

## The cause and duration of delay in medical examination of victims of sexual offence in a tertiary care setting of a metro city in India

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**Abstract:** In our society there is significant underreporting of cases of sexual offence. Even if a case is reported, it is already late. And when the medical examination of the victim is done more time elapses. Thus important findings are lost, which is one of the important reasons of low conviction rate. This low conviction rate leads to a social perception, that even if there is reporting of cases of sexual offence, conviction cannot be done. A vicious cycle of more underreporting of cases is thus established. An important step to increase conviction rate in the cases of sexual offence is early medical examination of the victims. In this background, an Observational Descriptive study was conducted at the Upgraded Department of Forensic and State Medicine, Medical College, Kolkata, for a period of one year to find out the cause and duration of delay in medical examination of the victims of sexual offence.

**Keywords:** Sexual offence, medical examination, delay.

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Date of Submission: 13-11-2017

Date of acceptance: 25-11-2017

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### I. Introduction

Sexual intercourse or sex related acts performed in a way which is against the provision of the law of the land is considered as sexual offence (1). Information about the incidence and prevalence of sex offence in India show an increasing trend (2). There is significant underreporting of sexual offence. Published statistics are therefore unlikely to provide an accurate picture of the true scale of the problem. This also creates difficulties when attempting to compare studies. The reasons for non-reporting are complex and multifaceted but typically include fear of retribution or ridicule, and a lack of confidence in investigators, police and health workers (3). Even if a case is reported, it is already late. When the actual medical examination of the victim is done more time elapses and lot of vital findings are lost. As a consequence conviction rate decreases. By default, this leads to a social perception, that even if there is reporting of cases of sexual offence, conviction cannot be done. A vicious cycle of more underreporting of cases is thus established. To overcome this situation an important step is to minimize the delay at various stages, between the occurrence of sexual offence and medical examination, so that evidence can be collected in time, which will ultimately help to deliver justice to the victim (Flow Chart 1). This observational descriptive study was conducted to find out the stages in which there is delay between the occurrence of sexual offence and medical examination of the victim. The study also tried to find the duration of delay at different stages and its probable causes.

### II. Material And Methods

This was an observational descriptive study, with institution based data collection. The study was conducted at the Upgraded Department of Forensic and State Medicine, in a premier medical teaching institute, Kolkata, West Bengal, for a period of one year (1<sup>st</sup> January 2013 to 31<sup>st</sup> December 2013), on the victims of sexual offence brought for medical examination. The research activity included obtaining permission, structuring and pretesting of schedule, anonymous data collection, compilation, analysis and write up. Sample Size: Complete enumeration i.e. all the victims of sexual offence brought for medical examination during the study period. Ethical clearance was obtained from the competent authority after ensuring that the data collection would be anonymous, no photographs taken or any data procured which could reveal the identity of the victim.

The victim of sexual offence is brought by the police with a requisition and /or order from the legal authority for conduction of a medical examination. The victim is identified by the police personnel following which informed consent for medical examination is taken from the victim or her legal guardian (if she is minor, mentally unsound or unable to give consent for any other reason).The victim is then interviewed using the pre designed, pre tested and semi-structured questionnaire. The data was compiled in Microsoft Excel and analyzed by using simple table.

Sexual offence may be reported to the police or may not be reported. Those which are reported to the police may be reported in presence of the victims or in their absence. The time gap between occurrence of sexual offence and reporting of that incidence to the police is considered, in this study, as “Delay in Reporting”. Some incidences of sexual offence are reported to the police in absence of victims. A part of them are rescued by the police. The time gap between the reporting of those incidences of sexual offence to the police and rescue of the victims by the police is considered, in this study, as “Delay in Rescue”. Victims of sexual offences which are not reported to the police may be rescued by the police during their routine raids and conducting raids on obtaining information on human trafficking in the red light areas. The time gap between victims reported to or rescued by the police and medical examination of the victims is considered, in this study, as “Delay in Procedure”. “Delay in Medical Examination” of victims of sexual offence i.e. time gap between the occurrence of sexual offence and medical examination of the victim may be due to “Delay in Reporting” or “Delay in Rescue” or “Delay in Procedure” or any combination of them (Flow Chart 2).

### **III. Results And Analysis**

Total number of study subjects in this period was 71. Among the study subjects 38% were rescued by the police during routine raids and during raids on obtaining information on human trafficking in the red light areas. These cases were not reported at all to the police. 36.6% of the study subjects reported within 24 hours of the incidence and 15.5% reported after 7days of the incidence (Table 1). Of the cases rescued by the Police (n=19) 31.6% were rescued after 7 days of reporting and 15.8% were rescued within 24 hours (Table 2). 46.48% of the cases (n=71) there was “Delay in Procedure” of 4-7 days and for 30.98% cases this delay was more than 7 days (Table 3). Only 7.04% of the victims were examined within 24 hours of occurrence of the incidence of sexual offence whereas 78.87% were examined after 7 days of the incidence (Table 4).

### **IV. Discussion**

Because of their nature, the occurrence and impacts of sexual violence is frequently “hidden” resulting in a significant underestimation of the real level of harm caused (4). In this study also it has been noticed that 38% of the study subjects were rescued by police during routine raid. These cases were not reported at all to the police. The timing of the physical examination is largely dictated by what is best for the patient particularly where injury intervention is required but, for a number of reasons, is best performed as soon as possible after the patient presents. Delay in accessing services may result in, lost therapeutic opportunities (e.g. provision of emergency contraception), changes to the physical evidence (e.g. healing of injuries), loss of forensic material (e.g. evidence of contact with assailant including blood and semen). In many instances, however, victims do not present for treatment for some considerable time after the assault (5).In our study it was observed that only 7.04% of the study population was examined within one day of occurrence of sexual offence and majority of study population i.e. 78.87% were examined after seven days of the incidence. The Supreme Court disapproved the refusal of some government hospital doctors, particularly in the rural areas, where hospitals are few and far between, to conduct any medical examination of a rape victim unless the case of rape is referred to them by the Police. Such refusal to conduct the medical examination necessarily results in delay in the ultimate examination of the victim by which time the evidence of rape may have been washed away by the complainant herself or otherwise lost. Extreme delay in informing the police and subjecting the victim to medical examination may obliterate evidence on her clothes as to the commission of offence (6).

### **V. Conclusion**

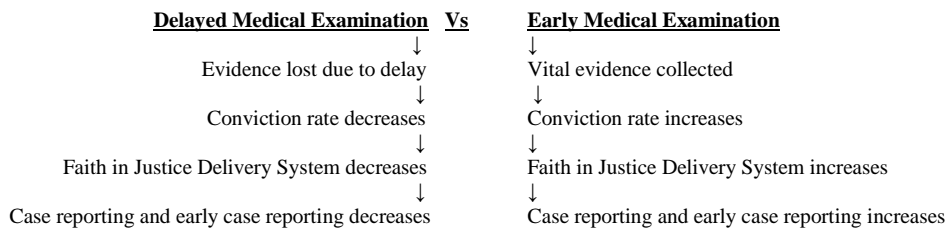
This study indicates that there were three stages at which the Delay in Medical Examination of victims of sexual offence occurred namely “Delay in Reporting”, “Delay in Rescue” and “Delay in Procedure”. By strengthening information network system on human trafficking and by increasing frequency of routine raids in red light areas the delay in rescue and delay in procedure can be minimized. Prompt and effective response by law enforcing authority installs confidence and faith in the general population which ultimately leads to early reporting thus reducing delay in reporting and also reduces non-reporting of incidences of sexual offences. Victims of sexual offence reporting to the police and those rescued by the police should have their medical examination at the earliest thus preventing delay in procedure. Maintaining anonymity of the individual providing information on human trafficking and sexual offence ensures early reporting and early rescue, reduces

delay in those stages. Steps to increase social awareness are to be taken so that incidences of sexual offence and human trafficking are brought to the notice of law enforcing authority without delay.

**References**

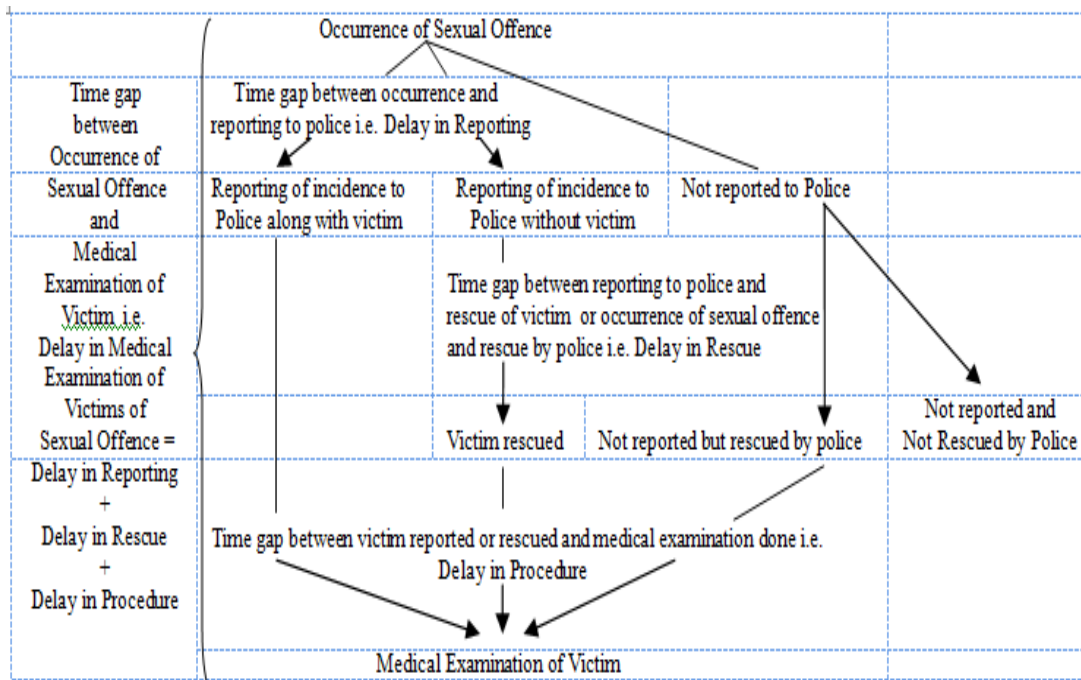
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**Flow Chart: 1**



**Flow Chart: 2**

**Flowchart showing delay at different stages between Occurrence of Sexual Offence and Medical Examination of Victim**



**Tables**

**Table: 1** Distribution of the study population according to Delay in Reporting (Time gap between Occurrence of Sexual Offence and Reporting to Police) (n=71)

| Delay in Reporting (Time gap between Occurrence of Sexual Offence and Reporting to Police) | Frequency | Percent    |
|--|-----------|------------|
| <1 day   | 26        | 36.6       |
| 1-3 days   | 5         | 7.0        |
| 4-7 days   | 2         | 2.8        |
| >7 days  | 11        | 15.5       |
| Not reported at all  | 27        | 38.0       |
| <b>Total</b>   | <b>71</b> | <b>100</b> |

**Table: 2** Distribution of the study population according to Delay in Rescue (Time gap between the Occurrence of Sexual Offence and Rescue by the Police) (n=19)

| Delay in Rescue (Time gap between the reporting of incidences of sexual offence to the police and rescue of the victims by the police) | Frequency | Percent |
|--|-----------|---------|
| 0  | 52*       |         |
| <1 day   | 3         | 15.8    |
| 1-3 days   | 7         | 36.8    |
| 4-7 days   | 3         | 15.8    |
| >7 days  | 6         | 31.6    |
| Total  | 19        | 100     |

\*27 respondents were rescued by police during routine raids, as these cases were not reported there was no delay between reporting to police and rescue in these cases. 25 respondents were present during reporting of the incidence, not needing rescue, thus there was no delay between reporting and rescue. The above mentioned groups (27+25=52) are not included in n.

**Table: 3** Distribution of the study population according to Delay in Procedure (The time gap between victims reported to or rescue by the police and medical examination of the victims)) (n=71)

| Delay in Rescue (Time gap between Occurrence of Sexual Offence and Rescue by Police) | Frequency | Percent |
|--|-----------|---------|
| <1day  | 7         | 9.86    |
| 1-3 days   | 9         | 12.68   |
| 4-7 days   | 33        | 46.48   |
| >7 days  | 22        | 30.98   |
| Total  | 71        | 100     |

**Table: 4:** Distribution of the study population according to Delay in Medical Examination (Time gap between Occurrence of Sexual Offence and Medical Examination of victim) (n=71)

| Delay in Medical Examination (Time gap between Occurrence of Sexual Offence and Medical Examination of victim) | Frequency | Percent |
|--|-----------|---------|
| <1day  | 5         | 7.04    |
| 1-3 days   | 4         | 5.63    |
| 4-7 days   | 6         | 8.45    |
| >7 days  | 56        | 78.87   |
| Total  | 71        | 100     |

Dr. Indrani Das, The cause and duration of delay in medical examination of victims of sexual offence in a tertiary care setting of a metro city in India.” IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 16, no. 11, 2017, pp. 01-04.