



A Retrospective Study of Alleged Female Victims of Sexual Abuse

KEYWORDS

sexual abuse, sexual violence, female victims

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ABSTRACT *Aim & Objective: To know the different aspects of sexual abuse among female victims reported at state tertiary care and referral hospital (R.U.H.S. College of Medical Sciences, Jaipuria hospital, Jaipur).*

Materials & Methods: The present study was carried out on 51 victims of sexual offences between the period of Nov 2013 and Oct 2014. All the cases of sexual abuse reported during the study period were cases of natural sexual offences committed on female victims.

Results: The ages of victims in our study ranged from 4 to 50 years. The most frequently affected age group was victims between 21-30 years (50.9 %) followed by 11-20 years (33.3%). Three cases of sexual abuse belonged to the age group of 0-10 years. Majority of the victims were Hindu females (90%), unmarried (60.7%), educated up to secondary level (33.3%) and from low socio economic status (58.8%). The assailant was known to the victim in a vast majority of cases (41.17%) and stranger in only a few cases (7.84%). Only 3.9% of the cases reported within 24 hrs of the incident for medical examination. A large numbers of cases (94.12%) reported with old tears in the hymen.

Conclusion: This study highlights the importance of addressing sexual abuse as a public health issue and focuses on the demographic profile of the victims in the urban area. However this study still needs involvement of a multidisciplinary team for evaluation of a good outcome.

INTRODUCTION

Of all the crimes, sex related crimes are the most barbarous and humiliating. Women and children remain the most vulnerable group to this crime.⁽¹⁾ Sex related offences are taking place in every society. Sexual offences aptly take the form of sexual violence, which sometimes causes severe and irreparable damage to the physical and mental health of the victims. Its impact on mental health can be equally serious as that of physical injury to the victim e.g. HIV infection, STD's, mental depression, social isolation etc.⁽²⁾ The alarming rise in the rate of sexual assault worldwide represents a major public health problem. No age is exempted⁽¹⁾.

The World Health Organisation (WHO) defines **Sexual Violence** as: "any sexual act, attempt to obtain a sexual act, unwanted sexual comments/ advances and acts to traffic, or otherwise directed against a person's sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim on any setting, including but not limited to home and work."⁽³⁾

Lifetime prevalence of rape and attempted rape worldwide has been reported to be a staggering 20%, while gender-based violence in general against women affects over 30%.⁽⁴⁾ Highest rates were found in South Africa (114.9/1,00,000), followed by Sweden (66.5/1,00,000) then in United States (28.6/1,00,000) and least in Japan (1.2/1,00,000)⁽⁵⁾. According to National Crime Records Bureau of India, 24,923 rape cases were reported across India in 2012, while the 5 year average over 2007-2011 was 22,000 rapes a year⁽⁶⁾. Adjusted for population growth over time, the annual rape rate in India has increased from 1.9 to 2.0 per 100,000 people over 2008-2012 period⁽⁶⁾. Total reported number of rape crimes in 2012 were highest in Madhya Pradesh, followed by Uttar Pradesh and West Ben-

gal⁽⁶⁾. Among major cities, Delhi reported the highest number of rapes (4.1/100,000) in 2012, followed by Mumbai and least in Gujarat (0.98/1,00,000). The highest number of victims, and majority of victims, were in the 18-30 year age group.⁽⁸⁾

Securing evidence after sexual offences is an important task for physicians. Poor medical evidence is often responsible for low conviction rate.⁽⁹⁾ In the present article, the incidence and pattern of sexual offences in Jaipur along with demographic variables, finding of physical and genital examination of victims are presented.

MATERIAL AND METHODS

This retrospective study was conducted on all female alleged sexual assault victims who came to the Department of Forensic Medicine, RUHS College of Medical Sciences, Jaipuria Hospital, Jaipur. All females who gave consent for examination were included in this study.

Examination of 53 females was carried out by gynaecologists. During the study period (November 2013 – October 2014), a total of 51 victims of sexual offences were analysed. Two victims refused for examination.

Details pertaining to age, sex, religion, literacy, socioeconomic status, time interval between incidence and medical examination, relationship with assailants and findings of physical and genital examination were noted.

RESULTS:

The age of victims ranged from a four year old child to a sixty year old woman. The most affected age group was victims between 21-30 years (50.98%) followed by 11-20 years (33.33%). One (1.96%) case was above 50 years of age (Table-1).

Maximum victims i.e. 29 (56.86%) were educated upto primary and secondary levels, 15 victims (29.41%) were illiterate. Majority (90.20%) were Hindu, unmarried (60.78%) and from a low socioeconomic status (58.82%) (Table -2).

The vast majority of the victims knew the assailant. In 20 (41.17%) cases there was acquaintance between victims and assailants. In 25.4 percent they were neighbour, while in 4 (7.84%) cases the assailant was a stranger (Table-3).

Maximum 11 (21.57%) victims were brought for medical examination after 2nd week- 3rd week of the incident. Only 2 (3.92%) victims were examined on the day of the incident and 4 (7.84%) were examined after four weeks (Table-4).

Simple grievous injuries were found on the body of victims in 4 (7.84%) cases. Rupture of hymen was found in 48 (94.12%) victims (Table-5).

DISCUSSION

Sexual assault is a neglected public health issue in most of the developing countries. Only 10-50% of female victims report sexual assault⁽¹⁰⁾. The under reporting of cases of sexual assault is mainly due to social stigma, prejudice with regard to the chances of marriage, being considered promiscuous and responsible for incident, attendant humiliation and shame, embarrassment caused by appearance and cross examination in court, publicity in press, risk of losing the love and respect of society, friends and that of her husband, if married⁽¹¹⁾. This study was carried out on 53 victims of sexual offences who were brought to RUHS College of Medical Sciences, Jaipuria Hospital, Jaipur. Previously studies had been carried out on 38 victims (Sagar et al)⁽¹²⁾; 80 victims (Bhardwaj et al)⁽¹³⁾; 90 victims (Sarkar S C et al)⁽¹⁴⁾ and 32 victims (Jain R et al)⁽¹⁵⁾. In our study, 100% victims were females. The number of female victims among study group population have been reported to be 86% (Grossin et al)⁽¹⁶⁾; 88.9% (Sarkar S C et al)⁽¹⁴⁾, 100% (Jain R et al)⁽¹⁵⁾.

The ages of victims in our study ranged from 4 to 60 years. No age is safe from rape. Cases have been reported where the infants or elderly women above 70 years of age have been the victims of rape.⁽¹⁷⁾ This is more or less similar to between 6 and 25 years (Jain R et al)⁽¹⁵⁾ and a little variable from between 4 and 66 years (Sarkar S C et al)⁽¹⁴⁾. The most affected age group in our study was victims between 21-30 years (50.98 percent) followed by 11-20 years (33.33 percent). One (1.96 percent) case was above 50 years of age. This is quite similar to that reported in other studies. Maximum victims had been reported to be in 16-20 years (Sarkar S C et al)⁽¹⁴⁾; 21-25 years (Jain R et al)⁽¹⁵⁾ and 15-20 years (Du Mont et al)⁽¹⁸⁾. From this we conclude that the females in the sexually promiscuous age group, i.e. 11 to 30 years are the most prone age group for these crimes. Moreover, the adolescents and the just major females i.e. those between 11 to 20 years are the most vulnerable victims to this category of crime.

In our study, maximum victims i.e. 29 (56.86%) were educated upto primary and secondary levels, 15 victims (29.41%) were illiterate. As compared with a study of India we got similarity in the number of illiterate victims being 28.9% (Sarkar S C et al)⁽¹⁴⁾. In this study, majority of victims were Hindu (90.20%). The findings are in agreement with the study of Sarkar S C et al⁽¹⁴⁾ and Fimate et al⁽¹⁹⁾. In our study the majority of victims were unmarried (60.78%) which is lesser than the findings of Sarkar S C et

al⁽¹⁴⁾ (81.1%) and similar to DuMont et al⁽¹⁸⁾ (65.2%), Islam et al⁽²⁰⁾ (56.6%) and Fimate et al⁽¹⁹⁾ (57%). Majority of victims were from a low socioeconomic background (58.82%) with a monthly income below 5000/-, which is lesser than the findings of Sarkar S C et al⁽¹⁴⁾ (92.22%).

In our study the vast majority of the victims knew the assailant. In 20 (41.17%) cases there was acquaintance between victims and assailants. In 25.4% cases, they were neighbour, while in 4 (7.84 percent) cases the assailant was a stranger. Similar findings have been observed by Sarkar S C et al⁽¹⁴⁾ - acquaintance (44.1%) and strangers (19%) and Fimate et al⁽¹⁹⁾ - acquaintance (69.7%) and strangers (25.6%). National data of India⁽²¹⁾ shows in majority of the cases the assailant was a neighbour. Strangers have been reported as the common assailant in the study of Okonkwo et al⁽²²⁾ (34.8%), Riggs et al⁽²³⁾ (39%), DuMont et al⁽¹⁸⁾ (49.2%). Malhotra et al⁽¹⁰⁾ reported that rape by person acquainted with victim is common for girls < 10 years. Rape or assault by strangers increases significantly with age. In addition, variation may result due to different lifestyle and social customs. This variation may have resulted due to population and time variation of victims due to the difference in the regions of study.

We found that 21.57% of the victims were brought for medical examination between 2nd- 3rd week of the incident. Only 9.8% victims reported early (within three days) of the incident for medical examination. The reason of the delay in the maximum number of cases was that the assailant had a friendly relationship with his victim and after having mutual sexual activity, there was no immediate lodgement of complaint. FIR was filed when both the parties failed to have mutual settlement. This further delayed the lodgement of complain and thus the medical examination. In the study of Sarkar et al⁽¹⁴⁾, quarter of the victims were brought to the hospital within 5-7 days. In the study of Tamuli RP et al⁽²⁴⁾, 23% of the victims presented within 72 hours. DuMont et al⁽¹⁸⁾ found that 40.1% of victims reported within 2-6 hours after incident. So delayed reporting of cases reduces the chance of getting positive result to very minimal.

In our study, rupture of hymen was found in 48 (94.12%) victims which were old tears while simple grievous injuries were found in 4 (7.84%) cases. Sarkar et al⁽¹⁴⁾ reported hymen rupture in 85% cases, majority of which were old tears. Islam et al⁽²⁰⁾ found hymen tears in 38.9% cases with fresh tears in 2.6% cases. Malhotra et al⁽¹⁰⁾ reported genital injuries in 32.3% and extra genital injuries in 21.5% cases. DuMont et al⁽¹⁸⁾ reported body injuries in 64.2% of cases. Absence of genital injuries in the victims examined could be due to various reasons. Majority of the victims were adults with prior sexual activity. Rapidly healing injuries can be missed in cases presenting late. Obviously, they are absent in false allegation cases. Similarly, value of examination immediately following an alleged incident is limited by the fact that bruises may not become apparent for at least 48 hours.

Conclusion

The current study shows in most cases the perpetrators of the crime are known to the victim. 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. Another heinous sort of crime is committed on children who are too young to resist or even understand the consequences of the act. Spread of education and wisdom among adoles-

cent may provide suppression in vulnerability of these age groups to such torturing events. The government and society have to work in unison to end sexual abuse of female victims.

Table 1: Distribution of victims according to age group

Age group	No. N=51	Percentage
0-10 Yrs	3	5.88%
11-20 Yrs	17	33.33%
21-30 Yrs	26	50.98%
30-40 Yrs	0	0.00
40-50 Yrs	4	7.84%
More than 50 yrs	1	1.96%

Table 2: Socio Demographic Profile Of Victims Of Sexual Assault

Socio-demographic Profile Of Victims	No. N=51	Percentage
Educational Status		
Illiterate	15	29.41%
Primary	12	23.52%
Secondary	17	33.33%
Above secondary	7	13.72%
Religion		
Hindu	46	90.20%
Muslim	5	9.80%
Sikh	0	00%
Christian	0	00%
Marital status		
Married	20	39.22%
Unmarried	31	60.78%
Divorcee	0	00%
Socio-Economic status		
Low	30	58.82%
Middle	21	41.18%
High	0	0%

Table 3: Distribution of Victims According to Relationship to Assaulters

Type of Relationship	No. N= 51	Percentage
Neighbour	13	25.4%
Stranger	4	7.84%
Close friend	8	15.6%
Acquaintance	20	41.17%
Family Member	6	11.86%

Table 4: Distribution of cases according to Time Interval Between Incidence and Medical Examination

Time Interval	Number(N=51)	Percentage
Same day	2	3.92%
Second day	01	1.96%
Third day	02	3.92%
Fourth day	6	11.76%
5 th day 7 th day	8	15.68%
1 st week-2 nd week	7	13.72%
2 nd week-3 rd week	11	21.57%
3 rd week- 4 th week	10	19.60%
>4 th week	4	7.84%

Table 5: Distribution of Cases According to Pattern of Injuries on Victims

Type of injury	Number (N=51)	Percentage
Extra genital	1	1.96%
Genital	1	1.96%
Extra genital and genital	2	3.92%
Hymen rupture	48	94.12%

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