

A Lawyer's Guide to Rape Cases

James Dennis C Gumpal, MD, JD



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Title slide : Sebastiano Ricci, The Rape of the Sabine Women

Legal Framework

- **RA 8353** – Anti-Rape Law of 1997
- **RA 9262** – Violence Against Women and Their Children Act
- Rules on Evidence (Rule 130, 132)
- Rule on Examination of a Child Witness (A.M. No. 004-07-SC)

Common Terms in Medico-Legal Certificates and Drawings

- **External Injuries & Soft Tissue Trauma**
- **Genital and Sexual-Assault Findings**
- **Gunshot, Strangulation, and Special Forms of Violence**
 - **Medico-Legal Documentation and Examination Procedures**
 - **Forensic Pathology and Postmortem Terms**
 - **Psychological and Behavioral Indicators**
 - **Injury Timing and Healing Indicators**
 - **Miscellaneous Legal-Medical Terms**

External Injuries & Soft Tissue Trauma

Term	Definition
Abrasion	Superficial injury or scrape caused by friction against a rough surface, removing the epidermis.
Contusion (Bruise)	Discoloration from bleeding beneath the skin due to blunt trauma. Indicates the use or degree of force.
Laceration	Tear in skin or mucosa produced by blunt force. Has irregular edges and tissue bridging.
Hematoma	Localized collection of clotted blood in tissue or cavity; may signify severe blunt trauma.
Ecchymosis	Diffuse skin discoloration due to subcutaneous blood seepage. Color stages assist in aging the injury.
Incised Wound	Clean-edged wound caused by a sharp instrument such as a knife or glass.
Stab Wound	Penetrating wound deeper than it is wide, made by a pointed or bladed object.
Puncture Wound	Small, deep wound from a pointed object (nail, ice pick).
Fracture	Break in bone continuity, classified as simple, compound, comminuted, or depressed.
Defensive Wounds	Injuries sustained while warding off an attack, typically on forearms or hands.
Burn (Thermal)	Tissue injury from heat or chemicals, described by degree and body-surface area.
Erythema	Redness of skin from irritation or inflammation.
Edema	Tissue swelling due to fluid accumulation, often accompanying trauma.
Scab Formation	Dried crust over an abrasion or wound, indicating healing (2–5 days post-injury).
Old Scar	Fibrotic healed tissue from prior trauma; relevant in documenting repeated abuse.
Approximate Age of Injury	Estimation of when trauma occurred, based on color changes and scab formation.
Healing Stage	Categorized as fresh (0–3 days), healing (4–7 days), or healed (>7 days).

Genital and Sexual-Assault Findings

Term	Definition
Hymen	Thin membrane partially closing the vaginal opening. Described as intact, torn, or healed; tears located by clock position.
Hymenal Laceration	Tear in the hymen; may be fresh (bleeding) or healed (fibrotic).
Introitus	Vaginal opening; its width and elasticity are described in assault exams.
Labia Majora / Minora	Outer and inner vulvar folds; inspected for erythema, swelling, or abrasions.
Perineal Tear	Injury between the vaginal opening and anus; may result from forced penetration.
Speculum Examination	Procedure using a vaginal speculum to visualize internal genitalia for trauma.
Erythema (Genital)	Redness or irritation of vulva or vaginal mucosa indicating recent contact.
Semen Detection	Laboratory testing for seminal components (acid phosphatase, PSA, spermatozoa).
Spermatozoa	Male reproductive cells; presence indicates ejaculation but absence does not exclude intercourse.
DNA Profiling	Comparison of genetic markers (STR loci) from biological samples for identity confirmation or paternity.

Gunshot, Strangulation, and Special Forms of Violence

Term	Definition
Abrasion Collar	Ring of abraded skin surrounding a gunshot entry wound caused by bullet friction.
Ligature Mark	Pressure mark encircling the neck from a rope or cord; characteristic of hanging or strangulation.
Vital Reaction	Evidence that injury occurred during life (bleeding, inflammation).
Postmortem Wound	Injury inflicted after death; lacks vital reaction.
Traumatic Injury	Bodily harm due to mechanical, chemical, or thermal force; basis of assault classification.

Medico-Legal Documentation and Examination Procedures

Term	Definition
Impression Diagnosis	Preliminary opinion by the examining physician pending test results.
Final Diagnosis	Conclusive medical opinion after full evaluation and laboratory confirmation.
Chain of Custody	Step-by-step documentation of evidence handling to ensure integrity from collection to court presentation.
Medico-Legal Necropsy (Autopsy)	Postmortem examination conducted under legal authority to determine cause and manner of death.
Confidentiality Clause	Section ensuring non-disclosure of victim identity except for authorized legal processes.
Competency to Testify	Assessment of a victim or witness's ability to understand and respond during testimony.
Mental Status Examination (MSE)	Evaluation of cognition, mood, and behavior during psychological or psychiatric assessment.

Forensic Pathology and Postmortem Terms

Term	Definition
Postmortem Interval (PMI)	Estimated time between death and examination, based on body changes.
Rigor Mortis	Postmortem muscle stiffening, appearing 2–4 hours after death, lasting 24–36 hours.
Livor Mortis (Lividity)	Postmortem blood pooling causing purplish discoloration on dependent body areas.
Cadaveric Spasm	Instantaneous muscle stiffening at the moment of death, seen in violent deaths.
Cause of Death	Medical explanation for physiological mechanism leading to death (e.g., hemorrhagic shock).
Immediate Cause of Death	Final event directly producing death (e.g., cardiac arrest).
Underlying Cause of Death	Root event initiating the chain leading to death.
Contributory Cause	Secondary factor aggravating the primary cause of death.
Manner of Death	Classification as natural, accidental, suicidal, or homicidal.

Psychological and Behavioral Indicators

Term	Definition
Psychological Trauma	Emotional distress resulting from violence or sexual assault; may manifest as fear, withdrawal, or depression.
Rape Trauma Syndrome (RTS)	Recognized pattern of emotional and behavioral response following sexual assault; includes acute disorganization and long-term reorganization phases.
Post-Traumatic Stress Disorder (PTSD)	Psychiatric disorder resulting from exposure to extreme stress, including recurrent recollections or avoidance of trauma triggers.
Behavioral Indicators	Observable reactions such as hesitation, flat affect, or avoidance during examination—supporting psychological evaluation of victims.

Injury Timing and Healing Indicators

Term	Definition
Fresh Injury	Sustained within 24 hours; bright red coloration, possible bleeding.
Healing Injury	Occurred 2–7 days prior; partial scab formation or color change to green/yellow.
Healed Injury	More than one week old; fibrotic or scarred tissue.
Vital Reaction (Repeated)	Evidence of life at the time of injury, used to distinguish ante-mortem from post-mortem trauma.

Miscellaneous Legal-Medical Terms

Term	Definition
Forensic Evidence	Physical or biological material collected for court presentation (e.g., semen, hair, swabs).
Trauma-Informed Interview	Method of questioning that avoids re-traumatizing victims and ensures psychological safety.
Informed Consent	Voluntary authorization by a person to undergo examination or procedure after full disclosure of risks and purpose.
Confidential Report Number	Unique control number used by medico-legal offices to track reports while preserving anonymity.
Referral Slip	Document from referring agency (PNP, DSWD, or hospital) requesting medico-legal examination.

Medico-Legal Certificates

- Hospital's official written record of medical findings
- Filled-up and signed by the attending physician in the Emergency Room
- Indicates the estimated number of healing, hospital stay

Medico-Legal Certificates

Checklist of Information

A. Header Information

- ☐ Name of Hospital or Institution (with official logo and address)
- ☐ Department / Section (e.g., Department of Legal Medicine, Emergency Room)
- ☐ Type of Certificate (e.g., “Medico-Legal Certificate” or “Medical Certificate for Legal Purposes”)
- ☐ Date and Time of Examination
- ☐ Place of Examination

Medico-Legal Certificates

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Medico-Legal Certificates

Checklist of Information

B. Identifying Information of Examinee

- ☐ Full Name of Examinee / Patient
- ☐ Age and Sex
- ☐ Civil Status
- ☐ Address
- ☐ Nationality
- ☐ Date and Time of Admission / Consultation
- ☐ Name of Requesting Party (e.g., PNP, NBI, or Court)
- ☐ Purpose of Examination (e.g., “Alleged Rape,”
“Physical Injuries,” “Determination of Virginity,” etc.)

Medico-Legal Certificates

Checklist of Information

C. History

- ☐ Alleged Incident Details (as narrated by the patient or companion)
- ☐ Date and Time of Alleged Incident
- ☐ Alleged Acts Done / Instruments Used
- ☐ Symptoms Noted After the Incident (pain, bleeding, loss of consciousness, etc.)
- ☐ Previous Medical Treatment Received, if any

(Note: This is patient-provided information, not yet medical findings.)

Medico-Legal Certificates

Checklist of Information

D. Physical Examination Findings

- ☐ General Physical Condition (conscious, coherent, ambulatory, etc.)
- ☐ Vital Signs (BP, HR, RR, Temp)
- ☐ General Appearance and Behavior
- ☐ Head and Face Examination (presence or absence of injuries)
- ☐ Neck and Trunk Findings (abrasions, contusions, lacerations)
- ☐ Upper and Lower Extremities (injuries, defense wounds)

Medico-Legal Certificates

Checklist of Information

D. Physical Examination Findings

- ☐ Description of Each Injury:
- ☐ Type (abrasion, contusion, laceration, burn, etc.)
- ☐ Size, shape, color, and location (using anatomical landmarks or “clock positions”)
- ☐ Estimated age of injury (fresh or healing)

Medico-Legal Certificates

Checklist of Information

E. Genital Examination Findings

- ☐ Pubic Hair (present, shaved, or cut)
- ☐ Labia Majora / Minora (abrasion, contusion, swelling)
- ☐ Hymen Condition (intact, lacerated; location and character of tears)
- ☐ Vaginal Wall (erythema, swelling, lacerations)
- ☐ Cervix and Discharge (if visible)
- ☐ Perineum and Surrounding Areas
- ☐ Rectal Examination Findings (if indicated)
- ☐ Presence of Foreign Material / Spermatozoa / Seminal Odor

Medico-Legal Certificates

Checklist of Information

F. Laboratory and Ancillary Procedures

- ☐ Microscopic Examination (Wet Smear / Gram Stain)
- ☐ Pregnancy Test
- ☐ STI Testing (if requested)
- ☐ DNA Sampling or Swabbing (for PNP or NBI collection)
- ☐ Photographic Documentation (if permitted and ethically conducted)

Medico-Legal Certificates

Checklist of Information

G. Medico-Legal Impression

- ☐ Final Medical Opinion (e.g., “Findings consistent with recent sexual contact”)
- ☐ Qualification of Findings
 - “No evident injury”
 - “Findings consistent with blunt force trauma”
 - “Findings consistent with recent/previous vaginal penetration”
- ☐ Remarks on Time and Mechanism of Injuries (if determinable)
- ☐ Statement on Limitations (e.g., “Findings are not conclusive of sexual intercourse without consent.”)

Medico-Legal Certificates

Checklist of Information

H. Examiner's Certification

- ☐ Printed Name and Signature of Examining Physician
- ☐ Professional License Number (PRC)
- ☐ PTR Number and Validity Date
- ☐ Hospital or Institutional Stamp
- ☐ Signature of Requesting Officer / Witness (optional)

Medico-Legal Certificates

Checklist of Information

I. Attachments (if applicable)

- ☐ Medico-Legal Drawing / Body Chart (front and back, properly labeled)
- ☐ Chain of Custody Form for Collected Samples
- ☐ Consent Form Signed by Patient or Legal Guardian
- ☐ Referral Form from Police or Agency

- **Visual representation of injuries or genital findings**
- **Clarifies medical descriptions during testimony**
 - **Aids the court's understanding of trauma or contact points**
 - **Must be authentic, accurate, and properly identified**

Medico-Legal Drawings

Preparing the Expert Witness



Experts

Under Rule 130, Section 49 of the Rules on Evidence, a witness who possesses special knowledge, skill, experience, or training may testify on a matter requiring scientific or technical expertise.

The prosecution usually qualifies the expert before testimony by establishing credentials through ***voir dire*** examination

Typical expert witnesses in rape cases include:

Discipline	Typical Expertise / Testimony
Forensic Physician	Medico-legal examination findings, injury interpretation
Forensic Chemist / DNA Analyst	Biological evidence and DNA profiling
Psychiatrist / Psychologist	Rape Trauma Syndrome (RTS) or Post-Traumatic Stress Disorder (PTSD)
Social Worker	Victim's demeanor, family environment, psychosocial impact

Steps in Preparing the Expert Witness

1. Review and Familiarization

- Provide the expert with certified copies of the medico-legal report, photographs, laboratory results, and chain-of-custody forms.
- Discuss the scope of expected testimony—facts, methodology, and conclusions.
- Clarify limits: the expert should not speculate on guilt, only on scientific interpretation

Steps in Preparing the Expert Witness

2. Qualifying the Expert

Prepare a direct examination outline to establish the expert's qualifications:

- Identity and profession (licensed physician, chemist, or psychologist).
- Educational background and years of practice.
- Institutional affiliation (e.g., PNP Crime Lab, DOH hospital, WCPU).
- Number of similar examinations conducted.
- Court appearances as expert witness (prior experience).

Steps in Preparing the Expert Witness

3. Establishing Chain of Custody

1. The expert must demonstrate how evidence (e.g., vaginal swabs, clothing, DNA samples) was collected, sealed, labeled, stored, and examined.
2. Use the **DOH–PNP standard chain-of-custody form** to avoid challenges under Rule 136 §4 (tampering or substitution).

Steps in Preparing the Expert Witness

4. Coordinating with the Prosecutor

The expert should explain the technique or protocol used (e.g., DNA STR analysis, colposcopic exam, rape kit).

Refer to the **Daubert standard** (Rule 128 §3, in harmony with ***People v. Vallejo***, G.R. No. 144656, May 9 2002) which requires:

1. Proper collection and Coordinating with the Prosecutor preservation of samples.
2. Competence of the examiner.
3. Scientific reliability of the method.
4. Accurate documentation and results interpretation.

Republic of the Philippines
National Police Commission
PHILIPPINE NATIONAL POLICE

CHAIN OF CUSTODY FORM

Nature of Case: _____
Name of Suspects: _____
Time, Date and Place of Occurrence: _____
Arresting Officers/Operating Unit: _____
Description of Evidence: _____

TURNED OVER BY : _____
(Name and Designation)

Agency/Address : _____
Time and Date : _____
Remarks : _____

RECEIVED BY : _____
(Name and Designation)

Agency/Address : _____
Time and Date : _____
Remarks : _____

TURNED OVER BY : _____
(Name and Designation)

Agency/Address : _____
Time and Date : _____
Remarks : _____

RECEIVED BY : _____
(Name and Designation)

Agency/Address : _____
Time and Date : _____
Remarks : _____

Steps in Preparing the Expert Witness

5. Coordinating with the Prosecutor

1. Conduct a pre-trial conference to align theory of the case and evidentiary needs.
2. Prepare visual aids (e.g., anatomical charts, chain-of-custody diagram) for courtroom presentation.
3. Anticipate defense cross-examination on contamination, bias, or competence.

Steps in Preparing the Expert Witness

6. Handling Cross-Examination

Advise the expert to:

1. Stay within the bounds of expertise; avoid volunteering conclusions on legal guilt.
2. Answer clearly, briefly, and factually.
3. Use layman's terms when describing medical findings (e.g., “a healed laceration means prior penetration, not necessarily by force”).
4. Acknowledge limitations (“this finding is consistent with, but not conclusive of, sexual intercourse”).

Steps in Preparing the Expert Witness

6. Ethical and Victim-Sensitive Conduct

1. Maintain confidentiality per R.A. 8505 §5 and R.A. 10173 (Data Privacy Act).
2. Obtain informed consent before examination or testimony.
3. Use gender-sensitive language and avoid retraumatization.

Practical Tips

Do's	Don'ts
Rehearse testimony without “coaching.”	Never suggest answers or conclusions.
Ensure all exhibits are marked before trial.	Don't bring unmarked materials to court.
Use simple analogies for jurists unfamiliar with medicine.	Avoid excessive jargon.
Bring a copy of all official guidelines (DOH AO 2022-0037, PNP Manual).	Never cite an unpublished procedure.

Common Pitfalls to Avoid

- **Unqualified witness** — failing to formally establish credentials.
- **Ignoring or broken chain of custody** — specimens collected but not sealed or documented.
- **Overstating conclusions** — claiming certainty beyond scientific limits.
- **Contradicting victim's testimony** — inconsistent timelines can weaken the prosecution.
- **Lack of courtroom preparation** — nervous, verbose, or defensive witnesses reduce credibility.
- **Assuming no sperm/injury** = no rape
- Treating medico-legal reports as conclusive proof
- Overlooking psychological trauma evidence

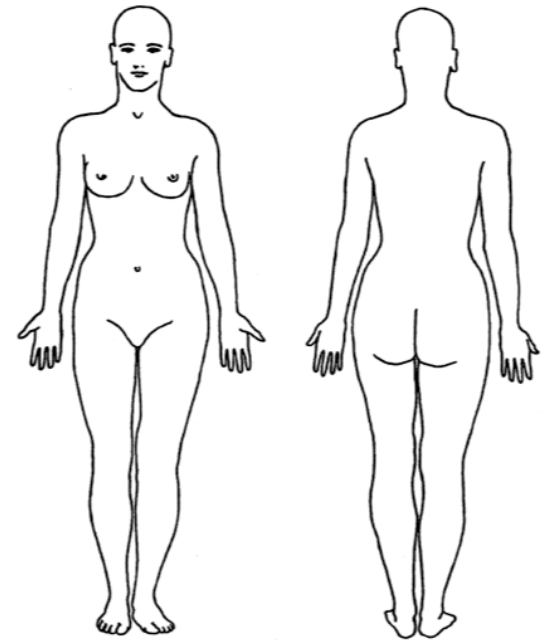
Ethical Considerations

- Confidentiality and informed consent
- Non-traumatizing examination
- Respect for victim dignity
- Proper language and tone in court

Key Legal Notes

- Absence of laceration ≠ absence of rape
- Absence of sperm ≠ absence of intercourse
- Findings are corroborative, not conclusive
- Consent is a legal, not medical, issue

Interpreting Medico-Legal Drawings



Name and Signature of Examining physician

Legal Relevance

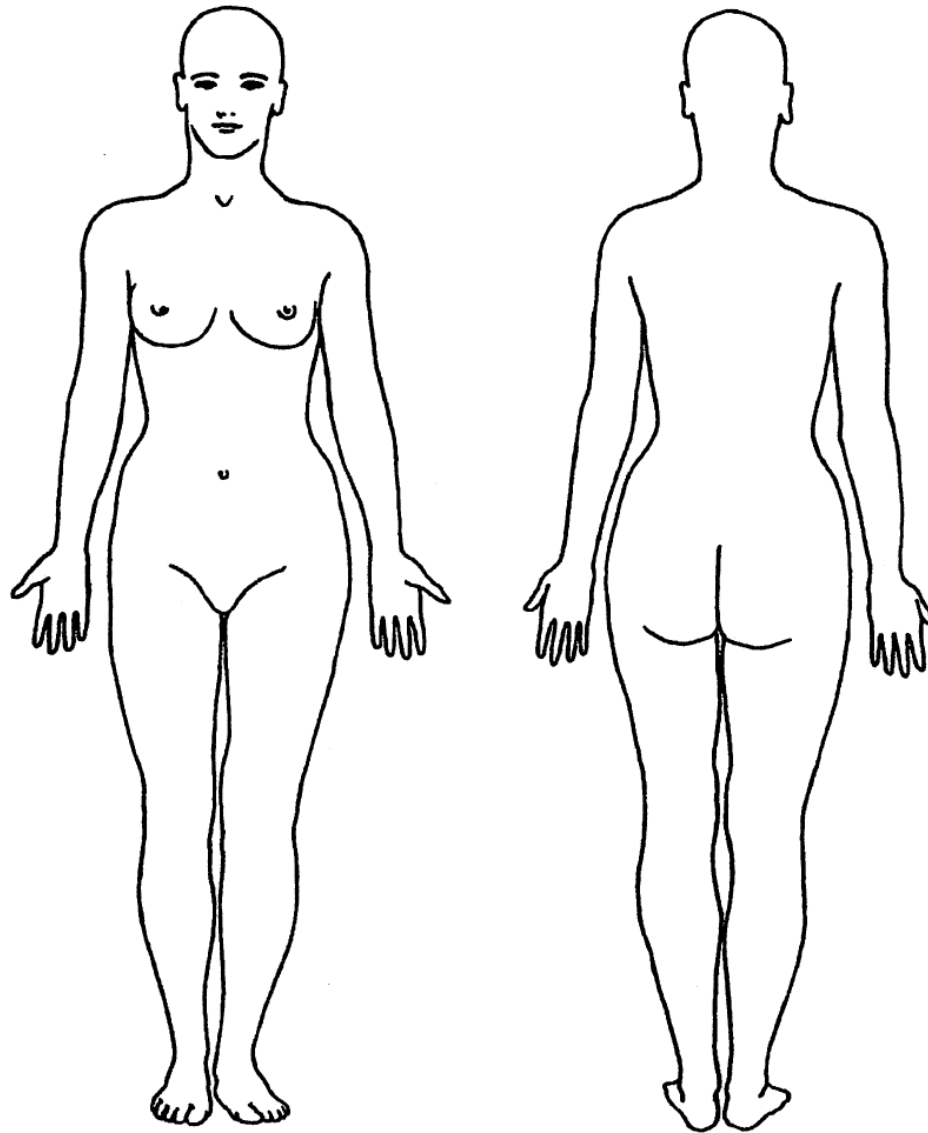
- Rule 130 § 1: Demonstrative evidence appeals to the senses.
- Drawings clarify and corroborate oral testimony.
- Aid the judge in understanding medical and forensic concepts.

Common Types of Medico-Legal Drawings

1. **Body chart:** External injuries.
2. **Autopsy sketch:** Internal wounds, trajectories.
3. **Genital diagram:** Rape or child-abuse documentation.
4. **Scene correlation sketch:** Victim position and environment.

Reading the Drawing: Key Elements

- Orientation (front/back view)
- Measurements (in cm) and reference points
- Color coding and symbols
- Legend linking numbers to report entries
- Signature and date for authentication



Name and Signature of Examining physician



Control No. _____

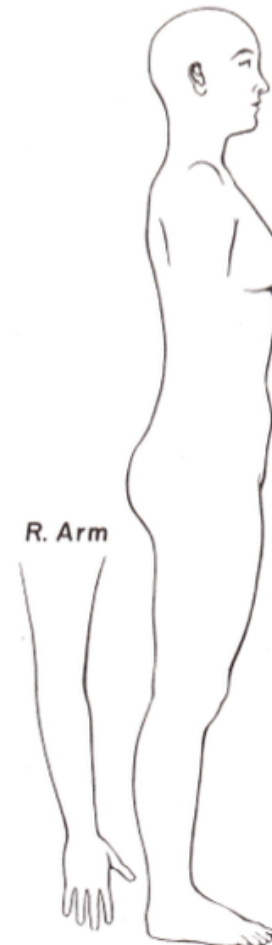
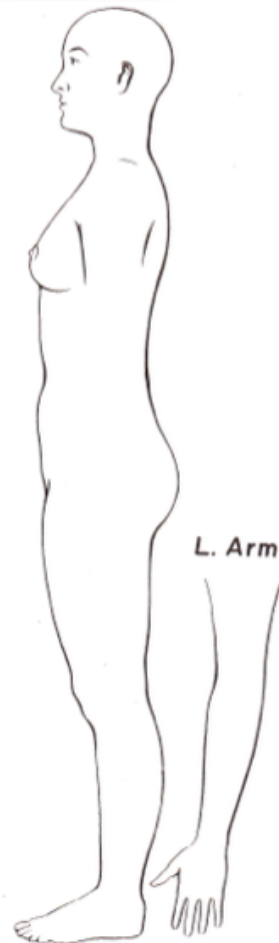
ML No. _____

Date: _____

Last name: _____ First Name: _____ Middle Name: _____

Sex: ☐ Male. ☐ Female Age: _____

Date of examination: _____ A.M. _____ P.M.



Name and Signature of Examining physician



Control No. _____

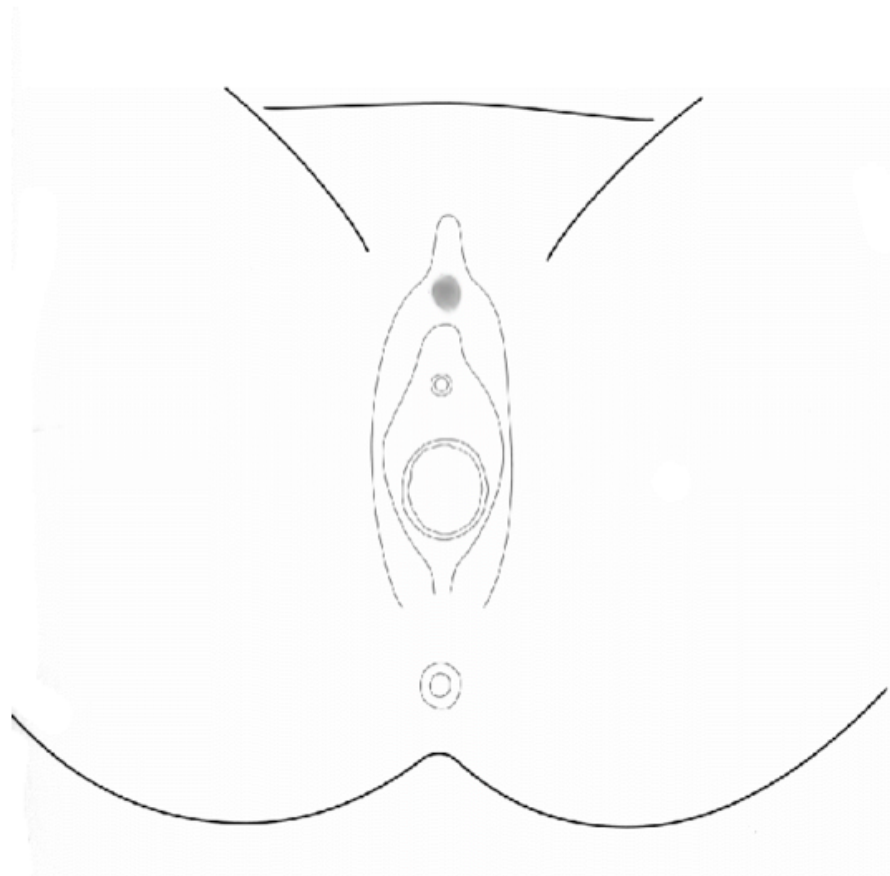
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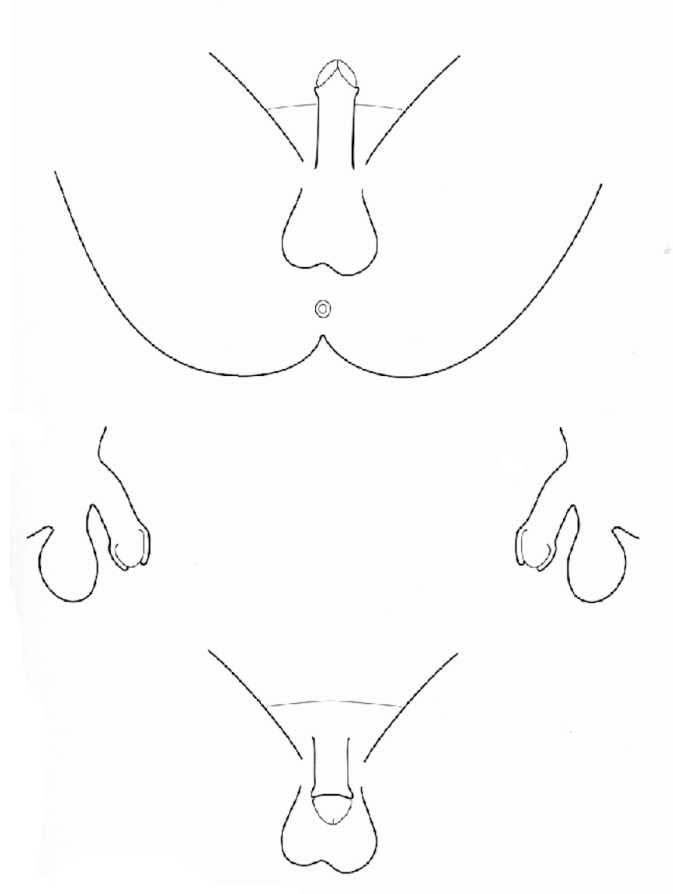
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Sex: ☐ Male ☐ Female Age: _____

Date of examination: _____ A.M. _____ P.M.



Name and Signature of Examining physician

Admissibility Requirements

- Authenticated by examiner.
- Maker personally observed findings.
- Accurate and relevant representation.
- Proper chain of custody for digital files.
- Demonstrative evidence under Rule 130.

Rape Case Applications

- Hymenal tear location (clock-face method).
- Must have victim consent and confidential handling (R.A. 8505, R.A. 10173).
- Sealed exhibit shown only to the court.

Lawyer's Preparation Before Trial

- Secure certified copies of drawings and reports.
- Review all notations with examiner.
- Pre-mark as exhibits; use sealed folders for sensitive cases.
- Identify which injuries to highlight in court.

Handling During Trial

- Let the expert identify and mark the drawing.
- Display only with court's permission.
- Maintain professional tone when showing sensitive images.

Cross-Examination Strategy

- Compare drawing vs written report for inconsistencies.
- Ask who actually drew it.
- Examine angle and depth to test self-defense claims.
- Confirm if measurements are estimates or precise.

Ethical and Confidentiality Rules

- Obtain court permission before displaying autopsy images.
- Seal genital or child injury drawings.
- Apply R.A. 8505 and R.A. 10173 strictly.
- Accuracy and dignity are ethical obligations.

Interviewing Victims of Rape Cases



Guiding Principles

- Privacy and safety first (R.A. 8505 §3).
- Victim-centered and trauma-informed.
- Non-judgmental language.
- Coordination with Women and Children Protection Unit (WCPU), Public Attorneys Office (PAO), and social workers.

Preparation Before the Interview

- Review reports to avoid repeated questioning.
- Assign female interviewer when possible.
- Explain rights under R.A. 8505.
- Prepare consent forms in simple language.

Building Rapport

- Begin with introductions, calm tone.
- Offer comfort (“Would you like water?”).
- Reassure confidentiality.
- Observe non-verbal cues.

The Interview Setting

- Quiet, private room; no uniforms or weapons visible.
- Limit personnel present.
- Neutral colors, comfortable seating.

Effective Questioning Techniques

Use the Funnel Approach:

1. Open-ended: “Tell me what happened that day.”
 2. Follow-up: “What did you do next?”
 3. Clarify: “When you say hurt, what do you mean?”
- Avoid leading or accusatory questions.

Language and Duration

- Use the victim's language or dialect.
- Translate neutrally.
- Limit to 60 minutes; allow breaks.
- Offer support person if requested.

Special Considerations

- **Children:** Follow A.M. No. 004-07-SC (Child Witness Rule).
- **PWDs:** Use sign language or assistive communication.
- **Avoid contact with accused.**

Documentation

- Write verbatim statements.
- Record only with consent (R.A. 10173).
- Read affidavits aloud before signing.
- Forward reports within 24 hours (R.A. 8505 §5).

After the Interview

- Provide referrals for medical and psychosocial care.
- Explain next steps (examination, filing).
- Ensure safety and shelter if needed.
- Do not promise case results — promise effort and respect.

What to Avoid

-  Interrupting narratives
-  Re-enacting the assault
-  Multiple interviewers
-  Judgmental or moralistic remarks

Ethical and Legal Safeguards

- R.A. 8505: Confidentiality of all records.
- Rule 130 §27: Privileged communications.
- Canon 18, CPR: Duty of competence and compassion.
- UN Declaration (1985): Dignity and respect for victims.

Key Takeaways

- ✓ Privacy and safety
- ✓ Victim-centered questioning
- ✓ Respectful documentation
- ✓ Coordination with support units
- ✓ Dignity above all



DNA Evidence

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