

A Minor Female as A Victim of Sexual Assault: A Clinical Forensic Case Report

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Abstract: Indonesia is facing a national emergency regarding sexual assault against children. The number of cases of sexual assault against children is increasing year by year. The threat of sexual assault often comes from a child's immediate environment. The cases of sexual assault against children often were only revealed after the incident occurred, and not a few had fatal consequences. The purpose of this study is to summarize general history, physical examination findings, and their relationship to medicolegal aspects in child sexual assault cases. This study is a type of case report in the Forensic and Medicolegal section of Abdul Moeloek Hospital. The case involves a 15-year-old patient who was sexually assaulted by an unidentified person. The result of this study showed that there was tear in the hymen, spermatozoa found in the mouth, genitals, and anal. There were signs of violence in the form of wounds on the genitals, and bruises on the right breast. This could be the basis for sexual harassment case. The victim's statement regarding the incident is reinforced by the basic evidence of the alleged sexual assault case, and the full determination by the investigator, the doctor as the examiner only has the right to check and give an opinion.

1 INTRODUCTION

Sexual violence is characterized as any sexual act, endeavoring to get sexual acts, undesirable sexual comments or acts of enticement, or activities with the point of offering female (commercial) sexuality, utilizing restraint, dangers, badgering or drive physically, by anybody in any case of the relationship with the casualty, beneath any circumstances, not restricted to the domestic and working environment. The forms of sexual violence have a very broad range, from sexual abuse to restraint beneath danger of rejection (by wrong assentment), to be classified as acts of sexual violence (Novia *et al.*, 2020). Child sexual abuse involves engaging a child in sexual activities that the child does not fully understand, is unable to give informed consent to, is not developmentally prepared for, or that violates societal laws or taboos (WHO, 2003).

Indonesia is facing a national emergency regarding sexual assault against children. The number of cases

of sexual assault against children is increasing year by year. One billion children globally are estimated to experience sexual violence (WHO, 2022). In Indonesia, there were 5.066 cases of child sexual abuse in 2014. According to the Ministry of Women's Empowerment and Child Protection (2024), there were 13,917 cases of violence against women. The incidence of child sexual abuse in Lampung has increase, from 176 cases in 2018 to 433 cases in 2022. The threat of sexual assault often comes from a child's immediate environment. The cases of sexual assault against children often were only revealed after the incident occurred and not a few had fatal consequences (Samantha dan Dhanardhono, 2018).

Forensics can be divided into several fields, one of those is clinical forensic medicine, which is intimately linked with the law of a country. This includes examination and report on patients such as in the cases of assault, sexual assault, elder, road traffic and industrial accidents, torture, self-infliction, neglect and starvation, criminal abortion, spousal and child abuse, criminal poisoning, and

drunkenness/intoxication by alcohol or any other means (Kodikara, 2012).

In cases of sexual assault, investigators need to look for signs of sexual intercourse. There were several signs of intercourse. These include presence of sperm due to ejaculation, pregnancy occurs, and transmission of sexually transmitted disease (McLay, 2009; Payne-James & Jones, 2020). Wounds such as torn hymens due to penetration of the penis and abrasions and bruises due to friction from the penis can be found.

Criminal Code article 179 section 1 is the legal base for doctors to have authority in clinical forensic medicine. A doctor has an obligation to provide expert information for the sake of justice when asked for his opinion as a forensic medicine expert or other doctor or expert. The doctor's obligations include carrying out the requested examination, providing the necessary information, taking an oath or promise, and carrying out the necessary legal procedures.

Based on Criminal Code Procedure article 133, within the case where an investigator for the advantage of the court handles a casualty who is harmed, harmed or dead which is suspected to be due to an occasion which may be a criminal act, he has the authority to submit a request for expert information to a forensic doctor or a doctor and/or other expert. The request for expert information as referred to is made in writing, which in the letter is expressly stated for the examination of wounds or examination of the body and/or autopsy.

The purpose of this study is to summarize general history, physical examination findings, and their relationship to medicolegal aspects in child sexual assault case.

2 METHOD

This study is a type of case report in the Forensic and Medicolegal Department in July 2024. The subject of the case includes one 15-year-old patient with sexual abuse by an unknown person, which is the victim's neighbor who lives not far from her house. This case report provides case details such as patient description, clinical scenario, results of physical and anogenital examinations, laboratory examinations, and their relationship to medicolegal.

The examinations were carried out by the forensic doctor who was on duty. The data that obtained include interviews with the victim and family

members, collecting information from the police, detailed physical examination, and collection of samples (swabs from anogenital area and oral cavity). The data that has been collected was compared with the findings that can be found in the incident of the child sexual assault.

3 CASE PRESENTATION

A 15 year old female victim based on the applicable authority is the Republic of Indonesia Police for medical examination *visum et repertum*, admitted that she was sexually assaulted by the perpetrator, an unknown man who lived not far from the victim's house. The perpetrator's genitals entered the victim's anus, the perpetrator kissed the victim's lips, and groped her breasts. After the incident, blood came out of the victim's genitals. From the history taking, we discovered that the victim was dropped out since she's in elementary school.

On physical examination throughout the body found there were reddish bruises on the right nipple (Figure 1) and there were two brownish spots on the left back. The number of teeth is 27. Secondary sex breasts have developed, armpit hair and pubic hair have grown. On the anogenital examination, there were two abrasions on the labia minora. The first abrasion (Figure 2) is on the left side at 5 o'clock position, the second abrasion (Figure 3) is on the left side at 8 o'clock position. Also, there was a tear of the hymen (Figure 4) at 1 o'clock position that didn't reach the bottom and was surrounded by abrasions. On the laboratory test, spermatozoa cells were found in the posterior fornix of the vagina, anal, and oral cavity (Figure 5-7).



Figure 1 : Reddish bruises on the right nipple.



Figure 2 : Abrasion on the left side of labia minora at 5 o'clock position

Figure 3 : Abrasion on the left side of labia minora at 8 o'clock position



Figure 4 : Incomplete tear of the hymen.

4 DISCUSSION

In the physical examination, we found there were reddish bruises on the right nipple. This finding is in line with the research by Theodore *et al.*, (2014), that the bruise was a by injury evidence (non-genital injury findings) from forensic medical examinations following sexual assault. Common wounds to the victim's breasts related with sexual attack include forceful sucking, pinching, slapping, and biting (Turvey & Chowder, 2017). There was blood coming out from the victim's genital after the incident. This finding could indicate an acute sexual assault (Linberg *et al.*, 2021).

The abrasions on the labia minora in this case showed an acute lacerations, which we could find as a trauma caused by sexual contact. The lacerations also could be an indicator of the occurrence time of the intercourse (McLay, 2009). The findings in this case are in line with the research from Adam *et al.* (2018), which states that these could be signs of acute trauma. Bruising, abrasions, and lacerations could be found from sexual abuse victim, only a small number were assessed before 72 hours of the assault.

There's an incomplete rupture of the hymen at 1 o'clock position found in the anogenital examination. The finding was not a typical finding in child sexual assault. According to Adam *et al.* (2018), a cleft or notch that could be found in the hymen with any degree of depth, if it's above 3 o'clock or 9 o'clock location, it could be categorized as normal. But it could be considered possible if the hymen ruptured by sexual intercourse. Irregular hymen edges and narrow rims right at the injury could be the appearance of the rupture of hymen caused by sexual intercourse.

Conversely, the jagged, angular margins appear to be smoothed off. Defects of the hymen located posteriorly or posterolaterally was possibly a result of

penetrating injury (Kotb and Abo-Zeid, 2022). Findings that highly suggestive caused by sexual abuse in hymen was a healed hymenal transection or complete hymen cleft. The defect of the hymen could be found located in below the 3 o'clock or 9 o'clock location, which was extends to or through the base of the hymen, with no hymenal tissue visible at that location (Adam *et al.*, 2018)

The spermatozoa was found after approximately 24 hours after intercourse. The swab samples were obtained from anal, fornix posterior of vagina, and the oral cavity. This finding was in line with the research from Payne-James and Jones (2020), foreign biological fluids like semen could be detected in the body. In the mouth, spermatozoa could still be visible up to about 48 hours after intercourse. In the anus or rectum, the spermatozoa could be seen for up to about 3 days. And in the vagina or endocervix, it could be detected for up to about 7 days. The samples of the vaginal swab obtained from the fornix posterior because spermatozoa best recovered from the fornix posterior (Faculty of Forensic and Legal Medicine of the Royal College of Physicians, 2019)

In this case, the head, body, and tail of spermatozoa were found in the anal, posterior fornix, and oral cavity. There were several morphology of spermatozoa that could be found in the sexual assault case. Spermatozoa that still have tails were no longer found 8 hours post intercourse. The maximum time intact spermatozoa still presence was 26 hours. The occurrence of recent sexual assault can be seen from sperm motility. Motile spermatozoa could only be found within 6–12 hours after intercourse (Febriasty *et al.*, 2017).

In this case, DNA testing has not been carried out. Investigators were recommended to do DNA testing to identify and confirm the assailant. Samples that suitable in sexual assault case would help to identify the nature of sexual contact. There were several samples of swabs including oral cavity samples and genitalia samples (vulva, vagina, servix, anal canal, rectum, and penis) (Payne-James & Jason, 2020).

We performed a pregnancy test because the victim didn't remember when her last period was. The test was conducted using a rapid method with negative results. We also performed laboratory examinations. On the exfoliative cytology examination with papanicolaou staining of semen smears, spermatozoa cells were found in the oral cavity, anal, and posterior fornix of the vagina. The most common staining method used on sperm detection is Papanicolaou, Diff-Quik, Shorr, Hematoxylin-eosin

(HE), Wright, and Wright-Giemsa staining. Study conducted by Xu *et al.*, (2022) stated that the highest sperm head length and width were observed with the Wright-Giemsa and Wright staining could possibly result the highest sperm head length and width, followed by the Diff-Quik. On the contrary, the Papanicolaou staining would make the lowest sperm head length and width. The HE and Shorr staining would make a result of sperm head length and width between those of Papanicolaou and Diff-Quik staining.



Figure 5 : Spermatozoa presence in posterior fornix vaginal swab.



Figure 6 : Spermatozoa presence in anal swab.

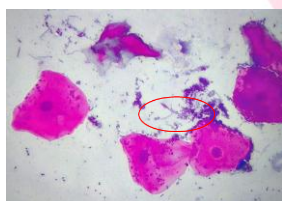


Figure 7 : Spermatozoa presence in the oral cavity.

The victim dropped out from school in elementary school. There is an association between dropping out of school and the incidence of sexual assault. Research in India found that women without formal education were 4.5 times more likely to report lifetime intimate partner violence (IPV) and 5.6 times more likely to report recent IPV compared to those who had more than 12 years of school. (Ackerson *et al.*, 2008). Similarly, studies in South Africa revealed that a relatively large proportion of participants had experienced IPV and rape, with higher rates among those who had dropped out of school (Appollis *et al.*, 2024).

The foremost conspicuous hypothesis is that dropping out of high school leads to reduced human capital. Lower human capital decreases

expected future income and would lower the cost of engaging in behaviours such as teenage child bearing. Another hypothesis suggests an incapacitation effect of schooling, as being in school provides less time and fewer opportunities for activities that could negatively impact long-term outcomes. Additionally a hypothesis based on recent neurological and psychological studies argue that teenagers may have limited ability to recognize the long-term consequences of dropping out (Andreson and Portner, 2010).

5 CONCLUSION

On examination of the 15 year old girl victim, spermatozoa cells were found in the genitals, tears in the hymen, and abrasions on the labia minora due to sexual intercourse. Apart from that, breast bruising was found due to blunt force. The victim's statement regarding the incident is reinforced by the basic evidence of the alleged sexual assault case, and the full determination by the investigator, the doctor as the examiner only has the right to check and give an opinion.

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