

# A study of the cases of sexual offences at tertiary care hospital, Assam, INDIA

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## Abstract

A detailed study of the cases of sexual offences brought for medical examination to the Dept. of Forensic Medicine, Silchar Medical College, Silchar, Assam during the period 01.01.2013 to 31.12.2013 was carried out with a view to finding out the demographic trend of the cases, the vulnerable group and also to formulate measures for minimizing such incident. Data collected directly as well as from the police requisition were analysed and inferences drawn. Observation reveals more vulnerability in high-school going girls and also in the age group of 10 - 30 years. In certain cases it is found that the victims are sent on police requisition without mentioning the section or act under which the police case is registered putting the doctor in the risk of omitting important points at the time of examination relevant to the section or act. Bodily injuries and injury to the genitals were very less in comparison to the number of cases examined. In conclusion, it can be said that awareness regarding importance of medical examination in such cases will definitely increase conviction rate. Cumulative approach of society and Administration, stringent implementation of law, public support system and a motivation to help each other will help minimizing such incidents.

**Keywords:** Sexual Offence, IPC, Criminal Law, POCSO.

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## INTRODUCTION

In the recent times various legal definitions sexual offences were amended and the quantum of punishments are also changed making them more stringent. In spite of these changes, cases of sexual offences do occur and in all such cases, a thorough medical examination of the victim and accused becomes a necessity for establishing the crime in relation to the section and the acts under which the case is registered. Commonly, by the word sexual offence, we usually understand the offence of rape though it also includes various other types of offences.

*The Criminal Law (Amendment) Act, 2013 (Act. 13 of 2013)* re-defined rape and also made the punishments

more stringent. There is also another act which came in 2012 as *The Prevention of Children from sexual Offences Act, 2012 (No. 32 of 2012)* by which the term 'Penetrative Sexual Assault' is inducted. In addition to the legislation on sexual offences, sexual harassment is also taken into consideration in recent times giving rise to enactment of the *Sexual Harassment of Women At Workplace (Prevention, Prohibition And Redressal) Act, 2013* and *Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Rules, 2013*. Medical examination of the victim forms an integral part of the investigation for two reason, first to give any treatment if required and the second to provide the medical evidence of the alleged crime to the investigating agency for further investigation for establishing the crime. A medical examination alone cannot establish the crime as rape is not a medical diagnosis, its a legal definition only. Here in this study, an attempt is being made to find out the factors influencing the vulnerability of the victims to sexual offences and also to find out means for minimising the same so that such type of crime can be prevented at root level.

## AIMS AND OBJECTIVES

- To find out the demographic trend of cases of sexual offences brought for medical examination by the Police authority
- To have an idea as to the pattern of injuries sustained by the victims in their bodies and genitals.
- To formulate preventive measures for the vulnerable group so that the occurrence, if not stopped, can at least be minimised.
- To formulate rehabilitation measures so that the victims can overcome the shock at the earliest.

## MATERIALS AND METHODS

The Dept. of Forensic Medicine, Silchar Medical College, Silchar caters to the entire population of the District of Cachar, Assam in terms of examination of the cases of sexual offences. Cases are also referred from the neighboring districts and the states. All the victims of sexual offences brought by the police authority for examination during the period 01.01.2013 to 31.12.2013 are included in the study. The accused that were also brought for examination are not included in the study. The demography and the findings of each case are thoroughly evaluated and compared to find out any specific trend. **Because of all the matters being sub-judice, the opinion part of each case is excluded from the study and nothing is mentioned as to the identity of any of the victims.** All the cases were examined only by the appointed female doctors of the Department after obtaining valid consent, in compliance with the order dated 19.08.2009 passed by the Hon'ble Gauhati High Court in PIL 75/2009 and thereafter the demography and findings are evaluated together while carrying out the study. Those cases that refused consent for examination were not examined.

## OBSERVATIONS AND RESULTS

In the year 2013 extending from 01.01.2013 to 31.12.2013, a total of 269 cases of alleged sexual offence were brought by Police Authority for examination out of which 169 were from urban areas and 100 from rural area. **Seven out of the total cases were males and hence excluded from the study.** As the consent is a pre-requisite for examination of any victim of sexual offence, it is seen that 61 (30%) cases refused consent for medical examination and hence they were not examined. Only the registration data provided in police requisition of these cases were evaluated. Out of the total 201 female cases 164 (81%) cases were examined under various relevant sections of Indian Penal Code, 11 were examined under POCSO 2012, 3 were examined under Information Technology Act and 2 were examined under Immoral Traffic Act, 1956. In 21 cases, no section was intimated in the police requisition. Estimation of age of the victims who consented for examination revealed that 91 cases below 18 years of age (45%) and 110 cases above 18 years (55%). The age group of 10-20 years showed maximum number of cases with a total of 91 (45%), followed by the age group 20-30 years. Lowest incidence is seen in the age group above 40 years. Of all the cases, maximum number of cases occurred in the month of July (23 cases, ) followed by equal number of cases in the month of April, June, November and December with 20 cases each. High-School going children were found to be more vulnerable as 96 of the total cases were in that group. Out of the total 201 female examined cases, body injuries were present in 17 cases only. Out of the total 17 cases in which body injuries were present, 6 cases presented with abrasions, 6 cases showed bruises and only 1 case showed laceration. Genital injuries found in only 4 cases. Laboratory investigation part of the examination is excluded from this study to conceal the findings and the opinion.

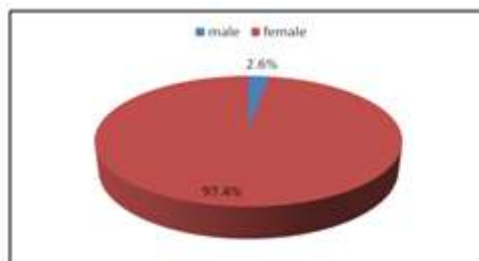


Figure 1: Gender wise variation

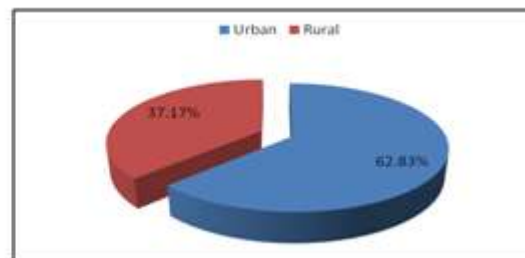


Figure 2: Urban-Rural Distribution of cases

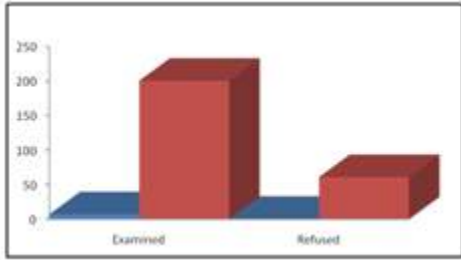


Figure 3: Comparison on the basis of consent

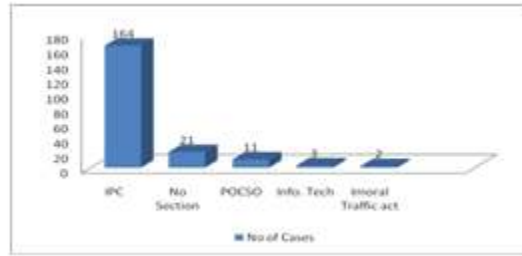


Figure 4: Relevent section/act under which the police case is registered

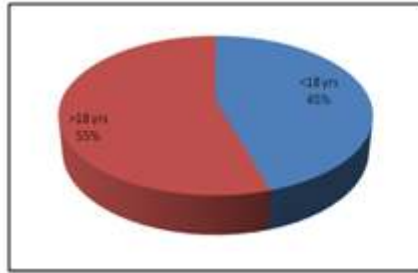


Figure 5: Distribution according to major and minor victims

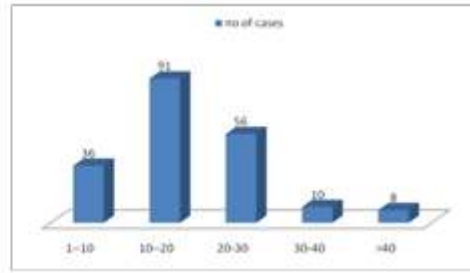


Figure 6: Age wise distribution of cases

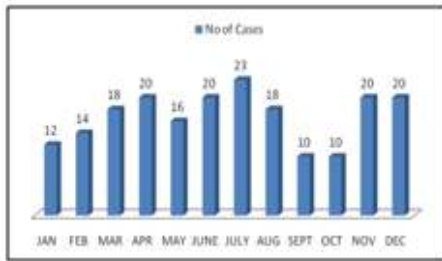


Figure 7: Month wise distribution of cases

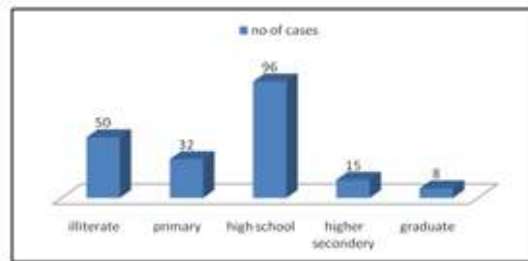


Figure 8: Distribution according to literacy

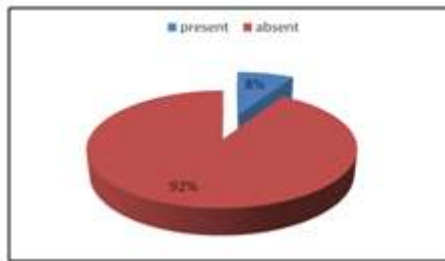


Figure 9: Body injuries

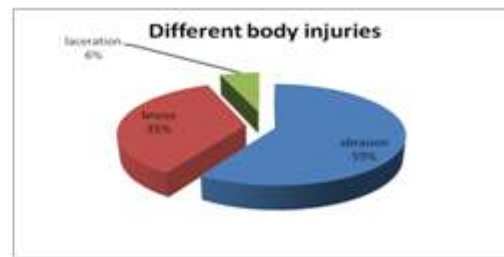


Figure 10: Diferent types of body injuries sustained

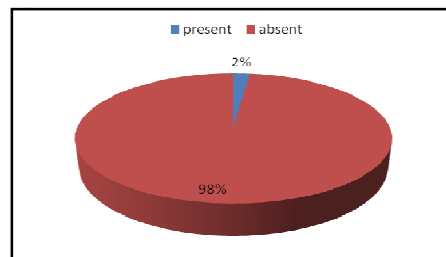


Figure 11: Genital Injury

## DISCUSSION

A victim girl who has sustained a trauma of the incident, when subjected to the medical examination, it becomes difficult at times for them to decide whether to allow or not for an elaborate Medical Examination. Even after detailed explanation of the process of examination, almost 30% of cases refused consent for examination which is big number. In spite of being traumatised, these victim girls choose not to give consent for the examination whatever may be the outcome of the police case they had registered. It definitely signifies the trauma through which they already had undergone. Moreover it also has a different aspect. The accused that was alleged to have committed the crime got the benefit of the decision taken by the victim girl and it becomes difficult for the investigating agency also to establish the crime. One important fact in relation to the examination is that in 21 (10%) cases, the particular section or act under which the police case is registered was not intimated to the medical officer thereby making it difficult for the medical officer to decide on the chain of examinations and investigations required for the particular case. The chance of inadvertent omission of vital points by the Medical Officer increases if the relevant section or act is mentioned in the police requisition. In addition to the through medical examination which is done in each and every cases irrespective of the section under which the police case is registered, there may be requirement of some special investigation in a particular case relevant to the section of IPC or POCSO. The total number of victims who happened to be minor (Age less than 18) was only slightly less than the victims who were major (Age more than 18). It signifies that major and minor are equally vulnerable to the sexual offences. The age group from 10-30 years had the maximum victims with commonest being the High-School going girls. Very few cases showed bodily injury and the injury sustained in the genitals was also very less.

## CONCLUSION

A general awareness regarding the value of medical examination in establishing a case of sexual offence by investigating agency will definitely lower the incidence of refusal of consent thereby increasing the rate of conviction in such cases. Proper counseling is an integral part of such examination and the doctors dealing with such cases need to develop a proper skill of communication so that the victims feel comfortable in narrating the incident and co-operate properly during the

examination. Stringent implementation of existing law by the law enforcing agencies will give a moral boost to the vulnerable group and it will also send a strong message to the culprits of such crime to think twice before attempting to commit sexual offence. A social adjustment and support system for the vulnerable group will definitely minimize. A cumulative approach involving the society and administration can make things much better because there is no lack of laws in regard to the sexual offences. People need to be motivated to help each other in times of need. There is also need for rehabilitation of the victims socially, physically and mentally so that they can recover at the earliest from the trauma from which they have been suffering since the incident.

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