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DEMOGRAPHIC AND PSYCHOLOGICAL PROFILING OF ALLEGED ACCUSED OF SEXUAL OFFENCES.

Forensic Medicine

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ABSTRACT

As per the World Bank statistics, 30% of all women globally experience some form of sexual violence in their lifetime. This study presents a comprehensive investigation into the demographic and psychological profiling of alleged accused individuals involved in sexual offenses. Structured interviews were done of 36 alleged accused of sexual offences at Indira Gandhi Government Medical College and Hospital, Nagpur in order to understand the multifaceted aspects of sexual offenses. The objectives encompassed detailed demographic and psychological profiling, exploration of paternal influences on attitudes toward women, comparison of relationships between accused and survivors, and analysis of time intervals between incidents, reporting to police, and medical examination. With a focus on addressing the pressing societal issue of sexual violence against women, this study aims to contribute to future research, policies, and educational reforms, fostering healthier attitudes toward sex and consent.

KEYWORDS

Sexual Violence, Accused Of Sexual Offences, Rape, Sexual Offences.

INTRODUCTION

Crime against women especially crimes that involve sexual violence are a major societal problem in today's age. However obtaining precise statistics on sexual violence poses challenges because numerous victims refrain from reporting incidents, citing reasons such as embarrassment, fear of retaliation, or inadequate legal recourse.[2]

The primary objective of this study was to find out the common demographics, comprehend the psychology of individuals accused of sexual offenses and to determine the average delays that occur in the medical examination of these accused individuals. This study was done with the aim to understand the sexually abusive behaviours and thus serve as a foundation for further research, policy recommendations, or educational reforms in addressing sexual offenses and promoting healthier attitudes toward sex and consent.

AIMS AND OBJECTIVES:

1. To conduct a detailed demographic and psychological profiling of alleged accused of sexual offenses.
2. Exploring paternal influences on attitudes toward women.
3. Comparing relationships between accused and survivors in sexual assault cases.
4. Analyzing time intervals between incidents, reporting to police, and medical examination.

MATERIALS AND METHOD:

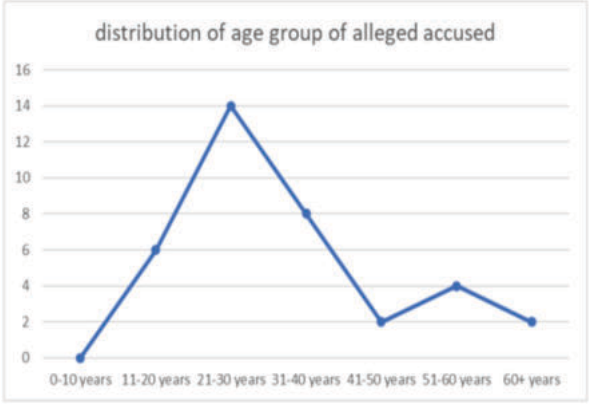
A standard comprehensive and structured Performa was created. Before the medical examination, informed consent was obtained from each accused individual. Detailed histories were collected from both the accused and the police. 36 alleged accused of sexual offences brought at the dept of forensic medicine and toxicology of Indira Gandhi Government Medical College and Hospital, Nagpur during July 2023 to December 2023 were interviewed to gain insight into the complex nature of psychology of sexual offenders, their relationship with the survivor and the time delays that happen in reporting and medical examination of accused.

(Table no. 1: Distribution of Cases by Age Group: Frequency and Percentage)

Age group	frequency	percentage
0-10 years	0	0
11-20 years	6	16.66667
21-30 years	14	38.88889
31-40 years	8	22.22222
41-50 years	2	5.555556
51-60 years	4	11.11111
60+ years	2	5.555556
Total cases	36	100

RESULTS AND DISCUSSION

The mean age of an alleged accused = 26.56 years Which is lower When this is compared to the statistics of foreign countries like Canada, where the mean age is 33 years[3]. The youngest age of accused was 16 years while the oldest age was 65 years. Majority of accused (38.8%) of the accused are young men in the age group of 21-30 years. These findings are in consonance with similar study done by Shinge SS and Shrigiriwar MB[4], who found that 58.5% of accused belonged to the age group of 21-30 years (compared to 38.5% in present study). Sheethalakshmi M et al[5], also in a similar study found 54.2% of accused belonged to the age group of 18-25 years, highlighting that the major age group of accused of sexual offences are generally young men in their twenties.



(Figure no. 1: Distribution Of Age Group Of Alleged Accused)

Alcohol consumption is seen in 18 cases (50%) and Cannabis consumption in 2 cases (5.5%). According of the oxford handbook of sex offences and sex offenders, over half of sex offenders specifically having a history of alcohol misuse. Additionally, up to one-third of sex offenders were found to have history of drug misuse[6].

Speaking of Delay in reporting, only in 5 cases, crime was reported within 24 hours of incident Average time of reporting was calculated as 154 days and Maximum delay in reporting was 734 days.

(Table no. 2 : history given by the alleged accused)

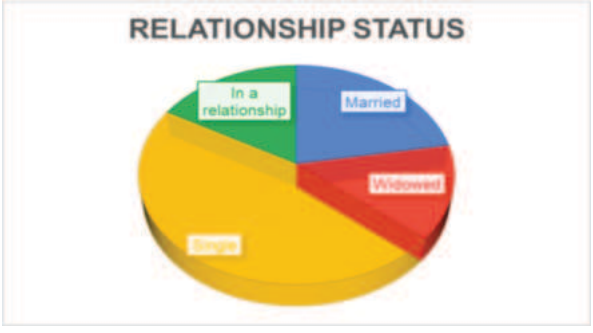
History	frequency	percentage
made consensual sexual contact	19	52.77778
Denies any sort of contact	10	27.77778
lured minor girl with money/ chocolates etc	6	16.66667
accepts making sexual advances WITHOUT consent	1	2.777778
total	36	100

Table no. 3: occupation of the alleged accused)

(Figure no : 2 delay in medical examination after crime reporting)

The relationship status of the alleged accused was 50% of them were single, 33% were married, 9% in a relationship and 8% widowed.

The history given by the accused in more than half of the cases (52.7%) was that he had made consensual sexual contact with the survivor. Only in one case (2.7%) has an accused accepted that he has made sexual advances on the survivor without her consent. On further interviewing he has said that 'consent of the girl is not required when engaging in a sexual act, showing that this particular accused did not have an understanding of the whole concept of 'consent' itself. 91.66% of the accused in the current study had a good understand of the concept of 'consent' and when asked about whether consent is required prior to engaging in any sort of sexual act, they have responded that 'yes. Consent is required'. But in the remaining cases, accused either do not have understanding of concept or they could not communicate it to the interviewer.

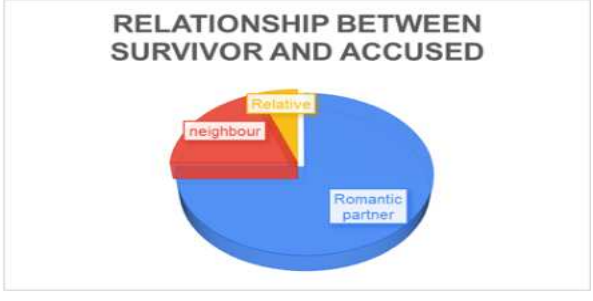


(Figure no. 3 : relationship status of the alleged accused)

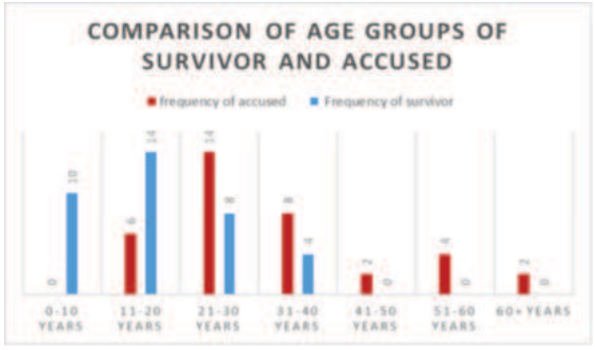
In all the cases, accused and the survivor know each other. In 75% of the cases, the accused and the survivor are romantic partners. In the remaining cases accused is either a neighbour or a relative.

Lastly coming to the role of paternal influences on the accused. 88% of the cases described that their fathers were good paternal role models towards them and their mothers. EXCEPT IN four cases. Two out of these cases were almost similar where these offenders were caught in the act of sexually assaulting minor girls.

One is a case of a young boy who admitted to have WITHOUT consent sexual intercourse with a minor girl. One is a case of a Man who says he is innocent (although he is a history sheeter with multiple other violent crimes against him)



(Figure no. 4: relationship between survivor and accused)



(Figure no. 5: comparison of age groups of survivors and accused in cases of sexual offences)

CONCLUSION:

Sexual violence is a devastating occurrence, constituting a grave violation of human rights and presenting a major societal issue. Contrary to popular belief, the greatest risk often arises from acquaintances and friends rather than strangers. It's crucial to promptly report such cases and conduct early medical examinations, ensuring the proper collection of forensic evidence. Furthermore, through this study it was found that even though a majority of the accused have a good understanding of the concept of consent, a minority of accused (these were the one's mostly involved in offending minors) do not have a understanding of the concept of 'consent'. Also paternal influences play a role in determining the attitude of a person towards the opposite gender. There is a need for more research on exploring the roles of these factors for a better and deeper understanding behind the psychology of sexual offending.

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