

# FEMALE VICTIMS OF SEXUAL VIOLENCE; REPORTED CASES OF IN FAISALABAD CITY IN 2008

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**ABSTRACT... Objectives:** To ascertain the incidence of sexual violence in Faisalabad city and to analyze the data with respect to demographics, presentation and pattern of physical injuries and evidence collection from victims of sexual violence. **Method:** This cross sectional study was conducted on 93 alleged victims of sexual violence at the medico legal clinics in Allied hospital, DHQ hospital & Government General Hospital in Faisalabad city in year 2008. **Results:** 51.6% cases belonged to age group between 10-19 years and 63.45% were unmarried. In 59.1% cases the offender was previously known to the victim and in 31.18% cases two or more persons were involved in the act. There was more than 15 days delay of presentation to the hospital in 36.56% cases. In 13.98% cases non genital injuries and sign of struggle were present on the body of the victim while only 7.53% cases presented with genital injuries. In 80.64% cases the swabs sent to chemical examiner were positive for semen. **Conclusions:** The incidence of sexual violence is on the rise in Faisalabad city. Sexual violence was frequently seen in unmarried young females with late presentation due to social stigma. Sexual violence was associated with genital as well as non genital injuries. There should be clear guidelines regarding evidence collection and these should be disseminated and implemented nationally.

**Key word:** Sexual violence, medico-legal examination, forensic evidence collection

## INTRODUCTION

Violent acts are commonly categorized as physical, sexual, or psychological. These often interact with each other and form a complex pattern of behaviour<sup>1</sup>. Violence against women is a significant health and social problem which is universally under-reported due to sensitivity of the subject<sup>2</sup>. Nevertheless, its prevalence suggests that globally millions of women are experiencing sexual violence and it affects millions of people every year<sup>3</sup>. In 2002 the WHO defines sexual violence as: Any sexual act, attempt to obtain a 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<sup>4</sup>. The incidence of sexual violence against women is increasing worldwide and the global statistics are shocking.

Worldwide about 20% of women have been sexually abused in their childhood<sup>5</sup>.

Women in Pakistan also face staggeringly high rates of rape, sexual assault, and domestic violence<sup>6</sup>. According to official statistics, in 1998 one woman was raped every six hour<sup>7</sup> while in 2000, for every two hours, one woman was raped somewhere in the country<sup>8</sup>.

A high rate of sexual assault is found in other Asian countries as well. In Japan 60% of women suffer sexual violence<sup>9</sup> while 25% of women in India<sup>9</sup> and 53-62% of women in Bangladesh are victims of 19% in North Carolina, United States<sup>12</sup>.

Sexual violence is more common in younger females<sup>13</sup> and the chances of convictions are more when the victim is an unmarried young woman<sup>14</sup>. In India 68.75% of sexual assault occurs in age group between 16 to 25 years and 86% of women were found to be unmarried<sup>15</sup>. Sexual violence can be exercised by another family member, acquaintance of stranger<sup>1</sup>. Mostly the offenders are boy friends, ex lovers, ex spouses, neighbors or relatives which are known to the victims as seen in studies in Indian, Canada and South Africa<sup>3,16,17</sup>. A woman

can be sexually violated by one or several people as in gang rapes<sup>1</sup>.

The time of presentation of victim to hospital is of medico-legal concern. Many victims are often reluctant to report sexual violence due to embarrassment, feeling of guilt or simply lack of knowledge. In general evidence of coitus may be present in vagina for up to 48 hour. About 18% victims of sexual violence presented after a delay of 48 hours in Calabar, Nigeria<sup>18</sup>.

Only around one third of rape victims sustain visible physical injuries<sup>1</sup>. Injuries found on adult women during examination may vary and it often includes non genital and/ or bite marks. The most commonly seen genital injuries include contusions of the genitalia, abrasions, and lacerations of the posterior fourchette, fossa navicularis, and labia minora<sup>19</sup>. Traumatic lesions on the whole body were found in only 28% of the cases, while findings on the genitalia were present in 31% of cases in Lisbon, Portugal<sup>20</sup>.

Forensic examination is a medical procedure done in dark because the evidence found by forensic examination is of low sensitivity regarding violence or not. Many tests are for safety reasons only. However, the resultant report of detection of sperm is of great use in preliminary investigations of doubtful cases. Published studies concerning forensic findings reported semen detection on microscopy in 30% of cases in Greater Aarhus, Denmark<sup>21</sup> to 40% in Ohio<sup>22</sup>.

### AIM

The aim of our study was to ascertain of sexual violence in Faisalabad city and to analyze the data with respect to demographics, presentation and pattern of physical injuries and evidence collection from victims of sexual violence.

### MATERIALS & METHODS

This cross sectional study was conducted at the medico legal clinics in Allied hospital, DHQ hospital and Government General Hospital, Ghulam

Muhammadabad in Faisalabad city. The study was conducted during a period of one year from 1<sup>st</sup> January, 2008 to 31<sup>st</sup> December, 2008. All victims of sexual violence presenting for examination in the above mentioned hospital were included in the study. Informed oral consent was taken. The demographics like age and marital status of the victim were noted. Characteristics of perpetrator whether single or multiple and their relationship with the victim were recorded. Medical consequences such as time lapse between the incidence and examination, physical findings of sexual assault on body and genital area were recorded. Evidence was collected in the form of swabs and samples were sent to Chemical Examiner Laboratory, Lahore. The laboratory findings were then noted after their receipt from the above mentioned department.

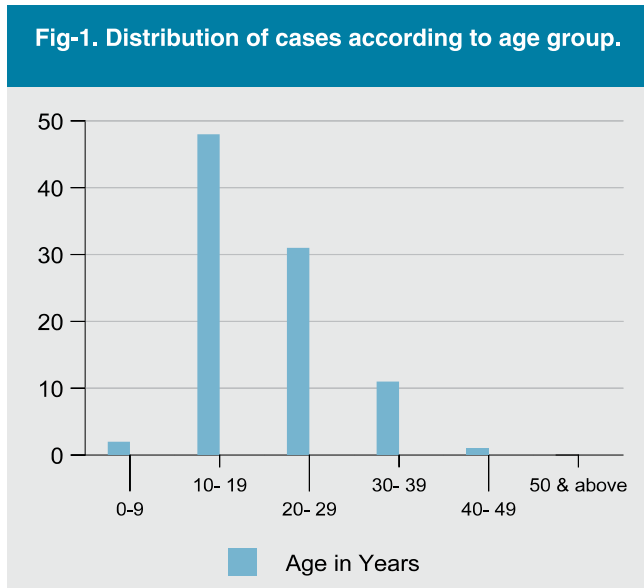
### RESULT

There were a total of 93 cases of sexual violence during the period of one year. 30 cases were reported at Allied hospital, 28 cases at DHQ hospital and 27 cases at Govt. General Hospital, Ghulam Muhammadabad in Faisalabad city.

The victims' age ranged from minimum of 4 years to maximum of 40 years. The mean age was 20 years. 51.6% cases belonged to age group between 10-19 years followed by 33.34% cases in the age group of 20 to 29 years as shown in Figure-1. Only one cases was above 40 years of age. In study 59 cases (63.45%) were unmarried women while 34 cases (36.55%) cases married women.

In 55 cases (59.1%) offender was previously known to the victim and in 38 cases (40.86%) offender involved in sexual violence was stranger to the victim. In 62 cases (66.6%) the perpetrator of assault was alone but in 31 cases (31.3%) two or more than two persons were involved as shown in Figure-2.

The time interval between incidence & presentation to hospital was up to 48 hours in 19.35% of cases and more than 15 days in 36.56% of cases. Thirty victims (32.26%) presented during third to seventh day after the incidence



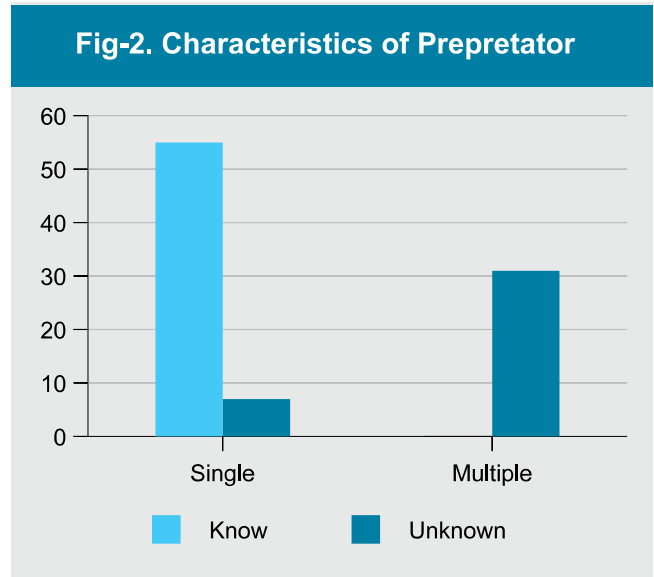
while eleven clinic in the second week as shown in Table.I.

In only 13 cases (13.98%) non genital injuries and signs of struggle were present on the body of the victim. These injuries were in the form of bruises and abrasions. Majority of these injuries (8.6%) were seen on upper limb, 6.45% were present on head and neck, 5.3% on lower limb, 2% on chest and 01% injuries were seen on breast. In 7 cases (7.53%) there were documented genital injuries of which 71% were tears and lacerations and 28% were bruises of genitals. Five cases (5.37%) were virgo intacta and only 7 cases (7.53%) presented with freshly torn hymen as shown in Table-II.

**Table I.**

| Duration          | No. Of cases | %age  |
|-------------------|--------------|-------|
| 48 hrs            | 18           | 19.35 |
| 3-7 days          | 30           | 32.26 |
| 8-15 days         | 11           | 11.83 |
| More than 15 days | 34           | 36.56 |

In 75 cases (80.64%) the swabs sent to chemical examiner were positive for semen. Only 18 cases (19.36%) were negative after semen analysis. However



**Table-II**

|        | Genital Injuries | No. of cases |
|--------|------------------|--------------|
| Hymen  | Intact           | 5            |
|        | Freshly Torn     | 7            |
|        | Old Healed       | 81           |
| Vulva  | Bruise           | 2            |
|        | Tear             | 5            |
| Vagina | Laceration       | 5            |

positive cases were not confirmed by semen grouping and DNA analysis.

**DISCUSSION**

Sexual violence is one of the most common crimes against women and its data usually comes from police, clinical settings, NGOs and surveys. The relationship between these sources and global magnitude of the problem corresponds to tip of an iceberg. 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 fear being blamed, not believed or otherwise mistreated and are socially ostracized<sup>4</sup>. Fear of accusation of and imprisonment for zina is also the main factor which discourages women from making accusations<sup>2</sup>.

The present study was carried out on 93 victims of sexual violence presented in three authorized government hospital in Faisalabad city in 2008. In a previous study, Qudsia Hanan et al reported 123 cases in the year 2002 at Lahore<sup>13</sup>.

In our study young women were found to be more at risk of sexual violence. 51.6% victims of sexual violence were present in 10-19 years age bracket. These results are in agreement with studies in Pakistan, India, Malaysia, Denmark and South Africa<sup>13-15,23-25</sup>. In Pakistan and India 64% to 72% victims fall in the age group of 10-20 years which is in line with our study. However studies conducted in Nigeria and Uganda<sup>18,26</sup> showed 70% cases of sexual violence below 14 years of age group. While in a study in Canada<sup>16</sup> the mean age group was 28 years which was more than our study. Therefore we can say that no age is safe from sexual violence. This exploitation of younger girls by the opposite sex might be due to inquisitiveness about their sexuality, less maturity and less resistance on the part of the victim in addition to communication and education gap between parents and children. Also girls belonging to poor family may have less parental supervision or they may be working themselves which makes them vulnerable to sexual exploitation. As the woman matures she becomes a family oriented person, stays indoors and is not susceptible to the outside world. Therefore in our study the maximum age group of sexual violence was 40 years.

63.45% victims were unmarried in our study. These findings are in accordance with studies in India<sup>14,15</sup>. Developed countries no longer document the marital status of victims of sexual violence because it is acceptable in their society for sexual contact to take place within as well as outside of marriage. But situation is different in Pakistan where a woman's marital status and history of previous sexual contact are both treated as relevant. Evidence of sexual contact outside of marriage tends to be viewed as weakening the case against the alleged assailant.

In our study significant relationship was present between the victim and the perpetrator. About 59.1% of the perpetrators were known to the victims. This is in

accordance with the data from India, Portugal, Malaysia, Denmark, South Africa and Uganda<sup>14,15,17,20,23-26</sup> in which approximately 2 out of every 3 sexually violent acts are carried out by someone known to the victim. In this way our study has also disproved the myth that "strangers usually commit sexual violence" Studies in Germany and Pakistan<sup>11,13</sup> showed that 42 of the total sexual violence is committed by strangers. In our study also 40.86% perpetrators were unknown to the victim. This is due to the fact that mostly stranger were involved in gang rapes. Sexual assault involving at least two or more perpetrators is widely reported. Studies in South Africa and United States showed that one-third cases of sexual violence involve multiple perpetrators and majority of them were unknown to victim<sup>4</sup>. In our study 31% of sexual assault were carried out by two or more individuals. This is in line with the study conducted in Germany<sup>11</sup> but differ from the studies in New Delhi, India and Uganda<sup>14,26</sup> where in only 7% of cases the perpetrators were multiple.

For evidence collection and documentation of injuries, it is necessary that the victim shows up for examination as early as possible. But in our study there was a considerable delay in presentation to the hospital. Only 15% cases presented within first 24 hours. While 48.39% victims took weeks to months for their medical examinations. This is in accordance with the study conducted in India and Uganda<sup>14,26</sup> where 20-27% presented within first 24 hours. This is in contrast to studies conducted in South Africa, Nigeria, Portugal, USA and Denmark<sup>17,18,20,22,24</sup> where 51% to 83% victims had shown up within first hours to the hospital. 3% cases in South Africa and 10% in USA presented after a delay of no more than 2 days. Delay in presentation to the hospital may be due to indecisiveness and reluctance on the part of victim's parents or relatives due to associated stigmatization and fear of society. This delay is also present where the victim knew his assailant and the time is used to reach into amicable settlement<sup>18</sup>. In this way there is a great chance of losing valuable trace evidence. Thus there is a need to create awareness among masses about sexual violence and victims should be told of their rights of secrecy and confidentiality.



Every now then sexual violence is associated with physical injuries which rang from non-genital to genital. The extent of injuries depends on the time elapsed between the act and presentation to the hospital. In our study non-genital injuries were present in 13.98% cases. Regarding genital trauma only 7.53% cases presented with freshly torn hymen while 87.09% victims presented with old torn and healed hymen. Our findings are consistent with studies conducted in Pakistan, India and Uganda<sup>13,14,26</sup> but are in contrast to the studies in more developed countries like Portugal and Denmark<sup>20,21</sup>. The results of our study are greatly attributed to the late presentation of victims to the hospital. Absence of general body trauma could be due to the fact that assailant could have exercised authority over the victim rendering her helpless and offering minimum resistance. About 36.5% victims were married in our study, having prior sexual activity so there will be no positive findings of genital injuries. Mostly genital injuries are seen in children and post menopausal women<sup>14</sup> which is not the case in our study as there were only two cases of sexual violence below 10 years of age and no women was sexually assaulted above 40 years of age.

Swabs were sent to Chemical Examiner laboratory. Lahore to confirm the presence of spermatozoa. 80.64% reports were positive for semen. Only 19.36% were negative for sperms. This unpredicted finding is similar to the study conducted in Lahore, Pakistan by Qudsia Hassan et al<sup>13</sup>, where Malaysia<sup>14,20,21,23</sup> showed positive semen analysis only in 5.5% to 34% cases. So it is deduced that there are varying rates of clearing of semen from the vagina. The seminal blood group antigens can be detected with in 24 hours from vagina and up to 72 hours from cervical os<sup>22</sup>. Chlorine within one day, Acid Phosphatase up to 2 days and complete spermatozoa within 3 days after sexual contact<sup>14</sup>. Y-STR profile can be obtained from a 7day post coital sample<sup>27</sup>. The evidence collection varies across the nation and there is no standardized kit available. These kits should be designed to standardize forensic sample collected for chemical analysis is commonly mishandled and

produces unreliable results<sup>6</sup>. Therefore false positive results should be carefully evaluated because they can result in prosecution and conviction of innocent people. The detection of semen is of little value therefore all samples should be conviction of innocent people. The detection of semen is of little value therefore all samples should be sent for DNA analysis.

In this way we have outlined the circumstances that surround the victimization of women in our society. Community education programs must be expanded and appropriately targeted to the high-risk populations delineated in this study to decrease the incidence of sexual violence.

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