

# Medicolegal Cases of Juvenile and Adolescent Girls

Shraddha Agrawal, B Chaturvedi

Department of Obstetrics and Gynecology, Gandhi Medical College, Bhopal (M.P.)

**OBJECTIVE** – To assess the intensity of sexual violence against juvenile and adolescent girls and its medical implications. **METHODS** – Medicolegal cases (MLCs) involving girls below 19 years of age who attended the hospital for medical examination, during the last five years (1<sup>st</sup> January 1996 to 31<sup>st</sup> December 2000) were retrospectively analysed. **RESULTS** – Out of 600 MLCs, 218 involved girls below 19 years of age. Fortyone percent girls were between 11-15 years of age and 26% did not attain menarche before they were violated. In 37 cases hymen was found intact, 23 were married, 17 were admitted in the hospital, 16 were examined under GA and 7 had III<sup>o</sup> perineal tear. In 88 cases sexual abuse was done by a person known to the girls. Twentythree girls were pregnant at the time of examination. **CONCLUSION** – No age is safe from sexual abuse which is a heinous crime robbing the girl of her childhood and a violation against her innocence. It is a legal, social and medical problem.

**Key words** : sexual abuse, juvenile and adolescent girls

## Introduction

The birth of a baby girl is not a welcome event in an average Indian family. A daughter is looked upon as a burden. Selective female feticide and female infanticide are common. A girl who survives to grow to the age of adolescence may become the victim of discrimination, child labour, child marriage, teasing, kidnapping, sale, illicit trafficking, sexual violence, forced prostitution, criminal abortions, homicide etc. Sexual violation is the most heinous act against an adolescent girl.

## Materials and Methods

The medicolegal cases (MLCs) involving girls below 19 years of age, who attended the hospital during the five years from 1<sup>st</sup> January 1996 to 31<sup>st</sup> December 2000 were retrospectively analysed.

Six hundred victims of rape were examined in the hospital for medicolegal purposes; out of them 218 were below 19 years constituting 36% of the cases.

**Table – I : Age**

Age	No. of Cases	Percentage
0-5 years	7	3
6-10 years	35	16
11-15 years	90	41
16-19 years	86	40
Total	218	100

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Correspondence :  
Shraddha Agrawal  
179/4, Professor Colony,  
Bhopal – 462 002.  
Tel.: 0755 554768, 660160

Table – I shows age wise distribution of cases; 41% (90 / 218) of the cases belonged to the age group of 11-15 years. The youngest victim was two years old.

Seventy four percent (161 / 218) of the girls had attained menarche and 26% (57/218) had not.

**Table – II : Examination Findings**

	No. of Cases	Percentage
Not willing for examination	2	1
Intact hymen	37	17
Vagina admitting 1 finger	19	9
Vagina admitting 2 fingers	160	73

Table II gives examination findings. In 160 cases, vagina admitted two fingers (Table II).

Eightynine percent (195/218) of victims were unmarried and 11% (23/218) were married.

**Table – III : Treatment Needed**

	No. of cases
Admission in hospital	17
Examination under anesthesia	16
Repair of III <sup>o</sup> perineal tear	7
Laparotomy and perineal repair	1

Seventeen cases needed admission in the hospital out of whom 16 were examined under general anesthesia. Seven victims had III<sup>o</sup> perineal tear. In one case besides perineal repair laparotomy was needed to repair the peritoneal tear (Table III).



In 92 cases the girl was raped by unknown persons and in 88 cases by known persons. Thirtyone girls had willingly gone away. Five girls were gang raped.

Only 87 smear reports could be traced. Smears for sperms were positive in 15 of these 87 cases.

### Discussion

It is essential to know the definition of rape in Indian Law before proceeding for the examination of a medicolegal case. Rape, a criminal act, is defined in India (section 375 I.P.C.) as unlawful sexual intercourse by a man :

- a. with his own wife who is below 15 years of age or
- b. with any other woman below 16 years of age with or without her consent or
- c. with any other woman above the age of 16 years against her will, without her consent or
- d. with her consent when the consent has been obtained by putting her or any person in whom she is interested in fear of death or hurt, or
- e. with her consent when the man knows that he is not her husband and that her consent is given because she believed that he is another man to whom she is or believes to be lawfully married or
- f. with her consent, when at the time of giving the consent of reason of unsoundness of mind or intoxication or the administration of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent<sup>1</sup>.

Rape and sexual abuse are in existence since ancient times but have increased tremendously in the modern era. In five years, 600 cases attended for medicolegal purposes of whom 218 i.e. 36% were below 19 years of age. Sexual abuse is often not reported. Media reported news of sex abuses in teenagers is just the tip of iceberg. The reasons for this are social fear, parental rejection, lack of awareness, prolonged and difficult court procedure, lack of evidence, criminal protection and social pressure. The emotional and physical burden of sex abuse can lead to anxiety, depression, trauma, STDs, unwanted pregnancy and other social problems. Behaviour problems and suicides have also been associated with sex abuses<sup>2,3</sup>.

No age is safe from rape, as children of one year or less and oldwomen of 85 years of age have been reported to be raped. Children are more frequently raped than adults as they cannot offer much resistance and also due to a false belief that venereal diseases are cured by sexual intercourse with young virgins.

The most commonly affected age group in our study is between 11 to 15 years, which constitutes 41% of the cases. The youngest case was of a two year old little girl. The sad part of the study is that 26% of the girls had not even attained menarche.

Consent for medicolegal examination is necessary from the victim and if she is below 12 years of age or of unsound mind the consent of parents must be taken in writing. The condition of the hymen in a virgin victim of sexual intercourse is of vital importance. Hence its careful examination with proper interpretation is highly significant to substantiate or refute charge of sexual abuse or rape. Therefore, it is necessary that the examining doctor should know the anatomy of the hymen.

All girls are born with a hymen<sup>4</sup>. Various types of hymen seen are – annular, frimbriated, septate, cribriform, imperforate, crescentic and myrtiform caruncles. Majority of neonatal hymens tend to be either annular (73%) or fimbriated (17%)<sup>5</sup>; Myrtiform caruncles are seen in women with repeated sexual intercourse or after child birth. Rest of the varieties are of uncommon occurrence. Hymenal orifice varies with :

- (a) Age – diameter of hymen increases with age
- (b) Tampons – Emans et al<sup>6</sup> show that girls who use tampons had a diameter of 15 mm whereas girls who use pads had a smaller diameter of 12mm.
- (c) Masturbation – May also increase the diameter of hymen.

In our study, vaginal orifice was found admitting one finger in 19 cases and two fingers in 160 cases. After four or more instances of sexual intercourse often very little hymenal tissue is seen and the hymen is likely to have multiple tears with only remnants of hymenal tissue at various positions of the introitus. Very frequent penetration disrupts the hymen completely with or without visible hymental remnants.

In children and infants, few or no signs of general violence are usually seen as they have no idea of what is happening and are also incapable of resisting. Since their vagina is very small and it is impossible for the penetration of adult organ to take place, the hymen is usually intact with redness and tenderness of the vulva. In 37 cases, hymen was found intact in the present study.

Twenty three girls were married. Marital history is important because the finding of recent sexual intercourse may be attributable to legal sexual relations with husband.



In little girls and noncooperative victims examination under anaesthesia needs to be done. In this study 16 girls were examined under general anaesthesia. Seven cases had III° perineal tear. Hymenal rupture which occurs mostly in midline can be explained by genital anatomy. Pubic symphysis prevents any anterior movement and forces the penis posteriorly causing trauma at midline position to the posterior forchette and thus leading to III° perineal tear. But the injuries which are mostly caused by psychopaths and often associated with murder or other forms of violence are not only confined to the hymen but affect the whole of the vaginal wall and vault and cause tear into the peritoneal cavity and into the rectum. We had one case of a six year old girl who needed laparotomy and with the help of pediatric surgeons peritoneal repair and III° perineal repair were done.

Some estimates show that in 30 to 50% of the incidents, the offenders are family members, close relatives, neighbours and friends and 80% of children know their attackers<sup>8</sup>. Surprisingly in our study, in 88 cases, rape was done by known persons including father, step-father, brother, maternal or paternal uncle, tuition master, neighbour etc. Thirtyone girls were those who had gone at their will with the intention of getting married to the person but were brought back by parents or left by lovers. Five girls were victims of gang rape.

Vaginal smear reports could be traced in only 87 cases. Of these only in 15 cases smears were found positive for sperms.

Twenty three cases were found to be pregnant at the

time of examination.

Rape and molestation are legal, medical as well as social problems. Sex education can prevent sexual abuse but it is difficult to give sex education to girls who are too young, for example below seven or eight years of age.

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