



A STUDY ON SEXUAL ASSAULT VICTIMS ATTENDING A TERTIARY CARE HOSPITAL

Dr Amol B Shinde

Department of Forensic Medicine & Toxicology, B.J.G.M.C. & S.G.H. Pune, Maharashtra, India

Dr. Deepali S Jadhav

Department of Obstetrics and Gynecology, B.J.G.M.C. & S.G.H. Pune, Maharashtra, India - Corresponding Author

ABSTRACT

Introduction: Sexual assault on women is an evil trend in the society. Rape and abuse of women are common occurrences, which, many a times go unspoken due to social stigma or fear of retribution. Healthcare workers play an important role in this regard because they are the first person who examine the rape victims. They prepare a documented record of medical condition of rape victim and do relevant sample collection.

Aim: The objective was to reveal the socio demographic profile & medico legal consequences of rape victims who presented to the emergency department in tertiary hospital, Pune after sexual assault.

Materials & Methods: Data was retrospectively collected from the medico legal register of the Department of Obstetrics and Gynecology between January 2015 to June 2016.

Results: We noted a marked increase in the number of cases. Majority of victims were between 11-30 years. Use of sedatives and physical trauma was not common. Victims often knew the perpetrator of the event. The victims may or may not have detectable physical injuries. In some cases even in consensual relationship complain of sexual assault comes into play when breach of trust results. Most (65.7%) of them reported after 7 days of the incident. Major degrees of perineal tears were seen in young victims.

Conclusion: This type of study may help to enhance public awareness, which can increase reporting of incidents and to frame appropriate measures to diminish such events in society.

KEYWORDS : Genital injury, Sexual assault, Victim, medico legal

Introduction:

According to the American Medical Association rape is the most underreported crime in the world ^[1]. Sex related offence has remained a menace to the society since long times. Whatever be the circumstances, sexual crimes create a lifelong scar in the mental set up of the victims, as well as to the relatives of victim. Rape is defined worldwide as sexual intercourse without the victim's will or consent. According to a report published by the U.S. Bureau of Justice ^[2] in August 2013, Lesotho (country in Africa) has the highest rate of rape (91.6 per one lakh population) in the whole world. Comparatively, India has a lower rate i.e. 1.8 per one lac population. Such low rate does not reflect that we have a lesser number of rapes but the fact that we have a large population which decreases the overall rate ratio. According to a study of RAINN ^[3] 54% of sexual assaults are not reported to the police, 97% of rapists will never spend a day in jail and multiple instances of commission of the assault on single women are also common. Despite the advancement of medical technology and even when meticulous clinical examination is done, the importance of circumstantial evidence can never be undermined. Moreover studying the incidences carefully gives important clues with the help of which we can get to the root causes of this social evil and help the society and law enforcing authorities to frame appropriate measures and action to minimize these events.

Material & Methods:

The present retrospective study was conducted on 1000 victims of alleged sexual assault who were brought by police for medical examination at the Department of Obstetrics & Gynaecology of a tertiary care Hospital of Pune in one year period (Jan 2015-Jun2016). The medico legal register carries the details of case history, recorded by the trained gynecologists, which is based on the details disclosed by the victim about the incident and it also carries the details of physical examination. In this study our aim was to analyse the prevalence of sexual assault in our society, demographic pattern of the victims, incidence to reporting time, the association of physical injuries with the sexual acts, the circumstances of the act, relationship of the assailant with the victim, number of episodes of assault and need of gynaecological surgery for any injuries. In Gynae emergency department, qualified

gynaecologist performs clinical and forensic examinations of sexually assaulted victims according to "SAFE (Sexual Assault Forensic Evidence) kit protocol" when the victim is presented either by the investigating police officer or if the victims presents herself directly after the incident for medical care. After proper consent being taken, the victims, if adult (above 18 years) the entire procedure of examination was explained to them and proper consent stating that result of examination may go for or against was obtained. In case of minor, the guardian accompanying the victim was explained and proper consent was taken accordingly. The examination proper was carried out in front of female attendant. Meticulous history regarding the circumstance of assault, whether the perpetrators were known to the victim, whether she protested, whether she was intoxicated or drugged, were taken. Complete general examination including any injury (abrasion, bruise, cuts, tears, fresh bleeding) followed by local examination including perineum, vulva and condition of hymen was performed. Data were tabulated & percentages were calculated.

Results:

Table 1: Different medico legal aspects of victims (N= 1000)

Sr No	Medico legal Aspect	Number of cases	Percentage (%)
1	Gave consent for examination	980	98
2	Alleged assailant familiar to victim	892	89.2
3	Consensual act	850	85
4	Forced sexual act	150	15
5	No of episodes of assaults		
	1	122	12.2
	2-5	219	21.9
	>5	659	65.9
6	No of accused		
	1	830	83
	2-5	150	15
	>5	20	2
7	Incident to reporting time		
	<72 hours	112	11.2
	3-7 days	231	23.1

	7 days -1 month	315	31.5
	> 1 month	342	34.2
8	Victims intoxicated at the time of assault	60	6
9	No of victims habituated to intercourse	712	71.2
10	Presence of vulval injury		
	Normal	625	62.5
	Congestion	226	22.6
	Fresh tears	139	13.9
	Complete perineal tear	10	1
11	Condition of hymen		
	Fresh tears	210	21
	Old tears	740	74
	Intact hymen	50	5

Table 2: Socio demographic profile of victims (N= 1000)

Sr No	Characteristic	No of cases	Percentage (%)
1	Age (years)		
	<10	102	10.2
	11-20	416	41.6
	21-30	354	35.4
	31-40	100	10
	>40	28	2.8
2	Residence		
	Rural	346	34.6
	Urban	654	65.4
3	Education		
	Uneducated	28	2.8
	Primary school	134	13.4
	Secondary school	218	21.8
	Higher secondary school	412	41.2
	Graduated	208	20.8
4	Marrital status		
	Unmarried	635	63.5
	Married	259	25.9
	Widow	60	6
	Divorcee	46	4.6

This study has analysed data of sexual assault victims reporting to the emergency department of Tertiary Care Hospital from January 2015 to June 2016. There were total 1000 cases.

From table 1, out of 1000 victims , 980 (98%) victims consented for medical examination while remaining 20 (2%) did not consent. In 892 (89.2%) cases alleged perpetrator of the crime was known to the victims. In 850 (85%) cases sexual acts were consensual as per history and forced in 150 (15%) cases. Majority of victims 659 (65.9%) were assaulted multiple times (>5 episodes). 219 (21.9%) were assaulted for 2-5 times. 122 (12.2%) victim had single episode of assault. These were mostly those who were raped over months mostly by family members or close relatives or some close friend or known to of the family.

In 830(83%) of the cases the victim was assaulted by a single person while 170 (17%) were cases of gang rape (i.e. assaulted by more than two assailants). In 20 (2%) cases there were five or more assailants. 112 (11.2%)% of cases were those who presented to the hospital within 72 hrs. Earlier reporting to the hospital helps in proper forensic sample collection as the sperms are mostly found in the vagina or the endocervical mucus examination. No sperms are found after 5 days. Maximum number of victims 657 (65.7%) presented to the hospital after 7 days of incidence. Only 60 cases (6%) gave history of intoxication. On genital examination 18 victims show fresh hymenal tear, 22 show old healed tears and hymen was found intact in 4 cases. The external genitalia and vulva showed fresh tear in 139 (13.9%) cases, congestion in 226 (22.6%) cases, and complete perineal tear in 10 (1%) and in 625 (62.5%) cases it appeared to be normal. 712 cases (71.2%) gave history of being

habituated to sexual intercourse while 288 (28.8%)cases deny any such habituation.

From table 2, out of 1000 victims, maximum numbers of study population were aged between 11-20 years (41.6%) while the age range 21-30 years (35.4%) was the second highest in the list. 10.2 % of the cases were of age less than 10 years. 100 (10%) cases were from the age range 31-40 years and 28 (2.8%) cases were more than 40 years old. 654 (65.4%) of victims were from urban area while 346 (34.6%) were residing in rural area. Out of the 1000 victims 28 (2.8%) were uneducated, 134 (13.4%) were educated upto primary school. 218 (21.8%) victims were educated till secondary school. 412 (41.2%) had education upto higher secondary school and 208 (20.8%) were graduated. 635 (63.5%) of the victims were unmarried, 259 (25.9%) were married, 46 (4.6%) were divorcee, 60 (6%) were widow.

Discussion:

51.8% of the victims were below 20 years of age, of that 40% were below 18 years of age. A previous study by RAINN⁽⁴⁾ (Rape Abuse Incest National Network) says that in America 80% of the cases are under age of 30 while 44% cases are under age 18. Our present study corroborated with the findings. It shows that most of them victims who faced sexual assault were young females. It is obvious from this study that child abuse is not uncommon in our society. A study by D Brown et al says that the incidence of child sexual abuse is all too common. The fact that child sexual abuse is perpetrated most frequently by family members, relatives, neighbours or others known to the victims is brought out by many studies.⁽⁵⁾ The denial to consent for medico legal examination as noted in 20 out of 1000 victims may be due to several causes like trying to avoid the humiliation of medical examination, or when the victim is too afraid of the medical examination procedure itself. Another common cause is that the victim does not want the medical examination as in some cases she is forced by parents to make an allegation against a person whom she loves and the victim herself does not want the case to proceed. According to a study women often try to cope with sexual assault without assistance as she is afraid that the criminal justice system will not believe her or blame her for the assault.⁽⁶⁾ In 89.2% of the cases the alleged assailant was familiar to the victim while only in 10.8% cases it was not. This finding corroborates with the statistics of RAINN which says that about 2/3rd of the assaults are committed by someone known to the victim.⁽⁴⁾ In 15% cases there was history of forced physical relation while in remaining 85 % cases the sexual act was consensual. When no actual physical violence was used (i.e. coercion or force-only) many abusers will deny that rape has actually occurred and treat the abuse as though it was normal and by mutual consent. This has the effect of further confusing the victim as to the reality of her experience.⁽⁷⁾ In an American based study (1971) stated that forcibly committed rape is the most frequent violently committed crime in America.⁽⁸⁾ Also on contrary to the common rape myth that the victim is responsible for the assault the truth is that no behaviour warrants a victim to be raped. Rape and sexual assaults are never the victims' fault.⁽⁸⁾ In our study, 87.8% of the victims were assaulted more than once. In a study done by Soreson et al.,⁽⁹⁾ multiple victimization was common; of the 433 sexually assaulted respondents, two-thirds reported more than one incident. Our study showed that in 17% of cases more than one assailant was involved. According to Riggs N et al.,⁽¹⁰⁾ the number of assailants was greater than 1 in 20% of cases. A study done by Hassan Q et al.,⁽¹¹⁾ in Lahore stated that two or more assailants were involved in 30% cases. Susanne Scherer et al.,⁽¹²⁾ stated that more than one perpetrator was reported in 11% of cases. Only 60 cases (6%) gave history of intoxication. It is noteworthy that an important physical reaction to sexual assault may be an increased indulgence to alcohol, overeating and other addictive behaviour. In 97% of the alcohol-related sexual assaults, both the victim and the perpetrator had consumed alcohol. The fact that college sexual assaults occur in social situations in which men and women are typically drinking together makes it difficult to examine

hypotheses about the unique effects of perpetrators' or victims' intoxication.^[13] 71.2 % of the cases were habituated to sexual intercourse while 28.8% of the cases were not habituated. The Hymen was found intact in 5 % of cases and fresh tears noted in 21 %. 74 % cases showed old healed tears. The hymen, contrary to common notion, is often a slack, thick, folded, stretchable tissue which may persist after digital or penile penetration. Findings secondary to sexual abuse are often subtle. Acute tears or bruising are rare because force is seldom a part of the sexual acts committed against a child.^[14] On examination of the genitalia, 13.9 % cases showed fresh wounds while in 1 % cases complete perineal tear was noted. 22.6 % of the cases showed congestion while in 62.5% cases no visible injury could be detected. Injuries in and around private parts were mostly found in minors and children of under 10 years. In adult habituated female victims the genital injuries were absent mostly. While considering marital status of the victims 63.5% of the victims were unmarried, 25.9% were married, 4.6% were divorced and 6% were widow. Thus it appears that although the total number of unmarried victims is the highest yet the offence is not merely limited to unmarried population only. Widows and divorcee women who are compelled to live alone may also face this brutal crime as they are sometimes soft target to the perpetrators. Divorced and separated women were also 8 times more likely (25%) than married women (3%) to have violence threatened or used against them.^[15]

Conclusion:

Sex related offence continues to be a terror to the society. Although most of the offences were conducted against young and unmarried females, children and married females are also among common victims of this heinous crime. Rape still remains the most underreported crime due to social stigma. We also saw that assault victims are relatively of the young age. In addition, we found that most victims mostly knew their perpetrator. We also found that most of the victims were assaulted by a single person. We also conclude that major injuries are seen mostly in young victims. It appears that to prevent this violent crime in society not only stringent laws are to be framed and enacted but also proper education regarding woman rights, health care facilities and continuous efforts to raise consensus against the crime needs to be maintained.

DECLARATIONS-

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