

AN ANALYTICAL STUDY ON SOCIO-DEMOGRAPHIC AND MEDICO - LEGAL FACTORS OF VICTIMS OF SEXUAL ASSAULT FROM THE CENTRAL AND SABARAGAMUWA PROVINCES IN SRI LANKA

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ABSTRACT

Sexual assaults that have shown an alarming rise are a serious public health problem with hazardous socioeconomic and health related consequences. International studies have shown that young girls from poor socioeconomic and low educational level are at highest risk. Though we experience the same in Sri Lanka only few studies are available in the literature.

The study objectives were to determine the socio-demographic factors and medico-legal aspects such as type of act, relationship to the assailant, place of the incident, economic group, time of the incident and examination in cases of sexual assault.

The study was conducted on sexually abused individuals who reported to hospitals in Central and Sabaragamuwa provinces for medico-legal examination during the period between April 2007 and June 2012. Data was collected using a questionnaire by specialists and trainees in Forensic Medicine, maintaining professional standards. Data was analyzed using Microsoft Excel software.

Among 282 sexually assaulted victims, 96% were females. 81% were less than 18 years of age and among them, 43% were in 12-16 years age group. 71.13% were from school going population. 71.63% were from low socioeconomic group. 96% knew the assailant and 36% were boyfriends. 34% occurred in victim's house. 56% claimed

vaginal penetration. 6% were examined within 24 hours of the incident and 52% after 1 week.

In our study, most victims are young, school going females belonging to low socioeconomic group. In majority of assaults, assailant was a known person and it has occurred in a place known to the victim. Common allegation was vaginal intercourse. There was a considerable delay in time between the incident and examination which would have led to the destruction of very important medical evidence.

According to this study, young school children and low socioeconomic group cannot be excluded in formulating effective preventive programs against sexual violence.

Key words: *Sexual assaults, socio-demographic factors, medico-legal aspects*

INTRODUCTION

Sexual assaults which have shown an alarming rise are a serious public health problem with hazardous socioeconomic and health related consequences around the globe¹. Once in every two minutes someone in the United States is sexually assaulted and 1 in 4 women and 1 in 6 men will be sexually assaulted at some point in their lifetime². In Nigeria, four out of every ten women are victims of sexual assault³. The incidence of rape in South Africa is approximately 300

per 100,000 women³. Sri Lanka Police Bureau, "Grave Crime Abstract 2010" shows that 1854 cases of rape/incest, 519 cases of un natural offence/grave sex abuse, 334 cases of cruelty to children and sexual exploitation and 897 cases of abduction have been reported to them all over the country from 1st of January to 31st of December 2010. According to international criteria, sexual assault is defined as "acts in which an individual is forced to engage in sexual activity by use of threats or other fear tactics, or instances in which an individual is physically unable to decline" and when an "unlawful sexual intercourse by a man with a woman, by force, fear or fraud and with or without her consent in an underage girl occurs, it is defined as rape⁵. Article 363 of the Penal Code of Sri Lanka defines rape as sexual intercourse with a woman in five specific scenarios: (1)sexual intercourse without consent; (2)sexual intercourse even with consent where the woman is in lawful or unlawful detention or where consent is obtained through intimidation, threat, or force; (3)sexual intercourse where consent has been obtained when the woman is of unsound mind or in a state of intoxication administered to her by the man or some other person; (4)sexual intercourse where the woman has consented because she believes she is married to the man; (5)sexual intercourse with or without consent if the woman is under 16 years of age unless the woman is the accused man's wife, she is over 12 years of age, and she is not judicially separated from the accused⁶.

The impacts of sexual violence can occur at many levels. There are individual impacts that can be physical and psychological^{12,13}. The immediate consequences may include injuries caused during the sexual act, such as bruises, scrapes, broken bones. Though not very common, genital trauma, particularly genital tearing can cause hazardous consequences. Longer ranging physical symptoms and illnesses associated with rape and sexual abuse of children are gastrointestinal disorders, irritable bowel

syndrome, chronic back, pain, sexually transmitted diseases, irregular vaginal bleeding, painful menstrual periods, urinary tract infections and premenstrual syndrome. Emotional reactions to rape include shock, denial, fear, confusion, anxiety, eating disorders, sleep disorders, depression, and post traumatic stress disorder. There can be impacts on a survivor's social behavior such that the survivors may have difficulty relating to others after victimization. Pregnancy, abortions and related consequences are the other significant problems. Finally, sexual violence has a broader impact in terms of its costs to society, many of which are health related. Sexual assaults are amenable to prevention which requires a multidisciplinary public health approach.

The available literature consistently indicates that sexual violence victimization begins early in the lifespan. Several American surveys which studied rape, including the NVAWS, the National Women's Study (NWS), the ICARIS-2, and the National College Health Risk Behavior Survey (NCHRBS), revealed that most rape victims are aged 18 years and younger^{7,8,9,10,14,17}. Victims were mostly females^{13,14,15,16,17}. For both males and females, the perpetrator and victim knew each other in the majority of cases^{10,11}.

The literature survey revealed only a few Sri Lankan studies which were conducted on the victims of sexual assault. Some results of those studies resembled the findings of international studies. Those socio-demographic details and other important information of sexually assaulted victims play a vital role in formulating effective preventive programs for target groups. Therefore the objective of our study was to determine the socio-demographic factors and other important information in cases of sexual assault.

METHODOLOGY

This study was conducted on sexually assaulted individuals who were admitted to hospitals in the Central and Sabaragamuwa provinces for medico-legal examination during the period of April 2007 to June 2012. Data was obtained from 282 sexually assaulted females and males were analyzed in the study. Prior to medical examination, informed written consent was taken from all the sexually assaulted victims who were at or above the age of 18 years and from the parents or guardians of under aged victims. Data was collected using a questionnaire by specialists and trainees in Forensic Medicine maintaining professional standards and ethics. Reference number, Medico-legal Examination Form (MLEF) number, Hospital, Date and time of incidence,

admission, examination and basic information regarding the victim was obtained. Details pertaining to the level of education, marital status, socioeconomic status, place of assault, type of alleged incident, number of incidents, relationship with the assailant, consequences after the incidence, time interval between the incidence and examination were also noted in the questionnaire. Data was analyzed using Microsoft Excel computer software.

RESULTS

The findings revealed that, out of 282 sexually assaulted victims, 96% were females. The males accounted only to 4%. (Figure 1).

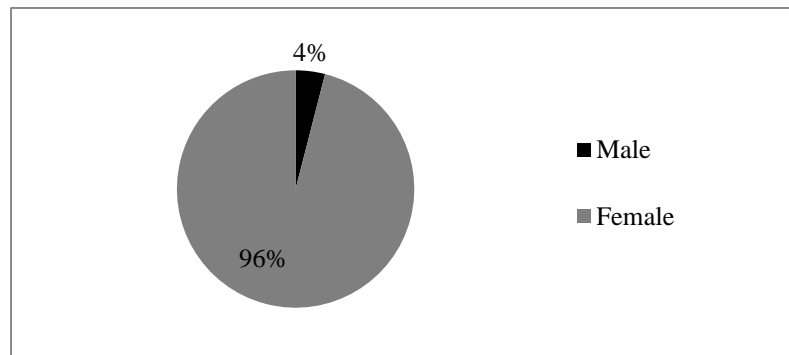


Figure 1: Gender difference of sexually assaulted victims

Eighty one percent were less than 18 years of age and among them 17% were less than 12 years of age, a majority 43% were in 12-16 years age group, 21 % in 16-18 years age group, Out of total 13 % are in 18-30 years age group. 4% in 30- 40 year group and only 2% were more than 60 years of age (Figure 2).

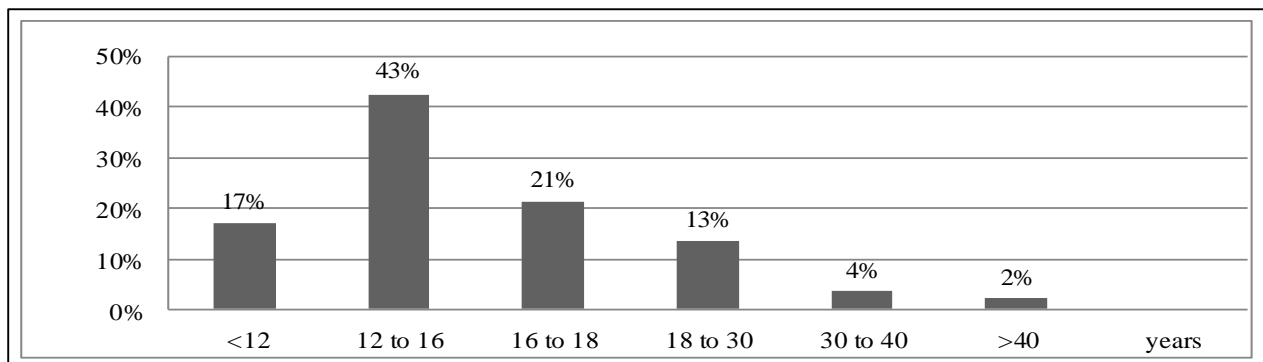


Figure 2: Age groups of the victims

Out of 282 of sexually assaulted incidents, we have found that a significant number of victims (86) (34%) were repeatedly assaulted. Among them, 79 were under the age group of 12 to 18 years. This underage school going females were assaulted three or more times until they were presented to medico-legal examination. Fifty six percent were presented with a single incidence of assault. (Figure3).

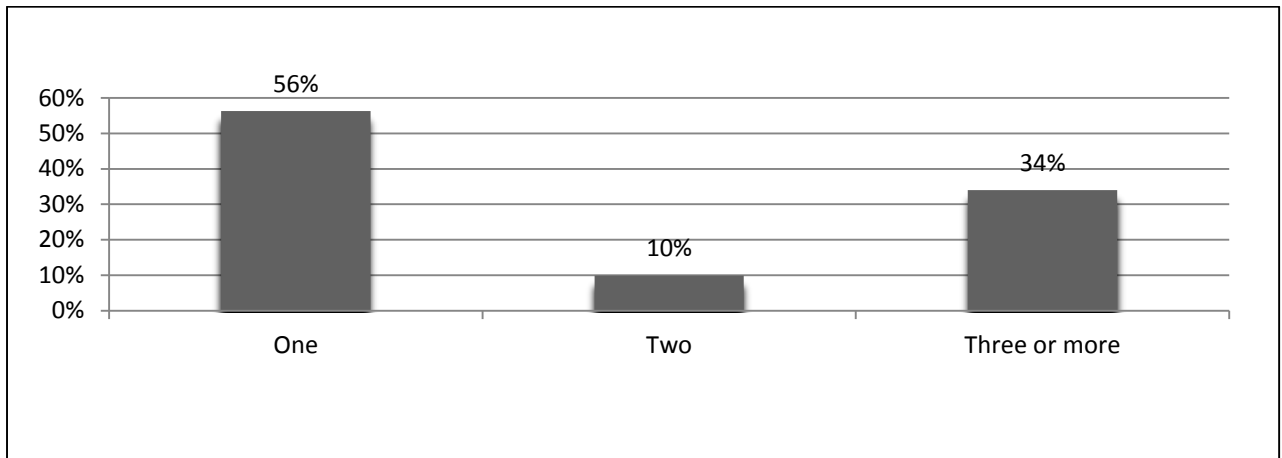


Figure 3. Number of Incidents

Eighty four percent of victims were unmarried. Approximately 71.13% of them were from the school going population. About 19% of victims were more than 18 years of age were educated only up to grade nine. Seventy one percent of guardians of sexually assaulted victims were laborers or estate workers. The findings also revealed that only 2.13% of victims were garment workers. The majority of the victims (96 %) knew the assailant and in 36% they were boyfriends and 21 % of cases they were family members. Most of the incidents (34 %) occurred in victim's house followed by the assailant's residence (30 %). (Figure 4).

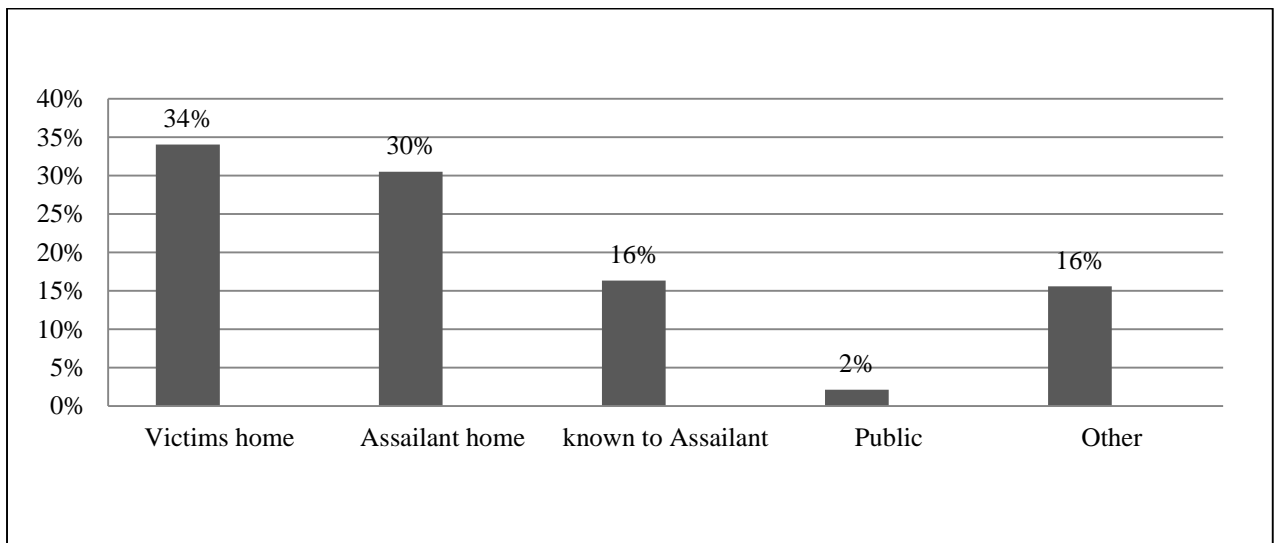


Figure 4: Places of sexual assault

Fifty-six percent of the victims claimed vaginal penetration had occurred and 39.57% of them were found with genital injuries. (Figure 5).

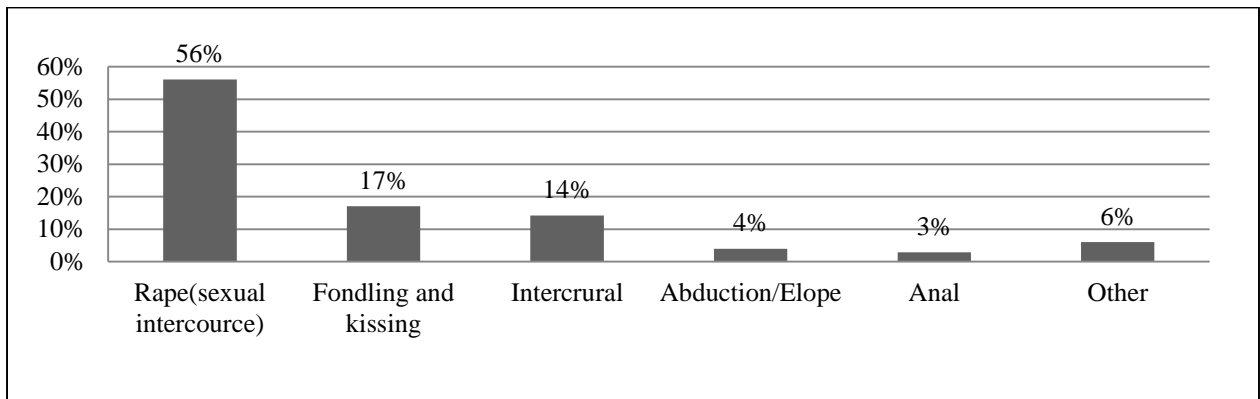


Figure 5. Type of alleged incident

After the sexual assault 9% of victims have got pregnant and there were 5% of miscarriages or abortions and 2% have proceeded to childbirth. (Figure 6).

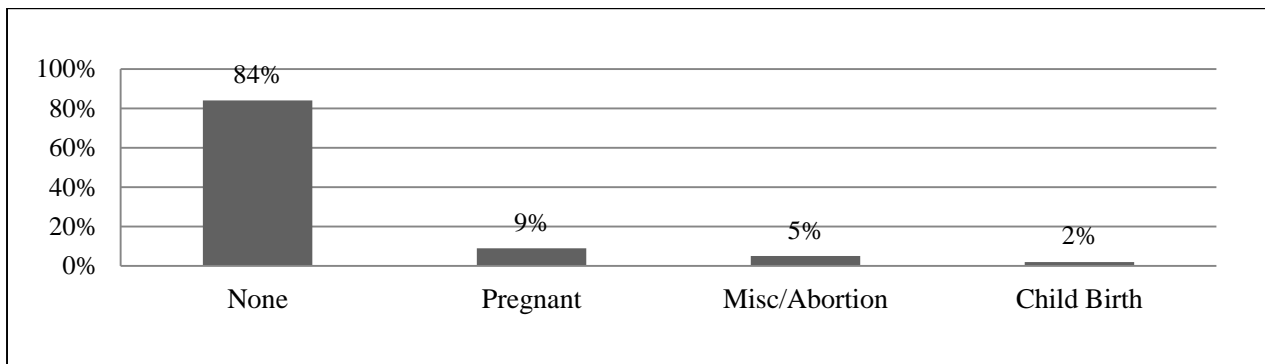


Figure 6 : Consequences of sexual assault

More importantly only 6 % of victims were examined within 24h of the incident and 23% were examined within 24h-72h, 19% in 72h to 1 week and considerable number of (107) (38%) victims were examined after 1 month of the incident. (Figure 7).

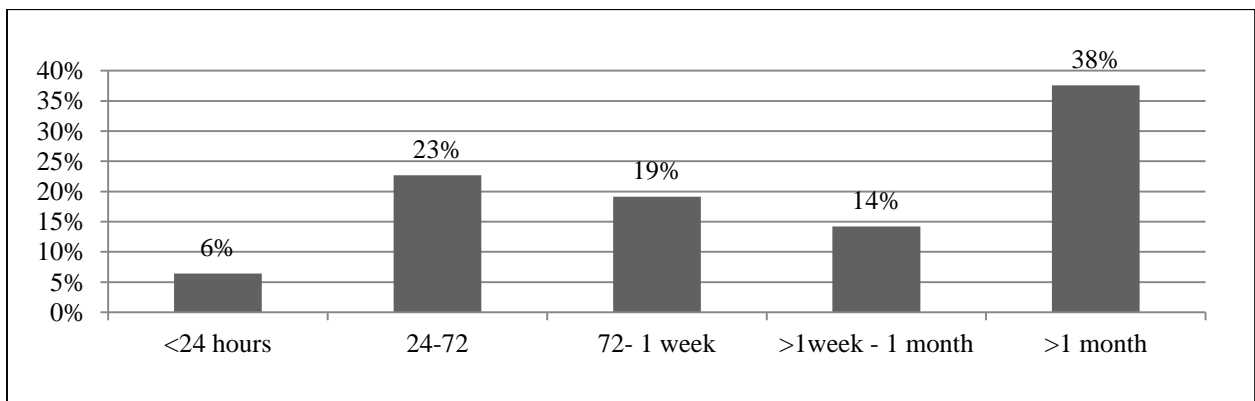


Figure7: Time gap between incidents and examination

DISCUSSION

It has been reported in many studies that most of the sexually assaulted victims were females^{13,14,15,16,17} and our study also showed that 96% of victims were females.

It has been reported in the literature that the victims were usually in their teens^{7,8,9,10,14,17,18,19,20}. NCHRBS found that for 71% of victims the first rape occurred before the age of 18 years. Similarly, ICARIS-2 revealed that 60% of female and 69% of male rape victims experienced their first rape before their 18th birthday. The NVAWS also found that the majority (54% for women and 71% for men) of all first rapes occurred before the age of 18 years, and for both sexes, almost half of these occurred before the age of 12 years. Comparable figures for women from the NWS were 62% (before 18 years) and 29% (before 12 years). In our study, we found that 81% were less than 18 years of age and among them 17% were less than 12 years of age, majority (43% of total) was in 12-16 years age group, 21 % in 16-18 years age group.

This similarity can be attributed to deficiency in knowledge and attitudes towards sexual acts and cultural characteristics between countries. The lack of knowledge regarding the minimal age to give consent for sexual intercourse and legal marriage has contributed greatly for the above recorded cases of eloping and rape, evidence by many young females below the age of 16 years have had sexual intercourse willingly with their boyfriends and some girls who were below the age of 18 years have eloped and attempted to register their marriages.

Out of 282 of sexually assaulted incidents, we have found that a significant number (86) (34%) were repeatedly assaulted. Among them 79 were under the age group of 12 to 18 years. This underage school going females were assaulted three or more times until they were presented to medico-legal examination.

Fifty six percent were presented with a single incidence of assault.

For both males and females, in majority of cases (>80% of cases)¹¹ the perpetrator and the victim knew each other. The NVAWS found that perpetrators of rape against adult women were most often intimate partners (62%), defined as a current or former spouse, cohabitating partner, boyfriend, or date. Twenty-one percent of rapists were acquaintances, 17% were strangers, and 7% were relatives¹¹. However, in the earlier NWS, the largest percentage of perpetrators (29%) were nonrelatives, such as friends or acquaintances, 27% were family members, 22% were strangers, and 19% were intimate partners (defined as a current or former spouse or boyfriend- not including dates)¹⁰. When looking only at 12 to 17 year old rape victims, the NVAWS found that perpetrators were mostly intimate partners (35%) and acquaintances (33.3%) for females and acquaintances (47%) for males. For child victims (aged 12 years and younger), the perpetrator was most commonly a non-intimate family member for females (67.8%) and an acquaintance for males (50%)¹¹. In our study we found that the majority of the victims (96%) knew the assailant and in 21% of cases they were family members and these findings are consistent with literature^{10,11,19,21,22}.

The majority of the victims (84%) were unmarried. These findings are in agreement with the studies of Sarkar et al¹⁹, Mont et al²⁰, Islam et al²¹ and Fimate et al²².

A considerable proportion of the victims was poorly educated (19% of victims more than 18 years of age were educated only up to grade nine.) and 71.73% were from a low socioeconomic background where the victims were from families of labourers and estate workers. Similar findings were observed by Sarkar et al¹⁹. However Barek²³ in a study observed that 89.77% victims were educated. On the other hand Islam et al²¹ reported that the majority of the victims were

illiterate. Ganguly et al²⁴ reported 60% of the victims were from poor families and 43% were illiterate.

Most of the incidents (34%) occurred in the victim's house followed by the assailant's residence (30%). Sarkaret al¹⁹ reported 41.1% and Grossin et al²⁵ reported 41% of incidents which occurred at the victim's house.

After the sexual assault 9% of victims have got pregnant and there were 5% of miscarriages or abortions and 2% have proceeded to childbirth. Attempted abortions by nonmedical personnel may cause considerable morbidity and mortality as abortion is not legalized in the above circumstances by the Sri Lankan legal system.

More importantly only 6% of victims were examined within 24 hours of the incident and 23% were examined within 24 hours -72 hours, 19% in 72 hours to 1 week and considerable number of (107)(38%) victims were examined after 1 month of the incident. This is consistent with the study of Barek²³, where the author found only 3.41% had undergone medico-legal examination within the first 24 hour. This delay in presentation may be attributed to the lack of awareness of victims, law enforcement authorities²⁶, social stigma etc.

Health education targeted on vulnerable groups regarding sexual behavior, legal aspects of sexual and partner relationship in an organized system is important for primary prevention of sexual assaults. It may prevent incidents of sexual assault by improving knowledge of both victims and perpetrators. While at the same time assessing and addressing the needs of survivors when primary prevention is not possible is also very important for the social context.

CONCLUSION

In our study, most of the victims were young, school going females who belonged to the low socio-economic group. In a majority of assaults, the assailant was a known person and the assault had occurred in a place known to the victim. Common allegation was the vaginal intercourse. There was a considerable delay between the time of incident and the time of examination which would have led to the destruction of very important medical evidence.

SUGGESTIONS

We emphasize that young school children and low socio-economic group cannot be excluded in formulating effective preventive programs against the sexual violence as the most vulnerable group for sexual assault is school going young females and as it was found that their knowledge and attitude of sexual behavior is very poor in the author's previous studies²⁷.

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