ABSTRACT

**Background:** Sexual assault on women and children is one of the most heinous crimes. Now with civilization going forward, sexual crimes against children has gone up and a serious understanding on ways to prevent and cope with it is the need of the hour for a better society. **Materials and methods:** The study was conducted in JNIMS, Imphal, from 1st August, 2015 to 31st July, 2018 in which 80 victims of sexual assault cases were brought for medico legal examination. **Results:** The most vulnerable age group was 14-17 years (60%). 85% of the victims were students. The commonest place of assault was the house of relatives of accuse (32.5%). In 96.2% of cases, the act was committed by known persons. The nature of occurrence of sexual relationship in 46.3% cases were of elopement. Maximum (35%) cases were medico-legally examined between 72 hrs to 1 week of incidents. Hymen was found torn with old tears in 59.5% cases. **Conclusion:** The study shows that young girls of 14-17 years are more vulnerable to sexual assault. So, a need to spread awareness among parents and children on sexual crimes and the benefit of early reporting and medical examination is required, as delay causes loss of evidences.

**Keywords:** Sexual assault victims; vulnerable age group; consent, hymen.

INTRODUCTION

According to NCRB data 2016 the incidents of sexual assault cases in children shows a constantly rising pattern with low conviction rate. Stringent laws are made to prevent children from sexual exploitation, but despite this, cases have been reported and is increasing in magnitude. These cases are only the tip of the iceberg and many cases go unreported. Sexual violence is ubiquitous, it occurs in every culture, in all levels of society and in every country of the world. Sexual assault causes tremendous physical and psychological trauma in women and children. The WHO reports in 2002 that 150 million girls and 70 million boys under 18 years experience some forms of sexual violence globally.

In India, as per 2011 census, there are 472 million children under the age of 18 years, who constitute 39% of the total population. Every second child is being exposed to one or the other form of sexual abuse and every fifth child faces critical form of it. To deal with child sexual abuse cases, the Government of India passed a special law, “The Protection of Children from Sexual Offences (POCSO) Act, 2012.” This act is a comprehensive law to provide for the protection of children from the offences of sexual assault, sexual harassment and pornography, while safeguarding the interest of the child at every stage of the judicial process.

This paper has aimed to study the profile of sexual assault victims under POCSO Act, 2012 and to study the incidence and the medico-legal aspects of the same.
the period from 1st August, 2015 to 31st July, 2018. The data was retrieved from the police requisition letter, medico-legal certificates, history revealed by the victims during examination. Profile of victims examined under POCSO Act 2012.

The details pertaining to socio-demographic factors, season, place of incidence, relationship of the victims with accused, time interval between alleged incidents and medical examinations, and conditions of hymen were entered on a self-designed proforma. The data were statistically analyzed and discussed.

RESULTS

In the present study, 80 cases of sexual assault under POCSO Act were examined during the years 2015 to 2018. All victims were female. The age of the victim ranged from 2 yrs to 18 yrs. The most vulnerable age group was 14-17 yrs (60%) followed by 10-13 yrs (23.8%), 6-9 yrs (8.8%). Religion of most of the victims were Hindus (68.7%) and majority of the victims belong to the Meitei community (66.2%). All the victims were unmarried and 66(82.5%) cases come from rural areas. 68(85%) victims of sexual assault cases were students, followed by school drop-outs in 7(8.8%) cases (Table 1).

Table 1 Socio demographic profile of sexual assault victims

| Category   | Number | Percentage (%) |
|------------|--------|----------------|
| Age        |        |                |
| 2-5 yrs    | 6      | 7.5            |
| 6-9 yrs    | 7      | 8.8            |
| 10-13 yrs  | 19     | 23.7           |
| 14-17 yrs  | 48     | 60.0           |
| Total      | 80     | 100.0          |
| Region     |        |                |
| Urban      | 14     | 17.5           |
| Rural      | 66     | 82.5           |
| Total      | 80     | 100.0          |
| Literacy   |        |                |
| Pre-school | 2      | 2.5            |
| Illiterate | 3      | 3.7            |
| Students   | 68     | 85             |
| School dropout | 7 | 8.8         |
| Total      | 80     | 100.0          |

Only few cases of sexual assaults occurred in the morning, majority of the cases (52.5%) occurred in between 12 pm to 6 pm. Most assaults were reported in summer season (33.7%) followed by spring (31.3%) and least was in autumn (13.7%) (Table 2).

Table 2 Sexual assaults according to time and season

| Category   | Number | Percentage (%) |
|------------|--------|----------------|
| 12.00am to 6.00am | 2 | 2.5 |
| 6.00am to 12.00pm | 16 | 20.0 |
| 12.00pm to 6.00pm | 42 | 52.5 |
| 6.00pm to 12.00am | 20 | 25.0 |
| Total | 80 | 100.0 |

Table 3 Place of incidents and relationship of victims to accused

| Category           | Number | Percentage (%) |
|--------------------|--------|----------------|
| Place of incidents |        |                |
| Relative/acquaintance | 26 | 32.5 |
| Accused’s house     | 19     | 23.8           |
| Field               | 9      | 11.2           |
| Neighbour’s house   | 5      | 6.2            |
| Hotel / restaurant  | 7      | 8.8            |
| Victim’s house      | 11     | 13.8           |
| Others              | 3      | 3.7            |
| Total               | 80     | 100.0          |
| Relationship        |        |                |
| Boyfriend           | 43     | 53.7           |
| Parent              | 1      | 1.2            |
| Guardian            | 5      | 6.3            |
| Relative            | 5      | 6.3            |
| Neighbour           | 18     | 22.5           |
| Friend / known      | 5      | 6.3            |
| Stranger            | 3      | 3.7            |
| Total               | 80     | 100.0          |

28(35%) cases were medico-legally examined between 72 hrs to 1 week of incidence followed by 19(23.7%) between 1 week to 1 month, 17(21.35%) in more than 1 month. Only 7(8.7%) cases were examined on the same day of incident (Table 4).

Table 4 Time interval between alleged incidence and medical examination

| Time interval | Frequency | Percentage (%) |
|---------------|-----------|----------------|
| < =24 hrs     | 7         | 8.7            |
| 24 hrs – 48 hrs| 3         | 3.8            |
| 48 hrs – 72 hrs| 6         | 7.5            |
| 72 hrs – 1 week| 28        | 35.0           |
| 1 week – 1 month| 19        | 23.7           |
| >1 month      | 17        | 21.3           |
| Total         | 80        | 100.0          |
Evaluation of the mental status of the victim at the time of examination showed 98.7% as calm. It was further observed that external injuries on the body were found in only 1.3% of case and local injuries were seen in 3.8%. Hymen was found torn with old tears in 47 (59.5%), intact in 25 (31.6%) and torn with fresh tears in 7 (8.9%) (Table 5).

Table 5 Distribution of victims according to injuries found on the body

| Injury   | Number | Percentage (%) |
|----------|--------|----------------|
| External injury |        |                |
| Absent    | 78     | 98.7           |
| Present   | 1      | 1.3            |
| Total     | 79     | 100            |
| Local injury |       |                |
| Absent    | 76     | 96.2           |
| Present   | 3      | 3.8            |
| Total     | 79     | 100            |

**DISCUSSION**

Studies conducted throughout the world showed that sexual assault cases are increasing in both children and adolescents. Girls are more vulnerable to sexual abuse, although boys too reported a high percentage of victimization and are subjected to greater social stigma. In our study, all victims were females. Similar findings were seen in a study done by Maring et al and Sarkar SC et al where female child victim (98.7%) outnumbered their male counterparts (1.3%).

Our study revealed that the most vulnerable age group was 14-17 yrs in 48 (60%) cases followed by 10-13 yrs in 19 (23.7%) cases. This is in agreement with studies of Surender et al. Who reported 48.06% victims in the age group of 16-18 yrs followed by 11-15 yrs in 33.7% and Kaushik et al. Who revealed 45.16% victims in the age group of 14-17 yrs. Similar findings were noticed by Sharma et al. In our study majority of the alleged victims consented for sex. This shows lack of awareness about the legal age of sexual consent for both genders.

In our study most of the victims were Hindus 55 (68.7%) followed by Muslims in 21 (26.3%) and Christian in 4 (5.0%) cases only. The findings are in agreement with study of Yadav et al. and Surender et al. This can be explained by the fact that Hindus predominates in most of the areas under study. In previous study done in the state by Maring et al. majority of the victims were Meitei is followed by Manipuri Muslims.

This is consistent with the findings of the present study and this may be due to dominance of the local population in Manipur by the Meiteis. Higher incidence of sexual assault was observed in rural area (82.5%) as compare to urban area (17.5%). This could be due to lack of entertainment and recreational facilities and urbanization in rural areas. This finding is consistent with a study by Bijoy TH et al. In our study, most of the victims were students 68 (85%). Similar findings were made by Surender et al. who reported that 71.2% were students. The reason being most of the children go to school at this age group.

Most of the cases of sexual assault occurred in between 12 pm to 6 pm. This is in contrast to the findings by Sujatha et al. where most incidents occurred in between 6 pm to 12 am. Maximum number of the incidents occurred during summer accounting for 33.7% followed by Spring 25 (31.3%). Similar findings were observed by Bijoy TH et al. Further, this may be explained by children getting to know each other during festive seasons (Spring) and getting eloped during summer vacation. However, Surender et al. reported that maximum cases occurred during winter. This may be explained by geographical and seasonal variations in various parts of the world.

In our study most of the sexual assaults (56.3%) occurred in the house of the accused or his relative and acquaintance house. These findings are in consistent with the studies made by Surender et al. and Arif M et al. who reported that 38.67% and 57.89% of cases occurred in accuses’ house respectively. This may be due to the fact that most parents go to work during this time of the day and children are left alone at home.

Significant relationship was noted between the victim and accused in our study as the offence occurred in a familiar setting. In this study most of the sexual assaults were committed by known assailants constituting 96.2% and only 3.8% were committed by strangers. Many authors have reported similar findings. Relationship of some kind or other may have convinced the victims for commission of the offence. In our study, 43 (53.7%) of the accused were boyfriends and 18 (22.5%) were neighbours. This is consistent with the study made by Surender et al. who reported that 26.5% of assailants were neighbour. Reasons being most of the cases were consented act and later complaints were lodged when there was refusal to marry by the male partner.

In the present study, the natures of offence in 37 (46.3%) cases were of elopement where victims consented for the act. They were brought under POCSO Act on complaints of their parents. It was observed that maximum number 28 (35%) of cases were examined between 72 hrs to 1 week of assault followed by 19 (23.7%) after a week to month and 17 (21.3%) after 1 month. In a study by Surender et al. 24.8% victims were examined in third day to a week and 18.23% after a week to month, which is in accordance with our study. In our study, only 7 (8.7%) were examined within 24 hrs of the incidence which is consistent with the studies made by Sarkar et al. and Sujatha et al. who observed that 10% and 8.5% victims were examined on the day of assault respectively. Late reporting in this study may be due to indecisiveness on the part of the victim, fear of insult and social stigma that would be face by the victim and family and in some cases victim eloped with accused to some other distant places.

Out of 80 cases, 79 consented for physical examination, out of which only 1 (1.3%) case had external injury on the body while majority of cases 78 (98.7%) had no injury. It was also
observed that only 3(3.8%) cases reported with local injury and 76(96.2%) had no such injury. The present findings are consistent with that of Rongpharpi et al.19 who reported that majority of cases had no injury. The reason could be that most victims were late for examination and most of the acts were consensual.

In our study most of the hymen were found torn with old tear in 47(59.5%), intact in 25(31.6%) and torn with fresh/recent tear in 7(8.9%) of the cases. This finding is similar with the finding of Rongpharpi et al.19 who reported that most of the cases presented with old hymenal tear. This could be due to late reporting, repeated offences followed by filing of complaints by the victims after the partner’s refusal to marry after elopement.

**CONCLUSION**

The present study shows that young girls between the age of 14-17 years are more vulnerable to sexual assault. In majority of cases the incident took place in the house of relatives of accuse or his own house. Biggest threat to the victim is not from the strangers but from the known persons. So there is a need to spread awareness among parents and children on sexual crimes and the benefit of early reporting to the police and medical examination, as delay in reporting and examination causes loss in significant trace evidences.

**Conflict of interest:** None.

**Ethical clearance:** Taken.

**Contribution of authors:** We declare that this work was done by the author(s) in this article and all liabilities pertaining to claims relating to the content of this article will be borne by the authors.

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