

A Study on Sexual Offences at Chamarajanagar Institute of Medical Sciences, Chamarajanagar, Karnataka, India

Murali Mohan¹, Shreedhara K.C.², Abhishek Yadav³, Lohith Kumar R.⁴

Abstract

Sexual violence is the most common form of violence and is becoming a global problem. The cases registered under sections 376, 366A, 363, 354, 377 IPC and POCSO act are brought for examination for the evidence of signs of sexual intercourse and age estimation. The present study aims to find out the profile of sexual offences at Chamarajanagar, Karnataka and to describe the characteristics of survivors and accused of sexual assault. A standardized proforma specially designed for this purpose was used and filled in each case after detailed interviews. Data entry was made in excel after cleaning and coding it was transferred into SPSS software and the data was analyzed. Total 58 cases brought to hospital included 30 (51.7%) survivors and 28 (48.3%) accused. Maximum number of survivors educated up to school. Unmarried accused were maximum cases. In majority of cases the incident had occurred between evening & mid night time. Majority of the sexual assault cases occurred in the accused house. Majority of the survivors were examined after 48 hours. In majority of cases accused were close friends of the victims. The manner of offence in majority of the rape cases were of consensual type.

Keywords: Sexual Violence; Sexual Assault; Rape; Expert Evidence.

Introduction

Sexual violence occurs throughout the world and has profound impacts on survivors' health by causing physical injuries, sexual and reproductive problems, as well as psychological disorders [1]. It continues to plague our Nation and destroy lives. There are various ways and forms in which sexual exploitation is practiced. The most perverted and

degrading form is rape. Sexual abuse may include inappropriate exposure of a child to sexual acts or material, use of children as objects of sexual stimuli for adults and actual intercourse between children and adults. Such societal attitudes present a challenge to investigators when child sexual abuse is alleged. It is also difficult for children to tell anyone out of fear or ignorance [2]. The World Health Organization has defined child sexual abuse and exploitation as the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society [3].

Expert medical evidence is widely used in rape cases, but its contribution to the progress of legal cases is unclear. The examination of the survivors of alleged sexual offences is one of the most difficult task in Forensic Medicine. Considering the danger of allowing true offenders to go unpunished as well as injustice of wrong convictions, make the task of examining physician even more important. Hence, the role of medical evidence in sexual offence case cannot be undermined. The present study aims to find out the profile of sexual offences at

Authors Affiliation: ¹Assistant Professor, Dept. of Forensic Medicine and Toxicology, Sri Devaraj Urs Medical College, Tamaka, Kolar, Karnataka 563101, India. ²Associate Professor, Dept. of Forensic Medicine and Toxicology, Chamarajanagar Institute of Medical Sciences, Chamarajanagar, Yadapura, Karnataka 571313, India. ³Assistant Professor, Department of Forensic Medicine and Toxicology, All India Institute of Medical Sciences (AIIMS), Ansari Nagar, New Delhi 110029, India. ⁴Assistant Professor, Department of Forensic Medicine & Toxicology, Shimoga Institute of Medical Sciences, Shivamogga, Karnataka 577201, India.

Corresponding Author: Shreedhara K.C., Associate Professor, Dept. of Forensic Medicine and Toxicology, Chamarajanagar Institute of Medical Sciences, Chamarajanagar, Yadapura, Karnataka 571313, India.

E-mail: drayad_in@yahoo.com

Received on 10.06.2018, Accepted on 10.07.2018

Chamarajanagar, Karnataka and to describe the characteristics of victims and accused of sexual assault.

Materials and Methods

The study was conducted at Department of Forensic Medicine & Toxicology at Chamarajanagar Institute of Medical Sciences, Chamarajanagar, Karnataka, India. The present study was a cross sectional study carried out for a period of 1year. Using pre-tested structured schedule, all cases of sexual offence cases brought to Chamarajanagar Institute of Medical Sciences, Chamarajanagar, Karnataka for examination and those who fulfill the inclusion and exclusion criteria were selected on a purposive sampling basis. Informed written consent has been taken from the victim and accused for inclusion in the study. A standardized proforma specially designed for this purpose was used and filled in each case after detailed interviews with the investigating officials, victims/alleged accused and the relatives/friends of the victims/ alleged accused, the socio demographic data, marital status, menstrual history, history of sexual offence as disclosed by the victims and accused (place and details, number of offenders involved, relationship, etc. The examination findings and medico legal interpretation of the information, findings and injuries were recorded in the proforma. The ethical permission was obtained from Institutional Ethics Committee.

Results

During this period, we have examined total 58 cases, which include 30 (51.7%) victims and 28 (48.3%) accused. All victims were females. Maximum numbers of victims i.e. 25 (83.3%) were in the age group of 15 years to 20 years, followed by 5 (16.7%) cases were in the age group of 21 years to 30 years. Maximum number of accused i.e. 20 (71.42%) were in the age group of 21 years to 30 years, followed by 6 (21.4%) cases found in the age group of 31 years to 40 years and 2 (7.1%) found in the 11 years to 20 years. None of the accused was below 10 years.

Out of total 30 cases of victims, 16 (53.3%) cases belongs to Hindu, 12 (40%) cases belong to Christian religion and 2 (6.7%) cases were Muslims. Out of 28 accused, maximum i.e. 12 (42.8%) cases were Hindus, followed by 10 (35.7%) cases were Christian and 6 (21.5%) cases were Muslims.

Maximum number of victims i.e. 16 (53.4%) cases were educated up to school, 8 (26.6%) cases were graduated and 6 (20%) were uneducated. Maximum number of accused i.e. 13 (46.4%) cases were educated up to school, 4 (14.2%) cases were graduated and 11 (39.4%) were uneducated. unmarried victims were maximum i.e. 24 (80%) cases, whereas 6 victim (20%) was married. Unmarried accused were maximum i.e. 21 (75%) cases, whereas 7 (25%) cases were married.

Out of total 30 cases, in majority of cases i.e. 16 (53.3%) cases the incident had occurred between evening & mid night time, i.e. from 6.00PM to 12.00AM. It is followed by 8 (26.7%) cases, where incident occurred in the mid night & early morning period i.e. from 12.00AM to 6.00AM (Table 1).

Majority of the sexual assault i.e. 13 (43.3%) cases occurred in the accused house. It is followed by 7 (23.3%) cases occurred in the other indoor places like lodge, friend's house. In 6 (20%) cases, the place of incident was out door (Table 2).

From Table 3, it is evident that only 1 victims (3.3%) were examined within 24 hours of the incident.

Table 1: Distribution of Cases According to Time of Incident

Time	Number	Percentage
12.00am to 6.00am	8	26.7
6.00 am to 12.00pm	03	10
12.00 pm to 6.00pm	03	10
6.00pm to 12.00am	16	53.3
Total	30	100

Table 2: Distribution of Cases According to Place of Incident

Place	Number	Percentage
Victims' house	04	13.3
Accused house	13	43.3
Other indoor (lodge, friend's house)	7	23.3
Outdoor	06	20
Total	30	100

Table 3: Distribution of victims according to time interval between the incidence and examination

Time	Number	Percentage
Within 24 hours	01	3.3
24 to 48 hours	8	26.7
48 to 72 hours	13	43.3
72hours to 1 st week	04	13.4
1 st week to 2 nd week	02	6.6
2 nd week to 1 st month	01	3.3
More than 1 month	01	3.3
Total	30	100

Majority of the victims 13 (43.3%) were examined after 48 hours and 1 victim (3.3%) was examined after 1 month.

It is evident that, in 12 (40%) cases accused were close friends of the victims whereas in 9 (20%) cases accused were neighbours and in only 3 (5%) cases accused were strangers. It shows that majority of victims knew the accused (Table 4).

The manner of offence in majority of the rape cases i.e. 18 (60%) cases were of consensual type, which is followed by 7 cases (23.3%) of forcible rape, 2 cases (6.7%) statutory rape and in 3 (10%) cases the offence occurred by threatening the victim. Among 30 victims, 6 cases (20%) presented with intact hymen. 14 cases (46.6%) presented with recent tears of hymen, 10 cases (33.3%) presented with old tears of hymen (Table 5).

Table 4: Distribution of sexual offence cases based on the relation between victim & accused

Relation	Number	Percentage
Close friend	12	40.0
Relative	03	10.0
Neighbour	9	20.0
Stranger	03	10.0
College mate	03	10.0
Total	30	100

Table 5: Distribution of natural sexual offence (rape) cases based on the manner of offence

Manner	Number	Percentage
Statutory	02	6.7
Forcible	7	23.3
Threatened	03	10
Consensual	18	60
Total	30	100

Among accused Non genital external injuries were present in 2 cases (7.15%). Local genital injuries were absent in all the cases. In 5 cases (17.85%), penis was circumcised. Presence of smegma was noted in only 1 case (3.5%).

Discussion

In our study, Maximum numbers of victims i.e. 25 (83.3%) were in the age group of 15 years to 20 years, followed by 5 (16.7%) cases were in the age group of 21 years to 30 years. The findings in the present study are consistent with other studies. [15,16,17,18,21,23] and it differ with the study done

by Martin et al.[19], where 68.3% of the cases involved children under 15 years.

Maximum number of accused were in the age group of 21 years to 30 years, followed by 6 (21.4%) cases found in the age group of 31 years to 40 years and 2 (7.1%) found in the 11 years to 20 years. None of the accused was below 10 years. The age of accused ranged from 17 to 57 years. Majority of the accused (55.26%) were in the age group of 21-30 years. This finding is consistent with the findings of studies done by Bhowmik [24], veeresh [27]. Out of total 30 cases of victims, 16 (53.3%) cases belongs to Hindu, 12 (40%) cases belong to Christian religion and 2 (6.7%) cases were Muslims. Findings of present study are consistent with other studies [15,21,24]. This study differs with the study conducted in Bangladesh by Al-Azad MAS [26], where majority of the victims were Muslim. This is consistent with the population majority of both the countries.

Out of 28 accused, maximum i.e. 12 (42.8%) cases were Hindus, followed by 10 (35.7%) cases were Christian and 6 (21.5%) cases were Muslims These findings are consistent with the findings of studies done by Bhowmik [24] and this is consistent with the population majority of India. Maximum number of victims i.e. 16 (53.4%) cases were educated up to school, 8 (26.6%) cases were graduated and 6 (20%) were uneducated. The findings in this study roughly consistent with the other study by Chandresh Tailor [16] who observed 99% cases educated, and it differs from the study done by Roy chaudhury UB [15] who observed majority of cases i.e. 45% of cases as illiterate. Maximum number of accused i.e. 13 (46.4%) cases were educated up to school, 4 (14.2%) cases were graduated and 11 (39.4%) were uneducated. The findings in the present study differ from the study done by Veeresh [27] in which 77.28% of accused were illiterates.

In the present study, unmarried victims were maximum i.e. 24 (80%) cases, whereas 6 victim (20%) was married. The findings in the study are consistent with other studies [15,17,21,24,25,26]. Unmarried accused were maximum i.e. 21 (75%) cases, whereas 7 (25%) cases were married. The findings in the study are consistent with other studies [24,27]. Out of total 30 cases, in majority of cases i.e. 16 (53.3%) cases the incident had occurred between evening & mid night time, i.e. from 6.00PM to 12.00AM. It is followed by 8 (26.7%) cases, where incident occurred in the mid night & early morning period i.e. from 12.00AM to 6.00AM. These findings correspond with the sleeping hours of the general population and these differ from the study done

in Ireland by Sean D McDermott et al. [20] who observed highest number of incidents between midnight and 6AM.

Majority of the sexual assault i.e. 13 (43.3%) cases occurred in the accused house. It is followed by 7 (23.3%) cases occurred in the other indoor places like lodge, friend's house. In 6 (20%) cases, the place of incident was out door. The findings of our study are consistent with the study done by Sean D McDermott et al. [20] in which 43% of cases occurred in the indoors but he has not categorized as victims' / accused house.

The findings of our study differs with the study done by Sarkar [21] in which the common site of offence was victims' house in 41.1% of cases which is followed by accused house in 28.9% of cases. It also differs with another study done by Roy chowdhury et al. [15] who observed in 77.5% of cases the incidence occurred outside. And it also differs from the study done in Bangladesh by Al-Azad MAS et al. [26] in which they observed 36.95% of incidents occurred in victims' house.

In the present study, only 1 victims (3.3%) were examined within 24 hours of the incident. Majority of the victims 13 (43.3%) were examined after 48hours and 1 victims (3.3%) were examined after 1 month. The findings of the study are consistent with the other studies [18,21,23,25]. 12 (40%) cases accused were close friends of the victims whereas in 9 (20%) cases accused were neighbor and in only 3 (5%) cases accused were strangers. It shows that majority of victims knew the accused. The findings of the present study are consistent with the other studies [15,16,18,19,21].

In present study, the manner of offence in majority of the rape cases i.e. 18 (60%) cases were of consensual type, which is followed by 7 cases (23.3%) of forcible rape, 2 cases (6.7%) statutory rape and in 3 (10%) case the offence occurred by threatening the victim. The findings of our study are consistent with other studies [16,21] who observed similar findings.

Among 30 victims, 6 cases (20%) presented with intact hymen. 14 cases (46.6%) presented with recent tears of hymen, 10 cases (33.3%) presented with old tears of hymen.

The finding is consistent with the study done by Sarkar et al. [21] Among accused Non genital external injuries were present in 2cases (7.15%). Local genital injuries were absent in all the cases. In 5 cases (17.85%), penis was circumcised. Presence of smegma was noted in only 1 case (3.5%). The findings of our study are consistent with the study done by veeresh [27].

Conclusion

Sexual offences are mostly performed by the persons known to the victim and happen in familiar places. The actual physical assault/ force used is less common but in light of the recently amended legislations like Criminal Amendment Act, 2013 and POCSO Act many consensual sexual act also comes under the purview of sexual offence.

References

1. Aggarwal NK., Bhatia MS., Agarwal BBL. Sexual Crimes Against Women: Scenario In Delhi. Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology (Internet). 2000 [cited on 01/10/2013]; 1(2). Available from: http://www.anilaggrawal.com/ij/vol_001_no_002/paper004.html.
2. Yiming C, Fung D. Child Sexual Abuse in Singapore with Special Reference to Medico-Legal Implications: A review of 38 cases. *Med. Sci. Law* 2003;43(3):260-65.
3. Kar H. Forensic Medicine - From Old Problems to New Challenges (internet). Viera DN; 2011. Chapter 9, Sexual Assault in Childhood and Adolescence. [cited on 01/12/2013] Available from: <http://www.intechopen.com/books/forensic-medicine-from-old-problems-to-new-challenges>.
4. Chikkara KS, Kodan AS. Rape Victims and Major Offenders in India: An Empirical Study. *International Journal of Advanced Research in Management and Social Sciences* 2012 July;1(1):135.
5. Barindra C. Sex related offences and their prevention and control measures—an Indian perspective. *Resource material series no. 72, 2010*;34-36.
6. Its official: India 3rd worst offender in rape cases. *The Indian Express* (Internet). 2008 Dec 9 [cited on 04/24/2013]; Available from <http://www.indianexpress.com/news/its-official-india-3rd-worst-offender-in-rape-cases/396269/>.
7. Krishan V. Textbook of Forensic Medicine- principles and practice. 4thEd. New Delhi: Elsevier, B I Churchill Livingstone Pvt. Ltd; 2008.p.398.
8. The Indian Penal Code, 1860 ACT No.45 of 1860. [cited on 06/23/2013]. Available from: <http://mha.nic.in/pdfs/IPC1860.pdf>.
9. Criminal law (amendment) act 2013- e-Gazette of India. [cited on 06/22/2013]. Available from: http://egazette.nic.in/write_read_data/2013/E_17_2013_212.pdf.
10. Criminal law (amendment) act, 1983(46of1983); 1983 Dec26. [Cited on 06/22/2013] Available from: <http://www.498a.org/contents/amendments/Act%2046%20of%201983.pdf>.
11. Crimes against women. 2009. (Internet) National Crime Records Bureau, Ministry of home affairs. New

- Delhi: Government of India. (cited on 15/10/2011)
Available from:<http://ncrb.gov.in>.
12. Mohanty NK. Rape laws and woman's right- critical analysis vis-a'-vis role of attending doctor. *Journal of Indian medical association*. 2002;100(12):695-7,699.
 13. A study on child abuse. Ministry of women and child development. Govt. Of India: India 2007:27-29.
 14. Biswas G. Review of Forensic Medicine and Toxicology, 2nded. New Delhi: Jaypee Brothers; 2012.340.
 15. Roychaudhury UB, Bose TK, Prasad R. Rape: Its medicolegal and social aspect. *J Indian Acad Forensic Med*. 2008;30(2):69-71.
 16. Tailor C, Govekar G, Patel G, Sylajiya D. The Profile of Age in cases of Victims of Sexual Offence. *J Indian Acad Forensic Med* 2010;32(4):303-307.
 17. Santos JC, Neves A, Rodrigues M, Ferrao P. Victims of sexual offences: medicolegal examinations in emergency settings. *Journal of clinical Forensic medicine*. 2006;13:300-303.
 18. Sukul B, Chattopadhyay S, Bose TK. A study of natural sexual offence in the Bankura district of West Bengal. *J Indian Acad Forensic Med*. 2009;31(1):25.
 19. Pauline S, Bouyssy M, Byrne P. Analysis of 756 cases of sexual assault in Tours(France): Medicolegal findings and judicial outcomes. *Med Sci and Law* 2007;47(1):315-23.
 20. McDermott S, McBride B, Gorman M, Sexual assault statistics from the Republic of Ireland for 2004-2005. *Med Sci and Law*. 2008;48(2):142-47.
 21. Sarkar SC, Lalwani S, Rautji R, Bhardwaj DN, Dogra TD. A Study on Victims of Sexual Offences in South Delhi, Dept of Forensic Medicine and Toxicology, AIMS, New Delhi, India; 2010;1-6.
 22. Krishna KP. Girl child and sexual victimization. 1995 jun-sep;25(2-3):124.
 23. Namita G, Amita S, Vaid NB, Upasana P. Female sexual assault: A study from east Delhi. *Indian Internet Journal of Forensic Medicine & Toxicology* 2008;6(4).
 24. Bhowmik K, Chaliha R. A Descriptive One Year Study on the Alleged Male and Female Victims and Accused of Sex Crimes. *J Indian Acad Forensic Med*. July-September 2011;33(3).
 25. Parveen H, Nadeem S, Aslam M, Sohail K. Female victims of sexual violence; Reported cases in Faisalabad city in 2008. *Professional Med J Dec*. 2010; 17(4):735-40.
 26. Al-Azad MAS, Rahman Z, Ahmad M, Wahab MA, Ali M, Khalil MI. Socio demographic characteristics of alleged Sexual assault (rape) cases in Dhaka city. *JAFMC Bangladesh*. 2011;7(2):21-24.
 27. MR Veeresh, PS Chidananda. Three-year Retrospective Study of Forensic and Psychosocial Aspects in Alleged Assailants of Sexual Offences. *Indian Journal of Forensic Medicine and Pathology*. 2011;4(3):125-30.
 28. Crimes against women, 2012. (Internet) National Crime Records Bureau, Ministry of Home Affairs. New Delhi: Government of India. (Cited on 06/20/2013). Available from:<http://ncrb.gov.in>.
 29. Dutta S, Malhotra A Statistics: rape conviction rates across India. (Internet) *The wall street journal I*; 2013 jan 4. Available from: <http://blogs.wsj.com/indiarealtime/2013/01/04/statistics-conviction-rates-for-rape-across-india/>[cited on 06/20/2013].
 30. Riggs N, Houry D, Long G, Markovchick V, Feldhaus KM. Analysis of 1076 cases of Sexual Assault, *Ann Emergency Medicine*. 2000;35:358-6.
-