

# Study of sexual offences at a tertiary care institute

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## Abstract

**Background:** Sexual Assault is a class of sexual conduct prohibited by the law that includes forcible sex offenses such as rape and sodomy of a perpetrator toward or upon a victim. The medical examination, treatment and care of the survivors of alleged sexual offences is one of the most difficult tasks in medical practice. Medical records are important evidences in court of law and helps for decision making. Present study was aimed to study demographic and clinical profile of survivors of alleged sexual offences at tertiary care institute. **Material and Methods:** The present retrospective study was conducted at the Department of Forensic medicine along with Department of Obstetrics and Gynaecology. Details of sexual offence survivors was collected from medico legal register. Important details such as demographic pattern of the survivors, gap between assault and reporting time, physical injuries, genital injuries, and need of gynaecological intervention/surgery for any injuries were noted. Statistical analysis was done using descriptive statistics. **Results:** During study period total 224 cases of sexual offences were medicolegally examined at our center. In present study most common age group among survivors was 11-18 years (46%) followed by 19-25 years (26%). Most survivors were from urban area. Most cases were reported after 7 days to 1 month of assault (33%) followed by reporting after 3 to 7 days (28%). Only 17% cases were reported in less than 72 hours of assault. 48% cases were occurred at roadside or places other than survivor house, accused house or relative house. Grievous injuries were noted in 3% survivors, while fresh hymenal tears were noted in 13% survivors. **Conclusion:** Most of survivors were of the young age, mostly knew their perpetrator and major injuries were seen mostly in young survivors. Most of the victims had fallen prey to the lust of their known people. Continuous efforts to raise consensus against the crime, early reporting and training of RMP for examination of sexual assault survivors are required.

**Keywords:** Sexual offence, survivor, POCSO Act.

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## INTRODUCTION

Sexual Assault is a class of sexual conduct prohibited by the law that includes forcible sex offenses such as rape and sodomy of a perpetrator toward or upon a victim. Every day on electronic media cases of sexual harassment, assault that may caused death are appearing. Statistical records say that there are records of women sexually assaulted are rising in the recent past years.<sup>1</sup> Social evils like dowry deaths, child marriage, domestic violence, rape, sexual harassment, exploitation of women workers are rampant in different parts of India. Humiliation, rape, kidnapping, molestation, dowry death, torture, wife-beating etc. have grown up over the years.<sup>2</sup> India has passed several laws that recognize the right to health care for survivors of

domestic and sexual violence. These include the Protection of Women from Domestic Violence Act (PWDVA) 2005, the Protection of Children from Sexual Offences Act (POCSO) 2012, and relevant clauses on sexual violence in the Criminal Law Amendment Act 2013. Still incidence of sexual offences is rising and sadly survivors are most neglected part of it. The medical examination, treatment and care of the survivors of alleged sexual offences is one of the most difficult tasks in medical practice. It requires proper knowledge, meticulousness and prompt action to give justice to medical examination of the survivors of alleged sexual offences. Medical records are important evidences in court of law and helps for decision making. Present study was aimed to study demographic and clinical profile of survivors of alleged sexual offences at tertiary care institute.

### MATERIAL AND METHODS

The present retrospective study was conducted at the Department of Forensic Medicine and Toxicology, Shri Bhausaheb Hire Government Medical College and Hospital Dhule. Study duration was one year (from Jan 2019- Dec 2019). Institutional ethical committee approval was taken. Details of sexual offence survivors was collected from medico legal register. Confidentiality was maintained regarding information. Survivors were brought by police or the survivor presents herself directly in emergency department as alleged case of sexual assault for examination and medical care, were immediately referred to gynaecology department. After initial brief history taking, proper consents were taken as per standard guidelines. Consent was taken for medical examination for treatment, medicolegal examination and sample collection (for chemical analysis). Victims consenting for medicolegal examination and sample collection were included in present study. All procedure were done according by qualified gynaecologist and forensic expert. Clinical and forensic examinations of sexually assault survivors were performed according to proforma provided by government of India, for examination of sexual assault survivor. Detailed history regarding the circumstance of assault, the perpetrators were known to the survivor, whether she protested, whether she was intoxicated or drugged, were taken. General examination to note any injury (abrasion, bruise, cuts, tears, fresh bleeding) on body parts, followed by local examination including perineum, vulva and condition of hymen was performed. Urgent medical care was provided to every survivor. Important details such as demographic pattern of the survivors, gap between assault and reporting time, physical injuries, genital injuries, and need of gynaecological intervention/surgery for any injuries were noted. Findings

were entered in Microsoft excel sheet and analysed. Statistical analysis was done using descriptive statistics.

### RESULTS

During study period total 224 cases of sexual offences were medicolegally examined at our center. In present study most common age group among survivors was 11-18 years (46%) followed by 19-25 years (26%). Most survivors were from urban area.

**Table 1: General characteristic**

Characteristic	No of cases	Percentage (%)
Age (in years)		
<10	29	13%
11-18	102	46%
19-25	58	26%
26-35	21	9%
36-45	10	4%
>45	4	2%
Residence		
Rural	85	38%
Urban	139	62%

Most cases were reported after 7 days to 1 month of assault (33%) followed by reporting after 3 to 7 days (28%). Only 17% cases were reported in less than 72 hours of assault.

**Table 2: Incident to reporting time**

Incident to reporting time	No of cases	Percentage (%)
<72 hours	37	17%
3-7 days	62	28%
7 days -1 month	73	33%
> 1 month	52	23%

48% cases were occurred at roadside or places other than survivor house, accused house or relative house.

**Table 3: Place of incident.**

Place of incident	Number of survivor	Percentage
Survivor house	48	21%
Accused house	36	16%
Relative house	32	14%
Roadside /other place	108	48%

In present study Grievous injuries were noted in 3% survivors, while fresh hymenal tears were noted in 13% survivors.

**Table 4: Type of physical injuries.**

Type of injury	Number of survivor	Percentage
General		
Breast /chest/back	36	16%
Thighs/buttock	42	19%
Grievous injuries	6	3%
Perineal injuries		
Fresh hymen tear	28	13%
Vaginal injury	11	5%
Anal injury	15	7%

## DISCUSSION

Most cases of sexual offences go unreported because the survivors fear retaliation or humiliation. The estimates for unreported rapes in India vary widely. Kar estimates 54% of rape crimes are unreported;<sup>3</sup> in contrast, Srivastava estimates 90% of rapes go unreported in India.<sup>4</sup> 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.<sup>5</sup> In present study, majority of the survivors were below 16 years of age consisting of 28% cases. Studies from various parts of India noted 55% - 69% of sexual survivors below 16 years of age.<sup>6-9</sup> A golden rule to medical professionals working with children is to report all reasonable degree of suspicion in child sexual abuse to the legal authorities.<sup>10</sup> According to data released by National Crime Records Bureau, cases of crime against children recorded in 2014 were 89423, 94172 in 2015 and 106958 in 2016. The abuser was booked under Section 376 IPC and Sections 4 and 6 of POCSO Act in 19765 cases.<sup>11</sup> Studies done by Aparna S *et al.* and Yadukul S, noted that 21.57% and 54.5% of cases respectively were brought for medical examination after 1 week.<sup>12,13</sup> Sarkar S C *et al.*,<sup>14</sup> observed that a quarter of victims were brought to hospital within 5 – 7 days. The reasons for the delay in reporting and medical examination can be attributed to many reasons like shame, ignorance, family honour and the fact that assailant had a relationship with the victim. The POCSO Act, 2012 is a comprehensive law to provide for the protection of children from the offences of sexual assault, sexual harassment and pornography, while safeguarding the interests of the child at every stage of the judicial process by incorporating child-friendly mechanisms for reporting, recording of evidence, investigation and speedy trial of offences. Childhood and adulthood victims of rape are more likely to attempt or commit suicide. The association remains, even after controlling for sex, age, education, symptoms of posttraumatic stress disorder, and the presence of psychiatric disorders.<sup>10</sup> It should further be noted that skin and mucosal injuries are present only in one-third cases (33%) amongst all the cases of forced sexual violence (rape/sexual assault) as per medical literature. Further, explanation 2 to section 375 of IPC states that if someone does not resist sexual violence, that alone cannot be construed as offering consent to the sexual act. This clearly indicates that presence of resistance injuries is not required to prove a case of sexual violence.<sup>15</sup> Indian laws mandate that public and private hospitals provide immediate treatment for survivors of sexual

violence and mandated punishment for failure to do so. Immediate treatment for survivors of rape must include emergency contraception and abortion services has also been clearly mentioned in policy guidelines issued by the Ministry of Health and Family Welfare in Guidelines and Protocols for medico-legal care for survivors/victims of sexual violence.<sup>15</sup> Not only medical examination but also counseling of the survivor by a social worker and psychologist is most important and should be made mandatory in all cases of childhood sexual abuse.<sup>16</sup>

## CONCLUSION

Most of survivors were of the young age, mostly knew their perpetrator and major injuries were seen mostly in young survivors. Most of the victims had fallen prey to the lust of their known people. In order to prevent this violent crime in society stringent laws, fast-track decision by court of law are need of this hour. Continuous efforts to raise consensus against the crime, early reporting and training of RMP for examination of sexual assault survivors are required.

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