Fatal Sexual Abuse in Childhood

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Introduction

Deaths from sexual abuse in infancy and childhood are uncommon; however, the approach to the investigation and autopsy of such cases follows the general principles for the assessment of homicide in this age group. The evaluation of homicides in infancy and early childhood presents an array of difficulties that are not present in older children and adults. Disparity in size between the victims and their attackers means that children can be manipulated and controlled with less force and may therefore not manifest as many signs of physical injury. Conversely, their relative physical weakness renders them vulnerable to attack, with less ability to defend themselves, and so injuries may be quite extensive involving many different organs and structures. The autopsy assessment may, therefore, be complicated by a paucity of physical signs of trauma or alternatively by an abundance of injuries that may be of various ages and due to a variety of mechanisms. Attempting to determine a cause of death when there are no definitive autopsy findings may not be possible, just as trying to unravel the pattern of assault in the face of overwhelming numbers of injuries may be difficult. The inability to interview the child victim in fatal cases further complicates assessment.

Another feature of immature human beings is their unique and evolving anatomy that requires an understanding of developmental stages for accurate interpretation. Nowhere is this of more significance than in the genital area of young females, where marked developmental changes occur in the anogenital region throughout the whole of the prepubertal period (1). It is not until genital maturity is reached (Tanner stage 5) that no further developmental changes will occur. These changes have now been well described, both for the hymen and for more external structures (Fig. 1) (2).
Fig. 1  (a) Normal prepubertal crescentic hymen with prominent intravaginal ridges at 4 and 9 o’clock. (b) An 18-month-old girl with a normal crescentic hymen with an anterior opening and deficiency of hymenal tissue at 12 o’clock. (c) A 6-year-old girl with a normal prepubertal hymen. There is a prominence at 9 o’clock and an intravaginal ridge at 11 o’clock. (d) The circumferential hymen of a 5-year-old girl with a folded edge and intravaginal ridges at 2 and 10 o’clock. There are periurethral ligaments present symmetrically on either side of the urethra.