

Sexual Assault: a Social Dilemma Prevalence and pattern of Cases Presented at a Teaching Hospital, Lahore

Sadaf Sajid¹, Rifat Sukhera², Muhammad Kashif Butt³, Shaukat Ali⁴, Arif Rashid Malik⁵

ABSTRACT

Introduction: Globally, sexual assault is a heinous crime and a serious social and health problem, mostly affecting women. The situation regarding this social ailment is also alarming in Pakistan. The aim of the study was to ascertain the prevalence and pattern of sexual assault in our society.

Material and Methods: All the cases of sexual assaults which reported at the medico-legal clinic at King Edward Medical University during a period extending from January 2012 to December 2013 were included in the study. This was a retrospective study. Details regarding demographic profile of victim and accused, incident, findings of medical examination and result of the evidence collected were noted.

Results: The most affected age group was 12-20 years (32%). Majority of the victims were female (68%). Majority of the victims knew assailant (75%). The commonest place of the offence was assailant's home (38%). In 32% cases, the number of assailant exceeded more than one. 36% cases were of sodomy and oral sex (un-natural assaults). Extra-genital injuries were seen in 32% cases. Hymen was intact in 7% victims, where as 47% victims had old torn hymen. The result of DNA fingerprinting was positive in 47% cases.

Conclusion: The incidence of sexual assault is relatively low in the present study, but its prevalence is increasing with changing pattern. The study highlights the importance of education of young females and children to prevent this crime. Emphasis is also given on the development of special centers to provide psychological support to the victims, and assistance in prosecution.

Keywords: Sexual Assault, Social Dilemma Prevalence

INTRODUCTION

Sexual violence has always been a menace to civilized society, a threat to human rights and a growing health problem worldwide. It is a heinous crime mostly affecting women, but now children and a limited number of men are also being involved. The term sexual violence encompasses the offences of sexual harassment, indecent assault, threats and rape. WHO has defined sexual violence as, "Any sexual act/ attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting".¹ According to WHO, one in every 5 women experience sexual violence at some time in her life, and these statistics are consistent globally.² In United States, 18.3% women and 1.4% men experience this trauma in their lifetime.³ A similar picture is depicted in Australia, showing the prevalence of sexual assault in 17% women and 4% men, up to age of 18 years.⁴ There has been an escalating tendency of sexual assaults in

Asian countries as well. Statistics showed that 25% women in India are subjected to this cruelty.⁵ The situation regarding sexual assaults is also alarming in Pakistan. The statistics by National crime data in 2013, reported the rape rate of 16.8% per 100,000 women.⁶ This problem in Pakistan gained the surveillance of International media after the politically accustomed rape of Mukhtaran Bibi in year 2003.⁷ A couple of months back rape and violent murder of seven years old Zainab again captured the attention of national and international media to this social ailment, prevailing in Pakistan.

The crime of sexual violence is usually underreported globally as well as in Pakistan because the experience is stigmatizing not only for the victim, but also for the family of the victim. The reason being fear, repeating the traumatic experience, additional trauma of legal procedures and the name being public made public by media.⁸ Being under reported sexual abuse can lead to significant health consequences, such as sexually transmitted diseases, physical injuries and post traumatic depression.⁹

My study has also addressed this progressively increasing social problem prevailing in Pakistan. The purpose of the study was to reveal the trends and pattern of sexual assault in our society.

MATERIAL AND METHODS

This was a retrospective, descriptive study, carried out at King Edward Medical University (KEMU), Lahore. All the cases of sexual assaults, reported to Medco-legal clinic at KEMU, Lahore during the period extending from January 2012 to December 2013 were included in the study. The

¹Assistant professor, Department of Forensic Medicine and Toxicology, Rashid Latif Medical College, ²Senior Demonstrator, Department of Forensic Medicine and Toxicology, Rashid Latif Medical College, ³Assistant Professor, Department of Forensic Medicine and Toxicology, Shalamar Medical and Dental College, ⁴Professor, Department of Forensic Medicine and Toxicology, Rashid Latif Medical College, ⁵Professor, Department of Forensic Medicine and Toxicology, King Edward Medical University, Lahore.

Corresponding author: Sadaf Sajid, Rashid Latif Medical College, 35km Ferozpur Road Lahore, Pakistan

How to cite this article: Sadaf Sajid, Rifat Sukhera, Muhammad Kashif Butt, Shaukat Ali, Arif Rashid Malik. Sexual assault: a social dilemma prevalence and pattern of cases presented at a teaching hospital, Lahore. International Journal of Contemporary Medical Research 2018;5(11):K12-K15.

DOI: <http://dx.doi.org/10.21276/ijcmr.2018.5.11.14>

research protocol was approved by the ethical committee of KEMU, Lahore and informed consent was taken from the subjects before the start of study. All the cases of sexual assaults reported during this time period, were evaluated to determine the various socio-demographic profile and forensic aspects of natural and un-natural sexual assaults. Results obtained were analyzed, and frequencies and percentages were calculated.

RESULTS

The total number of cases which reported at medico-legal clinic at KEMU, during the study period were 9607, out of which 53 were the cases of sexual assaults, so the incidence rate was 0.55%. Demographic data of these cases was collected, in which 16 victims were married and 37 were unmarried (figure-1). Female victims outnumbered male victims, as 36 (68%) were female, and 17(32%) were male. The most common age group which was prone to this cruelty ranges from 12 to 20 years of age, with 23 (32%) cases (table-1).

In majority of cases, the accused was known to the victim, constituting about 75% of the total cases, where as in 25% cases the assailant was some unknown person. Among 46 (68%) cases, the victim was assaulted by a single assailant, whereas in 17 (32%) cases, the number of accused exceeded than one (Gang rape). The location of assault was victim’s house in 13 (24.5%) cases. The assailant’s house was used in 20 (37.7%) cases of sexual assault incidents (figure 2,3,4). Out of 53 cases, presented as incidents of sexual assault 34 (64%) were cases of rape (natural) whereas rest 19 (36%) were sodomy and oral sex (un-natural assaults) (figure-5). The medico-legal characteristics of examination of victims revealed that 25 (47%) victims had old torn hymen. 4 (7%) victims had intact hymen, where as 7 (13.2%) victims

presented with fresh tear of hymen. Vulvae injuries were examined in 14 (26.4%) victims. Among un-natural sexual assaults, 13 (24.5%) victims presented with anal tear. 17 (32%) victims revealed extra genital injuries in the form of abrasions and bruises, on examination. The result of swabs sent for DNA fingerprinting was positive in 25 (47%), and negative in 11 (20.7%) cases. In 16 (30.1%) cases, the result

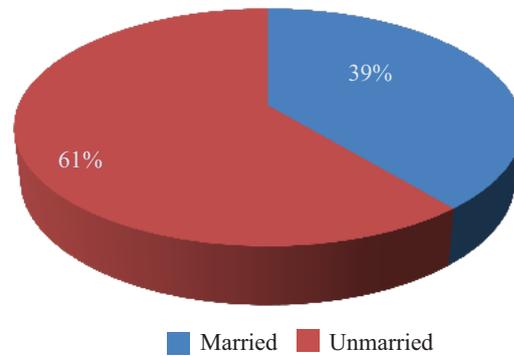


Figure-1: Marital status of victims

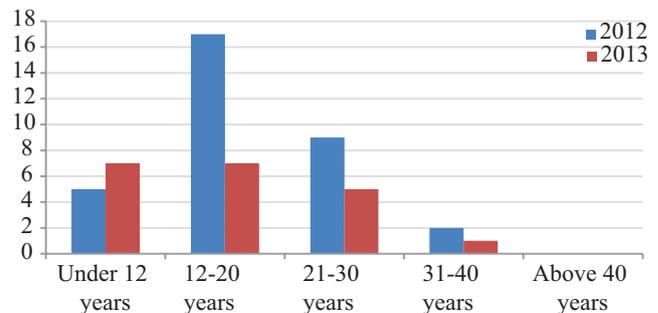


Figure-2: Frequency of age groups involved

Year	Male	Female	Total
2012	11	22	33
2013	6	14	20
Total	17	36	53

Table-1: Gender distribution of cases

Location	Frequency
Victim’s home	13
Assailant’s home	20
Working place	04
Unknown place	16

Table-2: Location of the Assault

1.	Status of Hymen:	
	Old tear	25
	Fresh tear	7
	Intact	4
2.	Presence of vulvae injuries	14
3.	Presence of anal injuries	13
4.	Presence of extra genital injuries	17

Table-3: Medico-legal characteristics of examination of victims

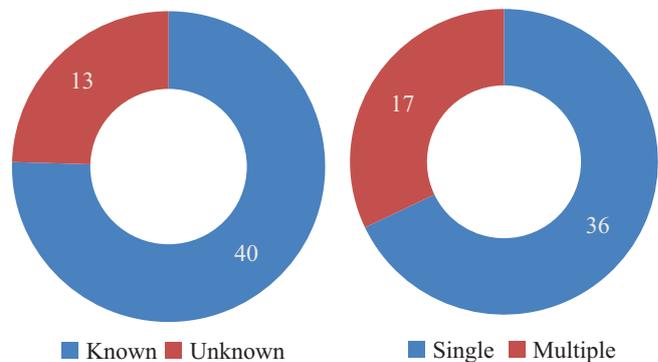


Figure-3: Profile of Assailants; Figure-4: Number of Assailants

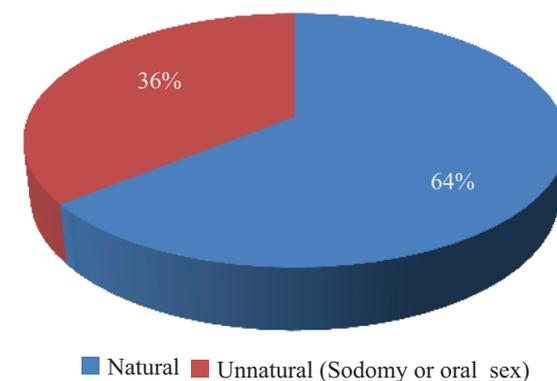


Figure-5: Type of Sexual Assault

of DNA fingerprinting is still awaited (table-3).

DISCUSSION

Sexual assault is a serious crime which has a devastating effect on public health, and creates problem for criminal justice system.¹⁰ It is a traumatic experience that disproportionately affects women more.¹¹ The prevalence of sexual assaults is also increasing in our society, with the passage of time. Although, the incidence rate of this crime is relatively low in my study, but the reported figures, only represent the tip of the ice berg. Studies on this crime have consistently shown that the cases of sexual assaults are always under reported in developing as well as developed countries.^{8,12} The reasons of these cases not being reported are undue publicity by media and the stigma associated with the sex crimes. Due to this reason, the prevention and proper care of sex related crimes is difficult. The incidence rate of reported sexual assaults in my study is also decreased, due to division of areas of Lahore into a number of tertiary care hospitals, so the overall incidents of sexual assaults reporting at medico-legal clinic at KEMU has become relatively low.

While considering the demographic features of the study, it showed that male accounted 32% of the victims of sexual assaults. Global studies have also shown that now men are also becoming more prone to sexual violence.^{13,14} Studies have shown that the age group which is most prone to sexual assaults ranges from 12-20 years.^{15,16} My present study corroborated with the findings. All the male victims reported with unnatural sexual assault (sodomy) in the medico-legal clinic. This indicates the changing trends pattern and trends of sexual assaults in our society, as men and children under 12 years of age are also becoming victims of this heinous crime. Public education programs against sexual violence should include that young children and boys are also at risk. In our study, a significant relationship between the accused and victim was found in 75% cases of sexual assaults. When this relationship was explored it was noted that majority of the assailants were family friends, step fathers, neighbors and ex-husbands. These results are in accordance with the trends worldwide.^{17,18} The study showed that most of the sexual assault victims were assaulted by one assailant. When the location of the incident was probed in the study, it was found that most of the sexual crimes occurred in either accused house or victim's house. The same results were depicted in studies conducted in France and Senegal.^{19,20} A girl becomes more prone to sexual assault, when she would be having a relationship of trust with the assailant.

Physical injuries were revealed in 32% cases of our study; whereas signs of recent genital injuries were present in 26.4% cases. On examination, only in 13.2% cases fresh hymeneal tear was detected, where as 47% of cases presented with old torn hymen. In 7% cases the hymen was intact. Approximately 25% cases revealed anal injuries, on examination. The genital injuries are correlated with age of the victim and early examination after the assault. Early genital examination also increases the detection of evidence of occurrence of sexual assault, which results in

positive legal outcome. The presence of physical injuries is an important evidence of resistance offered by the victim, at the time assault. In the current study, genital specimens were taken at the time of examination, and presence of spermatozoa was confirmed in 47% of cases, while it was negative in 21% cases. These findings revealed that a thorough medical examination of victim of sexual assault is necessary for collecting evidence. The probability of detection and collection of evidence decreases as the interval between the assault and medical examination increases. This ultimately helps the accused as he goes free because of the absence of evidence. For evidentiary examination of sexual assault cases, there is an urgent need for training programs for doctors, law enforcement personals and forensic experts. There is also requirement of specialist centers which can provide psychological support as well as assistance in the prosecution, to the victims.

A few limitations which exist in my study include relatively small sample size and lack of follow up of the victims, as it was a retrospective study.

The study has generated some important findings, which were not properly addressed in our setting before. These include changing pattern of sexual assaults and to develop special centers for the sexual assault victims.

CONCLUSION

Sexual assault is common in our society. Although incidence of sexual assault in this study is relatively low, but its prevalence is increasing with changing pattern. Education of young females and children at early stage is necessary to prevent this crime. Special centers should be developed to provide psychological support and assistance in prosecution, to the victims. Health professionals should be given proper training to collect the evidence during the examination of victim.

REFERENCES

1. Violence against women: preventing intimate partner and sexual violence against women. Geneva: World Health Organization; 2011.
2. Garcia-Moreno C, Watts C. Violence against women: an urgent public health priority. *Bulletin of the World Health Organization*. 2011;89:2-2.
3. Centers for Disease Control and Prevention (CLD). Sexual violence facts at a glance. Washington DC, CDC 2012.
4. Personal Safety Survey. Australian Bureau of Statistics, Canberra; 2013.
5. Babu BV, Kar SK. Domestic violence against women in Eastern India: a population study on prevalence and related issues. *BMC Public Health* 2009;9: 129.
6. Crime report of five years issued available online: Crime report Shakeel Anjum, The News (Pakistan).
7. Laird, Kathleen Fenner. Whose Islam? Pakistani Women's Political Action Groups Speak Out. 2008. Proquest p.101.
8. Dartnall E, Jewkes R. Sexual violence against women: the scope of problem. *Best Prac Res Clin Obstet Gynaecol* 2013;27:3-13.

9. Welch J, Mason F. Rape and sexual assault. *BMJ* 2007;334:1154-8.
10. Schafran LH. Rape is a major public health issue. *Am J Public Health* 1996;86: 15-7.
11. Akinlusi FM, Rabiu KA, Olawepo TA, Adewunmi AA, Ottun TA, Akinola OI. Sexual assault in Lagos, Nigeria: a five year retrospective review. *BMC Womens Health*. 2014;14:115.
12. World Health Organization. World report on violence and health. Geneva: WHO, 2008:1-331.
13. Raj A, McDougal L. Sexual Violence and Rape in India. *The Lancet*. 2014; 383:865.
14. Jewkes R, Abrahams N. The epidemiology of rape and sexual coercion in South Africa: an overview. *Social Science and Medicine*. 2002;55: 1231-44.
15. Hassan Q, Bashir MZ, Mujahid M, Munawar AZ, Aslam M, Marri MZ. Medico-legal assessment of sexual assault victims in Lahore. *J Pak Med assoc* 2007;57:539-42.
16. Roy Chowdury UB, Bose TK. Rape Its medico-legal and social aspect. *J Indian Acad Forensic Med* 2008;30:69-71.
17. Sarkar SC, Lalwani S, Rautji R, Bhardwaj DN, Dogra TD. A study on victims of sexual offences in South Delhi. *J Fam welf* 2005; 51:60-6.
18. Ononge S, Wandabwa J, Kiondo P, Busingye R. Clinical presentation and management of alleged sexually assaulted females at Mulago hospital. Kampala, Uganda. *Afr Health Sci* 2005;5:50-4.
19. Grossi C, Sibelle I, Loren de la Grandmaison G Banasr A, Brion F, Durigon M. Analysis of 418 cases of sexual assault. *Forensic Sci Int* 2003;131:125-30.
20. Diouf A, Gaye A, Sangare M, Ba Gueye M, Diadhiou F. [Medical management of presumed sexual assault victims in Dakar, Senegal. Report of 25 cases]. *Cotraceut Fertil Sex (Paris)* 1995;23:267-70.

Source of Support: Nil; **Conflict of Interest:** None

Submitted: 16-10-2018; **Accepted:** 06-11-2018; **Published:** 17-11-2018