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A prospective observational analysis to study various aspects of victims of sexual assault cases

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Abstract

Sexual Assault is a rising global offense and creates significant health and legislative problems for every society.

Aims and Objectives: To evaluate the various cofactors directly and indirectly related to sexual assault cases. To study the profile of the victims of sexual offence Observational prospective study was carried out in LTMMC, Mumbai.

Methodology: The history and examination findings of the sexual assault cases was noted. Any history suggestive of physical assault or Injury marks was noted. Alongwith the above, victim's age, marital status, socioeconomic status, number of members in the family, relation between the accused and the victim and number of assailants associated with the offence, time and place of occurrence was noted. Delay in reporting and cause of delay, if any, was also reported in the study.

Discussion: Thus our study helped us in studying various aspects of the victims and to educate and minimize the offences.

Keywords: Sexual assault, victim, accused, physical assault, intoxication

1. Introduction

Sexual assault has always been a part of crime in human culture. The ancient societies counted sexual assault among the crimes listed in their law codes and even the Bible contains stories of sexual assault. Throughout the centuries, sexual assault had an impact on individual women, but it has also affected the evolution and development of cultures all over the world, as women have been abducted as brides, claimed as prizes of war, and enslaved. In common parlance, sexual offence constitutes the most shocking crime against conscience and morality. In India, in spite of so much so talked about morality, social justice, equity and equality between men and women, the fate of victim girl in sexual offences becomes sealed forever, practically making her social outcast, divorced from elementary rights and privileges as a member of the society

2. Aims and Objectives

2.1. Aims

1. To evaluate the sexual offences and their association with physical assault.
2. To study demographic variables of victims of sexual offence, relation between accused and victim, time and place of occurrence of sexual offence, number of assailants associated with the offence.
3. To study the time interval between last sexual assault and its reporting.

2.2 Objectives

1. To evaluate the various cofactors directly and indirectly related to sexual assault cases.
2. To study the profile of the victims of sexual offence.

3. Materials and Methods

Design: Observational prospective study

Place of study: Tertiary care hospital, Lokmanya Tilak Municipal Medical College, Mumbai.

Proposed duration of study: 1 & 1/2 years

Sample size: 200

Interventions: No Interventions.

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Inclusion criteria

Victims of Sexual assault reporting or brought by the police to LTMGH for medical examination would be included in the study.

Exclusion criteria: Victims not willing for participation.

Methodology

As per National guidelines and the guidelines of MCGM.

Team: Gynecologist, Forensic expert, Psychiatrist, Medical Social Worker, Police Constable. The history and examination findings of the sexual assault cases was noted. A note was made about the type of sexual offence. Any history suggestive of physical assault or Injury marks was also be noted.

Alongwith the above, victim's age, marital status, socioeconomic status, number of members in the family, relation between the accused and the victim and number of assailants associated with the offence, time and place of occurrence was also be noted. Delay in reporting and cause of delay, if any, was also be reported in the study.

4. Results

1. Correlation between age group of victim and incidence of sexual assault: In our study, we found out that majority of the victims were found in the age group between 16-25 years of age (42.5%), followed by age group of less than 15 years of age.(35%)

2. Sexwise distribution of the victims: In our study, all the 200 victims studied were female.

3. Correlation between sexual assault and marital status of the victims: As is always seen, sexual offence is more common in unmarried women i.e. 76.5%.

4. Correlation between sexual assault victim and education status: The majority of the victims were of school going age group.

Table 1: Distribution of Study Subjects according to the Education (N=200)

Education	No.	Percent
Graduate	53	26.5
Illiterate	51	25.5
School	85	42.5
School Drop Out	11	5.5

The notion that illiterate are gullible to sexual offences is not seen in our study.

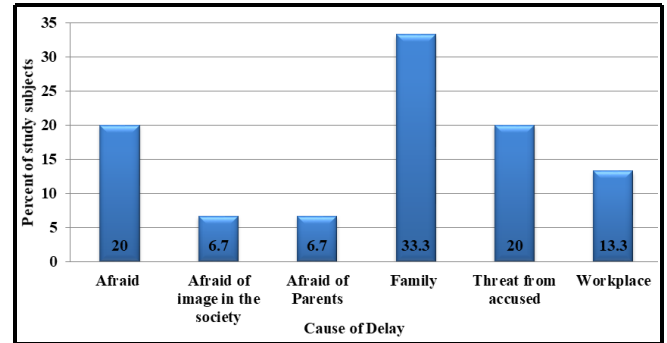
5. Correlation of the victim and who brought them to the hospital: Almost 88% of the victim were brought to the hospital by police.

6. Correlation between victim and case reported to the police: 47 % of the cases were reported to the police by victims mother, 36.5% by self, 12.5% by father, 3.5% by friend.

7. Correlation between the case reported and the delay in reporting: We found that in majority of the victims i.e. 185 cases there was no delay in reporting between the time of

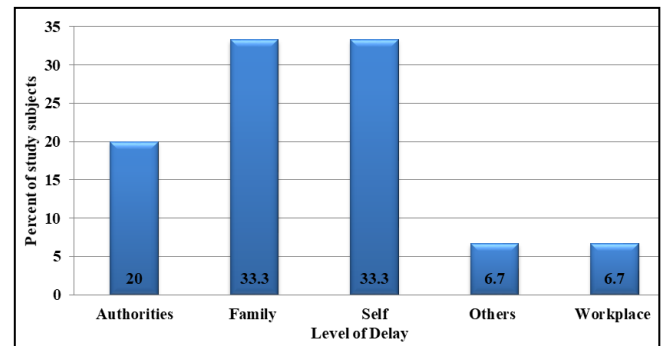
occurrence of incidence and reporting time.

8. Correlation between the delay and its cause of delay: In our study we found that among the victim who had delayed in reporting, major reason was pressure from family members.



Graph 1: Distribution of cause of delay

9. Correlation in the cause of level of delay



Graph 2: Distribution of level of delay

10. Correlation between the time of incidence and its distribution

In our study we found that major incidence of sexual assault occurred in afternoon hours 40.5 %, followed by morning 31.5%, remaining 28% in the evening.

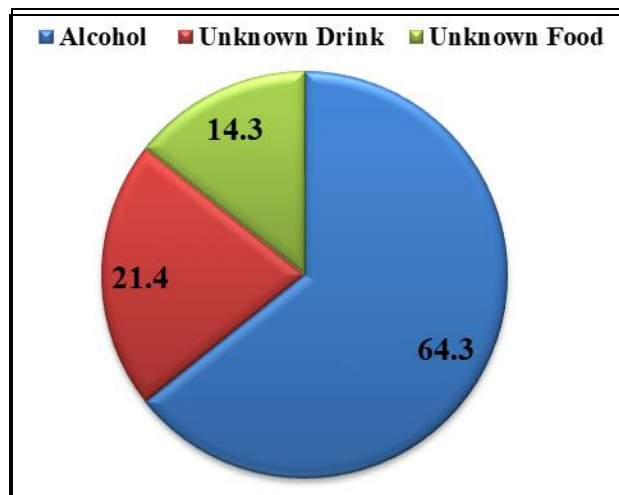
11. Correlation between the incidence of sexual assault and the place of incidence: In our study, we found that majority of the sexual assault cases had occurred in the victims place or school.

Table 2: Distribution of Study Subjects according to Place (N=200)

Place	No.	Percent
College	6	3.0
Hotel	11	5.5
Isolated area	5	2.5
Workplace	7	3.5
School	15	7.5
Victim Place	156	78.0

12. Correlation between the incidence and the day of the month: In our study, we found that majority of the cases 82.5% had occurred in weekday and not on weekends 9.5 %

13. Correlation between sexual assault and intoxication: In our study we found that only 14 cases out of 200 were intoxicated, alcohol being the common intoxicant. In our study contraception was given to 45 victims who had reported immediately.



Graph 3: Distribution of intoxication.

15. Correlation between the sexual assault cases and consent of examination: In our study out of 200 cases studied, only 81 victims gave consent for examination, others just didn't agree to give the consent inspite of explaining the necessity of the same.

16. Correlation between victim and the accused: In our study, in 118 cases, the accused was known to the victim.

17. Corealtion between the sexual assault and consensuality
In our study, we found that 80.5% of the victim had

nonconsensual relationship with accused, other had consensual relationship.

In case of multiple exposures history, we found that 1 victim had 1st act which was consensual later it was non consensual under threat.

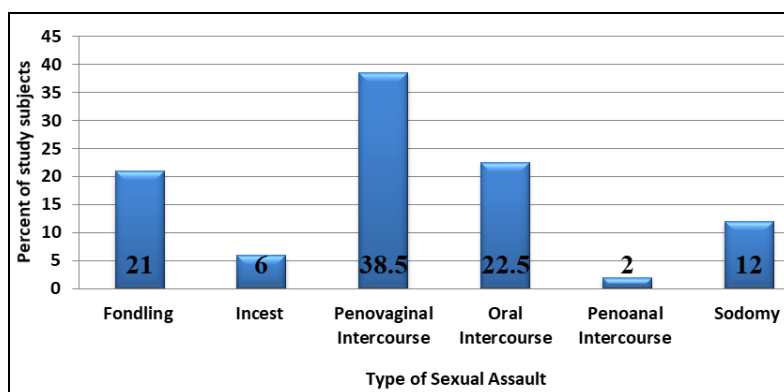
18. Correlation between incidence of physical assault in sexual assault cases: We found that 44 victims had signs of physical assault.

19. Incidence of number of exposure of sexual assault:
In our study, we found that 196 victims had single episode of exposure, followed by 2 victims who had 2 episodes of sexual assault, and 1 victim in our study had 3 episodes of sexual assault.

20. Correlation of sexual assault cases and local examination findings: In our study we found that out of 81 victim who were examined we found that signs of trauma was present in 65 victims.

21. Correlation between sexual assault and pregnancy:
Urinary pregnancy test was positive in 3 victim's results.

22. Distribution of the type of sexual assault: In our study, as we can see from the bar diagram below (Graph 4),penovaginal intercourse was common followed by fondling.



Graph 4: Distribution of type of sexual assault.

Data Analysis and Interpretation

Data was entered into Microsoft Excel (Windows 7; Version 2007) and analyses were done using the Statistical Package for Social Sciences (SPSS) for Windows software (version 22.0; SPSS Inc, Chicago).

Descriptive statistics such as mean and standard deviation (SD) for continuous variables, frequencies and percentages were calculated for categorical Variables were determined.

Bar charts and Pie charts were used for visual representation of the analyzed data.

5. Discussion and conclusions

In our study which was carried out in tertiary care hospital for period of 1 and half year, we conclude that 42.5% of the victim were of age group 16- 25 years of age. Majority of the victims i.e. 76.5 % were unmarried. In 42.5% victim were of school going students. In this study, we found that 88% of the victim were brought to hospital by police. Total 47.5 % of the cases were reported to the police by victims mother.

Only 15 cases out of 200 had delay in reporting and the

common cause was pressure from family members i.e. 33.3%. Incidence took place at victims place in 78 % of the cases. Only 7 % of the victim were in toxicated, alcohol being the common one. We found that out of 200, 118 cases accused was known to victim. 19.5% sexual assault cases reported was consensual. Out of 81 victims examined, 65 cases had signs of genital trauma. In 22 % cases, signs of physical assault was present. Lastly, penovaginal intercourse (38.5%) was common type of sexual assault followed by fondling (21%)

Various laws like The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013 is a legislative act in India that seeks to protect women from sexual harassment at their place of work^[1].

The Ministry of Women and Child Development (WCD) is distributing specially-designed rape investigation kits to police stations and hospitals for quick examination of sexual assault victims and speedy trial^[2,3].

The rape investigation kits are being procured by the state governments with financial support from the Nirbhaya Fund.

The Nirbhaya fund aims to support government initiatives by the

government and NGOs working towards ensuring the safety of women in India.

Sex education to childrens in schools Education programmes February 2017, the Ministry of Health and Family Welfare unveiled resource material relating to health issues to be used as a part of a nationwide adolescent peer-education plan called Saathiya [4].

Statutory guidance for schools and colleges on safeguarding children and safer recruitment⁵ It is important for adolescents to understand that such relationships are based on mutual consent, trust, transparency and respect. It is alright to talk about such feelings to the person for whom you have them but always in a respectful manner. Boys should understand that when a girl says 'no' it means no [6, 7]. The government on September 20, 2018 has launched the National Database on Sexual Offenders (NDSO). The database contains entries of offenders convicted under charges of rape, gang rape, POCSO and eve teasing. The portal as of now contains 4.4 lakh entries of cases that have been reported since 2008 [8]. It is imperative that we place close attention to helping our youth in middle and high school to learn the definition and behaviours of sexual assault and how they are an abuse of power.

Case record form

A: Preliminary information: Date:

Name: IPD/OPD NO:

Age:

MLC NO:

Sex: Contact no.:

Address:

Menstrual history:

Marital status:

Religion:

Personal history: (addictions,if any)

Education:

Occupation:

Socioeconomic status:

Name of the alleged victim:

Victim brought to the hospital by: Police/ Family member/Any other:

Case reported to police by: Victim / family member/ Any Other: Informant:

B: History/ details of alleged sexual assault:

1. As stated by victim:

- Time of incidence; Morning/ afternoon/ night
- Time of reporting:
- Delay in reporting:
- Cause of delay:
- Level of delay: (Herself, Family, Workplace, Authorities):
- Place of incidence: Victim's home/Accused person's home / hotel/ any other(please specify): _____
- Day on which the incidence occurred was:
- Lunar day:

Which day of week

A festival day: Yes/ No

2) State of accused at the time of incidence, whether under the influence of intoxication: Yes / No

C. Medical/obstretic/surgical history and other details:

- History of menarche/menopause: LMP:
- Is the patient menstruating at the time of examination?
- Obstretic history:

- Use of contraception at the time of assault: Yes / No
- Was the the victim pregnant at the time of sexual assault ?
- History of prior sexual exposure?
- History of masturbation?
- Accused being:Known or Not known
- Relationship between accused and victim:
- Whether sexual relationship was consensual / non – consensual
- Number of episodes of sexual assault
- History of physical assault: present/ absent:
- Mental state of the victim post incidence:
- Whether psychiatry reference need or not: if needed psychiatry medications/ counseling
- Any past medical/ surgical illness:

D. General physical examination:

- General mental condition including orientation to time / place or person
- BP: Pulse:
Height (CM): Weight:
Respiration:
- Sign of intoxication by drug/ alcohol
- Victim consenting for medical examination: If no, reason:
- Examination of clothes:
- Gait of the victim:
- Abdominal examination with special reference to pregnancy:
- Local examination with struggle marks present / absent:

E: Injuries on body: diagram

F: Local examination of genitals/anus and oral cavity:

(Any evidence of infection, matting of pubic hair, staining, edema, bleeding, bruise, tears, abrasions)

- Labia Majora
- Labia Minora
- Pubic hairs
- Clitoris
- Fourchette and Introitus

Hymen Injury: present /absent: Edges:

Bleeding/Oedema:

Position of Tears

Perineum:

Urethra:

Anus/ Oral cavity:

Size, time, day of injury of wound:

G: sample collection of the hospital:

- High vaginal swab:
- Cervical swab:
- Urethral swab:
- Blood for serology (HIV/HBSA G):
- Urine: (routine, microscopy, pregnancy test)
- Post exposure prophylaxis: yes/ not

Victim consenting for medical examination: Yes / No

If no, reason for not consenting:

Type of sexual assault:

Number of episodes of sexual assault:

History of physical assault: present/ absent:

Findings of physical assault: Present / Absent

IF present the details:

6. References

1. Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013.
2. Sexual violence and sexual harassment between children in schools and colleges, Advice for governing bodies, proprietors, headteachers, principals, senior leadership teams and designated safeguarding leads December, 2017.
3. Guidelines for medicolegal care for victims of sexual violence, WHO, 2003.
4. Manual for Medical examination of sexual assault, CEHAT, 2010, reprinted, 2012.
5. The Ministry of Women and Child Development (WCD), 2017.
6. Ghosh, Abantika. Same-sex attraction is OK, boys can cry, girl's no means no. The Indian Express, 2017.
7. FE Online. Homosexual attraction is OK; 'NO' means no: Health Ministry rises above Indian stereotypes. The Financial Express, 2017.
8. Sex offenders registry launched with 4.4 lakh entries. The Hindu, 2018.