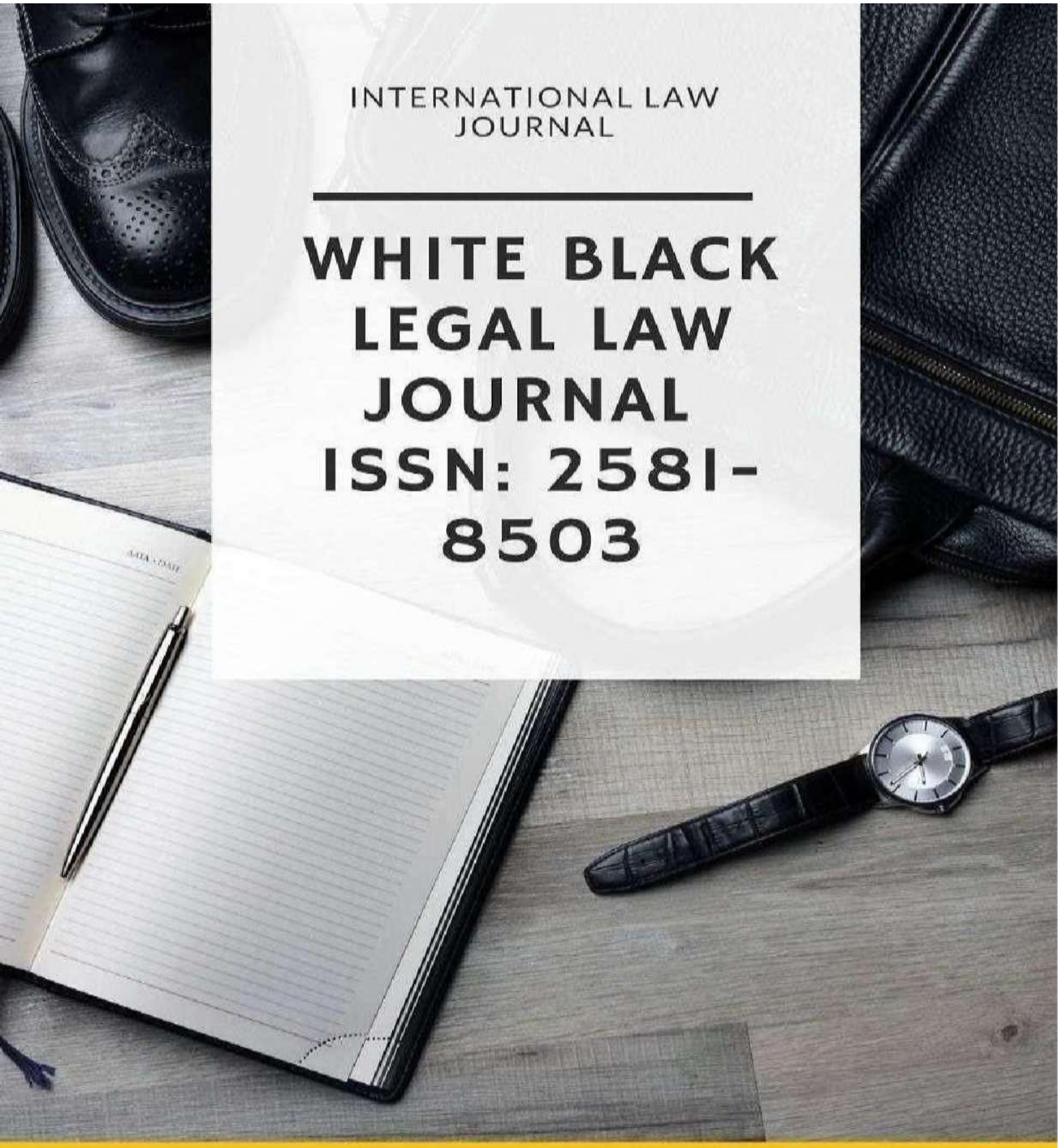

INTERNATIONAL LAW JOURNAL

# WHITE BLACK LEGAL LAW JOURNAL

ISSN: 2581-8503

## Peer - Reviewed & Refereed Journal

The Law Journal strives to provide a platform for discussion of International as well as National Developments in the Field of Law.

WWW.WHITEBLACKLEGAL.CO.IN

## DISCLAIMER

# EDITORIAL TEAM

## Raju Narayana Swamy (IAS ) Indian Administrative Service officer

Dr. Raju Narayana Swamy popularly known as Kerala's Anti-Corruption Crusader is the All India Topper of the 1991 batch of the IAS and is currently posted as Principal Secretary to the Government of Kerala. He has earned many accolades as he hit against the political-bureaucrat corruption nexus in India. Dr Swamy holds a B.Tech in Computer Science and Engineering from the IIT Madras and a Ph. D. in Cyber Law from Gujarat National Law University. He also has an LLM (Pro) (with specialization in IPR) as well as three PG Diplomas from the National Law University, Delhi- one in Urban Environmental Management and Law, another in Environmental Law and Policy and a third one in Tourism and Environmental Law. He also holds a post-graduate diploma in IPR from the National Law School, Bengaluru and a professional diploma in Public Procurement from the World Bank.

## Dr. R. K. Upadhyay

Dr. R. K. Upadhyay is Registrar, University of Kota (Raj.), Dr Upadhyay obtained LLB , LLM degrees from Banaras Hindu University & Phd from university of Kota.He has succesfully completed UGC sponsored M.R.P for the work in the ares of the various prisoners reforms in the state of the Rajasthan.

# Senior Editor

## Dr. Neha Mishra

Dr. Neha Mishra is Associate Professor & Associate Dean (Scholarships) in Jindal Global Law School, OP Jindal Global University. She was awarded both her PhD degree and Associate Professor & Associate Dean M.A.; LL.B. (University of Delhi); LL.M.; Ph.D. (NLSIU, Bangalore) LLM from National Law School of India University, Bengaluru; she did her LL.B. from Faculty of Law, Delhi University as well as M.A. and B.A. from Hindu College and DCAC from DU respectively. Neha has been a Visiting Fellow, School of Social Work, Michigan State University, 2016 and invited speaker Panelist at Global Conference, Whitney R. Harris World Law Institute, Washington University in St.Louis, 2015.

## Ms. Sumiti Ahuja

Ms. Sumiti Ahuja, Assistant Professor, Faculty of Law, University of Delhi,

Ms. Sumiti Ahuja completed her LL.M. from the Indian Law Institute with specialization in Criminal Law and Corporate Law, and has over nine years of teaching experience. She has done her LL.B. from the Faculty of Law, University of Delhi. She is currently pursuing Ph.D. in the area of Forensics and Law. Prior to joining the teaching profession, she has worked as Research Assistant for projects funded by different agencies of Govt. of India. She has developed various audio-video teaching modules under UGC e-PG Pathshala programme in the area of Criminology, under the aegis of an MHRD Project. Her areas of interest are Criminal Law, Law of Evidence, Interpretation of Statutes, and Clinical Legal Education.

## Dr. Navtika Singh Nautiyal

Dr. Navtika Singh Nautiyal presently working as an Assistant Professor in School of law, Forensic Justice and Policy studies at National Forensic Sciences University, Gandhinagar, Gujarat. She has 9 years of Teaching and Research Experience. She has completed her Philosophy of Doctorate in 'Intercountry adoption laws from Uttranchal University, Dehradun' and LLM from Indian Law Institute, New Delhi.

## Dr. Rinu Saraswat

Associate Professor at School of Law, Apex University, Jaipur, M.A, LL.M, Ph.D,

Dr. Rinu have 5 yrs of teaching experience in renowned institutions like Jagannath University and Apex University. Participated in more than 20 national and international seminars and conferences and 5 workshops and training programmes.

## Dr. Nitesh Saraswat

E.MBA, LL.M, Ph.D, PGDSAPM
Currently working as Assistant Professor at Law Centre II, Faculty of Law, University of Delhi. Dr. Nitesh have 14 years of Teaching, Administrative and research experience in Renowned Institutions like Amity University, Tata Institute of Social Sciences, Jai Narain Vyas University Jodhpur, Jagannath University and Nirma University.
More than 25 Publications in renowned National and International Journals and has authored a Text book on Cr.P.C and Juvenile Delinquency law.

## Subhrajit Chanda

BBA. LL.B. (Hons.) (Amity University, Rajasthan); LL. M. (UPES, Dehradun) (Nottingham Trent University, UK); Ph.D. Candidate (G.D. Goenka University)

Subhrajit did his LL.M. in Sports Law, from Nottingham Trent University of United Kingdoms, with international scholarship provided by university; he has also completed another LL.M. in Energy Law from University of Petroleum and Energy Studies, India. He did his B.B.A.LL.B. (Hons.) focussing on International Trade Law.

# *ABOUT US*

WHITE BLACK LEGAL is an open access, peer-reviewed and refereed journal providededicated to express views on topical legal issues, thereby generating a cross current of ideas on emerging matters. This platform shall also ignite the initiative and desire of young law students to contribute in the field of law. The erudite response of legal luminaries shall be solicited to enable readers to explore challenges that lie before law makers, lawyers and the society at large, in the event of the ever changing social, economic and technological scenario.

With this thought, we hereby present to you

www.whiteblacklegal.co.in
Volume 3 Issue 2 | 7th June 2025 ISSN: 2581-8503

# MEDICAL JURISPRUDENCE IN THE INVESTIGATION OF SEXUAL OFFENSES: A FORENSIC AND LEGAL SYNTHESIS

AUTHORED BY - NEHA
Research Scholar
Maharishi Markandeshwar Deemed To Be University, Mullana, Ambala

## Abstract:

This research explores the critical role of medical jurisprudence in the investigation and adjudication of sexual offenses in India. It underscores the intersection of law, forensic science, and ethical considerations, emphasizing the necessity for a survivor-centric and scientifically sound medico-legal process. With evolving laws and the integration of modern forensic techniques, the medical examination process serves as both a tool for justice and a site of significant legal scrutiny. This study employs doctrinal research to analyze statutes, case laws, and forensic protocols, supplemented by a review of national guidelines and medical ethics. The research further highlights key challenges such as consent, trauma-informed care, and the limitations of the two-finger test, proposing reforms for enhancing victim support, evidence integrity, and judicial reliability.

**Keywords:** Sexual Offenses, Medical Jurisprudence, Forensic Medicine, Consent, Two-Finger Test, Medico-Legal Evidence, Trauma-Informed Care, Indian Penal Code, POCSO, Criminal Law Reform

## Methodology:

This study adopts a doctrinal legal research methodology. It involves a qualitative analysis of statutory provisions, case law, and medico-legal guidelines relevant to the investigation of sexual offenses in India. Primary sources include the Indian Penal Code, 1860; POCSO Act, 2012; Criminal Law (Amendment) Acts; and medical protocols issued by the Ministry of Health and Family Welfare (MoHFW) and the Indian Medical Association. Secondary sources consist of academic journals, legal commentaries, and forensic textbooks. Additionally, the study evaluates judgments from the Supreme Court and various High Courts that have shaped the medico-legal jurisprudence on this subject.

1. Introduction Sexual violence is a gross violation of human rights and personal integrity. It disrupts the life of the survivor at multiple levels: physical, emotional, psychological, and social. Within the justice system, medical jurisprudence becomes an essential interface between the survivor's narrative and the evidentiary standards of the law. In India, where sexual crimes remain underreported and survivors face immense stigma, a robust medico-legal process is imperative for ensuring justice. Sexual violence, in its many insidious forms, constitutes one of the gravest transgressions of human dignity. Beyond the physical trauma, it inflicts lasting psychological scars, societal alienation, and often, a profound sense of injustice. In the Indian socio-legal landscape, where victims frequently confront institutional apathy, entrenched stigma, and procedural delays, the role of medical jurisprudence emerges as a critical instrument of justice.

Medical jurisprudence—commonly defined as the application of medical knowledge to legal issues—occupies a foundational space in the investigation and adjudication of sexual offenses. It is the bridge that connects the survivor's experience to scientific and legally admissible evidence. From the initial medico-legal examination to the collection and preservation of biological samples, injury documentation, and courtroom testimony, the responsibilities of medical professionals are manifold and central to the legal process.

Post the 2012 Delhi gang rape case (commonly referred to as the Nirbhaya case), India witnessed an unprecedented wave of legal reforms. These included amendments to the Indian Penal Code, the enactment of new procedures under the Code of Criminal Procedure (CrPC), and the strengthening of existing frameworks such as the Protection of Children from Sexual Offences (POCSO) Act, 2012. The reforms emphasized the urgency of trauma-informed medico-legal procedures, gender sensitivity, and the survivor's right to dignity. However, despite the transformation in statutes, implementation remains inconsistent and often insensitive. Many healthcare professionals still lack adequate forensic training, hospital infrastructure is uneven, and prejudiced practices—such as the infamous two-finger test—persisted until judicial interventions categorically declared them unconstitutional.

The role of medical jurisprudence in such cases cannot be reduced to mere technical assistance. It must be reconceptualized as a moral and constitutional obligation. The Supreme Court of India, in multiple landmark decisions, has reinforced the importance of treating survivors with dignity, emphasizing that medical examination must not become a secondary site of trauma.

The obligation of the medico-legal system, therefore, is not just evidentiary—it is humanitarian, constitutional, and deeply ethical.

## Historical Development of Medical Jurisprudence

Medical jurisprudence has a long history that dates back to ancient civilizations. In India, the roots of medico-legal practices can be traced to ancient Hindu scriptures, such as the Charaka Samhita and Sushruta Samhita, which provided guidelines for medical practice, ethics, and handling of injuries. The concept of Dharma (duty) played a central role in defining the responsibilities of physicians. Ayurvedic texts emphasized the importance of honesty, integrity, and proper medical documentation, which align with modern medico-legal principles.

During the medieval period, influences from Islamic and Persian medicine further shaped the ethical and legal aspects of medical practice in India. The Fatawa-e-Alamgiri, compiled under Mughal Emperor Aurangzeb, included references to medical negligence and compensation in cases of malpractice. With British colonization, the foundation of modern medical jurisprudence in India was laid. The introduction of Western medical education, legal codes, and forensic investigations brought significant changes. British authorities established forensic laboratories, and legal statutes such as the Indian Penal Code (IPC) and the Indian Evidence Act incorporated medical evidence into legal proceedings. This period saw the professionalization of forensic medicine as an essential component of criminal investigations and legal adjudication.

## Definition and Concept

Medical jurisprudence can be broadly defined as the study of how medical knowledge is applied in legal matters. It involves aspects such as forensic pathology, medical ethics, toxicology, and the legal obligations of healthcare professionals. The field plays a crucial role in criminal investigations, civil disputes, medical malpractice cases, and regulatory compliance in healthcare. The term "forensic medicine" is often used interchangeably with medical jurisprudence, but the two have distinct roles. While forensic medicine primarily deals with the examination of individuals in cases of injury, poisoning, or unnatural deaths, medical jurisprudence extends beyond forensic investigations to include medical ethics, patient rights, and professional accountability

2. Legal Framework Governing Medical Examination The Indian legal framework has undergone substantial transformation post the Nirbhaya case in 2012. The Criminal Law (Amendment) Act, 2013, introduced significant provisions relating to sexual offenses, redefining rape under Section 375 IPC and expanding the scope of punishable acts. Section 164-A of the Code of Criminal Procedure mandates a prompt medical examination of the rape survivor, which must be conducted with consent and documented thoroughly. The POCSO Act, 2012, deals exclusively with sexual offenses against children, imposing specific obligations on medical practitioners to treat child survivors sensitively and to report cases mandatorily. Additionally, the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, guide the conduct of medical professionals during such examinations. The legal framework governing the medical examination of survivors of sexual offenses in India has evolved significantly in the last decade, reflecting a shift from archaic practices to a more scientific, survivor-sensitive approach. This evolution is rooted in legislative enactments, judicial pronouncements, and policy directives. Central to this framework are provisions in the Indian Penal Code (IPC), 1860; the Code of Criminal Procedure (CrPC), 1973; and more recently, the Bharatiya Nyaya Sanhita (BNS), 2023; Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023; and the Bharatiya Sakshya Adhiniyam (BSA), 2023. Together, these statutes define the scope of lawful medical examination, establish procedural safeguards, and delineate evidentiary principles that govern the admissibility and reliability of medico-legal evidence in cases of sexual violence.

The Indian Penal Code, prior to its re-enactment as the BNS, 2023, provided for definitions and punishments for various forms of sexual violence under Sections 375 to 376E. Section 375, as amended by the Criminal Law (Amendment) Act, 2013, broadened the definition of rape to include non-penile penetration, object insertion, and oral sex, making it gender-specific in terms of perpetrator but gender-neutral in terms of victims. Section 376 prescribes punishment for rape, which was enhanced post-2013 to include life imprisonment and, in certain cases, the death penalty. The Protection of Children from Sexual Offences (POCSO) Act, 2012, further introduced child-specific safeguards and mandated prompt medical examination under Section 27 of the Act. Under Section 164-A of the CrPC, it is mandatory for a registered medical practitioner to conduct the medical examination of a rape survivor within 24 hours of receiving information from the police. The section clearly stipulates that the survivor's consent must be obtained, and all findings must be accurately recorded and submitted to the Investigating Officer. With the advent of the BNSS, 2023, which is set to replace the CrPC, several

procedural aspects have been updated. The BNSS retains the victim-centric approach and expands the timeline and technological scope of medico-legal documentation, encouraging the use of digital evidence and electronic medical records. The Bharatiya Nyaya Sanhita, 2023, which supersedes the IPC, retains and reorders provisions relating to sexual offenses. Clauses 63 to 73 of the BNS deal with offenses analogous to those found in Sections 375 to 376E of the IPC, retaining the expanded definition of rape and adding specific emphasis on aggravated offenses against minors and differently-abled individuals. The BNS mandates a standardized forensic examination and mandates collaboration between investigating officers and registered medical practitioners. This provision aims to bridge the gap between medical documentation and prosecutorial needs. In terms of evidentiary evaluation, the Bharatiya Sakshya Adhiniyam, 2023 (BSA), has replaced the Indian Evidence Act, 1872. The BSA affirms that consent must not be presumed from the survivor's silence or past sexual history. Section 53 of the BSA, read with its interpretive clauses, prohibits the admission of evidence related to the survivor's character or sexual history, reinforcing principles laid down in landmark cases like State of Punjab v. Gurmit Singh [(1996) 2 SCC 384] and Lillu v. State of Haryana [(2013) 14 SCC 643]. The POCSO Act, 2012, deals exclusively with sexual offenses against children, imposing specific obligations on medical practitioners to treat child survivors sensitively and to report cases mandatorily. Additionally, the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002, guide the conduct of medical professionals during such examinations.

3. Medico-Legal Procedure in Sexual Offense Cases Medical examination plays a pivotal role in the investigation of sexual offenses. It includes:

(a) Physical examination to detect injuries or signs of struggle;

(b) Collection of forensic samples (semen, hair, blood, etc.);

(c) Psychological evaluation of the survivor;

(d) Provision of medical treatment and prophylaxis for STDs and pregnancy.

The medico-legal procedure in cases of sexual offenses constitutes a critical component of the criminal justice system, acting as the linchpin between the survivor's testimony and the evidentiary standards required for successful prosecution. It involves the scientific examination, documentation, and preservation of physical and psychological evidence, which is later relied upon during trial to establish the occurrence of the offense and the identity of the perpetrator. This process must adhere not only to legal standards but also to ethical guidelines that protect the dignity and autonomy of the survivor. Under the Bharatiya Nagarik Suraksha

Sanhita (BNSS), 2023, which replaces the Code of Criminal Procedure, the procedure for medical examination has been retained and slightly modified to incorporate digitization, timelines, and survivor-centric safeguards. Clause 184 of the BNSS mandates that the medical examination of a sexual offense survivor be conducted by a registered medical practitioner, preferably female, and within twenty-four hours from the time the police receive information about the offense. The examination must be conducted only after obtaining informed consent and must be duly documented in writing. The medical professional is required to collect biological samples—such as swabs from the vagina, anus, mouth, nails, and clothing—for the presence of semen, blood, hair, or other foreign materials. These are preserved in accordance with chain-of-custody protocols to avoid contamination or tampering. The Sexual Assault Forensic Evidence (SAFE) Kit is used to standardize and streamline this process across hospitals and states. The forensic samples are then sent to accredited forensic science laboratories for analysis. Injuries on the body, both genital and non-genital, are documented meticulously, as they may corroborate the survivor's account of force or resistance. Photographic documentation, with consent, may be used for court purposes. At the same time, medical practitioners are trained to look beyond physical injuries, as many survivors may not exhibit visible signs of assault, particularly in cases involving children or where delayed reporting is involved. Psychological assessment is equally vital. Survivors are often in shock, distress, or denial, and medical professionals are expected to engage with empathy and a trauma-informed approach. Immediate medical care, including prophylaxis for sexually transmitted diseases (STDs), emergency contraception, and mental health support, must be provided regardless of the availability of police documentation. One of the most significant ethical considerations is consent. Medical examination cannot be forced, even when directed by police or court. Informed consent must be obtained in writing, and the survivor retains the right to refuse any part of the examination. In the case of minor survivors, the Protection of Children from Sexual Offences (POCSO) Act, 2012, mandates the presence of a parent or trusted adult during the examination. Furthermore, the Bharatiya Sakshya Adhiniyam (BSA), 2023, replacing the Indian Evidence Act, governs the admissibility of medico-legal evidence. It emphasizes that character or sexual history of the survivor is irrelevant and inadmissible under Section 53. The medico-legal report must be clear, neutral, and based solely on clinical observations and scientific findings. The medico-legal procedure, thus, is not just a technical formality but a process embedded with legal and ethical significance. It requires coordination between law enforcement, healthcare providers, and forensic experts to ensure that justice is both served and seen to be served, while upholding the rights and dignity of the survivor. Upon

the registration of a First Information Report (FIR) by the police in a sexual offense case, the investigating officer refers the survivor for a medical examination under Section 164-A of the Code of Criminal Procedure, 1973. The examination is to be conducted by a registered medical practitioner, ideally within 24 hours of the incident or reporting, and with the informed consent of the survivor or guardian in case of a minor. The objectives of the examination include collecting forensic evidence, identifying injuries, assessing psychological trauma, and initiating immediate medical care. The medical professional is required to collect biological samples—such as swabs from the vagina, anus, mouth, nails, and clothing—for the presence of semen, blood, hair, or other foreign materials. These are preserved in accordance with chain-of-custody protocols to avoid contamination or tampering. The Sexual Assault Forensic Evidence (SAFE) Kit is used to standardize and streamline this process across hospitals and states. The forensic samples are then sent to accredited forensic science laboratories for analysis. The medico-legal procedure, thus, is not just a technical formality but a process embedded with legal and ethical significance. It requires coordination between law enforcement, healthcare providers, and forensic experts to ensure that justice is both served and seen to be served, while upholding the rights and dignity of the survivor.Standard Operating Procedures (SOPs), developed by MoHFW, outline the ethical and technical framework for these examinations. The Supreme Court, in Lillu v. State of Haryana, [(2013) 14 SCC 643], declared the two-finger test as unconstitutional, emphasizing that medical professionals must refrain from invasive and irrelevant methods of examination.

4. Controversial Practices and Judicial Interventions Historically, the two-finger test was used to check the laxity of the vaginal muscles to determine habituation to sexual intercourse. This regressive method not only lacked scientific merit but also violated the survivor's dignity. Judicial pronouncements, notably in Lillu v. State of Haryana and State of Jharkhand v. Shailendra Kumar Rai [(2020) 3 SCC 202], condemned this practice as being contrary to Articles 14 and 21 of the Constitution.

The medico-legal investigation of sexual offenses in India has historically been plagued by controversial practices that are medically unsound, ethically questionable, and violative of constitutional rights. Among these, the most widely condemned is the "two-finger test," which was previously used to assess vaginal laxity and determine whether the survivor was "habituated to sexual intercourse." This practice, rooted in patriarchal assumptions and devoid of scientific basis, has drawn widespread judicial and academic criticism for retraumatizing

survivors and undermining their credibility in court.

Another controversial practice involves questioning the survivor's character and past sexual history during cross-examination and in medico-legal reports. This violates the provisions of Section 53 of the Bharatiya Sakshya Adhiniyam (BSA), 2023, which explicitly bars evidence relating to the moral character or sexual experience of the survivor from being admitted in court to prove consent. Judicial precedents, including State of Punjab v. Gurmit Singh [(1996) 2 SCC 384], have reiterated that the survivor's testimony should be given due weightage and cannot be discredited merely on the basis of perceived sexual history. The unnecessary delay in conducting medical examinations is another issue of concern. Under Clause 184 of the Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023, the examination must be conducted within twenty-four hours. However, in practice, procedural lapses, unavailability of female doctors, or infrastructural limitations often lead to delayed examinations, which can result in the deterioration of crucial forensic evidence. Such delays not only affect the quality of the investigation but also subject the survivor to further mental anguish and legal uncertainty. Additionally, the lack of standardized reporting formats and improper preservation of forensic evidence compromise the integrity of medico-legal reports. Despite guidelines issued by the Ministry of Health and Family Welfare and the Indian Academy of Forensic Medicine, compliance remains sporadic across states. Some hospitals do not maintain chain-of-custody records, and in many cases, samples are rendered inadmissible due to tampering or contamination. Judicial interventions have sought to correct these anomalies by emphasizing the importance of survivor-centric practices, mandatory training of medical professionals, and institutional accountability. However, implementation requires a deeper cultural and systemic shift, supported by rigorous training, policy enforcement, and legal awareness. Thus, the persistence of controversial practices reveals a tension between progressive legal reforms and regressive social-medical norms. Bridging this gap is essential to restoring faith in the medico-legal process and upholding the rights and dignity of survivors in the pursuit of justice. The courts have consistently held that prior sexual history of the survivor is irrelevant to determine consent. In State of Punjab v. Gurmit Singh [(1996) 2 SCC 384], the Supreme Court held that the testimony of the survivor should be given due weightage and not be disbelieved merely due to lack of corroboration by medical evidence. The courts have consistently held that prior sexual history of the survivor is irrelevant to determine consent. In State of Punjab v. Gurmit Singh [(1996) 2 SCC 384], the Supreme Court held that the testimony of the survivor should be given due weightage and not disbelieved merely due to lack of corroboration by medical

evidence.

5. Challenges in Implementation Despite progressive judgments and updated protocols, implementation remains weak due to:

- Inadequate training for medical officers;
- Shortage of forensic labs and improper storage of samples;
- Societal stigma discouraging survivors from reporting;
- Secondary victimization during medical and legal procedures.

Studies have shown that survivors often face insensitive behavior from medical professionals and are subjected to repeated questioning and exposure during trial, leading to emotional re-traumatization. Despite the presence of a robust legal framework and progressive judicial pronouncements, the implementation of medico-legal procedures in sexual offense cases in India faces numerous structural, institutional, and socio-cultural challenges. These challenges compromise the quality of medical evidence, delay justice, and often contribute to the re-traumatization of survivors.

One of the most persistent challenges is the lack of specialized training among medical professionals. Although the Ministry of Health and Family Welfare and the Indian Academy of Forensic Medicine have issued guidelines on survivor-centric examination techniques and ethical protocols, many healthcare providers, especially in rural and semi-urban areas, remain unaware or untrained in these procedures. As a result, outdated and intrusive practices like the two-finger test still occur, despite being outlawed by the Supreme Court. Inadequate training also results in poorly drafted medico-legal reports, missing forensic samples, and incomplete documentation—all of which weaken the prosecution's case.

A related issue is the absence of adequate infrastructure and forensic resources in many government hospitals and medical colleges. The Sexual Assault Forensic Evidence (SAFE) kits, though introduced to standardize the collection of biological samples, are not uniformly available. Many healthcare centers lack cold storage facilities, trained lab technicians, and access to accredited forensic labs. This leads to sample contamination, loss of chain of custody, or even misplacement of evidence—undermining the survivor’s right to justice and eroding public faith in the system.

Delays in medical examination are another systemic concern. While Clause 184 of the

Bharatiya Nagarik Suraksha Sanhita (BNSS), 2023 mandates that medical examinations be conducted within twenty-four hours, compliance remains patchy. Delays often occur due to the non-availability of female doctors, absence of protocols for emergencies, or lack of coordination between police and hospital authorities. Such delays lead to the deterioration or complete loss of forensic evidence and adversely impact the credibility of the survivor's complaint.

Secondary victimization of the survivor during medical and legal procedures continues to be widespread. Many survivors report being treated with suspicion, judgment, or indifference by police officers and hospital staff. The absence of privacy during examination, repeated questioning, and insensitivity in language or demeanor can cause emotional trauma and discourage survivors from pursuing the case further. Child survivors, in particular, are highly vulnerable to psychological distress during medico-legal procedures if child-friendly practices are not followed. Another major challenge is the lack of standardized implementation across states and medical institutions. While central guidelines exist, health is a state subject under the Constitution, and not all states have adopted or enforced these protocols uniformly. This creates a fragmented and inconsistent medico-legal environment where the quality of care and evidentiary documentation varies drastically depending on geography and institutional commitment.

Finally, the digital and technological gap adds to these challenges. While the new criminal codes encourage the use of electronic records and digital signatures to enhance transparency and traceability, many hospitals are yet to digitize their medico-legal procedures. Without technological integration, ensuring the accuracy, security, and timely submission of medico-legal reports remains difficult.

In essence, the challenges in implementing medico-legal procedures are not merely logistical—they are deeply embedded in systemic neglect, infrastructural inequities, and cultural insensitivity. Addressing them requires a multidimensional strategy involving legal reforms, administrative accountability, continuous capacity-building, and a cultural shift towards survivor-centered justice. Studies have shown that survivors often face insensitive behavior from medical professionals and are subjected to repeated questioning and exposure during trial, leading to emotional re-traumatization.

7. Conclusion Medical jurisprudence holds a central place in the investigation and trial of sexual offenses. However, its potential can only be realized through ethical practices, scientific rigor, and survivor-centricity. Legal reforms must be accompanied by administrative will and social change to ensure that survivors receive justice without additional trauma. The investigation and adjudication of sexual offenses stand at the confluence of law, medicine, ethics, and human rights. In this intersection, medical jurisprudence occupies a uniquely significant position. It is not merely a technical mechanism for gathering forensic evidence but a profound exercise in justice delivery—one that demands scientific rigor, constitutional fidelity, and above all, a survivor-centric approach. In India, where underreporting, societal stigma, and patriarchal bias often hinder access to justice, the role of a fair, sensitive, and robust medico-legal process cannot be overstated. The shift from the colonial-era Indian Penal Code and Criminal Procedure Code to the Bharatiya Nyaya Sanhita (BNS), Bharatiya Nagarik Suraksha Sanhita (BNSS), and Bharatiya Sakshya Adhiniyam (BSA) represents a legislative attempt to modernize the criminal justice system. These new laws emphasize the importance of dignity, consent, and scientific investigation. They reinforce the requirement for timely medical examination, prohibit regressive practices such as the two-finger test, and limit the admissibility of character evidence to safeguard the rights of survivors. Yet, as this paper has demonstrated, the presence of progressive law on paper does not always translate into ethical and effective implementation on the ground. Systemic shortcomings—ranging from untrained medical staff and poor infrastructure to delayed examinations and insensitive handling of survivors—continue to plague the medico-legal response to sexual offenses. The lack of standardization across states, coupled with infrastructural and technological disparities, results in inconsistent application of procedures and varying quality of forensic evidence. Moreover, the survivor often faces a double burden: first, of the assault itself, and second, of navigating a system that is meant to deliver justice but frequently becomes a site of secondary victimization. In conclusion, medical jurisprudence in the investigation of sexual offenses must evolve into a discipline that integrates legal accountability with ethical compassion. The tools are in place—modern laws, forensic science, judicial guidance—but the implementation must be vigilant, uniform, and humane. Justice in such cases must not merely be about punishing the guilty, but also about restoring dignity to the survivor. A survivor-centric medico-legal framework is not just a legal necessity; it is a moral imperative for a society that aspires to uphold justice, equality, and human rights. A robust medico-legal framework not only facilitates justice but also acts as a deterrent to potential offenders. The cooperation between medical science and law must be rooted in compassion, respect, and accountability.

## References (ILI Citation Style):

1. Indian Penal Code, 1860.
2. Code of Criminal Procedure, 1973, S. 164-A.
3. Protection of Children from Sexual Offences Act, 2012.
4. Criminal Law (Amendment) Act, 2013 & 2018.
5. Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002.
6. Lillu v. State of Haryana, (2013) 14 SCC 643.
7. State of Jharkhand v. Shailendra Kumar Rai, (2020) 3 SCC 202.
8. State of Punjab v. Gurmit Singh, (1996) 2 SCC 384.
9. Ministry of Health and Family Welfare, "Guidelines and Protocols: Medico-Legal Care for Survivors/Victims of Sexual Violence," Government of India, 2014.
10. National Commission for Women, "Reforms in Rape Laws," NCW Report, 2012.
11. Jaising, Indira, "Medical Examination in Rape Cases: A Human Rights Perspective," (2007) 49(5) Journal of Indian Law Institute 599.
12. Sharma, P.K., Medical Jurisprudence and Toxicology, 6th edn., Allahabad Law Agency, 2020.
13. Singh, Avtar, Principles of the Law of Evidence, 25th edn., Central Law Publications, 2021.
14. Khosla, Madhavi, "Consent and Constitutionality in Rape Law," (2015) 57(2) Journal of Indian Law Institute 213.
15. National Crime Records Bureau, "Crime in India Report," Ministry of Home Affairs, Govt. of India, 2022.
16. Indian Academy of Forensic Medicine, "Best Practices Manual for Medico-Legal Examinations," 2021.