

Case Report

Rape, Sodomy and Murder of a Minor Girl

*Putul Mahanta

Abstract

In this short case of article on typical sexual assault, a 14 year old minor girl was killed and found in a ditch of a jungle nearby her house. The minor girl has died as a consequence of barbarous act of sexual assault, sustained bruises on labia, recent hymnal tears, and tears around anus with signs of ligature strangulation besides the generalized signs of asphyxia. The wearing garments were found torn at places with the presence of stains of mud and sand particles. The laboratory findings confirm presence of spermatozoa. The presence of marks of violence on the genitals of the child, when an early examination is made is the strong evidence that the sexual assault has been committed. The psychiatric analysis of all the accused of this kind of cases should be made mandatory for better assessment of the cases besides an active legislative and judicial actions, comprehensive quick approaches of investigative officers and healthcare providers.

Key Words: Minor girl; Sexual assault; Hymnal tear; Sodomy; Manual Strangulation

Introduction:

India is well on its way to being the rape capital of the world. With most offenders taking solace in the idea that they can get away with it, there seems no solution in sight to the problem at the moment. More than 20,000 rapes were reported in 2008, and it is estimated that only one in 69 cases even gets reported. One of the worst places for a woman to live in, in terms of personal safety and security, India records 57 rape cases per day, up by 800 per cent if one considers the seven per day recorded in 1971. [1]

Sodomy is a term used in the law to describe the act of "unnatural" [2] sex, which depending on jurisdiction can consist of oral sex or anal sex or any non-genital to genital congress, whether heterosexual, or homosexual, or with human or animal. [3]

In young children there are few or no signs of general violence, for the minor usually have any idea of what is happening, and also incapable of resisting. The hymen may be intact or have tear depending upon the age and size of the minor. Anus may also be targeted for getting sexual gratification. No age is safe from rape, as children of one year or less, and old women of eighty-five year have been raped.

Corresponding Author:

*Assistant Professor,
Department of Forensic Medicine and Toxicology
Gauhati Medical College, Guwahati, Assam, India
E-mail: drpmahanta@gmail.com
DOR: 21.05.12 DOA: 10.10.12

Children are more frequently raped than adults as they cannot offer much resistance, and also due to false belief that venereal diseases are cured by sexual intercourse with a virgin. [4]

Rape is not a medically recognized entity, but a sociological and legal concept.[5] This presentation describes a case of sexual assault on 12 year minor girl with emphasis of early examination for the purpose of collecting evidence.

Case Report:

A girl of age around 14 years was recovered dead by local people in a ditch of a jungle nearby her house in the district of Kamrup, Assam after 12 hours of missing. Police suspected this case to be a drowning and brought for autopsy to the department of Forensic Medicine of Gauhati medical College.

Post Mortem Findings:

External Examination:

The victim presented with torn wearing garments at places, stained with mud and sand particles. Blood stained froth was found around the mouth and nostrils (Fig. 1) besides fecal matter at anus.

Multiple ligature marks, continuous and horizontal, bruises with nail scratch abrasions were found over both sides of the neck, more towards the nape of the neck. (Fig. 2)

Internal Examination:

Multiple bruises of variable sizes over neck muscles, both the sides of neck at places more towards the nape of the neck were present. Petechial hemorrhages over pleura,

pericardium and renal capsule with congestion of all viscera.

Negative Findings:

Mud and sand particles were not found on trachea and stomach besides negative diatom test. Chemical analysis of stomach contents also found negative for any drug or chemical.

Genital Findings:

Bruises on labia minora, recent hymenal tears at 5 and 7 o'clock position with oozing of blood with a tear of the posterior fourchette. (Fig. 3)

Anal Findings:

Two small linear abrasions extending from anal margin into the anus with dilatation (3.5x2cm size) and a bruise at its right margin with laceration of size (1.5x0.5) cm and fissure was seen around the anus. (Fig. 4)

Laboratory Findings:

- Vaginal smear shows spermatozoa. (Fig. 5)
- Barberio's Test positive.
- DNA analysis of trace evidence has established crime with the suspected criminal.
- Iscra analysis report shows negative result for drug, chemical, etc.

Discussion:

The world of sexual brutality and degradation of humanity is quite evident in every part of this world. Approximately 15% to 25% of all women were sexually abused and they were children [6, 7] of this age group.

Timely examination of the victims is important to document injuries. The genital injuries and the signs of anal penetration of this case are an agreement with the findings of Joyce A. Adams MD, et al. [8] The **Supreme Court (of India) judgment in 2000** delivered in State of Karnataka V. Manjanna [9], has recognised that the rape victim's need for a medico-legal examination constituted a medico-legal emergency, hence early examination is important to well document the genital injuries as well as to collect the trace evidence like seminal stain. A localized pattern of genital trauma can frequently be seen in women reporting non consensual sexual intercourse [10], but in this case of forceful sexual assault injuries were seen other than genital tract where signs of manual strangulation present besides the signs of rape and sodomy.

This case of sexual assault with traumatic physical injuries being assaulted by a stranger is well tallied with the findings of Ann L. Coker et al. [11], which is a typical example of

sex related homicide as stated by Geberth VJ. [12] This case highlights the importance of addressing 'child sexual abuse' as a public health issue and focuses the needs of study on the demographic profile of the victims in an urban area.

Conclusion:

Though more needs to be done to provide justice to all victims of sexual assault, an active legislative and judicial actions, comprehensive quick approaches of investigative officers and healthcare providers, and rehabilitation is of very much need in a case of sexual assault. The psychiatric analysis of all the accused in such kinds of cases should be made mandatory for better assessment.

Consent:

Informed consent was taken from legal guardian for publication or use of this material for research purposes.

Acknowledgements:

I am indebted to Professor Dr. SI Barbhuyan who has assisted me during the autopsy and to my wife Manmi Das Mahanta and to my kids Jacinth and Adriana for their help in various aspects.

References:

1. **Nayar Megha C.J. India.** The rape kingdom. Merinews, power to people. 2009 Aug 28 [cited 2010 April 25th]; Available from: URL: <http://www.mernews.com/article/india-the-rape-kingdom/15782707.shtml>
2. **Sullivan, Andrew.** Unnatural Law. The New Republic 2003 Mar 24 [cited 2010 Oct 17]; Available from: URL: <http://www.tnr.com/article/unnatural-law>. Retrieved 2010-05-25
3. **Koerner, Brendan.** "What is sodomy", State. 2002 Dec 10 [cited 2010 Oct 17]; Available from: URL: <http://www.slate.com/id/2075271/>
4. **Reddy NKS.** The Essentials of Forensic Medicine and Toxicology. 18th ed. Hyderabad: K. Suguna Devi; 1999. p. 324-342.
5. **Pillay V.V.** Textbook of Forensic Medicine and Toxicology. 14th ed. Hyderabad: Paras Medical Publisher; 2007. p. 287
6. **Julia Whealin.** Child Sexual Abuse. National Center for Post Traumatic Stress Disorder, US Department of Veterans Affairs, 2007-05-22 [cited 2010 May 5th]; Available from: URL: <http://www.ptsd.va.gov/public/pages/child-sexual-abuse.asp>
7. **Finkelhor D.** Current information on the scope and nature of child sexual abuse. The Future of Children, 4 (2): 31-53. Doi: 10.2307/1602522 PMID 7804768, 1994 [cited 2010 May 5th]; Available from: URL: <http://www.unh.edu/ccrc/pdf/VS75.pdf>
8. **Adams Joyce A., Girardin Barbara, Faugno Diana.** Adolescent Sexual Assault: Documentation of Acute Injuries Using Photocolposcopy. J Pediatric and Adolescent Gynecology 2001 Nov;14(4):175-180.
9. **Supreme Court of India.** Judgments, the judgment information system of India. State of Karnataka v. Manjanna (2000 SC (Cri) 1031)/CriLJ 3471/ 2000(6) SCC 188.
10. **Laura Slaughter, C. Brown, S. Crowley, R. Peck.** Patterns of Genital Injury in Female sexual assault victims. American J Obs and Gyne 2005 Nov; 176(3):609-616.
11. **Coker Ann L., Walls Lucille G., Johnson Joseph E.** Risk Factors for Traumatic Physical Injury During Sexual Assaults for Male and Female Victims. Journal of Interpersonal Violence 1998;13(5):605-620.

12. Geberth VJ. The Classification of Sex-Related Homicides [place unknown] Practical Homicide Investigation, 1996 [cited 2010 April 25th]; Available from: URL: <http://www.practicalhomicide.com/Research/sexrelatedhomicides.htm>

Fig. 1: Blood Stained Froth with Dirt and Mud Particles over the Body



Fig. 2: Bruises. Marks of ligature with Nail-Scratch Abrasions around the Neck



Fig. 3: Recent Hymeneal Tear



Fig. 4: Dilated Anal Canal with Bruised Right Margin with Laceration



Fig. 5: Microscopic Examination of Vaginal Smear showing Spermatozoa

