

## Sexual Abuse and Murder of a Minor Girl: A Case Study

Nirmalya Kumar Sinha<sup>1</sup>, Uday Basu RoyChowdhury<sup>2\*</sup>, Dulal Chandra Das<sup>3</sup>,  
Sumandev Chakraborty<sup>4</sup>, Somnath Maity<sup>5</sup>, Paramita Karan<sup>6</sup>

<sup>1</sup>Dept. of Nutrition, Raja N.L. Khan Women's College, Midnapore, India.

<sup>2,5</sup>Dept. of Forensic Medicine & Toxicology, Midnapore Medical College, Midnapore, India.

<sup>3</sup>K.D. College of Commerce & General Studies, Midnapore, India.

<sup>4,6</sup>Midnapore Medical College, Midnapore, India.

**\*Corresponding Author:**

E-mail: udayfsm@gmail.com

### ABSTRACT

*Child sexual abuse is a common and a serious public health problem in every society. It not only leaves a permanent scar on the mind and the body of the victim, but also put her entire family into shame and humiliation. The majority of sexual assault cases is never reported to avoid social stigma and the number of reported sexual assault is the only tip of the iceberg. We present a case of a victim who died from smothering after sexual assault, sustained lacerated injury over the posterior wall of the vagina at its lower part including perineum, hymen and labia minora of both sides. There were multiple injuries all over the body. We attempt to highlight a case of rape murder complex, which is of rare occurrence in the semiurban regions of West Bengal, India.*

**Key words:** Child sexual abuse; Homicide; Medico-legal examination; Smothering;

Access this article online	
Quick Response Code:	Website: www.innovativepublication.com
	DOI: 10.5958/2394-6776.2015.00011.9

### INTRODUCTION

Child sexual abuse (CSA) is a common problem in every society [1-3]. CSA typically includes unwanted and inappropriate sexual solicitation of, or exposure to, a child by an older person; genital touching or fondling; or penetration in terms of oral, anal or vaginal intercourse or attempted intercourse [4]. Sexual offences in India are covered under different sections of Indian Penal Code and it does not distinguish between adult and child victims [5]. However, the Protection of Children from Sexual Offences Act (POCSO), 2012, which has been recently drafted to strengthen the legal provisions for the protection of children from sexual abuse and exploitation, defines a child as any person below the age of 18 years and provides protection to all children under the age of 18 years of the offence of sexual assault, sexual harassment, and pornography [5]. According to a study published by the Ministry of Women and Child Development in 2007, India has the world's largest number of sexually abused children; children below 16 years are raped every 155<sup>th</sup> minute and below 10 years are raped every 13<sup>th</sup> hour and there is severely under-reporting of such crimes [6]. But while considering the incidence of rape, it is 2 per 100,000 people in India, which is

much lower than the reported rape incidence rate statistics for many nations tracked by the United Nations [7,8]. The majority of rape cases in India, as elsewhere in the world, is never reported due to the social stigma [9,10]. It has been reported that among all the CSA victims, 56% were referred to the police, 31% to the public prosecution and only about 8% reached the court [11]. The under-reporting of CSA by victims is a serious problem that may prolong the suffering of victims and leave perpetrators free to continue offending [12].

Rape is not a medically recognized entity, but a sociological and legal concept [13,14]. This presentation describes a case of sexual assault on 9 year minor girl with homicidal smothering as the cause of death, which is a rare occurrence in the district of Paschim Medinipur.

### CASE REPORT

#### History:

On 30.01.2014 a girl of age around 9 years, resident of Kharagpur in the district of Paschim Medinipur, West Bengal, was recovered dead (lower portion was uncovered) by local people in a paddy field (Fig. 1). The deceased was missing from 29.01.2014 evening while she went to the neighbour's house. As opined by the near relatives and the local people, the girl died due to fatal sexual assault and murder by smothering. Police suspected the case to be a sexual assault and murder while the victim resisted rape. On the next day (31.01.2014) the body was brought to the mortuary of the Midnapore Medical College, Midnapore, West Bengal for medico-legal autopsy.

**Findings in autopsy:**

The external examination revealed that the body of the girl, measuring 4'2" cm by height, 25 kg by weight and dark in complexion. The upper portion of the body was covered in violet coloured frock stained with mud and yellowish full sweater stained with mud clothing while the lower portion was uncovered. A greenish chadar stained with mud and torn at places was also noted. Scalp hair was 3" long and black. Dried marks of saliva at both angle of mouth was found. Cyanosis over finger nail beds and lips was noted. Conjunctiva was congested on both sides. Abrasions were found on left cheek (8nos, between  $\frac{1}{2}$ " X  $\frac{1}{2}$ " to  $\frac{1}{6}$ " X  $\frac{1}{6}$ " ), neck (3 nos, between  $\frac{1}{4}$ " X  $\frac{1}{4}$ " to  $\frac{1}{8}$ " X  $\frac{1}{8}$ " ), chin (1" X  $\frac{1}{8}$ " ), left axilla ( $1\frac{1}{2}$ " X  $\frac{1}{2}$ " ), upper part of left thigh (1" X 1.2"), upper part of right thigh ( $\frac{1}{6}$ " X  $\frac{1}{10}$ " ), gluteal cleft (1" X  $\frac{1}{2}$ " ), right iliac crest ( $\frac{1}{2}$ " X  $\frac{1}{4}$ " ), left iliac crest (1" X  $\frac{1}{4}$ " ). Lacerated injury ( $\frac{1}{6}$ " X  $\frac{1}{8}$ " ) of muscle was found over lateral aspect of left hip joint.

Other important post mortem findings were congestion of mucous membrane of trachea and presence of petechial haemorrhagic spots on the under surface on pleura suggestive of asphyxial death (Fig. 2).

Genital examination revealed lacerated injury (1" X  $\frac{1}{2}$ " X muscle) was present over posterior wall of vagina at its lower part including perineum, hymen and labia minora of both sides (Fig. 3). Detection of spermatozoa on vaginal swab and smears proved sexual assault which was the motive for murder.

**Cause of death:**

Death was due to the effect of smothering, which was antemortem and homicidal in nature. Study at Forensic Science Laboratory suggested sexual assault which was antemortem in nature.



**Fig 1: Victim found in a paddy field**



**Fig. 2: Findings of neck and face suggestive of smothering**



**Fig. 3: Genital injury**

## DISCUSSION

Sexual assault leaves a permanent scar in the mind and on the body of the victim and this is happening greatly in the child victims. This social menace not only affecting the victim, but the entire family also put into the shame and humiliation [15]. The present case is unique due to the fact that the accused was a neighbour of the victim girl, well known to her. Police investigation subsequently revealed that the accused called the victim allured by some confectionery, then assaulted her sexually and finally murdered her by smothering. Sexual assault along with murder in a young girl is not of common occurrence in this district of West Bengal.

The disproportion between male and female private parts and application of undue physical force during coitus are found to be important positive factor to produce vaginal laceration during sexual assault [16]. Genital disproportion is more relevant in cases of pre-pubertal young victim girls. Abnormal sexual posture is considered to be another important factor contributing to genital laceration.

In the present study the cause of death is not directly the violent sexual act but from other injuries. The crime was performed by a person well acquainted by the victim to avoid identification of the perpetrator of crime. Similar case was reported by Mahanta (2012) where a minor girl was assaulted sexually and murdered by strangulation with ligature [14].

## CONCLUSION

CSA is an extensive problem and even the lowest prevalence includes a huge number of victims. Hence, stringent measures should be taken for the prevention and control of this hidden public health

issue. Rape murder complex is a serious legal issue in any society, particularly in a semiurban setting like that of the present case. High risk population should be identified at earliest and stringent legislative measures should be taken properly to safeguard the interest of the victims and society at large. Mass media should play an important role by creating awareness among common people.

## REFERENCES:

1. Adams JA, Kaplan RA, Starling SP, Mehta NH, Finkel MA, Botash AS, Kellogg ND, Shapiro RA. Guidelines for medical care of children who may have been sexually abused. *J Pediatr Adolesc Gynecol.* 2007;20(3):163-72.
2. Singh MM, Parsekar SS, Nair SN. An epidemiological overview of child sexual abuse. *J Family Med Prim Care.* 2014;3(4):430-5.
3. Mendelson T, Letourneau EJ. Parent-Focused Prevention of Child Sexual Abuse. *Prev Sci.* 2015; 16(6):844-52.
4. Andrews G, Corry J, Slade T, Issakidis C, Swanston H. Child sexual abuse. In: Ezzati M, Lopez AD, Rodgers A, Murray CJL (Eds). *Comparative Quantification of Health Risks: Global and Regional Burden of Disease Attributable to Selected Major Risk Factors.* Geneva: World Health Organ. 2004. pp. 1851-940.
5. Maring SK, Meera T, Singh TB, Nabachandra H. Child sexual assault: A study in Manipur. *J Med Soc.* 2013;27(3):187-90.
6. Ministry of Women and Child Development, Government of India. *Study on Child Abuse: INDIA 2007.* New Delhi: Kriti. 2007.
7. National Crimes Record Bureau. *Crime in India 2012 – Statistics* Government of India. New Delhi: National Crimes Record Bureau. 2013.
8. Harrendorf S, Heiskanen M, Malby S. *International statistics on crime and justice.* HEUNI Publication Series No. 64. Vienna, Austria: United Nations Office on Drugs & Crime. 2012.

9. Shrivastava RS. Crime and Control in Comparative Perspectives: The Case of India. In: Heiland HG, ShellyLI, KatohH (Eds). Crime and Control in Comparative Perspectives. New York: De Gruyter. 2011. pp 190.
10. Davis DW, Pressley-McGruder G, Jones VF, Potter D, Rowland M, Currie M, Gale B. Evaluation of an innovative tool for child sexual abuse education. *J Child Sex Abus.* 2013;22(4):379-97.
11. Al-Mahroos F, Al-Amer E. Reported child sexual abuse in Bahrain: 2000-2009. *Ann Saudi Med.* 2011;31(4):376-82.
12. Leclerc B, Wortley R. Predictors of victim disclosure in child sexual abuse: Additional evidence from a sample of incarcerated adult sex offenders. *Child Abuse Negl.* 2015;43:104-11.
13. Pillay VV. Textbook of Forensic Medicine and Toxicology. 14th ed. Hyderabad: Paras Medical Publisher. 2007. pp. 287.
14. Mahanta P. Rape, Sodomy and Murder of a Minor Girl. *J Indian Acad Forensic Med.* 2012; 34(4): 358-60.
15. Roy Chowdhury UB, Bose TK. Rape: Its medicolegal and social aspect. *J Indian Acad Forensic Med.* 2008;30(2):69-71.
16. Narkunam R, Raman S, Kulenthiran A, Sinnathuray TA. Coital injuries: A study of three cases. *Med J Malaysia.* 1984; 39(1):78-81.