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Case Report

The case of a prosthetic limb used to cause lethal intravaginal injuries: Forensic medical aspects in a case of intimate partner violence

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ABSTRACT

A common form of violence against women is sexual coercion on the part of their husbands/partners, the uncontrollable effects of which can lead to extreme consequences, as in the case of uxoricide examined in this report. It involved a 59-year-old female alcoholic, under observation on the part of social services as the possible victim of abuse by her husband, an amputee with a transtibial prosthesis. The woman had never admitted to her social workers that her husband was abusing her. One night, she was admitted to hospital in a state of hemorrhagic shock due to massive vaginal bleeding, but despite treatment, she died 20 min after arrival. The anatomical–pathological examination conducted by the hospital revealed serious genital lesions which warranted reporting the case to the Judicial Authorities, who arranged for a forensic autopsy. The cause of death was identified as acute meta-hemorrhagic anemia in a cirrhotic woman, secondary to a large, irregular vaginal lesion involving both the vaginal wall and the soft perivaginal tissues as well as the medium and small urogenital vascular branches. To identify the foreign body used to inflict this injury, a scanning electron microscope and energy dispersive X-ray spectrometer (SEM-EDS) were used. This revealed tiny splinters of wood in the vaginal tissues examined. In addition to the genetic-forensic techniques used, this finding allowed the investigators to identify the husband's prosthetic limb as the instrument of sexual coercion.

The report describes a particular case of marital rape that resulted in uxoricide, in which the overall concordance of the investigations carried out played a fundamental role in identifying the offending body and, consequently, the murderer.

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1. Introduction

Over the last ten years Italy has witnessed a considerable increase in the number of cases of intrafamily violence caused, in all probability, by the radical changes affecting the family, traditionally considered protected territory and the safest environment, in which “defence” is not normally necessary [1]. One of the most common forms of abuse within the family is non-consensual sex between spouses [2], a serious problem [3], which comes under the broader category of *intimate partner violence* (IPV) [4]. This form of coercion, perpetrated by one member of a couple linked by an intimate relationship of affection and trust [5], can take various forms: physical abuse (aggression, maltreatment, beatings), psychological abuse (economic deprivation, rejection of

the other person, derision, scorn, intimidation, negligence and stalking) and sexual abuse (violence) [4]. Regarding the latter, it is thought that between 10% and 50% of women have suffered from physical aggression on the part of their intimate male partners, including husbands, at a given point in their lives [6]. Women are, in fact, the most common victims of sexual coercion in several areas of the world [5,7–13] with different percentages (Table 1), even if, in actual fact, the figures could well be underestimated and “obscure” [14] due to the fact that forcing a reluctant partner to have sex is not considered a crime in many parts of the world.

This is due to a “marital privilege” that excludes the very concept of a husband ‘raping’ his own wife [12], added to which there are cultural legacies which, in some environments, oblige the victim to suffer violence in silence [11]. In extreme cases, rape can be due to pathological behaviors known as paraphilia, or disorders characterized by intense sexual impulses and/or perversions that also include the consensual or violent introduction of various foreign bodies into the vagina [15]. The case examined here comes under this category of intimate partner violence perpetrated by this particular act of violence. The victim, who was thought to have been suffering from abuse from her husband for some time, died

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Table 1
Percentage of sexual coercion against women on the part of intimate partners distributed per country.

Europe								Africa							
Montenegro	Serbia	Italy	Switzerland	Russia	UK	Estonia	Poland	Zimbabwe	Egypt	Uganda	Kenya	Ethiopia			
4	4	15	20	25	25	29	60	32	35	41	42	46			
Asia				Americas				Oceania							
Cambodia	Thailand	Iran	Israel	Korea	India	Bangladesh	Japan	Columbia	United States	Chile	Canada	Mexico	Nicaragua	Australia	New Zealand
16	20	31	32	38	45	46	82	19	20	26	29	30	52	20	20

because of the serious genital injuries produced by a foreign body, namely the prosthetic leg, with which her husband had raped her.

2. Case report

Late one night, a 59-year-old woman, accompanied by her daughter, was admitted to the A&E department of a well-known city hospital with profuse and unstoppable vaginal bleeding, which was reported to have been going on for about an hour. Despite the first aid provided by the medical staff, the woman, suffering from alcoholic hepatopathy, died approximately 20 min after admission. In that short space of time, the hospital doctors had suspected serious vaginal lacerations and so the fact was reported to the Judicial Authorities. The body was therefore subjected to a postmortem examination for legal medical purposes at the Forensic Medicine department of Milan's Università degli Studi, four days after her death.

3. Results

3.1. Autopsy

On the anatomy table the woman's corpse, weighing 70 kg and 163 cm long, appeared well nourished and preserved and with signs of previous autopsy. The external examination revealed a few purplish hypostases in the declivous regions of the body with respect to the supine position, skin pallor and numerous reddish-purple bruises on her arms, nipples, cleavage, thighs, left inguinal fold, anorectal junction, perineum and labia maiora (Fig. 1), as well as multiple grazes on the breasts, thighs, perineum and legs, most of which measuring 6 cm × 3 cm.

On dissection, uniform pallor was observed, also affecting the internal organs. Nothing important emerged from the systematic examination of the viscera except for the hepatic parenchyma which, yellowish and with a woody consistency, was uneven and

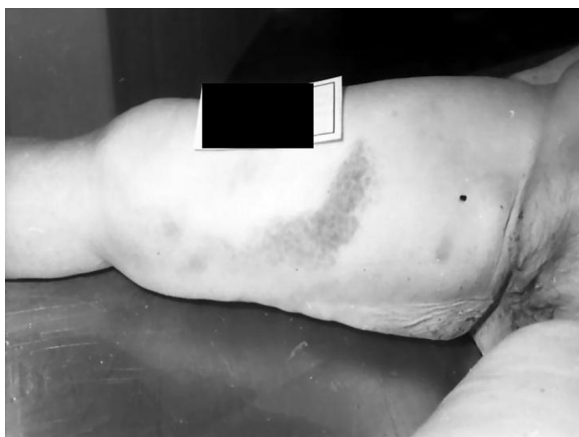


Fig. 1. Extensive and intense bruising on the medial surface of the thighs.

dotted with small regenerative nodular formations. An examination of the genitals showed a large vaginal lesion with irregular edges 1.5 cm apart at the vulva; the lesion stretched from the navicular fossa into the left vaginal chorion as far as the posterior fornix. Within the context of the genital lesion, the vaginal, medium rectal, vestibular bulb and uterine arteries, as well as the uterus-and-bladder-vaginal venous plexuses were affected by lacerations, with the edges infiltrated with blood (Fig. 2).

The uterus, adnexa and rectum were free of lesions, as was the Douglas' pouch, peritoneum and perimetrium. During the post-mortem, samples of organs and biological liquids were taken for subsequent genetic, chemical-toxicological and histopathological forensic tests. At the end of the postmortem dissection, the cause of death was identified as acute meta-hemorrhagic anemia secondary to profuse bleeding from a ragged vaginal lesion, affecting the locoregional arteriovenous network, in a woman with cirrhosis of the liver.

3.2. Forensic toxicological examination

All the biological matrices (cardiac and femoral blood, urine, bile, liver, kidneys, brain, lungs, gastric contents and hair), sampled during the autopsy were subjected to chemical-toxicological tests according to the protocols used at the Forensic Toxicology Laboratory of the Università degli Studi in Milan, measuring the alcohol level in the blood and looking for narcotics and volatile organic toxic substances by means of quali-quantitative analyses. The results, for the purposes of our investigation, were negative, except for the alcohol level, which was equivalent to 1.8 g/L.

3.3. Forensic histopathological test

From the biological material sampled and fixed in formalin buffered at 10%, histological preparations from all the viscera were

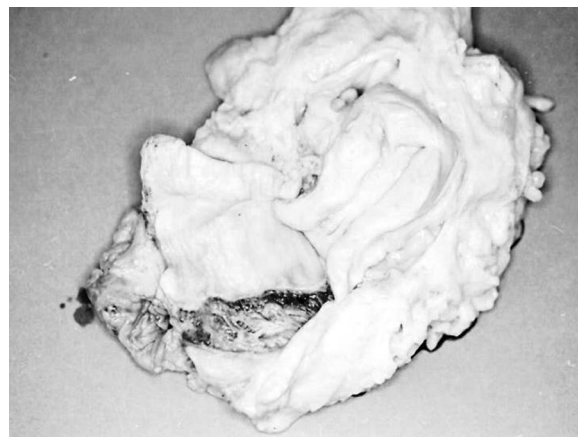


Fig. 2. Overall view of the vaginal lesion that extended from the navicular fossa to the left posterior-lateral fornix.

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