

Sexual Assault: Analysis in a District Hospital from North India

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Abstract

Background: Sexual assault is an evil trend on women since long in society. Young girls and children are most vulnerable to this heinous crime which has recently increased in number over a decade. Evidence suggest that it is a public health problem of substantial proportion. There is lot of scope to understand the phenomenon and to prevent it.

Objectives: This study was conducted to evaluate the epidemiological, demographical profile and medico legal aspect of sexual assault victim.

Methodology: It is a retrospective study which was conducted on the victims of alleged sexual assault who were brought by police for medical examination at one stop centre of Dr Baba Saheb Ambedkar medical college and hospital, New Delhi, over 18 months (1 July 2015 to 31 Dec 2016) period.

Results: A total of 467 cases were included in the study. Commonest age group of affected victims was 11-20 years (44.53%). Most of them were educated up-to 12th standard (26.3%). Majority of victim were students (34.26%). Victim's house was found to be most common place for offence which accounts for 28.25% of cases. Boyfriend was found to be most common offender (35.7%). Majority of the victim (25.69%) came between 4th to 7th day after sexual assault for examination.

Conclusion: The violence against women is a global pandemic and there has been dramatic increase of sexual assault. Majority of survivors of sexual assault were of less than 20 years of age. All survivors were females. Delay in medical examination and reporting late to the hospital results in loss of vital trace evidence. A new value system should come into place for any change to take place and it will take twenty years from now to see an actual difference.

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I. Introduction

Sexual assault is an evil trend on women since long in society, young girls and children are most vulnerable to this heinous crime which has recently increased in number over a decade (1). Rape is among the most underreported crime on women in all section of the society it is a big challenge to obtain an accurate measurement of sexual assault. Rape is defined in India as intentional, unlawful sexual intercourse with a woman without her consent. The essential elements of this definition under Section 375 of the Indian Penal Code are 'sexual intercourse with a woman' and the absence of consent. This definition therefore does not include acts of forced oral sex, or sodomy, or penetration by foreign objects; instead those actions are criminalized under Section 354 of the IPC, which deals with 'criminal assault on a woman with intent to outrage her modesty' and Section 377 IPC, covering 'carnal intercourse against the order of nature'. (2) Although sexual assaults most frequently are by a man on a woman, it may involve any combination of two or more men, women and children. To provide a safe environment to victim, a big initiative is taken from government of India to provide all necessary care and legal formalities under one roof i.e. One Stop Centre. Ministry of Women and Child Development (MWCD), has formulated a Centrally Sponsored Scheme for setting up One Stop Centre, a subscheme of Umbrella Scheme for National Mission for Empowerment of women including Indira Gandhi Matritav Sahyaog Yojana. These Centres will be established across the country to provide integrated support and assistance under one roof to women affected by violence, both in private and public spaces in phased manner (3). Delhi government has adopted and modified the health ministry scheme to open One stop centre in Delhi government hospitals which shall mainly cater to sexual assault victim. It was opened on 1st July 2015 at Dr B.S.A Hospital.

One Stop Centres (OSC) were intended to support women affected by violence, in private and public spaces, within the family, community and at the workplace. Women facing physical, sexual, emotional, psychological and economic abuse, irrespective of age, class, caste, education status, marital status, race and culture will be facilitated with support and redressal. Aggrieved women facing any kind of violence due to attempted sexual harassment, sexual assault, domestic violence, trafficking, honour related crimes, acid attacks or witch-hunting who have reached out or been referred to the OSC will be provided with specialized services. OSC is a modality for multidisciplinary management of Rape victims at one place instead of sending them to different units. It houses medical services such as Obs&Gynae, Forensic Medicine, Social workers, Paediatrics, Surgery as well as multi-sector and inter agency network like social welfare, Police and NGO. OSC is established to facilitate access to an integrated range of services including medical, legal, and psychological support, collection of forensic evidence, to enable registration of FIR.

Sexual violence has generally been a neglected area and less discussed issue of research in most part of the world specially in developing countries here it is considered as big stigma women feel ashamed in herself and remain in guilt. Women most of the time doesn't reveal in front of anyone. Evidence suggest that it is a public health problem of substantial proportion there is lot of scope to understand the phenomenon and to prevent it.(4,5)

This study was conducted to evaluate the epidemiological, demographical profile and medico legal aspect of sexual assault victim.

II. Material and Methods

A The presentretrospective study was conducted on victims of alleged sexual assault who were brought by police for medical examination at one stop center of Dr baba sahebambedkar medical college and hospital new Delhi, over 18 months (1 July 2015 to 31 dec 2016) period. Our objectives were to analyse the epidemiological and demographic data like age , education status of victim, relationship with offender, physical injuries associated with the sexual acts, time since sexual assault to examination, how many allowed medical examination, urinary pregnancy test, sexual relation was forced or voluntary, counsellor required or not and any intervention. Moreover allegedly sexually violated were also taken into consideration.

Afterproper consent by the victim, history taking, general physical examination, and local genital examination was conducted. The victims, if adult (above 18 years) the entire procedure of examination was explained to them and proper consent taken. In case of minor, the guardian accompanying the victim was explained and proper consent was taken accordingly. The examination proper was carried out in front of female attendant. Complete general examination including any injury (abrasion, bruise, cuts, tears, fresh bleeding) followed by local examination offerperineum, vulva and hymenwas done and findings noted. If any interventionwas required, victims were admitted.

III. Observations

A total of 467 cases were included in the study. 68% (318) victims were Hindus. Marital status of victim: 68.5% victims were unmarried.

Table 1. Age distribution of victim

Age of victim	Number of cases
<10 years	48
11-20 years	208
21-30 years	140
31-40 years	51
>40 years	24
Total	471

Commonest age group of affected victims was 11-20 years. 44.53% of cases fall under this age group.

2. Education status of victim

Education status of victims	Number of cases
Illiterate	18
Middle level	48
Matric	110
Secondary	123
College student	70
Graduate	78

Maximum of them were educated up-to 12th standard (26.3%)

3. Occupation of victim

S.No	Occupation of victim	No of cases
1	House wife	128
2	Student	160
3	House Maid	12
4	Unemployed	165

Majority of victim were students

4. Place of offence

S.No	Place of offence	No of cases
1	Victim's house	132
2	House of the accused	112
3	Road side	48
4	Jungle	28
5	Guest house/Hotel	24
6	Car	41
7	Work place	38
8	Unknown place	40

Victim's house was found to be most common place for offence accounts for 28.25% of cases.

5. Type of relationship of assailant with victim

S.No	Type of relationship of victim with assailant	No of cases
1	Boyfriend	167
2	Father	2
3	Stepfather	3
4	Close friend	38
5	House owner	12
6	Close relative	48
7	Neighbour	25
8	Husband	102
9	Unknown	67
10	No intercourse	55

Boyfriend was found to be most common offender (35.7%) followed by husband. There were 18 cases of gang rape out of which in 8 cases offender were stranger and 10 cases close friends were offender.

6. Time between alleged coitus and medical examination

S.No	Time between alleged coitus and medical examination	No of cases
1	Same day	68
2	Second day	20
3	Third day	48
4	4-7 days	120
5	8-15 days	40
6	16-30 days	48
7	>1 month	68
8	No intercourse	55

Majority of the victim (25.69%) came between 4 to 7 day after sexual assault for examination

As per guidelines, only fresh tear or bleeding from hymen was noted in MLC. 305 out of 467 victims allowed vaginal swab sampling, in 205 cases counsellor was called, in 167 cases NGO were involved. 22 cases were found to be pregnant which were admitted for further management. 21 girl child were admitted for examination under anaesthesia out of which 9 were found with fourchette tear and multiple external genital injuries.

IV. Discussion

In this study majority of survivors of sexual assault were of less than 20 years of age. All survivors were females. Children in this age group are vulnerable to sexual violence because of traditional gender norms which supports male dominance and superiority, social norms that tolerate or justify violence

against female gender, weak community support to females, poor society sanctions against perpetrators and poverty.(6).

The Nation findings revealed that older women without intimate partners may be particularly vulnerable to abuse by other family members. Sons and grandsons, for instance, have been implicated as perpetrators of sexual violence against their mothers. Further findings revealed that sexual abuse of elderly persons and outright rape in most cases are rampant yet under-reported by victims and their family due to fear of stigmatisation. Elders assaulted by spouses as well as other family members, including adult children or grandchildren, face a host of problems. "Victims of familial elder sexual abuse frequently rely upon their abusers for care and assistance. During later life, need for assistance generally increases. It is natural to prefer to receive help from family members rather than strangers. This interdependency makes victim self protection via separation from the offender quite difficult. Without separation, continued sexual abuse is likely.

Assault is more psychologically injurious when inflicted by someone expected to provide love, protection, and support. Many elderly victims of familial sexual abuse experience powerful ambivalent feelings towards their abusers. These feelings complicate the trauma response, and make it difficult to accept intervention. Many victims fear that intervention will lead to negative consequences for their abusers – perhaps consequent homelessness or even criminal prosecution and imprisonment.

Although studies have shown that sexual abuse against elderly women is usually perpetrated by a relative, it can also be inflicted by unrelated domestic caregivers or by random assailants. While many people think that rape is a "sexually motivated crime" that affects only younger women, it is also, in fact, perpetrated against older women, whose perceived or actual vulnerability makes them likely victims.(7)

Worldwide, sexual assault by a stranger is usually not common and rather it starts in a home setting, surrounding neighbourhood, school and working environment (8). This is true in our study, where the majority of the assailants were known to the survivors (35.7%). 132 (28.25%), assault committed in assailant's or survivor's home, 56 (56.5%). This implies that most sexual assaults are committed by a person known to the survivors and there may be some degree of intimacy.

Most health care interventions can only be delivered when the survivors present in the first one to five days of sexual assault to prevent complications. However, studies in developing countries have shown that this effective window for intervention is usually delayed by 18.4 days (9), compared to the median time from onset of assault to presentation of 16 hours in USA. About one fourth of victims presented within 4 to 7 days after the sexual assault. However, many victims have delayed presentation at One Stop Crisis Centre which may be due to threat from perpetrator, financial constraint, abduction, lack of services and apathetic attitude of caregivers.(10)

V. Conclusion

The violence against women is a global pandemic and there has been dramatic increase of sexual assault. In our study we found that most of the girls had voluntary sexual intercourse with their boyfriends and they eloped with them in false assurance for marriage later boys deny for marriage so they filed complaint against them. Delay in medical examination and reporting late to hospital victim usually taken bath washed genital areas and changed clothes resulting in loss of vital trace evidences thus to define rape or attempted rape is difficult early reporting and examination are of vital importance. There should be proper training for staff working at one stop center including doctors to avoid future litigation. Any change must start from the grass root level, families of boys must give the right lessons teach them to be gender sensitive a whole new generation has to grow up with a new value system for any change to take place twenty years from now we could be looking at an actual difference.

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