

## Case Report

# Alleged sexual assault

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### Abstract

Child sexual abuse includes any activity with a child, before the age of legal consent or puberty, that is for the sexual gratification of an adult or a significantly older child. Sexual mistreatment of child by family members (Incest) and nonrelatives known to the child is the most common type of child sexual abuse. Intra-familial sexual abuse is difficult to document & manage, because the child must be protected from additional abuse and coercion not to reveal or to deny the abuse, while attempts are made to preserve the family unit. The alleged victim child was a minor girl about 2 years of age. She was sexually abused by non-familial person. She was first admitted for treatment at Dhaka Medical College & then for medico-legal examination at Sir Salimullah Medical College.

Key words : Alleged, sexual assault

### Introduction

Child sexual abuse has been defined by the American Academy of Pediatrics as the engaging of a child in sexual activities that the child cannot comprehend, for which the child is developmentally unprepared and cannot give informed, and violate the social taboos. In general, children cannot give consent to any sexual activity, but the legal age of consent may vary by state. Sexual activities involving a child may include activities intended for sexual stimulation, such as those involved in contact sexual abuse (eg, touching the child's genitalia or the child touching an adult's genitalia), penetrating injury (eg, penile, digital, and object insertion into the vagina, mouth, or anus), and non-penetrating injury (eg, fondling, sexual kissing).

The American Psychiatric Association states that "children cannot consent to sexual activity with adults," and condemns any such action by an adult: An adult who engages in sexual activity with a child is performing a criminal and immoral act which never can be considered normal or socially acceptable behavior.

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### Case History

#### Profile of the victim

**Name :** .....

**Age :** 22 Months

**Father's Name :** .....

#### Address

- Present : House no- ..., Side road no: ...  
Shahid Nagar, Lalbag, Dhaka.
- Permanent: Chitulia, Kalipur, Shariatpur.
  - Lalbag Police Station Case No: 10,  
Date: 07-11-2010.
  - Nari o Shishu Nirhjatton Domon Ain  
(2003)-Shongshodhoni -9(1)/30
  - Memo no- SSMC: 140/2010,  
Date-08-11- 2010.

### History of the case

#### Admission history at Dhaka Medical College Hospital Hospital information

1. Name : .....
2. Age : 22 Months
3. Reg. no : 49067/127, PSU-1
4. Bed no : 6B, W- 35A
5. Date of admission : 05-11-2010.
6. Time : 10:45 am

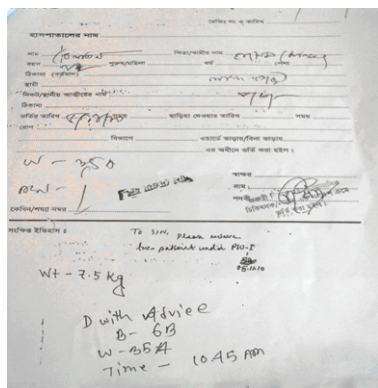


Figure : Admission certificate

### C/C-

- Per vaginal bleeding for 2 ½ hours
- H/O trauma / accident 2 ½ hours back

### History of present illness

According to the statement of the patient's attendance (mother), the patient was alright 2 ½ hours back. Then she developed P/V bleeding, possibly following a trauma or accident while playing 2 ½ hours back.

### On general examination

Pulse :125/min, BP :90/60 mm of Hg, Temp :37°C  
Multiple bruise all over the body.

### On local examination

- Evidence of localized injury to genitalia
- Bleeding coming from posterior fourchette,
- Vulva edematous,
- Linear abrasion at both labia minora about 1 ½ cm and abrasion at posterior fourchette about 1 cm.

### Treatment history

- Local management : (05-11-2010)
- Gauge pack was given in situ.
- Pressure bandage was given.
- Catheterization was done.

### Drug management

- Inf. Baby saline.
- Inj. Ceftriaxone (500mg) i/v daily.
- Inj. Traxyl (250mg) ½ amp. i/v 8hourly
- Transfused 1/3 unit of Blood.
- Caprolysin soaked gauge pack in situ.

### Details on discharge certificate

- The patient was discharged with advice on 07-11-2010 at 10:40 am.
- The patient was admitted with complaints of per vaginal

bleeding for 2½ hours prior to admission following unexplained insult to vaginal structure. On examination patient was found to be anaemic and pulse 125/min and having multiple bruise over face and body. Local examination revealed evidence of localized injury around vaginal orifice. Bleeding coming from posterior fourchette and edematous vulva. Linear abrasion at both labia minora about 1 ½ cm and abrasion at posterior fourchette about 1cm.

Vaginal pack with pressure bandage given.

- Follow up- Bleeding controlled.

### Treatment on discharge

- Syrp. Cef-3 (200mg/1ml)-½ TSF 2 times daily.
- Syrp. V. Plex. ½ TSF daily.

### Advice on discharge

- Take the medicine regularly.
- If any difficulty arise report to OPD at PSU on Saturday .
- For follow up treatment report to OCC.

### Medico-legal history at Department of Forensic Medicine, SSMC : (Date-08-11-2010)

According to the statement of the victim's mother, she (herself) has been doing household works in different houses of her locality. She (victim's mother) has seven children, of which the victim baby girl is the youngest of all about two years old. While she used to go for works, she generally keeps her child (victim) with another girl aged about 10/12 years, who lives near to her house. On 05-11-2010 about 10:30 am that young girl took away the victim with her to another place and returned home in the evening on the same day.

After their return, the mother of the victim observed that profuse blood was coming through the vagina of the victim. The victim's mother asked the young girl about the reason of bleeding through vagina. The girl explained that the bleeding was occurred due to sudden slipped and fall down on the ground, while the victim was playing.



Figure : The alleged victim



### On general examination

Multiple scratch mark were found over the face, back of the forearm & thigh.

### On local examination

The baby was very much apathetic.

A small linear scratch mark was present in the posterior fourchette,

Another linear scratch mark found in labia minora. No vulval edema or bleeding was found.

\*\* Vaginal swab was taken for detection of spermatozoa- Report of vaginal swab revealed that no spermatozoa are seen. (F-95)

Figure 1: Medico-legal report at SSMC

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Scene visit (Paediatric surgery unit-1 of Dhaka Medical College hospital):

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### Statement of Assistant Registrar of PSU-1 of DMCH

The assistant registrar (CA) stated that when he received the baby girl, she was very much anaemic, her pulse was so rapid it seemed that the patient was going to shock at any moment. Meanwhile patient's mother refused to hospitalize her in casualty/ Gynae & Obs ward. To save the life of the baby and for beneficent, he started conservative treatment with I/V saline & antibiotics, managed her local bleeding by caprolysin soaked gauge and pressure bandage. Bleeding was controlled.

### Statement of Associate Professor of PSU-1 of DMCH

The Associate Professor of PSU-1 stated that after admission in her ward she examined the baby thoroughly by herself and found the bleeding was stopped. They did not handle anything for local injury and transfused 1/3 unit of fresh blood.

### Opinion regarding medico-legal report

(Forensic Medicine Department of SSMC)

Considering physical examination and pathological examination of vaginal swab, my opinion "victim girl named ..... aged 22 months, daughter of Md. .... is consistent with sign of sexual assault.

### Risk factors of child sexual abuse

Parent abused as a child: Most perpetrators are not strangers but are known to the child (e.g., stepfathers, uncles, mother's paramour). Female perpetrators are reported less often. Parents who have been abused do not always abuse their own children, but the risk for continued familial abuse is present.

- Multiple caretakers for the child
- Caretaker or parent who has multiple sexual partners
- Drug and/or alcohol abuse
- Stress associated with poverty
- Social isolation and family secrecy
- Child with poor self-esteem or other vulnerable state
- Other family members (e.g., siblings, cousins) abused
- Gang member associations.
- Causal factors.

Causal factors of child sex offenders are not known conclusively. The experience of sexual abuse as a child was previously thought to be a strong risk factor, but research does not show a causal relationship, as the vast majority of sexually abused children do not grow up to be adult offenders, nor do the majority of adult offenders report childhood sexual abuse. The US Government Accountability Office concluded, "the existence of a cycle of sexual abuse was not established." Prior to 1996, there was greater belief in the theory of a "cycle of violence," because most of the research done was retrospective—abusers were asked if they had experienced past abuse. Even the majority of studies found that most adult sex offenders said they had not been sexually abused during childhood, but studies varied in terms of their estimates of the percentage of such offenders who had been abused, from 0 to 79 percent. More recent prospective longitudinal research—studying children with documented cases of sexual abuse over time to determine what percentage become adult offenders—has demonstrated that the cycle of violence theory is not an adequate explanation for why people molest children.

Offenses may be facilitated by cognitive distortions of the offender, such as minimization of the abuse, victim blaming, and excuses.

### Types of child sexual assault

Child sexual abuse includes a variety of sexual offenses, including:

Sexual assault – a term defining offenses in which an adult touches a minor for the purpose of sexual gratification; for example, rape (including sodomy), and sexual penetration with an object. Most U.S. states include, in their definitions of sexual assault, any penetrative contact of a minor's

body, however slight, if the contact is performed for the purpose of sexual gratification.

Sexual exploitation – a term defining offenses in which an adult victimizes a minor for advancement, sexual gratification, or profit; for example, prostituting a child, and creating or trafficking in child pornography.

sexual grooming - defines the social conduct of a potential child sex offender who seeks to make a minor more accepting of their advances, for example in an online chat room.

### Effects of child sexual assault

#### Psychological effects:

**Fear.** The offender may swear the child to secrecy and say that if they tell something bad will happen. Sexual abuse is usually accompanied by coercion, bribery or threats. The child is afraid to tell because of what the consequences might be e.g., punishment, blame, abandonment or not being believed.

**Helplessness/powerlessness.** Children in this situation often feel that they have no control over their own lives or even over their own bodies. They feel that they have no choices available to them.

**Guilt and Shame.** The child knows something is wrong and blames him or herself not others. The offender will often encourage the child to feel that the abuse is his or her fault and sometimes s/he will feel that s/he is a "bad" person.

**Responsibility.** The offender often makes the child feel responsible for keeping the abuse a secret. Sometimes the child also feels responsible for keeping the family together and the burden of this responsibility interferes with experiencing a normal childhood.

**Isolation.** Incest victims feel different from other children. They must usually be secretive. This even isolates them from non-offending parents and brothers and sisters.

**Betrayal.** Children feel betrayed because they are dependent upon adults for nurturing and protection and the offender is someone who they should be able to love and trust. They may also feel betrayed by a non-offending parent who they feel has failed to protect them.

**Anger.** Not surprisingly this is one of the strongest feelings which many children have about their sexual assault. Children may feel anger against the perpetrator and also against others who they feel failed to protect them.

**Sadness.** Children may feel grief due to a sense of loss, especially if the perpetrator was loved and trusted by the child.

**Flashbacks.** These can be like nightmares which happen while the child is awake. They are a re-experience of the

sexual assault and the child may experience all the feelings gained which they felt at that time.

**In The Long Term The Child May Also Experience A Number Of Effects As An Adult. These May Include:**

1. Depression, anxiety, trouble sleeping.
2. Low self esteem.
3. "Damaged goods" syndrome. i.e. negative body image due to self-blame. This may be intensified if physical pain was experienced during the abusive incidents.
4. Dissociation from feeling.
5. Social isolation.
6. Relationship problems such as an inability to trust, poor social skills or reluctance to disclose details about themselves.
7. Self destructive behaviour such as substance abuse or suicide attempts.
8. Sexual difficulties such as fear of sex or intimacy, indiscriminate multiple sex partners or difficulty in reaching orgasm.
9. Parenting problems such as fear of being a bad parent, or fear of abusing the child or being overprotective.
10. An underlying sense of guilt, anger or loss.
11. "Flashbacks" and/or panic attacks.

**Discussion**

The baby girl was first admitted for treatment at Dhaka Medical College Hospital on 05-11-2010 with the complaints trauma/ accident in the genitalia (No definite cause was mentioned). After 3 days of treatment the baby girl came to Forensic Medicine Department of SSMC as Medico-legal case. There were differences between hospital information & police inquiry.

**Possible causes**

1. False charge/ history.
2. False diagnosis/ negligence of the hospital.
3. Evil intension of the relatives of victim.
4. Lack of knowledge.
5. Delinquency of police inquiry.

It was made difficult to solve and to draw opinion as medico-legal case. Lack of knowledge or ignorance in Forensic Medicine lead to this situation. It is required to develop basic skill or knowledge about Forensic Medicine to all categories of doctors to overcome it.

Finally, Forensic Medicine Department of SSMC set the opinion on the basis of physical and pathological examinations of the victim.

**Conclusion**

Sexual assault is one of the first growing violent crime in Bangladesh. It includes rape, physical and mental torture,

molestation, sexual harassment (Eve teasing) and prostitution of girl. The real magnitude of the crime is much higher as a large proportion goes unreported. Alleged victims of rape happen to be of different age groups but children, adolescents, and young women constitute the main target group. Major portion of alleged victims are refused to report sexual assault to law enforcing agency because of social stigma, prejudice with regard to the chances of marriage, being considered promiscuous and responsible for incidence, attendant humiliation and shame, embarrassment caused by appearance and cross examination in the court proceedings, publicity in the press, risk of losing love from family and respect of friends and society and that of her husband, if married. The major problem is that most of the victims brought for medico-legal examination after 5-7 days after the incidence even more. Rapidly healing injuries can be missed in case with delayed examination, there may be chance of false allegation. Similarly value of pathological examination followed an alleged incident has limited value because most of the cases high vaginal swab for detection of spermatozoa found negative.

Of course special privileges are granted to the rape victim under the prevailing laws and rulings. Since there is no uniformity in the interpretation of the law, she has to bear the risk of a negative verdict. The loopholes in the laws and procedures are cleverly manipulated to save the criminals; in most cases, they manage to come out unscratched. In spite of various amendments to the laws, the decisions of various courts show that either therapists are still being let off on grounds of benefit of the doubt or awarded minimum punishment considering on various grounds.

Finally, we can say the legal dictum that rape or any allegation of sexual assault is-

**"Easy to make,  
Hard to prove and  
Harder to disprove."**

**References**

1. Knight, Bernard. Simpson's Forensic Medicine. 11th Edition
2. Gee, D, j. Lecture notes on Forensic Medicine. 4th Edition
3. Shephard, David. Simpson's Forensic Medicine. 12th Edition
4. Mants, A. Keith. Taylor's Principles and practice of Medical Jurisprudence. 13th Edition.
5. Knight, Bernard. Legal Aspects of Medical practice. 5th Edition.
6. Child Sexual Abuse. American Academy of child and adolescent psychiatry