

Retrospective study of accused and survivors of sexual offences in Karnal, Haryana

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Abstract

Sexuality is a crucial part of people's health, general well-being and quality of life and enjoying a healthy sexuality is well thought-out as a human right. But it is counted as sexual assault or rape if it is without her consent or against her will or when it is obtained by unlawful manners such as fraud, putting her in fear of death or hurt, drugging or impersonation. Sexual offences are traumatic at the time of occurrence and may also leave a very bad and negative impact on her physical and mental health. A retrospective study was performed after collecting Medico-legal reports done on survivors and accused in Government Hospital Karnal from January 2012 to April 2016. In the present study, Total 69 cases of alleged history of sexual assault were taken, out of which 38 cases of male accused and 31 cases of female survivors' medico-legal reports were studied. The highest percentage of female survivors was among age group between 11-20 years (64.5 %). The highest percentage of male accused was among age group between 21-30 years (55.3 %). During examination it was found that 2 female survivors (6.5%) out of 31 cases had alleged h/o sexual assault at the same time. There were 3 cases (7.9%) of gang rape. Out of these three cases of gang rape, in two cases (66.7%), two each accused persons were involved and in one case (33.3%) four accused were involved. In rest of the cases single male accused was involved. It is seen that younger aged females are at maximum risk for sexual assault threat and young adult males are active in these sexual assault activities. So it is important to give sex education to our young generation and make them aware.

Keywords: sexual offenses; sexual assault; accused, survivors; sex education; gang rape.

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Introduction

Sexuality is a crucial part of people's health, general well-being and quality of life and enjoying a healthy sexuality is well thought-out as a human right. Cruelty is recognized as defiance of one's basic human rights, affects women across worldwide cutting across intellectual and sacred

barriers and interfering in their rights to participate in society (1) (2).

Rape is defined as unlawful sexual intercourse by a man like (a) penetration of penis, to any extent, into the vagina, mouth, urethra or anus of a woman or makes her do so with him or any other person, (b) any object or a part of the body, not

being the penis, to any extent into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person, (c) manipulates any part of the body of a woman so as to cause penetration to any extent into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person (d) applies his mouth to any extent into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person and any of these circumstances falling under [1] against her will, [2] without her consent, [3] with her consent, when her consent has been obtained by putting her or any person in whom she is interested, in fear of death or of hurt, [4] with her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married, [5] with her consent when, at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by him personally or through another of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent, [6] with or without her consent, when she is under eighteen years of age, [7] when she is unable to communicate consent comes under section 375 IPC. The punishment for the offense of rape which may extend from 7 years to life imprisonment and also fine that comes under section 376 IPC. Sexual assault is described as any physical act which is performed against another person for taking sexual pleasure without the voluntary consent of that person. It includes touching the body parts of the victim with erroneous intention, oral and anal penetration, an attempt for rape, child molestation and rape and also includes torturing the victim (3). Sexual life is also very important part of human life. But it is counted as sexual assault or rape if it is without her consent or against her will or when it is obtained by unlawful manners such as fraud, putting her in fear of death or hurt, drugging or impersonation. Sexual offenses are traumatic at the time of occurrence and may also leave a very bad and negative impact on her physical and mental health (4). Violence against females is very common and of major concern not only in a country like India but also all over the world. Very less number of cases of sexual assault are reported to Police due to social barriers in India as well as all around the world. In the cases which are reported to Police, it is very difficult to prove the guilt of the accused. So Medical examination plays a vital role and helps the legal system to prove accused guilty (5). Proper documentation of medical examination

is essential (6). Sexual education is very essential and must be part of our education system. Sexual offenses are the worst crime against females and children. Collection of evidence and proper medical examination of an accused of alleged sexual assault is very important to help courts in proving accused guilty. Children and women are most vulnerable to this type of crime. The rise in the number of cases of sexual assault day by day seems to be major health problem all over the world (7). When a woman is raped by one or more of persons acting furtherance of their common intention each is deemed to have committed gang rape. It is very important to see the prominent age groups of survivors and accused involved, regions and time took for medical examination after the incidence. And the purpose of our study is to assess the reported cases for these things.

Material and Methods

A retrospective study was performed after collecting Medico-legal reports done on survivors and accused in Government Hospital Karnal from January 2012 to April 2016. The survivors and accused of alleged h/o sexual assault and accompanied by Police officials were included in the study. The cases which were having alleged h/o Roadside accident, Physical assault, poisoning etc. were excluded in the study. All the data were analyzed carefully and assessed characteristics such as:

- (1) Year wise number of cases of the survivors and accused.
- (2) Age of the survivors and Accused.
- (3) The time interval between incidence and medical examination of the survivors and accused.
- (4) Place of residence of the survivors and accused.
- (5) A number of the survivors and accused involved in the same incidence.

Results

In the present study, Total 69 cases of an alleged history of sexual assault were taken, out of which 38 cases of male accused and 31 cases of female survivors' medico-legal reports were studied.

Table I shows that there were 3, 6, 3, 16, 3 survivors cases in the year 2012, 2013, 2014, 2015 and 2016 respectively with the highest percentage in the year 2015 (51.6%). And there were 0, 9, 10, 16, 3 accused cases in the year 2012, 2013, 2014, 2015 and 2016 respectively with the highest percentage in the year 2015 (42.1%).

Table I: Percentage of Female survivors and Male accused cases in each year from 2012 to 2016.

Year	Number of Female survivors cases	Percentage (%)	Number of Male accused cases	Percentage (%)
2012	3	9.7	0	0
2013	6	19.3	9	23.7
2014	3	9.7	10	26.3
2015	16	51.6	16	42.1
2016	3	9.7	3	7.9
Total	31	100	38	100

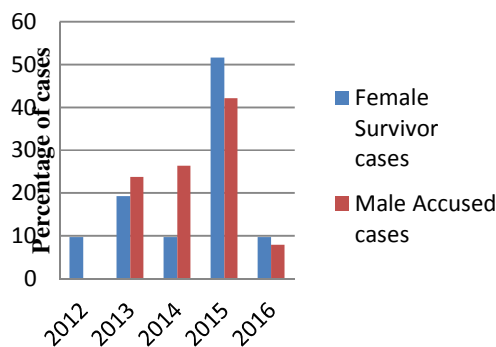


Fig 1. Percentage of Female survivors and Male accused cases in each year from 2012 to 2016

Table 2: Classification of Female survivors and Male accused cases according to age.

Age Group (years)	Number of Female survivors cases	Percentage (%)	Number of Male accused cases	Percentage (%)
0-10	2	6.5	0	0
11-20	20	64.5	5	13.1
21-30	4	12.9	21	55.3
31-40	4	12.9	7	18.4
41-50	1	3.2	2	5.3
>50	0	0	3	7.9
Total	31	100	38	100

Table II shows the age of female survivors and male accused. They are classified into 6 age groups 0-10, 11-20, 21-30, 31-40, 41-50 and >50 years. The

highest percentage of female survivors was among age group between 11-20 years (64.5 %) and lowest percentage was between age group and >50 years (0 %). The highest percentage of male accused was among age group between 21-30 years (55.3 %) and lowest percentage was between age group 0-10 years (0 %).

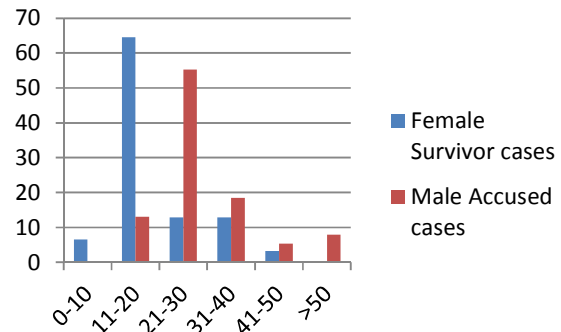


Fig 2. Classification of Female survivors and Male accused cases according to age in years.

Table 3: Classification of Female survivors and Male accused cases according to the place of residence.

Place of residence	Number of Female survivors cases	Percentage (%)	Number of Male accused cases	Percentage (%)
Rural	18	58.1	19	50
Urban	13	41.9	19	50
Total	31	100	38	100

According to study Table III out of 31 female survivors' cases, 18 cases (58.1 %) were from rural areas and 13 cases (41.9 %) were from urban areas. And out of 38 male accused cases, 19 cases (50%) were from rural and 19 cases (50%) were from urban areas.

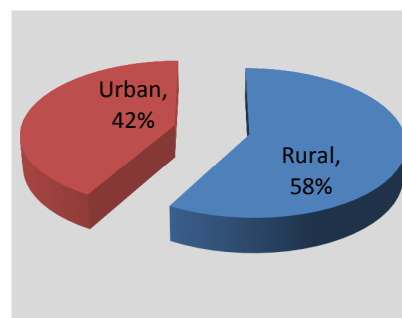


Fig 3. Classification of Female survivor cases according to the place of residence.

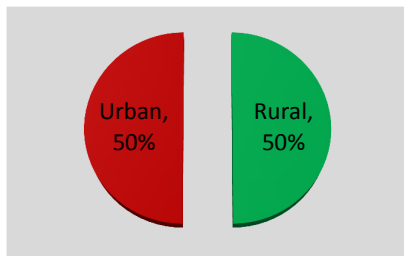


Fig 4. Classification of Male accused cases according to place of residence

During examination, it was found that 2 female survivors (6.5%) out of 31 cases had with alleged h/o sexual assault at the same time. Total of 8 male accused (21.1%) cases out of 38 cases were found to be involved in gang rape. There were 3 cases (7.9%) of gang rape. Out of these three cases of gang rape, in two cases (66.7%) two of each accused persons were involved and in one case (33.3%) four accused were involved. In rest of the cases single male accused was involved.

Table 4: Classification of Time interval between incidence and medical examination of the survivors and accused.

Time Interval (Days)	Number of Female survivors cases	Percentage (%)	Number of Male accused cases	Percentage (%)
1	19	61.3	13	34.2
2	2	6.5	9	23.7
3	0	0	2	5.3
4-7	4	12.9	3	7.9
8-15	4	12.9	2	5.3
16-30	1	3.2	3	7.9
>30	1	3.2	6	15.7
Total	31	100	38	100

Study Table IV shows time interval between incidence and medical examination of female survivors, shortest time for examination was one day in 19 cases (61.3%) and longest time was even more than 30 days in 1 case (3.2%). And in the time interval between incidence and medical examination of male accused, shortest time for examination was one day in 13 cases (34.2%) and longest time was even more than 30 days in 6 cases (15.7%). Earlier the medical examination, more chances of gets accurate results and help in justice in term of law. So time interval between

incidence and medical examination plays a significant role in term of justice.

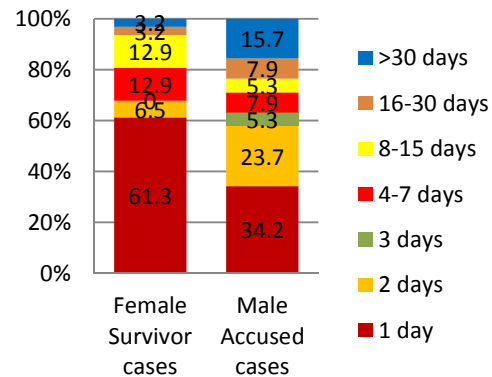


Fig 5. Classification of Time interval between incidence and medical examination of the survivors and the accused.

Discussion

Sexual assault is the under-reported criminal act against personal integrity, sexual freedom and involves 1/3rd of females in the whole world during their lifespan. Though it is very difficult to assess exact numbers of sexual assault cases from hospital records as reported cases are lesser than actual cases. But it helps in pattern and age groups of the survivors and accused involved in these cases.

In the current study, 38 cases of accused were studied and out of which 21 cases (55.3%) were from age group 21 to 30 years. The youngest accused was 17 years old and oldest was 63 years. Shinge SS et al in their study had 58.5% cases from age group 21 to 30 years. The youngest age of accused was 15 years and oldest was 54 years (8). In the study of Sagar MS et al, 64 % cases were from 16 to 25 years age group and oldest age of accused was 40 years (9). In the study of Sarkar S et al, 39 % of accused were from age group 21-25 years. Youngest age of the accused was 14 years and oldest was 73 years (7). These outcomes are consistent with our present study. This shows that younger aged males were in major numbers involved in the sexual assault activity.

In the current study, 31 cases of female survivors were studied and out of which 20 cases (64.5%) were from age group 11 to 20 years and 22 cases (71%) were from 8-20 years of age. The youngest female survivor was 8 years old and oldest was 47 years. Hilal et al in their study had the majority of the cases from age group less than 18 years (10). In the study of Maklad et al, 70 % cases were from

6 to 20 years age group (11). These outcomes are consistent with our present study. This shows that younger aged females were at maximum risk of sexual assault activity.

In current study 19 cases (61.3 %) out of 31 female survivor cases were examined on the first day of incidence and 24 cases (63.2%) out of 38 male accused cases were examined in first three days of incidence, 13 cases (34.2%), 9 cases (23.7%) and 2 cases (5.3%) on first, second and third days respectively. This is consistent with the study by Santos et al, 61% of cases were reported for medical examination in first 72 hours (3 days) (12). In our present study 19 cases (50%) out of 38 cases of accused were from rural and 19 cases (50%) were from urban areas. But 18 cases (58.1%) cases out of 31 cases of female survivors were from rural areas and 13 cases (41.9%) were from urban areas and which is reliably consistent with the Amenu D et al study in which 68.7% of survivors were from rural areas (13).

Conclusion

Sexual violence is a major problem, a tragedy, and human rights violation. It is seen that younger aged females are at maximum risk for sexual assault threat and younger aged males are active in these sexual assault activities. So it is important to give sex education to our young generation and make them aware. The young females should be taught about the good and bad touch and young males about the consequences and punishment of these acts. It is observed that percentage of early medical examination of accused and survivor increasing day by day. The success of the efforts aimed at curbing violence against women depends on the existence of an integrated strategy in terms of laws, government policies and participation of civil society and the media. But still, it is under-reported and needs to be researched on this and awareness should be provided to the public.

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