

Sexual Assault: Current Scenario at a Referral Center in Mumbai

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Abstract: Sexual assault can present in many ways and reporting has increased in recent years. We are a tertiary care center where many cases are being referred. We evaluated presentation, trends and demographics of violence against women and children over a 3 year period. We found that 75% survivors were young women (below 25 years), and only 20.7% came in time for collection of forensic samples. Despite available facilities, only 61% availed of on-site counselling. There is still much to be done to improve care of survivors.

Keywords: sexual assault, referral center, counselling

1. Introduction

Statically, India can be seen as one of the “countries with the lowest per capita rates of rape”[1]. However, many cases related to sexual crimes go unreported. After several incidents of rape received widespread media attention and triggered public protest [2], the willingness of sexual assault survivors to report the rape has increased in recent years. This had also led the Government of India to reform its penal code for crimes of rape and sexual assault, including the passing of stricter sexual assault laws, and the creation of fast-track courts for prosecution of rapes [3][4]. Despite increasing awareness and stricter laws, these crime statistics, especially those on sexual violence, tend to suffer from under-reporting. Keeping this in mind, we take a closer look at the primary data collected to fact check the trends reflected at a Referral center in Mumbai.

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work is defined as sexual violence by WHO, 2013. Sexual assault can adversely affect the physical and mental health of survivors. It can present in various forms like sexual disorders, unwanted pregnancy, psychiatric issues, etc. With the #metoo campaign more stories of sexual violence are coming up.

2. Aim

To evaluate presentation, trends and demographics of violence against women and children at a tertiary referral center in Mumbai over a period of 3 years and give suggestions based on our findings.

3. Methodology

Our institute is a tertiary care center which became a medical college in 2015, from which time Obstetrics and Gynecology is the nodal department for alleged sexual assault cases. Data was analyzed from 2015 till 2017, with respect to demographics, presentation, management and follow-up. Survivors are evaluated using standard protocols and guidelines which include, (i) documenting entire description of the incident, with details of all the evidence, (ii) documenting the results of full physical examination, (iii) assessing risk of pregnancy, (iv) testing and treating sexually transmitted diseases, including testing for HIV, (v) providing emergency contraception, (vi) and providing psychological support and referral. Samples are collected when the survivor reports within 96 hours, police referral done and counselling services offered by on-site NGO called Dilaasa team. A 6-monthly training program is organized for our hospital staff on these issues.

4. Data Analysis

The data studied has been collected over a period of three years from 2015 till 2017. It studies various parameters such as:

- 1) Year wise number of sexual assault cases reported
- 2) Age group wise number of sexual assault cases
- 3) Samples collected and not collected statistics
- 4) On-site NGO (Dilaasa) counselling given

5. Results Summary

Table 1: Year wise number of sexual assault cases

Year	Number of patients
2015	237
2016	213
2017	300

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The above table shows that there has been an increase in the number of assault victims over the past 3 years. This may be due to increased incidence of assault or more likely due to increased awareness amongst survivors and access to help.

Table 2: Age group wise number of patients

Age Groups	2015	2016	2017	%
0 – 14 Years	53	55	80	25%
15 – 24 Years	129	90	158	50%
25 – 34 Years	36	36	48	16%
35 – 44 Years	16	12	7	5%
> 45 Years	1	1	3	1%
Age not mentioned	2	19	4	3%
Total	237	213	300	

Maximum number of survivors belonged to the age group of 15 to 24 years which is also defined as young adults. 75% of survivors are below 25 years of which 25 % are less than 15 years. Age verification is important as POCSO defines child as below 18 years.

Table 3: Samples collected / not collected data

Samples Details	2015	2016	2017	Total
Samples Collected	82	41	65	106
Sample Not Collected	155	94	232	326
Details Not Available	-	78	3	81
Total	237	213	300	513

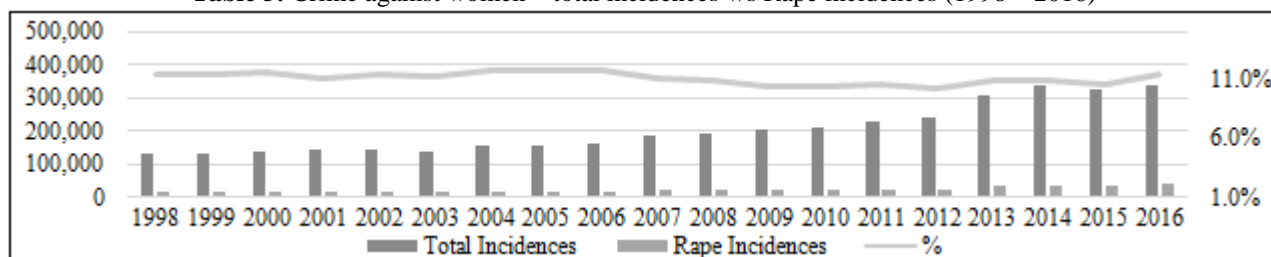
Samples were collected for forensic analysis when the survivor reports within 96 hours of assault. This table reflects the interval between incident and report, and overall 20.7% had come in time for sample collection. Samples were not collected in cases of non-penetrative assault or if survivor refused.

Table 4: Counselling by onsite NGO team

Counselling	2016	2017	Total
Yes	81	232	313
No	52	6	58
Details Not Available	80	62	142
Total	213	300	513

Despite the availability of an onsite facility, only 61% of survivors took counselling, some refused while some were lost to follow up. Data for 2015 was not available.

Table 5: Crime against women – total incidences v/s Rape incidences (1998 – 2016)



Source: Crime Rate figures – NCRB reports, 1998 - 2016

Incidents of rape against children are at maximum despite stricter laws: The statistics (as released in NCRB crime reports), showcasing the crime against children in India, presents an extremely worrying picture. The records show that the cases of rape under Section 376 of the IPC and

6. Discussion

Increasing awareness leading to increased reporting: India's average rate of reported rape cases is about 6.3 per 100,000 of the population [1], which is not very high when compared with the rest of the world. Based on National Family Health Survey (NFHS), 2015-16 data (and as reported in Livemint [5]), about 99% of cases of sexual violence still go unreported for various reasons.

Although, if we see the trend of last 20 years, the reporting of incidences of crime against women has steadily increased, but the percentage of rape as against the total incidences of crime against women has remained almost constant at 10% to 12% (refer Table 5). This clearly indicates that the reporting of any kind of crime against women itself has gone up, along with reporting of rape incidences. In the last few years, incidents of reported rape have seen a massive jump, mainly owing to the outrage and awareness created out of the unfortunate Nirbhaya case. As a social indicator, we can say increased awareness has led to reporting of crimes against women, especially rape cases since 2012.

While the cases being reported have increased over the last few years, conviction rates, unfortunately, have remained stagnant to slightly falling [1]. Increase in reporting of cases is a sign that victims feel more confident in coming forward. Yet we see there's no corresponding improvement in prosecutions and convictions. As a result of this, conviction rates have generally decreased, meaning victims have less access to justice. Better conviction rate results in confidence to report a crime. If the victim feels the reporting outcome won't do justice to her, then she tends not to report the crime at all. As observed, stricter laws after the unfortunate 2012 Nirbhaya case have led to higher levels of reporting but not necessarily to higher conviction rates or quicker investigations. Under court advice, our institute recently carried out training for health care workers and doctors from suburbs and peripheral centers who refer cases to us to improve documentation and update the legal requirements all should know.

under Sections 4 and 6 of the Protection of Children against Sexual Offences (POCSO) Act registered pan-India, saw substantial increase in last few years. This trend is clearly reflected in our data collected – 75% of survivors were below the age of 25, of which 25% were below 15 years.

Under POCSO, below 18 years all cases are considered to be statutory rape, reporting is mandatory for anyone who is aware of the incident and failure to report is a cognizable offence.

Samples of sexual assault survivors are collected if they report within 96 hours of assault. From our data we can see that samples were not collected from 79% of the survivors. This is also because apart from rape cases, incidents of non-penetrative assaults are also reported which doesn't require forensic sample collection. Increased awareness among survivors has contributed to late reporting. Some hesitate or do not know where to go until they are guided by NGOs or friends.

Counselling is still not a focus area: Despite having an on-site counselling team, due to logistic issues we did not have 100% coverage of survivors. We are making attempts to address lacunae identified, and hope to cover all survivors seen at our institute. Convictions alone do not rectify the harms caused by rape and sexual assault – process matters, too. Victim's experiences and the whole procedure of capturing the samples can be improved by providing dedicated rape crisis advocacy workers to support them. Improvements to the victim's experiences continue to be hampered by the system. Allowing pre-recorded video evidence in court, can make a victim's experience less stressful and produce better evidence [6].

7. Conclusion

There is an increase in reporting of sexual assault cases, including non-penetrative assaults as seen at our center. Delayed reporting, access to counselling are issues to be addressed. This is a serious issue, affecting mostly young people and we as a nation have to give priority to address it.

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