ORIGINAL ARTICLE

Incidence of Alleged Sexual Assault Cases in Lahore: It's Medicolegal and Social Aspects

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ABSTRACT
Introduction: Among all the crimes, sex related crimes are the most heinous and humiliating.
Objective: The aim of our study was to ascertain incidence of sexual violence in Lahore and to analyze the data with respect to epidemiological and demographic characteristics, relationship between victim and assailant, time of reporting of cases, pattern of physical injuries and evidence collection from victims of sexual violence.
Material and Method: This retrospective study was conducted on 27 cases of sexual assault brought to Forensic Medicine Department of King Edward Medical University, Lahore from January 2012 to December 2013 for medicolegal examination. Details pertaining to age, sex, religion, socioeconomic status, site of incident, time interval between incidence and medical examination, number of assailants, relationship with assailants, findings of genital examination and results of evidence collected were noted. Data was analyzed using SPSS version 20.
Result: Out of 27 victims of sexual assault, (81.4%) were females and (18.5%) were males. All victims of sodomy were males. The most affected age group was 10-19 years (62.9 %). Majority of the victims were unmarried (59.2%) and students (55.55%). The highest number of victims was examined on the first and second day (22.22% each). Gang rape was seen in 37% cases. The vast majority of the victims knew the assailant (44.4%). External injuries were seen in 5 cases (18.51%). Hymen was intact in 2 victims (9.09%). The tears of hymen were old in 12 victims (54.54%) while they were fresh in 8 victims (36.36%) out of 20 cases of ruptured hymen. Tear of anal mucous membrane was seen in 3 victims of sodomy (11.11%). Semen was detected in 7cases (26.92%).
Conclusion: The study highlights the importance of addressing rape as an important health issue.

Key Words: Sexual Assault, Rape, Sodomy, Medicolegal examination, Victim, Assailant

INTRODUCTION
In Pakistan the commonest motives of violent crimes are zan (woman), zar (money), and zameen (land). Among all the crimes, sex related crimes are the most heinous and humiliating [1].

Sexual offences are particularly attributed to highest living species Homo sapiens and are not found in lower animals. This fact is thought alarming that the humans in spite of being Ashraful Makhlooqat can sank lower than the lowest by becoming a slave to passion. This is only man who is found guilty of raping young innocent girls. No animal has ever done such a thing to its females[2].

Sexual violence includes acts that range from verbal harassment to forced penetration, and an array of types of coercion, from social pressure and intimidation to physical force.

Sexual assault is defined as 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[3].

Sexual assault is a barbarous crime. It is primarily a crime of dynamism and ascendency to fulfill sexual urge, to show masculinity, to get control of the victim, to take revenge and various other reasons, out of defective mind, out of ignorance of the law of the land or out of opportunity [4].

Specific causes of sexual offences may include psychological and moral ill health, sexual insanity due to lack of religious, moral and sexual education. Drug addiction to alcohol, cocain, bhang and opium cannot also be omitted[2].

Sex related offences are universal phenomena; no society is immune to it. All people, regardless of age, ethnicity, race or economic

status are affected. Women and children are the most vulnerable victims of this crime all over the world[1]. In addition, some populations reveal high rates of sexual victimization such as Native Americans, immigrants and the elderly that are often voiceless in society and deprived from medical, legal and social services.

Sexual assault is responsible for severe and irreparable damage to the physical and mental health of the victims. Sexual violence may culminate in homicide, suicide or acute depression of victims[5].

The incidence of sexual violence against women is increasing worldwide. It is estimated that, worldwide, one in five women will become a victim of rape or attempted rape in her lifetime[6]. In USA, 683,000 women are raped per year[7]. In Nigeria four out of every ten women become victims of sexual assault [8]. Incidence of rape in South Africa is approximately 300 per 100,000 women[9]. Moreover, the percentage of women reporting being a victim of sexual assault is 60% in Japan[10]and 25% in India[11] .

Rape in Pakistan continues to be a barbarous tool for suppressing women in the country[12].According to a study by Human Rights Watch, there is a rape once every two hours[13]. Since 2008 , 10,703 cases of rape have been registered across the country [14].

The forensic physician is primarily involved in the documentation of the findings and the collection of evidence[15].Therefore, appropriate and meticulous clinical examination is of crucial importance and analysis of biological specimens such as semen and blood yield vital evidence in identification of perpetrator of the crime[16].

The underreporting of cases might be due to socio cultural barriers leading to delay in reporting and medicolegal work done by the untrained lady doctors[17].

This study was conducted to ascertain the incidence of sexual violence in Lahore with reference to various variables contributing to existing data and to create a sense of awareness and to suggest preventive measures.

AIMS AND OBJECTIVES

The aim of our study was

- To ascertain figure and facts of sexual violence in Lahore city.
- To analyze the data with respect to epidemiological and demographic presentation, relationship between victim and accused, time of reporting of cases, of physical injuries and evidence collection from victims of sexual violence.
- To contribute to existing information on sexual offences
- To contribute towards spreading awareness and information about sexual offences to all sectors of society.
- To suggest preventive measures to minimize the violence.

MATERIAL AND METHODS

This retrospective study was carried out in the Forensic Medicine Department of King Edward Medical University, Lahore from January 2012 to December 2013. The record of all the sexual assault victims who had been brought for examination in the Department was reviewed. The area that has been covered is within the jurisdiction of police stations attached with Mayo hospital/KEMU, Lahore.

Examination of all victims was carried out by the female doctors of the said department. Details pertaining to age, sex, religion, socio economic status, site of incident, time interval between incident and medical examination, number of assailants and relationship with the assailants, findings of genital examination and results of evidences collected during the examination were noted. The data was retrieved from the court orders, police papers, medico-legal certificates, clinical notes and history as narrated by the victims during the examination. The cases with incomplete history were discarded from the preview of the present study. Total 27 cases which fulfilled the above criteria were studied; data entered on a proforma prepared for the purpose, was then critically analyzed and discussed.

RESULTS

Out of 27 victims of sexual assault, 22(81.4%) were females and 5 (18.5%) were males. A large number of cases were of rape 22 (81.4%) while sodomy cases were 5 (18.5%).

All males were victims of sodomy. (Table 1)

The most affected age group was 10-19 years (62.9 %) followed by 20- 29 years (14.8 %) whereas age groups 0-9 years and 30-39 years showed equal incidence (11.1% each) as shown in Table 2.

The majority of the victims 16 (59.2%) were unmarried while 11 victims were unmarried (40.7%) as shown in table 3.

Table 1: Type of Sexual Offence According to Gender

Offence	Females	Males	Number	Percentage
Rape	22	0	22	81.4
Sodomy	0	5	5	18.5
Total	22	5	27	100

Table 2: Distribution of The Victims According to Age Group

Age Group (in years)	Females	Males	Frequency	Percentage
0-9	2	1	3	11.1
10-19	13	4	17	62.9
20-29	4	0	4	14.8
30-39	3	0	3	11.1
Total	22	5	27	100

Table 3: Marital Status of The Victims

Marital Status	Number	Percentage
Unmarried	16	59.2
Married	11	40.7
Total	27	100

Table 4: Occupation of The Victims

Occupation	Number	Percentage
Employed	3	11.1
Student	15	55.55
Housewife	9	33.3
Total	27	100

Table 5: Distribution of The Victims According To Time of Examination

Days/ Weeks	Number	Percentage
Same day	6	22.2
Second day	6	22.2
Third day	3	11.1
Fourth day	1	3.7
Fifth – seventh day	2	7.4
First week – second week	5	18.5
Second to third week	3	11.1
More than three weeks	1	3.7
Total	27	100

Maximum numbers of the victims were students 15 (55.55%) while housewives 9 (33.33%) and employed cases 3 (11.1%) following behind. (table 4)

The highest number of victims was examined on the first and second day both showing equal frequency 6 (22.2%). Examinations between first and second week come next 5 (18.5%) followed by third day and second to third week registering same frequency 3(11.1%). Least number of victims were examined on fourth day and after four weeks of the incident 1 each (3.7%) as shown in table 5.

There were 17 (62.96%) cases of rape by single assailant and 10 cases of gang rape (37.03%) shown in table 6.

Table 6: Number of Assailants

No. of assailants	Number	Percentage
Single	17	62.96
Multiple	10	37.03
Total	27	100

Table 7: Distribution of Victims According To Relationship of with Assailant

Relationship with assailant	Number	Percentage
Acquaintance	12	44.4
Stranger	4	14.8
Neighbour	10	37
Student of the same school	0	0
Master and servant	0	0
Teacher and student	1	3.7
Total	27	100

The vast majority of the victims knew the assailant 12 (44.4%). The offence was committed by neighbour, stranger and teacher in 10 (37%), 4 (14.8%) and 1(3.7%) cases respectively. (Table 7)

The most common site of offence was the house of the accused 15 (55.5%) followed by isolated place 11 (40.7%) while the victims house was least common 1 (3.7%) shown in table 8.

Table 8: Distribution of Victims According To Place of Incident

Place of incident	Number	Percentage
Victim's house	1	3.7
Accused house	15	55.5
Isolated place	11	40.7
Field	0	0
Guest house/ hotel	0	0
Hostel	0	0
School / madrassa	0	0
Total	27	100

On local examination, external injuries were seen in 5 cases (18.51%) comprising of abrasions and bruises. Hymen was intact in 2 victims (9.09%). The tears of hymen were old in 12 victims (54.54%) while they were fresh in 8 victims (36.36%) out of 20 cases of ruptured hymen. Tear of anal mucous membrane was seen in 3 victims of sodomy (11.11%) shown in table 9.

Swabs were taken for the presence of semen in 26 cases. In one case, it was not taken as more than three weeks had elapsed since the incident. Semen was detected in 7cases only (26.92%) while the result was negative in 19 cases(73.07%) as shown in table 10.

Table 9: Distribution of Genital Injuries in Sexual Assault Victims

Injuries	Number	Percentage
External findings		
Abrasion Bruises	5	18.51
Fissure	0	0
Foreign body	0	0
Internal findings		
Intact hymen	2	9.09
Ruptured hymen(fresh)	8	36.36
Ruptured hymen(old)	12	54.54
Tear of anal mucous membrane	3	11.11

Table 10: Results of Chemical Examiner Report

Result	Number	Percentage
Positive	7	26.92
Negative	19	73.07
Total	26	100

DISCUSSION

Sexual offences are one of the most common and violent crimes against women which have been treated through history with silence. Its data usually comes from the police, medicolegal centers, NGOs and surveys. The number of cases of sexual violence could be higher because many victims do not report for the reason that they are ashamed, embarrassed or afraid of being blamed[18].

A survey in 2010 reported that 1 in 5 females and 1 in 71 males will be raped at some time during their life. 51% of female victims of rape reported to be raped by their intimate partner and 40.8% by an acquaintance. 52.4% of male victims report being raped by an acquaintance and 15.1% by stranger[19].

In many parts of the world, rape is very rarely reported. Estimates from research suggest that between 75 and 95 percent of rape crimes are never reported. The under reporting of cases of sexual assault is due to the extreme social stigma cast on women who have been raped, the fear of being disowned by their families, or subjected to violence, including honor killings[12]. It is an important public health concern throughout the world[20] and is now considered a situation requiring urgent medical treatment[21].

Sex related cases are increasing day by day in our country. The study was conducted on 27 alleged victims of sexual assaults during 2012-13. In our study, majority of victims were females (81.4%). This is in agreement with study by Sarkar et al[1], Bhardwaj et al[22] and Grossin et al[23]. In keeping with the study of Sarkar et al [1] and Bhardwaj et al[22], all males were victims of sodomy in the study which is regarded as unnatural sexual offence and not a male rape victim in the law of our country.

In our study, 11.11% of victims were under 10 years of age. This is consistent with Sarkar et al(12.2%)[1] and Tamuli et al (10%)[5]. The most vulnerable age group to sexual assault was 10-19 years (64.2%) . Maximum number of victims was also reported in the age group 10-19 years by Manzoor et al (62.2%)[24], Parveen et al(51.6%)[25], Al-Azad et al (69.57%)[26] and Sarkar et al [1](68.9%) respectively. Moreover, 40.70% victims between 13-20 years were reported by Bhardwaj et al[22]. Islam et al [27] noted 33.5% cases in 12-15 years age group.

All these are in accordance with our study. This could also be due to the fact that this is the

age at which females in our society are less aware and ignorant of the vagaries of the society. As they mature, they tend to be more careful of strangers and acquaintances alike. There is an urgent need to educate the females attaining puberty. Cultural taboos making mothers and other elderly females in the family reluctant to discuss the process of growing into adulthood should be discouraged. Females who have to go out independently or may otherwise come across such a situation should be made aware of the alarming signals indicative of such impending situation and how they should act in order to protect themselves. According to our study, majority of the victims were unmarried 16 (59.2%) which is in line with study of Al-Azad et al (78.69%)[26], Parveen et al (63.45%)[25] , Islam et al (56.6%)[27] and Tamuli et al (63%)[5]. Greater involvement of unmarried victims depicts the typical characteristic of developing countries where the female children are oppressed right from their birth both inside as well as outside their families.

All the victims were Muslims. Al-Azad et al [26] also reported similar Muslim predominance (76.08%).This is consistent with the population majority of both the countries. All cases belonged to lower socioeconomic class. Sarkar et al[1] and Al-Azad et al[26] noted that lower socioeconomic class was prevalent in 92.22% and 93.04% victims respectively thus in agreement with our results.

Tamuli et al[5] reported that students (50.52%) were the commonest victims thus supporting our findings (55.55%).

22.2% victims in the present study reported to Forensic Medicine Department of KEMU on the same day or second day of incident which is in agreement with Tamuli et al (38.69%)[5]. Moreover, studies in Portugal[28] and Scandinavian countries[21] showed that the victims were examined earlier with 61-80% reporting within the first 24 hours. However, other studies reported a delayed presentation for examination. 76% victims reported after a passage of 72 hours in study by Hassan et al[29] while there was more than 15 days delay of presentation in 36.56% of cases in study by Parveen et al[25]. The early reporting may be due to the awareness of the population.

The victim was assaulted by more than one assailant in 37.03% of the cases which is in accordance with Parveen et al (31.18%)[25] and Hassan et al (30%)[29]. However, this proportion of gang rape is more as compared to the one reported by Sarkar et al (7.8%)[1] in India, Al-Azad et al (5.22%)[26] in Bangladesh and Riggs et al (20%) in USA[30].

Vast majority of the victims knew the assailant (44.4%). This is in line to study by Sarkar et al (44.4%)[1], Parveen et al (59.1%)[25] and Hassan et al (57%)[29]. Also similar finding has been retrieved by data from India, Portugal, Malaysia, South Africa and Uganda[1, 28, 31- 34].

This trend can be explained by the fact that a victim is more likely to be assaulted by a person known to the victim and thereby a person that has some relationship of trust with the victim.

In the study, the most reported site of offence was the accuser's house (55.5%) followed by isolated place (40.1%). This is in contrast to results of Sarkar et al[1] and Grossin et al [23] who reported victims house as the commonest place.

Genital injuries were seen in 18.51% of cases in our study. Sarkar et al[1] also observed similar incidence (11.1%).Ninety one (39.57%) victims were found with genital injuries in study by Al-Azad et al[26]. Islam et al[27] and Grossin et al[23] reported genital injuries in 32.3% and 35.1% cases respectively.Hymen was intact in 9.09% cases. Out of 90.01% hymeneal lesions, 36.36% had fresh hymeneal tears and 56% had old tear in hymen as they had the history of previous sexual act. Sarkar et al[1] also reported 85.5% cases of hymeneal tears, maximum were of old rupture. 34% had hymeneal lesion and 56% had no fresh tear in hymen in study by Al-Azad et al[28]. Tamuli et al[5] noted that 5% cases had recent hymeneal tears while intact hymen was seen in 6.65% cases. Anal lesions were seen in 11.1% cases which is in accordance with Sarkar et al[1] (7%).

Semen was detected in 7 cases (25.92%) while it was negative in twenty cases (74.07%). This is consistent with results of Grossin et al[23] and Riggs et al[30] who detected semen in 30.3% and 48% in their studies respectively. This can be explained by the fact that the probability of detecting semen decreases as the interval between the assault and medical examination increases. Spermatozoa remain motile for 1-6 hours after ejaculation into the vagina. Few motile sperm can be seen after 6 hours, but the persistence of motility is very variable depending upon the time in the menstrual cycle and effects of hormonal preparations like the contraceptive pills upon sperm motility. After spermatozoa become immotile, they remain intact for as long as 48 hours, and they then disintegrate into heads and tails. In the living, identifiable portions of

spermatozoa can be seen for up to four days after ejaculation into the vagina[3].

CONCLUSION

Rape victims usually belong to young age group between 10-19 years; majority of being unmarried and students having acquaintance. Assault is committed by single person at accuser's house. Most common genital finding is old healed ruptured hymen.

Sexual assault leaves a permanent scar on the mind and body of the victim. Child victims suffer the greatest. Not only the victims but also her entire family faces embarrassment and humiliation.

Legal assistance will be of great help to the victims if it comes on time. Rape victims are in dire need of support by Government and NGO s in the form of counseling and rehabilitative measures.

Special laws for protection of women should be strictly implemented. The task cannot be accomplished by the police alone but has to be shared by all the other wings of the criminal justice system. Particularly, the judiciary should make sure that no perpetrator of these crimes goes unpunished. Along with the criminal justice functionaries, nongovernmental organizations, media personnel, political leaders, social workers and even the common man have to coordinate to create an environment free from sexual violence against women and children.

What is most important is that the general attitude of society needs to be changed in favour of the dignity of women and children which would necessitate large scale literacy among women folk and the economic improvement of the downtrodden masses.

Health professionals have a large role to play in supporting victims of sexual assault medically and psychologically and collecting evidence to assist prosecutions.

For prevention of these crimes, too, the moral equipment comes handy. Islam has laid the greatest possible stress on chastity (Ismet and Iffat) both for men and women, modesty (Hya), equal status for women and sanctity of life in general, thus making Islamic Society a hostile soil for such crimes as zina, zina bil jabr. The instructions on the subject are as thorough, foolproof and in such detail, that it is not possible to excel them.

Chastity has been defined in Quran as: "Momins are those who guard their chastity both men and women". Al- Qura'an Sura 23, verse 5 and Sura 33, verses 3-5), etc.

Muslim men and women have been enjoined to keep their gazes low (and not stare others in the face), and women have been forbidden to display their charms or make-up before men other than their husbands or near relatives (with whom marriage is prohibited)—(Al-Quraan Sura 24, verses 30, JI), etc.

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