



Original Research Article

Socio-demographic profile of victims of sexual assault: A one year study at MBS hospital associated with government medical college, Kota (Rajasthan)

Lalchand Verma¹, Sachin Kumar Meena^{1,*}, Vinod Garg¹

¹Dept. of Forensic Medicine, Govt. Medical College, Kota, Rajasthan, India



ARTICLE INFO

Article history:

Received 05-06-2020

Accepted 15-06-2020

Available online 06-08-2020

Keywords:

Sexual assault

Rape

Medical examination

Pregnancy

ABSTRACT

In India large range of sex related crimes take place which are sexual assault, rape, sexual abuse of children and trafficking of women for the purpose of sexual exploitation. Sexual assault includes all form of non-consensual contact with a sexual purpose ranging from eve teasing to molestation to rape. Medical examination of the victim of sexual assault always play very important role in investigation of such cases. Most affected age group of victims was 11 to 20 years of age accounting 46.9% followed by 21 to 30 years of age accounting 34.6%. In about 98% cases the accused were known to the victims and in about 80% cases significant relationship was present between the accused and victim. 34% cases reported for medical examination within 3 days and 47.6% reported after one week of the incident. Four cases were present with pregnancy after sexual assault and belong to 15- 18 years of age and low educational strata.

© 2020 Published by Innovative Publication. This is an open access article under the CC BY-NC license (<https://creativecommons.org/licenses/by-nc/4.0/>)

1. Introduction

More than half of the world population comprises of women. Women are not safe in the world as well as in India today. Survey of WHO estimate that 10 to 69 per cent of women are physically harmed by male partner. In India large range of sex related crimes take place which are sexual assault, rape, and sexual abuse of children and trafficking of women for the purpose of sexual exploitation.¹ Sexual assault includes all form of non-consensual contact with a sexual purpose ranging from eve teasing to molestation to rape.² Out of all these crime, rape is considered to be the most heinous and gravest form of human right violation. Rape is not only a crime against the women, but also against the whole humanity.¹ Medical examination of the victim always play very important role in case of sexual assault. As the offence of rape is committed in privacy and no eye- witness of act may be available, corroboration of the testimony of complainant is sought from medical evidence.³ Although sexual assault is frequently done by man on a woman, it may also involve women and children.

Analysis of alleged victims of sexual assault may provide useful information for law enforcement strategies. The main objective of this study was to analysis the data of the victims of sexual assault.

2. Materials and Methods

A prospective study of 147 cases of alleged victims of sexual assault conducted at MBS Hospital associated with Government medical college Kota, Rajasthan during year 2019 from January to December. This study was based on the victims, brought to the department of forensic medicine MBS hospital Kota with alleged history of sexual assault. Victims those who refused medical examination were not included in this study. The related data was collected from police investigation paper, detail history, and medical examination.

3. Observations

Total 147 cases of alleged victim of sexual assault were observed. Out of 147 cases 144 (97.5%) cases were of female and three cases were of male child. We found that in

* Corresponding author.

E-mail address: drsachinmeena@gmail.com (S. K. Meena).

four cases no sexual intercourse occurred. Our study showed that 87 cases were unmarried and 52 cases were married. We also observed 6 cases were widow and 2 cases were divorcee (Table 1).

We found that most affected age group of victims was 11 to 20 years of age accounting 69 cases (46.9%) followed by 21 to 30 years of age, 51 cases (34.6%). The 85 victims were related to rural areas and 62 cases belonged to urban areas (Table 2). We observed educational status of victims that 109 victims were literate up to 12th school level (Table 3).

Boyfriend/friends was the commonest accused, 98 cases (66.6%) followed by the neighbour, 18 cases and closed relatives, 9 cases. Out of 9 cases, the age of 6 victims was 16 to 18 years and 3 victims related to more than 18 years. We observed 2 cases, where accused was husband of unnatural sexual assault. Only in two cases the offender was unknown (Table 4).

We found that 50 cases (34%) reported for medical examination within 3 days and 70 cases (47.6%) reported after one week of the incident (Table 5). Out of 147 victims we observed genital and body injuries in 15 cases (about 10%). Out of 15 cases genital injuries were observed in 8 cases, body injuries were observed in 7 cases and both genital and body injuries were observed in 5 cases (Table 6).

The 4 cases were found with pregnancy after sexual assault and 11 cases reported with abortion by self-medication. All four cases were belongs to 15- 18 years of age and low educational strata (Table 7).

Table 1: Showing marital status of victims

Marital status	No. of victims
Unmarried	87
Married	52
Widow	06
Divorcee	02
Total	147

Table 2: Showing age wise distribution of victims

Age (years)	Rural	Urban	Total
<10	04	00	04
11-20	45	24	69
21-30	26	25	51
31-40	07	11	18
>40	03	02	05
Total	85	62	147

4. Discussion

National crime record bureau data reveal that rape is increasing throughout India, about 34000 cases and 32500 cases of rape were reported during year 2018 and 2017 respectively. 33707 cases of rape were reported during the year 2013, as against 22172 cases in 2010.^{1,4} The number of

Table 3: Showing educational status of victims

Educational status	No. of victims
Illiterate	32
Up to 5th	18
Up to 10th	25
Up to 12th/student	34
Up to graduate/ student	22
Up to post graduate/student	16
Total	147

Table 4: Showing relation of accused with victim

Relation of accused	No
Friend/ boy friend	98
Neighbour	18
Close relatives	09
Class mate	07
Co-worker	05
House owner	03
Father/step father	03
Husband	02
Unknown	02
Total	147

cases of rape/ sexual assault could be higher because many victims do not report due to social stigma or fear of being blamed and lack of reporting by government agencies.⁵

In Our study most common affected age group was 11-20 years of age 69 cases (46.9%) followed by 21-30 years. In four cases the age of victims was less than 10 years. These all four cases were belonging to rural areas. In Indian scenario the parenting is not good in rural areas and low socio-economic group and frequently children are playing outside home, therefore they are easily targeted for any sex related offence. Out of 69 cases about 60% victims were belonged to 16-18 years of age. Similar findings were also observed by other Indian authors.⁶⁻⁹ A study conducted in Bangladesh by Islam M also found that the most common affected victim were the age group of 12-15 years accounting 33.5%.¹⁰ Sharma et al also found that the most common target age group of victims of rape were 15-18 years.¹¹ Sukul et al¹² found that the age group of 18-30 year was main target group of victims of natural sexual offences.

In this study we observed that 87 victims (about 60%) were unmarried. These findings were consisting with study conducted by R.tamuli et al⁵ and M Praveen et al,¹³ 63% unmarried victims in both studies.

In about 98% cases the accused were known to the victims and in about 80% cases significant relationship was present between the accused and victim. These findings were consisting with other Indian as well as foreign studies.^{7,9,14,15} The data released by national crime record bureau in 2017 showed that the accused were known to the victim of sexual assault in 93% cases. These studied prove

Table 5: Showing duration reporting of medical examination

Age (years)	< 1 day	1-2 days	2-3 days	3-7 days	>7 days	Total
<10	03	01	00	00	00	04
11-20	06	05	13	09	36	69
21-30	03	06	07	13	22	51
31-40	00	02	01	04	11	18
>40	01	01	01	01	01	05
Total	13	15	22	27	70	147

Table 6: Showing injuries over victim body

Age (years)	Genital injury	Body injury
< 10	02	04
11-20	04	02
21-30	01	00
31-40	01	01
>40	00	00
Total	08	07

Table 7: Showing conception as a result of sexual assault

Age (years)	Pregnancy	Abortion
<10	00	00
11-20	04	00
21-30	00	08
31-40	00	03
>40	00	00
Total	04	11

that women have more danger from their known persons compare to unknown person and also disprove the myth-strangers usually commit sexual violence.

In our study we observed that about 50% cases reported after one week of incidence for medical examination. Only 30% cases reported for medical examination within three days of incidence. In this study we found that in about 70% cases the accused were friend/ boyfriend. So this is explanatory that act of sexual intercourse was consented over a period of time followed by refusal to marry by boyfriend. This study consists with findings of sukul et al¹² and contrary to findings of santos et al¹⁶ found that 61% cases reported for medical examination within three days of incidence. In 08 cases (5.4%) injuries were present on genitals and in 07 cases injuries were present on body. Similar findings were observed by R tamuli et al⁵ and higher numbers (31%) were found by santos et al.¹⁶

Present study showed that out of 144 cases (about 10%) 15 victims were pregnant following the act of sexual intercourse, out of these 15 victims about 74% cases had aborted and 26% cases were pregnant at the time of medical examination. Sukul et al⁵ observed about 16% cases, R tamuli found about 5% cases and M boonma et al noted 3.2% cases were pregnant after the act of sexual intercourse during offence of sexual assault.¹⁷

5. Conclusion

1. Most affected age group of victims was 11 to 20 years of age accounting 69 cases (46.9%) followed by 21 to 30 years of age accounting 51 cases (34.6%). These findings indicated that young women are usually more at risk of offence of sexual assault.
2. Only in two cases the offender was unknown which states that women have more danger from their known person.
3. Four victims were observed pregnant at the time of medical examination. All these victims were belongs to 15-18 years of age and low educational strata.

6. Recommendations

1. Teaching of gender respect should be an integral part of school education.
2. Need to develop moral values and ethics among people because majority of sexual assault incidence are committed by known persons.
3. Need to educate children by family members about sex related offences.
4. Society needs to create an environment by multidisciplinary approach along with judiciary, NGOs, media, social worker in which sexual violence/assault against women and children will not proliferate.

7. Acknowledgement

Authors acknowledge the immense help received from the scholars whose article are cited and included in references of this manuscript. We give special thanks to Mrs. Neerajkumari staff nurse who helped us during history taking, examination of victim and collection of data.

8. Source of Funding

None.

9. Conflict of Interest

None.

References

1. Kaur S. An analysis of lacking security and increase rape crime in India. *Int Res J Soc Sci*. 2014;31:1–7.
2. Violence against women in India a review of trends, patterns and responses. *Int Centre Res Women*. 2004;p. 14.
3. Modi JP. A text book of medical jurisprudence and toxicology; 2012.
4. Ministry of health and family welfare government of India. Guidelines and protocols-medico legal care of survivor/victims of sexual violence; 2014.
5. Tamuli RP, Paul B, Mehanta P. A statistical analysis of alleged victims of sexual assault a retrospective study. *J Punjab Acad Forensic Med Toxicol*. 2013;13(1):7–13.
6. Hassan Q, Bashir MZ, Mujahid M, Munawar AZ, Aslam M, Marry MZ, et al. Medico-legal assessment of sexual assault victims in lahore. *J Pak Med Assoc*. 2007;57(11):539–42.
7. Sarkar SC, Lalwani S, Rautjir, Bhardwaj DN, Dogra TD. A study on victims of sexual offences in south delhi. *J Fam Welf*. 2005;51(1):60–6.
8. Bhardwas DN, Sharma RK, Sagar MS, Murty OP. study of sexual offence in south delhi. *J Forensic Med Toxicol*. 1995;12(3&4):33–4.
9. Chowdhury UBR, Bose TK. Rape: its medico-legal and social aspect. *Journal of Indian academy forensic medicine*. 2008;30:69–71.
10. Islam M. Retrospective study of alleged victims attended at forensic medicine department of Dhaka medical college Bangladesh. *Legal Med Tokyo*. 2003;p. 351–3.
11. Sharma DC, Agrawal KK, Bhullar DS. Analysis of vaginal swab examination vis-à-vis magnitude of rape in Punjab. *J Indian Acad Forensic Med*. 2008;30(4):186–93.
12. Sukul B, Chattopadhyay S, Bose TK. A study of natural sexual offence in the Bankura District in West Bengal. *J Indian Acad Forensic Med*. 2009;31(1):25–9.
13. Parveen M, Naddem S, Aslam M, Sohial K. female victims of sexual violence; reported cases of in Faisalabad city in 2008. *Professional Med J*. 2010;17(4):735–40.
14. Santos JC, Neves A, Rodrigues M, Ferrão P. Victims of sexual offences: Medicolegal examinations in emergency settings. *J Clin Forensic Med*. 2006;13(6-8):300–3.
15. Ononge S, Wandabwa J, Kiondo P, Busingye R. clinical presentation and management of alleged sexually assaulted females at Mulago hospital Kampala, Uganda. *Afr Health Sci*. 2005;5(1):50–4.
16. Grossin C, Sibille I, de la Grandmaison GL, Banasr A, Brion F, Durigon M, et al. Analysis of 418 cases of sexual assault. *Forensic Sci Int*. 2003;131(2-3):125–30.
17. Boonma M, Bhoopat T, Trerawerapong T, Jindanadilog A. Physical effect of sexually abused children and adolescent at Taskin hospital. *J Med Assoc Thai*. 2007;90(12):2608–15.

Author biography

Lalchand Verma Assistant Professor

Sachin Kumar Meena Senior Demonstrator

Vinod Garg Assistant Professor

Cite this article: Verma L, Meena SK, Garg V. **Socio-demographic profile of victims of sexual assault: A one year study at MBS hospital associated with government medical college, Kota (Rajasthan).** *IP Int J Forensic Med Toxicol Sci* 2020;5(2):70-73.