Medicolegal Analysis of Sodomy Cases at Beni-Suef Governorate From January 2011 to December 2015 – A Retrospective Study

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Abstract

Sodomy is anal intercourse between 2 men (homosexual sodomy) or a man and a woman (heterosexual sodomy) also known as buggery, when the passive agent is a child, sodomy is referred to as paederasty. This study sheds some light on one sensitive Egyptian issue, sodomy cases, with quantification of the demographics and medico legal findings, related to female child and male cases presenting to Beni Suef governorate Forensic Medical Authority, Egypt, between 2011 and 2015. 51 cases of sodomy were analysed, the mean age of victims is 9.79 years in children and 24.30 years in adults. 74.19% of cases were male children while 85% were adult females. Cases occurred mainly in urban areas for both child (61.29%) and adult (55%) victims. Frequency of sodomy cases shows an ascending manner. Most child victims had primary education 77.42%, unlike 35% high education in adult victims. 96.67% of assailants had no relation to children, 50% were relative in adult cases. Multiple assailants were present in 13% of child victims, 30% in adult victims. Physical force was the commonest in child 51.62% and adult 50% victims. assailants were guilty in 54.84% of child victims, 50% in adult victims. Forensic examination of children took (2-5 days) in 61.30%of child cases and (1-2 weeks) in 50% adult cases. Semen was detected in 19.35% of child cases and in 15% of adult cases. Genital Injuries were found in 45.16% of children and55% in adult cases. Rape accompanied sodomy in 19.35% of child cases and 25% of adult cases. Conclusion—these analyses demonstrate that the very low incidence may also suggest gross underreporting; making awareness of importance of reporting of sexual offences is mandatory.

Key words: Sodomy; Assailants; Forensic examination; Physical force; Genital Injuries

Introduction

Sexual assault (SA) is any sexual behavior or contact occurs without a distinct consent from the recipient or any exposure to an inappropriate sexual content (1). Sexual abuse, affecting children and women of all ages and socio-economic levels, is considered a major human rights violation and a worldwide problem (2,3). Sodomy is anal intercourse between 2 men (homosexual sodomy) or a man and a woman (heterosexual sodomy) also known as buggery, when the passive agent is a child, sodomy is referred to as paederasty (4). Age of consent for sexual intercourse in Egypt is 18 year and sodomy is illegal (5). The legislation in Egypt makes no straightforward mention of homosexuality, they frequently use other laws to criminalizes the act and punish the perpetrator (6). Sexual violence and especially sodomy in Arab-Muslim societies depend mainly on the cultural and religious norms; which is a neglected area of research (7). Egypt’s Forensic Medical Authority
Statistical Analysis

The data was coded and entered using the statistical package for Social Sciences SPSS version 21. The data were summarized using a descriptive frequency and percentage for quantitative values, relation between data grouped was tested by Chi Square test for quantitative variables. Statistical differences (P-values) less than or equal to 0.05 were considered statistically significant.

Results

A total number of 51 registered sodomy cases were analysed, the mean age of child victims is 9.79 years while the mean age of adult victims is 24.30 years. Amongst sodomy cases, we found that male children were more exposed to sodomy (74.19%) than female children (25.81%), while adult females go to court (85%) more than adult males (15%). The relation between gender and age of victims was highly significant (p <0.001, Table1) The prevalence of sodomy cases in urban areas in the governorate was more than rural areas for both child (61.29%) and adult (55%) victims with no statistical significance (p =0.656, Table1) Frequency of sodomy cases shows an ascending manner over the 5 years. On plotting years and age of victims, 2015 has the highest percent of child Cases (32.26%) while 2015 and 2014 has the highest percent of adult Cases (30%) The relation between victim number and age over years was not significant (p= 0.607, Table1) Most child victims had primary education (77.42%), in comparison to high education in most adult victims (35%). That relation was highly statistically significant (p <0.001, Table1) All child victims show average mentality (100%), while (10%) of adult victims were mentally retarded with no statistical significance (p =0.072, Table1)

The majority of assailants had no relation to child victims (96.67%), unlike (50%) of relative assailant in cases of adult victims. That relation was highly statistically significant (p <0.001, Table2) Multiple assailants were present in child victim cases (16.13%) and adult victim cases (30%) also in the least percentage with no statistical significance (p =0.240, Table2). 61.29% of child assaults were at unknown place, unlike 50% of adult cases that occurred at victim residence. That relation was highly statistically significant (p <0.001, Table2) Physical force was the commonest type of force used in child (51.62%) and adult (50%)
victims, while weapons used only in (16.13%) of child victims and in (20%) of adult victims. This relation was found none statistically significant (p =0.758, Table2(510,963),(550,983)). (54.84%) of assailants in case of child victims were found guilty, while in cases of adult victims, 50% of assailants were also found guilty. That relation has no statistical significance (p =0.735, Table2(507,950),(547,969)).

The majority of forensic examination of took place few days (2-5 days) after assault in (61.30%) of child cases, while in adult cases (50%), it took few weeks (1-2 weeks). That relation was statistically significant (p =0.016, Table3) Forensic examination can detect semen in (19.35%) of child cases and in (15%) of adult cases. That relation was statistically non-significant (p =0.690, Table3) Genital Injuries with a skin tear were the commonest type of injuries in both; child (45.16%) and adult (55%) cases, while no injuries were found in of child (32.26%) and adult (15%) cases. That relation has no statistical significance (p =0.585, Table3). Rape accompany sodomy in (19.35%) of child cases and (25%) of adult cases. That relation was statistically non-significant (p =0.632, Table3).

**Discussion**

This is a retrospective study of all alleged sodomy cases in Beni-Suef province from the start of 2011 till the end of 2015. The data was collected from archived reports of medico legal authority registered in Beni-Suef province. A total number of 51 registered sodomy cases were analysed, this number is most probably due to under reporting of cases; making determination of accurate incidence numbers not possible. Under reporting cases including younger and cognitively delayed children suffering severe and repeated abuses within the family, 83% of young adults experiencing sexual assault won’t reach the police.

This study revealed that, the mean age of child victims is 9.79 years while the mean age of adult victims is 24.30 years, consistent results were stated by (Peterson; Melkman et al.; Office for national statistics). These findings can be explained by underreporting to police and health authorities by the older survivors who may fear loss of societal respect. Older children have the language, attention and cognitive skills necessary to provide clear and detailed evidence of suspected abuse.

Amongst sodomy cases, we found that male children were more exposed to sodomy (74.19%) than female children (25.81%). Kloppen et al. findings are different as between 6% and 30% of girls and 1–12% of boys in the Nordic countries are estimated to fall victims to contact child sexual abuse. These differences may be due to the nature of sodomy. In our study adult females go to court (85%) more than adult males (15%).

Regarding gender, studies generally indicate that in cases of sexual abuse, male victims are more reluctant to disclose events of abuse, are less consistent in their accounts, and that their testimonies are less likely to be viewed as credible by investigators.

The prevalence of sodomy cases in urban areas in the province was more than rural areas for both child (61.29%) and adult (55%) victims. According to WHO some people do not trust police, especially in rural areas where other authorities are not accessible.

Frequency of sodomy cases shows an ascending manner over the 5 years. On plotting years and age of victims, 2015 has the highest percent of child Cases (32.26%) while 2015 and 2014 has the highest percent of adult Cases (30%). These results are consistent with. That increase may be attributed to the improvement in reporting after the Egyptian revolution of 2011.

Most child victims had primary education (77.42%), in comparison to high education in most adult victims (35%). Our results are consistent with Patterson & Campbell. Lippert et al. explained as, preschoolers are less likely to disclose abuse, both initially as well as in the forensic interview and if they do disclose, their testimony tend to be shorter and less detailed than testimony from older children. On the other hand high education usually increases awareness about the importance of abuse reporting.

All child victims show average mentality (100%), while (10%) of adult victims were mentally retarded. Similar findings were mentioned and explained by Ghetti et al.; Connolly et al.; Office for national statistics as Cognitive delays exert effects on children’s ability to provide informative evidence and hence on the ability to assess their veracity, though existing findings are mixed. Assessments of their credibility concerning allegations of abuse are made with less certainty.
The majority of assailants had no relation to child victims (96.67%), unlike (50%) of relative assailant in cases of adult victims. Roye et al.; Melkman et al. (9,21) agree with our results, the convenient explanations could be of Rizzo et al. (22) that the database was formed by forensic examiners after filling a charge in police station by the legal guardian of the child that is considered a family scandal especially if the offender is a family member. Female victims of physical intimate partner violence are more likely to report anal intercourse according to Roye et al. (21)

Multiple assailants were present in child victim cases (16.13%) and adult victim cases (30%) also in the least percentage. The findings of Melkman et al.; Office for national statistics (9,10) are in agreement with our results. The possible explanation of our results could be due to threats of violence or death which has been found in this study (12).

Physical force was the commonest type of force used in child (51.62%) and adult (50%) victims, while weapons used only in (16.13%) of child victims and in (20%) of adult victims. Similar results were reported by Cross et al.; Whitaker et al.; Office for national statistics (10,15,23). Disclosure may be easier for the child traumatized by an aggressive, one time sexual act. Existing evidence suggests higher rates of affirmation concerning reports of more severe abuse (15).

61.29% of child assaults were at unknown place, unlike 50% of adult cases that occurred at victim residence. Office for national statistics (10) reported similar results. The possibility of being caught in the act is quite slim especially when the assailant majority had no relation to child victims (12). Unlike 50% adult victims with relation to the assailant; there is increasing evidence that anal intercourse is more common among female victims of physical and/or sexual intimate partner violence (24).

Nearly 50% of assailants in case of sodomy victims; children and adults were found guilty. Consistent results reported by Priebe and Svedin; Melkman et al. (9,25). The explanation stated by Talwar & Crossman (27) were the most likely, as, elementary school children’s developing cognitive skills are also related with a greater capacity for telling and maintaining lies. Priebe and Svedin & Meyers (25,26) have established that timely delayed disclosure, greatly decreases the likelihood that the case will be reported, investigated and that charges will be filed and the abuser most likely won’t be convicted.

The majority of forensic examination of took place few days (2-5 days) after assault in (61.30%) of child cases, while in adult cases (50%), it took few weeks (1-2 weeks). Forensic examination can detect semen in (19.35%) of child cases and in (15%) of adult cases. Akinlusi et al.; Rizzo et al. (12,22) reported similar results and explain this delay by the longer duration to disclosure. Children particularly believe assailants’ threats and would not report until parents discover. The fear of stigmatization could be responsible for delayed disclosure in adult. Individual differences at the level of forensic examiners (e.g., years of experience or attitudes) may explain considerable variance in their assessments (9).

Genital Injuries with a skin tear were the commonest type of injuries in both; child (45.16%) and adult (55%) cases, while no injuries were found in of child (32.26%) and adult (15%) cases. These findings are consistent with the study of Office for national statistics; Rizzo et al. (10,22). Appropriate explanations are that; older girls possibly try to physically defend themselves and the bodily lesions could be the results of a physical opposition, whereas children don’t attempt to fight back. In addition, less invasive acts as touching and fondling are known to occur much more frequently than penetration in cases of younger children (28). Moreover, the delay in seeking medical examination may also explain the absence of evident genital or bodily lesions (29). It is possible that in less severe events, common motivations underlying intentional fabrication of accounts of abuse, such as taking revenge at a third party, a cry for attention or help, or concealing consented sexual activity with the accused or another for fear of parental retribution (30).

Rape accompany sodomy in (19.35%) of child cases and (25%) of adult cases. Office for national statistics (10), reported similar results. Past research has shown that anal intercourse is associated with intimate partner violence victimization among women. Female victims of physical intimate partner violence are more likely to report anal intercourse. (21,24)
Limitations

This study has a limitation; the Number of cases was relatively small; the very low incidence may also suggest gross underreporting. Our analyses include only the referred cases to Forensic Medical Authority by law enforcement accompanied by family members or on their own. Sexual assault cases, like sodomy considered a shame especially in Upper Egypt governorates and can be scandalous if the offender is a relative. In case of child abuse many guardians refuse to go to police, so these cases are missed out. Despite that limitation, we report important results supported by data collected by law enforcement. A joint forensic physician and nurse team performed all the examinations in order to secure objective information. Our results can be used as effect-size estimates to power future clinical prospective studies in hospital abuse cases.

Conclusions

The standard of clinical management of sexual violence involves documentation and treatment of injury, getting forensic materials, detecting prior pregnancy, screening for sexually transmitted infections including HIV and provision of adequate contraception, post exposure prophylaxis and supportive psychosocial counselling. National awareness about sexual offences reporting importance to public and about the standard of clinical management of sexual violence among health care providers is a must.

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Conflict of Interest : Nil

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