Profile of Female Victims of Alleged Sexual Assault Cases Reported to Dr.B.R. Ambedkar Medical College, Bengaluru

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Abstract

Sexual violence is one of the most heinous crimes against women. Sexual assault is a violation of the dignity of a person. The present prospective descriptive study was conducted in the department of Forensic Medicine, Dr.B.R.Ambedkar medical college, Bengaluru, Karnataka, South India for a period of one year from January to December 2014, where victims of alleged sexual assault cases were brought in for examination. Majority of victims, 77 out of 149 were between 16 - 20 years. 107 victims (71.8%) were educated up to school level. 101 victims were students. 85.2% cases were unmarried victims. In 106 (71.1%) cases, accused was known to the victim. 54 cases (36.3%) of sexual assault occurred in the house of the victim or accused. 65.1% victims in our study had bodily injuries.

Key Words: Sexual assault, POCSO Act 2012, Criminal Law Amendment Act 2013.

Introduction

Sexual assault is a violation of the dignity of a person. Sexual assault is the most common violence against women in India. It is a heinous crime since it not only abuses the body of a female, but also causes permanent injuries to her mental and emotional wellbeing as well as to her dignity, modesty and reputation. Recent statistics suggest that every 22 minutes a rape case is getting reported in our country. ^{1,2}

Sexual assault includes all these victimizations involving unwanted sexual contact occurring between the victim and assailant. Sexual assault is one of the offences most under reported to the law enforcement. Sexual assault follows the iceberg phenomena. The amount of it visible to our eyes is much less than the amount beneath the burden of social ethics. Most of the cases of crime related to sex go unannounced due the social stigma related to such events.^{3,4} Although stringent laws in the

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form of Protection of Children from Sexual offences Act (POCSO Act) 2012 and Criminal Law Amendment Act 2013 have been implemented, sexual crimes still continue to plague our society. With the implementation of newer laws, the medicolegal examination has evolved beyond the realms of mere evidence collection into an all-inclusive system which provides a comprehensive care for the aggrieved person.⁵ In the present study the profile is generated to know the prevalence of sexual assault cases in this part of the country.

Material and Methods

This prospective descriptive study was conducted in the Department of Forensic Medicine, Dr.B.R.Ambedkar Medical College, Bengaluru for a period of one year from January 2014 to December 2014. The individuals examined were the alleged victims who had filed a case of sexual assault under section 376 IPC or POCSO Act 2012. Written informed consent explaining the procedure of examination, recording the injuries on the body/genital areas and collection of relevant bodily evidence was obtained from individuals who were above 12 years and from the guardian if the individual was less than 12 years. The inclusion criteria consisted of all cases of alleged history of sexual assault brought

to the department by concerned police authorities. All the cases who did not consent for examination were excluded from the study. A total of 149 victims of sexual assault fulfilled the inclusion criteria and their data was entered in a standardized proforma and analysed. The findings of the study was compared with similar type of work carried out by other authors.

Observation and Results

A total of 149 victims were examined during the study period. Majority of victims, 77 out of 149 amounting to 51.7% were between 16 - 20 years (Table

1). Maximum number of victims, 107(71.8%) were educated up to school level (Table 2). Majority of the victims, 107(71.8%) were students. Unmarried victims were maximum, 127(85.2%) cases (Table 4). In majority of cases, 106(71.1%) accused was known to the victim. Most of the instances of sexual assault, 54 cases (36.3%) occurred in the house of the victim or accused (Table 6). 97 victims(65.1%) had bodily injuries (Table 7). Among the cases studied, 18 (12.08%) presented with recent tears of hymen (Table 8). Six victims (4%) were pregnant at the time of examination (Table 9).

Table 1: Age wise distribution of victims of sexual assault.

Age(Years)	Victims(Number)	Percentage
0-5	03	2.01
6-10	12	8.05
11-15	029	19.5
16-20	77	51.8
21-25	13	8.7
26-30	10	6.7
>30	05	3.4
Total	149	100

Table 2: showing education status of victims.

Education	Number	Percentage
Illiterate	08	5.4
School (10+2)	107	71.8
Graduate	28	18.8
Postgraduate	06	4.02
Total	149	100

Table 3: Distribution of victims based on their occupation.

Occupation	Number	Percentage
Student	107	71.8
Home maker	10	6.7
Labourer	15	10.06
Employed	09	6.04
Unemployed	08	5.4
Total	149	100

Table 4: Distribution of victims as per marital status

Marital status	Number	Percentage
Married	22	14.8
Unmarried	127	85.2
Total	149	100

Table 5: Relationship of victims to the perpetrator.

Relationship	Number of victims	Percentage
Relative	30	20.1
Known person	106	71.1
Stranger	13	8.7
Total	149	100

Table 6: Distribution of cases according to place of incident.

Number	Percentage		
54	36.2		
19	12.6		
34	22.8		
12	8.05		
07	4.7		
04	2.7		
19	12.6		
149	100		
	54 19 34 12 07 04 19		

Table 7: Distribution of bodi	v injuries in	the cases examined.
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Distribution of bodily injuries	Number	Percentage
Genital injuries only	29	19.5
Combined gential and extra-genital injuries	18	12.08
Extra-genital injuries only	50	33.6
No injuries	52	34.9
Total	149	100

Table 8: Showing condition of hymen during examination.

Genital examination findings	Number	Percentage
Intact hymen	29	19.7
Recent tears of hymen	18	12.08
Old healed tears of hymen	102	68.6
Total	149	100

Table 9: Pregnancy status of victims examined.

Pregnancy	Married	Unmarried
6 cases (4%)	2 (1.3%)	4 (2.7%)

Discussion

In the present study, majority of victims, 77 out of 149 amounting to 51.7% were between 16 to 20 years, followed by 29 cases (19.5%) in 11 - 15 years age group, 13 cases (8.7%) were between 21 - 25 years, 12 cases (8.05%) were between 6 - 10 years and children below 5 years were not spared amounting to 2% of the cases. This study indicates puberty is the most vulnerable period for victims. Probable reason being the girls look more attractive with well developed secondary sexual characteristics. Similar were the observations of other studies. 6,7,8,9 However it differs with the study done by Pauline Saint Martin et al¹⁰ where 68.3% of the cases involved children under 15 years.

Often it is thought that illiterates are the victims of sexual assault, however in this study it is found that 107(71.8%) victims were educated up to school, while in 8(5.4%) cases, victims were illiterates. Probable reason being increasing use of internet, mobile, relatively more freedom at schools and colleges. Our findings were in consonance with other studies.^{7,8,11,12} Our observations slightly differ from that by Roychaudhury UB¹³ in which majority of the cases (45% of the victims) were illiterate.

In our study, the maximum number of victims, 107(71.8%) were students, followed by labourers, 15(10%) and home maker, 10(6.7%). This observation is consistent with the study done by other authors. 5,6,8,11,12 Our findings differ from the study done by Jain R et al¹⁴ in which majority of the victims (43.5%) were house wives, followed by labourers(25%).

Majority of cases in this study were unmarried, 127(85.2%) and remaining 22 cases (14.8%) were married. Similar findings were noted in a study done by Sujatha PL¹¹ and Anand M⁷, in which unmarried victims were 35 (97%) cases and 21 (72.4%) cases respectively.

In only 13(8.7%) cases, the perpetrator was a stranger to the victim. In all the rest 136 (91.3%) cases, the victim knew the perpetrator. Thus this study disproves the myth "Strangers usually commit sexual violence". Bhojkumar Sahu et al⁸ and Anand M et al⁷ observed respectively that 78.3% and 93.1% of the victims knew the alleged perpetrator.

The present study shows that the place of incident is house of the victim or accused in most of the cases, 54(36.2%), followed by lodge in 34(22.8%) cases. The place of incident was school/college and open place in 19 cases (12.75%) each. Majority of instances of sexual assault, 17 (28.3%), occurred in the survivor's house in a study done by Bhoj kumar sahu et al.⁸ Our findings differ with the study done by Roy Chaudhury UB et al,¹³ who observed that in 77.5% of cases, the incidence occurred outside. The occurrence of events mostly inside the house is attributed to the accused being able to trap the victim easily inside a closed room.¹¹

Profile of bodily injuries sustained by the victims indicated that only 97 victims(65.1%) of sexual assault in our study had bodily injuries, of which 29 (19.5%) sustained only genital injuries, 18 (12%) sustained both genital and extra-genital injuries and 50 (33.6%) had only extra-genital injuries, which is in agreement with other studies^{8,14} and not in agreement with Sheryl Suares et al⁵ and Grossin et al,¹⁵ where genital injuries were present in 76.9% and 55.2% of the victims.

We observed that 102 (68.5%) cases had old healed tears and 18 (12%) had recent tears of their hymen. Only 29 (19.5%) cases presented with intact hymen. These findings were consistent with the studies done by Bhowmik K et al(6) and Bhoj Kumar sahu et al,⁸ where old healed tears were noted in 78.3% cases and 75% cases respectively, but differed from that done by Sujatha PL et al¹¹ who observed that 48.6% presented with recent tears and 31.4% presented with old tears of hymen.

Conclusion

Sexual crimes still continue to plague our country despite introducing stringent laws. Public should realise

the values of moral compulsions, religious bindings of civilized society and desist from such crimes. The psychiatric counselling of those who attempt sexual offences is essential along with treatment. To curb sexual atrocity on women, these may be considered. Training is self defense techniques and use of pepper gun to defend. Victims must file FIR at the nearest police station. Victim must approach a registered medical practitioner and get examined at the earliest. Victim must take care not to change her clothes or take bath until medical examination is over. Late night parties to be avoided. Adequate CCTV coverage in schools, colleges and public places.

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