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The Corroboration Conundrum: A Review of the Impact of Forensic and Medical Evidence in Rape Trials in India

Arjita Mukherjee

Ph.D. Research Scholar and Assistant Professor (Criminal Law) at The West Bengal National University of Juridical Sciences, Salt Lake City, Kolkata – 700106, West Bengal, India; arjitamukherjee@nujs.edu

Abstract

This paper is an extensive literature review on the impact of forensic and medical evidence on rape trials in India. The major argument is that systemic failures in evidence collection, preservation, and presentation create a 'corroboration conundrum' that undermines justice for victims. Despite precedents permitting conviction based on the sole testimony of a victim if trustworthy and unblemished, Indian courts often fail to rely on such victim testimony. Rather, the courts often rely on delayed or compromised medico-legal evidence. Critical issues, such as the '24-hour rule' for medical examination calculated from reporting, not the incident, often render such evidence inconclusive. The literature review synthesises existing scholarship to demonstrate how this evidentiary vacuum is routinely exploited to discredit victims, leading to high acquittal rates and extreme secondary victimisation. The paper concludes that such evidentiary reliance often transfers the burden of proof onto the victim's body, which necessitates an urgent paradigm shift towards a victim-centric and victim testimony-focused jurisprudence.

Keywords: *Corroboration, Criminal Justice, Forensic and Medical Evidence, Rape Trials, Secondary Victimisation*

1.0 Introduction

In the aftermath of any incident of sexual assault or rape, a survivor goes through a harrowing journey where her body is transformed into the primary site of evidence collection (Baxi, 2014). This process begins from the moment the victim reports the offence to the police, following which the Investigating Officer (IO) prepares a requisition slip and sends the victim to the hospital for medical examination. If required, more than one medical examination is done, which causes secondary victimisation by making the victim relive the trauma time and again (Human Rights Watch, 2020). The Indian judiciary has time and again reiterated its pro-victim position in rape cases. Landmark judgments of the Supreme Court have allowed the testimony of a rape victim to be the sole basis for conviction without requiring further corroboration if found 'credible', 'unblemished', and 'trustworthy' (State of Punjab v. Gurmit Singh, 1996). Such a positive step by the Supreme Court of India is supposed to be a powerful shield for the victims. However, it remains on paper only. Such a mismatch reveals the stark realities of the courtroom, giving way to what this paper identifies as the 'corroboration conundrum'. This conundrum represents a fundamental difference between principles on paper and the practical situation.

The adjudication of rape cases reveals a deep-rooted, often unstated, reliance on medical and forensic evidence (Satish, 2017). This requirement for medical and forensic evidence is tragically undermined by the very system designed to procure it. The '24-hour rule' for medical examination, calculated from the moment

of reporting to police, not the commission of the offence, illustrates this systemic failure. The act of reporting is itself a traumatic ordeal for many survivors, hindered by fear, institutional distrust, and social stigma, leading to delays that can extend to days, months, or even years (Dutta & Sircar, 2022). These procedural delays are not merely administrative lapses but have severe evidentiary consequences as relevant biological evidence degrades and physical injuries heal with time (Kumari, 2020). Therefore, the corroborative evidence intended to support the victim's testimony is often rendered inconclusive and is routinely weaponised to suggest that her narrative is unreliable (Bharadwaj, 2023). India's persistently low conviction rates for rape, often hovering around 25-30% are a direct consequence of this evidentiary crisis (NCRB, 2022; Satish, 2021).

When a credible testimony of a victim is dismissed for the lack of a definitive sample match or a 'fresh' injury, the message from the state is unequivocal: her word is not enough. This constitutes a profound form of secondary victimisation, where the very institutions tasked with delivering justice become perpetrators of further trauma (Menon, 2023). The problem extends beyond mere procedure as it is deeply ideologically rooted in a patriarchal cynicism towards women's accounts of sexual violation. As feminist scholar Catharine MacKinnon argues, the legal system often 're-enacts the abuse of power it purports to redress', a dynamic blatantly visible in the Indian context (MacKinnon, 2016).

This paper employs a doctrinal and analytical methodology to examine the critical difference between legal principle and judicial practice in Indian rape trials. It questions how systemic failures in forensic and medical evidence collection create a 'corroboration conundrum' that negatively impacts trial outcomes and facilitates secondary victimisation. The analysis proceeds through a systematic review of legal precedents, scholarly literature, and empirical studies, structured to first expose the judiciary's over-reliance on medical and forensic evidence despite jurisprudential assertions of sole testimony validity. It then identifies procedural deficiencies in evidence collection and preservation, culminating in an analysis of how these deficiencies are leveraged in courtrooms to undermine victim credibility. The paper concludes by advocating for a paradigm shift toward testimony-centric jurisprudence through a feminist legal critique.

2.0 The Legal Contradiction: Principle Versus Praxis

The Indian legal framework governing rape trials presents a stark paradox. On one hand, a progressive jurisprudence has evolved to protect victims and facilitate convictions. On the other hand, the courtroom practice reveals a deep-seated institutional skepticism that undermines these very protections. This schism between the 'law in the precedents' and the 'law in action' forms the bedrock of the corroboration conundrum.

The cornerstone of the progressive doctrine is the principle that a rape victim's testimony does not require corroboration to secure a conviction. The Supreme Court, in the landmark case of State of Punjab v. Gurmit Singh (1996), powerfully asserted this stance, stating that to insist on corroboration except in the rarest of rare cases is 'to equate a rape victim with an accomplice to a crime' (p. 1397). The Court reasoned that rape is a crime typically committed in seclusion, leaving the victim as the sole direct witness. This principle has been reaffirmed repeatedly, casting the victim as a 'sterling witness' whose testimony, if found credible, trustworthy, and unblemished, can be sufficient for a conviction (Baxi, 2014).

However, this empowering principle collides with a contrary legal tradition rooted in colonial-era skepticism. The Indian Evidence Act, 1872, while not mandating corroboration for rape, was interpreted for decades through a lens of deep suspicion towards women's testimony in sexual offence cases (Noor, 2021). This historical bias has proven remarkably resilient. The Bharatiya Sakshya Adhiniyam, 2023, has brought about minor changes regarding the medical and forensic evidence, with no major systemic modification. As noted by legal scholar Mrinal Satish (2017), while appellate courts frequently pay lip service to the Gurmit Singh principle, trial courts, which are the primary sites of evidence appreciation, often operate under an unstated but powerful 'judicial common sense' that demands tangible, physical proof. The victim's testimony is treated as a version to be verified, rather than as foundational evidence to be believed.

This praxis manifests in what can be termed a 'hierarchy of evidence'. At the peak sits what judges perceive as 'hard', 'scientific' evidence, that is, the medico-legal report, the DNA analysis, the Forensic Science Laboratory (FSL) report (Gill, 2023). The sole testimony

of the victim, no matter how credible, is often relegated to a lower, suspect-tier evidence, requiring elevation by scientific corroboration. When such evidence is absent, inconclusive, or appears inconsistent with the victim's account, it creates what courts often label a 'fatal doubt' leading to acquittal (Vishwanathan, 2019). The legal paradox, therefore, creates a double bind: the law says her word is enough, but the system functions as if it is not, placing the entire burden of proof on forensic and medical evidence that is notoriously fragile and vulnerable to systemic failures.

3.0 Systemic Failures in Evidence Collection and Preservation: Medical and Forensic Flaws

The journey of a rape survivor through the evidentiary process often constitutes their first and most intimate encounter with institutional betrayal, where procedures seemingly designed to aid justice for victims frequently prove to be against victims and profoundly dehumanising. Forensic and medical evidence is often used to prove the victim's testimony to be false. This systemic failure manifests across both medical examinations and forensic evidence collection, creating a chain of flaws that fundamentally compromises cases. A critical failure lies in the application of the '24-hour rule' for medical examinations, a misinterpretation that does not render a delayed examination to be inconclusive, as it can be done 'as early as possible' (Kumari, 2020). Calculated from the time of police reporting and not the incident, this rule ignores the traumatic delays survivors face, often spanning days due to stigma, fear, and institutional distrust (Dutta & Sircar, 2022). By the time of examination, crucial biological evidence like spermatozoa may have degraded, and injuries may have healed, rendering medical reports inconclusive (Goswami, 2021). These reports, stating 'no fresh injuries' or 'no spermatozoa detected', are then weaponised in Court to imply the victim is lying, rather than being understood as a natural consequence of delay (Bedi, 2022). Compounding this is the persistent, though illegal, use of the unscientific 'Two-Finger Test', which the Supreme Court condemned in Lillu @ Rajesh & Anr. v. State of Haryana (2013) as a violation of privacy and integrity. Despite this, its continued practice, particularly in rural areas, shifts judicial focus onto the victim's sexual history rather than the accused's actions, contravening the Indian Evidence Act (now the Bharatiya Sakshya Ahiniyam) (Menon & Singh, 2023; Chakrabarti, 2021). The entire examination process is often conducted in insensitive, ill-equipped environments by under-trained personnel, exacerbating trauma and undermining both the survivor's well-being and the quality of evidence collected (Patel, 2020; Kumar & Desai, 2022).

Simultaneously, the forensic evidence chain is broken from its inception. The crucial first hours after a report are often mismanaged due to a lack of trained police and forensic first responders, leading to contaminated, mishandled, or lost vital evidence from crime scenes (Reddy & Sinha, 2021; Fernandes, 2022). The absence of nationwide standardised protocols results in improper evidence handling, such as storing biological samples in plastic instead of breathable paper bags, accelerating degradation (Joshi, 2023). The potential of DNA evidence is thus severely undermined by a crippling infrastructure: critical shortages of testing facilities create multi-year backlogs that delay justice (Sharma, 2024; Varghese, 2022), while poorly maintained chains of custody and inadequate storage create avenues for the defence to allege tampering (Choudhary, 2023). Even when analyses are completed, overburdened and under-resourced State Forensic Science Laboratories (FSLs) produce reports that can be vague or ambiguous, easily exploited to create reasonable doubt instead of providing clarity (Khan, 2023; Nair, 2022). The promise of scientific objectivity is thus broken by a reality of systemic neglect, leaving the survivor's testimony vulnerable to being invalidated by the very evidence system that failed to support it.

4.0 The Courtroom Impact: How Flawed Evidence Subverts Justice

The cumulative effect of systemic failures in evidence collection culminates in the courtroom, where the 'corroboration conundrum' reaches its logical and tragic conclusion. Legal procedures designed to uncover the truth are instead manipulated to subvert it. The most common tactic is the weaponisation of absence, where inconclusive medical reports stating 'no spermatozoa detected' or 'no fresh injuries' are presented not as a consequence of delay or the nature of the assault, but as definitive proof that no rape occurred (Bharadwaj, 2023). Judges steeped in a culture that privileges physical evidence often accept this

logic, weighing the survivor's vivid testimony against this 'scientific' absence and finding it wanting (Gupta, 2022, p. 112), despite medical consensus that most sexual assaults leave no visible injuries (D'Souza, 2024).

Furthermore, the defence strategically exploits procedural lapses inherent in the system. Minor deviations such as a missing signature, a gap in the chain of custody, or a minor inconsistency in statements are magnified into 'fatal loopholes' to impugn the entire prosecution case (Malhotra, 2023). This shifts the focus from the accused's actions to the state's incompetence, making the victim's quest for justice collateral damage in a battle over technicalities (Yadav, 2024). This dynamic is quantifiable. Studies of trial court judgments reveal that over 60% of acquittals are primarily based on the lack of corroborative medical or forensic evidence for the victim's testimony (Centre for Law and Policy Research, 2023), with one analysis showing that delays in medical examination beyond 24 hours increase the probability of acquittal by over 40% (Singh & Associates, 2024). The system is thus structured to use the failure of its own mechanisms as the primary grounds for denying justice.

5.0 Discussion

The systematic failures documented in this review, from the flawed '24-hour rule' to the broken chain of forensic custody, are not merely procedural inefficiencies. They are symptomatic of deeper, more entrenched problems in the Indian legal system. The 'corroboration conundrum' represents a fundamental crisis where the justice system's mechanisms for seeking truth actively subvert it. This discussion interprets this conundrum as a manifestation of three interconnected phenomena: A patriarchal bias embedded in evidentiary standards, the problematic medicalisation of rape, and the state's role in perpetuating institutional betrayal and secondary victimisation.

5.1 A Patriarchal Bias in Evidentiary Standards

At its core, the judiciary's de facto demand for corroboration, despite jurisprudential affirmations to the contrary, is not a legally neutral position. It is an expression of a deep-seated patriarchal norm that has long governed the adjudication of rape. Feminist legal scholars have powerfully argued that the law often views women's speech, particularly their accounts of sexual violation, with inherent suspicion (MacKinnon, 2016). This skepticism becomes institutionalised in the Indian courtroom through an implicit hierarchy of evidence. The victim's testimony, no matter how credible, is consistently relegated to a lower tier of reliability, requiring elevation by what is perceived as objective scientific proof. As Pratiksha Baxi (2014) elucidates, the survivor's body is thus transformed into a text that is expected to provide legible, scientific confirmation of her narrative. When this body "fails" to yield conclusive evidence, whether due to delays in reporting, the natural healing of injuries, or the simple fact that many assaults do not leave permanent physical marks, her testimony is legally discredited. This judicial process effectively codifies and enforces the very same social prejudices that doubt survivors, transforming a private ordeal of disbelief into a public, state-sanctioned one.

5.2 The Medicalisation of Rape and the Erasure of Consent

A perverse consequence of this over-reliance on forensic evidence is the medicalisation of rape. This process reductively frames a complex crime of power, violence, and autonomy as a medical event to be verified through physical signs. The central legal question of 'was there consent?' is systematically displaced by the medical question of 'was there force?' (Kumari, 2020). This substitution creates a fundamental mismatch between the legal definition of the crime and the evidence used to prove it. The medical examination, designed to document physical trauma, is inherently ill-equipped to assess psychological coercion, threats, or the freeze response that is common during sexual assault. A medical report concluding 'no signs of struggle' is frequently misinterpreted in courtrooms as evidence of consent, despite medical and psychological consensus to the contrary. This erasure of consent from the evidentiary calculus represents a critical failure of the justice system (Satish, 2021). It privileges a narrow, physically violent archetype of rape, thereby excluding and invalidating a vast spectrum of non-consensual sexual experiences that do not conform to this brutal stereotype.

5.3 Secondary Victimisation: The State as a Perpetrator of Harm

The cumulative impact of these failures transforms the journey for justice into a systematic process of

secondary victimisation. The survivor, initially violated by the perpetrator, is subsequently re-violated by the very institutions tasked with providing redress. This harm is inflicted at every stage: by the police officer who subjects her to intrusive questioning about her character, by the doctor who may perform an unscientific and degrading examination like the two-finger test, and by the defence lawyer who strategically exploits procedural lapses to attack her credibility (Menon, 2023). The ultimate act of institutional betrayal occurs when the judge, relying on the flawed and often inconclusive evidence generated by this very system, renders an acquittal. This constitutes what scholars term "institutional betrayal," a profound harm that occurs when trusted institutions fail to protect individuals dependent upon them and instead exacerbate their trauma (Patel, 2020). The message conveyed to survivors is unequivocal: the system is not designed for you. This betrayal not only inflicts severe individual psychological damage but also serves a broader social function, reinforcing a culture of silence and impunity by deterring other survivors from entering a system they perceive as hostile and unjust.

6.0 Conclusion and Recommendations

This review has delineated some major problems in our evidentiary standards. The 'corroboration conundrum' in rape trials in India constitutes a self-perpetuating cycle where the requirement for medico-legal evidence is met with systemically compromised evidence, leading to acquittals that reinforce institutional cynicism. The progressive doctrine of sole testimony is thus rendered hollow by a praxis that places the burden of proof on the survivor's body, a body expected to meet an impossible standard of physical legibility, resulting in an appalling failure of justice that protects perpetrators and re-traumatises victims. The analysis confirms a fundamental disconnect between appellate jurisprudence and trial court culture, where medical examinations remain undermined by delays and unscientific practices like the Two-Finger Test (Kumari, 2020), while forensic evidence remains vulnerable to chain-of-custody failures and infrastructural collapse (Gill, 2023). These evidentiary flaws become strategic tools for securing acquittals, reflecting what MacKinnon (2016) identifies as the legal system's re-enactment of patriarchal power.

A paradigm shift is therefore imperative from a medico-legal model to a testimony-centric one. This requires the Supreme Court to issue binding guidelines preventing acquittals based solely on the absence of corroboration and mandating judicial training on rape myths. The '24-hour rule' must be reframed as 'as soon as possible' with strict monitoring of the Two-Finger Test ban and nationwide implementation of compassionate examination protocols. A massive investment in forensic infrastructure and specialised police training is crucial, especially when the new criminal laws have come into existence. Ultimately, the system must humanise the survivor by focusing on her testimony as the most important evidence, moving beyond a paradigm that demands the body to provide proof in a system designed to destroy it.

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