

Analytical Study of Child Sexual Assault Cases In Varanasi Region

DrNishantPurbey^[1], DrManojPathak^[2]

1 Junior Resident, third year, IMS, BHU., 7783814686

2 Professor and Head, AIIMS Patna (on Lien from IMS, BHU), 9450179177

Abstract

INTRODUCTION: The problem of Sex related crime is compounded by the fact that, the age groups primarily involved belongs to the most reproductive age group 15-45 years. Developing countries, such as India face the double burden of already existent social stigma and increasing burden of pending cases in court of law.

Material and method: In depth detailed analysis of 120 sex-related crime of girls below the age of 18 years in and around Varanasi region have been included in this study. It includes socio-demographic profile of the victims' age, residential status and occupation. Medico-legal aspects of these cases have been looked into.

Result: The victims between 16 to 18 years were 41.2% of total study cases. Majority of victims i.e. 45% were belonging of lower class (V). In 9% cases the condom was used as contraceptive by the assailants. Majority of times i.e. 51% the incentive as pretext to marriage was given by the assailant, in 23% cases the incentive was not given to the victim. In this study 3 victims (2.5%) cases reported to hospital for medical examination within 12 hours after assault and 72 victims (60%) cases reported to hospital for medical examination more than 1 month. Most of victims i.e. 65% were studying in primary school.

Conclusion: Most of the victims were single and incidence occurred in low socioeconomic status in most of the cases.

Keywords: NCRB, POCSO2019, SEXUAL ASSAULT

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I. Introduction

A United Nations statistical report compiled from government sources showed that more than 250,000 cases of rape or attempted rape were recorded by police annually. The reported data covered 65 countries. In India majority of cases under crimes against women were registered under 'Cruelty by Husband or his Relatives' (27.9%) followed by 'Assault on Women with Intent to Outrage her Modesty' (21.4%), 'Kidnaping & Abduction of Women' (21.3%) and 'Rape' (6.6%). Major crime heads under 'Crime against Children' during 2018 were kidnaping & abduction (55.9%) followed by cases under the Protection of Children from Sexual Offences Act, 2012 (27.3%).^[1]

India reports one of the highest number of sex related crimes in the world. More alarming than the sheer number of sex related crimes is their severity.

The problem of Sex related crime is compounded by the fact that, the age groups primarily involved belongs to the most reproductive age group 15-45 years. Developing countries, such as India face the double burden of already existent social stigma and increasing burden of pending cases in court of law.

II. Material And Method

Present study was done on the cases selected from medico legal study of sex related crime in Varanasi region from the victim brought to Department of obstetrics and gynecology, SSPG HOSPITAL, Kabirchaura, Varanasi and dead body brought into mortuary of the Department of Forensic medicine, Institute of medical sciences, Banaras Hindu University considered during period of 2018-20.

The data of the materials were sourced from 120 sexual assault child victims below 18 year of age and to see effects of amendment in POCSO act. The victim's information and history of circumstances of sexual violence were gathered from the interviews of relatives/police/victim who have investigated regarding events. Information was aided further from papers accompanying:

- i) Inquest report,
 - ii) Copy of first information report.
 - iii) Victim's treatment profile, Hospital record if available,
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Forensic evidence is likely to be found only upto 96 hours after the incident.

III. Observations

In depth detailed analysis of 120 sex related crime of girls below the age of 18 years in and around Varanasi region have been included in this study. It includes socio-demographic profile of the victims age, residential status and occupation. Medico-legal aspects of these cases (eg; IPC registered, external injuries, etc) have been looked into. Data thus compiled were studied and analyzed statistically using MS EXCEL.

DISTRIBUTION OF SEXUAL ASSAULT VICTIMS BETWEEN AGE 16 TO 18 YEARS.

Table no.1

AGE GROUP	FEMALE	MALE	TOTAL	PERCENTAGE (%)
16-17 YEARS	21	0	21	42.85
17-18 YEARS	28	0	28	57.15
TOTAL	49	0	49	100

Table above shows cases among 17-18 year old girls. This data is taken because of increase in age of statutory rape according to amendment in pocso act. Victims in 16-17 year were 21 (17.5%) and 17-18 years were 28 (23.33%).

*As per Criminal amendment Act 2013, only man can commit rape on woman. Hence concept of rape is above 18 years of male is not legally recognized in India.

DISTRIBUTION OF SEXUAL ASSAULT VICTIMS ACCORDING TO EDUCATIONAL QUALIFICATION.

Table no. 2

EDUCATION	NO OF CASES (n=120)	PERCENTAGE (%)
HSC	09	7.51
SSC	42	35
PRIMARY	65	54.16
NO EDUCATION	04	3.33
TOTAL	120	100

Above table shows, 54.16% victims (65) were qualified up to primary level, 35% victims (42) were qualified up to secondary level, 7.51% victims (09) were studying higher secondary level, 03.33% victims (04) were uneducated.

DISTRIBUTION OF SEXUAL ASSAULT VICTIMS ACCORDING TO SOCIOECONOMIC STATUS

Table no.3

SOCIAL ECONOMIC STATUS	No. OF VICTIMS (N=120)	PERCENTAGE (%)
LOWER (V)	53	44.16
LOWER MIDDLE (IV)	44	36.66
MIDDLE (III)	16	13.33
UPPER MIDDLE (II)	07	5.83
UPPER (I)	00	00
TOTAL	120	100

As per above table, in 120 victims, 53 victims (44.16%) were of lower class, 44 of victims (36.66%) were of lower middle class, 16 (13.33%) were of middle class, 7 (5.83%) were of upper middle class and 0 (0%) victim was of upper class.

DISTRIBUTION OF CASES AS PER H/O CONTRACEPTION USED BY ASSAILANT AND SEXUAL ASSAULT VICTIMS

Table No.4

H/O CONTRACEPTION	NO OF CASES (N=120)	PERCENTAGE (%)
CONDOM	11	9.16
SPERMICIDE	0	0
I-PILL	5	4.16
NO CONTRACEPTION	104	86.66
TOTAL	120	100

Above table shows in 120 victims, in 11 (9.16%) cases accused used condom as barrier contraceptive, in 0 (0%) case spermicide was used as contraceptive, in 5 (4.16%)cases I-pill was used as contraception and in 104 (86.66%) cases were not used in type of contraception.

DISTRIBUTION OF SEXUAL ASSAULT VICTIMS AS PER INCENTIVE

Table No.5

H/O INCENTIVE	NO OF CASES	PERCENTAGE
PROPERTY	4	3.3
MARRIAGE	61	50.83
MONEY	10	8.33
JOB	17	14.16
NO INCENTIVE	28	23.33

Table no 5 shows incentive given by accused for luring the victim. Marriage accounts for 61 (50.83%) cases followed by job 17 (14.16%), money 10 (8.33%), property 4 (3.3%) cases respectively. In 28 (23.33%) cases no incentives were given.

TIME OF REPORTING FOR MEDICAL EXAMINATION AFTER THE INCIDENT OF SEXUAL ASSAULT

Table no.6

TIME OF REPORTING FOR MEDICAL EXAMINATION IN BETWEEN	NO OF CASES (N=120)	PERCENTAGE (%)
00-12 HRS	3	2.5
12-24 HRS	10	8.33
24 HOURS-72 HRS	15	12.5
3 DAYS- 7 DAYS	1	1.6
7 DAYS- 1 MONTH	19	15.83
>1 MONTH	72	60

Above table shows in 120 victims, 3 victims (2.5%) cases reported to hospital for medical examination within 12 hours after assault and 72 victims (60%) cases reported to hospital for medical examination more than 1 month.

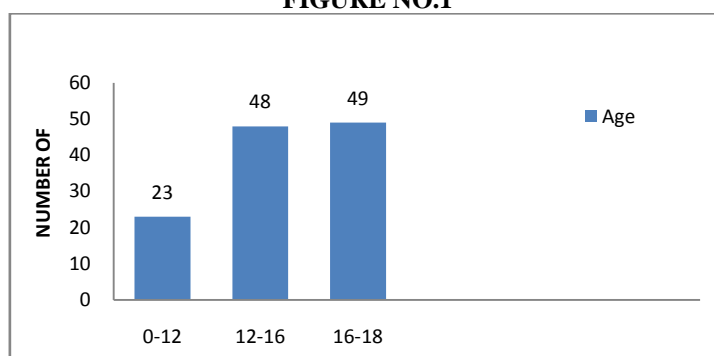
IV. Discussion

Rape in India received extensive media coverage after a fatal gang rape of an 8-year-old girl, AsifaBano, in January 2018 in the Rasana village near Kathua in Jammu and Kashmir, India.

With an objective of stopping the rampant sexual abuse of children, the Protection of Children from Sexual Offences (Amendment) Bill 2019 was introduced in Rajyasabha and later passed by both Houses of Parliament.

DISTRIBUTION OF SEXUAL ASSAULT VICTIMS AS PER AGE GROUP

FIGURE NO.1



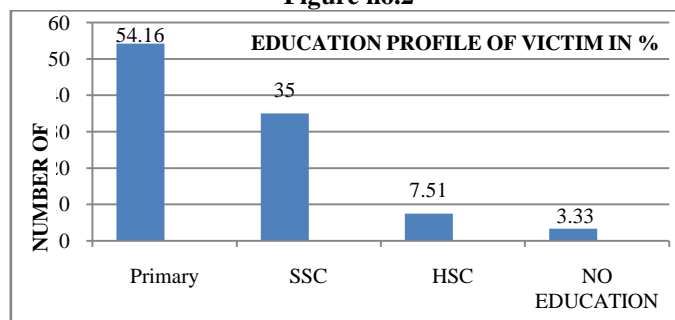
Most Vulnerable age group to sexual assault is the active population of the study resulting were those persons of teenage 12-18 years (80.83%) followed by first decade 0-12 years (19.16%).The most vulnerable age group to sexual assault was 12 -18 years consisting 97 (80.83 %) cases in our study which is similar to Tamuli RP et al.^[2] This might be due to fact that in second decade most of females are young, innocent, can easily fall prey to social evil and lack of maturity and pretext to marriage.

But unlike S. Bandyopadhyay^[3] et al 21 cases (40%) in age group 21 30 years, K. Bhowmik et al 95 cases (25.88 %) in age group 18 20 years^[4] and Sukul B^[5] et al most common age group was 18 30 years (45.97%) noted respectively. As the studies by K. Bhowmik^[4] et al and Sukul B^[5] et al were conducted prior to criminal amendment act 2013, these studies would not have considered consensual sexual intercourse in the age group 16 18 years as sexual assault. However in our study the age group of 16 18 years was considered, consisting of 120 cases of all reported cases.

DISTRIBUTION OF SEXUAL ASSAULT VICTIMS ACCORDING TO EDUCATION QUALIFICATION

The present study showed that incidences were more common among primary 65 (54.16%), Higher secondary students 9 (7.51%) followed by senior secondary students 42 (35%) and least in 04 (3.33 %) victims who were not educated .If we combine the secondary school students 42 (35%), Higher secondary students 9 (7.51%) then it was observed that 42.51% of cases were belonging to second decade of age group; but in our study 97 (81%) belong to 12-18 years of age. This means that mostly girls were lagging in their education despite of their age for higher studies.

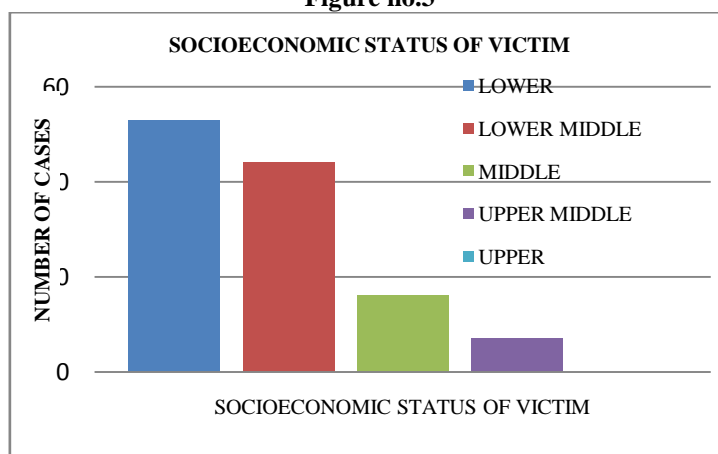
Figure no.2



Similar to our study findings were observed by Choudhary UB et al considering the educational status of victim 36 cases (45%) were illiterate, 34 cases (42.5%) received primary education, 8 cases (10%) had high school level education and only 2 victims (2.5%) were found to be graduate^[6]. This might be due to the fact that poor educational background is intimately related with poor socio- economic status.

DISTRIBUTION OF SEXUAL ASSAULT VICTIMS ACCORDING TO SOCIOECONOMIC STATUS

Figure no.3

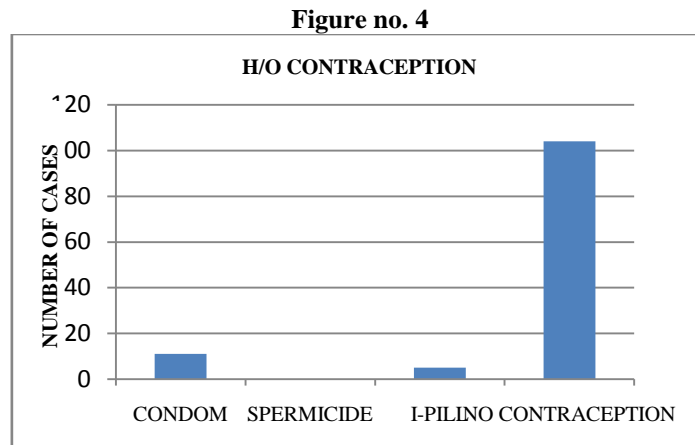


The present study shows that in 120 victims, 53 victims (44.16%) were of lower class, 44 of victims (36.66%) were of lower middle class, 16 (13.33%) were of middle class, 7 (5.83%) were of upper middle class and 0 (0.0%) victim was of upper class. This might be due to the fact that victims and survivors are often dependent on their perpetrators for basic needs such as food, housing and shelter, therefore they are more vulnerable for sexual and physical violence. The perpetrator takes advantage of his/her position of psychological power to coerce the victim into sex. Poverty makes the daily lives of women and children more dangerous and make them more dependent on others for survival. People living in poor conditions often does not have secure living environment, like proper boundaries to their houses, which are easily accessible by the assailants. Societal alienation, isolation, lack of access to legal and medical resources may also among the causes of sexual violence and has a daily presence in the lives of many victims.

These findings were consistent study of ChoudharyUB^[6], which shows that maximum number of victims from low socio-economic status (77.5%) was more due to the poor localities covered under the study. Similarly study by Karmakar (1986) where 42.8% were from poor families^[7].

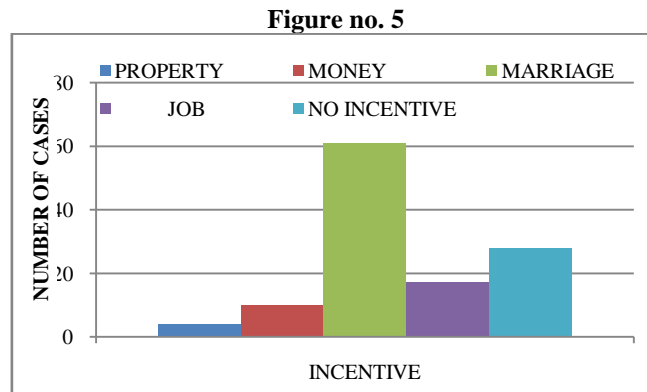
DISTRIBUTION OF CASES AS PER H/O CONTRACEPTION USED BY ASSAILANT AND SEXUAL ASSAULT VICTIMS

In the present study in 120 victims in 11 (9%) cases accused used condom as barrier contraceptive, in 5 (4%) cases I-pill was used and in (0%) case spermicide was used as contraceptive. In 104 (87%) cases victim was assaulted without using any contraception. This results are suggestive of the fact that majority of the cases reported in the present study are forced unprotected sexual violence/assault. Motivation of the assailant in using the contraceptive methods is found to be in negligible numbers.



This is in consistent with the study conducted at Sam Houston State University, Texas, by O'Neal, Eryn& Decker, Scott &Spohn, Cassia &Tellis, Katharine. (2013),^[8] which concludes the contraceptive use prevalence rates ranges from 11.7% to 15.6%. Similarly study conducted at Massachusetts Executive Office of Public Safety and Security Research and Policy Analysis Division in 2008 shows that stranger assailants were slightly more likely to wear a condom during the commission of the assault than known assailants (13% vs. 12% respectively). Nearly half of victims of known assaults reported that their assailant did not wear a condom (48%) compared to 53% of victims of stranger assaults.^[9]

DISTRIBUTION OF SEXUAL ASSAULT VICTIMS AS PER INCENTIVE:



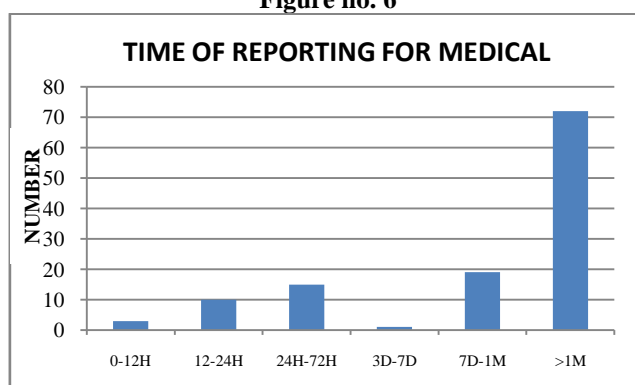
In this study shows in 120 victims incentive was property in 4 (3.2%) case, money given in 10 (8%) cases, pretext to marriage was given in 61 (50%) cases, job given 17 (15%) case and no incentive was given in 28 cases.

This might be due to that in this study majority of the victim's age group ranges from 0 to 18 years, whom are easily taken advantage by the assailants after some incentives given. Despite stricter law amendment pretext of marriage is the major cause of increasing in sex related crimes. Though most of the cases in this age group are consensual punishment is too harsh for accused.

This is in consistent with the study Gravelin CR et al^[10], which shows that maximum number of victims were influenced with incentives.

TIME OF REPORTING FOR MEDICAL EXAMINATION AFTER THE INCIDENT OF SEXUAL ASSAULT:

Figure no. 6



In this study shows in 120 victims, 3 victims (2.5%) reported to hospital for medical examination within 12 hours after assault, 10 (8 %) victims reported within 12-24 hours, 15 (15%) victims reported within 24 hours-72 hours, 1 (.8%) victims reported within 3 days to 7 days, 19 (16%) victims reported within 7 days to 1 month and 72 victims (60%) victims reported to hospital for medical examination more than 1 month. This might be due to in this study most of cases the victims and the assailants were friend and after refusal for marriage. After their parents file complain against assailant. Also parents lack the ability to identify early changes of sexual assault in their children. Another reason might be referral of sexual assault cases to higher centre.

These findings are consistent with ShymalSarkar et al^[11] (10%) within 12 hours and Dr. HumairaParveen et al^[12] (2010) 19.35% reported within 24 -72 hours which is consistent with our study. The study findings are consistent with HakanKar et al^[13] who found most of the cases were examined within 31-180 days after the incidence and only 23.08% cases were examined within 72 hours.

Similarly study by Rahul Jain^[14] observed in his study that only 18% of cases were reported within 12 hours. This might be due to the fact that patients were referred to higher centre for medical examination.

V. Conclusion

The present study was carried out to elucidate the recent trend in pattern of sex related crimes in Varanasi district. Total number of 120 victims of sexual assault was observed in the Department of Forensic Medicine at Institute of Medical Sciences, Banaras Hindu University, Varanasi for post-mortem cases and District Women Government Hospital, Kabirchaura, Varanasi for ante-mortem cases from June 2018 to March 2020.

The proportion of teen pregnancy due to Sexual assault/rape is higher in the age group of 12 to 18 years in unmarried female and 20-22 years in offenders similar to general Sexual assault/rape victim and offender cases.

Comparatively, more Sexual assault/rape victims were student. It can further be concluded that, the cases received from Varanasi regions comprised of both civil and criminal, contained maximum number of victims that belonged to labourer/agricultural work due to low socioeconomic status are of adolescent age group (12-18 years). The parent should teach their children how to discriminate between good touch and bad touch? Proper parenting is therefore the foremost criteria to reduce the Sexual assault/rape victimization of children to promote a better and healthy future generation. The Government must focus on appropriate implementing measures to decrease the dropouts in the school and provide safety environment for prevention of Sexual assault/rape offences.

The effects of child sexual abuse include depression, post-traumatic stress disorder, anxiety and physical injury to the child. No question of minimum age of girl arises as per as rape is concerned because victim of rape have ranged from infants to old and infirm. . If any child had sexual assault then it is duty of

parents or relatives to take them to hospital for medical examination and inform to police regarding same. Also mental health program needs to be involved in follow up cases of victim with regards to psychiatric disorders, rehabilitation and individual counseling.

For anybody whose once normal everyday life was suddenly shattered by an act of sexual violence– the trauma, the terror, can shatter you long after one horrible attack. It lingers. You don't know where to go or who to turn to...and people are more suspicious of what you were wearing or what you were drinking, as if it's your fault, not the fault of the person who assaulted you... We still don't condemn sexual assault as loudly as we should. We make excuses, we look the other way...[Laws] won't be enough unless we change the culture that allows assault to happen in the first place.

- President Barack Obama, - September 2014

CONFLICT OF INTREST: NONE

SOURCE OF FUNDING: SELF

ETHICAL CLEARANCE:

ETHICAL CLEARANCE TAKEN BY INSTITUE ETHICAL COMMITTEE,IMS,BHU.

Reference

- [1]. National Crime Report Bureau, New Delhi March 1986. Available from <http://ncrb.nic.in>.
- [2]. Tamuli RP, Paul B, Mahanta P. A Statistical Analysis of Alleged Victims of Sexual Assault – A Retrospective Study. J Punjab Accad Forensic Med Toxicology 2013; 13(1):12
- [3]. .SoumyajyotiBandyopadhyay, A Study on Sexual Assault Victims Attending a Tertiary Care Hospital of Eastern India, IOSR Journal of Dental and Medical Sciences, e-ISSN: 2279-0853, p-ISSN: 2279-0861. Volume 6, Issue 6 (May.- Jun. 2013), P-16-19.
- [4]. KalpasreeBhowmik, RiturajChaliha, A Descriptive One Year Study on the Alleged Male and Female Victims and Accused of Sex Crimes, Journal of Indian Academy of Forensic Med, July September 2011, Vol. 33, No. 3 214,216
- [5]. Sukul B, Chattopadhyay S and Bose T K. A Study of the Victims of Natural Sexual Offence in the Bankura District in West Bengal.J Indian Acad Forensic Med 2009; 31(1); 25 29.
- [6]. . U.B. Roy Chowdhury*, T.K Bose, Rape: ItsMedicolegalAnd Social Aspect. J Indian Acad Forensic Med, 30(2).
- [7]. Karmakar R (1986) "Study on victims in sex racket in greater Calcutta." Thesis submitted for the degree of MD (Forensic Medicine), Calcutta University.
- [8]. Eryn Nicole O'Neal, Condom use during sexual assault, Journal of Forensic and Legal Medicine, August 2013 Volume 20, Issue 6, Pages 605–609.
- [9]. Mica Astion, Differences between Stranger and Known Assailant Sexual Assaults, Research and Policy Analysis Division in the Massachusetts Executive Office of Public Safety and Security 2008.
- [10]. Gravelin CR, Biernat M, Bucher CE. Blaming the Victim of Acquaintance Rape: Individual, Situational, and Sociocultural Factors. Front Psychol. 2019 Jan 21;9:2422. doi: 10.3389/fpsyg.2018.02422. PMID: 30719014; PMCID: PMC6348335.
- [11]. Sarkar S C, Lalwani S, Rautji R, Bhardwaj D N and Dogra T D. "Prospective study of victims and offender of sexual offences" The Malaysian journal of Forensic Pathology and Science, June 2008;3(2):P-10–47.
- [12]. Parveen, Humaira; Nadeem, Female Victims Of Sexual Violence; Reported Cases of In Faisalabad City In 2008. Professional Medical Journal. Oct 2010, Vol. 17 Issue 4, P-735-740.
- [13]. HakanKar, Sexual Assault in Childhood and Adolescence, September 12, 2011 under CC BY-NC-SA.
- [14]. Rahul Jain, Medicolegal Evaluation of Sex Assault Cases Admitted at Sardar Patel Medical College & P.B.M. Hospital, Bikaner,India. Indmedica - Medico-Legal Update, Vol. 8, No. 1 (2008-01 - 2008-06)

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