

THE MEDICO-LEGAL EXAMINATION OF THE MALE AGGRESSOR IN RAPE CASES

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Abstract: Sexual abuse is one of the medico-social problems known for a long time, and systematically undervalued. The medico-legal examination of the aggressor in cases of rape is often overlooked by the criminal investigation department, by failing to request it on numerous occasions. During this study, the traumatic injuries are assessed: their localization, morphology and mechanism of appearance are evaluated, together with a detailed genital examination. Both the general traumatological and the genital examination can bring information about a possible recent sexual intercourse.

Objectives. The objective of this study is to assess the traumatic injuries of the male aggressor in rape case and perform the evaluation of the post-coitus injuries that can confirm the recent sexual intercourse.

Method and materials. We analyzed the medico-legal expert reports of the Bistrița Năsăud County Medico-Legal Service regarding the examination of male aggressors in cases of rape during a 3 year span, 01.01.2019-31.12.2021. Both the traumatic injuries the perpetrators presented and the signs that could be interpreted as the result of recent sexual intercourse were evaluated.

Results. 26 examinations of the alleged perpetrators of rape crimes were evaluated. 3 persons did not present any signs that could have been interpreted as the result of a sexual intercourse; 23 of them presented either traumatic injuries or genital signs of recent sexual intercourse. Out of these, 1 presented traumatic injuries, and 15 presented genital signs of a recent sexual intercourse; only 7 persons presented both. The most common injuries associated were ecchymosis-in 2 cases, excoriations- 1 case, ecchymosis and excoriations- 5 cases, equally produced by biting or scratching. The genital signs of recent sexual intercourse were confirmed by the investigation carried out in 21 cases out of the 22 that presented such signs. Among the 22 cases with signs of recent sexual intercourse, these injuries/signs were present in various anatomical locations.

Conclusions. The genital lesions found at the examination of the male aggressor in the case of rape crimes are useful to demonstrate the recent sexual intercourse.

Keywords: Rape aggressor, traumatic injuries, medico-legal genital examination.

INTRODUCTION

Sexual abuse is one of the medico-social problems known for a long time, and systematically undervalued. Statistical studies are burdened by the fact that it is difficult to evaluate the phenomenon in vulnerable populations such as the institutionalized persons and the homeless - vulnerable categories - which are difficult to take into account. It is considered that 13-39% of adult women were victims of sexual abuse, and from the total number of victims, only 16-38% report this to law enforcement [1]. Because of the

magnitude of this phenomenon causing many cases of rape to remain unreported, it is mandatory that in cases of rape reports, the medico-legal evidences have a maximal contribution in proving the fact.

The medico-legal examination of the aggressor in cases of rape is often overlooked by the criminal investigation department, frequently neglecting to request it from the medico-legal institutions. Classical legal medicine states that the examination of the aggressor must have the following objectives: a general, traumatological and genital examination, examination of clothes (usually carried

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out by forensics) and, possibly, a specialized dermatovenereal examination [2]. To these the expertise of the cohabitation capacity is added, in some cases, when the impotence of cohabitation is invoked as a defense of the possible offender, and, possibly, the examination of the nail deposit which can highlight skin tissues of the victim, fingernail clippings (it is rarely carried out, especially in cases of rape followed or preceded by murder).

The general traumatological examination consists in recording the traumatic injuries resulting from the confrontation with the victim; these injuries are represented by excoriations/abrasions, ecchymosis or even wounds, and the mechanism of their appearance is usually by scratching with the nails, by hitting with or by hard objects, by biting [3], not excluding other mechanisms resulting from the fight with the victim: stab or stab-cut wounds.

The genital examination can bring information about a possible recent sexual intercourse. It is important that the examination is detailed, specifying the development and the size of the penis, if it is circumcised or not, whether the prepuce is retractable or not, and, if applicable, peculiarities such as the presence of artificial penile sphere implants. These anatomical that descriptions will be carried out routinely, and will necessarily include the retraction of the prepuce in order to examine the frenulum, because this is an area of appearance of superficial lesions during intercourse, which can have the aspect of bruises or irritations are common [3]. Some authors consider that the absence of smegma may suggest

a recent sexual intercourse (or a rigorous genital hygiene), and its presence may suggest the fact that the subject has not had a recent sexual intercourse, without this sign being absolute. In a historical case report [4], Tardieu describes the urinary meatus as showing an intense red color post-coitum.

In the case of women genital lesions, studies have shown that it is not possible to differentiate between the lesions produced during a consensual sexual relationship and those produced during a non-consensual sexual relationship [5]. By analogy, we started from the idea that even in the rape cases of male offenders, such a differentiation cannot be made, so we limited the study to ascertaining medico-legal signs of recent male sexual intercourse and analyzing the traumatic injuries emerging from the fight with the victim.

OBJECTIVES

The objectives of the study consist in the evaluation of the traumatic injuries of the male aggressor in the case of rape and the evaluation of the post-coitus injuries that can confirm the recent sexual relationship.

METHOD AND MATERIALS

We analyzed the medico-legal expert reports of the Bistrița Năsăud County Medico-Legal Service regarding the examination of male aggressors in cases of rape in the period 01.01.2019-31.12.2021. Both the

Table 1. Types of traumatic injuries encountered during examination

Type of traumatic injuries encountered during examination		
Ecchymosis	Abrasions/excoriations	Ecchymosis + abrasions
2	1	5

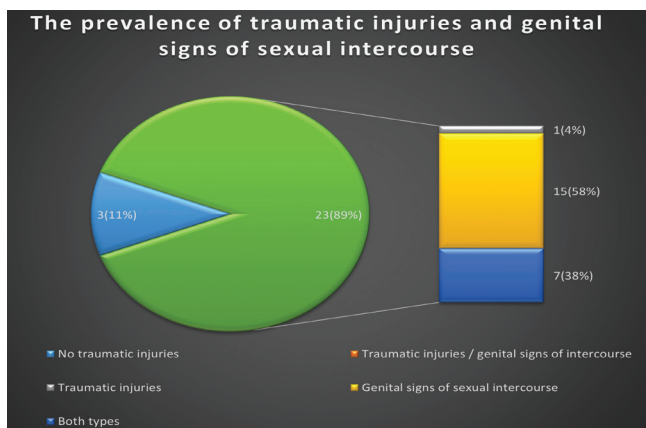


Figure 1. The prevalence of traumatic injuries and genital signs of intercourse.

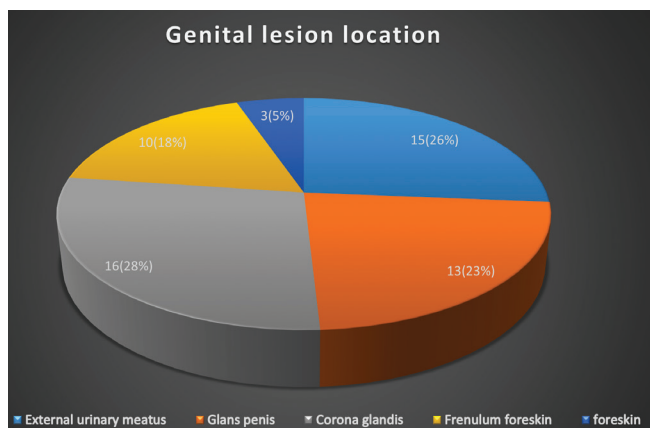


Figure 3. Genital lesion location.

traumatic injuries they presented and the signs that could be interpreted as the result of recent sexual intercourse were evaluated. The genital signs of recent sexual intercourse were mapped using the classical anatomy denominations [6].

RESULTS

During the 3 years analyzed, 26 examinations of the alleged perpetrators of rape crimes were requested by the police or the prosecutor's office. Among them, 3 did not present any kind of traumatic injuries, and no signs that could have been interpreted as the result of a sexual intercourse; 23 of them presented either traumatic injuries or genital signs of recent sexual intercourse. Out of these, 1 presented only traumatic injuries, 7 presented traumatic injuries and genital signs of a recent sexual intercourse and 15 presented only genital signs of a recent sexual intercourse (Fig. 1).

The type of traumatic injuries presented by each aggressor was: ecchymosis: 2; excoriations: 1; ecchymosis + excoriations: 5 (Table 1).

Regarding the way of producing traumatic injuries, hitting or scratching with nails was represented by 4 cases, and biting by another 2 cases. In 2 cases there were found complex lesions, produced by active hitting, scratching with nails and biting.

Regarding the location of the irritating genital lesions of the 22 cases in which this type of changes were found, they were located at the external urinary meatus (15), at the glans penis (13), at corona glandis (16), at the frenulum preputii (10) and at the external region of the foreskin (3), that totalize 57 localizations of the lesions (Fig. 2).

58% of the cases analyzed in the current study present genital signs of a recent sexual intercourse.

Two or more penile irritative lesions with various locations were found in 12 cases out of the 22 that presented this type of lesions, and 10 of the 22 cases had genital erythema located in only one region.

We observed that the average number of localization of the genital lesions/persons that had genital injuries as a consequence of criminal sexual intercourse was 2.6 lesion/person. The average number of genital localized lesions /persons that have presented more than 1 such injury was 3.92 lesions, that could be approximate 4 regions from the 5 anatomically designed.

The genital signs of recent sexual intercourse were confirmed by the police investigation carried out in 21 cases out of the 22 that presented such signs. The

case not confirmed by the investigation to have had sexual intercourse recently was indicated to have been a case of masturbation, in this case the erythema and denudation not being located at the level of the mucous membrane of the penile gland, the corona glandis or the frenulum of the foreskin but strictly at the external foreskin, and taking the form of annular erythema, the irritating aspect of the external urinary meatus being also expressed in this case.

The differential diagnostic between sexual intercourse lesions and the lesions emerged by a sexual transmitted disease (as *Candida albicans*) was considered.

LIMITS OF THE STUDY

It is difficult to perform a differential diagnosis between the penile changes that occurred as a result of sexual intercourse and those that occurred as a result of masturbation.

Between the freely consented sexual relationship and the one achieved through violence, there are no elements in the specialized literature or in the evaluation of the studied cases that would allow a differential diagnosis.

CONCLUSIONS

1. The medico-legal examination of the male aggressor in the case of rape crimes is inconstantly requested by the officials, which can cause insufficient forensic documentation of some of the rape crimes.

2. Penile irritating lesions located at the level of the penile gland, the urinary meatus and especially at the level of the corona and frenulum of the foreskin allow the formulation of conclusions such as "they could have occurred during a recent sexual intercourse", but not firm conclusions.

3. The corroboration of the investigation data, the traumatological and genital examination of the aggressor together with the expert data resulting from the examination of the victim, can be useful for proving rape crimes. The high percentage of male sex offenders which present genital signs of recent sexual intercourse makes the medico-legal examination of aggressors in cases of rape validate its importance as part of the police investigation.

Conflict of interest

The authors declare that there is no conflict of interest.

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