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ABSTRACT: Background: Violence against women is an important public health problem. It has global significance regarding violation of human rights. Violence is an important risk factor related to ill health of women, having far reaching consequences affecting physical, social, mental and reproductive health of the victims. **Objectives:** To study the various types of interpersonal violence against women and find out the magnitude of physical violence and sexual assault among the victims. **Study Design:** A descriptive hospital record based study. **Setting & Duration:** The study was conducted from January to December 2005 in casualty out patient department of Allied Hospital, Punjab Medical College (PMC), Faisalabad. **Methodology:** Total 286 cases of violence, who reported for medico-legal examination during calendar year 2005, were included in the study. The cases of physical violence / sexual assault were examined in detail. Findings were tabulated and analyzed. **Results:** Among total 286 cases, 221 (77%) victims were married, and commonly involved age group was 21–30 years accounting for 82 (28.68%) victims. Blunt trauma was sustained by 193 (67.50%) victims, sharp edged weapon affected 17 (6.0%) cases, firearm bears the responsibility in 13 (4.54%) victims, a mix pattern of injuries by sharp / blunt objects was observed in 8(2.80%) females and (1.75%) women were said to be burnt. Forty-three (15%) cases were reported as victims of alleged sexual assault with peak incidence during 2nd decade of life in age group 11–20 years involving 23 (53.5%) cases. Among total 43 cases of sexual assault, 27 (63%) victims belonged to rural areas. Twenty Eight (65%) unmarried girls were subjected to sexual assault. In 43 sexual assault victims, semen was detected in 28 (65%) cases, 13 (30%) cases were negative; whereas reports of 2 (5%) cases were not available in the record. **Conclusions:** The cases of physical violence are common in Faisalabad and incidence of sexual assault is higher in rural areas more commonly affecting the unmarried young girls. There is need to attend this public health problem with concrete efforts to stop the violence against women & reduce the incidence of sexual assaults.

Key words: Violence against women, Sexual Assault, Physical violence, rape.

INTRODUCTION

Violence against women and girls is a global phenomenon and a serious public health problem cutting across the boundaries of social and economic classes¹. The most pervasive violation of human rights that we know today is the violence against women; it devastates lives, fractures communities, and stalls development². The violence is present in our streets, our homes, schools / colleges, prison, work place and institutions. It is difficult to estimate the prevalence of violence against women due to under reporting and lack of epidemiological studies related to the subject³.

The available statistics shows that at least one out of every three women around the world has been beaten, coerced into sex, or otherwise abused in her lifetime with the abuser usually someone known to her⁴. As stated by World Health Organization (WHO), in a survey of about 24,000 women in 10 countries that 10-69% of women reported being physically assaulted at some point in their lives⁵. The violence against women is an important risk factor for women's ill health, with very serious and long lasting consequences for their physical, mental,

psychological, social and reproductive health⁶.

The common forms of violence against women includes domestic violence, incest, rape, forced prostitution, female genital mutilation, acid throwing, honour killing, dowry deaths, selective abortions and female infanticide. These are so deeply embedded in tradition of the societies that millions of women consider violence their lot in life, yet efforts to combat violence against women are currently in a fledgling state⁷.

According to the world report on violence and health; violence is divided into three main categories: in view of the violent act committed by whom, i.e. interpersonal violence, self directed violence and collective violence⁸. A violent act may be physical, sexual and psychological. The women in our society may experience various forms of violence; however, interpersonal violence is the commonest form prevailing in all societies⁹. Among various forms of interpersonal violence, the intimate partner violence most commonly affects majority of the women and younger girls⁹. It can be exercised either as physical, sexual, psychological violence, or any

combination of these¹⁰. It was estimated that 40–52% of the women from United States and Mexico, experienced physical violence by an intimate partner and also been sexually coerced by them¹¹.

Physical violence is done through physically aggressive acts such as kicking, biting, slapping, beating, or even strangling and eventually the women are seriously injured and occasionally die as a result of these injuries¹² while sexual violence is exercised in most of the cases by a family member, acquaintance or stranger, more commonly striking young girls and adolescents⁹. In the United States, more than half of all rapes in women occur prior to the age of 18 years and 22% occur in younger girls before completion of 12th birthday¹³. The serious and long term impacts of sexual violence on victim's health may include fear, anxiety, chronic pains, depression, indigestion, sexually transmitted diseases (STDs) and unwanted pregnancies. More than 32,000 women in the United States become pregnant as result of rape every year¹⁴.

In Pakistan, most of the women are facing discrimination and violence on daily basis due to widely distributed cultural norms & traditions in Pakistani society¹⁵. It is estimated that approximately 70 to 90% of Pakistani women are usually subjected to domestic violence¹⁶. Dowry related deaths, acid throwing and honour killings are common forms of violence prevalent in some Asian countries like India, Bangladesh and Pakistan, which are rooted in gender inequality, notion of the male honour and female chastity¹⁷.

The common types of violence in Pakistan include spousal abuse, acid throwing and burning by family members. The other forms of violence against women prevailing in our society include cutting body organs, rape, gang rape, selling of the women, forced marriage, and public humiliation of the women of rival groups such as parading naked in streets etc¹⁵.

The entire scenario reflects that violence against women is an enormous public health and social problem not only in Pakistan, but all over the world; this important issue should be given importance by the Government, and

appropriate response is still awaited by the Law enforcing authorities on priority basis.

METHODOLOGY

It was a hospital record based descriptive study that was conducted in Casualty out Patient Department (COD) of Allied Hospital, Punjab Medical College (PMC) Faisalabad and encompasses 286 cases (women and girls) said to be victims of violence, reported for Medico legal examination during the calendar year 2005. The dependent and independent variables of the cases i.e. age, marital status, rural / urban backgrounds as well as weapon of offence / force used for the act of violence were studied. The cases of sexual assault were examined in detail. Seven cases brought by police for fitness certificates before sending the accused women to jail, did not claim physical or sexual violence against them. Findings were collected in the proforma, tabulated and analyzed in to percentages to standardize the results.

RESULTS

A total of 286 cases of interpersonal violence were medicolegally examined by Women Casualty Medical Officers at Allied Hospital (PMC) Faisalabad, during one year from 1st January to 31st December 2005. The study revealed that among the total 286 cases, 221 (77%) women were married, 65 (23%) unmarried and 144 (50.35%) victims belonged to the rural areas. The commonly involved age group was 21–30 years involving 82(28.68%) followed by 31–40 years accounting for 75 (26.22%) victims of violence. (Fig: 1) and table-I

Weapon of offence / force used for violence is shown in (Fig: 2) and table-II. Among 286 victims of violence, 193 (67.50%) victims sustained blunt injuries, 17 (6.0%) were injured by sharp weapon, 13 (4.54%) by firearm, 8 (2.80%) victims received mix type of injuries by blunt / sharp objects, 5 (1.75%) victims were reported to be burnt; and 43 (15.0%) cases were subjected to sexual assault. Whereas; in seven (2.44%) cases no mark of violence was found on their body. Two hundred & twenty Five (78.68%) victims of violence attended the hospital as private cases for the purpose of Medico legal

Fig-1. Showing percentage in victims of Physical violence (n=286) according to their age groups

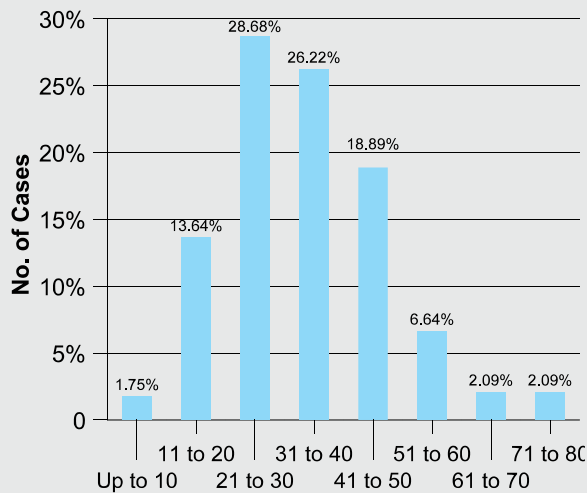


Fig-2. Showing the pattern of offence & weapons used in victims of violence (n=286)

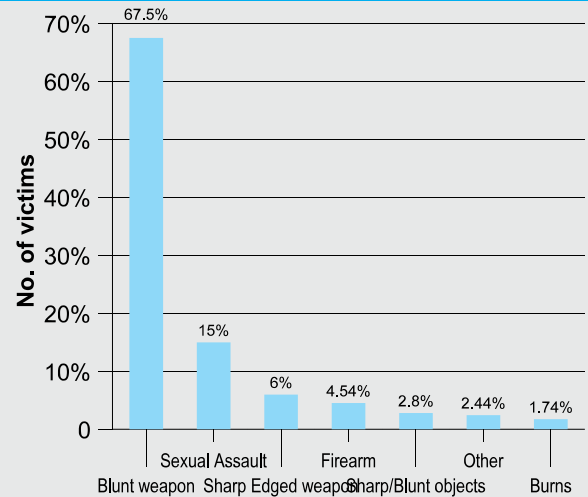


Table - I. Age groups among victims of physical violence

Age groups in years	No. of cases	%age
up to 10	5	1.75%
11 to 20	39	13.64%
21 to 30	82	28.68%
31 to 40	75	26.22%
41 to 50	54	18.89%
51 to 60	19	6.64%
61 to 70	6	2.09%
71 to 80	6	2.09%

Table - II. Showing the pattern of offence & weapons used in victims of violence (n=286)

Pattern of offence / weapon used	No. of cases	%age
Blunt object	193	67.50%
Sexual Assault	43	15.0%
Sharp edged weapon	17	6.0%
Firearm	13	4.54%
Sharp edged / blunt objects	08	2.80%
Other	07	2.44%
Burn	05	1.74%
Total	286	100%

certificates, while 61(21.32%) cases approached through police before.

Among 43 cases of sexual assault, 27 (63%) victims were inhabitants of the rural areas and 16 (37%) were residents of Faisalabad city. Fifteen (35%) victims were married, whereas 28 (65%) unmarried girls were subjected to sexual violence. The peak incidence of sexual assault was observed during 2nd decade of life in age group 11–20 years affecting 23 (53.5%) cases followed by the age group 21–30 years involving 9 (21%)

cases, 6 (14%) women were in age group 31–40 years and only one (2.32%) case was noted in the bracket of age group 41–50 years. (Fig: 3) and table-III. In the sexual assault cases, semen was detected in 28 (65%) and 13 (30%) cases were reported as negative, whereas; reports of Chemical Examiner in 2 (5%) cases were not available in the record. (Fig: 4).

DISCUSSION

Women across the world live with the risk of physical,

Fig: 3. Showing Distribution of sexual assault victims (n=43) according to age groups

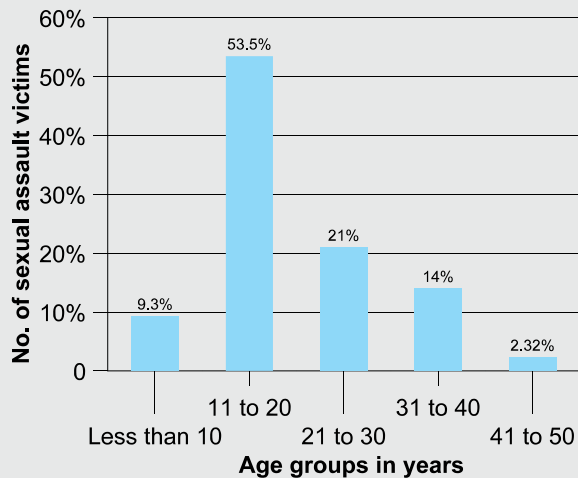


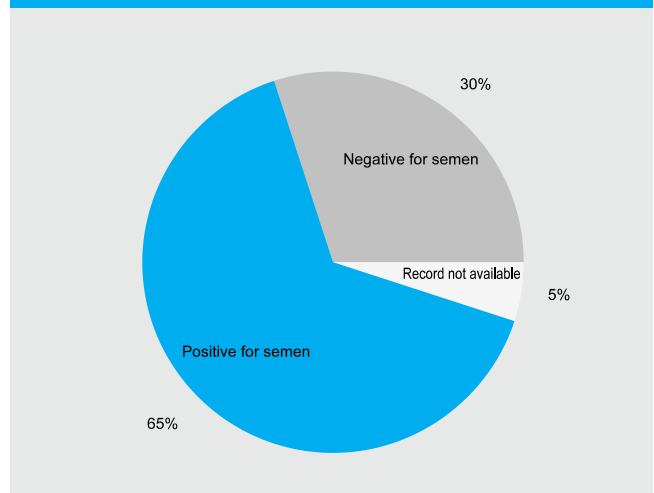
Table - III. Showing Distribution of sexual assault victims (n=43) according to age groups

Age Groups (years)	No. of cases	%
Less than 10	04	9.30%
11 to 20	23	53.5%
21 to 30	09	21%
31 to 40	06	14%
41 to 50	01	2.32%
Total	43	100%

emotional, economic and social abuse. In almost every nation, violence or the threat of it, especially at home, limits the range of choices open to women and girls in many areas of public and private life. It directly affects their health and lives, narrowing scope of activities and damages their self confidence and self esteem.

During year 2005, a total of 286 women with the history of physical / sexual violence attended the Casualty out Patient Department of Allied Hospital (PMC) Faisalabad for Medico legal Examination. Among those, 221 (77%) women were married and 65 (23%) unmarried. It is a fact that married women are more vulnerable for domestic violence at the hands of husband and in laws. One

Fig- 4. Showing breakdown of sexual assault Cases (n=43) according to the Chemical Examiner's reports



Hundred & Eighty-four (50.35%) victims belonged to the rural areas. These findings are consistent with a study in Bangladesh conducted by Islam M M et al¹⁸. and other studies showing the higher incidence of violence in women belonging to the rural areas as compared to those of urban areas. In our study the age group more prone to interpersonal violence was 21–30 years involving 82 (28.68%) women followed by age group in the bracket of 31–40 years accounting for 75 (26.22%) victims. The age of predilection of the victims in this study is in accordance with the reports of other studies in our country^{19,20}.

Among 286 women examined medico legally, the majority 193 (67.50%) were injured by blunt means having multiple bruises and abrasions over the different parts of body; as blunt objects are most common weapon used in domestic violence against women. Eight (2.29%) victims received mix type of injuries by blunt and sharp objects. This is because during the act of violence, while defending oneself, the victims may sustain defence wounds exhibiting the clean cut injuries probably due to broken bangles & other ornaments worn by the women.

In seven (2.44%) cases no mark of violence was observed. They were arrested by local police in some criminal cases and brought for Medicolegal examination

to get fitness certificate regarding presence of any violence on their bodies or otherwise; which is an important legal formality before sending the women to jail and all the seven women did not claim any type of violence committed against them by any person.

Among the total 286 cases of violence, 43 (15%) cases of sexual assault were also observed in this study out of them 27 (63%) victims were belonging to the rural areas and remaining 16 (37%) resided in the urban community. This finding is consistent with a multi-country study²¹, conducted by the WHO, reporting the higher percentage of sexual assault victims in the rural areas. It is also in agreement with the finding of Islam M M et al²².

In this study 15 (35%) victims were married and a higher percentage 28 (65%) unmarried girls were also subjected to sexual violence. This is in line with a study in Bangladesh²², in Lahore²³ and other studies^{9,13} in the world which indicated the involvement of higher percentage of young girls & adolescents in sexual violence.

Sexual assault is a social problem affecting almost all ages of the women and girls. Different percentages are observed by the researchers in different age groups among victims of sexual violence. In this study, the majority 23 (53%) victims were in younger age group (11–20) years & 9 (21%) females were in age group of (21–30) years. These findings are consistent with the studies in Bangladesh²², Pakistan²³ and other countries^{9,13}. A study conducted in Turkey by Kucuker H²⁴, pointed out that all the victims of sexual assault in 268 cases were 18 years of age or younger; in age group 11–20 years. The adolescents & young girls are at more risk of sexual assaults as compared to the elder women due to lack of self confidence, lack of maturity; being physically weak with low power of self defence against the offender and the younger girls are not fully aware about the consequences of sexual act. However, the minor age group of less than 10 years in our study accounted for 4 (9.30%) victims, is also in agreement with the finding of a study conducted at Lahore by Chaudhry T H. et al²³, indicating the involvement of (8.0 %) victims in sexual violence, under 10 years of age.

In all cases of sexual assault (n=43), vaginal swabs were collected & sent to the Chemical Examiner's laboratory for detection of semen and grouping thereof. Presence of sperms in 28 (65%) cases indicated the recent sexual intercourse; and absence of the semen in 13 (30%) cases did not exclude the sexual act which may be due to delayed reporting and examination. This finding of negative reports in 13 cases was expected because victims of sexual assault may have to pass through the complicated procedure for getting the Medico legal certificates, registration of FIR etc. Moreover, the victim some time changes her clothes and takes bath before reporting for Medico-legal examination; and there are less chances of evidence collection from them. Moreover, the probability of semen detection is lesser as the time interval between sexual act and examination increases.

It is generally accepted that complete sperm is much difficult to detect after 26 hours of the sexual act and detection of sperm heads are also very difficult after five days of sexual intercourse²⁵. In two (5%) cases, the reports of Chemical Examiner were not available with record. Complete reports of semen grouping and DNA matching were also not available in the record which may be explained due to the fact that such facilities were not available in the Chemical Examiner's laboratory. It will be worth to be mentioned here that DNA matching is still not available in the Laboratories of Government sector and the police authorities are reluctant to get the DNA matching from Private sector because it is costly test and considered a burden on the complainant or police.

At times, false positive results and mere detection of semen in married women may lead to conviction of the innocent males. The DNA profiling of sperms detected in the collected swabs from body of the victim or her clothing and its matching with those of suspect in all cases of sexual violence is the most important task in order to prevent the innocent accused and provide justice to the society.

CONCLUSIONS

Violence against women is a serious violation of

women's human rights. Sexual violence is also a common and serious public health problem affecting millions of people each year throughout the world. At the heart of sexual violence directed against women is gender inequality. The cases of physical violence against women are very common in Faisalabad and incidence of sexual assault is higher among younger / unmarried women in the rural areas. There is dire need to attend this public health problem with concrete efforts. A coordinated response is required through involvement of governments, law enforcing authorities and civil society to control the violence against women.

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The only way to get rid of a temptation is to yield to it.

(Oscar Wilde 1854-1900)