Profile of Victims in Alleged Cases of Child Sexual Assault

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Abstract

Sexual assault is the most common and threatening behavior calculated to induce fear in women of all age group. Child sexual assault has existed in almost all societies throughout history in one or another form. Since 1971 up to 2011, the number of registered rape cases in India increased by 873.3%. The present study was carried out at Department of Forensic Medicine and Toxicology of B.J.G.M.C and S.G.H. Pune, from November 2015 to September 2017. The study has underscored different aspects of child sexual assault in relation to incidence. We have found out that among the total study population, the majority of the victims were females. Most of the cases were contributed by the victims of age group 15 years to <18 years with a mean age of the victim as 14.38 years. Literate victims outnumbered the illiterate one and most of the victims are in secondary high school. The maximum number of incidents occurred during the afternoon and was highest in the summer season. Them history regarding voluntary sexual intercourse revealed that majority of the victims denied the history. The rented rooms were the commonest place of assault in the maximum number of the incidences.

Keyword: Child sexual assault; Victims; Voluntary sexual intercourse.

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Introduction

According to the National Crime Records Bureau [1], since 1971 up to 2011, the number of registered rape cases in India increased by 873.3%. Sexual assault is the most common and threatening behavior calculated to induce fear in women of all age group [2]. Child sexual abuse has existed

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Aims and Objectives

or another form. The Protection of Children from Sexual Offences Act, 2012 [3] define a child as any person below the age of 18 years. In a shocking revelation, a government-commissioned survey [4] in the year 2005 has found that more than 53% of Indian children are subjected to sexual assault i.e. four out of every ten persons. Under the POSCO Act, the numbers of child abuse cases registered for the year 2014 were 8,904 which rose to 14,913 in the year 2015 [5]. In spite of such bleak statistics, there are only a few organizations in India working on the issue in a focused manner [6]. All these information available annually are available only at the crime data maintained by NCRB. Hence, to understand the extent of the problem, its dimensions as well as its intensity at present, this study was undertaken.

in almost all societies throughout history in one

The study is carried out to know different aspects of child sexual assault in relation to incidence of

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most common age group and sex suffered, most common season and time of assault, religion, most common place of assault, history of voluntary sexual intercourse, and history of conceiving after the incidence of assault.

Materials and Methods

The present study was carried out at Department of Forensic Medicine and Toxicology of B.J.G.M.C and S.G.H. Pune, during November 2015 to September 2017 after obtaining clearance from ethical committee written and informed consent from the consenter. The study population involved a total of 534 alleged victims of sexual assault who gave written and informed consent and were of age less than 18 years. A standard proforma was filled after obtaining the information from victim and investigating officer, accompanying relatives and records which included the details regarding the preliminary information such as stated age, sex, educational status, economic status, religion, marital status, complaint at time of admission, details of incidence such as place of assault, the time of assault, etc. were noted into predesigned proforma.

Results

A total of 948 cases of alleged sexual assault were registered at B.J.G.M.C. AND S.G.H. Pune during

Table 1: Distribution of total cases of sexual assault registered during the study period

Sr No	Total sexual assault cases	Percent of Age <18 yrs (n = 948)	Percent of age >18 yrs (n = 948)
1	948	60.23 (571)	39.77 (377)

Table 2: Distribution of cases according to Sex of victims

Sr No	Sex	No of Victims	Percentage (n = 534)
1	Female	496	92.88
2	Male	38	7.12

Table 3: Distribution of cases according to the Age of the victims

Sr No	Age	Number of victims	Percentage (n = 534)
1	< 6 years	08	1.5
2	6 to <9 years	21	3.93
3	9 to <12 years	50	9.36
4	12 to <15 years	121	22.66
5	15 to < 18 years	334	62.55

the study period (November 2015 to September 2017). Out of those 948 cases, 571 cases (60.23%) were less than 18 years of age. (Table 1). Out of 581, a total of 534 victims gave consent for examination and participation in the study.

The study revealed that, out of 534 sexually assaulted victims, the majority of victims were females (92.88%) whereas males accounted for 7.12% of the total study population (Table 2).

The age wise distribution of the cases illustrated that majority of the cases were contributed by victims of age group 15 years to <18 years (62.55%), followed by victims of age group 12 years to <15 years (22.66%). The mean age of victims in the present study was 14.38 years (Table 3).

The maximum number of incidents occurred during the afternoon (50.75%) whereas 8.24% of cases had a history of incidence at night. In 14 cases, the victim does not remember the time of assault due to the history of unconsciousness or due to significantly delayed in registering the case. (Table 4).

The incidence of sexual assault was highest in summer (May – July) which constitute 28.65% of the total cases (153 victims) and least in autumn comprising 20.04% of the cases (107 victims). (Table 5).

The Community wise distribution of cases highlighted the fact that the incidence of sexual

Table 4: Distribution of cases according to time of Assault

Sr No	Time	No of Cases registered	Percentage (n = 534)
1	Morning (6 am - 12 pm)	78	14.61
2	Afternoon (12 noon - 6 pm)	271	50.75
3	Evening (6 pm - 12 am)	127	23.78
4	Night (12 am - 6 am)	44	8.24
5	Don't remember	14	2.62

Table 5: Season wise distribution of sexual assault cases.

Sr No	Season	No of Cases	Percentage (n = 534)
1	Winter (Nov - Jan)	129	24.16
2	Spring (Feb - April)	145	27.15
3	Summer (May - July)	153	28.65
4	Autumn (Aug - Oct)	107	20.04

Table 6: Religion-wise distribution of cases

Sr No	Religion	No of the cases	Percentage (n = 534)
1	Hindu	390	73.03
2	Muslim	121	22.66
3	Christian	23	4.31

assault was highest in the Hindu community (73.03%) (Table 6).

Out of a total of 534 victims examined, 516 victims (96.63%) were literate and illiterates were 18. (Table 7A and Fig. 2). Among those literate, the

 ${\bf Table~7~(A):}$ Distributions of the cases according to Educational status

Sr No	Education Status	No of Cases	Percentage (n = 534)
1	Literate	516	96.63
2	Illiterate	18	3.37

majority of victims were studying in secondary school standard which contributed 43.99% in the total literate victims (227 cases) (Table 7B and Fig. 3). The School dropouts were more in secondary school standard (13.78%) as compared to others.

Table 7 (B): Distribution of cases according to Education status of the Victims

Education Status (n =516)	Studying	Percentage
Pre-primary (< 1st std)	14	2.71
Primary (1st - 4th std)	46	8.91
Middle (5 th - 7 th std)	70	13.57
Secondary (8th - 10th std)	227	43.99
High school (11th - 12th std)	50	9.70
Graduation pursuing (>12th	2	0.39
std)		



 $\textbf{Fig. 1:} \ Distribution \ of total \ cases \ of \ sexual \ assault \ registered \ during \ the \ study \ period$

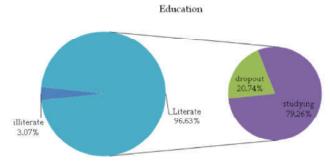
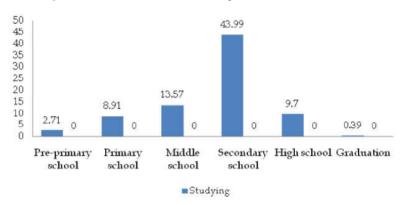


Fig 2: Distributions of the cases according to Educational status



 $\textbf{Fig 3:} \ \textbf{Distribution of cases according to Education status of the Victims}$

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Table 8: Distribution of cases according to the history of voluntary sexual intercourse

Sr No	H/o voluntary sexual intercourse	No of cases (n= 534)	Percent
1	Present	175	32.77
2	Absent	359	67.23

Table 9: Distribution of cases according to a positive pregnancy

Sr. no	Pregnant	No of cases (n= 497)	Percentage
1	Yes	44	8.85
2	No	453	91.15

Table 10: Distribution of cases according to Place of Assault

Place	No of victims	Percent (n=534)
Victim's home	112	20.97
Assailant's home	116	21.72
Rented room (hotel)	141	26.40
Open place	52	9.73
Vehicle	19	3.56
School & hostel	24	4.50
Unknown place	18	3.38
Other (offender's friend, offender's relative)	52	9.73

The history regarding voluntary sexual intercourse revealed that 175 victims (32.74%) had voluntary sexual intercourse whereas 67.23% cases (359 victims) denied the history (Table 8). Out of total cases studied, 44 victims (8.85%) got pregnant following the incidence of sexual assault (Table 9).

The study revealed that the rented room was the commonest place of assault in a maximum of the incidences (26.40%), followed by the assailant's home (21.72%) and victim's home (20.97%) (Table 10).

Discussion

Sexual assault is as old as mankind yet remained the most obnoxious human right violation. The reporting of sexual assault cases corresponds to the tip of an iceberg [7]. The incidence of child sexual assault in the present study is quite closer compared to those observed in studies 'Child Abuse: India 2007' [8] and Marring S.K. et al. [9] i.e. 51%. However, it contradicts to year wise cases registered in the study by Bijoy T.H. et al. [10] (11.54% in 1996) due to the rise in reporting of such social stigma during the past few years because of the public and media awareness.

In the present study, female child victims (92.88%) have outnumbered their male counterparts (7.12%).

This female preponderance is consistent with other studies done [9,11-17]. However in the study 'Child Abuse: India, 2007' by Kacker L. et al. [18], out of the total reported sexual assault cases, 52.94% were male and 47.06% were female. The reason for more incidence of sexual assault in female than males can be attributed to the fact that women are disproportionately the victims of gender violence, which happens in different forms in different social contexts throughout the world.

Even though it is said that no age is safe from sexual assault, in the present study, majority of the cases are contributed by the victims of age 15 years to <18 years (62.55%) which is consistent with findings by other researchers [19-22]. However, few studies show that the majority of victims were from age group 12 to < 15 years [23,24,11,25].

The mean age of the victims in the present study is 14.38 years which is slightly higher to those observed in studies by Maring S.K. et al. [9] (12.4 years) and Emmert C. et al. [26] (11.9%).

In the present study, the majority of the cases occurred during the afternoon (50.75%), followed by incidences in the evening (23.78%) and in the morning (14.61%). The findings are in accordance with findings by other researchers [9,27,28].

The reason for the occurrence of most of the cases in the afternoon can be attributed to the fact that most of the family members and guardians go for work during these times of the day. The children are left at home without the vigilance of parents, which dole out the good opportunity for the assailants.

In the present study, the incidence of sexual assault is highest in summer (May–July) constituting 28.65% of the total cases (153 victims), followed closely by the season of spring where it is 27.15% (145 victims). This observation is consistent with the observation of other Indian studies [10,29]. However, the observation in the present study is in contrary to statistics of another Indian study by Tamuli R.P. et al. [30] which observed winter (October, November) as the most common season of sexual assault.

The reason for our observation can be accentuated as at this season most of the school have vacations and many of the females elope with their boyfriend which result in more number of sexual assault cases. Staying alone at home in scorching weather of summer gives the prospect to the assailants.

In the present study, the incidence of sexual assault is highest in the Hindu community (73.03%) followed by the Muslim community (22.66%) and Christian community (4.31%). This observation is in

agreement with other studies [12,31,32]. The reason for more incidence of sexual assault in Hindus can be explained by the fact that the majority of the population belongs to Hindu religion in this part of the country.

In the present study, 516 victims are literate which contributed 96.63% of the total study population. 18 victims (3.37%) are illiterate. This finding is consistent with the observation of the study by Barek A. et al. [33]. On the other hand, Islam M.N. et al. [24] (69.9%) and Ganguly R.P. et al. [34] (43%) reported that the majority of the victims were Illiterate.

In the present study out of the total 516 literate victims, 410 victims (79.46%) are students and 106 victims (20.54%) are dropouts. This observation of literate victim is consistent with studies of Bhoi S.B. et al. [35] and Kumar-Pal S. et al. [32].

Amongst total literate population, the majority of the victims (227 victims) are studying in secondary school standard which accounts for 43.99%. The study by Das I. et al. [31] in contrast to the present study showed that the majority were studying in middle school standard (25.4%). Tamuli R.P. et al. [30] also showed findings in contrast to the present study and noticed that the majority of victims were high school students (19.90%). This observation of our study proves the fact of several other studies wrong, which says that "more highly educated (secondary schooling and higher) are less likely to be victims of sexual violence compared to less educated victims" [36,37,38].

In the present study, the history of voluntary sexual intercourse is present in 32.74% of cases (175 victims). This is quite closer to the observation by Sarkar S.C. et al. [12] where 43.33% of the victims had a history of voluntary sexual intercourse. The reason for voluntary sexual intercourse in minor age can be attributed to the fact that, in most of the cases, assailant gives false assurance to the female victims to marry her and due to stinginess the victims give consent for sexual intercourse. However, it is sad to note that this false assurance compiles the victim and her family to launch the complaint against the assailant.

In the present study, 8.24% of victims became pregnant after the incidence of sexual assault. The observation in our study is quite closer to that of Tamuli R.P. et al. [30] where 5% of cases were pregnant at the time of examination. Sukul et al. [29], on the other hand, noted the highest incidence of pregnancy after sexual assault (16.09%) and Barek A. et al. [33] noted the lowest incidence (1.17%).

In the present study, the rented rooms are the

commonest place of assault in a maximum of the cases (26.40%), followed by the assailant's home (21.72%) and victim's home (20.97%). This is in agreement with the study by Tamuli R.P. et al. [30] (19.89%). However, this is in contrast to the study by Bhoi S.B. et al. [35] (assailant's home 38.52%), Sarkar S.C. et al. [12] (victim's home 41.1%). The victim's home as the most common place of assault was reported by Grossin C. et al. [15] (41%) and Vadysighe A.N. et al. [11] (34%). The assailant's home as the most common place of assault was observed in the study by Maring et al. [9], Ononge S. et al. [27], and Kumar Pal S. et al. [32].

The reason for rented rooms being the most common place for sexual assault can be attributed to the fact that the victim elopes with the assailant and start living separately at the distant place.

Conclusion

Child sexual abuse is the most common and threatening behavior calculated to induce fear and depression. It has existed in almost all societies throughout history in one or another form. However, recognition of child abuse as a social problem is of recent origin and is on rising. To make social awareness about the fact in society, sensitization and protection programme should be a high priority. Young girls should receive special attention and guidelines should be made by considering the most common age group suffered. Singular policies should be made for allowing the rented rooms to younger visitors, e.g. age verification, ID proof etc. Guidelines and education of girls and parents should be made available for early detection and reporting of such cases. The person in a position of trust and responsibility should be available with children who are alone at home. Working parents should be made aware of the safety and security of their children through agencies like CCTV surveillance, security etc.

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References

 Behere PB, Rao TS, Mulmule AN. Sexual abuse in women with special reference to children:

- Barriers, boundaries and beyond. Indian journal of psychiatry. 2013 Oct;55(4):316.
- Gupta N, Agrawal NK, Bhatia MS. The protection of children from sexual offenses (POCSO). Delhi Psychiatry Journal. 2013;16(2):429-31.
- 3. Incidence Of Cognizable Crimes (IPC) Under Different Crime Heads during 1953 to 2011. Available from: http://ncrb.nic.in/CD-CII2011/cii-2011/1953-2011.pdf. [accessed on 2017/03/09].
- Government of India Child violence http://ncrb. nic.in/StatPublications/ CII/CII 2015 /FILES/ Tables/Additionaltables.24.11.16.pdf.
- Child abuse statistics. Available from https:// www.savethechildren.in / news /child_abuse_ statistics2015.[accessed on 2017/03/09].
- Child sexual abuse. Available from http://arpan. org.in/the-issue/csa-in-the-indian-context. [accessed on 2017/09/03].
- Okonkwo JE, Ibeh CC. Female sexual assault in Nigeria. International journal of gynecology & obstetrics. 2003 Dec 31;83(3):325-6.
- Ministry of Women and Child Development. Model guidelines under Section 39 of The Protection of Children from Sexual Offences Act, 2012. Available from: http://wcd.nic.in/act/POCSO-ModelGuidelines.pdf. [Accessed on 2017/09/08].
- 9. Maring SK, Meera T, Singh TB, Nabachandra H. Child sexual assault: A study in Manipur. J Med Soc. 2013;27(3):187-90.
- Bijoy TH, Pradipkumar KH, Lepcha OT. A study of child rape in Manipur. J Indian Acad Forensic Med 2006;28:135-7.
- 11. Vadysighe AN, Senasinghe DP, Attygalle U, Abeysekara AM, Gunasena MD, Ratnayake RM, Banda YI. An analytical study on socio-demographic and medico-legal factors of victims of sexual assault from the Central and Sabaragamuwa Provinces in Sri Lanka. Sri Lanka Journal of Forensic Medicine, Science & Law. 2015 Nov 20;6(1):12-20.
- 12. Sarkar SC, Lalwani S, Rautji R, Bhardwaj DN, Dogra TD. A study on victims of sexual offenses in South Delhi. J Fam Welf. 2005;(51):60-6.
- 13. Sagar MS. Sexual offenses in South Delhi. Journal of Forensic Medicine and Toxicology. 1992;9:9-11.
- Bhardwaj DN, Sharma RK, Sagar MS, Murty OP. Study of sexual offenses in South Delhi. J Forensic Med Toxicol. 1995;12(3&4):33-4.
- 15. Grossin C, Sibille I, de la Grandmaison GL, Banasr A, Brion F, Durigon M. Analysis of 418 cases of sexual assault. Forensic science international. 2003 Jan 28;131(2):125-30.
- 16. Riggs N, Houry D, Long G, Markovchick V, Feldhaus KM. Analysis of 1,076 cases of sexual assault. Annals of emergency medicine. 2000 Apr 30;35(4):358-62.

- 17. Fimate L, Devi M. An analytical study of rape in Manipur. International Journal of Medical Toxicology and Legal Medicine. 1998;1:1-2.
- Kacker L, Mohsin N, Dixit A, Varadan S, Kumar P. Study on child abuse: India, 2007. Ministry of Women and Child Development, Government of India; 2007.
- Roy Chowdhury U B, Bose T K, and Prasad R.Rape: Its medico-legal and social aspect. J Indian Acad Forensic Med. 2008;30(2);69-71.
- 20. Tyagi S, Meshram VP, Sukhadeve RB, Pathak HM, Pandey H. Observational Study of Victims of Alleged Sexual Assault in Central Mumbai Region. Medico-Legal Update. 2017 Jan 1;17(1).
- 21. Fimate L, Devi M. An analytical study of rape in Manipur. International Journal of Medical Toxicology and Legal Medicine. 1998;1:1-2.
- Sharma DC, Aggarwal KK, Bhullar DS. Analysis of vaginal swab examination vis-à-vis the magnitude of rape in Punjab. Journal of Indian Academy of Forensic Medicine. 2008;30(4):186-93.
- 23. Malhotra N, Sood M. Sexual assault A neglected public health problem in the developing world. Int J Gynecol Obstet. 2000;71:257-8.
- 24. Islam M. Retrospective study of alleged rape victims attended at Forensic Medicine department of Dhaka Medical College, Bangladesh. Legal Med (Tokyo). 2003;suppl 1:351-3.
- 25. Sweta L, Alpana S, Neelam B Vaid, Sanjeeta B, Sexual Assault Survivors Reporting to a Tertiary Care Hospital in Delhi: A Retrospective Analysis. Journal of Clinical and Diagnostic Research. 2014 Sep;8(9):OC09-OC12.
- Emmert C, Köhler U. Data about 154 children and adolescents reporting sexual assault. Arch Gynecol Obstet. 1998;261:61-70.
- 27. 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.
- 28. Momonchand A, Pradipkumar KH. Alleged rape in and around Imphal. J Indian Acad Forensic Med. 2003;25:147-9.
- 29. Sukul B, Chattopadhyay S and Bose TK. A Study of the Victims of Natural Sexual Offence in the Bankura District in West Bengal. J Indian Acad Forensic Med. 2009;31(1):25-9.
- 30. Tamuli RP, Paul B, Mahanta P. A statistical analysis of alleged victims of sexual assault -a retrospective study. J Punjab Acad Forensic Med Toxicol. 2013;13(1):7-13.
- 31. Das I, Chakraborty A, Batabyal S, Sukul B, Dhar G. A study on the Socio-demographic profile of the victims of sex offenses attending the Department of Forensic Medicine of a Tertiary Care Institute of Kolkata, West Bengal.IOSR-JDMS. 2013;(11)4:43-47.

- 32. Kumar-Pal S, Sharma A, Kumar Sehgal A, Singh-Rana A. A Study of Sexual Assaults in Northern Range of Himachal Pradesh. International Journal of Medical Toxicology and Forensic Medicine. 2015;5(2):64-72.
- 33. Barek A. A study on the pattern of Alleged Rape cases at SBMC, Barisal. Anwer Khan Modern Medical College Journal. 2010;1(1):15-8.
- 34. Ganguly RP, Patron KK, Jha T, Bhattacharya AR, Sarkar D. Sexual assault and its medical, Medicolegal and Social aspects-a retrospective study. J Indian Med Assoc. 2010; October;108(10): 682-90.
- 35. Bhoi SB, Shirsat KB, Meshram SK, Waghmare SA, Kamle RA. Profile of sexual offenses: A 4-year retrospective study at tertiary care hospital of Western Maharashtra. 2016;144(37.99):379.
- 36. Brown L. et al. Sexual violence in Lesotho. Studies in Family Planning, 2006;37(4):269–80.
- 37. Fehringer J.A., Hindin MJ. Like a parent, like a child: generational transmission of partner violence in Cebu, the Philippines. Journal of Adolescent Health. 2009;44(4):363-71.
- 38. Flake D.F. Individual, family, and community risk markers for domestic violence in Peru. Violence Against Women. 2005;11(3):353–73.