

A Statistical Analysis of Alleged Victims of Sexual Assault in Guwahati A Retrospective Study

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ABSTRACT

With the advancements of the new India an age old problem of sexual assault and sex crimes has returned with a vengeance. The spurt of such crimes has woken the Government and a slew of measures have been taken to tackle the menace. This study provides an insight into the cases of alleged sexual assault in the region around Guwahati. Females are the most likely victims of sexual assault with those belonging to 11-20 years the most vulnerable. Victims are unmarried, lowly educated and belong to poor socio economic background. The culprit is known to the victim in 82% of cases. The reporting of cases is very late leading to problems in conviction of the guilty. Comprehensive analyses of these factors are a must and adoption of policies for raising awareness is a necessary. It requires the effort of the Government, NGO and every concerned individual.

Keywords:- Sexual assault, Females, Unmarried, Known culprit, Government.

INTRODUCTION

Ever since the unfortunate incident on December 2012 at Delhi that shook the values of the moral society of the whole of India sexual assault and its rapidly spreading tentacles have assumed great significance. A number of different offenses fall into the sex crimes category, but they generally involve illegal or coerced sexual conduct against another individual. Rape in India is the fourth most common crime against women in India.^{1, 2} According to the National Crime Records Bureau 2013 annual report, 24,923 rape cases were reported across India in 2012.³

Sexual offence can be defined as sexual intercourse or sex-related acts performed in a way which is against the provision of the law of the land.⁴ Sexual assault is an assault of a sexual nature on another person, or any sexual act committed without consent. 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.⁵

Total reported number of rape crimes in 2012 was highest in Madhya Pradesh, followed by Uttar Pradesh and West Bengal.³ Among major cities,

Delhi reported the highest number of rapes in 2012, followed by Mumbai. Adjusted for population, the rape rate per 100,000 people was highest in Mizoram (10.4), followed by Tripura, Meghalaya, Sikkim and Assam. Among major cities, Delhi's rape rate of 4.1 per 100,000 people was highest in India.³ Thus sexual assault, incidence, prevention and rehabilitation of victims holds prime importance to this day.

AIMS & OBJECTIVES

The aim of our study was to ascertain sexual violence in and around Guwahati city and to analyze the data with respect to epidemiological and demographics presentation, relationship between victim and accused, time of reporting of cases, pattern of physical injuries and evidence collection from victims of sexual violence.

MATERIALS & METHOD

This retrospective study is conducted on all the alleged sexual assault victims brought to the department of Forensic Medicine, Guwahati Medical College, Guwahati, Assam for medical examination during the year 2013 from 1st of January to 31st of

December. This study is based on the sexual assault victim cases brought to the department for medical examination from the Kamrup district and also few referred cases from the nearby districts. As the study is a retrospective one, data those were collected previously are assembled and tabulated. Victims those who have refused medical examination are not included in this study. For age estimation physical, dental and radiological data are also evaluated.

OBSERVATIONS AND RESULTS

A total of 508 cases were examined during the study period of which 506 cases were those of female and only 2 male cases were noted.

Marital Status of victims: Majority of the victims, 345 were unmarried and 161 victims were married.

Religion of the victims: Nearly two thirds of the victims (66%) belonged to Hindu religion and one third to Islam religion.

Month wise distribution of cases: Highest numbers of victims were observed in the month of October, April and September with 54, 53, 48 cases respectively with the least number of victims in the month of December.

Age wise distribution of victims

Victims were mostly found in the age group of 11-20 years with nearly 57% of cases followed by the age group of 31-40 years. Significantly there were 47 cases where the victim age was less than 10 years. Age of 41 victims was not determined.

Education status of victims: The interesting observation regarding educational status is that most of the victims were not properly educated with nearly 70% cases as such who have not completed the matriculate studies. Only 2% of cases involved were those of victims who had completed their graduation or higher.

Occupation wise distribution of victims

Nearly 52% cases are those of belonging to student category followed by those who are unemployed and the house wives.

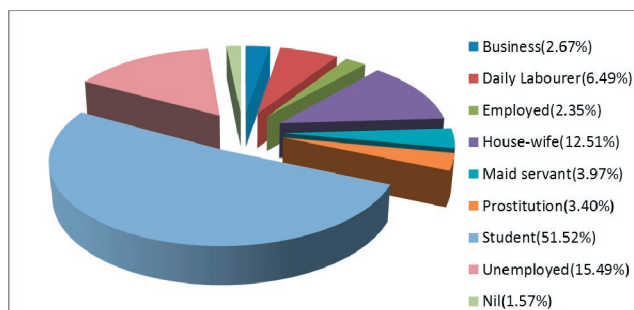


Figure 1 showing Occupation wise distribution of victims

Hymeneal tears

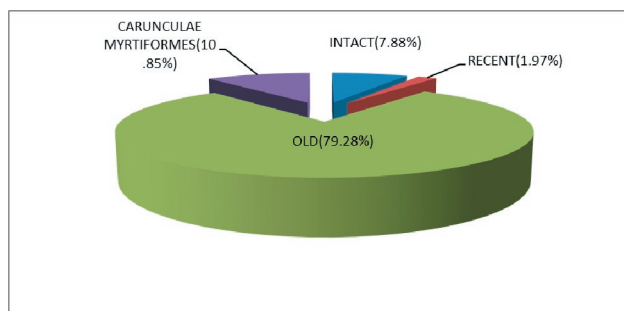


Figure 2 showing Hymeneal tears: Majority of the cases (79.28%) had old hymeneal tears with only 1.97% cases showing a recent tear. 7.88% of cases presented with an intact hymen.

Position of hymeneal tears : Although the victims showed multiple sites of hymeneal tear tears at 3 o'clock and 6 o'clock position were the most common ones. Only a few cases showed tears at 10 o'clock position.

Time of reporting since incident: The victims usually reported late with majority of cases reporting after 3 days of the incident. Only 67 cases reported within the first 24 hours. Majority of the victims reported 3 to 5 days after the incident followed by those after nearly 1 week of the incident.

Relationship of victim with accused

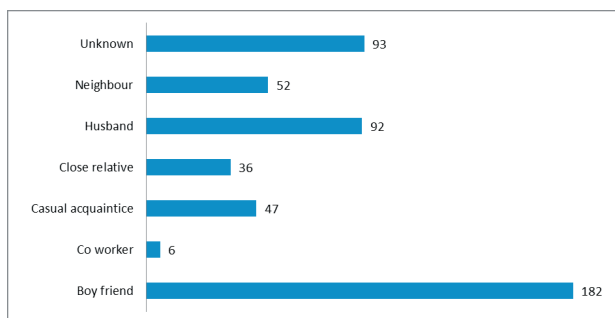


Figure 3 showing Relationship of victim with accused

The most common accused were the boy friends of the victims. It is mostly observed that the accused in some way or other is known to the victim. Only in 93 that is 18% of cases it has been reported that the accused is someone who is not known to the victim.

DISCUSSION

With the majority of cases being male it highlights the vulnerability of a female for sexual assault. This finding is similar to studies of Tamuli RP et al⁶, Chowdhury UB et al⁷, Bhowmick K et al⁸ and NRCB³ data.

The incidence of cases is higher during the months of April, September and October. This is of significance because it coincides with the festive celebrations in this region highlighting the fact that grater contact between people occurs during this period. This finding is similar to Tamuli RP et al⁶ and Memchoubi P et al⁹. However Sukul B et al¹⁰ reported highest number of cases during the months of April to August.

Most of the victims were unmarried. This correlates with the findings of Tamuli RP et al⁶, Chowdhury UB et al⁷, Bhowmick K et al⁸, Memchoubi P et al⁹ and Sukul B et al¹⁰ who reported majority of the victims to be unmarried. In our country where pre marital sex is often considered taboo such an act can have severe implications on the future of the girl and even abuse of rape laws.

The distribution of the victims according to the religion is consistent with the demographic trend of the region. It is also similar to the findings of Tamuli RP et al⁶, Chowdhury UB et al⁷ and Bhowmick K et al⁸.

The high incidence of cases between 11-20 years of age shows that victims who lack appropriate maturity owing to their age are highly vulnerable. Also a lot of cases are of those in which the girl has run away from home to elope and things turned out differently and they were sexually assaulted. This is similar to the findings of Tamuli RP et al⁶, Chowdhury UB et al⁷, Bhowmick K et al⁸, Memchoubi P et al⁹ and Sukul B et al¹⁰. However Sukul B et al¹⁰ reported more cases in the age group of 18-30 years.

Regarding educational status the findings suggest higher involvement of victims who have

not completed their matriculate studies or are illiterate. This is similar to the findings of Tamuli RP et al⁶, Chowdhury UB et al⁷, Bhowmick K et al⁸ and Memchoubi P et al⁹. Lower educational status means that the victim does not have the awareness and the means of fully understanding the virtues which protect her chastity. Lower mental faculties enable the culprits to exploit the women and children.

Most of the victims were students and unemployed. Being economically weak they are liable for exploitation. This is similar to the findings of Tamuli RP et al⁶, Bhowmick K et al⁸ and Memchoubi P et al⁹.

Old hymeneal tears were present in nearly 80% cases with recent tears detected in only 1.97% cases. This is mostly due to late reporting of the cases for which medical examination often remains inconclusive so as to determine the cause and time since tear. This is similar to the studies of Tamuli RP et al⁶, Chowdhury UB et al⁷, Bhowmick K et al⁸ and Sukul B et al¹⁰ who also reported very less number of recent tears. The most common positions of tears were 3 o'clock and 6 o'clock position which is similar to the findings of Tamuli RP et al⁶ and Bhowmick K et al⁸.

Most of the victims reported late and only after 3 days of the incident. This can be attributed to lack of awareness among both the public and also the enforcement agencies regarding the value of prompt medical investigation for prosecution of guilty. Also a number of cases reporting late are of those who fearing social stigma stay away. A few overzealous cases have been noted where pressure to marriage on the boy is seen as a factor for reporting. Our studies compare preferably to the studies of Tamuli RP et al⁶, Memchoubi P et al⁹ and Sukul B et al¹⁰.

The particularly interesting observation is that most of the accused or culprits were known to the victims in some capacity. Only 18.3% of victims never knew about the accused before. This drives the point that known persons are actually more liable to indulge in sexual assaults. Of the known members it is the boyfriend who is most involved. This is similar to the findings of Tamuli RP et al⁶, Chowdhury UB et al⁷, Bhowmick K et al⁸, Memchoubi P et al⁹, Shinge SS et al¹¹ and NRCB³ data.

CONCLUSION

Sexual crimes against women are a crime against humanity. It destroys the entire psychology of a woman and pushes her into deep emotional crisis. However it must be kept in mind that enactment of laws alone cannot solve this crisis. Also medical examination of the victim needs a review. Supreme Court's bans per vaginal examination saying that two finger tests violate rape victim's right. The Supreme Court has held that two finger test on a rape victim violates her right to privacy.^{12, 13} This however deters the medical examiner from conducting a thorough examination and can lead to non conviction of the guilty. Also it must be remembered that crimes in the world are not marked as black and white. There have been instances when these very laws have been abused. New Delhi high court has decried that rape laws are often misused by women as "a weapon for vengeance and vendetta" to harass and blackmail their boyfriends force extorting money and sometimes to force the hapless man to marry.¹²

Sexual abuse against children is another serpent that has raised its ugly head. This is where the new bill on child sexual abuse might come in handy. Different studies and their reports indicate that there is a traditional conservative family and community structure that does not talk about this topic. This silence encourages the abuser so that he is safe to sexually abuse. With no information being available about child sexual abuse, many children are growing up not knowing their rights have been violated. In this scenario the implementation of PCSOB 2011, Bill would be of great help in checking these cases of child sex abuse. The comprehensive bill defines a range of sexual offences against children that have been ignored and proposes more stringent punishments for offenders. A law like this will ensure necessary legal provisions for victims and will make it easier for people to recognize the crime and to help police register a case under the appropriate legal provision that applies to such crimes.

A few more steps are further elaborated which can be implemented¹⁵

1. To train, organize seminars and workshops for lawyers, police officers, para medical staff and NGOs as how to handle cases of sexual assault, medico legally

2. To bring about awareness among women in particular and public in general as to how where and when to bring to the notice of police in cases of sexual assault.

3. To incorporate forensic nursing in nursing courses.

Sexual assault is not something which will disappear in a single day. It will require the efforts of every individual concerned to make a difference. As such more insight into this problem is required and this requires a multi disciplinary approach.

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