

Journal Homepage: -www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)



Article DOI:10.21474/IJAR01/5450 **DOI URL:** http://dx.doi.org/10.21474/IJAR01/5450

RESEARCH ARTICLE

ROUTINE AUTOPSY REVEALS HAVOC OF CHRONIC SODOMY IN A GURUKUL INMATE.

Gaurav Sharma¹, Pankaj Keshwani² and Deepshikha³.

.....

- 1. Senior Resident, Department of Forensic Medicine, Pt. B. D. Sharma PGIMS, Rohtak.
- 2. Resident, Department of Forensic Medicine, Pt. B. D. Sharma PGIMS, Rohtak.
- 3. Post Graduate Resident, Department of Pathology, Pt. B. D. Sharma PGIMS, Rohtak.

Manuscript Info

Manuscript History

Received: 17 July 2017 Final Accepted: 19 August 2017

Published: September 2017

Key words:-

Gurukul, Grazed abrasion, Laceration, Avulsion, Mesentery, Contusion, Abdominal trauma, Funneling, Anal canal

Abstract

Sound and healthy childhood is the requirement for a fruitful adulthood. If the experiences of a child with the society as a whole have been uneventful, the psychology doesn't get distorted later on. The trauma of any sort suffered in the tender years, when the brain is highly susceptible to outside stimulus tends to get registered deeper. An old proverb states that child is the father of man. A lot of the experiences that a child is going to get are primarily filtered through the sieve of the family. We report a case of a 13 year old illiterate male boy from lowest sociofinancial stratum, left in a Gurukul in central Harvana by his drug addict father. While doing routine field work, he accidently got pressed between a bullock cart and a wall and expired shortly thereafter. The doctors at District Hospital referred the case to our institute as they didn't find any external signs of injury but suspected chronic sodomy instead. Through this paper, we will discuss the case in detail and emphasize the need of proper history taking and meticulous autopsy. We will also address the issue of identifying the vulnerable group at the earliest and measures to be taken for such victims.

 $Copy\ Right,\ IJAR,\ 2017,.\ All\ rights\ reserved.$

Introduction:-

Sexual crimes against women and children have been reported since time immemorial. The primary care givers i.e. mother and father sometimes ditch their progeny due to many causes including poverty and lack of responsibility making their kids more vulnerable to all sorts of crimes. Sodomy is anal sex between people. Originally the term sodomy, which is derived from the story of Sodom and Gomorrah in the Bible, is commonly restricted to anal sex. We report a case of a 13 year old boy from lowest socio-financial stratum, abandoned in a Gurukul in Central Haryana. While doing routine field work, he accidently got pressed between a bullock cart and a wall and expired shortly thereafter. The doctors at District Hospital referred the case for expert post mortem examination to PGIMS Rohtak due to minimal visible traumatic findings and suspicion of penetrative sexual assault after inspection of the body.

Case Report:-

Autopsy findings:-

Body of a 13 years old boy residing in a village Gurukul was brought for autopsy. The case was referred to our facility by Medical officers through Civil Surgeon of a large District Hospital in Haryana with the comments "No external marks of injury present over the body but as per history, there is accident by buggi. Funneling of anal canal

1340

present. There is possibility of chronic anal sex. Finding of injury does not match with cause of death." The apparent cause of death as per police papers was "due to being crushed between bullock cart and wall (Figure 1). The boy was first taken to a private hospital, where from he was referred to the District Hospital. The boy was brought dead at the District Hospital. The body was wearing only underwear. Kudumi Shikha was present as expected in Hindu Gurukul inmate boys. Intravenous puncture mark was present at the left hand at its dorsum.

Injuries:-

Externally only 4 injuries were appreciable:

- 1. Reddish contusion of size 3 x 2 cm was present over lower aspect of left arm at its lateral aspect, 3 cm above the elbow prominence. On dissection, underlying soft tissues were ecchymosed (Figure 2).
- 2. Reddish abrasion of size 7 x 4 cm was present over left forearm at its anterior aspect, 14 cm below the left cubital fossa.
- 3. Reddish abraded contusion of size 2 x 1.5 cm was present over the back in midline, 30 cm below occipital protuberance and 39 cm above natal cleft. Underlying soft tissues were ecchymosed.
- 4. Reddish abraded contusion of size 3 x 2.5 cm was present over the back, 2 cm lateral to midline at left side, 51 cm below external occipital protuberance and 18 cm above the natal cleft. On dissection, underlying soft tissues were ecchymosed.

Internal Findings:-

1500 ml of blood was present in the abdominal cavity (Figure 3). Multiple lacerations were present on the liver (Figure 7). Lower part of duodenum, lesser curvature of stomach, mesentery and capsule of left kidney were found to be ecchymosed (Figure 6).

Other Findings:-

Funneling of anal canal was seen (Figure 4). Normal rugosity of anus and surrounding skin was not present. Fissure was present in the posterior quadrant. Multiple healed abrasions were present around the anal margin. However no fresh injury was noted.

Investigations:-

Underwear along with anal swab and smear were preserved for detection of spermatozoa. The report was positive for spermatozoa.

Opinion:-

The cause of death was opined as abdominal trauma and its complications. The findings in rectum and anal canal were suggestive of the chronic anal intercourse.

Discussion:-

Sodomy is considered to be the most heinous crime committed against any child. In living habitual passive agent i.e. catamite, dilated and irritated tender anal muscles; loss of elasticity and tone on digital examination, hematoma along with bruised triangular area over the posterior aspect of anus may be seen (Figure 5). In an autopsy case, linear abrasions around anus; tear of sphincter ani muscle, posterior quadrant fissure may be observed. There is scant literature regarding male victims of child sexual abuse. Reinhart reviewed reports of around 200 girls and 189 boys, who were assessed for sexual trauma. It reported many similarities in pattern of disclosure and perpetrator characteristics. Sodomy was more frequently reported in the older victims. Abnormal anogenital findings were seen more often in younger children. Although ano-rectal injuries are commonly reported in cases of sexual abuse, fatalities are very rare.

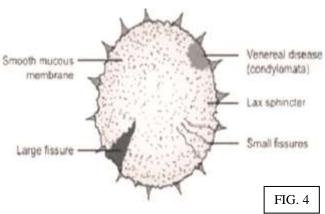
As per Indian law, anal intercourse with a man, woman or animal is considered to be against the law of nature and is punishable under section 377 of IPC.³ Article 3 of the European convention on human rights states that no one shall be subjected to torture or to inhuman or degrading treatment or punishment.⁴ There is need of strict control over the non formal educational set ups, where the young children can be sexually exploited. Children should be educated to report any incident of sexual nature to their guardians.

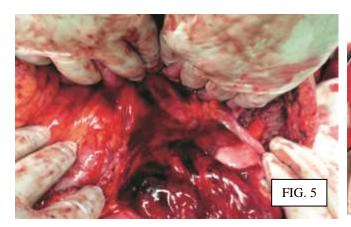
Legends:-



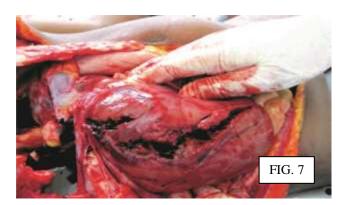












Conclusion:-

Physicians must be educated and should be vigilant for sex related injuries because people frequently delay treatment and provide misleading histories because of embarrassment. Proper history taking, medical treatment history if any and physical examination are of utmost importance in living patients. There is no substitute for a meticulous autopsy in such cases. Crime of any sort against any child is to be condemned and punished with harshest measures as children are prone to long lasting psychological damage. We as responsible citizens are also responsible for the betterment of the society. We, the Doctors should play our part of being doctors to the fullest: **docere- to teach.**

References:-

- 1. Phelps S. World of criminal Justice. N-Z. Gale Group. 2001; 686
- 2. Orr CJ, Clark MA, Hawley DA, Pless JE, Tate LR, Fardal PM. J F Forensic Sci. Fatal Anorectal Injuries: A Series of Four Cases. 1995; 40(2): 219-21
- 3. The Indian Penal Code. 2ndEdn. Gurgaon: Lexis Nexis. 2013; 133
- 4. James JP, Jones R, Karch SB, Manlove J. Simpson's Forensic Medicine. London. CRC Press. 2014; (13): 93.