

Medicolegal Study of Sex-Related Crimes against Children in Varanasi Region

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Abstract: Introduction: Sex related crime is a severely under-reported crime with surveys showing dark figures of up to 91.6% of sex related crime going unreported. They may include fear of retaliation, uncertainty about whether a crime was committed or if the offender intended harm, not wanting others to know about the rape, not wanting the offender to get in trouble, fear of prosecution and doubt in local law enforcement. Material and method: In depth detailed analysis of 120 sex-related crimes of girls below the age of 18 years in and around Varanasi region have been included in this study. It includes socio-demographic profile of the victims' age, residential status and occupation. Medico-legal aspects of these cases have been looked into. Conclusion: Most of the victims were single and incidence took place inside the house in most of the cases.

Keywords: POCSO Act, NCRB, hymen-tear, molestation, sexual-assault

1. Introduction

Worldwide, the number of women suffering from sex related crime cannot be estimated. Sex related crime is a severely under-reported crime with surveys showing dark figures of up to 91.6% of sex related crime going unreported. Prevalence of reasons for not reporting rape differs across countries. They may include fear of retaliation, uncertainty about whether a crime was committed or if the offender intended harm, not wanting others to know about the rape, not wanting the offender to get in trouble, fear of prosecution (e.g. due to laws against premarital sex), and doubt in local law enforcement.^[1]

India reports one of the highest number of sex related crimes in the world. More alarming than the sheer number of sex related crimes is their severity.^[2]

CRIME HEAD	2016	2017	2018
Assault on Women with Intent to Outrage her Modesty	84746	86001	89097
Kidnapping and Abduction of Women to compel her for marriage	33732	30614	33354
Human Trafficking	918	1127	1313
Rape	38947	32559	33356
Attempt to Commit Rape	5729	4154	4097
Unnatural Offences	2187	1271	1378
POCSO	N/A	32608	39827

Above figures itself speak of the magnitude of perhaps the much understated problem. Our claims of economic growth and development stand falsified when we claim our own people's life in shameful ways.

Understanding a problem is one of the first steps toward averting the problem. Present study on sex related crimes in Varanasi region has been undertaken to analyse this most

important yet the most neglected aspect of human suffering. It is an effort to elucidate the multi-factorial causations leading to rise in everyday sex related crime. The objective of this study was to analyse the trend of sex related crimes and to find out the measures for prevention of causative factors and upgrade medical facility to the survivors.

Medico-legal aspects of sex related crime leading to injuries physically and mentally have been studied in detail. This study attempts to highlight observations made from medico-legal autopsies, facts derived from incidence of crime, history given by survivors, FIR and relevant IPC given by police and challenging aspects of this growing menace to help the society better understanding and give the attention this problem deserves in lessening human suffering.

2. Material and method

Present study was done on the cases selected from medico legal study of sex related crime in Varanasi region from the victim brought to Department of obstetrics and gynaecology, SSPG HOSPITAL, Kabirchaura, Varanasi and dead body brought into mortuary of the Department of Forensic medicine, Institute of medical sciences, Banaras Hindu University considered during period of 2018-20.

The data of the materials were sourced from 120 sexual assault child victims below 18 year of age and to see effects of amendment in POCSO act. The victim's information and history of circumstances of sexual violence were gathered from the interviews of relatives/police/victim who have investigated regarding events. Information was aided further from papers accompanying:

- i) Inquest report,
- ii) Copy of first information report.
- iii) Victim's treatment profile, Hospital record if available,

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Forensic evidence is likely to be found only upto 96 hours after the incident.

3. Observations and Results

In depth detailed analysis of 120 sex related crime of girls below the age of 18 years in and around Varanasi region have been included in this study. It includes socio-demographic profile of the victims age, residential status and occupation. Medico-legal aspects of these cases (e.g.; IPC registered, external injuries, etc) have been looked into. Data thus compiled were studied and analyzed statistically using MS EXCEL.

Distribution of sexual assault victims as per age group

Table 1

Age Group	Cases (N=120)	Percentage (%)
0-12	23	19.16
12-16	48	40
16-18	49	40.83

- 1) Majority (81%) of the victims belong to 12-18 year age group.
- 2) Majority of victims i.e. 80% were belonging to adolescent age group.
- 3) The victims between 16 to 18 years were 41.2% of total study cases.

Distribution of cases as per different acts of sexual violence

Table 2

Type of Act	Number Of Cases (N=120)	Percentage (%)
Peno-Vaginal Penetration	110	91.66
Peno-Anal Penetration	03	2.50
Digital- Vaginal Penetration	00	00
Molestation	06	5.00
Peno-Oral Penetration	01	0.83
Total	120	100

Above table shows in 120 victims, there were 115 (91.66%) cases of peno-vaginal penetration, followed by 03 (2.5%) cases of peno-anal penetration, there were 0 (0%) case of digital-vaginal penetration, and 6 (5%) cases were of molestation, 1 (0.82%) case of peno-oral act of sexual assault.

Distribution of consensual and non-consensual sexual intercourse cases, according to relation of sexual assault survivor with assailant:

Table 3

Assailant	Consensual	Nonconsensual	Total
Father	0	4	4
Friend	42	9	51
Neighbour	17	7	24
Teacher	0	2	2
Uncle	0	3	3
Stranger	0	29	29
Others	2	5	7
Total	61 (50.83)	59 (49.16)	120 (100)

- 1) In total cases between 16 to 18 years Consensual sexual assault cases were 51% and 49% cases were nonconsensual sexual assault.
- 2) Majority of female victims were sexually assaulted by friend i.e.42.5%.
- 3) Majority of female victims were sexually assaulted by known i.e. 75%

Distribution of sexual assault victims according to marital status

Table 4

Marital Status	No Of Victims (N=120)	Percentage (%)
Married	18	15
Single	102	85
Divorce	0	0
Total	120	100

Most of the victims i.e. 85% were single.

Distribution of cases as per place of incident of sexual assault

Table 5

Place Of Incident	No Of Cases	Percentage
Accused House	44	36.66
Survivors House	8	6.66
Field	11	9.17
Hotel	16	13.33
Office	1	.08
Railway Station	1	.08
School	2	1.67
Secluded Place	37	30.83
Toilet	1	.08

Majority of times i.e.37% the place of incidence were accused house.

Distribution of cases according to condition of hymen

Table 6

Hymen Findings	Number of Cases	Percentage (%)
Intact	23	19.16
Torn	97	80.83
Fresh Tear	07	7.22
Old Tear	90	92.78

- 1) In this present we found that in 23 (19%) cases hymen were intact.
- 2) In present study 97 (81%) cases hymen were torn. Among them 7 (8%) cases there was fresh tear and in 90 (92%) cases there was old tear.

Distribution of sexual assault accused according to age

Table 7

Age Of Sexual Assault Accused	No Of Cases (N=120)	Percentage (%)
0-16	3	2.5
16-18	42	35
19-30	50	43
31-50	24	20
ABOVE 50	1	.80

In this study maximum number of accused 50 (43%) were of age group 19-30.

Distribution of sexual assault victims according to cause of death during autopsy

Table 8

Cause Of Death	No of Victims (N=7)	Percentage (%)
Neurogenic Shock	0	0
Haemorrhagic Shock (Bleeding)	4	57
Septic Shock	0	0
Choking	1	14
Smothering	2	28
Total	7	100

During our study out of 120 cases 7 reported death cases of sexual assault came to autopsy room of our department. Out of 7 cases, 4 (57%) were of haemorrhagic shock;1 (14%) was of choking;2 (28%) were of smothering; while none of the cases were reported for neurogenic shock and septic shock.

4. Discussion

Rape is the fourth most common crime against women in India according to NCRB records. Rape in India received extensive media coverage after a fatal gang rape of a student in Delhi in December, 2012, and a village council-ordered gang rape of a young woman in West Bengal in January, 2014.^[1] These incidents changes effected in policing ensured swift justice for most of the rape survivors and the complainants in cases of sexual harassment and molestation. India has been characterized as one of the "countries with the lowest per capita rates of rape".

Distribution of sexual assault victims as per age group

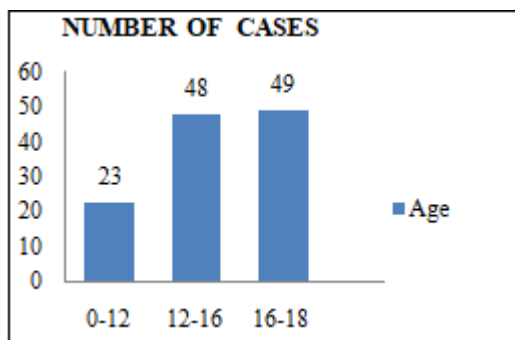


Figure 1

Most Vulnerable age group to sexual assault is the active population of the study resulting were those persons of teenage 12-18 years (80.83%) followed by first decade 0-12 years (19.16%).The most vulnerable age group to sexual assault was 12 -18 years consisting 97 (80.83 %) cases in our study which is similar to Tamuli RP et al^[3]. This might

be due to fact that in second decade most of females are young, innocent, can easily fall prey to social evil and lack of maturity and pretext to marriage.

But unlike S. Bandyopadhyay et al 21 cases (40%) in age group 21 30 years.^[4], K. Bhowmik et al 95 cases (25.88 %) in age group 18 20 years.^[5] and Sukul B et al most common age group was 18 30 years (45.97%) noted respectively.^[6]. As the studies by K. Bhowmik et al.^[5]. And Sukul B et al.^[6], Z Lackew (2001) for 63 cases (48.8%) were conducted prior to criminal amendment act 2013.^[7], these studies would not have considered consensual sexual intercourse in the age group 16-18 years as sexual assault. However in our study the age group of 16 18 years was considered, consisting of 120 cases of all reported cases.

Distribution of cases as per different acts of sexual violence

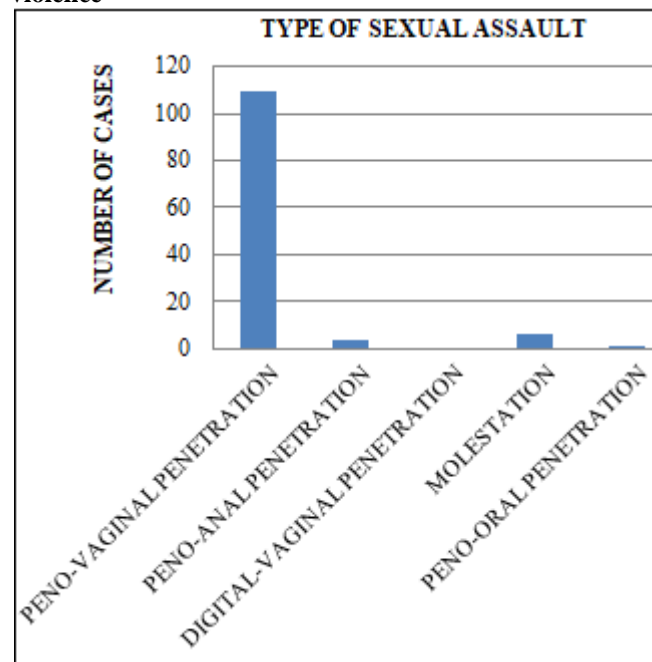


Figure 2

In present study out of 120 victims, most common type of sexual act was peno-vaginal penetration 110 (91.66%) followed by 3 (2.5%)cases of peno-anal penetration, there was 0 (0%)case of digital-vaginal penetration, 6 (5%) cases were of molestation, 1 (0.82%) case of peno-oral act of sexual assault.

Similar findings were noted by S Tyagi et al who observed that most common type of sexual assault was peno-vaginal penetration 50 (89.7%) and alleged sodomy cases were 6 (10.3 %), all males were victims of sodomy which is regarded as unnatural sexual act.^[8]

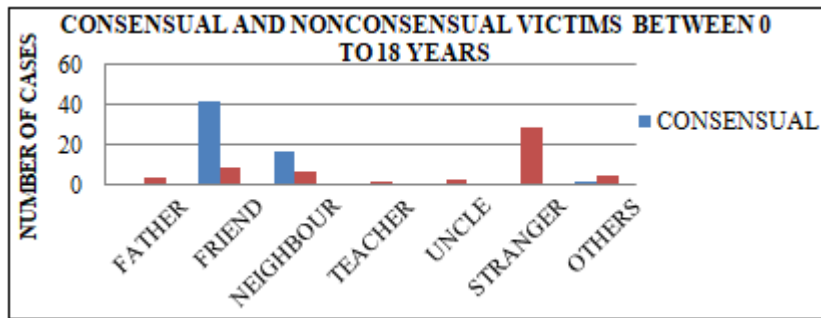


Figure 3

The present study is consistent with study by S tyagi, which shows that 18 cases were belonging to age group 16-18 years, out of which in 9 cases alleged accused was boyfriend and there was history of consensual sexual intercourse and eventually eloping.^[8] These cases were initially registered only under S.366 (A) (kidnapping or inducing minor girl to compel her for marriage) IPC, followed by S.375 (sexual assault) IPC.

Similarly study by Karinn Edgardh et al observed that consensual intercourse was reported by 30% in his study.^[9]

This finding is consistent with Rahul Jain et al who observed that 87.5% of cases the rapist knew the victim (46.75% neighbour, 25% relatives, and 15.75% were friends).^[10] and Ian Mclean et al found that 69% of the assailants were known to the victim prior to assault.^[11] Similarly study by Sarkar S et al found that 52 (44.4%) cases victim was acquainted with the assailant and 36 (30.8%) were close friend to the victim. The assailant was stranger in 22 (18.8%) cases only.^[12]

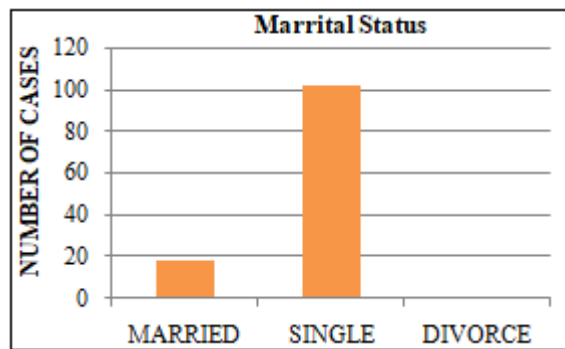


Figure 4

Distribution of sexual assault victims according to marital status

The present study shows that most of the cases were unmarried 102 victims (85%), followed by married 18 victims (15%) and 0 victims (0%) were divorced. This might be due to the fact that in our study most common age group was second decade, girls are innocent, immature and easily fall prey to pretext of marriage.

Similar findings were noted by U.B .Roy Choudhary et al shows 80cases (86%) single (unmarried) victims.^[13], S.C.Sarkar (2001) shows73 cases (81.1%) single.^[12] Sere Terepong et al85.9% single victims, 23% were married, 3 were divorcee, 2 were widow and 34 (63%) were unmarried..^[14] This might be due to the fact that greater

involvement of unmarried victims depicts the typical characteristic of developing countries where the girl children are oppressed right from their birth both inside and outside their families.

But Our study do not match with the Rahul Jain et al (2008) as his study reports 16 cases (56% victims) were married out of total 32 victims. This might be due to low sample size taken in this study..^[10]

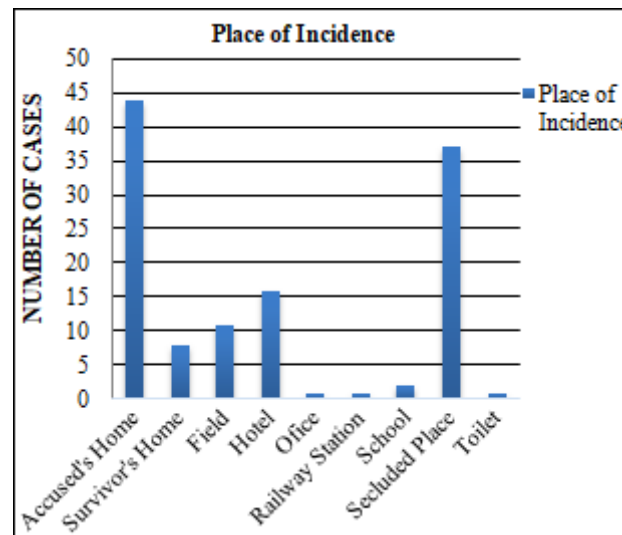


Figure 5

Distribution of cases as per place of incident of sexual assault

In our study, the most reported site of offence was the accused's house i.e. 43 (36%) cases, Secluded area 37 (31%) and Survivors house 8 (7%) and in hotel16 (13%) cases. Victims with known assailants are considerably more likely than those assaulted by strangers to be assaulted in a house/apartment where he resides. Victims assaulted by strangers are most likely to be assaulted outdoors.

Similar study by Bhoi S et al found that maximum incidence took place at accused house in 146 cases (38.52%) followed by victims house in 127 cases (33.50%).^[15]

Also our study is consistent with Rahul Jain et al who found that most of the cases 46.75% ^[10] and, Bijoy et al 36.53% cases where these victims were sexually assaulted in the home of the accused..^[16] As per Study by Kumar Pal et al also most incidence occurred at alleged accused home (31.40%).^[17]

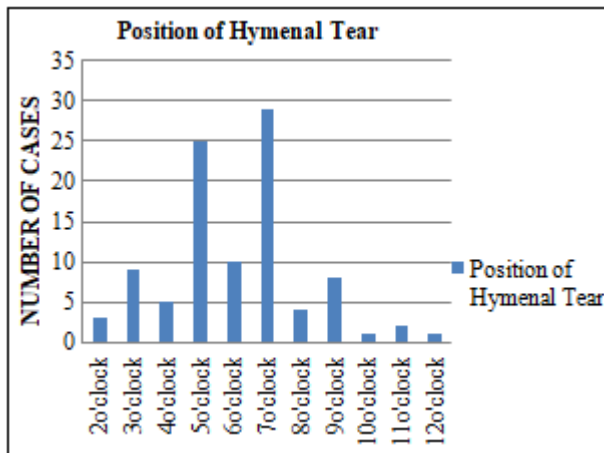


Figure 6

Distribution of cases according to condition of hymen

In present study it was found that 60 victims of hymenal tear at specific position found. In which maximum number of cases 29 (29.89%) of hymenal tear was found at 7 o'clock position followed by 10 (8.35%) cases of hymenal tear was found at 6 o'clock position, 9 (5.62%) cases of hymenal tear was found at 3 o'clock position, 8 (8.24%) cases of hymenal tear was found at 9 o'clock position, 25 (25.44%) cases of hymenal tear was found at 5 o'clock position, 5 (5.15%) cases of hymenal tear was found at 4 o'clock position, 3 (3.3%) cases of hymenal tear was found at 2 o'clock position, 2 (2.06%) cases of hymenal tear was found at 11 o'clock position.

Almost similar study by S Tyagi et al who observed in his study, hymenal tears were found maximum in 5 o'clock positions (24.39%) followed by 7 o'clock positions (19.51%).^[8]

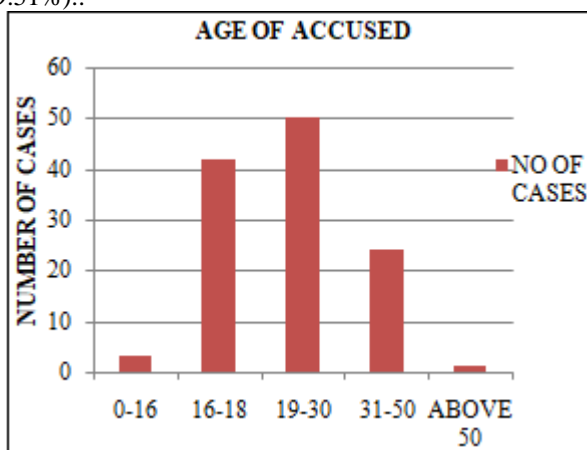


Figure 7

Distribution of sexual assault accused according to age

In present study maximum 50 (43%) cases were of age group 19-50 years followed by 16-18 years 42 (35%); 24 (20%) of 31-50 years; 3 cases of 0-16 years and 1 case of above 50 years. 35% cases between 16-18 years were previously considered as juvenile and were exempted from harsh punishment.

Likewise study by Shrikant Sidramshinge Et al observed that most of the accused were young unmarried males from age group 21-30 years.^[18]

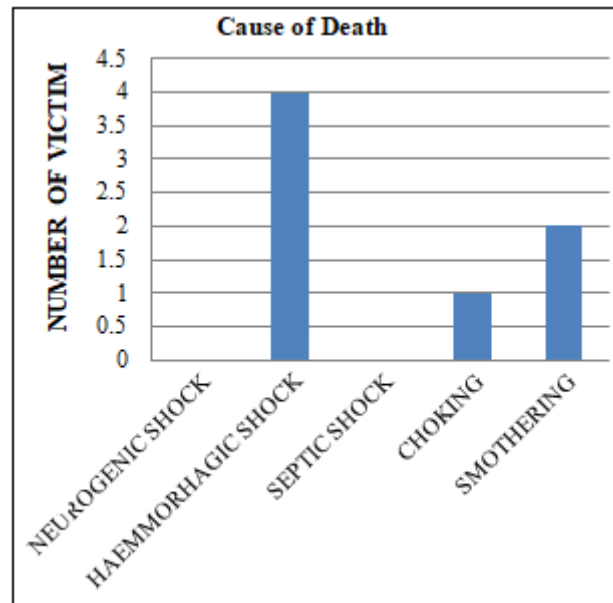


Figure 8

Distribution of sexual assault victim's according to cause of death during autopsy.

Out of 120 cases 7 reported death cases of sexual assault came to autopsy room of our department. Out of 7 cases, 4 (57%) were of haemorrhagic shock; 1 (14%) was of choking; 2 (28%) were of smothering. Likewise neelam et al in their study found 6 (1.48%) female victims were murdered following the sexual assault and 4 (0.99%) committed suicide.^[19]

5. Conclusion

The present study was carried out to elucidate the recent trend in pattern of sex related crimes in Varanasi district. Total number of 120 victims of sexual assault was observed in the Department of Forensic Medicine at Institute of Medical Sciences, Banaras Hindu University, Varanasi for post-mortem cases and District Women Government Hospital, Kabirchaura, Varanasi for ante-mortem cases from June 2018 to March 2020.

In most of the cases of sexual assault/rape against children the actual penetration does not occur. Even fondling, touching to genital areas and making the child to do so come under purview of rape.

Some form of forensic evidence was identified in 15% of children, all of whom were examined within 72 hours of their assault. Over 90% of children with positive forensic evidence findings were seen within 24 hours of their assault. The majority of forensic evidence (64%) was found on clothing and linens, yet only 35% of children had clothing collected for analysis. A study in USA found that after 24 hours, all evidence, with the exception of 1 pubic hair, was recovered from clothing or linens. No swabs taken from the child's body were positive for blood after 13 hours or sperm/semen after 9 hours. This concludes the general guidelines for forensic evidence collection in cases of acute sexual assault are not well-suited for pre-pubertal victims. The decision to collect evidence is best made by the timing of the examination. Swabbing the child's body for evidence

is unnecessary after 24 hours not make any sense. Clothing and linens yield the majority of evidence and should be pursued vigorously for analysis.

Peoples, who seek forgiveness for such heinous criminals, should be first made to live with the same criminals for some days; women like these are the ones who give birth to these kinds of monsters who commit such heinous crimes in the society as said by Kangana Ranaut a famous Bollywood actress to famous supreme court lawyer Indira Jaising in context to nirbhaya gang rape and followed by murder case.

Sexual assault on children is on rise all over the world. Children are exploited from their ignorance and tender age. It is the prime duty of every community to protect children from all sorts of harassment and assaults.

“BUT WHOEVER CAUSES ONE OF THESE LITTLE ONES, TO STUMBLE, IT WOULD BE BETTER FOR HIM IF A MILLSTONE WERE HUNG AROUND HIS NECK, AND HE WERE THROWN INTO THE SEA.” (Gospel of Mark9, 42)

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