



MEDICO-LEGAL ASSESSMENT OF SEXUAL ASSAULT VICTIMS IN EASTERN REGION OF NEPAL.

Forensic Science

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ABSTRACT

Background: Among all the crimes, sex related crimes are most barbarous and humiliating. The victim or family members of the victim remain silent due to the lack of support services or provision of protection for victims and witnesses, social stigma associated with rape and prevailing patriarchal attitudes, protracted court proceedings, inadequate investigations by the police, lacunae in the law, particularly the absence of rape shield provisions, etc. Moreover the rape victim has to undergo severe mental and social constraints.

Objective: To find out the medico-legal and socio-economic factors associated with victims and accused of sexual assault.

Methods: This retrospective study was carried out in forensic medicine department of B P Koirala Institute of Health Sciences Dharan where 176 cases of sexual assault victims of a total of five year duration.

Result: Out of total 176 victims, 3 were male victims of sodomy while 173 were female victims. The mean age of was 16.07±11.11 years. Most of the victims were young unmarried adult where accused were known or related to them. Majority of the cases were reported late with change of clothes which is responsible for compromised evidence. There were cases where assault took place multiple times and by more than one accused. Body injury was present in fewer cases while hymen was ruptured in most of the cases.

Conclusion: Even a child of age two years was found to be victim of sexual assault, which indicates no age is safe from sexual assault. Maximum victims presented after 72 hours of sexual assault with genital washing and change in cloth which are the common impediment to detect the assailants. So early reporting without washing genitalia and using modern medical technology like DNA diagnosis may help to detect the crime and criminals.

KEYWORDS

rape, sexual assault, sodomy

Introduction

Among all the crimes, sex related crimes are most barbarous and humiliating.¹ Rape is considered to be the most obnoxious and gravest form of human right violation.² Ancient societies counted rape among the crime listed in their law codes and even Bible contains stories on rape. It is one of the most prevalent and fast growing crime affecting all nations in the world today. For decades, the crime of rape has been known as the easiest the world today.

For decades, the crime of rape has been known as the easiest criminal allegation to make by the alleged victim and the harder to disprove by the defendant.³ Medical examination is a crucial piece of information which is required for collection of medical evidences, their documentation and interpretation in court. It becomes more valuable where there is no other witness to the incident.⁴

Rape is a crime of violence, often regarded by the woman as a life-threatening act in which fear and humiliation are her dominant emotions. It is an assault on the woman, her family as well as community.¹⁸ Sexual violence, particularly rape is a global problem that does not spare any socioeconomic group or culture, especially among adolescents and young adults.⁷ Sexual assault is a neglected public health issue in most of the developing countries and there is to be an even smaller % reporting sexual assault.¹⁷ It is one of the silent sexual crimes against women and girls. Many women never report the rapes.

The victim or family members of the victim remain silent due to the lack of support services or provision of protection for victims and witnesses, social stigma associated with rape and prevailing patriarchal attitudes, protracted court proceedings, inadequate investigations by the police, lacunae in the law, particularly the absence of rape shield provisions, etc. Moreover the rape victim has to undergo severe mental and social constraints.^{3,4} As there is great number of mental, physical and social trauma due to sexual assault in this region, a study was very much required as to find out the cases and circumstances of sexual assault, accordingly the planning and implementation of the plan to reduce the overall case has to be done.

Materials and method

This retrospective study was carried out in forensic medicine

department of B P Koirala Institute of Health Sciences Dharan. The cases were taken from during the period of 16 July 2009 to 15 July 2014, a total of five year duration. A total of 176 alleged rape victims' report forms were studied. Relevant documents were collected from the preserved copies of the reports in the department with the verbal consent of the reporting doctors. Data were compiled and expressed as proportions.

Inclusion criteria:

All the cases with a definite history of sexual assault present in the record of Department of Forensic Medicine and Toxicology, BPKIHS Dharan after medico legal examination were taken as samples.

Exclusion criteria:

1. Cases with doubtful history of sexual assault.

The detailed information about the cases was collected from different sources including:

The request paper and other relevant papers brought by the police along with the deceased.

The medicolegal sexual examination sheet filled by registered medical practitioner.

Evaluation

The details pertaining to each case were filled in proforma (questionnaire).

Statistical analysis

All collected data were entered in the Microsoft Excel Work Sheet and was analyzed using descriptive statistics in SPSS 10.0 version. The data were presented in tabulated form.

Results

Out of total 176 victims, 3 were male victims of sodomy while 173 were female victims. The age of victims ranged from a two-year old child to a seventy-four years old woman and the mean±SD age was 16.07±11.11 years. All the 3 male victims were of age group 0-10 years.

Table I: Year wise distribution of cases (n=176)

Fiscal years	Number	Frequency %
16 th July 2013-15 th July 2014	51	28.9%
16 th July 2012-15 th July 2013	37	21.0%
16 th July 2011-15 th July 2012	30	17.0%
16 th July 2010-15 th July 2011	30	17.0%
16 th July 2009-15 th July 2010	28	15.9%
Total	176	100

As we see there is increasing number of cases year by year. (Table-I).

Table-II: Distribution of victims according to age group (n=176)

Age group(in years)	Number	Frequency %
0-10	54	30.51
11-20	87	49.15
21-30	19	10.73
31-40	10	5.65
41-50	4	2.26
>50	2	1.13
Total	176	100

Table-III: Marital Status of victims of sexual offences (n=176)

Marital Status	Frequency	Percent
Married	34	19.3
Unmarried	142	80.7
Total	176	100.0

Table-IV: Relationship of assailants to the victims(n=176)

Relationship	Frequency	Percentage
Boy friend	11	6.2
Father /step father	7	4
Close relative	27	15.3
Acquaintance	97	55.1
Stranger	27	15.3
Husband	2	1.2
Teacher	5	2.8
Total	176	100

Table-V :Reporting time(n=176)

	Frequency	Percent
Same day	40	22.7
Next day	74	42.0
After two days	9	5.1
After three days	14	8.0
More than four days	39	22.2
Total	176	100

Table-VI: victims changed the clothes (n=176)

Change of cloth	Frequency	Percent
No	55	31.3
Yes	121	68.8
Total	176	100.0

Table-VII: no of accused(n=176)

	Frequency	Percent
1	144	81.8
2	15	8.5
3	7	4.0
4	7	4.0
5	1	.6
6	1	.6
8	1	.6
Total	176	100.0

Table-VIII: Number of sexual assault incidence(n=176)

	Frequency	Percent
Multiple	29	16.5
Once	147	83.5
Total	176	100.0

Table-IX: Distribution of accused according to age group (n=157)

Age group(in years)	Number	Frequency %
0-10	0	0
11-20	41	26.1
21-30	47	30
31-40	38	24.2
41-50	14	8.9
>50	17	10.8
Total	157	100

Table X: Body injury present

Body injury present	Frequency	Percent
No	129	73.3
Yes	47	26.7
Total	176	100.0

Table XI: Condition of the hymen

Condition of the hymen	Frequency	Percent
Intact	53	30.1
Na	3	1.7
Ruptured	120	68.2
Total	176	100.0

Discussion

Sexual assault is a neglected public health issue in most of the developing countries and there is likely to be an even smaller percentage reporting sexual assault¹⁹. The under reporting of cases of sexual assaults are mainly due to social stigma, prejudice with regard to the chances of marriage, being considered promiscuous and responsible for incident, attended 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 married¹⁷.

In 1993, the United Nations General Assembly resolved “that violence against women is an obstacle to the achievement of equality, development and peace, that violence against women constitutes a violation of rights and freedom of women, that violence against women one of the crucial social mechanisms by which women are forced into a subordinate position compared to men”²⁰.

Year wise distribution of sexual assault (Table-I)

Table I shows year wise distribution of sexual assault from July 2009 to July 2014 for five years. Here we can see that sexual assault cases shows a steep rise from 2009(15.9%) to 2014(28.9%). The rate of increment of sexual assault cases annually during the five year of study is an extremely alarming situation and denotes the grave situation of the society where morality, ethics and values are degrading steeply.

Sex and Age (Table-II)

In this study overwhelming majority of victims were females (98.3%) in comparison to male (1.7%). This is the global scenario, and everywhere round the globe, females are mostly the victims of the sexual assault. This finding is in consistent with the finding in study by Sagar et al²¹ Grossin et al²². This shows that females are prime target of sexual assault.

In current study one hundred seventy six cases of victims of alleged rape cases were studied. We found that 87 (49%) cases were from age group 11-20 years followed by 54(30%) cases from age group 0-10 years. The youngest victim was 2 years old child and oldest being 74 years. (Fig. 1) In the study done by Sarkar¹, the commonest age group was found to be 11-20 years (68%). Similar finding were seen in study by Al-Azad MAS⁵, Sushma Suri⁶, Tamuli RP⁷, Nowsher Ali⁸, Lal S¹⁴ and Hassan Q¹⁸ which are in consistent to our findings. Study done by Riggs N¹³ and Avegno J¹⁵ found the common victims of age between 21-30 years. These studies indicate that children, adolescent and young females are the chief victims of this heinous crime.

Marital status of victims (Table-III)

In our study, 80.7% victims were unmarried while remaining 19.3% were married. These findings are in agreement with the study of Sarkar et al¹ (81%), Al-Azad MAS⁷ (78.9%) and C. E. Jr.⁹ (64.8%). These findings indicate that unmarried females are more susceptible to sexual assaults.

Assailant's relation to the victims (Table-IV)

The vast majority of the cases, victims knew the assailant (84.7%). In 97 (55.1%) cases there were acquaintance between victims and assailants. In only 15.3% cases the accused were strangers. In 1.2% cases husband were accused of sexual assault. This is in accordance to the study done by Sarkar¹, Lakew Z⁴, Al-Azad MAS⁵, Sushma Suri⁶, Irwin, C. E. Jr.⁹, Shrikant Sidram Shinge¹⁰, Riggs N¹³, Lal S¹⁴ and Malhotra, N¹⁷ where in studies victim were known to assailants. More threats are from known persons than a stranger in a case of sexual assault.

The day of examination of the victim (Table-VI)

In majority of case the victims reported to the police on next day of incident (42%) while only 22% cases reporting was done on the day of incidence. In about 22.2% cases reporting were done after four days. Two cases were such where after one year police was informed. This is in consistence with study by Shrikant Sidram Shinge¹⁰ and Hassan Q 18 where it was found that reporting to police and doctor occurs after 72 hours of incident in majority of cases.

Change of cloth before examination (Table-V)

In our study, Clothes were changed in vast majority of cases (68.8%). This was in accordance with the study by Hassan Q 18 where clothes were changed by most of the victims. Clothes are one of the most vital evidence producing objects. But the ignorance about the importance of clothes in sexual assault examination could be the reason of cloth changing before medicolegal examination.

Number of accused (Table-VI)

The number of accused was one in 81% cases while more than one in 19% cases. Maximum number of accused was 8 in one case. This was similar to the study by Irwin⁹ where total 94 (29.0%) cases were gang rape participating by two or more assailants while it was gang rape in 30% cases in study by Hassan Q.18 In a very significant number multiple accused were found.

Frequency of assault on individual victim (Table-VII)

Sexual assault was done multiple times in 16.5% cases while single time in majority of cases (83.5%). This finding was similar to study by Stermac LE 16 where Assailants were more likely to assault the victim more than once ($t = -2.42$).

The age of accused (Table-VIII)

The age of accused ranged from 11 years child up to 78 years old man. The largest number of accused were of age group 21-30(30%) followed by 11-20(26.1%).It was in consistent with the findings by Srikant Sigam Shinde¹⁰ where It was found that most of the accused were young unmarried males from the age group 21-30 years.

Body injury (Table-IX)

Body injury was present in about 26% cases. It was found by Al-Azad MAS⁵ that 36.09% victims had extra genital injuries similarly no case of body injury was finding in Srikant Sigam Shinde¹⁰ study. General body trauma was seen in 67% of cases by Riggs N¹³ which is unlike of our finding. Though physical injury is sign of struggle and non consent surprisingly in very less number of sexual assault cases physical injuries was seen.

Status of hymen (Table-X)

Hymen was ruptured in more than 2/3rd of cases (68%) while it was intact in 30% cases in our study. In study by⁵, hymen was ruptured in 34% cases. Out of 80% unmarried females approximately 50% females were deflorated which could be evidence of sexual intercourse.

Conclusion

Young adolescent women are the vulnerable group for sexual assault in this region. Even a child of age two years was found to be victim of sexual assault, which indicates no age is safe from sexual assault. Maximum victims presented after 72 hours of sexual assault with genital washing and change in cloth which are the common impediment to detect the assailants. So early reporting without washing genitalia and using modern medical technology like DNA diagnosis may help to detect the crime and criminals. Perpetrators are mostly acquaintance, relative or villagers than strangers. Even husband and father are assailants in a few cases. Maximum sexual assaults are occurring in the victim's house or other indoor places with majority of the assailants known and close friends to each other. So

awareness should be given among the girls that care is required in such relations also. Accused are mostly young adults. Sexual assaults mostly occurred once with few instances where more than once assault occurred. Physical injury was present in less number of cases while rupture of hymen present in large number of cases.

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