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THE TWO-FINGER TEST AND RAPE KITS IN INDIA: A CONSTITUTIONAL AND COMPARATIVE ANALYSIS OF FORENSIC BEST PRACTICES IN SEXUAL ASSAULT CASES

AUTHOR – NIDHI MALAYIL, STUDENT AT SCHOOL OF LAW, CHRIST (DEEMED TO BE UNIVERSITY)

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Abstract

An assault on the human body is regarded as one of the most serious human rights infringements. The mannerisms employed in legal and medical systems in treating survivors have had a great bearing on the course of justice. In India, the two-finger test remained a means of establishing medico-legal evidence until very recently, under the pretext of determining whether a rape survivor was 'habituated to sexual intercourse.' Although the courts have repeatedly emphasised its invalidity and inefficiency, it continues to be in use in some quarters, which substantially adds to the trauma already faced by survivors and goes against the principles of equality, privacy, and dignity enshrined in the Constitution. Meanwhile, due to technical impediments such as infrastructural and procedural lapses, scientifically sound and non-invasive forensic kits continue to be deployed sparsely. This research aims to critique the constitutional aspects of these practices, undertake a medico-legal perspective of the test, and juxtapose it against international best practices. Employing doctrinal, analytical, comparative, and descriptive methods, reforms are suggestive of bringing about alignment of Indian forensic practices with universal and constitutional standards, emphasising a survivor-centric approach to such reform.

Keywords

Two-finger test; rape kits; sexual assault; forensic evidence; constitutional law; human rights; India; comparative analysis; dignity; justice

1. Introduction

I. Background and context:

Sexual assault is depriving in nature and is a highly criticised crime in the conscience of society and the criminal justice system. The manner of conducting medical examinations and investigations against the survivor can seriously impact the credibility of legal proceedings against the accused and the survivor's ability to regain their dignity. The two-finger test has been one of the most controversial practices in the Indian context and is one that holds grave contention and concern in society due to its illegitimacy and, most importantly, its abasing and dishonourable nature. Historically, doctors performed the test for the purpose of assessing whether the survivor was "habituated to sexual intercourse," ostensibly to assist the inquiry. However, the Supreme Court of India in Lillu Rajesh v. State of Haryana (2013) declared that the practice violates the right to privacy and bodily integrity and dignity as guaranteed under Article 21 of the Constitution (Supreme Court of India, 2013).[21]

[21] Agrawal, Ritik. "Case Analysis: Lillu @ Rajesh and ANR. v. State of Haryana." *Jus Scriptum*, Jus Scriptum, 18 Feb. 2025,

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However, even after the judicial pronouncements, the test is still being carried out in some medical examinations-the gap stubbornly exists between the letter of the law and medical practice.[22]

In contrast, rape kits and other contemporary tools of forensic science aid in providing reliable evidence in a scientifically established manner, preferably non-invasive, whilst maintaining and honouring the survivor's dignity. These kits usually have DNA swabs, chemical analysis, and some procedures that are recorded, which respect the dignity of the survivor and preserve vital forensic materials. International recommendations and guidelines, including those of the WHO, emphasise and suggest the use of non-invasive, evidence-based methods alone in the investigation of sexual assault. Unfortunately, in India, their application faces inconsistency on account of infrastructural lacunae, lack of training, and poor legal enforcement.[23] Therefore, in all likelihood, this grave issue emerges as both constitutional and medical. The two-finger test's consistent and continued use exposes survivors to excruciating pain and highly deprecates the values of privacy, equality, and bodily integrity. At the same time, the underuse of rape kits endangers the gathering of trustworthy evidence and simultaneously erodes the rule of law. Given these two issues at hand, it is imperative to conduct a thorough analysis of India's forensic procedures in the context of best practices worldwide and their corresponding medical ethics and constitutional safeguards.

I Statement of Problem:

The two-finger test, till today, exists in practice in some areas despite explicit court orders, showcasing a concerning gap between the practice of medicine and the law. In addition to being medically unreliable, this practice reinforces gendered biases by commonly directing attention away from the accused and toward the survivor's past sexual experiences [24].

By presuming that sexual behaviour is a prerequisite for establishing credibility, it not only perpetuates negative stereotypes but also causes immense psychological pain. Despite being non-invasive and fool-proof, rape kits are used unevenly throughout India. Evidence is frequently not enough due to a deficiency or is inadmissible in court due to training gaps, kit shortages, and a lack of law enforcement.[25]

A medico-legal system that does not provide sufficient protection to survivors and compromises on the efficacy of prosecution is the result of these problems when compounded together. Thereby, the purpose of this study is to deeply examine the persistent systemic problems, assess the effectiveness and legality of current procedures, and suggest changes that are consistent with both worldwide best practices and constitutional principles.

II Research Questions

1. What is the constitutional validity of the two-finger test in India, and how does it correlate to Articles 14, 19, and 21?
2. Why does the two-finger test continue to persist despite judicial bans?
3. What challenges cause hinderance to the implementation of rape kits and modern forensic methods in India?
4. How do international best practices in sexual assault investigation contrast with Indian procedures?
5. What reforms are imperative to ensure survivor-centric, constitutionally compliant forensic investigations in India

III Significance of the Research:

A vacuum in the medico-legal care of survivors of sexual assault in India is filled by

www.jusscriptumlaw.com/post/case-analysis-lillu-rajesh-and-anr-v-state-of-haryana.

[22] Shukla, V.N. (2021) *Constitution of India*. 14th edn. Revised by Mahendra Pal Singh. Lucknow: Eastern Book Company.

[23] Singh, R. (2021) 'Challenges in Forensic Implementation of Rape Kits in India', Journal of Forensic Medicine and Toxicology, 38(3), pp. 210–225. p.

[24] Jaising, I. (2014) 'Gender Bias and Forensic Practices in Sexual Assault Cases', Journal of Indian Law and Society, 5(1), pp. 12–29.

[25] *NCRB (2022) Crime in India 2021, New Delhi: National Crime Records Bureau.*

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this study. It draws attention not only to legal but also to practical shortcomings by compounding international comparative study, medico-legal critique, and constitutional analysis. Practitioners in the real world, such as lawmakers, doctors, police, and human rights activists, can all benefit from the research as it provides information on how to improve forensic practices to guarantee and safeguard justice, dignity, and dependability.

IV Scope and Limitation:

The two-finger test and the use of rape kits in India are the main subjects of the study. The study does not offer a comprehensive examination of all foreign forensic techniques, even though worldwide practices are examined for comparative purposes and taken into account. Due to the delicate nature of survivor experiences, data constraints include overt dependency on published case law, scholarly publications, government reports, and media coverage.

Research objectives:

- To identify the existing forensic practices in India in the investigation of rape cases, especially the practice of the two-finger test.
- To assess the legal, ethical, and constitutional issues surrounding the practice of using these invasive medical practices, especially in relation to Article 14, Article 19(1)(a), and Article 21 of the Indian Constitution.
- To access the practice of rape kits in India as a survivor-centric and scientifically viable practice in the investigation of rape cases.

V Research Methodology:

This research imparts a doctrinal methodology, as it delves deep into constitutional provisions, statutory laws, and case law touching medico-legal practices. An analytical approach is further employed to comprehensively gauge how these practices impede fundamental rights and access to justice. Lastly, some descriptive methods shall be put to use to further explain current practices and problems with their implementation and other systemic gaps. At the confluence of all these methods lies the unifying goal of a holistic understanding of the problem**.**

VI Literature Review:

Constitutional and Doctrinal Perspectives

Shukla, in his authoritative treatise Constitution of India, holds the view that Article 21 encompasses the rights to life, dignity, and bodily integrity. He further takes a stance by opining that judicial interpretations under Article 21 have gone on to embrace concepts of privacy, autonomy, and sexual integrity. In accordance to this principle, the two-finger test was found to be a gross violation of constitutional provisions and protections. The doctrinal framework provided by Shukla's treatise helps to understand why the courts have time and again condemned such practices.[26] Baxi reinstates the view that dignity lies at the centre of constitutional morality. Practices that humiliate survivors are surely violative of individual rights, and in the process may also significantly destroy public faith in the Constitution. Baxi's perspective is useful for placing medico-legal practices within the larger constitutional framework rather than treating them as procedural problems.[27]

VII Feminist Legal Critiques

Jaising offers a feminist critique of forensic practice and suggests how patriarchal presumptions are inherent in the medico-legal. According to her, by placing emphasis on the sexual history and the chastity of a woman, the two-finger test violates the crux of rape law as one of consent. This reflects the criticism advanced by the Supreme Court in *State of Punjab v Gurmit Singh (1996),* when it noted the emphasis had to continue to stay on the character of the accused and not transition to the survivor.[28]

Likewise, Chakrabarti also condemns the test of two fingers from the standpoint of medical ethics, noting that it does not rest upon any science and perpetuates virginity myths. He

[26] Supra note.2
[27] Baxi, U. (2016). *The Crisis of the Indian Legal System*. New Delhi: Vikas Publishing.
[28] Supra note. 4

suggests that these tests medicalise morality and continue stereotypes, thereby undermining the credibility of the survivor before the court. This significantly corresponds with the international literature, which maintains the view that virginity cannot be proven medically.[29]

VIII International Guidelines and Human Rights Standards

The World Health Organisation strongly condemns virginity testing, including the two-finger test, as a violation of medical ethics and a violation of human rights. The organisation emphasises that these actions result in physical and mental harm and are without a scientific base. The WHO guidelines are especially notable due to the fact that they serve as a standard against which national practice may be compared internationally.[30] UN Women (2018), in its Handbook for Legislation on Violence Against Women, similarly advocates for survivor-centred medico-legal frameworks. It highlights the importance of dignity, non-discrimination, and scientific rigour in evidence collection. These recommendations underscore the need for India to align its medico-legal practices with international human rights standards.[31]

Rape Kits: Empirical Research

Singh reports from his research into forensic practice in India the difficulties in the use of rape kits. He outlines deficiencies, including a lack of kits, a lack of training by medical professionals, a lack of police awareness, and the absence of chain-of-custody measures. Singh's research points up the fact that the issue goes deeper than the law. Rape kits cannot fulfill their potential for enhancing investigation and prosecution without systemic change.

The NCRB's Crime in India 2021 report provides statistical confirmation of the scope of cases of rape in India. The report documents the reality that thousands of cases each year are registered, but the rates of convictions are few. One factor for this, as advanced by researchers and practitioners, is the poor quality of forensic evidence. The inconsistent use of rape kits confirms frail prosecution.[32] Human Rights Reports Human Rights Watch reports the continued practice of the two-finger test in India despite court prohibitions. They cite the testimonies of survivors as describing the test as humiliating and violating. HRW also points out that the continued prevalence of the practice actually reveals not only loopholes in enforcement but also deep-seated cultural prejudices among physicians. Previous HRW reports had also similarly faulted India's medico-legal practices for highlighting how survivors were routinely re-traumatized by the self same institutions that were set up for their protection. These reports lend empirical support for the proposition that the law cannot work by itself without cultural and institutional change.[33]

IX Identified Gaps in Literature

Although a strong consensus exists about the unconstitutionality and lack of science of the two-finger test, the scholarship points out a number of gaps.

First, not many studies thoroughly examine the reasons for the persistence of the test despite court prohibitions. Second, although multilateral institutions call for rape kits, little scholarship exists on the difficulty of scaling up rape kits within the federal structure and the limited resources of India.

Third, little comparative research exists that systematically compares how India may translate the best international practice into the domestic socio-legal context. This research attempts to address the gaps through the

[29] Human Rights Watch (2022). *"Breaking the Silence": Medico-Legal Practices and Rape Survivors in India*. New York: HRW. Available at: https://www.hrw.org (Accessed: 20 September 2025).
[30] World Health Organization (2018). *Eliminating Virginity Testing: An Interagency Statement*. Geneva: WHO. Available at: https://apps.who.int/iris/handle/10665/275451 (Accessed: 20 September 2025).
[31] UN Women (2018). *Handbook for Legislation on Violence Against Women*. New York: UN Women. Available at: https://www.unwomen.org/en/digital-library/publications/2012/12/handbook-for-legislation-on-violence-against-women (Accessed: 20 September 2025).
[32] National Crime Records Bureau (2021). *Crime in India 2021*. New Delhi: Ministry of Home Affairs, Government of India.
[33] Human Rights Watch (2022). *"Breaking the Silence": Medico-Legal Practices and Rape Survivors in India*. New York: HRW. Available at: https://www.hrw.org (Accessed: 20 September 2025).

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amalgamation of the doctrinal method, analytical method, and comparative method. It attempts to place the discourse in the context of constitutional morality, forensic science, and international dimensions in order to achieve a holistic approach to transformation.

2. Scheme of Study:

The medico-legal examination of sexual assault survivors in India is one place where friction between constitutional ideals and social ways of thinking comes into visibility. India inherited colonial rule's forensic culture as one less concerned with survivors' dignity and more with defining women as objects of moral examination. The two-finger test developed from such a tradition as one purported method for assessing "habituation to sex" that was subsequently illegitimately connected to survivor credibility. That in a postcolonial democracy nearly four generations after freedom such a test was continued despite having been unequivocally condemned by constitutional courts offers evidence not only of institutional foot-dragging but also of a larger inability to anchor medico-legal practice in constitutional ideals of dignity, equality, and autonomy.[34]

I Historical and Cultural Origins of the Two-Finger test

The two-finger test has its origins in India at the crossroads between colonial forensic medicine and native patriarchal sensibilities. Under British rule, forensic medicine textbooks dictated examining genitalia as part of the process for investigating rape cases and frequently intertwined sexual assault with issues of chastity and virginity. Forensic medicine textbooks looked at women more in terms of morality than rights and saw their bodily integrity as one of inspection.[35]Even after independence, medical colleges taught these practices as standard operating procedure as evidence of how patriarchy had instilled itself into so-called neutral scientific education. The cultural roots of the test are not less significant. In Indian culture, women's purity has long been at the core of women's honor and thus by extension community honor. Such obsession with virginity and purity meant rape survivors were judged not only as victims of crime but as women whose "character" was put into question. The two-finger test was thus employed as a mechanism for reclaiming patriarchal authority through the facade of medical objectivity. Cause for alarm is not merely that such a test was employed but that it often was decisive in courtrooms and prescribed outcomes in cases of rape until relatively recently.

II. Constitutional Dimensions and Judicial Rejection

The development of constitutional law regarding privacy and dignity rights established grounds for invalidating the two-finger test. The Supreme Court has expanded all Article 21 rights, which thereby include the right to life and personal liberty to encompass the right to privacy (K.S. Puttaswamy v Union of India, 2017), right to dignity (Francis Coralie Mullin v Administrator, Union Territory of Delhi, 1981), and right to bodily autonomy. The two-finger test cannot be maintained according to this constitutional framework.

Pivotal to this was Lillu Rajesh v State of Haryana (2013), wherein the Court held that the two-finger test is offensive to survivor dignity and privacy and irrelevant to determining consent. The judgment was forthright in holding that women's sexual history cannot be put on record to disbelieve them. The Court confirmed its earlier decision in Nipun Saxena v Union of India(2019), which established that doctor examinations must follow procedures that protect the confidentiality of victims. The Court had established in State of Punjab v Gurmit Singh that handling cases through survivor testimony created unjust results. The judicial system has used these two previous cases to eliminate medical procedures that violate privacy rights and show disrespect toward women.

[34] Supra note.7
[35] Chakrabarti, A. (2017). 'Virginity Testing and Medical Ethics in India'. *Indian Journal of Medical Ethics*, 2(4), pp. 245–252.

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But ironically, despite such judgments, the two-finger test remains in practice. Human Rights Watch (2022) reports that survivors to date are subjected to this test in hospitals across several states. This reveals that constitutional morality proclaimed by the judiciary has not been internalised by health centres. The gap is partly due to the absence of a statutory prohibition, leaving space for discretion and partly due to the absence of training, monitoring, and accountability measures in the health system.[36]

III. Alternative use of Rape Kits

Rape kits

Rape kits are in sharp contrast to the two-finger test since they put less focus on the survivor's sexual history and more on collecting objective scientific proof. A typical rape kit includes swabs, slides, containers, and documentation procedures designed to collect biological evidence such as semen, blood, saliva, and skin cells. Crucially, rape kits include standardized documentation for preserving evidence and maintaining the chain of custody intact without which evidence cannot make it to court.[37]

The advantage of rape kits isn't just in their scientific credibility but in their survivor-centered approach. Though distinct from the two-finger test in that it's less invasive and humiliating by nature, rape kits can be utilized in such a way that they inflict minimal damage. With them along comes trauma-informed forensic care that maintains the survivor's dignity while establishing the evidence backing of the case. United States statistics reveal that such cases using proper use of rape kits have significantly higher rates of conviction than cases without forensic evidence (SAKI, 2020).

In India, though, rape kits are underutilized, the Ministry of Health issued directives mandating their use, use has been patchy. Singh (2021) observes that hospitals, especially rural ones, lack availability of kits. Even if kits are in use, medics lack expertise to use them. Chain-of-custody measures are not well grasped and result in evidence contamination or loss. Consequently, although for now the law may lean in support of use of rape kits, system issues hinder mainstream use.

IV. Comparative International Standards

Comparative analysis demonstrates that other jurisdictions have successfully moved towards survivor-sensitive and scientifically robust systems. In the United States, the Violence Against Women Act (VAWA) mandates that survivors have access to free forensic examinations irrespective of their decision to report the crime to law enforcement. The Sexual Assault Kit Initiative (SAKI) further ensures that collected kits are systematically tested and tracked, addressing the issue of untested backlog. The institution demonstrates its dedication to both survivor dignity and evidence-based prosecution through this practice. The Sexual Offences Act 2003 establishes legal protections for survivor rights in the United Kingdom. Medical forensic examinations follow trauma-informed best practices, while all cases require the use of rape kits as standard equipment.

. An important feature is that forensic services are completely connected to national DNA databases, such that offender identification and prosecution are directly fed by evidence (biological).[38]

South Africa provides another exemplary template in Thuthuzela Care Centres. Thuthuzela Care Centres offer integrated one-stop services whereby survivors receive both medical attention, counselling, advice, and forensic examination from one facility. The integrated system includes the use of rape kits. The template has been praised by UN Women (2018) as one that centres on survivors to ensure minimal secondary traumatisation while obtaining credible evidence. Compared with these models, India's medico-legal practices

[36] Supra note.13
[37] Supra note.10
[38] Home Office (2019). *UK Forensic Science Strategy: Ensuring Effective Use of Rape Kits*. London: UK Government.

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seem piecemeal and outdated. Persistence in invasive tests and lack of use of rape kits indicates not a casual lack of availability of better options but an inability to draw lessons from best practices elsewhere.[39]

V. Institutional and Cultural Hurdles in India

Continuation of the two-finger test and lack of informed use of rape kits trace back to institutional as well as cultural constraints. At the institutional level, hospitals lack adequate resources such as kits for rapes, skilled staff, and forensic labs. The health system is overwhelmed, and medico-legal courses get minimal priority. This culminates in resorting to outdated practices that demand no specific skill.

The cultural tendency for patriarchal attitudes to prevail among medical professionals remains. As Jaising (2014) notes, doctors still identify chastity with credibility and use the two-finger test to evaluate the moral character of women instead of their status as victims. Biases such as these cannot be eliminated by judicial statements very easily; they call for greater cultural shift mediated by educational and professional interventions.

Yet another challenge is improper enforcement of judicial directives. Two-finger tests may be declared unconstitutional by courts, yet without law prohibitions and monitoring systems, hospitals are held little responsible. Human Rights Watch (2022) notes that survivors have little platforms to appeal such test usage. This promotes impunity where unconstitutional actions take place with minimal consequence.

Finally, breakdowns in maintaining the chain of custody make it less effective to use rape kits. More frequently than not, evidence is contaminated, delayed, or lost and cannot therefore be presented in court. Without forensic facility and capacity investments, best-prepared kits will not produce results.

The final test of any medico-legal practice is whether it enhances or erodes the constitutional rights of survivors. The two-finger test woefully fails this test. It is invasive, disrespectful, and has no bearing on establishing consent. The two-finger test offends Article 21's right to dignity, privacy, and autonomy over one's own body. The two-finger test also offends Article 14's right to equality. Ambedkar's interpretation of constitutional morality, whereby institutions must act upon constitutional principles despite societal bias, directly applies here. Institutions that proceed with two-finger tests are not merely outdated but are actively violating constitutional morality. Institutionalising kits for rape and trauma-informed protocols would involve an act of aligning practice with principle.[40]

VI. Findings:

The investigations conducted in the current study present a number of fundamental observations into the manner in which medico-legal procedures for sexual assault are conducted in India, and how such procedures remain to lag behind constitutional assurances and international best practice. One of the most striking findings is that the judicial prohibition of the two-finger test has yet to be reflected in its elimination in practice. In spite of the Supreme Court's clear assertions in Lillu Rajesh v State of Haryana (2013)[41] and Nipun Saxena v Union of India (2019).[42] there are reports that survivors are still being subjected by doctors across the country to this humiliating test. This indicates that judicial rulings, although strong on paper, are still weak in their ability to reform deeply ingrained institutional habits without accompanying statutory bans and persistent implementation. The persistence of the two-finger test proves that patriarchal mindsets incorporated within the medical culture are impervious to change and that legislation alone cannot eliminate habitual practices that have

[39] Supra note.11

[40] Supra note.7
[41] *Lillu Rajesh & Anr v State of Haryana*, (2013) 14 SCC 643.
[42] *Nipun Saxena v Union of India*, (2019) 2 SCC 703.

become entrenched in professional training and culture.

Another of the major findings is about applying rape kits in India. Even though these kits have been recognised globally as the gold standard for gathering forensic evidence in sexual assault cases, they are utilised in India in a patchy, uneven manner, and most often ineffectively. Although the Ministry of Health and Family Welfare released guidelines in 2019 stipulating their use, ground realities reveal that hospitals too often run short of supplies, healthcare professionals are never properly trained in their utilisation, and forensic labs too often are not equipped to analyse samples on time and reliably. [43]In addition, there is no standardised chain-of-custody mechanism to preserve the integrity of evidence collected via these kits. As a consequence, survivors are subjected to intrusive and degrading examinations while the scientific equipment that may provide firmer prosecutions goes underutilised.

The report also depicts a more extensive systemic failure in closing the gap between judicial orders and administrative practice. Indian courts have been exemplary in formulating constitutional morality and upholding survivors' dignity. Yet, their dicta usually fall short of creating binding statutory systems or robust monitoring systems. In the lack of legislative specificity or institutional enforceability, hospitals and medical schools find themselves in a legal zone of ambiguity, where unconstitutionality can go unchecked. This is an indication of a more profound malaise in the Indian justice system, where the benign soul of constitutional jurisprudence is usually defeated by lethargy and complacency in the machinery of administration.

A fourth conclusion is that comparative international analysis emphatically shows that reform is possible. In the USA, the Sexual Assault Kit Initiative (SAKI) has not only ensured the distribution of rape kits but also their testing and tracking through electronic databases. Survivors are entitled to forensic examination at no cost, regardless of whether they opt to lodge an immediate police complaint, thus decoupling medical care from legal proceedings and empowering survivors with agency. In the United Kingdom, inclusion of rape kits in national DNA databases and trauma-informed medical procedures has enhanced both survivor outcomes and conviction rates. South Africa's Thuthuzela Care Centres have demonstrated that an integrated survivor-focused model of care can at once preserve evidence and offer counselling and thereby provide access to justice. These are examples that show institutionalising survivor-sensitive practices is not an ideal but a reality already being implemented elsewhere. India's failure, then, cannot be attributed to impossibility but is a question of political will, administrative capacity, and institutional culture.

Lastly, and perhaps most troubling of all, is the degree to which survivors' constitutional rights remain systemically eroded. The system not only conducts unconstitutional testing, which violates survivors' rights, but also denies them access to modern forensic methods, which would enhance their courtroom performance. The NCRB data displays persistently low rape conviction rates because the judicial system receives forensic evidence from the courts, which fails to meet acceptable standards. The system creates public trust issues that prevent victims from taking legal actions. The ongoing decline of medico-legal standards, together with the unused rape kits, results in a widespread moral crisis which violates constitutional rights. The system shows that the justice system fails to protect its intended beneficiaries despite its claims of progress.

VII. Suggestions

The results of this research abundantly attest that India's medico-legal practice on sexual assault is in need of immediate and full-scale reform. The statutory ban on the two-finger test

[43] Singh, R. (2021). 'Forensic Gaps in India's Response to Sexual Assault'. *Journal of Indian Law and Society*, 12(2), pp. 114–132.

is the first and most basic step. The existing judicial decisions which hold legal authority have failed to eradicate the practice which they aim to eliminate. The implementation of the Indian Penal Code through legislative amendments together with the Code of Criminal Procedure and specific National Medical Commission regulations would establish test usage as an illegal activity which would lead to legal consequences for any practitioner found using it. A statutory prohibition would establish legal clarity by showing that the prohibition functions as an official law which authorities must enforce through fines and professional disciplinary measures. India needs to establish mandatory rape kit collection procedures for sexual assault cases while simultaneously banning all dangerous medical procedures.

Along with outlawing harmful practices, India needs to institutionalise rape kits as the standard mandatory for collecting forensic evidence in cases of sexual assault. This takes more than sending kits to the hospitals; it takes an integrated system that guarantees their availability, the education of the medical community in their use, and the establishment of strong chain-of-custody procedures. The American model, whereby federal funding under the Violence Against Women Act is conditional on compliance with rape kit protocols, provides a good model.

India might implement this by tying central and state funding for health institutions to documented compliance with the use of rape kits, so hospitals are not only equipped but also motivated to do things the best way. The extension of the two-finger test is not just a case of obsolescent procedure but also of the extension of patriarchal thinking within the medical profession. Physicians and nurses need to be trained not just in the technical application of rape kits but also in their ethical and constitutional duties towards survivors. Medical education needs to be transformed to rid itself of existing practices and adopt survivor-sensitive, trauma-informed procedures. Continuing professional education programs need to be made compulsory so that practitioners are kept abreast at regular intervals of both science's best practices and constitutional imperatives.

Improving forensic infrastructure is a reform that is equally essential. For rape kits to be effective, the samples need to be analysed in well-equipped forensic laboratories with sufficient staff and oversight. Many of these laboratories are today hindered by delays, backlogs, and technical shortcomings, which make evidence inadmissible or irrelevant. Investment in forensic science must thus be prioritised, and a focus on regional laboratories that can cover urban and rural areas efficiently. The United Kingdom's centralised forensic databases and South Africa's integrated centres prove that investment in infrastructure is able to fundamentally increase the timeliness and reliability of forensic evidence.

Additionally, reforms should integrate monitoring and accountability systems. The creation of autonomous oversight agencies whose mandate is to audit hospitals, track the use of rape kits, and investigate survivor complaints would guarantee compliance. These agencies could release yearly reports regarding levels of adherence, thus encouraging openness and allowing civil society to hold institutions accountable. Feedback mechanisms from survivors, such as anonymous hotlines or complaint systems, could also guarantee that practice on the ground is consistent with constitutional and ethical standards. At the philosophical level, these reforms have to be rooted in the idea of constitutional morality. Constitutional morality, Ambedkar contended, is not contingent upon social attitudes but is an elevated responsibility placed upon institutions to ensure dignity, liberty, and equality. In sexual assault, this translates into rejecting humiliating practices and adopting those that affirm the autonomy and dignity of survivors. The two-finger test, in degrading survivors to instruments of moral judgment, violates constitutional morality,

whereas rape kits, when well-institutionalised, reflect its values in validating both survivor dignity and scientific integrity.

VIII. Conclusion:

In summary, the continued use of the two-finger test and poor implementation of rape kits are two extremes of an institutional failure to harmonise medico-legal procedures with constitutional values and international best practices. The reforms proposed in this research (statutory prohibition, institutionalisation of rape kits, training and sensitisation of healthcare providers, investment in forensic infrastructure, and institution of accountability mechanisms) are not only desirable but also a necessity if India has to realise its constitutional promise to dignity and justice. Comparative analysis indicates that such reforms are both necessary and possible, and their failure cannot be excused. The future of sexual assault law in India hangs in the balance on whether institutions will be able to break free from archaic, patriarchal customs and adopt survivor-focused, constitutionally valid forensic protocols. As long as those changes remain unrealised, survivors will keep facing indignity and injustice, and the potential of the Constitution will continue to remain unrealised.

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