



MEDICO-LEGAL EVALUATION OF VICTIMS AND ACCUSED OF SEXUAL OFFENSES

Forensic Medicine

Dr. Mulchand Gedam	Senior Resident, Department Of Forensic Medicine, Government Medical College Nagpur
Dr. Shailendra Dhawane	Professor, Department Of Forensic Medicine, Government Medical College Nagpur
Dr. Shubham Mondhe	Senior Resident, Department Of Forensic Medicine, Indira Gandhi Government Medical College Nagpur
Dr. Anindya Mukherjee*	Professor And Head, Department Of Forensic Medicine, Government Medical College Nagpur *Corresponding Author

ABSTRACT

Sexual offenses are acts of sexual intercourse with second person or a animal to obtain gratification. the law and customs of society normally permit heterosexual intercourse between man and his own wife as provided by the nature .A sexual intercourse by a man with a woman, other than his wife would constitute an offense particularly in absence of valid consent.(1) This study was conducted from January 2021 to November 2022.This study was carried out in the department of forensic medicine, GMC Nagpur on 253 cases out of which 150 victims and 103 accused of sexual assault.

KEYWORDS

Sexual Assault, Victim, Accused

INTRODUCTION

Sexual violence includes acts that ranges from verbal harassment to forced penetration and arrays of types of coercion, from social pressure and intimation to physical force⁽²⁾. Sexual offenses are most heinous crime against women .during an examination of an accused of sexual assault, preservation of evidence is an important task. In India, owing to poor collection of medical evidences the conviction rate of accused is low.⁽³⁾

The crime of rape is as old as mankind itself, yet it has remained the most obnoxious and gravest of all human rights violation. It has also been recognized as gendered crime, constituting a violation of right and freedom of woman and fuelling gender inequality. According to WHO, rape is a form of sexual violence defined as a physically forced or otherwise coerced penetration of penis into vulva or anus (women).⁽⁴⁾

Securing evidence after a sexual offense is an important task for the physicians. Poor medical evidence are often responsible for low conviction rates⁽⁵⁾. lifetime prevalence of rape and attempted rape worldwide has been reported to be staggering 20%, while gender based violence in general against women affected over 30%.

Sex violence need justice for the protection and preservation of dignity of a female.⁽⁶⁾The ancient societies counted sexual assaults among the crimes lists in there law codes and even the Bible contains stories of sexual assault. Throughout centuries, sexual assault had an impact on individual women but it has also affected evolution and development of culture all over the world because women has been abducted as a bride and claimed as prize of war and enslaved. In common parlance, sexual offense constitutes the most shocking crime against the conscience and morality. In India in spite of so much talked about morality ,social justice , equality and equity between men and women, a fate of victim girl in sexual offenses become sealed forever, particularly making her social outcast, divorced from elementary right and privileges as a member of the society.⁽⁷⁾

Sexual offenses against the women is considered as most common crimes all over the world, which violates out culture and religious values. With and ever increasing population, the degradation of social-culture and moral values, such incidence are increasing day by day.⁽⁸⁾

OBJECTIVE

1. To assess the social and demographic factors of sexual offence cases brought for medical examination to identify the high-risk population.

2. To analyse medico-legal aspects of sexual offenses.
3. To evaluate the role of forensic examination in dealing with sexual assault cases.
4. To analyze the data with respect to relationship between accused and victim.
5. To suggest the preventive measures for sexual offenses.

MATERIAL AND METHOD

The study was carried out in the Department of Forensic Medicine Government medical college and hospital Nagpur, a tertiary care institute and hospital serving mainly the demands of community of central Indian population. The study was conducted from Jan 2021 to Nov 2022.

Study subject :

The present study was carried out on victims and accused of sexual offenses brought for medico-legal examination. After excluding all exclusion criteria a total 253 cases of sexual offenses were studied during above mentioned period.

Source of Data:

History furnished by police in the form of requisition letter along with FIR copy and further by a questionnaire regarding the scene of occurrence, circumstantial evidence, manner of assault and relevant photograph.

Further data retrieved from ante-mortem medico-legal examination of victims and accused in sexual offenses cases.

The data were analyzed in relation to age, sex, marital status, time and place of incidence, number of assailant.

Socio Economic Status was based on modified Kuppuswami's Classification.

Inclusion criteria

All the ante-mortem cases of victims and accused of sexual offenses brought to tertiary care centre for medical examination by police.

Exclusion criteria

1. Simple touch to body parts excluding genitals.
2. Oral kiss.
3. Post-mortem cases in deaths after sexual offence.
4. Case without police requisition.
5. Case of sending pornographic message to victims.

OBSERVATION AND RESULT

In our study, out of total 150 cases of victim of sexual offenses, 147 (98%) cases were females whereas 03 (2%) cases were males..

Table No: 01 Showing Distribution Of Victim With Respect To Sex

SEX	NUMBER OF CASES	%
Female	147	98
Male	03	02
Total	150	100

In our study, Out of total 150 cases, indicates that maximum victim of sexual offenses belong to age group of (18-30) years (54%) cases followed by (10-upto 18) years (30%)cases. Not a single case of victim was found in age group of (above 45) years.

Table No: 02 Shows Age Wise Distribution Of Victim

AGE IN YEARS	NUMBER OF CASES	%
0-10	12	08
10-Upto 18	45	30
18-30	81	54
30-45	12	08
Above 45	0	00
	150	100

In our study, out of total 150 cases, married contribute for 29 (19.33%) of cases. Unmarried account for 120 (80%) cases. Divorce account for 1 (0.67%) of cases. This indicates that maximum victim were unmarried which constitute (80%) cases.

Table No: 03 Distributions Of Victim With Respect To Marital Status

MARITAL STATUS	NUMBER OF CASES	%
Married	29	19.33
Unmarried	120	80
Divorced	01	0.67
Widow	00	00
	150	100

In our study most of accuse were known to victim, out of which boyfriend constitute 77(51.33%) cases whereas 29(19.33%) cases were accuse not known to victim.

Table No: 04 Shows The Distribution Of Sexual Offense Cases Based On The Relation Between Victim And Accuse

RELATION	NUMBER OF CASES	%
Boy friend	77	51.33
Husband	06	4
Father	05	3.33
Brother	01	0.67
Uncle	04	2.67
Cousin	06	4
Neighbour	16	10.66
Unknown	29	19.33
Staff	04	2.67
Watchman	01	0.67
School bus driver	01	0.67
	150	100

In our study most of the victims are brought for medical examination after more than 1month which constitute 71(47.34%) cases.Only 18(12%) cases were brought for medical examination within 24hr.

Table No: 05 Shows The Distribution Of Victim According To Time Interval Between The Incidence And Examination

TIME	NUMBER OF CASES	%
Within 24 hrs	18	12
1Day to 4day	33	22
4day to 1st week	14	9.33
1st week to 2nd week	11	7.33
2nd week to 1 month	03	02
More than 1month	71	47.34
	150	100

In our study 93% cases of sexual offenses were only 1 assailant is present while 7% cases were more than 1 assailant present.

Table No: 06 Distribution Of Sexual Offenses As Per Number Of Assailant

ASSAILANT	NUMBER OF CASES	%
1	139	92.67
More than 1	11	07.33
Total	150	100

In our study out of 150 victim, 45% cases had injuries out of which genital , extra genital and both are 16%,4% and 25% respectively.

Table No: 07 Distribution Of Victim With Respect To Injury

INJURY	NUMBER OF CASES	%
Genital	24	16
Extra genital	06	04
Both	38	25.34
Absent	82	54.66
	150	100

In our study out of total 103 cases of accuse, maximum accused of sexual offenses belong to age group of (26-30) years which constitute (31%) cases followed by (21-25) years 30 (29%) cases. Minimum number of accuse was found in age group of (36-40) years which constitute 3 (3%) cases.

Table No: 18 Shows Age Wise Distribution Of In Accused

AGE IN YEARS	NUMBER OF CASES	%
15-20	19	18.45
21-25	30	29.13
26-30	32	31.07
31-35	10	9.71
36-40	03	2.90
Above 40	09	8.74
	103	100

In our study out of total 103 cases of accused ,maximum accused was seen in lower class which constitutes 42(40.78)% cases followed by upper middle class accounting for 27(26.21%) cases.

Table No: 09 Distribution Of Accused As Per Socioeconomic Status

SOCIAL CLASS	NUMBER OF CASES	%
Lower class	42	40.78
Upper lower class	24	23.30
Middle class	06	5.83
Upper middle class	27	26.21
Upper class	04	3.88
	103	100

In our study out of total 103 cases of accused, maximum victims were educated up to 8-12 standard which constitute 49 (47.57%) cases, while illiterate and under 7 standard constitute 16(15.53%) cases each.

Table No: 10 Shows The Distribution Of Accused With Respect To Education

EDUCATION	NUMBER OF CASES	%
Illiterate	16	15.53
Under 7	16	15.53
8-12 Std	49	47.57
Graduate	22	21.37
	103	100

In our study out of total 103 cases of accused ,maximum number of sexual offenses taken placed victim home which constitute 41(39.81%) cases where as outside home and accused home constitute 32(31.07%) and 30(29.12%) cases respectively.

Table No: 11 Shows The Distribution Of Sexual Offenses With Respect To Place Of Incident

PLACE	NUMBER OF CASES	%
Accused home	32	31.07
Victim home	41	39.81
Outside home	30	29.12
	103	100

In our study out of 103 cases of accuse , 28(27%) of accuse were use condom during sexual offenses.

Table No: 12 Shows The Distribution Of Accused With Respect Use Of Condom

CONDOM USE	NUMBER OF CASES	%
Yes	28	27
No	75	73
	103	100

Recommendation

In majority of the cases, there was no evidence of forceful sexual intercourse at the time of medical examination due to long post coital interval. Delay in medical examination resulted in loss of vital trace evidence. Hence prompt reporting is of vital importance to collect medical evidence so that reports generated by forensic experts ultimately help judiciary to prosecute the assailants. Health professionals have a large role to play in supporting the victims of sexual assault both medically as well as psychologically. Along with the criminal justice functionaries, investigating agencies, NGOs, media people, political leaders, researchers, health sector and even the common man should play their role to eliminate the sexual violence from the society.

Sexual Assault is a serious crime against women. Globalization, modernization and communication have quickly and radically transformed the traditional societies which pave the way for changes in traditional values embodied in culture. Because of easily available of information on digital media, sex provocation and attraction towards opposite sex, incomplete knowledge and immaturity, practice of sex is common in unmarried male age group between 20 to 30 years.

School based interventional programs involving young adolescent show emerging evidence for improving gender equitable attitudes and increasing self-report, likely to intervene in situations of sexual assault. Suggesting that creating an environment to make sexual violence unacceptable to the society may be more effective than placing burdens on the girls to protect themselves by self-defense against such situations.

REFERENCES

1. Shyamal Sarkar,OP Murthy ,D,N Bhardwaj ,RK Sharma ,TD Dogra Prospective study of accused and survivors of sexual offenses. Mal J Path Sci 2008;3(2):7-44.
2. Ayesha Haider, Sohail Kamran,Jahanzeb Khan,Shemaila Saleem a study of female sexual offenses in year 2013 at DHQ Hospital Dera Ismail Khan, Ann. Pak. Inst. Med.sci.2014;10(4):187-192.
3. S.S.Shinge,M.B.Shrigiriwar Medico-legal examination of accused of alleged rape cases a prospective study October 2013-journal of Indian academy of forensic Medicine 35(4):332-335.
4. Santosh B. Bhoi, Kunal B. Shirsat,Satin K. Meshram,Sushim A.Waghmare, Rizwan A.Kamle, Profile of sexual offenses:a 4 year retrospective study at tertiary care hospital of western Maharashtra .International journal of forensic medicine and toxicology sciences,January-June,2017:2(1):17-21.
5. S.C.Sarkar,S.Lalwani,R.Rautji,D.N.Bhradwaj and T.D. Dogra a study on victim of sexual offenses in south Delhi J.Fam Welf2005;51(1):60-66.
6. Tamuli RP,Paul B,Mahanta P.A-Statistical analysis of alleged victims of sexual assaults a retrospective study J.Punjab Acad forensic Med Toxicology 2013;13(1):7
7. Dr.Shraddha Ashik Mevada ,Dr. Archana anil Bhosale and Dr.Niranajana Mukund Mayadeo – a prospective observational analysis to study various aspects of victims of sexual assault cases.International journal of clinical obstetrics and gynaecology 2020;4(2):402-406
8. Neelam Kaushik, Surender kumar Pal, Arun Sharma, Gian Chand Thakur –a retrospective study of sexual assault in southern range of Himachal Pradesh, International journal of health science and research,February 2016;6(2)..