

# Castration and Emasculation: A Case Report

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## ABSTRACT

Castration and amputation of the penis is not observed commonly in the emergency departments of hospitals, but at the same time, it is an injury that is also not unheard of. It can result from assaults, self-mutilation and surgical procedures. It can lead to psychological and sociocultural challenges. A case of criminal castration and amputation of the penis by surgery is described in the present paper.

**Keywords:** Castration, Emasculation, Penile amputation, Grievous injury.

*Int J Eth Trauma Victimology* (2024). DOI: 10.18099/ijetv.v10i01.09

## INTRODUCTION

Castration is cutting away of gonads [testes in males or ovaries in females] or destroying their function by chemicals [chemical castration].

Emasculation is depriving a male of masculine vigor. Emasculation (as in Clause (1) of S. 320 IPC) applies only to males.<sup>1, 2</sup> Penile amputation is an infrequent emergency in the hospital and needs to be addressed immediately to maximize functional outcomes. Emasculation and castration may occur as a result of assault or occasionally due to self-mutilation during an acute psychotic episode. Additionally, it may occur because of accidental trauma. Historically, the armies of various countries had been involved in causing emasculation in prisoners captured during wars.<sup>3</sup> During colonial rule, emasculation was commonly awarded as an unofficial punishment for adultery. *Presently*, emasculation and castration are practiced on kidnapped young boys to make them “hijrahs”.<sup>4</sup> Also, in transgender women undergoing sex reassignment surgery, a penis is incompletely removed with part or entire glans retained and reshaped as a clitoris, and the skin of the penile shaft may also be inverted to form the vagina. In cases where such procedures are not possible, other methods, such as colo-vaginoplasty, are used to remove the penis. Occasionally, some men undergo penectomies as a voluntary body modification as a part of Body Dysmorphic Disorder.<sup>5</sup>

## CASE REPORT

A 36-year-old married man presented to the Emergency of Rajindra Hospital, Patiala, in September 2023, with an alleged history of removal of external genitalia by a group of people. As per the history provided by him, he had gone to somebody's house to purchase a dog. He was offered tea by the owner of the house, after which he felt drowsy and lost consciousness. He allegedly woke up after 3 to 4 days and found his external genitalia to have been removed from his body, which he stated he previously had before he went to that house. The patient then ran away from that house to his home and then arrived in the

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**How to cite this article:** Mehta V. Castration and Emasculation: A Case Report. *Int J Eth Trauma Victimology*. 2024;10(1):41-42.

**Source of support:** Nil

**Conflict of interest:** None

**Received:** 25/06/2024;

**Received in revised form:** 29/06/2024;

**Accepted:** 30/06/2024;

**Published:** 30/07/2024;

Emergency dept of Rajindra Hospital, Patiala, along with his father and the police were subsequently informed. The patient reported having an 11-year-old son.

## Clinical Examination

On general physical examination, the patient was calm, conscious, and well-oriented to time, place and person, with BP 134/70 mm Hg and pulse 86/min. The GCS was 15/15. He complained of severe pain in the groin. There was not any relevant past medical and psychiatric history. On physical examination, axillary, pubic and chest hairs were trimmed. On genital examination, the penis was found to be absent and a healing raw wound with a gap in the median was found present in the pubic region. A diffuse swelling is present in the groins. The scrotum and testicles were also found to be absent. Skin folds on either side showed raw areas in the healing phase. External meatus sized 5 to 7 mm was present within skin folds; suture material was seen in the vicinity. As per the ultrasound report, a hyperechoic structure simulating the prostate was seen posterior to the urinary bladder. The kind of weapon used cannot be commented on in this case, as the wound was in the healing stage and sutured. The exact duration of injury from the date of MLR cannot be commented however it appears that the injury is around 20 days old from the date of MLR. The blood sample was collected in an EDTA vial for genetic/chromosomal testing. The blood and buccal smears were kept for pathological examination for detection of Barr bodies. The Pathological examination report for Barr Bodies was negative.

## DISCUSSION

Castration and emasculation cases are not routinely reported in hospitals. The present case provided an opportunity for exposure to such an uncommon case. The castration generally results from either a surgical procedure (Sex reassignment surgeries), assaults, or self-mutilation due to some mental disorder. Castration can also be achieved with the help of chemicals such as anti-androgens, e.g., cyproterone or birth-control drug Depo-Provera, luteinizing hormone-receptor hormone (LHRH) agonist designed to reduce libido and sexual activity, usually to prevent rapists, child molesters and other sex offenders from repeating their crimes.<sup>6</sup> Emasculation can result from either assault or Bobbit syndrome (a psychiatric illness in which a female partner amputates the penis of her male partner) or accidental trauma (trauma to 2–4 lumbar vertebrae) as male genitals are more exposed to violence, accidents, and extreme exercise.

Emasculation might lead to mental health challenges, especially in cases of traumatic emasculation. Emasculation, whether physical or psychological, can indeed have profound effects on mental health. Traumatic emasculation, in particular, can lead to a range of psychological challenges, including depression, anxiety, post-traumatic stress disorder (PTSD), and a diminished sense of self-worth and identity. The loss or damage to one's masculinity, whether through physical injury or through experiences that undermine one's sense of masculinity, can deeply impact a person's self-esteem, relationships, and overall well-being. It can trigger feelings of inadequacy, shame, and helplessness. Addressing the mental health needs of individuals who have experienced

emasculation, whether through therapy, support groups, or other interventions, is crucial in helping them navigate and heal from these challenges. It's also important for society to foster environments of acceptance and support that allow individuals to express their emotions and seek help without fear of judgment or stigma.

## CONCLUSION

The cases of emasculation and castration are among the uncommon presentations in hospitals. Therefore, greater focus and training are suggested on this topic, especially at postgraduate (MD) levels to effectively deal with such patients.

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