



FORENSIC MEDICAL EXAMINATION OF CAPACITY FOR SEXUAL INTERACTION IN THE CASE OF RAPE: AN EXPERT CASE

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Summary: *This article is devoted to the analysis of forensic medical expert practice regarding the ability to have sexual relations in the case of rape. Introduction: Rape is one of the most serious and widespread violations against a person's sexual freedom and sexual integrity. The study notes the need to pay attention to various aspects of this problematic phenomenon and the importance of forensic examination in solving crimes. Materials and methods: The study is based on the results of the commission's forensic medical examination, medical records, expert opinions and advisory opinions of specialist doctors. In addition, a review of relevant scientific literature and court precedents was conducted. Results: Forensic examination is defined as a key element in establishing the fact of rape and determining the suspect's ability to have sex. The study highlights the importance of a multidisciplinary approach in forensic medicine and its impact on the judicial process. Conclusions: The work is aimed at expanding the understanding of forensic medical examination in cases of rape and promoting the further development of judicial practice.*

Keywords: *rape, forensic medical examination, sexual freedom, sexual integrity of the person*

Introduction: Criminal offences, which are expressed in the form of rape, are one of the most serious and widespread violations against a person's sexual freedom and sexual integrity [1]. According to the Criminal Code of Ukraine, rape (Article 152) is the commission of acts of a sexual nature, associated with vaginal, anal, or oral penetration into the body of another person using the genitals or any other object, without the victim's voluntary consent [2]. Rape is a serious criminal act that not only violates the rights and dignity of victims, but also has a significant impact on their physical and mental health [3].

The study of rapes and their consequences in modern society emphasizes the need to pay attention to various aspects of this problematic phenomenon. Many victims remain hidden due to feelings of shame, lack of faith in justice and fear, especially when it comes to sexual violence in the family [4, 5]. However, in many cases, after such events, the victims still seek legal and medical assistance, and then an important aspect in solving these crimes is the forensic examination [6, 7, 8]. The most difficult task is proving the fact of violence and correctly documenting and collecting evidence [9].

In the case of rape, especially in situations where the suspect claims his inability to have sexual intercourse for medical or psychological reasons, the forensic examination becomes an important element of the investigation and trial [10].

In such cases, a forensic examination to determine the suspect's capacity for sexual intercourse and intercourse is an important aspect of the investigation and trial of such crimes. These aspects are important not only for forensic medicine, but also for forensic psychiatric and legal practice [11].

Purpose of the research: The purpose of this scientific work is to analyze a specific case of sexual violence through the prism of forensic medicine and forensic psychiatric examination, with a focus on assessing the suspect's ability to engage in sexual activity. To achieve this goal, we will conduct a detailed analysis of the expert case, focusing on the methodology, technical aspects, legal context and possible consequences of the forensic examination.

Materials and methods: The material for the study was collected based on the results of the forensic medical examination conducted by the Commission Forensic Medical Examination Department of the Ivano-Frankivsk Regional Bureau of Forensic Medical Examination. Our analysis is based on medical records, expert opinions and advisory opinions of medical specialists. In addition, a review of relevant scientific literature and court precedents was conducted.

Results: From the circumstances of the case, it is known that: "...At the court hearing, the defense attorney of the accused made a request for the appointment of a forensic medical examination... The request is based on the fact that during a confidential conversation with the client, the latter said that he could not have committed the crime of which he is accused, because he has been suffering from erectile dysfunction for a

long time, or impotence, a disorder of sexual function in men, characterized by the inability to achieve and maintain an erection of the penis. ...According to the indictment, citizen M is accused of taking advantage of the helpless state of the minor gr. D. aged 14, who did not understand the meaning of the illegal actions committed against her and was under psychological pressure with intimidation and threats from citizen M. and could not resist him, while he was acting deliberately, that is, aware of socially dangerous and illegal the nature of his actions, their harmful consequences and knowingly wishing for them to occur. Applying physical force and psychological violence, overcoming the will to resistance, citizen M. committed sexual acts with the victim in the house at his place of residence, connected with vaginal penetration into her body using his genitals without the victim's voluntary consent. It also happened several times later."

From the conclusion of the forensic psychiatric expert in the name of citizen M. it is known: "... citizen M. has a previous conviction, he lives in a civil marriage with citizen S. Together they raise six common children, the oldest of them study at a boarding school. According to those around him, he abuses alcoholic beverages and does not raise children. Not officially employed. ..." ...From the interrogation report of the suspect citizen M.: "...I don't remember the exact date; I came home late at night in a drunken state. When I entered the room, I saw that my wife was sleeping. In the same room, my daughter A was lying on the couch. I decided to lie down next to my daughter. Then I had the idea to have sex with her. I started undressing my daughter, namely taking off her pants. I also told my daughter to be quiet. After removing her pants and underwear, I lay on her from behind, undressed, and had intercourse with her in a natural way. During this, the daughter did not resist and behaved calmly. During intercourse, I ejaculated on the sheet. After intercourse, I got dressed and fell asleep. Since then, such episodes have been repeated several more times. One day in the morning, my wife S. told me that she heard the sofa creaking during the night on which I was sleeping with my daughter and that she would call the police because she suspected me of raping my daughter. I, in turn, remained silent and went about my business. Question: when you had sex with your daughter, did your daughter resist? Answer: no, the daughter did not resist during intercourse..." data of the clinical examination of the person revealed during the examination: complaints: does not express; mental state: consciousness is clear. Available to a productive language contact. The question is answered correctly, essentially. Language is correct, well-articulated. He submits his anamnestic data in the correct chronological order. Vocabulary is sufficient. Oriented in full volume. Maintains eye contact during conversation. He does not express psychiatric complaints. The mood is adequate to the situation and topic of conversation. Thinking is consistent, logical, at a normal pace. The level of knowledge corresponds to the received education and life experience. There were no signs of personality changes according to alcohol and drug addiction type. There is no sign of addiction. Intellectual-mnemonic functions correspond to the received advice and correspond to social status. No disorders were found in the emotional and volitional sphere. Attention is stable. The range of interests is sufficient, mainly motivated by everyday life and physiological needs. No productive psychosymptomatology was found. During the conversation, it is essentially an accusation - he does not maintain eye contact, looks down, to the window, sighs. He explains and justifies his behavior with alcohol intoxication. Critical to this situation. During the inspection he behaved in an orderly manner. Considers himself mentally healthy. neurological condition: pupils D=S. Stable in Romberg's pose. Tendon reflexes D=S. No pathological reflexes or meningeal signs were found.

According to the materials of the criminal proceedings, citizen M. does not suffer from mental disorders and has not suffered in the past, he was not observed by a psychiatrist or narcologist. There is no history of TBI, seizures, sleepwalking, sleepwalking, enuresis. The current examination also does not reveal violations from the mental sphere. The materials of the criminal proceedings and the data obtained during the current examination do not testify to the morbid psychopathological motivation of the behavior of the sub-expert citizen M. during the time period related to the illegal actions incriminated against him. On the other hand, citizen M showed no signs of any mental disorder, he was fully oriented, his actions were purposeful and consistent, and no psychotic symptoms were observed. No mental disorders of organic genesis and clinical signs of a psychogenic nature, which may affect his ability to be aware of his actions and manage them, have been identified. He answered every question. On the basis of the above, the expert comes to the conclusion that the sub-expert citizen M. does not suffer from any mental disorders and has not suffered for the period of time related to the illegal actions incriminated against him. During the period of time related to the crime charged against him, the sub-expert citizen M. was in a state and is currently in a state in which he is able to fully understand his actions and control them. The sub-expert citizen M. does not need the use of coercive measures of a medical nature."

The conclusion of the forensic medical examination expert of citizen A., 14 years old: "...CONCLUSIONS:... Citizen A. did not have any physical injuries at the time of the examination. Citizen A. was found to have a violation of the integrity of the hymen in the form of a radially located tear. The nature of the detected rupture indicates that the age of violation of the integrity of the hymen is more than three weeks before the time of the examination. There are no forensic medical data that would indicate sexual intercourse with citizen A in natural and unnatural ways. Regarding the question, namely: violent or non-violent sexual intercourse, it is a legal one, and therefore it is not within the competence of the expert. In 2 smears and a tampon with the contents of the vagina, in a smear and a tampon with the contents of the oral cavity and in a smear and a tampon with the contents of the rectum of a 14-year-old citizen A, spermatozoa were not detected."

At the meeting of the commission of experts, a citizen M., 45 years old, was examined. Sexologist: Objectively: skin, visible mucous membranes are clean; the abdomen is soft to palpation, not painful; inguinal areas without features. Lymph nodes are not palpable; organs of the portal: testes, appendages on the right and on the left - the sizes are within the normal range, without peculiarities. Male hair growth. Genital organ: the opening of the urethra is in a typical place, no additional formations were found. Recommended for further examination: total testosterone; total PSA+ free PSA; Ultrasound of the pelvic organs + portal organs + doppler of the vessels of the genital organ.

At the next meeting of the commission of experts, the results of additional examination methods were studied.

Advisory opinion of a specialist, an urologist. The patient is a citizen of M, age 45. Complaints: at the time of inspection, there are none. Anamnesis. Denies venereal diseases. Erection: at the time of examination for the last 6 months, the erection is weak or practically absent. Examination. Consciousness is clear. Body temperature - 36.6°C. The skin is clean, pale pink. Hypotrophic. Lymph nodes are not enlarged. The tongue is moist, clean. Breathing is vesicular. Blood pressure - 110/80 mmHg. The tones of the heart are clear, rhythmic. Pulse - 88 bpm, rhythmic, normal. Abdomen of the correct shape, participates in the act of breathing, is not painful. Intestinal peristalsis is normal. The liver is not enlarged. The spleen is not enlarged, not painful. The kidneys are not palpable. Pasternacki is negative on both sides. The bladder is not palpable. When examining the external genitalia: palpable small fibrous formations are noted along the course of the cavernous bodies of the genital organ. Enlarged lymph nodes of the inguinal region were not detected. The testicles are not painful during palpation, the size corresponds to the age norm, the appendages are not fused with the testicles, no additional formations were detected. The lid of the urethra is in a typical place, not swollen, the mucous membrane is not changed.

During Doppler examination of the vessels of the genital organ PSV-8.4 cm/s at rest (normal from 15 cm/s), Fibrous inclusions along the prostatic part of the urethra. Questionnaire data according to the IIEF questionnaire (international index of erectile function) - 15b points (moderate ED).

Ultrasound examination of the male reproductive system. Urinary bladder: V (before urination) 22.62 cm³ V (after urination) 0 cm³. Content: heterogeneous with sediment, moderate. The walls are not thickened. Prostate: cm, V 32.12 cm³. Echo structure: heterogeneous due to: areas of different echogenicity, a tendency to the formation of an additional lobule 2.2x1.13 cm, without prolapse into the lumen, fibrosis is noted along the course of the urethral canal. Echogenicity: increased. PSA blood test. Total prostate specific antigen (PSA) - 0.79 ng/ml (Reference interval < 4.0). Free prostate specific antigen (PSAv) - 0.36 ng/ml. The ratio of free PSA to total PSA is 46% (Reference interval > 15). Final diagnosis: Chronic prostatitis. Vascular disorders of the male genital organs ED (erectile dysfunction) of medium degree of vascular genesis.

On the basis of these case materials, the conclusion of the forensic psychiatric expert in the name of citizen M., the medical chart of an outpatient patient, the results of additional examination methods regarding citizen M, 45 years old, taking into account the questions posed, the commission of experts came to the following conclusions: Taking into account examination of a citizen M. in the dispensary of the regional bureau of forensic medical examination during the commission of a forensic medical examination, the results of additional methods of examination, namely QIIEF (questionnaires of the International Index of Erectile Function), dopplerography of the vessels of the genital organ, prostate examination and laboratory indicators: general and free PSA, general blood test, established final diagnosis: Chronic prostatitis; Vascular disorders of the male genital organs ED (erectile dysfunction) of moderate vascular genesis. These organic changes in the male genital organs do not affect the ability of citizen M. to perform sexual intercourse, which is connected with vaginal penetration of the victim's body with the use of his genitals.

Discussions: The results of the conducted research emphasize the importance of a multidisciplinary approach in forensic medical examination, which takes into account both medical and psychological factors

to accurately establish the ability of the attacker to have sexual intercourse. In this article, an analysis of the forensic medical examination of the ability to have sexual relations in the case of rape was carried out. The results of the study indicate the importance of forensic medical examination in establishing the fact of rape and determining the suspect's ability to be sexually active.

Forensic medical examination is important for proving the fact of the crime of rape. According to the Criminal Code of Ukraine, rape is defined as committing acts of a sexual nature without the voluntary consent of the victim [2]. Establishing the fact of rape belongs to the competence of the court. The study confirms the serious impact of the crime of rape on the physical and mental health of the victims [12].

Forensic medical examination plays a key role in rape investigations and trials. An important aspect of such an examination is the determination of the suspect's ability to perform sexual acts and sexual acts [10].

In cases where a suspect claims to be unable to have sex for medical or psychological reasons, a forensic examination becomes an important element of the investigation and trial. It has not only forensic medical, but also forensic psychiatric significance [11].

Proper documentation and collection of evidence is the most difficult task in rape cases [13]. Forensic medical examination is an important tool in this process, as it provides an objective medical and psychiatric assessment of the condition of victims and suspects.

Conclusions: This article seeks to expand the forensic understanding of sexual competence in rape. Based on the analysis of a specific case, we attempted to highlight the complex aspects of conducting such an examination and its impact on the judicial process. Our work aims to contribute to the further development of forensic medicine and forensic psychiatric practice.

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