an examination of the body and genitals as necessary depending on the particular circumstances.
- To assist investigation, forensic evidence may be collected with the consent of the accused. This may include removing and isolating clothing, scalp hair, foreign substances from the body, saliva, pubic hair, samples taken from the genitals and collecting a blood sample.

- If the accused is a child (12 years and below), then the parent/guardian (if available) could consent for this examination
- An examining doctor is ethically bound to seek informed consent before examination of any person including the accused. Both male and female accused should be offered the choice of being examined by a male /female doctor depending on their comfort.
- It should be explained to the accused in a language understood by him that the consent is being sought for medical examination, medico-legal examination, sample collection for clinical and forensic examination and for police intimation
- In situations where an accused reports to a hospital for treatment and discloses about an offence committed by him , it should be explained to accused that as per law the hospital is required to mandatorily inform police.
- Ethical conduct expects that if an accused refuses to consent for medico–legal examination, he should not be forced in to it. But as per law (sec 53, 53A and 54 CrPC) reasonable force can be used to compel the accused for undergoing this examination. There is an ethical dilemma for doctors in such situations.

Section 53 A CrPC states that use of reasonable force is allowed for medical examination of accused of rape, nowhere it is stated in law that what constitutes reasonable force.

Hence all doctors (to be both ethical and legal) in their practice have to seek informed consent before doing such examinations. If any accused does not give consent (inspite of being explained the consequences of not getting medically examined and its possible adverse inferences by the Courts) then doctor should document informed refusal.

The doctor should also keep in mind ‘ medical examination’ as per explanation to section 53 CrPC shall include collection of blood, semen, saliva, hair, body fluids, etc, hence such information has to be given to the accused before seeking informed consent².

2. **Identification marks:** Two marks of identification such as moles, scars, tattoos etc., preferably from the exposed parts of the body should be documented. While describing identification mark emphasis should be on size, site, surface, shape, color, fixity to underlying structures. Left thumb impression is to be taken in the space provided.
3. **Relevant Medical/Surgical history including consumption of any drugs/ medicines**
 - Any recent (within 60 days) an o-genital injuries, surgeries, diagnostic procedures, or medical treatment, consumption of drugs/medicines that may affect the interpretation of current physical findings has to be recorded.
 - If the accused had used contraceptives like condom it should be noted to further interpret the presence or absence of semen evidence.
 - If the accused was having knowledge that the survivor was pregnant at the time of sexual violence, this must be noted as then the punishment for the offence is more/increased.
 - Immunisation status for tetanus, HBsAg is required to decide the line of treatment.

- In the event that the accused is female, history of whether she was menstruating at the time of incident as well as at the time of examination must be noted as this will have a bearing on evidence collection.

4. Sexual violence history:

- A suspect/ accused in sexual violence may not reveal details about the episode of violence. So as the examining doctor a thorough medical examination shall be carried out
- Seek information on the date, time, number of times, and location of the incident/s of sexual violence. It is also vital to know the time elapsed between the alleged incident of sexual violence and now the time of reaching the hospital for the examination. If details of the actual physical violence, emotional violence is revealed it may help later on for corroboration of the evidence.
- History of details of drug / alcohol consumption is documented for further interpretation of evidence and for treatment. If the survivor has caused injuries on the body of the accused then these details are required for corroboration of evidence.
- The doctor should record the complete history of the incident, in accused's own words as it has evidentiary value in the court of law.
 - Was penetration by penis, fingers or object or other body parts – into which of the orifice (vagina, urethra, anus, mouth) is documented.
 - Whether ejaculation occurred or not? Whether semen was deposited on the survivor - into the orifice/s or on surface of body or outside is documented as this information is required for further interpretation of evidence.
 - Details of masturbation, kissing, licking, sucking, touching, fondling by the assailant or by the survivor onto the assailant is documented along with the use of condom, lubricant.
 - Post incident whether the accused changed / washed / cleaned the clothes, undergarments, genitals is documented in addition to activities undertaken by the accused such as bathing, passing urine / stools.

5. General physical examination

- The examining doctor must confirm with the police / accused whether this is the first examination since the incident. If the accused has been examined earlier, the relevant papers must be attached to the current proforma
- Second examination or repeat examination of the accused can only be carried out if so directed by the court
- Doctor must record if the person is oriented in space and time and is able to respond to all the questions asked by the doctor.
- Any signs of intoxication by ingestion or injection of drug/alcohol must be noted. Pulse. B.P., respiration, temperature and state of pupils is recorded.
- A note is made of the state of clothing if it is the same as that worn at the time of assault. If it is freshly torn or has stains of blood/ semen/ mud etc.; the site, size, and color of stains should be described.

6. Examination for injuries:

- The pattern of injuries sustained while performing 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, nail abrasions, teeth bite marks, cuts, lacerations, fracture, tenderness, any other injury, boils, lesions, discharge.
- Note the injury type, site, size, shape, color, swelling signs of healing, simple/grievous, dimensions.) Injuries are best represented when marked on body charts. They must be numbered on the body charts and each must be described in detail.(Annexure 1)
- Describe any stains seen on the body - the type of stain (blood, semen, lubricant, etc.) its actual site, size and color. Mention the number of swabs collected and their sites.

7. Local examination of genital parts/other orifices

- Body parts to be examined are -Inner thighs, mons pubis, glans penis, shaft of penis, scrotum, Foreskin, testes, urethra, perineum in case of male; in female accused for labia majora, labia minora, fourchette, introitus, hymen; in case of other sex for clitoropenis or labioscrotum.
- For evidence of injuries, stains, lesions in all these areas are to be documented
- Bleeding/swelling/tears/discharge/stains/warts around the anus and anal orifice must be documented. Per-rectal examination to detect tears/stains/fissures/hemorrhoids in the anal canal must be carried out and relevant swabs from these sites should be collected.
- Oral cavity should also be examined for any evidence of bleeding, discharge, tear, odema, and tenderness.
- The Criminal Law Amendment Act 2013 and POCSO 2012 defines rape as including non penile penetration in the mouth, anus and vagina of the woman. Therefore parameters such as potency, deformities of the penis, circumcision are not relevant to the sexual violence. Doctors should refrain from carrying out potency test on the suspect / accused in sexual violence cases.
- Even in the offence of penile penetration, the explanation to Section 375 IPC, *penetration by penis to any extent in the mouth, anus, vagina is sufficient to constitute sexual intercourse* necessary for offence of rape. It should be noted that section 53 (A) Cr.P.C does not mandate for potency examination of person accused of rape.

Is it relevant to document the Potency of the Accused?

Contrary to the earlier law we now have penetration by fingering or by objects and also non penetrative acts under the definition of Rape/ Sexual violence. Section 53 A CrPC which specifically deals with medical examination of accused of rape does not mention anything about potency examination. Section 375 IPC describes penetration of penis to any extent into woman's genitals constitutes rape and does not insist on erected penis nor complete penetration. Medically you cannot give a definitive opinion on whether a person is potent or not because of the limitation of not ruling out psychological impotence by physical examination. Thus doing a potency examination of the accused is not acceptable/ relevant

Jagadeesh. N, Recent changes in medical examination of sexual violence cases ,JKAMLS: 2014 Vol. 23(1), pp36-40

8. Systemic examination:

- This pertains to detailed examination about the Central Nervous system, Cardiovascular system, Respiratory system, per abdomen, Genitourinary system
- It has to be documented particularly keeping in mind that the male accused is an active partner in sexual violence. Defense lawyers question doctors in the court by stating that

the accused suffers from systemic disease and therefore is unable to perform sexual violence. Doctors need to recognise that sexual violence comprises of a range of non consensual sexual acts that go beyond penetrative Sexual violence.

9. Sample collection/investigations for hospital laboratory/ Clinical laboratory (if available)

- Blood for HIV, VDRL, HbsAg; Blood for Sugar, Hb1AC; Urine for sugar, drugs; X-ray for Injury; ECG; Color Doppler of genitals;
- A doctor should carry examination on general mental condition. Such an examination requires him to assess if the accused is oriented in time , place and person

10. Samples Collection for Central/ State Forensic Science Laboratory

- The accused is made to stand on a large sheet of paper, so as to collect any specimens of foreign material e.g. grass, mud, pubic hair or scalp hair etc. This sheet of paper is folded carefully and preserved in a bag to be sent to the FSL for trace evidence detection.
- Clothes that the accused was wearing at the time of the incident of sexual violence are of evidentiary value if there is any stains/tears/trace evidence on them. Hence they must be preserved.
- Examining doctor shall describe each piece of clothing separately with proper labeling.
- Presence of stains - semen, blood, foreign material etc - should be properly noted. tears or other marks on the clothes should be noted. If clothes are already changed then the accused must be asked for the clothes that were worn at the time of assault and these must be preserved (usually done by police).

11. Packing, preserving and sealing of collected evidence:

- Doctors must ensure that the clothes and samples are air dried before storing them in their respective packets. Ensure that clothing is folded in such a manner that the stained parts are not in contact with unstained parts of the clothing. Pack each piece of clothing in a separate bag, seal and label it duly.
- Body evidence samples in the form of swabs from stains on the body (blood, body fluids, semen, foreign material, others) mentioning sites - specifically of dried secretions; Scalp hair (10-15 strands); Head hair combings; Nail scrapings (both hands separately); Nail clippings (both hands separately); Oral swab; Blood for grouping, testing drug/alcohol intoxication (in plain vial /vacutainer); Blood for alcohol levels (in Sodium fluoride vial /vacutainer); Blood for DNA analysis (in EDTA vial /vacutainer); Urine (for drug testing); any other (condom/object) are collected.
- If any sample is not collected then the reasons for not collecting is also documented.
- Genital evidence samples in the form of matted pubic hair; pubic hair combings (mention if shaved); cuttings of pubic hair; swab from glans of penis/clitoris; swab from shaft of penis to look for vaginal epithelial cells under microscopy; blotting paper wiped on shaft of penis for lugol's iodine test; swab for suspected saliva / suspected semen stains on genitals mentioning the site; two anal swabs (for semen examination and DNA testing) are collected. If any sample is not collected then the reasons for not collecting is also documented.
- Each sample must be packed, sealed, and labeled separately. If any stain is dried up then the Swab sticks for collecting such samples should be moistened with distilled water. Samples are to be preserved properly till handed over to police along with duly attested sample seal.

12. Provisional Medical Opinion –

- Opinion must be evidence based. History or information supplied by police or others should not influence doctor's medical opinion. Rape and Sexual violence are legal terminologies and not medical diagnosis. Hence, word "Rape" and "Sexual violence" should not be used while formulating a medical opinion. Section 53A CrPC insists on doctor's opinion to be a reasoned opinion.
- It should be always kept in mind that; Normal examination findings neither refute nor confirm the forceful sexual intercourse. Hence circumstantial/other evidence may please be taken into consideration.
- Absence of injuries or negative laboratory results may be due to:
 - Delay in reporting by the accused for examination
 - Activities such as urinating, washing, bathing, changing clothes or douching which may lead to loss of evidence
 - Use of condom/vasectomy or diseases of vas
 - Medical age estimation
- Drafting of provisional medical opinion should be done immediately after the examination keeping in mind the history obtained and the examination findings.
- Opinion should include details of significant positive clinical findings (injuries or lack of injuries); samples collected (for FSL and hospital laboratory), if still awaiting reports or findings of such reports if available by then; and any additional observations (if any).

13. Final Opinion:

- When the doctor receives the laboratory investigation reports the doctor issues the final opinion in this regard.
- Evidence of drug / alcohol being detected by FSL is incorporated along with culture and serology reports from the hospital laboratory.
- The doctor could give opinion in these cases only on the following –
 - Whether sexual intercourse occurred or not
 - Whether ejaculation has occurred or not
 - Whether physical and / or genital injuries sustained or not
 - Whether there is any evidence of transmission of sexually transmitted infections or not
 - Whether there is consumption of drug / alcohol or not
 - Medical age estimation if required
 - Treatment given and documentations

14. Treatment prescribed:

- Notwithstanding that the person is an accused/ suspect in a case of sexual violence, doctors must recognise that the person may require health care. Health care providers have forensic and therapeutic roles towards accused
- The accused should be offered STI prevention treatment, treatment for injuries, Tetanus prophylaxis, Hepatitis B vaccination and Post exposure prophylaxis for HIV if required. Emergency contraception and pregnancy advice also has to be done in cases of female accused. All the forms of treatment should be documented. It has evidentiary value.

- Copy of the treatment documentation has to be given to accused. The evidence of treatment given and such records can also be used in Courts as medical evidence corroborating the alleged sexual violence.

15. Signature and seal

- After the examination the medical practitioner should document the report, formulate opinion, sign the report and handover the report and sealed samples to police under due acknowledgement. On the last sheet, mention how many pages are attached. Each page of the report should be signed to avoid tampering. One copy to be given to the police and one copy must be kept for hospital records.
- **All evidence needs to be packed and sealed properly in separate envelopes.** The responsibility for this lies with the examining doctor. **All blood samples must be refrigerated between 4 to 8 degree centigrade until handed over** to next in chain of custody. The hospital has the responsibility of properly preserving samples till handed over to police.
- Each envelope must be labeled as follows

Packet number.....
 Name of the hospital & place
 Hospital number & date
 Police station with MLC number
 Name of the person with age & sex
 Sample collected
 Examination required.....
 Date & time signature of doctor with seal

16. Chain of custody:

- The hospital must designate certain staff responsible for handling evidence and no one other than these persons must have access to the samples.
- This is done to prevent mishandling and tampering.
- If a foolproof chain of custody is not maintained, the evidence can be rendered inadmissible in the court of law. A log of handing over of evidence from one 'custodian' to the other must be maintained.

Annexure 1 Age Estimation

Please bear in mind that age estimation is not required in every case. If there is enough documentary proof, age determination is not required

- Medical age is the mean of physical age, dental age and radiological age of the person.
- Physical age is estimated based on physical growth like height, weight, chest circumference etc and also based on secondary sexual characteristics.
- Tanner staging of breast and pubic hair should be used to determine stage of growth.

Breast Development using Tanner's Index:		
Stage 1	Pre- adolescent: Elevation of papilla only	Less than 9 years
Stage 2	Breast bud stage: Elevation of breast and papilla as a small mound. Enlargement of areola diameter	10-11 years
Stage 3	Further enlargement and elevation of breast and areola with no separation of their contours	12 years
Stage 4	Projection of areola and papilla to form a secondary mound above level of breast	13-14 years
Stage 5	Mature stage: projection of papilla only due to recession of the areola to general contour of breast	15-16 years

Pubic hair staging		
Stage 1	Preadolescent: Vellus over pubes is not further developed than that over the abdominal wall (ie. No pubic hair)	Less than 12 years
Stage 2	Sparse growth of long, slightly pigmented downy hair, straight or slightly curled, chiefly along the labia	12-13 years
Stage 3	Considerably darker hair, coarser, more curled. Hair spreading sparsely over the junction of the pubes	13-14 years
Stage 4	Hair now adult in type, but area covered is still considerably smaller than in adult. No spread over medial surface of thighs.	14-15 years
Stage 5	Adult in quantity and type with distribution to horizontal pattern. Spread to medial surface of thighs.	More than

Dental age is estimated by identifying the total number of teeth, how many and which among them are temporary and which are permanent. It is also essential to identify which is the last tooth erupted and based on charts we can estimate the dental age by noting the age corresponding to the tooth last erupted.

Count the total number of teeth and also differentiate which of them are temporary or permanent.

1. P - for permanent
2. T - for temporary
3. y - for erupted
4. X - not erupted

Eruption of teeth

Temporary teeth (Rule of halves)

- Lower central incisors - 5 to 6 months
 - Upper central incisors - 6 to 7 months
 - Upper lateral incisors - 7 to 8 months
 - Lower lateral incisors - 8 to 9 months
 - First molars - 1 year
 - Canines - 1 ½ years
 - Second molars - 2 to 2 ½ years
- Permanent teeth
- First molars - 6 to 7 years
 - Central incisors - 7 to 8 years
 - Lateral incisors - 8 to 9 years
 - First premolars - 9 to 10 years
 - Second premolars - 10 to 11 years
 - Canines - 11 to 12 years
 - Second molars - 12 to 14 years
 - Third molars - 17 to 25 years

Temporary teeth

Smaller

Shiny

Vertical upper incisors

Smooth incisor edge

Worn out cusps in molars

Twenty - 2102 (Incisor, Canine,
Canine, premolar, molar)

Permanent teeth

Larger

Lusterless

Forward & downward upper incisors

Serrated incisor edge

Prominent cusps in molars

Thirty two - 2123 (Incisor,
premolar, molar)

Note: This a reference chart only, as many external and internal factors contribute in the eruption of teeth.

Radiological age:

Radiological age is estimated by looking for appearance of ossification centers, fusion of those with the shaft, fusion of sutures etc. for this we have to take radiographs of various joints to look for these findings of ossification centers.

Important changes at various ages in joints visible radiologically.

12 years	Hip joint (center for lesser trochanter appears 10 to 12 yrs) Elbow joint (center for lateral epicondyle appears 11 to 12 yrs) Wrist joint (center for pisiform appears 10 to 12 years)
14 years	Hip joint (center for iliac crest appears 14 yrs) Elbow joint (center for radial tuberosity appears 14yrs)
16 years	Hip joint (center for ischial tuberosity appears 16 yrs)
18 years	Shoulder joint (all centers of upper end of humerus fuse with shaft) Wrist joint (all centers of lower end of radius and ulna fuse with shaft) Hip joint (center for iliac crest fuses with ilium)
21 years	Hip joint (center for ischial tuberosity fuses with the ischial body)

Note: This is a reference chart only, as many external and internal factors contribute in the fusion of ossification centers.

Is it necessary to do medical age estimation on the Accused of a Sexual violence?

Though section 53(A) CrPC insists for a medical age estimation in all cases of accused of Rape; the section 94 of Juvenile Justice Act, 2015 states that only if documentary proof (school records or birth certificates issued by revenue authorities) are not there then only medical age estimation should be done that too using latest methods. The model rules under the JJ Act, 2015 insists that the medical age estimation be done by a board consisting of Radiologist, Dentist and a Physician – who should submit their report within 15 days of referral. Even the Supreme Court judgment reiterates the same in Ashwani Kumar Saxena case² that only in cases where those age documents or age certificates are found to be fabricated or manipulated, the special court, the Juvenile Justice Board or the Child welfare Committee need to go for medical report for age determination. But the latest judgement by Supreme Court rules the contrary that –Bone test is not enough to fix the age³.

Is it possible to ascertain by medical methods whether the child Accused of a Sexual violence committed the crime as an adult?

Though section 15 of the Juvenile Justice Act, 2015 states that the Juvenile Justice Board shall conduct a preliminary assessment with regard to the accused's mental and physical capacity to commit such offence, ability to understand the consequences of the offence and the circumstances in which the accused allegedly committed the offence; Provided that for such an assessment, the Board may take the assistance of experienced psychologists or psycho-social workers or other experts. With the present medical literature and understanding it still remains a challenge to the medical experts to fool proof assess and certify the child accused as to whether it committed the offence as an adult.

2. *Ashwani Kumar Saxena V State of M.P. 2013(1) OLR(SC)-214*

3. *Bone test not enough to fix the age;SC, Published in Times of India newspaper dated 2/12/2016*

Annexure 2: Identification and Documentation of Injuries

Time since injury is as follows:

Abrasion

Fresh	Bright red
12 to 24 hours	Reddish scab
2 to 3 days	Reddish brown scab
4 to 7 days	Brownish black scab
After 7 days	Scab dries, shrinks and falls off from periphery

Contusion

Fresh	Red
Few hours to 3 days	Blue
4th day	Bluish black to brown (haemosiderin)
5 to 6 days	Greenish (haematoidin)
7 to 12 days	Yellow (bilirubin)
2 weeks	Normal

Note: This is a reference chart only, as many external and internal factors contribute in the healing of injuries.

If there is deep bruise or contusion, signs of injury will usually show after 48 hours. In case you see signs of injury on the follow up, please record them and attach the documentation to MLC papers.

Laceration: It becomes difficult to estimate exactly the time since injury based on the size and contamination. However, a rough estimate can be done based on signs of healing.

Incised injury:

Fresh	Hematoma formation
12 hours	Edges- red, swollen
24 hours	Scab of dried clot covering the entire area.
After this rough estimate can be based on signs of healing.	

Please do not mention old scars as they are identification marks rather than new injuries due to assault. If mentioning those seems pertinent, add a note on when they were acquired.

Annexure 3: Provisional/Final Opinion table

History	Findings	Opinion
<i>Of peno vaginal penetration</i>	<i>if tests for vaginal epithelial cells and vaginal fluid positive on the shaft of penis or glans penis or on the outer surface of the condom (if recovered)</i>	There are signs suggestive of recent sexual intercourse into vagina
<i>Of peno vaginal penetration</i>	<i>if tests for vaginal epithelial cells and vaginal fluid negative on the shaft of penis or glans penis or on the outer surface of the condom (if recovered)</i>	There are no signs suggestive of recent sexual intercourse into vagina , however sexual violence cannot be ruled out by medical examination
<i>Of penoanal penetration</i>	<i>if tests for anal epithelial cells and fecal matter positive on the shaft of penis or glans penis or on the outer surface of the condom (if recovered)</i>	There are signs suggestive of recent sexual intercourse into anus / anal canal
<i>Of peno anal penetration</i>	<i>if tests for anal epithelial cells and fecal matter negative on the shaft of penis or glans penis or on the outer surface of the condom (if recovered)</i>	There are no signs suggestive of recent sexual intercourse into anus/anal canal , however sexual violence cannot be ruled out by medical examination
<i>Of peno oral penetration</i>	<i>if tests for saliva are positive on the shaft of penis or glans penis or on the outer surface of the condom (if recovered) OR if bite marks found on the shaft of penis or glans penis</i>	There are signs suggestive of recent sexual intercourse into oral cavity
<i>Of peno oral penetration</i>	<i>if tests for saliva are negative on the shaft of penis or glans penis or on the outer surface of the condom (if recovered) OR if bite marks not found on the shaft of penis or glans penis</i>	There are no signs suggestive of recent sexual intercourse into oral cavity , however sexual violence cannot be ruled out by medical examination
<i>Of fingering/ use of object into Vagina / anus / oral cavity</i>	<i>If tests for lubricant are positive from swabs taken from Vagina / anus / oral cavity Or if injuries are present / Absent in and around Vagina / anus / oral cavity</i>	There are signs suggestive of penetration into vagina / anus / oral cavity
<i>Of fingering/ use of object</i>	<i>If tests for lubricant are</i>	There are signs suggestive of

<i>into Vagina / anus / oral cavity</i>	negative from swabs taken from <i>Vagina / anus / oral cavity</i> <i>Or if injuries are present in and around Vagina / anus / oral cavity</i>	penetration into vagina / anus / oral cavity
<i>Of fingering/ use of object into Vagina / anus / oral cavity</i>	If tests for lubricant are negative from swabs taken from <i>Vagina / anus / oral cavity</i> <i>Or if injuries are Absent in and around Vagina / anus / oral cavity</i>	There are no signs suggestive of penetration into vagina / anus / oral cavity , however sexual violence cannot be ruled out by medical examination
Of consumption of drug / Alcohol	If tests for drug / alcohol are positive in body fluids Or if clinical effects of drug / alcohol noted during clinical examination	There are signs suggestive of being under the influence of drug / alcohol
Of consumption of drug / Alcohol	If tests for drug / alcohol are negative in body fluids Or if clinical effects of drug / alcohol noted during clinical examination	There are signs suggestive of being under the influence of drug / alcohol
Of consumption of drug / Alcohol	If tests for drug / alcohol are negative in body fluids Or if clinical effects of drug / alcohol not noted during clinical examination	There are no signs suggestive of being under the influence of drug / alcohol