

Content available at: <https://www.ipinnovative.com/open-access-journals>

Indian Journal of Forensic and Community Medicine

Journal homepage: <https://www.ijfcm.org/>

Case Report

Role of state and medical officials in case of sexual assault by an insane person: A case report

Mukul Sharma^{1,*}, Biplab Rath¹, Afsar Jahan², Varsha Sharma³, Vigneshvar R¹, Manas Ranjan Sahu¹

¹Dept. of Forensic Medicine and Toxicology, All India Institute of Medical Sciences, Bhubaneswar, Odisha, India

²All India Institute of Medical Sciences (AIIMS), Bhopal, Madhya Pradesh, India

³Dept. of Pediatric and Preventive Dentistry, Kalinga Institute of Dental Sciences, Bhubaneswar, Odisha, India



ARTICLE INFO

Article history:

Received 18-06-2021

Accepted 08-07-2021

Available online 18-09-2021

Keywords:

Sexually violent

Sexual assault

ABSTRACT

Violence against women has been in talks and news every now and then. Various laws are enacted world-over and in India for protection of their rights and dignity with stringent punishments of the offender. But issues arise if the offender is a mentally unsound person or a juvenile. The case is of a four-month pregnant lady who was attacked by a mentally unsound person and was brought to casualty in a low condition with unstable vitals. She had sustained multiple injuries over the body and a wooden roller stuck inside the vagina. The treating physician's medico-legal duties and the role of state in such cases become very important. The treatment examination of victim and accused along with the legal implications make such cases worth discussing.

This is an Open Access (OA) journal, and articles are distributed under the terms of the [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License](https://creativecommons.org/licenses/by-nc-sa/4.0/), which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

For reprints contact: reprint@ipinnovative.com

1. Introduction

Ever since the existence of human civilization, crimes have prevailed, for which laws are made and timely amendments are done by governing bodies to improve legal system. Women have been a vulnerable group to be the victim of the crimes. Available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner and up to one-third of adolescent girls report their first sexual experience as being forced.^{1,2} So specific laws directed to protect them have been enacted worldwide. The stringent punishments for the heinous crimes have been able to curtail the offences to a greater extent. The problem arises if the offender is unable to know the gravity of the offence like if he/she is mentally unsound. We are presenting here an unusual case of assault over a pregnant vulnerable female by a mentally ill person.

* Corresponding author.

E-mail address: mukul.med@gmail.com (M. Sharma).

2. Case Report

At around 4:30 A.M on dated 17-01-2019, one mentally retarded person assaulted, four month pregnant lady aged 30 years in Odagaon, Nayagarh, Odisha. The patient was brought to the casualty of AIIMS, Bhubaneswar by her husband with multiple injuries over the body and in a low condition. On examination, patient was disoriented and agitated. Vitals were unstable. On physical examination we found that one roller stick was present in-situ inside the vagina (Figure 1). Contusion was present on both sides of bilateral breast and right side shoulder and was bluish in color. Lacerated wounds were present on left side forehead, malar area, around the lips with irregular and contused margins going beyond the left lower lip. Bilateral raccoon eye was present around the peri-orbital area. Stab wound was present in pelvic wall in midline region with presence of metallic blade in situ (Figure 2), it is 9.5cm long, single sharp edge along with blunt end on the

opposite side with a sharp pointing dissecting end. Another stab wound was present; 3cm lateral to above the first stab wound on left side. Radiological examination showed multiple fractures on an area underneath left orbito-maxillo-mandibular fracture with dislodging of lower left incisors (Figure 3).

3. Weapon Examination

A broken wooden roller stick of light weight 110gms was present in-situ in vaginal canal of the victim. It was 31 cm long and broken from one end (Figure 4). The one side intact handle was 12cm in length, other handle was 6cm with broken margins, and the central part was 12 cm in length and having maximum circumference of 7 cm. Blood stains were present over the surface. The broken blade of knife without the handle, retrieved from the stab wound over the lower abdomen was 10 cm long and having a pointed tip. It was single edged and the edge was curved. The maximum width of the blade was 1cm.

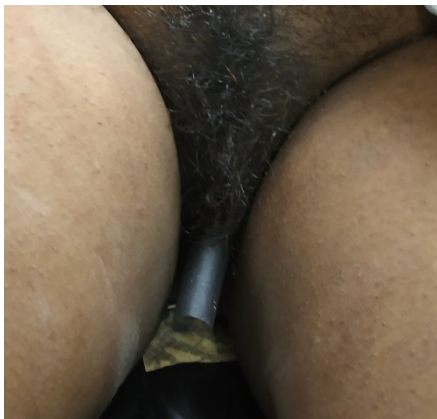


Fig. 1: Roller present inside vagina with its visible broken end

4. Discussion

WHO defines sexual violence as: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work. Sexual violence has a profound impact on physical and mental health. As well as causing physical injury, it is associated with an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences.

There has been considerable research in recent times on the role of cognitive variables among the set of factors that can lead to rape. Sexually violent men have been shown to be more likely to consider victims responsible for the rape and are less knowledgeable about the impact of rape on victims.³ Such men may misread cues given out by

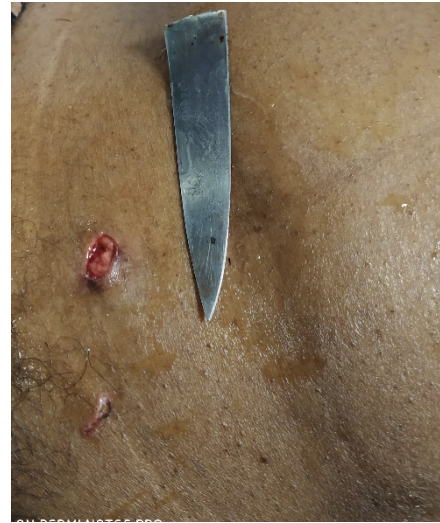


Fig. 2: Stab wound injury with weapon of offence

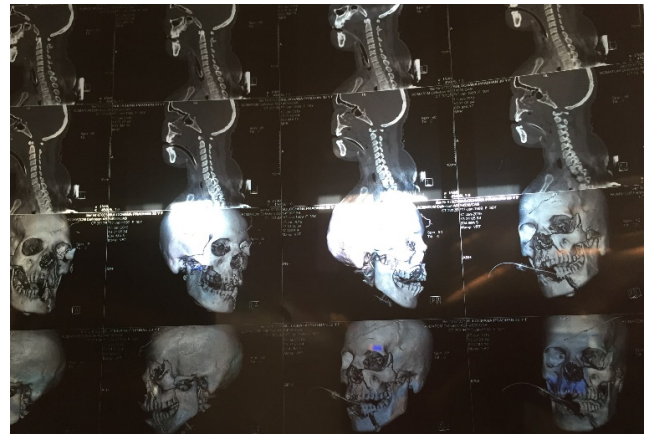


Fig. 3: Orbito –maxilo –mandibular fracture



Fig. 4: Wooden roller during weapon examination

women in social situations and may lack the inhibitions that act to suppress sex and aggression.^{3,4} They have coercive sexual fantasies and overall are more hostile towards women than men who are not sexually violent.⁵ In addition to these factors, sexually violent men are believed to differ from other men in terms of impulsivity and antisocial tendencies.⁵ They also tend to have an exaggerated sense of masculinity. Sexual violence is also associated with a preference for impersonal sexual relationships as opposed to emotional bonding, with having many sexual partners and with the inclination to assert personal interests at the expense of others.⁶ Further association is with adversarial attitudes on gender, that hold that women are opponents to be challenged and conquered.⁷

The legal definition of rape in India is described under the section 375 of Indian Penal Code (IPC) and has been updated after the Nirbhaya case. The punishment is underlined in 376 IPC. The consent should be explicit and should not be under force or coercion. The main thing is about the nature of trial where it states that onus is on accused to prove not guilty and not on the victim. Complications arise where the compos mentis of the accused is in question like in this case where the accused was mentally unsound so cannot be held guilty under section 84 IPC.

5. Conclusion

Violence against women is not limited by normal people. The sexual assault cases by insane person are increasing day by day. It has serious consequences on the victim especially when the victim is pregnant.

6. Conflict of Interest

None

7. Source of Funding

None

8. Ethical Clearance

Taken from institutional ethical committee and Identity of deceased was not disclosed in case report.

References

1. Hakimi M, Hayati EN, Vu M, Winkvist A, Ellsberg M. Silence for the sake of harmony: domestic violence and women's health in central Java. Yogyakarta: Gadjah Mada University; 2001.
2. Jewkes R, Vundule C, Maforah F, Jordaan E. Relationship dynamics and teenage pregnancy in South Africa. *Soc Sci Med*. 2001;52(5):733–44.
3. Drieschner K, Lange A. A review of cognitive factors in the etiology of rape: Theories, empirical studies, and implications. *Clin Psychol Rev*. 1999;19(1):57–77.
4. Dean KE, Malamuth NM. Characteristics of men who aggress sexually and of men who imagine aggressing: Risk and moderating variables. *J Personal Soc Psychol*. 1997;72(2):449.
5. Ouimette PC, Riggs D. Testing a mediational model of sexually aggressive behavior in nonincarcerated perpetrators. *Violence Victims*. 1998;13(2):117–30.
6. Malamuth NM, Sockloskie RJ, Koss MP, Tanaka JS. Characteristics of aggressors against women: Testing a model using a national sample of college students. *J Consulting Clin Psychol*. 1991;59(5):670.
7. Lisak D, Roth S. Motives and psychodynamics of self-reported, unincarcerated rapists. *Am J Orthopsychiatry*. 1990;60(2):268–80.

Author biography

Mukul Sharma, Senior Resident

Biplab Rath, Junior Resident

Afsar Jahan, Senior Resident

Varsha Sharma, Post graduate Trainee

Vigneshvar R, Post graduate Trainee

Manas Ranjan Sahu, Associate Professor

Cite this article: Sharma M, Rath B, Jahan A, Sharma V, Vigneshvar R, Sahu MR. Role of state and medical officials in case of sexual assault by an insane person: A case report. *Indian J Forensic Community Med* 2021;8(3):197-199.