



**"A STUDY OF SOCIO-DEMOGRAPHIC FACTORS OF SEXUAL ASSAULT SURVIVORS IN A MEDICAL COLLEGE IN INDORE"**

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**ABSTRACT**

**Background:** In India Women continue to face horrendous acts of violence which includes many sex related crimes like rape, sexual assault, sexual abuse of children and trafficking of women for the purpose of sexual exploitation. The most vulnerable group of sexual violence survivors aged from 11 to 18 years. Social and demographic factors play very important part in such offences. **Objective:** This study aims to assess the socio-demographic factors of sexual assault cases brought in a medical college And to provide awareness to the extent of sexual violence. **Method:** This is a prospective study carried out in the Department of Obstetrics and Gynaecology, MTH Hospital & MGMMC Indore from October 2022 to March 2023. This study is based on the data collected while examining the survivors of sexual violence who came to medical college during the study period. **Results:** In the prescribed study period, 134 victims were examined. Majority of the victims belonged to the age group between 11 years to 18 years amounting to 45.5% of the cases. 32 (24%) survivors were still pursuing their secondary or higher secondary education. Unmarried survivors were the maximum. In most of these cases accused was a known individual (88.8%) 22 cases were pregnant after sexual assault and out of them 14 cases reported with abortion by self-medication. **Conclusion:** Our study shows that younger age females are more vulnerable to the sexual assault. In the majority of such cases, type of sexual activity is consensual. So, formal education regarding legal implications associated with such sexual violence will go a long way in preventing their occurrence. And a myriad of measures needs to be adopted by the government to tackle such crime against women.

**KEYWORDS :** Sexual violence, survivor, rape, socio demographic, awareness

**INTRODUCTION**

In India, traditionally women were supposed to be referred as Shakti- the ultimate power, but they have now turned into inanimate objects. There has been a lifelong neglect of women in our country. In a Survey of WHO they estimated that 10% to 69 % of women are physically harmed by their male partner. In India many sex related crimes takes place which are rape, sexual assault and sexual abuse of children and trafficking of women for sexual exploitation.<sup>1</sup> Sexual assault includes all form of non-consensual contact with a sexual intent ranging from eve teasing to molestation to rape.<sup>2</sup> As the offence is committed in privacy and no eye-witness of act may be present, corroboration of the testimony of complainant is sought from medical evidence.<sup>3</sup> It is still a subject shrouded in shame and stigma in India, whose moral compass is dictated by deep-rooted patriarchy. National crime record bureau data reported that rape is increasing throughout India, about 34000 cases and 32500 cases of rape were reported during year 2018 and 2017 respectively. 33707 cases of rape were reported during the year 2013, as against 22172 cases in 2010. 1, 4 NCRB data in 2018 showed that 59% crime rate is there against women, one rape is reported in every 15minutes.

The number of cases of rape/ sexual assault could be higher because many victims do not report due to social stigma or fear of being blamed and lack of reporting by government agencies.<sup>5</sup> Medical examination of the survivor plays pivotal role in cases of sexual assault in this study, efforts were made to find out the social and demographic factors of sexual offence so that we can identify the high risk individuals as early as possible and take stringent legislative measures to safeguard the interest of survivors and society. In this study we use the term *survivor* as it indicates that the women is capable of comprehending the situation and making decisions despite being traumatized by the violence.

**MATERIALS AND METHODS**

A prospective study of 134 cases of alleged survivors of sexual offence conducted at MTH Hospital associated with MGMMC Indore from October 2022 to March 2023. This study was based on the survivors of sexual offence who were, brought to the department of Obstetrics & Gynaecology MTH Hospital Indore with alleged history of sexual assault. Survivors those who refused medical examination were not included in this study. The relevant data was collected from police investigation paper, detailed history, and medical examination.

**OBSERVATIONS**

Total 134 cases of alleged survivors of sexual assault were included in this study. Out of these 134 cases 88 cases were unmarried, 34 cases were married, 5 cases were widow and 8 cases were divorcee (Table 1).

We observed that most affected age group of survivors were 11 to 18 years of age accounting 61 cases (45.5%) followed by 19 to 30 years of age, 54 cases (40.2%) and around 07 cases were less than 10 years of age. We also observed that 80 survivors were related to Urban areas and 54 cases belonged to Rural areas as our medical college is located in Indore city so more Urban cases are being reported here (Table 2).

We observed educational status of victims that 85 survivors were literate up to 12<sup>th</sup> standard and 28 were completely illiterate (Table 3).

The most common accused were live-in partners, 62 cases (46.2%) followed by the close relatives, 21 cases were close relatives. We observed 10 cases the offender was unknown (Table 4).

We observed that 48 cases (35.8%) reported for medical examination in hospital within 3 days and 62 cases (46.2%) reported after one week of the incident (Table 5).

We observed that 22 cases were pregnant after sexual assault and 14 cases reported with abortion by self-medication whereas 08 cases presented with pregnancy. (Table 6).

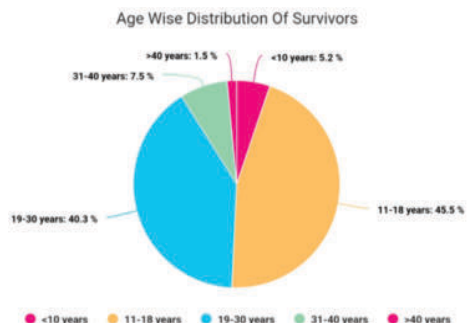
**Table 1: Showing marital status of survivors**

Marital status	No. of survivors
Unmarried	88
Married	34
Widow	05
Divorcee	08
Total	134



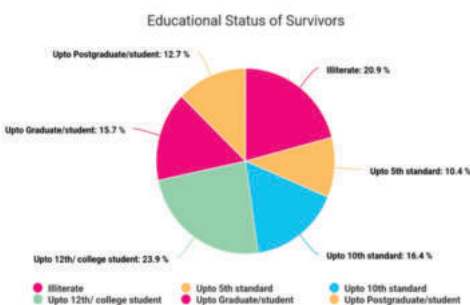
**Table 2 Showing age wise distribution of Survivors**

Age (years)	Rural	Urban	Total
<10	07	00	07
11-18	20	41	61
19-30	20	34	54
31-40	05	05	10
>40	02	00	02
Total	54	0	134



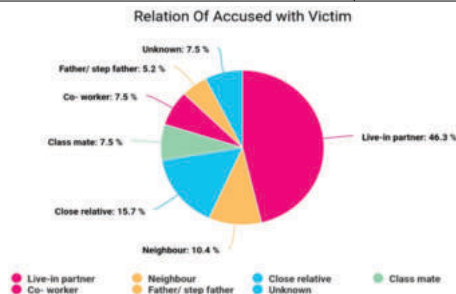
**Table 3 Showing educational status of Survivors**

Educational status	No. of survivors
Illiterate	28
Up to 5th standard	14
Up to 10th standard	22
Up to 12th/college student	32
Up to graduate/ student	21
Up to post graduate/student	17
Total	134



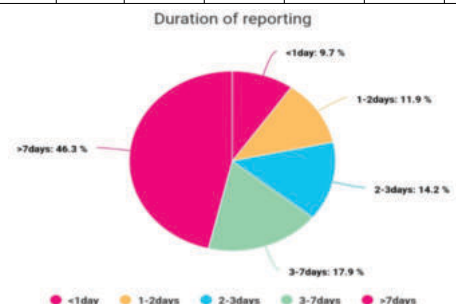
**Table 4 Showing relation of accused with victim**

Relation of accused	No
Live-in partners	62
Neighbour	14
Close relatives	21
Class mate	10
Co-worker	10
Father/step father	07
Unknown	10
Total	134

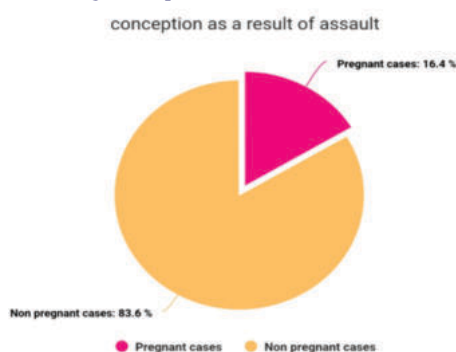


**Table 5 Showing duration of reporting of survivors for medical examination**

Age (years)	< 1 day	1-2 days	2-3 days	3-7 days	>7 days	Total
<10	03	04	00	00	00	07
11-20	06	05	12	07	31	61
21-30	03	06	07	13	25	54
31-40	00	01	00	04	05	10
>40	01	00	00	00	01	02
Total	13	16	19	24	62	134



**Table 6 Showing conception as a result of sexual assault**



**DISCUSSION**

After much deliberation we conclude that most common age group of survivors of sexual violence which was affected is 11-18 years of age 61 cases (45.5%) followed by 21-30 years that is 54 cases (40.2%). In 07 cases the age of survivors was less than 10 years. All of them belong to rural areas. As In Indian scenario the parenting is not good in rural areas and low socio-economic strata and frequently children are playing outside their house alone, therefore they are easily targeted for any sex related offence. Similar findings were also observed by other Indian authors in various studies. 6, 7, 8, 9 A

study conducted in Bangladesh by Islam M also reported that the most common affected victim were the age group of 12-15 years accounting 33.5%. 10 Sharma et al studied that the most common target age group of survivors of rape were between 15-18 years. 11 Sukul et al 12 found that the age group of 18-30 year was main target group of victims of natural sexual offences.

In our study we noticed that 88 survivors (about 65.6%) were unmarried. Our findings were consistent with study conducted by R.tamuli et al 5 and M Praveen et al, 13 63% unmarried victims in both studies.

In about 88.8% cases the accused were known to the survivors and in about 73.8% cases significant relationship was present between the accused and survivor. So the large number of assailants falls into *intimate* category. This is considered as "confidence rape" or rape by a known individual. Rape by unknowns or "blitz rape" is not so common. Our study findings were consistent with the other studies. 7, 9, 14, 15 The data released by national crime record bureau in 2017 showed that the accused were mostly known to the survivor of sexual assault in 93% cases. These studies prove that women have more danger from their known persons as compared to unknown person.

In our study we observed that about 46.2% cases were reported in hospital after one week of incidence for medical examination. Only 38% cases reported for medical examination within three days of incidence. In our study we found that in about 46.2% cases the accused were live-in partners. Our study findings are consistent with the findings of sukul et al 12 and contrary to findings of santos et al 16 found that 61% cases reported for medical examination within three days of incidence.

Present study showed that out of 134 cases about 16.4%(22 cases) were pregnant following the act of sexual intercourse, out of these 14 victims about 63.6% cases had aborted and 08 cases were pregnant at the time of medical examination. Sukul et al 5 observed about 16% cases, R tamuli found about 5% cases and M boonma et al noted 3.2% cases were pregnant after the act of sexual intercourse during offence of sexual assault. 17

## CONCLUSION

- As we observed that most affected age group was 11 to 20 years of age accounting 61 cases (45.5%) followed by 21 to 30 years of age accounting 54 cases (40.2%) Our findings indicated that young females are usually at more risk of offence of sexual assault.  
As observed from our study women have more danger from their known person than unknowns therefore there is Need to develop moral values and ethics among people.
- Society needs to create an environment by multi disciplinary approach along with judiciary, NGOs, media, social worker in which sexual violence/assault against women and children will not grow.
- There is Need to educate children by family members about sex related offences.
- Teaching of gender respect should be an integral part of school education.
- Social an emotional learning approaches should be adopted in middle and high schools, which also aims at changing the way adolescents and children think and feel about violence
- An approach to promote healthy sexuality by comprehensive sex education that includes sexual communication, sexual respect and consent.
- There should have Empowerment based training for women to reduce risk for victimization, focuses on strengthening the ability of women to assess risk of violence in relationships and empowering them to act.

- Address potent emotional and physical barriers like fear, internalized sex role norms, stigmas.
- Strengthening leadership and opportunities for Adolescent girls which builds confidence, knowledge and leadership skills and potentially reduces risk of sexual violence.
- In order to eradicate this blight from our society, we need to uproot problems like blaming provocative clothing, acceptance of domestic violence, a lack of public safety, stigmatizing the victim, a sluggish court system and the low status of women in India.
- There is need for further studies with bigger sample so that high risk population can be identified and educated properly.

## Source of Funding

None.

## Conflict of Interest

None.

## REFERENCES

- S Kaur An analysis of lacking security and increase rape crime in India Int Res J Soc Sci 20143117
- Violence against women in India a review of trends, patterns and responses. Int Centre Res Women 200414
- J P Modi A text book of medical jurisprudence and toxicology 2012246645
- Ministry of health and family welfare government of India. Guidelines and protocols-medico legal care of survivor/victims of sexual violence 2014
- R P Tamuli B Paul P Mehanta A statistical analysis of alleged victims of sexual assault a retrospective study Punjab Acad Forensic Med Toxicol 2013131713
- Q Hassan M Z Bashir M Mujahid A Z Munawar M Aslam M Z Marry Medico-legal assessment of sexual assault victims in Lahore Pak Med Assoc 2007571153942
- S C Sarkar S Lalwani Rautjir D N Bhardwaj T D Dogra A study on victims of sexual offences in south delhi Fam Well 2005511606
- D N Bhardwas R K Sharma M S Sagar O P Murty study of sexual offence in south delhi Forensic Med Toxicol 1995123&4334
- U B R Chowdhury T K Bose Rape: its medico-legal and social aspect Journal of Indian academy forensic medicine 2008306971
- M Islam Retrospective study of alleged victims attended at forensic medicine department of Dhaka medical college Bangladesh. Legal Med Tokyo 20033513
- D C Sharma K K Agrawal D S Bhullar Analysis of vaginal swab examination vis-à-vis magnitude of rape in Punjab Indian Acad Forensic Med 20083 0418693
- B Sukul S Chattopadhyay T K Bose A study of natural sexual offence in the Bankura District in West Bengal Indian Acad Forensic Med 2009311259
- M Parveen S Naddem M Aslam K Sohial female victims of sexual violence; reported cases of in Faisalabad city in 2008 Professional Med J 201017473540
- Jorge Costa Santos Anabela Neves Marlene Rodrigues Paula Ferrão Victims of sexual offences: Medicolegal examinations in emergency settings Clin Forensic Med 2006136-83003
- S Ononge J Wandabwa P Kiondo R Busingye clinical presentation and management of alleged sexually assaulted females at Mulago hospital Kampala, Uganda Afr Health Sci 200551504
- Cécile Grossin Isabelle Sibille Geoffroy Lorin de la Grandmaison Ahmed Banars Fabrice Brion Michel Durigon Analysis of 418 cases of sexual assault Forensic Sci Int 20031312-312530
- M Boonma T Bhoopat T Trerawerapong A Jindanadilog Physical effect of sexually abused children and adolescent at Taskin hospital J Med Assoc Thai 2007901226081