

Study of Profile of Accused of Sexual Offences in Thoothudi Medical College- A Retrospective Study

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Abstract

Sexual violence is a major public health and human rights problem with consequences on women's physical, mental sexual and reproductive health. Data on sexual violence typically come from police, clinical settings, nongovernmental organisations and survey research. The magnitude of the problem of sexual violence may be viewed as tip of iceberg floating in water. There is limited amount of information on sexually violent men, it appears that sexual violence is found in almost all countries in all socioeconomic classes and in all age groups from childhood onwards. Data on alleged accused also show that most direct their acts at women whom they already know. A total of 70 cases were analysed, 40 (57.14%) cases belong to Hindu religion, 44 (62.85%) cases were unmarried, 32 (45.71%) cases were illiterate, 26 (37.14%) cases the offence occurred in open space, 34(48.57%) cases the incident was consensual act. In 35(50%) cases the alleged accused and victim was lovers, the age of the accused in 38(54.28%) cases were between 19-25 years, age of the victims in 55 (78.57 %) cases was in between 13 – 18 years. In examination of alleged accused there were no scars, ulcer, sinus discharge and sexually transmitted disease in any of the case. Sexual violence has generally been a neglected area of research in most parts of the world, yet the evidence suggests that it is a public health problem of substantial proportions. Much more needs to be done both to understand the phenomenon and to prevent it.

Keywords: Sexual Assault, Alleged Accused, Accused Examination

Introduction

Sexual violence is a major public health and human rights problem with consequences on women's physical, mental sexual and reproductive health. Sexual violence occurs in persons with intimate partnership, within large family or community or during times of war conflict, it is a deeply violating and painful experience for the survivor.⁽¹⁾ Available data suggest that in some countries nearly one in four women may experience sexual violence by an intimate partner and up to one third of adolescent girls report their first sexual experience as being forced⁽²⁾

Data on sexual violence typically come from police, clinical settings, nongovernmental organisations and survey research. The magnitude of the problem of sexual violence may be viewed as tip of iceberg floating in water. Many women do not report sexual violence to police because fear being blamed, not believed or otherwise mistreated they are ashamed. Data from medicolegal clinics, on the other hand, may be biased towards the more violent incidents of sexual abuse. The proportion of sexual offence victims who seek medicolegal services for problems related to sexual violence is also relatively small. There is limited amount of information on sexually violent men, it appears that sexual violence is found in almost all countries in all socioeconomic classes and in all age groups from childhood onwards. Data on alleged accused also show that most direct their acts at women whom they already know⁽³⁾.

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Materials and Methods

The present study is a retrospective study conducted in Department of Forensic Medicine, Thoothukudi Medical college in the period Jan 2019 to June 2019. All the alleged accused of sexual offences brought to the department as medicolegal cases were included in the study. All the documents pertaining to the alleged accused such as history of the case, First Information Report, potency certificate, Forensic Science Lab report, were analysed in a systematic manner.

Results and Discussion

A total of 70 cases were analysed, in analysing religion 40 (57.14%) cases belong to Hindu religion, 10 (14.28 %) cases belong to Christian and 2(2.85 %) cases belong to the Muslim religion. Religion not mentioned in 18(25.71%) cases. **Fig:1.**

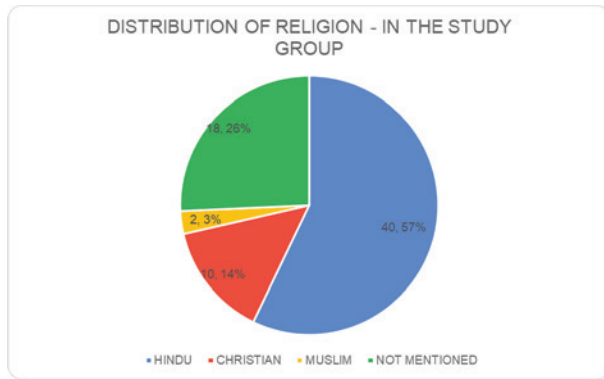


Fig:1. Distribution of religion among the study group

In analysing marital status of the accused 44 (62.85%) cases were unmarried, 26 (37.14%) cases were married. In analysing marital status of the victims 67(95.71%) cases were unmarried this is consistent with the study conducted by Surender K P⁽⁴⁾ 97.23% victims were unmarried and 1.10% were married.

In analysing occupation of the deceased 58 (82.85%) cases were labour, 6(8.57%) cases were students and professional 4 (5.71%) cases and not mentioned in 2 (2.85%) cases

In analysing education status 32 (45.71%) cases were illiterate, 28(40%) cases completed high school, 4(5.71%) case completed degree and education status not mentioned in 6 (8.57%) cases.

In analysing the place of occurrence of the offence, 26 (37.14%) cases seen in open space, this is in contrast with the study conducted by surender⁽⁴⁾ were 37.5%

cases offence occurred in the house of the accused by 22 (31.42 %) cases were in accused house, 17 (24.28%) cases in relative house, in 5 (7.14%) cases victims house was the place of occurrence.

In analysing manner of offences 34(48.57%) cases was consensual, and in 28(40%) cases some amount of force was involved in the incident, in 8(11.42%) cases nothing was mentioned. In these cases, the age of the victim was less than 12 years. Fig:2

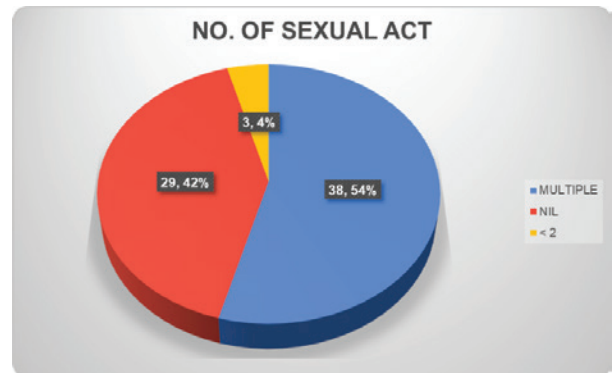


Fig:2. Number of sexual act by the alleged accused.

In analysing the relationship of the accused to the victim 35(50%) cases were lovers. This contrast to the study conducted by Lakew Z⁽⁵⁾, were 42% were strangers. In this study 13 (18.57%) cases the alleged accused was neighbour. In 6(8.57%) cases stranger, friends and relatives in 5(7.14%) cases each. In 4(5.71%) cases student and teacher relationship existed. Fig: 3

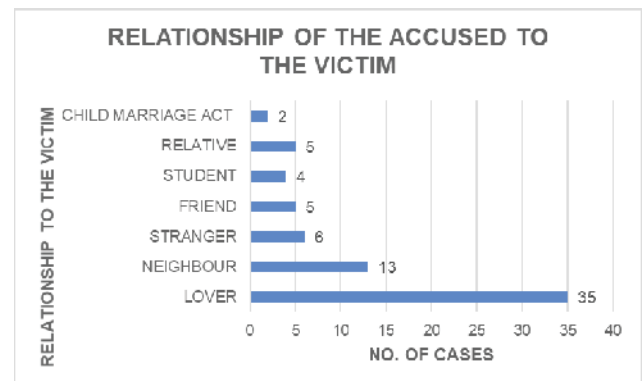


Fig:3. Relationship of the accused to the victim in the study group

In analysing age of the accused 38(54.28%) cases were seen in 19-25 years, this is consistent with the study conducted by Shrikant⁽⁶⁾ and 73% of cases seen in 11-30 years in study conducted by Uchendu⁽⁸⁾. (22.85%) cases in 26 -32 years. 4 5.71(%) cases seen in 33- 40 years. 5 (7.14%) cases seen in 41 – 48 years. 4 (5.71%) cases seen in 49-64 years. The lowest age of the accused in the present study is 17 years and highest recorded age

of the accused is 68 years

In analysing age group of the victims 55 (78.57 %) cases were seen in 13 – 18 years, this is consistent with the study conducted by Rege S⁽⁷⁾ were 65% of cases were seen in this age group. 9 (12.85%) cases 5- 12 year, in all the 9 cases in this age group, squeezing lips kissing, and or hugging. There was no history of vaginal or anal penetration in none of the case in this age group. 4 (5.71%) cases in 19-25 years, 2(2.85 %) cases in 26 – 32 years. **Fig:4**

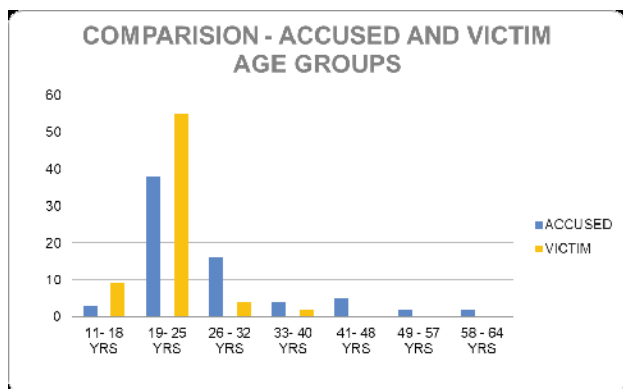


Fig: 4. comparison of age groups of accused and victim

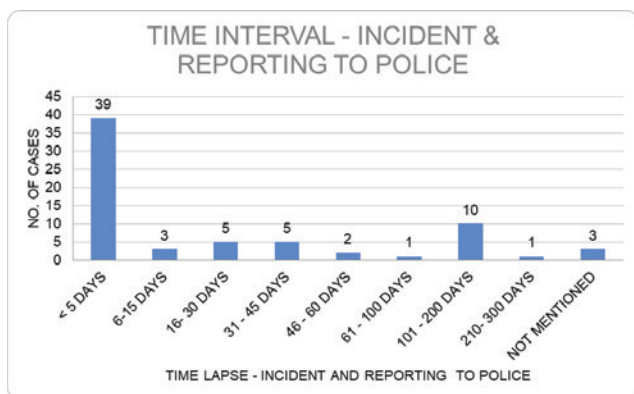


Table:1. Distribution of cases in the study group

Religion			
Hindu- 40(57.14%)	Christian- 10(14.28%)	Muslim-2(2.85%)	Not Mentioned-18(25.71%)
Education			
Illiterate-32(45.71%)	School-28(40%)	Graduate-4(5.71%)	Not Mentioned-6(8.57%)
Occupation			
Labour- 58(82.85%)	Student- 6(8.57%)	Professional -4(5.71%)	Not Mentioned- 2(2.85%)
Marital Status			

In analysing time interval between reporting to the police station and medicolegal examination by the doctor, 18 (25.71%) cases was seen in 6-15 days this in contrast to the study conducted by Sarkar Se t al⁽⁹⁾ were 61.11% were examined after six days. 16(22.85 %) cases was seen in less than 5 days, 14(20 %) cases was seen in 16-30 days. 8(11.42%) cases was in 31-45 days and 46-60 days each. 6 (8.57 %) cases was seen in 101-200 days. The reason for profound delay in medical examination after reporting to police station was not mentioned in the documents submitted by the concerned authority for examination. **Fig:5.**

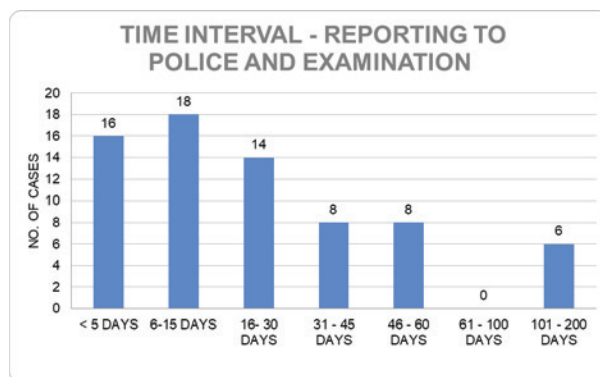


Fig:5. Time interval in reporting to police and examination

In physical examination reports of all the alleged accused there were no scars, ulcer, sinus discharge, sexually transmitted disease, was noted. Opinion to the potency in all the cases was given as “There is nothing to suggest that the above examined individual is impotent”. Samples to forensic science lab was not taken in any case. As most of the cases brought to department after Judicial custody and there was delay in reporting to the police station and department subsequently.

Cont.. Table:1. Distribution of cases in the study group

Married- 26(37.14%)		Unmarried -44(62.85%)			
Place Of Offence					
Victim House- 5(7.14%)	Accused House-22(31.42%)	Relative House-17(24.28%)	Open Space -26(37.14%)		
Manner Of Offence					
Forcible-28(40%)	Consensual-34(48.57%)	Nil-8 (11.42%)			
Relationship To The Victim					
Lover -35(50%)	Neighbour-13(18.57%)	Stranger-6(8.57%)	Friend -5(7.14%)	Student -4(5.71%)	Relative-5(7.14%)
Age Of The Accused					
11-18 Years-3(4.28%)	19-25 Years-38(54.28%)	26-32 Years-16(22.85%)	33-40 Years-4(5.71%)	41- 48 Years-5(7.14%)	49-64 Years-4(5.71%)
Age Of The Victim					
5- 12 Years-9(12.85%)	13-18 Years-55(78.57%)	19-25 Years-4(5.71%)	26-32 Years -2(2.85%)		
Time Interval Between the Incident And Reporting To Police					
< 5 Days-39(55.71%)	6- 15 Days-3(4.28%)	16-30 Days-5(7.14%)	31-45 Days-5(7.14%)	46-60 Days-2(2.85%)	61-100 Days-1(1.42%)
101-200 Days-10(14.28%)	210-300 Days- 1(1.42%)	Not Mentioned-3(4.28%)			
Time Interval Between Reporting to The Police and Examination By Doctor					
< 5 Days -16(22.85%)	6- 15 Days -18(25.71%)	16-30 Days -14(20%)	31-45 Days-18(25.71%)	46-60 Days-8(11.42%)	61-100 Days-0
101-200 Days -6(8.57%)					
No. Of Sexual Attempts					
< 2 -3(4.28%)	Multiple -38(54.28%)	Nil - 29(41.42%)			
Ejaculation					
Present -35(50%)	Absent -29(41.42%)	Not Mentioned -6(8.57%)			
Genital Penetration					
Present -41(58.57%)	Absent -29(41.42%)				
Touching Private Parts Only					
Lips & Buttocks -9(12.85%)	Breast & Genitals -8(11.42%)				

Conclusion

Sexual violence is a common and serious public health issue affecting the people each year throughout the world. Which operates in range of social, cultural and economic contexts. Health professionals have a large

role to play in supporting the victims of sexual assault – medically and psychologically and collecting evidence to assist prosecutions. The health sector is considerably more effective in countries where the protocols and guidelines for managing cases and collecting evidence,

where staff are well trained and where there is a good collaboration with the judicial system. Ultimately the strong commitment and involvement of government and civil society are required to end sexual violence. Sexual violence has generally been a neglected area of research in most parts of the world, yet the evidence suggests that it is a public health problem of substantial proportions. Much more needs to be done both to understand the phenomenon and to prevent it.

Conflict of Interest: Nil

Ethical Clearance: Nil

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