



G22 Rape/Sadistic-Homicide vs. Accidental Death During Voluntary Violent Sexual Activity: Three Case Reports Illustrating Difficulties in Assessing the Circumstances of the Deaths

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Three case-reports are presented to illustrate difficulties in assessing whether violent sexual activity has been forced or consensual. Didactic figures are displayed to illustrate various features in violent sexual intercourse and instrumental penetration.

In investigating a suspicious death, where there is evidence of sexual intercourse, the forensic pathologist has not only to determine the cause and manner of death, but also to answer the question of whether sexual intercourse was forced. The three following case-reports illustrate difficulties in assessing whether violent sexual activity has been forced or consensual.

Case 1. A 56-year-old woman was found dead in her bed, in the morning, by her husband. According to him, they had sex in the evening and fell asleep. The autopsy showed multiple hematomas on breasts, arms, hands, legs, shoulders, and head, as well as severe damage to the perineum, vagina and rectum. The anal margin had hematomas. There were large tearings of the rectal wall and perirectal muscles, of the vagina with complete prolapse of the cervix through the vulva. The victim was found with 3.68 g/l of alcohol in her blood. Death was assessed to have been caused by massive hemorrhage. Rectal and vaginal lesions were assessed to have been caused by a fist or a foreign object. The man confessed that he had beaten his wife and forcibly penetrated her with his fist while her consciousness was impaired by alcohol.

Case 2. A 22-year-old woman was found dead in her home, in her bathtub. Her boyfriend reported that she fainted during sexual intercourse. He said he carried her to the bathroom, put her in the bathtub, and showered her with water, but she had fatal cardiac arrest. The autopsy showed evidence of asphyxia. There were hematomas in the perineum, the vagina and rectum, and large tearings of the vaginal wall. Toxicology was negative. The man confessed that they had sadomasochistic sexual activity, including fist penetration and strangulation with a dog's leash, when she fainted.

Case 3. A 40-year-old woman was found dead in her bed, by her husband. According to him, they had sex in the evening and fell asleep. At autopsy there were hemorrhages around the right carotid artery and infiltrating the right neck muscles. Lungs were found emphysematous. The anal margin was dilated with congestion of the mucosa, but there were no tearings. Histologically, hemorrhage was found in the rectal submucosa. The victim was found with 1.94 g/l of alcohol and 2.18 microg/l of Zolpidem (toxic level > 0,15) in her blood. There was no sperm. The cause of the death was assessed to have been mechanical asphyxia following neck compression. The rectal lesions were assessed to have been caused by a fist. Alcohol and Zolpidem contributed to the death.

In conclusion, severe lesions to the sexual organs are not always synonymous of sadistic/rape homicide. Thorough examination of the death scene, complete autopsy, histology and toxicology are necessary in assessing the cause and manner of death, and determining the circumstances of the sexual activity, whether voluntary or forced.

Rape, Sado-Masochism, Forensic Sciences