



Forensic Medical Findings in Child Sexual Violence: A Case Report

Dedi Andika Septiawan^{*1}, Rizki Arviandi^{1,2}, Adriansyah Lubis^{1,2}

¹Department of Forensic Medicine and Medicolegal, Faculty of Medicine, Universitas Sumatera Utara, Medan, Indonesia

²Kabupaten Aceh Tamiang General Hospital, Aceh, Indonesia

* Corresponding author.

E-mail address: dediandikaseptiawan@yahoo.com

Article information

Submitted
20-04-2024

Accepted
03-07-2024

Published
29-07-2024

Abstract

Background: Sexual violence is physical or psychological violence in sexual ways or by targeting sexuality. It includes sexual slavery, sexual torture, public sexual humiliation, sexual harassment, and rape. In Indonesia, the incidence of child sexual violence has increased. Based on KPAI data, 2019, there were 190 child victims of sexual violence. It increased to 419 victims in 2020. In North Sumatra Province, the PPPA Service states sexual violence is the most common type of violence with 609 cases of sexual violence against women and children. This case report aims to provide the role of forensic medical examination in case of sexual violence against a minor.

Case report: In this case, the victim was a 14-year-old girl who admitted that she had been sexually violence by a person she had only met twice. The victim had bruises on the neck, chest, and breasts. She also had fresh lacerations on her hymen. The vaginal smear examination revealed spermatozoa were found. These findings were consistent with signs of sexual intercourse.

Conclusion: The victim had suffered blunt force to the genitals that was consistent with signs of sexual intercourse as a sexual violence.

Keywords: sexual violence, sexual intercourse, child, forensic medical, sexual abuse, vaginal smear

Introduction

Sexual violence is physical or psychological violence in sexual ways or by targeting sexuality. It is harmful to health and life. It includes sexual slavery, sexual torture, public sexual humiliation, sexual harassment, and rape.¹ According to the criminal law of the Indonesian government (Kitab Undang-Undang Hukum Pidana/KUHP) in articles 285, 286, and 287, rape is sexual intercourse committed against a woman who is not his wife with the threat of force or violence, with a woman who is helpless or with a woman who is under age or a woman who is not yet married or not worthy married. The Indonesian government also stipulated Law No. 23, 2002 concerning child protection is expected to be able to protect children's human rights and protect child victims of sexual crimes.²

In North America, approximately 15-25% of women and 5-15% of men were sexually abused as children. In Indonesia, according to the National Commission Against Violence against Women (Komnas Perempuan), from 1998 to 2011 there were 93,960 cases of sexual violence against women. Thus, an average of 20 women are victims of sexual violence every day, and more than ¾ of these cases are committed by people who are still related to the victim. In Indonesia, the incidence of sexual violence against children has also increased sharply. According to KPAI (Komisi Perlindungan Anak Indonesia), in 2019, there were 190 child victims of sexual violence and this increased to 419 people in 2020. Specifically in North Sumatra Province, the women's empowerment and child protection services of the Indonesian government (Pemberdayaan Perempuan dan Perlindungan Anak/PPPA) showed that sexual violence is the type of violence that is most frequently encountered compared to other types of violence. There have been 609 cases of sexual violence against women and children. Children

are a group that is very vulnerable to sexual violence because children are always positioned as weak or helpless and have a high dependence on the adults around them. For children who experience acts of violence, it can cause physical and psychological trauma, which can affect the child's personal development as an adult.^{3,4}

The impact of sexual violence is physical and psychological. The physical impact is pain or discomfort around the genitals, wounds on the body due to violent rape, risk of contracting sexually transmitted diseases, and others. Psychological impacts include post-traumatic stress disorder (PTSD), anxiety, personality disorders, dissociative identity disorders, a tendency to revictimize in the future, and bulimia nervosa.⁴

Case Report

A. Chronological

A 14-year-old girl victim of the sexual violence arrived accompanied by her parents and the police with a request letter for Visum et Repertum on February 12, 2023, at 10.00 am in the emergency room of the Aceh Tamiang General Hospital. She admitted that she had been sexually violence by someone she had just met. According to the victim's statement, she was sexually twice by the perpetrator on February 11, 2023, at the perpetrator's house. The first sexual violence occurred at 01.00 pm, and several hours later, the perpetrator had a second. She had sexual violence in her genitalia, lips, neck, and breasts. The perpetrator's sperm was released into the victim's genitals. The perpetrator took the victim home in the morning. The victim did not immediately tell his parents about what had happened. Because the victim looked gloomy all day, on the evening of February 11, 2023, at around 08.00 pm, the victim's parents asked her to tell a story about what she had been thinking so he looked gloomy all day, then the victim told what had happened to the victim's parents. After hearing the victim's explanation, the victim's parents immediately made a report to the police and the police made a visum et repertum request letter. The victim's parents took the victim to be examined at the Aceh Tamiang General Hospital and were accompanied by the police the next morning.

B. Physical Examination

- General conditions examination

General conditions examination revealed, level of consciousness: fully conscious, looks gloomy; blood pressure: 110/70 mmHg; heart rate: 80 x/minute; respiratory rate: 20 x/minute; temperature: 36.8°C; height: 142 cm; weight: 40 Kg; sign of secondary sexual growth was found in the form of breasts and hair around the genital. The first menstruation was when the victim was 11 years old, with a menstrual cycle of 28 days. The first day of the last menstruation is January 31, 2023. The first and second molars had erupted.

- The left side of the chest examination

On the left side of the chest showed 1 cm from the mid-front line and 20 cm from the top of the left shoulder, there was a bruise, reddish in color, measuring 1.5 cm long, and 1 cm wide.

- Breast examination

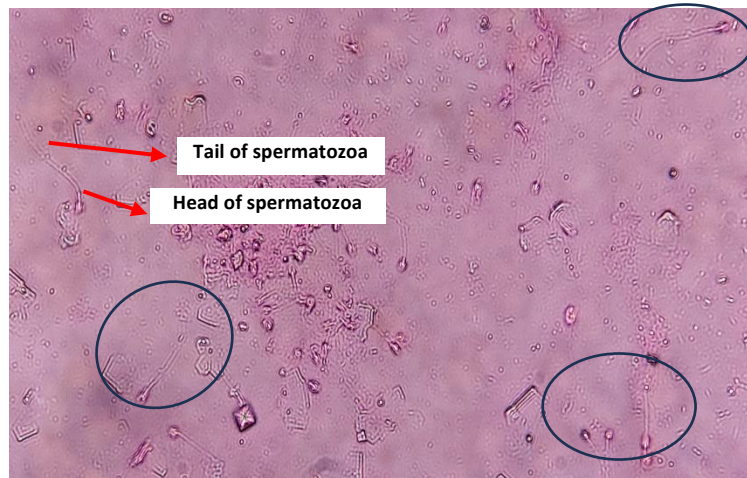
On breast examination found several wounds. Wound 1: On the right breast, 4.5 cm from the mid-front line, 15 cm from the top of the right shoulder, there was a bruise, reddish in color, measuring .5 cm long, 1 cm wide. Wound 2: On the left breast, 8 cm from the mid-front line, 14 cm from the top of the left shoulder, there was a bruise, reddish in color, measuring two centimeters long, zero point five centimeters wide. Wound 3: On the left breast, 7 cm from the mid-front line, 15 cm from the top of the left shoulder, there was a bruise, reddish in color, measuring 2 cm long, and 1 cm wide.

- Hymen examination

On the hymen examination, the first tear was found in a one o'clock direction, the wound did not reach the bottom, and the color of the wound was reddish, measuring 0.2 cm. The wound was torn both ways at five o'clock, the wound reached the base, and the color of the wound was reddish, measuring 0.3 cm. The third torn wound in the six o'clock direction, wound to the base, reddish wound color, measuring 0.3 cm. The fourth wound was torn in a nine o'clock direction, the wound reached the base, and the color of the wound was reddish, measuring 0.3 cm. The fifth wound was torn in an eleven o'clock direction, the wound did not reach the bottom, and the color of the wound was reddish, measuring 0.2 cm.

C. Ancillary Testing

A vaginal smear examination with Malachite Green staining revealed spermatozoa was found.



Vaginal smear examination revealed spermatozoa was found. Spermatozoa morphology (black circle). Malachite green staining, 400x.

Discussion

Estimated Age of the Victim

Investigators need to know the age of the victim when solving a rape case. This relates to determining which legal provisions will be imposed on the suspect. A person who rapes an adult is punished differently compared to a child. Child Protection Law No. 23 of 2002 states that a child is someone who is not yet 18 years old, including children who are still in the womb.

Based on the visum et repertum request letter, the victim's age was 14 years from the time the examination was carried out. However, the victim's age can also be estimated from the victim's physical examination. A girl's puberty is initially marked by breast development, followed by accelerated growth of pubic and axillary hair. This development generally occurs between the ages of 8-13 years. The average woman in America experiences menarche at the age of 12.4 years, although it can also occur as early as 9 or 10 years and as late as 17 years. The results of the examination of the victim revealed that breasts and pubic hair had grown on the victim and that the victim had menstruated. From the information above, the estimated age of the victim is over 9 years.⁵

The estimated age of the victim can also be determined from the growth of the teeth. Research shows that second molars erupt at the age of 12-13 years and third molars at the age of 17-21 years. In the victim, the second molar tooth was just starting to erupt but the third molar tooth was not found. This means that the estimated age of the victim based on the dentition is more than 12-13 years and before 17-21 years, so this case leads to sexual violence against children.

Signs of Sexual Violence

Sexual violence in this case is violence that shows an element of force, such as pressure marks on the nose, mouth, and lips, strangulation marks on the neck, violence on the head, abrasions on the back or buttocks due to pressure, bruises on the upper arms and thighs due to forced opening, abrasions on the wrist due to being blocked and so on. The presence of these wounds must be differentiated from sexual stimulation during regular intercourse such as suction wounds on the neck, breast area, or around the genitals. The injuries in this case were indeed violent but not the violence referred to in the offense of rape but rather were the result of sexual stimulation.⁶

The victim had bruises on the neck, left chest, and breast. From the anamnesis, the perpetrator kissed the victim on several parts of the victim's body, including the victim's lips, neck, and breasts. The bruises were most likely caused by the perpetrator sucking on the victim's chest. Bruises due to abuse from suction wounds are very

difficult to differentiate. For this reason, additional information from investigators and victims is very necessary to make correct conclusions.

Signs of Sexual Intercourse

Intercourse is an event in which the male genitals enter the female genitals, partially or completely, and with or without the emission of semen. The presence of a tear in the hymen only indicates that a solid/springy object has entered (it is not a definite sign of intercourse). If the penis is completely inserted & the condition of the hymen is still quite good, on examination it is expected that there will be a tear in the hymen. If it is elastic, of course, there will be no tears.⁶

On examination of the victim's genitals, a new tear in the hymen was found. It was concluded that there had been penetration of a blunt object into the victim's genital canal which had just occurred. The presence of semen (ejaculate) in the vagina is a sure sign of sexual intercourse. In infertile people, the sperm count is very small (aspermia), so the examination is aimed at the presence of certain substances in the semen such as acid phosphatase, spermine, and choline. However, the value of sexual intercourse is lower because it does not have an absolute descriptive value or is not typical.⁶

Ancillary tests can be used to determine the occurrence of sexual intercourse. Examination to see whether sperm cells are present or not can be done by direct examination (using a microscope), examination using malachite green staining, and Baccchi staining. Meanwhile, to see whether seminal fluid is present or not can be done by acid phosphatase, Berberio, Florence examination, or by using ultraviolet light.

A sperm examination has been carried out on the victim from a vaginal smear. The results of sperm examination with malachite green staining showed sperm was found. Sperm can still be found moving in the vagina 4-5 hours after intercourse. In living people, sperm can still be found (not moving) until around 24-36 hours after intercourse, whereas in dead people sperm can still be found in the vagina no later than 7-8 days after intercourse. From examining sperm from the victim's vaginal smear using malachite green staining, it can also be estimated the time of sexual intercourse. In this case, sperm cells were still visible, so it was concluded that the estimate for sexual intercourse was less than 24-36 hours before entering the hospital. Following the anamnesis, the victim admitted that he was sexually violence about 30 hours before entering the hospital.

Impact of Sexual Violence

Children who experience sexual violence will have serious psychological impacts, which will result in trauma. Among the psychological impacts of sexual violence on children include withdrawal, fear, aggression, unstable emotions, depression, anxiety, sleep disorders, phobias, being violent, post-traumatic stress disorder, being involved in the use of addictive substances, feeling low self-esteem, feeling inadequate valuable, and weak in making decisions.

If a child experiences deep trauma and cannot recover, it is necessary to pay attention to the subsequent psychological impact, namely the child tries to cover up the wounds he has suffered and remains silent about the perpetrator because he is afraid of retaliation. Such conditions will affect psychological development, and children will experience delays in their development stages. Another impact is that children experience difficulties in their relationships with their peers. If the trauma is so deep, the child may hurt themselves and try to commit suicide.

Apart from the psychological impact, sexual violence against children also causes physical problems. Among the physical/biological impacts experienced by children as a result of sexual violence includes bruising, pain, itching in the genital area, bleeding from the vagina or anus, recurrent urinary tract infections, and vaginal discharge. It is also often found that victims show symptoms of difficulty walking or sitting, sexually transmitted infections, and pregnancy.

In this case, the victim was conscious and looked gloomy, and the victim initially tried to cover up what happened to her by not immediately telling her parents. So it is recommended to always encourage or provide support and assistance to victims so as not to cause serious psychological disorders in the future.

Legal Aspects

This case report tells about a case of sexual violence against minors. There are many legal regulations regulating child rape for which the perpetrator can be prosecuted. In the Criminal Code (KUHP) it is regulated in Chapter XVI Book II with the title "Crimes Against Morality". In Article 287 paragraph 1 of the Criminal Code, it is stated, "Anyone who has sexual relations with a woman who is not his wife, while he knows or should reasonably suspect, that the woman is not yet 15 years old, if it is not clear how old she is, that the woman is not yet ready to marry, shall be punished by imprisonment forever. Nine years". Apart from the Criminal Code, some laws regulate violence against children, namely Law No. 23 of 2002 concerning Child Protection. Article 81 paragraph 1 relates to rape with threats of violence against children, which states: "Any person who deliberately commits violence or threatens violence to force a child to have sexual intercourse with him or another person, shall be punished with imprisonment for a maximum of 15 (fifteen) years and a maximum short 3 (three) years and a maximum fine of IDR 300,000,000.00 (three hundred million rupiah) and a minimum of IDR 60,000,000.00 (sixty million rupiah)". Law No. 23 of 2002 was replaced by Law No. 35 of 2014. Article 76D states that "Every person is prohibited from using violence or threats of violence to force a child to have sexual intercourse with him or another person." The punishment is explained in article 80 paragraph 1 which reads "Any person who violates the provisions as intended in Article 76D shall be punished with imprisonment for a minimum of 5 (five) years and a maximum of 15 (fifteen) years and a maximum fine of Rp. 5,000,000,000 .00 (five billion rupiah)".

Conclusion

On examination of the victim, a fourteen-year-old girl, bruises were found on the neck, left side of the chest, and right and left breasts as well as new tears in the hymen due to blunt force. The victim had suffered blunt force to the genitals that was consistent with signs of sexual intercourse as sexual violence.

Acknowledgments

Nil

Declarations of competing interest

No potential competing interest was reported by the authors.

References

1. Suryadi T. Clinical Clerkship Module Book for Forensic and Medicolegal Medicine. Department of Forensic and Medicolegal Medicine, Faculty of Medicine, Syiah Kuala University. 2015.
2. Navianto I. Development of the Concept of the Crime of Rape and Legal Protection for Victims as a Manifestation of Human Rights. *Unmul Faculty of Law Law Minutes*. 2018; 8(1):1-12
3. Central Statistics Agency. *Crime Statistics*. Jakarta: BPS, 2014.
4. Noviana I. Sexual Violence Against Children, Impact and Treatment. *Socio Informa*. 2017; 1(1):13-28
5. Muliani et al. Stages of growth and development of secondary sexual characteristics of adolescents at SMPN 4 Bangli, Pengotan Village, Bangli District. *Medicina*. 2017; 48(2):75-82
6. Dewi R. *Textbook of Physical Examination and Medicolegal Aspects of Sexual Violence in Children and Adolescents*. Bandar Lampung: Department of Obstetrics and Gynecology, Faculty of Medicine, University of Lampung, 2017