

Medico Legal Aspects of Virginity and Sexual Offenses





The Sexual Offensive: Definition

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Definition 1: Illegal Sexual Intercourse

Acts of ^{*}illegal sexual intercourse with another person or animal to obtain sexual gratification.

”

“

Definition 2: Involuntary Sexual Act

Any involuntary ^{herm 3}sexual act in which a person is ^{oisi}threatened, coerced, or coerced, or forced to engage against their will to obtain sexual gratification.

”

The Sexual Offense: Consent ==>

Valid consent must be freely given and informed. Several conditions must be met for consent to be legally binding:



Age Requirement

The person giving consent must be above 18 years of age.



Consciousness

The person must be conscious and fully aware of the act.



No Impairment

Consent is invalid if the person is under the effect of narcotics, anesthetics, or alcohol.



Free Will

The person must not be under a threat, fear, or fraud.

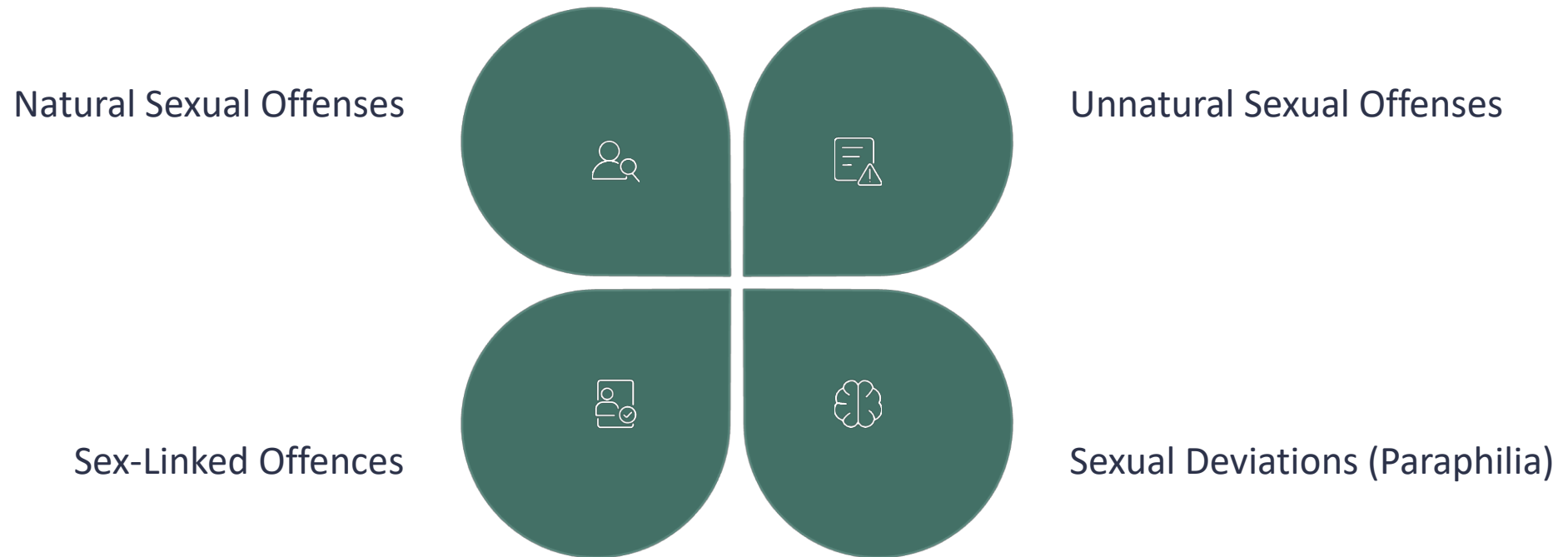


Mental Capacity

A person with mental deficiency cannot give valid consent to sexual intercourse, regardless of age.

Classification of Sexual Offenses => *How are victim*

Sexual offenses are categorized into four main groups based on the actions performed, the victim, and the manner of the events.



Natural Sexual Offenses

These are sexual violations committed "in order of nature," specifically involving penetration of a woman's vagina by a man's penis.

1

Rape

Sexual intercourse with another person without that person's consent.

3

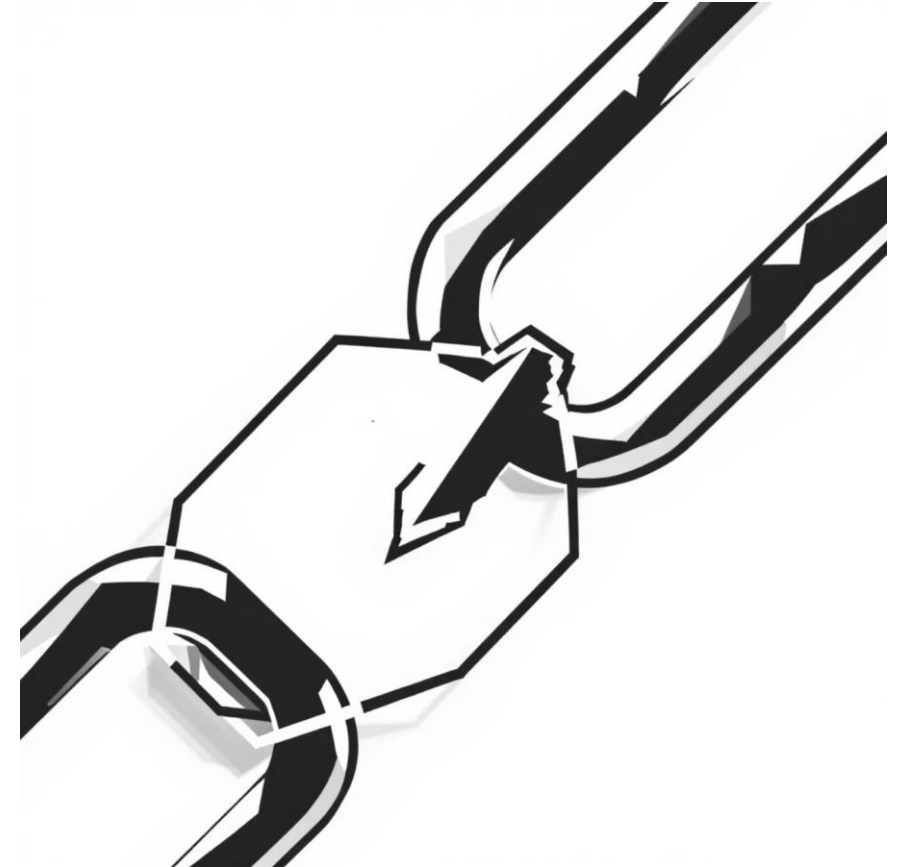
Incest

Sexual intercourse between close relatives.

2

Adultery / Fornication

Voluntary sexual intercourse between a person and someone someone who is not their spouse spouse (Adultery: married; Fornication: unmarried).





Unnatural Sexual Offenses

These acts are defined as sexual intercourse against the order of nature, meaning they do not involve penetration of a woman's vagina by a man's penis.



Homosexual Offense

Includes lesbianism and sodomy.

شذوذ
"سodom"



Bestiality

Sexual intercourse with animals (vaginal or anal). This is considered a capital offense.

بهیمی



Buccal Coitus

Oral sexual intercourse.

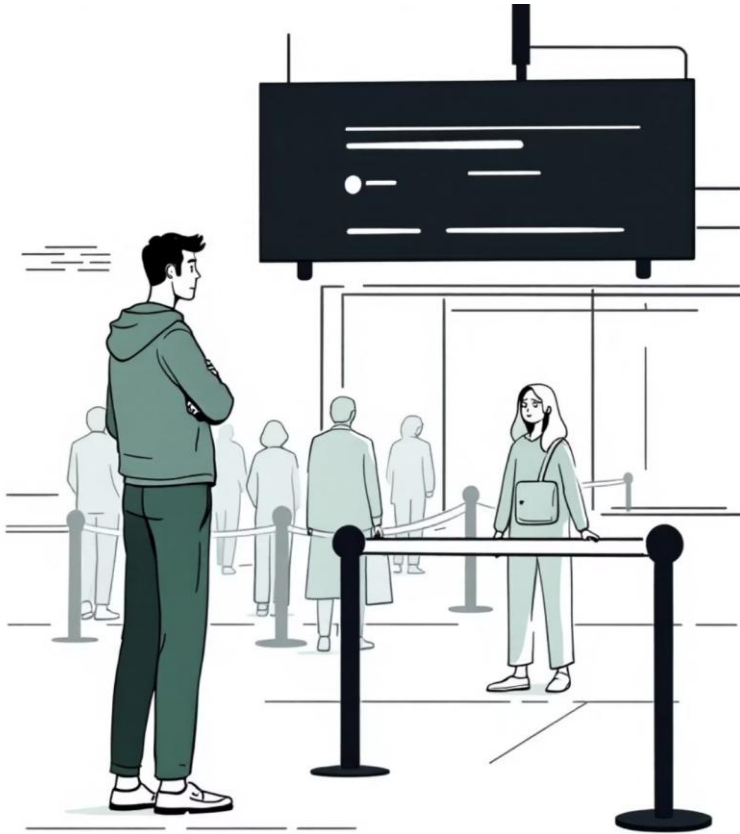
Sexual Deviations (Paraphilia)

Sexual offenses stemming from unusual desires, often committed against non-consenting victims. These acts are driven by specific psychological needs.



Sex-Linked Offences =>

These acts are not intrinsically sexual, but they often have a sexual motive or precede a sexual offense. Crucially, no penetration has occurred.



Indecent Assault

مـحـش

A physical assault accompanied by a sexual intention (e.g., groping, fondling, kissing).



Sexual Harassment

مـش هـيـنـجـال

Unwelcome physical contact, explicit sexual overtures, demanding sexual favors, or showing pornography against a person's will.

The Sexual Offenses: Rape

اغتهاب

Unlawful sexual intercourse by a man with a woman against her will or without her consent, by force, fear, or fraud.

Essential Elements for Rape (of a Female)



Carnal Knowledge

Defined by the slightest penetration of the labia minora
minora by the penis.



Force or Coercion

The act must be committed using physical force,
intimidation, or fear against the victim.

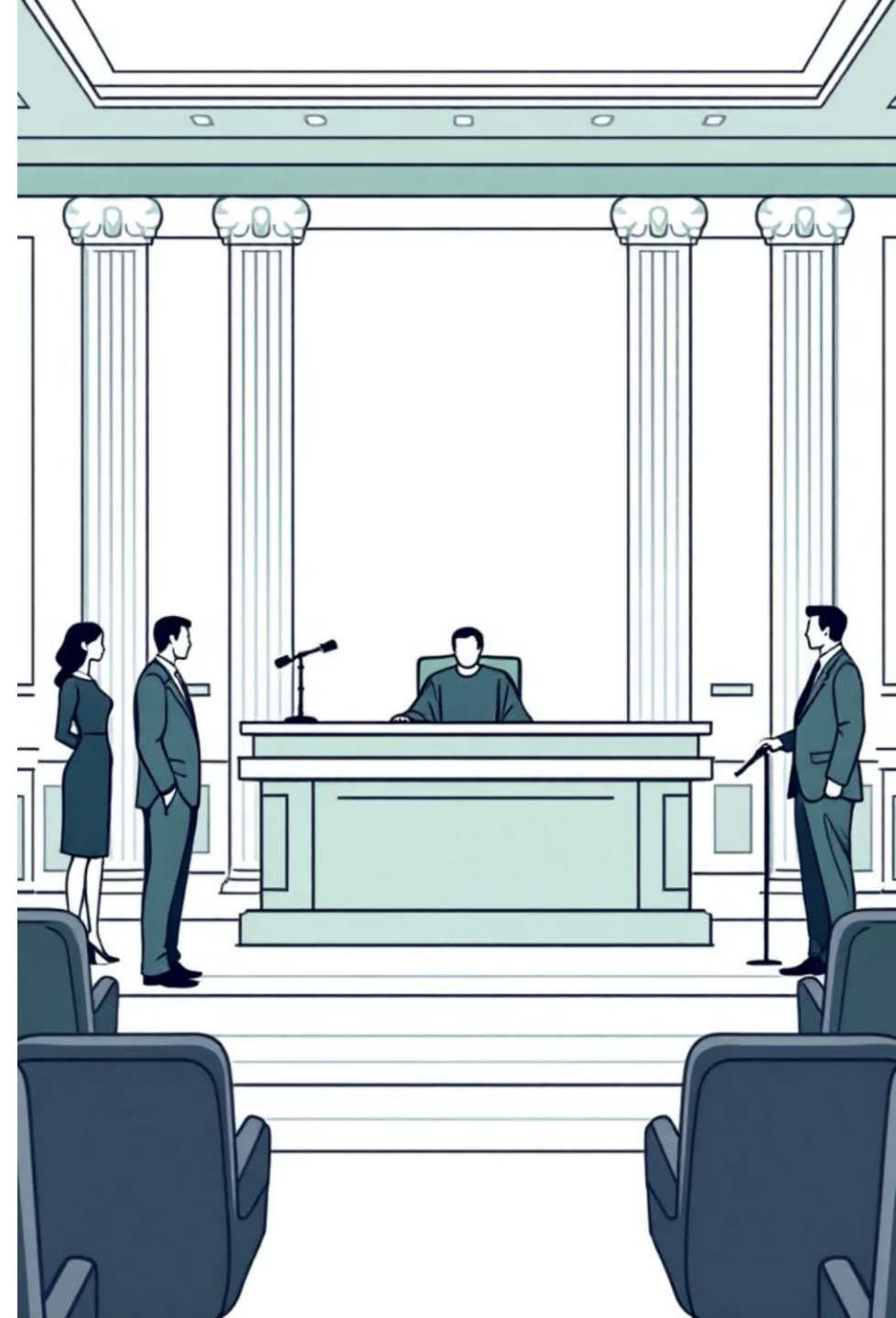


Absence of Consent

The commission of the act must occur without the free, conscious, and ongoing consent of the victim.



Note: Hymen penetration or ejaculation is not necessary to establish the commission of rape.



The Sexual Offenses: Incest

Defining Prohibited Relations

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Incest is generally defined as sexual intercourse between individuals who are related within the "prohibited degrees" due to their blood relationship (consanguinity) or legal ties (affinity).

↓
Together

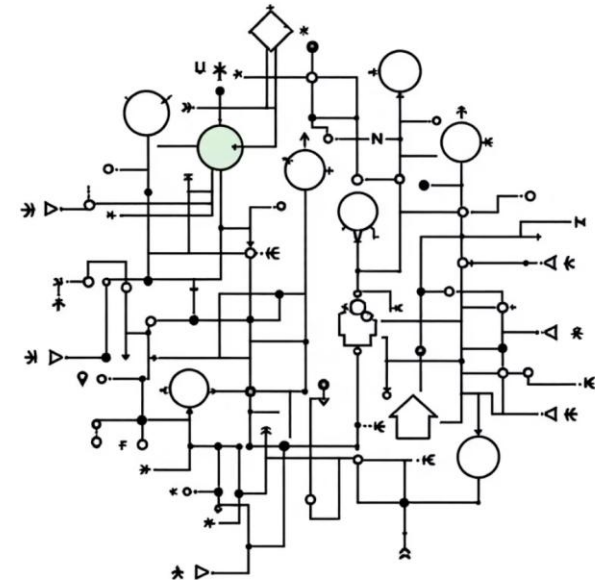
- Both the man and the woman involved in the act are liable to prosecution under these laws.
- The specific relationships that constitute incest are defined by individual state and country statutes.

موافقة

← مسبب

Cultural Nuance: Incest is not universally considered a criminal offense. Historically, and in certain cultures, it was (and is) a socially acceptable or permitted part of normal behavior, contrasting sharply with modern legal definitions.

Other non-intercourse sexual acts between relations may be covered by separate laws, and if truly consensual, may not constitute a criminal offense.



The Sexual Offenses: Child Sexual Abuse

A Severe Form of Exploitation

Child sexual abuse is a recognized form of child abuse where an adult or older adolescent engages in sexual behavior sexual behavior with a child for the purpose of their own sexual stimulation or gratification.



Verbal/Coercive Acts

Asking or pressuring a child to engage in sexual activities, regardless of whether physical contact occurs.



Indecent Exposure

Exposing the genitals to a child or viewing the child's genitalia without physical contact.



Non-Penetrative Contact

Physical contact with the child's genitals or actual sexual contact against a child.



Digital Exploitation

Displaying pornography to a child or using a child to produce child pornography.



The Sexual Offense: Indecent Assault =>

Acts of Unwanted Sexual Contact

Indecent assault covers a wide spectrum of acts involving unwanted sexual contact that fall short of rape, but are distinct from offenses like adultery or offenses like adultery or incest. This offense focuses on the lack of consent in sexually charged physical interactions.

→ Attempted Penetration

A failed attempt at penile penetration of penetration of the vagina or anus.

→ Penetration with Object

Actual penetration of the vagina or anus with a finger or an object, or penetration of the mouth by the penis.

→ Unwanted Touching

Touching the buttocks, breasts, thighs, thighs, or penis without consent, or non-consensual acts like putting a hand up a woman's skirt or inside a man's trousers.

❏ Even without penetration, indecent assault can inflict severe and lasting psychological trauma on the victim, impacting their well-being and well-being and sense of safety.

Indecent Assault in Medical Practice =>

Allegations Against Healthcare Professionals

A particular professional risk exists in medical practice where female patients may allege indecent assault by a male doctor.
The spectrum of alleged misconduct can range significantly:

- Intimate touching or kissing.
- Fondling the breasts or pudendum (external genitalia).
- In the most severe cases, allegations of actual intercourse.

Unfortunately, some of these allegations are true, exploiting the vulnerable positions patients are often in.



Protecting Against False Allegations

Reasons for Untrue Claims

While true cases exist, many allegations of indecent assault in the medical setting are proven to be false, driven by a variety of non-malicious or malicious factors:



Vengeful Motives =>

Patients may seek revenge by falsely accusing their doctor of indecency following a perceived slight or poor outcome.



Delusions or Illness

كذب

Some patients are deluded or mentally abnormal, leading to fabricated events.



Blackmail

Motivation may be driven by emotional or financial blackmail.



Post-Anesthesia Hallucination

Patients emerging from light anesthesia may hallucinate or dream of an erotic nature, believing the events were real.

Mitigation Strategy: The Chaperone

To protect both patient and doctor, a male doctor performing intimate examinations or administering anesthesia should have a **third female party (chaperone)** present. This provides witness credibility and professional defense against potential false claims.

rape

القانون الجنائي الأردني: الاغتصاب

تتفاوت عقوبات جريمة الاغتصاب في القانون الأردني بناءً على عمر المجني عليها، وتتراوح بين الأشغال الشاقة المؤقتة والإعدام.

المادة 292

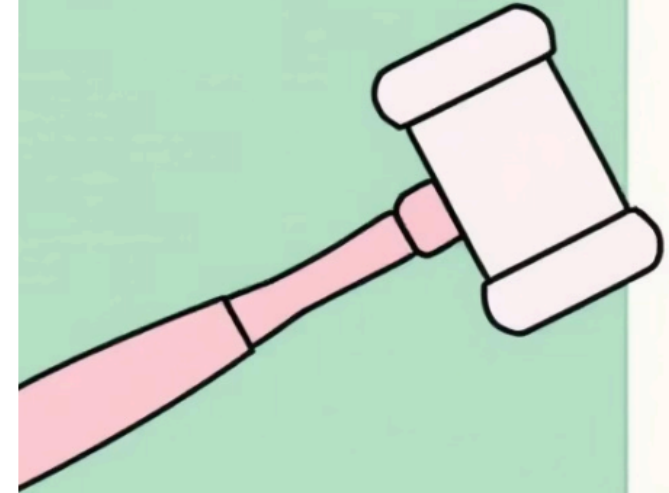
- 1 من واقع أنثى (غير زوجه) بغير رضاها بالإكراه أو التهديد أو الحيلة أو الخداع.
- العقوبة: الأشغال الشاقة المؤقتة مدة لا تقل عن خمس عشرة سنة.

تفاقم العقوبة (1)

- 2 إذا كانت المجني عليها قد أكملت الخامسة عشرة ولم تكمل الثامنة عشرة من عمرها.
- العقوبة: الأشغال الشاقة عشرين سنة.

تفاقم العقوبة (2)

- 3 إذا كانت المجني عليها لم تتم الخامسة عشرة من عمرها.
- العقوبة: الإعدام.



القانون الجنائي الأردني: السفاح (زنا المحارم) <=

يعاقب القانون على جريمة السفاح بين الأصول والفروع والأشقاء ومن في منزلتهم من الأصهار، وكذلك بين شخص وآخر خاضع لسلطته.

السفاح بين الأقارب

بين الأصول والفروع (شرعيين أو غير شرعيين) وبين الأشقاء والشقيقات.

العقوبة: الأشغال المؤقتة لا تقل عن سبع سنوات. 7

السفاح تحت السلطة

بين شخص وآخر خاضع لسلطته الشرعية أو القانونية أو الفعلية.

العقوبة: الأشغال الشاقة المؤقتة لا تقل عن خمس سنوات. 5



ملاحظة: يلاحق السفاح بناءً على شكوى قريب أو صهر أحد الجناة حتى الدرجة الرابعة.



12-15 سنة

إذا أكملت المجني عليها الثانية عشرة ولم تكمل الخامسة عشرة من عمرها.



15-18 سنة

إذا كان الجاني أحد أصول المجني عليها أو محارمها أو موكلاً برعايتها.

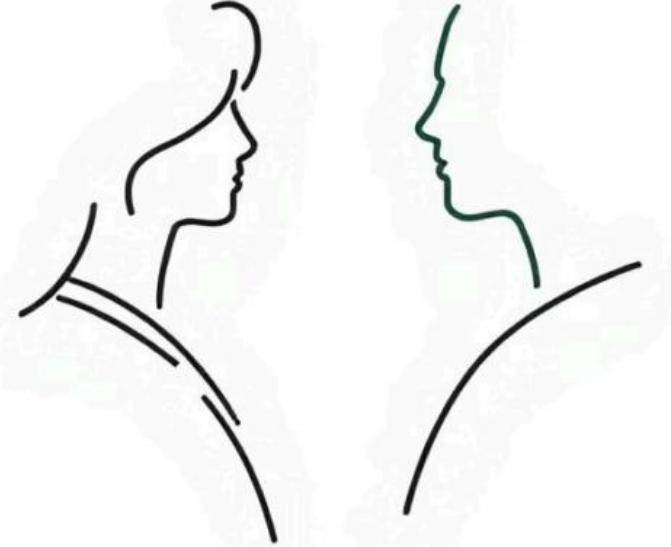
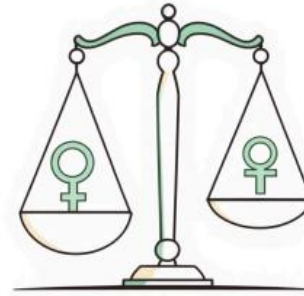
القانون الجنائي الأردني: الواقعة على خلاف الطبيعة

تتناول بنود الاغتصاب الواقعة على خلاف الطبيعة (ارتكاب فعل اللواط) سواء مع أنثى (بما في ذلك الزوجة) دون رضاها، أو مع ذكر بغير رضاه.



صدر تعديل على القانون يعتبر هذا
الفعل على الزوجة (إيذاء) وليس
اغتصابًا.

في حال عدم الرضا، يمكن أن تندرج هذه الأفعال تحت بنود الاغتصاب ذاتها، مع الأخذ في الاعتبار التعديلات القانونية الحديثة.



القانون الجنائي الأردني: الزنا

يعاقب القانون الأردني على الزنا بعد إثبات الفعل، مع التفريق بينه وبين الاغتصاب بتوفر شرط الرضا.

1-3

سنوات حبس
عقوبة الزاني والزانية
برضاها.

مسئ

2 =<

سنوات للمتزوجين
لا تنقص العقوبة عن
سنتين للزاني أو الزانية
المتزوجين.

صكره صكره

3

سنوات في بيت
الزوجة
تكون العقوبة ثلاث سنوات
إذا تم فعل الزنا في بيت
الزوجة لأي منهما.

تسقط الدعوى والعقوبة المحكوم بها بإسقاط الشاكي شكواه (الزوج أو الزوجة أو ولي الزانية).



شروط الملاحقة وإثبات جريمة الزنا

شروط إثبات الزنا

1 ضبط الزاني والزانية في حالة التلبس بالفعل.

2 صدور اعتراف قضائي أو وثائق قاطعة بوقوع الجريمة منهما.

3 اعتراف قضائي من أحدهما ووثائق قاطعة من الآخر.

شروط الملاحقة القضائية

→ لا تجوز الملاحقة إلا بشكوى الزوج أو الزوجة ما دامت الزوجية قائمة، وكذلك بشكوى ولي الزانية.

→ في حال الشكوى، يلاحق الاثنان معًا بالإضافة إلى الشريك والمحرض والمتدخل إن وجدوا.

→ تسقط الدعوى والعقوبة بإسقاط الشاكي شكواه.

لا تقبل الشكوى بعد مرور ثلاثة أشهر من تاريخ علم المشتكي بالجريمة، ولا تتجاوز المدة سنة واحدة من تاريخ وقوع الجريمة.



القانون الجنائي الأردني: ظروف تشديد العقوبة

تُشدد عقوبة الجنايات المتعلقة بالاعتداء الجنسي في حالات محددة، حيث يضاف إليها من ثلثها إلى نصفها.

تعدد الجناة أو التغلب

إذا اقترفها شخصان أو أكثر للتغلب على مقاومة المعتدى عليه، أو تعاقبوا على إجراء الفحش به.

2m → 1f

الأمراض الجنسية أو إزالة البكارة

إذا أصيب المعتدى عليه بمرض جنسي، أو كانت المعتدى عليها بكرًا فأزيلت بكارتها.

التشديد بناءً على النتائج الجسيمة

الموت غير المقصود

إذا أدت الجناية إلى موت المعتدى عليه ولم يكن الفاعل قد أراد هذه النتيجة.

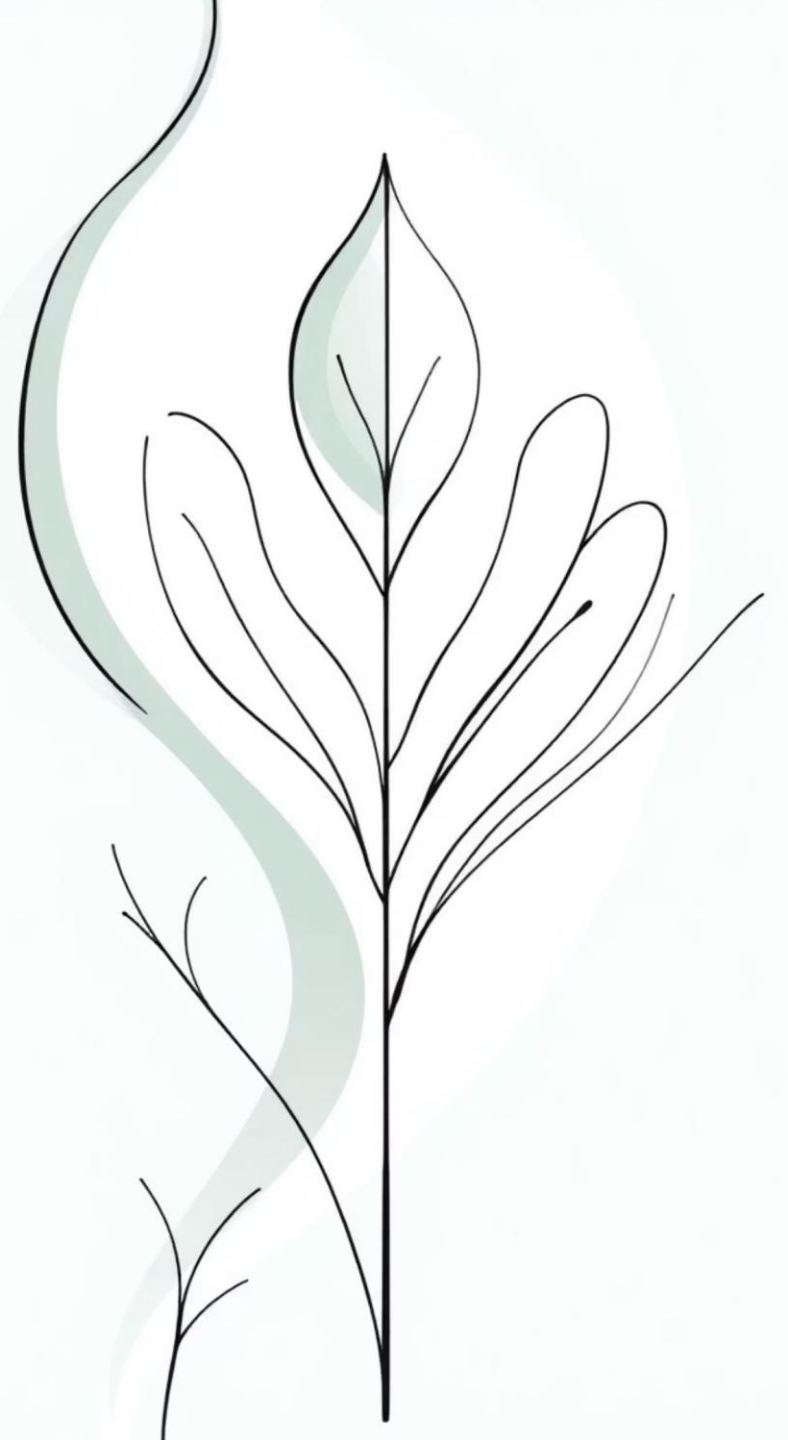
العقوبة: الأشغال الشاقة مدة لا تنقص عن خمس عشرة سنة. 15y

الإصابة بفيروس نقص المناعة (HIV)

إذا أصيب المعتدى عليه بمرض نقص المناعة المكتسب (الإيدز) مع علم الفاعل بإصابته بهذا المرض.

العقوبة: الأشغال الشاقة عشرين سنة. 20

Virginity



Signs of Virginity عذرية

A woman who has not participated in sexual intercourse is called a 'virgin'.

Extra-Genital Signs

Breast

Firm, hemispherical, with small nipples surrounded by rosy areola.



Genital Signs

Labia Majora

Firm, rounded, completely closes the vaginal orifice.

Labia Minora

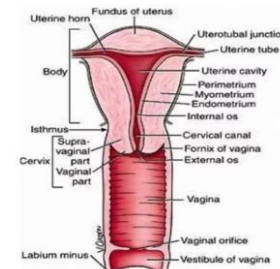
Small, soft, sensitive to touch, always behind the labia majora.

Vagina

Narrow, tight, walls in close apposition, pinkish, sensitive.

Hymen

Intact hymen and posterior commissure.



The Hymen: Structure and Variants

The hymen is a thin membrane that partially closes the vaginal orifice. It has no specific physiological function and few nerve endings.

1

Annular Hymen

Central opening; may be elastic, allowing intercourse without rupture (medico-legal (medico-legal consideration)).

2

Semilunar Hymen

The commonest type; has an anteriorly placed orifice and usually ruptures on both sides.

3

Fimbriate/Dentate Hymen

بجیریا

Serrated edges that may simulate rupture or tears (medico-legal).

4

لث

Cribriform Hymen

Several small openings, giving it a sieve-like appearance.

5

Septate Hymen

A longitudinal or transverse septum divides the opening into two partitions.

6

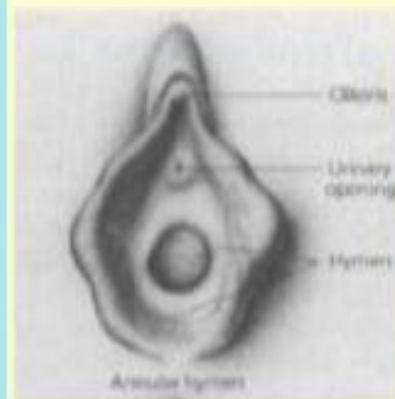
Imperforate Hymen

Completely closes the vaginal orifice, requiring surgical intervention for menstrual fluid menstrual fluid passage (medico-legal).

Crescentic



Annular



Cribriform



Fimbriate Hymen



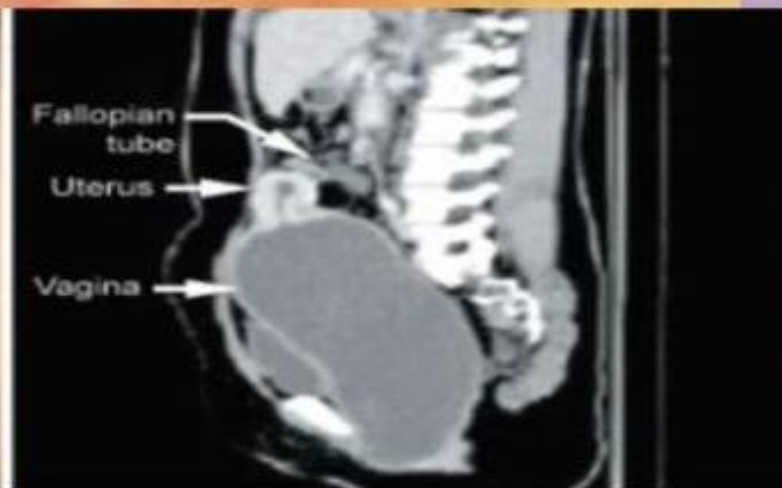
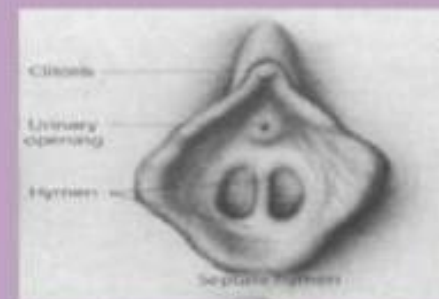
Dentate





Imperforated

Septate



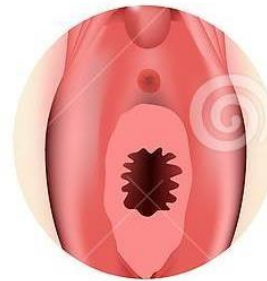
Types of Hymen



Imperforate



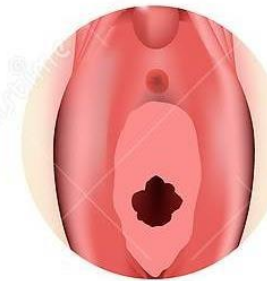
Annular



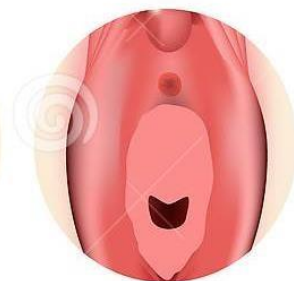
Denticular



Cribriform



Dentate



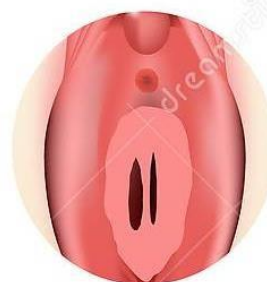
Crescentic



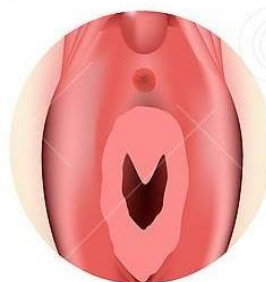
Labial



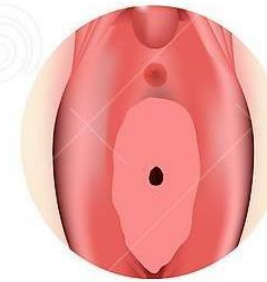
Fimbriated



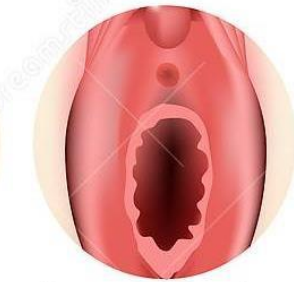
Septate



Lunar



Microperforate



Parous Introitus



Torn vs. Fimbriate Hymen

Distinguishing between a true rupture and a naturally serrated hymen is crucial in medico-legal contexts.

Torn Hymen (Ruptured)

- Asymmetrical indentation.
- Serration reaches the vaginal wall.
- Opaque scar tissue visible upon healing.

Dentate/Fimbriate Hymen

- Bilateral symmetrical indentation.
- Serration never reaches the vaginal wall.
- No scar or fibrosis present.

Evidence of Hymenal Rupture

Recent Rupture Signs

- Tearing, bleeding, redness, edema, and tenderness.
- Single intercourse may cause only one or two ruptures.
- Injuries disappear within days or weeks of assault.

Old Rupture Signs

- No tenderness, redness, or bleeding.
- Tears show scar tissue on trans-illumination.
- Lacerations do not reunite and remain apparent (confirmatory (confirmatory evidence of penetration)).

Recent Tears	Old Tears
Painful, swollen edges.	Painless edges.
Hyperemic - bleed on touch. touch.	Do not bleed on touch.
May not reach the vaginal wall.	Reach the vaginal wall.
Translucent.	Opaque.

Note: The hymen atrophies and may vanish entirely after repeated intercourse and childbirth.

Hymen Rupture: Causes

Contrary to popular belief, the state of the hymen is not a reliable indicator of virginity. The hymen can break, tear, or stretch due to various common activities and medical procedures.



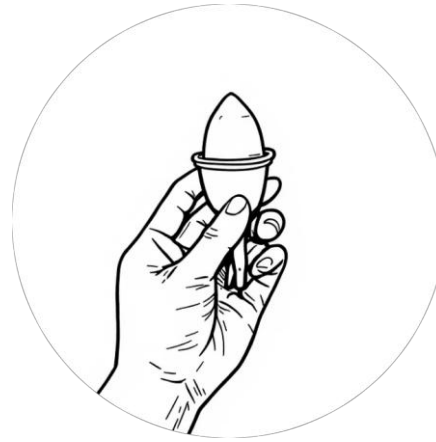
Physical Exertion

Activities like horseback riding, gymnastics, cycling, or other strenuous physical exertion can cause stretching or tearing.



Medical Examinations

Invasive procedures such as pelvic examinations can inadvertently affect the integrity of the hymen.



Menstrual Products

The use of tampons or menstrual cups can stretch or tear the hymen over time.



Masturbation

Self-exploration or masturbation can also be a cause of hymenal changes.

The state of the hymen is **not a reliable indicator of virginity**.

Medicolegal Aspects of Virginity and the Hymen

The examination of the hymen is relevant in several legal contexts, particularly concerning allegations of impotence, non-virginity, or sexual assault (rape).

Virginity Examinations

Alleged Impotence

Wife is examined for evidence of virginity (intact hymen) to address claims of the husband's inability to consummate the marriage.

Alleged Non-Virginity

Wife is examined for a ruptured hymen to confirm or deny claims regarding her sexual history.

Alleged Rape

The victim is examined for evidence of a recently ruptured hymen as part of the forensic investigation.

Hymenal Variations



Imperforate Hymen

May simulate pregnancy when menstrual blood accumulates due to blockage.



Annular Hymen

Fleshy and dilatable; may not bleed during first intercourse, leading to suspicion of non-virginity.



Dentate and Fimbriate

These natural variations can visually simulate a torn hymen, requiring careful medical distinction.

Forensic Medical Examination in Sexual Assault Cases

A guide to the critical steps and considerations for medical professionals conducting examinations in cases of sexual assault, focusing on both the accused and the victim.



Examination of the Accused: Protocol

1. Obtain Written Consent

Consent is mandatory in most countries. **Written, witnessed** consent is required for examination, examination, specimen collection, information release, and photography. photography.

2. Examine Clothing & Undergarments

Look for semen, bloodstains and tears. tears. Undergarments must be preserved for the Forensic Science Laboratory.

3. Conduct General Examination

Check for general injuries, especially especially scratches on the face, neck, neck, and chest from the victim's fingernails. Note any bite marks for for comparison with the victim's teeth. teeth.



A female chaperone should always be present during the examination of the accused.



Post-Examination Opinion on the Accused

خاطر؟

Capability to Perform Intercourse

The doctor must give an opinion on whether the person can perform sexual intercourse, which depends on the erection of the penis.

Evidence of Recent Sexual Activity ؟

An opinion on recent sexual intercourse can be given if any stain, injury, or redness is observed on the penis or scrotum.

Medical Examination of the Victim: **Priorities**

The doctor should start the examination **as soon as possible**. Immediate care for life-threatening conditions (e.g., substance overdose, head injury, serious wounds) must take precedence over forensic concerns.

Key Information for Forensic Report

- Was the woman a virgin?
- Has sexual intercourse occurred (recent or distant)? ✱ ✱
- Are there general injuries suggesting a struggle or restraint? متادوم
- Are genital injuries present? Are they consistent with consenting or forcible sexual intercourse?





Victim Examination: Consent and History

1. Informed Consent

Consent must be **informed** and **witnessed** by a third party who should be present during the examination. For victims under 18, consent is taken from parents.

* 3. Medical and Sexual History

Record the events and allegations in the victim's own words. Evaluate the patient's mental condition, noting signs of anxiety, shock, intoxication, excitement, agitation, tears, cooperation or aggression.

2. Full Record Keeping

Document the date, time, place, victim details, and names of all present.

Physical Examination: External Findings

A complete general medical examination must be conducted to document injuries and pre-existing conditions.

1

Signs of General Violence

Look for signs of struggle and resistance, including torn or soiled clothes (examine for stains), disarranged hair, and skin abrasions/bruises.

2

Common Injury Sites

- Mouth (to prevent shouting)
- Wrist, arms, shoulders (to prevent resistance)
- Legs and inner thighs (to force them apart)
- Back and buttocks (if held down on a rough surface)

3

Bite Marks

May be found on the neck, shoulders, breasts, and buttocks. Bites can be superficial or deep lacerations (common at the nipples).



Specific External Examinations

Mouth and Lips

- Rough kissing causes bruises on the lips.
- Lips may be forced onto teeth, causing abrasions or lacerations on the buccal surface.

☐ Swabs must be taken from the mouth before substantial manipulation to seek evidence of seminal fluid from oral penetration.

Eyes

Pupils and reflex activity indicate intoxication or concussion following a blow or a blow or blunt force impact to the head.

Note : General injuries may be absent in young girls because they may be terrified or having no idea about what's happening. However, general injuries are often marked in married women who offer greater resistance.

Visual Evidence: Bite Marks

Bite marks are critical forensic evidence, often indicating a struggle or targeted violence.



These images illustrate various forms of bite marks found on victims, highlighting the need for careful documentation and comparison.



Extreme Violence and Homicide Patterns

Sadistic Injuries

Sadistic cutting or stabbing may be inflicted on sexually significant areas, especially the breasts, buttocks, perineum, perineum, and lower abdomen.

Ritualistic Acts

Decapitation is sometimes performed, and ritual acts may involve placing objects in definite sites near the body.

Rape-Homicide Causes of Death

The cause of death is usually strangulation, stabbing, or blunt force injuries. Rape victims are rarely shot.

Example: A 39-year-old victim was stabbed and beaten, with nipples cut off and "skinned" in the pubic and perineal region.

Forensic Examination of Sexual Offenses

Identifying signs of local violence is crucial in forensic investigations of sexual offenses. Examination focuses on specific areas for trauma and for trauma and evidence.

Breasts & Neck

Look for bites on the breasts, neck, or neck, or shoulders.

Ano-Genital Area

Inspect for redness, abrasions, bruises, bruises, lacerations, or anal dilatations. dilatations.

Hymen Examination

Detailed inspection for tears; colposcopy provides 5x-30x magnification to detect minor trauma.



Note: Genital injuries may be minimal or absent in married women. In dead bodies, caution is needed when interpreting anal interpreting anal dilatation, as it can be a normal post-mortem change.

Genital Injury Interpretation

Genital injuries are typically marked in adult virgins due to hymen rupture. However, rupture. However, they may be minimal in young children due to disproportion, disproportion, making penetration difficult.

If penetration occurred by force, the vaginal walls will show bruising and lacerations, often with perineal tears that can extend to the anus, leading to severe bleeding.

The presence of a torn hymen in virgins is a key indicator of penetration.



Figure 18.4 Lacerations of the anus. The deceased was beaten and stabbed. A toilet bowl brush was rammed up the rectum and the body set on fire.

Deaths Associated with Sexual Sexual Offenses

Sexual offenses can be associated with death, often due to fatal injuries inflicted during the assault, such as strangulation or severe head trauma. The forensic investigation must carefully link the sexual offense evidence with the with the cause of death.



FIGURE 18.5 Fresh bleeding and mucosal abrasion on the lower wall of the vagina in a sexual assault associated with fatal head injuries in an old lady.



FIGURE 18.7 External genitalia of a live 8-year-old girl, a victim of repeated sexual abuse by an adult living in the neighbourhood. The lack of intact hymen, reddened and larger than normal orifice of the vagina as well as thickened skin and ulcers perianally (not shown) are in keeping with abuse.



FIGURE 18.8 Extensive bleeding from inner lacerations of the vaginal walls in a fatal rape. Blood is pooling in the posterior part of the vaginal canal. A full autopsy dissection is required, keeping the perineum en bloc with the genital tract to display any injuries and to exclude natural disease as a contribution to the bleeding.





Evidence Collection from the Victim

A comprehensive set of samples must be collected from the victim to identify the assailant and link the offense to the crime scene.



Clothes & Undergarments

Examine for biological stains (semen, blood, saliva) and foreign materials (hair, fibers, debris). Must be dried and placed in paper bags.



Hair Samples

Collect scalp hair for comparison. Sample matted pubic hair by cutting, and collect any foreign hairs mixed in the victim's pubic hair.

Biological Samples and Trace Evidence

Teeth Marks & Fingernails

Photograph teeth marks. Collect skin skin tags or blood under the victim's victim's fingernails if the assailant was was scratched.



Saliva & Semen

Saliva swabs from bite sites for DNA. Semen swabs (vaginal, anal, anal, fabrics) for spermatozoa and and DNA. Semen is the best evidence, but may be absent with with condom use or after vasectomy (chemical tests remain remain positive).



Blood & Urine

Venous blood for grouping, DNA, alcohol/drug estimation, pregnancy, pregnancy, and venereal diseases. Urine for alcohol/drug detection. Vaginal swab for microbiological culture.

Forensic Tests for Semen Detection

The detection of semen relies on multiple methods, ranging from visual inspection to advanced immunological techniques.

1 Naked-Eye & Lens Recognition

A screening method to identify suspicious stains on clothing, clothing, skin, and pubic hair.

2 Ultraviolet Light Examination

Causes seminal stains to fluoresce bluish-silver, but is not definitive evidence due to false positives from other fluids.

3 Enzyme Reactions

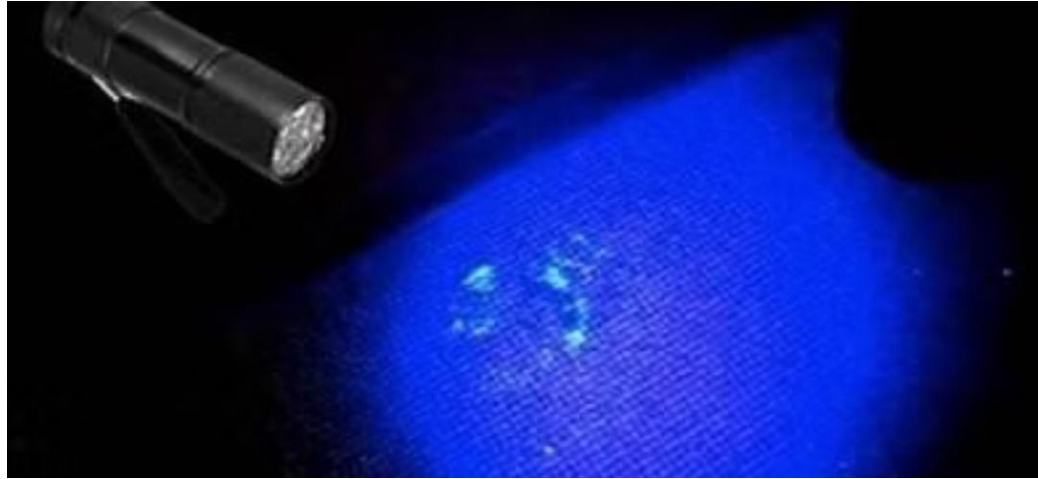
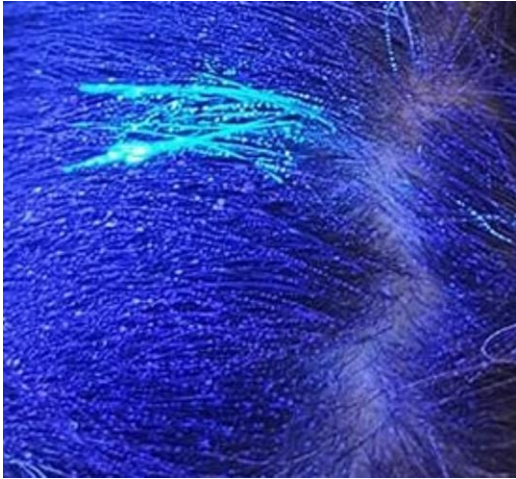
Strong presumptive evidence based on detecting high concentrations of acid phosphatase (500-1000 times greater in greater in semen than other body fluids).

4 Immunological Methods & PSA

Trained staff use animal anti-human semen sera. A positive PSA positive PSA (Prostate-specific antigen) finding is a reliable reliable indicator of semen, regardless of sperm presence. presence.

Recent developments, such as DNA techniques (PCR, Y-chromosome STR), help solve the problem of semen admixture with the victim's biological victim's biological fluids.

Ultraviolet Examination



cannot be used as definitive evidence of the presence of semen

Forensic Laboratory Analysis & Suspect Examination

Laboratory Analysis

- Microscopic examination for sperms, sperms, hairs, and fibers.
- Serological analysis: ABO blood grouping and DNA typing.
- Venereal disease detection.

All carefully collected and labeled samples must be transmitted to the lab. Analysis confirms intercourse, identifies the assailant, or links offenses.

Suspected Person Examination

- Local examination of genitals for bruises of the glans and damage to the penis frenum, or non-specific tenderness/reddening.
- Trace evidence: Comb pubic hair for foreign hairs; take head, moustache, or beard samples.
- Blood samples for grouping, DNA, DNA, alcohol, and venereal infection.



Internal Examination (Autopsy)

The order of the autopsy is determined by the nature of death, prioritizing fatal injuries (e.g., strangulation) or the pelvic region.

Pelvic Organ Extraction

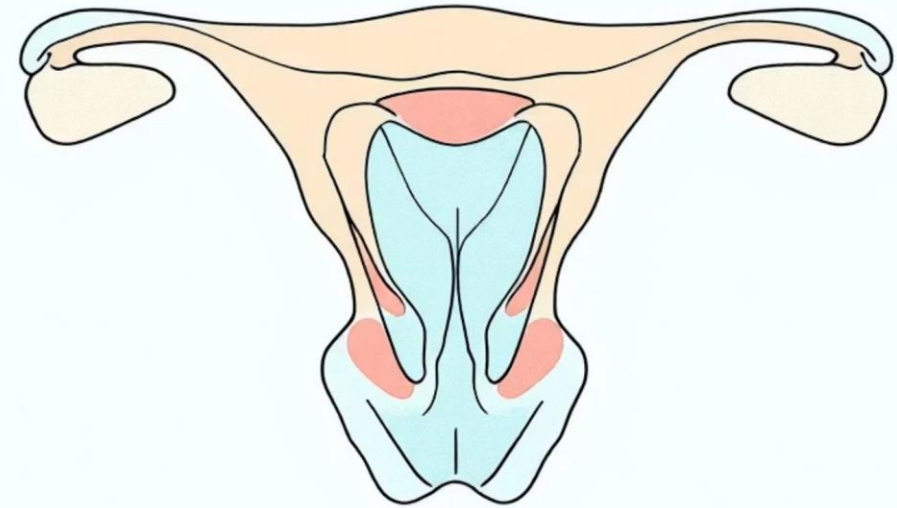
An incision circumscribes the perineum, removing the anterior part of the pelvic bones and extracting all pelvic organs (ovaries to vulva and anus) in continuity for separate dissection.

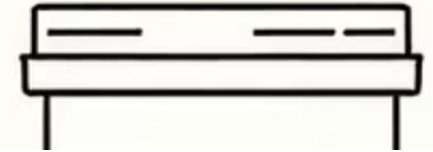
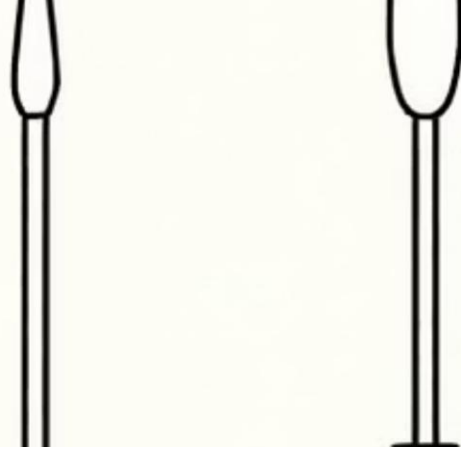
Bladder Emptying

The bladder must be emptied of urine (by catheter or incision) and the fluid retained for toxicological analysis, especially for alcohol.

Incision Orientation

If vulva or vaginal tears/bruises exist, the cut should be oriented to avoid them whenever possible to preserve evidence.





Forensic Examination of Homosexual Offenses

Attention is primarily directed to the anal region of the passive participant, following a similar protocol to female rape examinations.

1 General Injuries

Seek general injuries, including the cause of death, and sexually orientated marks like scratches.

2 Anal Region Inspection

Significant bruising around the anus and in the cleft of the buttocks. Inspect the anus for reddened, abraded, or torn margins, especially in a child. Note the warning about post-mortem dilatation in corpses.

3 Swab Collection

At autopsy, swabs must be taken from the anal margin, deeper in the anus and rectum, and always from the mouth. Check for the presence of blood or lubricant.

The background of the image is a light gray floral pattern on a white background. The pattern consists of various stylized botanical elements, including small sprigs with round buds, elongated leaves, and larger, more complex flower-like shapes with many thin, radiating lines. These elements are scattered across the entire frame.

Thank You