

Homicidal Death and Crime Scene Investigation of Minor-A Case Study

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Case Report

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Abstract

Child sexual abuse is a common and a serious problem in every society. The majority of sexual assault cases are never reported to avoid social stigma and the number of reported sexual assault is very small. We attempt to highlight a case of sodomy and strangulation, which is of rare occurrence in the Gwalior district of Madhya Pradesh. In this case a child who died from strangulation after sexual assault, sustained abrasion injury over the anal region and multiple injuries all over the body.

Keywords: Child sexual abuse; Homicide; Medico-legal examination; Sodomy; Strangulation

Abbreviations: POCSO: Protection of Children from Sexual Offences; DNA: Deoxyribonucleic Acid; IPC: Indian Penal Code.

Introduction

Child sexual abuse is a common problem in the society [1,2]. Child sexual abuse typically includes unwanted and inappropriate sexual solicitation of, a child by an older person; genital touching; or penetration in terms of oral or anal intercourse or attempted intercourse. Sexual offences in India are covered under different sections of Indian Penal Code and Children from Sexual Offences Act (POCSO), 2012, which has been drafted to strengthen the legal provisions for the protection of children from sexual exploitation and provides protection to all children under the age of 18 years of the offence of sexual assault, sexual harassment, and pornography [3]. According to a study published by the Ministry of Women and Child Development, India has the largest number of sexually abused children and there is severely under-reporting of such crimes [4]. The underreporting of Child sexual abuse by victims is a serious problem that may prolong the suffering of victims and leave perpetrators free to continue offending [5]. Sodomy is not a medically recognized entity, but a sociological and legal concept [6,7]. This study describes a case of sexual assault on 10 year minor male with homicidal strangulation as the

cause of death, which is a rare occurrence in the district Gwalior.

Case Report and Autopsy Findings

On 30.04.2017 a boy of age around 10 years, resident of Shankarpur Mauza Barra in the district of Gwalior, M.P., was recovered dead (Whole body was uncovered) by local people in a isolated place (Figure 1). The deceased was missing from 30.04.2017 evening while he went to the neighbor's house. Police suspected the case to be a sexual assault and murder registered case under 302, 377, 201 IPC and POSCO act. The body was brought to the mortuary of the JAH GRMC Gwalior for medico-legal autopsy.



Figure 1: Victim found in an isolated place.

The external examination revealed that the body of the boy, measuring 4'2" cm by height, 26 kg by weight and dark in complexion. The whole body was naked and stained with dust. Dried marks of saliva at both angle of mouth were found. Cyanosis over finger nail beds and lips was noted. Conjunctiva was congested on both sides. Abrational marks on neck area, Abrasions and contusions were found on whole body (Figure 2). Other important post mortem findings were congestion of mucous membrane of trachea and presence of petechial hemorrhagic spots on the under surface on pleura suggestive of asphyxial death. Genital examination revealed abrasion injury on whole anal region (Figure 3). Detection of spermatozoa on anal swab and smears proved sexual assault which was the motive for murder. Death was due to the effect of strangulation, which was ante mortem and homicidal in nature.



Figure 2: Findings of neck and face suggestive of strangulation.



Figure 3: Anal injury.

Physical Evidences Seized

- a. Blood containing soil
- b. Plain soil
- c. Clothing's of deceased
- d. Nails of deceased
- e. Clothing's of accused
- f. Stone
- g. Anal slide of deceased
- h. Semen slide and pubic hairs of accused during MLC

i. Blood sample of accused

Forensic examination of physical evidences shows presence of blood of deceased on the accused clothing's, presence of spermatozoa in anal slide of deceased DNA profile of accused on deceased evidences and blood of deceased on scene of crime as well as on stone established the involvement of accused with crime.

Discussion

Sexual assault leaves a permanent scar on the body of the victim and this is common in the child victims. The present case is unique due to the fact that the accused was a neighbor of the victim boy, well known to him. Police investigation subsequently revealed that the accused called the victim allured by some confectionery, then assaulted sexually and finally murdered him by strangulation. Sexual assault along with murder in a young male is not common in Gwalior. In the present study the cause of death is not directly the unnatural sexual act but from other injuries and strangulation. The crime was performed by a person well acquainted by the victim to avoid identification of the perpetrator of crime.

Conclusion

In the present study accused on the basis of F.S.L. report of physical evidences and circumstantial evidences awarded with death penalty from session court. Child sexual abuse is an extensive problem and even the lowest prevalence includes a huge number of victims. Hence, stringent measures should be taken for the prevention and control of this hidden public issue. Sodomy murder complex is a serious legal issue in any society, particularly in a semi urban setting like the present case. Mass media should play an important role by creating awareness among common people for safe guard of our country's future.

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References

- 1. Adams JA, Kaplan RA, Starling SP, Mehta NH, Finkel MA, et al. (2007) Guidelines for medical care of children who may have been sexually abused. J Pediatr Adolesc Gynecol 20(3): 163-172.
- 2. Singh MM, Parsekar SS, Nair SN (2014) An epidemiological overview of child sexual abuse J Family Med Prim Care

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3(4): 430-435.

- 3. Maring SK, Meera T, Singh TB, Nabachandra H (2013) Child sexual assault: A study in Manipur. J Med Soc 27(3): 187-190.
- 4. (2007) Ministry of Women and Child Development, Government of India. Study on Child Abuse: India.
- 5. Leclerc B, Wortley R (2015) Predictors of victim

disclosure in child sexual abuse: Additional evidence from a sample of incarcerated adult sex offenders. Child Abuse & Neglect 43: 104-111.

- Pillay VV (2007) Textbook of Forensic Medicine and Toxicology. 14th (Edn.), Paras Medical Publisher, Hyderabad, pp: 287.
- 7. Mahanta P (2012) Rape, Sodomy and Murder of a Minor Girl. J Indian Acad Forensic Med 34(4): 358-360.

