



Sexual offences

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Sexual Offenses

Definition

- Acts of illegal sexual intercourse or involuntary sexual acts (threatened, coerced, or forced) for sexual gratification.
- Can involve another person or an animal.

Classification of Sexual Offenses (4 Categories)

I. Natural Sexual Offenses

Offenses involving sexual intercourse by penetration of a woman's vagina by a man's penis.

- **Rape:** Sexual intercourse without consent.
- **Adultery:** Voluntary sexual intercourse with a person who is not one's spouse.
- **Incest:** Sexual intercourse between close relatives.

II. Unnatural Sexual Offenses

Sexual acts "against the order of nature" (not involving vaginal penetration).

- **Homosexual Offense:** Lesbianism and sodomy.
- **Bestiality:** Sexual intercourse with animals (vaginal or anal); a capital offense.
- **Buccal Coitus:** Oral sexual intercourse.

III. Sexual Deviations

Perversions or paraphilias involving sexual gratification from atypical sources.

1. **Sadism:** Sexual pleasure from inflicting pain.
2. **Masochism:** Sexual gratification from receiving pain.
3. **Pedophilia:** Sexual activity involving children.
4. **Necrophilia:** Sexual desire for a dead body.

5. **Nymphomania:** Excessive sexual desire in women, involving multiple partners.
6. **Exhibitionism:** Sexual gratification from exposing genitals in public or to strangers.

IV. Sex-Linked Offenses

- **Indecent Assault:** Unwanted sexual contact not amounting to rape, adultery, or incest.
- **Sexual Harassment:** Unwelcome sexual advances, physical contact, demands for sexual favors, or forced exposure to pornography.

Detailed Points

Rape

- Defined as unlawful sexual intercourse by a man with a woman without consent, using force, fear, or fraud.
- **Three elements:**
 - Carnal knowledge (even slight penetration).
 - Force.
 - Lack of consent.
- Consent conditions:
 - Woman above 18 years.
 - Woman mentally capable and conscious.
 - Not under narcotics, anesthesia, alcohol, threat, fear, or fraud.

Child Sexual Abuse

- Adult or older adolescent abusing a child for sexual stimulation.
- Forms include:
 - Pressuring child to engage in sexual activities.
 - Indecent exposure to the child.
 - Viewing child's genitalia without contact.
 - Physical contact with child's genitalia.

- Actual sexual contact.
- Showing pornography to the child.
- Using the child to produce pornography.

Incest

- Sexual intercourse between close blood relatives.
- Both parties liable for prosecution.
- Not universally criminal; culturally variable.

Indecent Assault

- Unwanted sexual contact not extending to rape, adultery, or incest.
- Acts include:
 - Failed penetration attempts.
 - Penetration with finger or object.
 - Penetration of mouth by penis.
 - Touching breasts, buttocks, thighs, or genitals.
- Causes psychological trauma.

Indecent Assault in Medical Practice

- Risk of allegations against male doctors during intimate exams or procedures.
- Can include touching, fondling, or intercourse.
- Consequences: loss of license, criminal charges.
- Some allegations may be false (revenge, delusion, blackmail, hallucinations).
- Safety measure: have a third party (female) present during intimate exams or anesthesia.

Virginity

Definition

A woman who has not participated in sexual intercourse is called a **virgin**.

Signs of Virginity

I. Extra-genital signs (Breast)

- Firm, hemispherical shape.
- Small nipples surrounded by rosy areola.

II. Genital signs

- **Labia majora:** Firm, rounded, completely closes the vaginal orifice even in lithotomy position.
- **Labia minora:** Small, soft, lie behind the labia majora, sensitive to touch.
- **Vagina:** Narrow and tight, walls closely apposed, pinkish color with rugae (folds), sensitive to touch.
- **Hymen and posterior commissure:** Intact.

Hymen

- A thin membrane partially closing the vaginal orifice.
- Has no clear physiological function and few nerve endings.
- Important in medico-legal contexts but can vary widely in appearance and condition.

Types of Hymen (with medico-legal notes)

1. Annular Hymen

- Central opening.
- Usually ruptures posteriorly at 6 o'clock during intercourse.
- Sometimes elastic and dilatable, allowing intercourse without rupture.

2. Semilunar (Crescentic) Hymen

- Most common type.
- Anteriorly placed orifice, usually ruptures on both sides.

3. Fimbriate or Dentate Hymen

- Central opening with serrated or folded edges.
- May simulate rupture or tears (important in forensic examination).

4. Cribriform Hymen

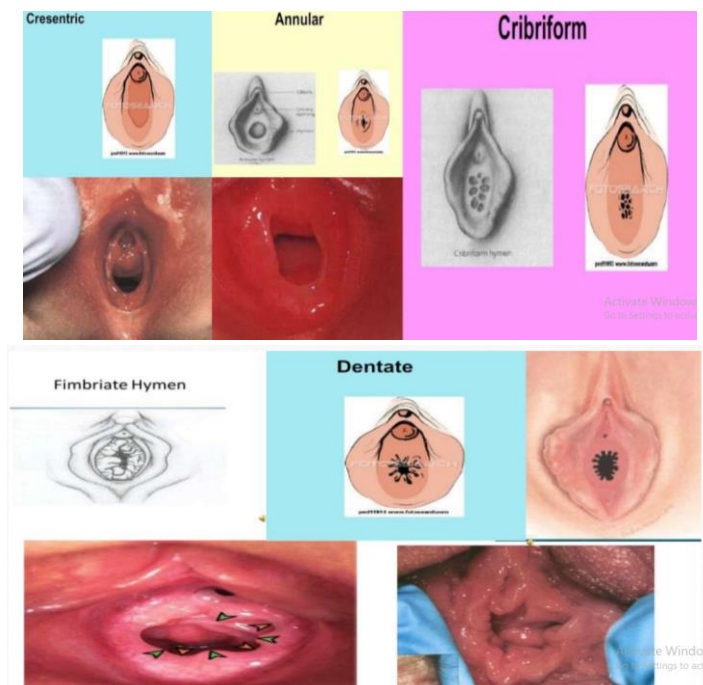
- Several small openings, giving a sieve-like appearance.

5. Septate Hymen

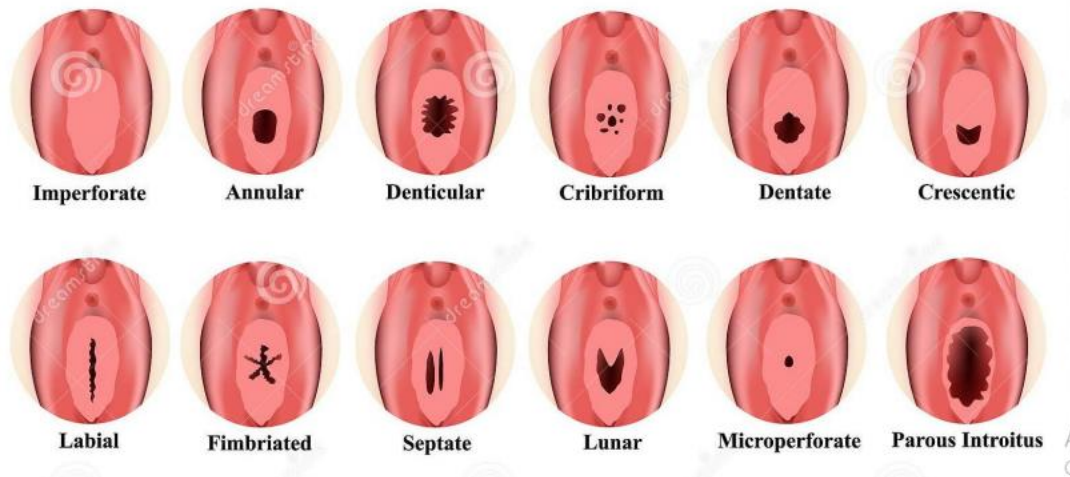
- Has a longitudinal or transverse septum dividing the opening into two parts.

6. Imperforate Hymen

- No opening; completely closes the vaginal orifice.
- Requires surgical intervention to allow menstrual flow. (Important medico-legally)



Types of Hymen



Differences between ruptured (torn) and fimbriate (or dentate) hymen:

Feature	Torn Hymen	Dentate (Fimbriate) Hymen
Indentation Shape	Asymmetrical indentation	Bilateral symmetrical indentation
Serration Extent	Serration reaches the vaginal wall	Serration never reaches the vaginal wall
Healing Signs	Illumination shows opaque scar tissue from healing of the tear	No scar or fibrosis present

Evidences of Ruptured Hymen

Signs of Recent Rupture:

- Tearing of the hymenal tissue
- Bleeding
- Redness
- Edema (swelling)

- Tenderness
- Note: Single intercourse may cause minimal change (1-2 ruptures). These recent injuries typically **heal and disappear within days or weeks** after the event.

Signs of Old Rupture:

- Absence of tenderness, redness, and bleeding
- Presence of tears or scars visible on **trans-illumination**
- Hymenal lacerations **do not heal completely**; they remain as partial or complete transections
- These persistent tears are **confirmatory evidence of previous penetration**
- Hymen may atrophy or disappear entirely after repeated intercourse or childbirth.

Here's a clear comparison table for **Recent Tears vs Old Tears of the Hymen** based on your details:

Feature	Recent Tears of the Hymen	Old Tears of the Hymen
Edges	Painful, swollen	Painless
Color	Hyperemic (red), bleeds on touch	Do not bleed on touch
Extent	May not reach the vaginal wall	Reach the vaginal wall
Appearance under light	Translucent	Opaque

Causes of Hymen Rupture (Non-Sexual)

The hymen can rupture, stretch, or tear due to various activities unrelated to sexual intercourse, such as:

- Masturbation
- Medical examinations (e.g., pelvic exams)
- Use of tampons or menstrual cups
- Horseback riding
- Gymnastics

- Cycling
- Other physical exertions or trauma

Important:

The state of the hymen **is not a reliable indicator of virginity** because of these possible causes.

Medicolegal Aspects of Virginity :

1. **Alleged impotence of a husband:**
The wife might be examined to check for evidence of virginity (intact hymen).
2. **Alleged non-virginity of wife:**
The wife might be examined to identify ruptured hymen.
3. **Alleged rape:**
The victim is examined for evidence of hymenal rupture.

Medicolegal Aspects of Hymen :

- **Imperforate hymen:**
Can simulate pregnancy by accumulating menstrual blood (hematocolpos).
- **Annular (fleshy, dilatable) hymen:**
May not bleed during first intercourse, possibly leading to suspicion about virginity.
- **Dentate and fimbriate hymens:**
Their irregular edges can simulate torn hymen, complicating medico-legal evaluation.

Examination of the Accused

1. **Consent:**
 - a. Consent is mandatory in most countries.
 - b. Written, witnessed consent should be obtained before the exam.
 - c. Consent is also needed for specimen collection, information release, and photography.
 - d. Examining the accused without consent may be considered assault.
2. **Clothes and Undergarments:**

- a. Check for stains like semen, blood, or tears.
- b. Preserve undergarments for forensic analysis.
- 3. General Examination:**
 - a. Look for injuries, especially scratches on the face, neck, and chest (possibly from victim's fingernails).
 - b. Bite marks may be present; compare with victim's teeth.
 - c. A female chaperone should always be present during the exam.
- 4. Doctor's Opinion:**
 - a. Assess if the accused can perform sexual intercourse (focus on penile erection capability).
 - b. Look for evidence of recent sexual activity (stains, injuries, redness on penis/scrotum).

Medical Examination of the Victim (Rape Victim)

- 1. Consent:**
 - a. Informed consent is mandatory.
 - b. A third party should witness consent and be present during the exam.
 - c. For victims under 18, parental consent is required.
- 2. Documentation:**
 - a. Full record: date, time, place, victim's details, people present, etc.
- 3. History:**
 - a. Obtain detailed medical and sexual history in the victim's own words.
 - b. Evaluate mental state: anxiety, shock, intoxication, agitation, cooperation, aggression.
- 4. Physical Examination (External findings):**

Signs of General Violence (may indicate struggle/resistance):

- a. **Clothes:** torn, worn, soiled, or disarranged during assault. Check for stains (blood, semen).
- b. **Hair:** may be disarranged.
- c. **Skin:** bruises, fingernail abrasions on:
 - i. Mouth (to prevent shouting)
 - ii. Wrist, upper arms, shoulders (to prevent resistance)
 - iii. Legs, inner thighs (to force them apart)

- iv. Back and buttocks (if held down on rough surfaces)
- d. **Bite marks:** on neck, shoulders, breasts, buttocks (can be superficial or deep).

Mouth and Lips:

- e. Rough kissing can cause bruises.
- f. Forced biting can cause abrasions, bruises, lacerations.
- g. Swabs should be taken before manipulation to check for seminal fluid (oral penetration evidence).

Eyes:

- h. Pupil size and reflexes indicate intoxication or head injury.

Note:

- Young girls may lack general injuries due to fear or shock.
- Married women may show more injuries because they often resist more vigorously.
- **Sadistic injuries:**
- Cutting or stabbing wounds may be inflicted on sexually significant areas such as:
 - Breasts
 - Buttocks
 - Perineum
 - Lower abdomen
- **Decapitation:**
- Sometimes occurs in extreme violent cases.
- **Ritualistic acts:**
- May involve placement of objects at specific sites near the body, indicating symbolic or ritual behavior.

Signs of Local Violence in Sexual Assault

1. Breasts

- Bite marks may be present on breasts, neck, or shoulders.

2. Ano-genital Area

- Signs include redness, abrasions, bruises, lacerations, or anal dilatation.
- Vaginal and anal injuries may include bruising, lacerations, and tears.
- Note: Anal dilatation post-mortem can be normal unless marked with injury.

3. Pubic Hair

- Inspect for foreign hairs and dried seminal stains.

4. Hymen Examination

- Look for tears or remnants indicating penetration.
- Use **colposcopy** (magnification ×5 to ×30) to detect minor trauma.
- Injuries may vary: minimal in married women, marked in virgins, and minimal in young children due to anatomical factors.

Sample Collection from Victim

- **Clothing and undergarments:** For blood, semen, vaginal secretions, saliva, foreign fibers.
- **Hair:** Scalp and pubic hair for foreign hairs and forensic comparison.
- **Photographs:** Document bite marks and injuries.
- **Skin tags and fingernail scrapings:** For victim's DNA or assailant's DNA.
- **Swabs:**
 - Mouth swabs for oral penetration evidence.
 - Vaginal and anal swabs for semen and spermatozoa identification.
- **Blood samples:** For DNA, blood grouping, drugs/alcohol, pregnancy, venereal diseases.
- **Urine:** For detection of drugs/alcohol.

Semen Detection Methods

1. **Visual screening:** Suspicious stains on skin/clothes/hair.
2. **Ultraviolet light:** Semen fluoresces bluish-silver (false positives possible).
3. **Enzyme tests:** Acid phosphatase activity high in semen.
4. **Immunological tests:** Using anti-human semen sera.
5. **Prostate-specific antigen (PSA):** Reliable semen indicator.
6. **DNA analysis:** PCR and Y-chromosome STR for forensic identification.

Forensic Laboratory Analysis

- Microscopy for sperm, hairs, fibers.
- Serological analysis for blood groups and DNA typing.
- Microbiological cultures for venereal diseases.
- Proper labeling and preservation of all evidence is crucial.

Examination of Suspected Perpetrator

- Local examination for bruising or injury on genitals.
- Collect pubic hair, scalp hair, and blood samples for DNA and infection screening.

Autopsy Procedure in Sexual Offense Deaths

- Prioritize fatal injuries but pelvic organs should be examined thoroughly.
- Removal of pelvic organs (ovaries to anus) en bloc.
- Collection of urine for toxicology.
- Careful dissection to preserve evidence of genital injuries.

Homosexual Offences

- Focus on anal injuries: bruising, redness, abrasions, tears.
- Anal margin, anus, rectum swabs for semen, blood, lubricant.
- Mouth swabs for evidence of oral sexual activity.
- Consider caution regarding post-mortem anal changes.