

Study of Clinical Forensic Examination Reports and Alleged Offences in Sexual Assault Cases: Civil Hospital Sanghar

NADIA ASLAM¹, PARDEEP KUMAR², MUHAMMAD QASIM AHMED KHAN MEMON³, EJAZ AHMED AWAN⁴, ABDUL SAMAD⁵, SHABIR AHMED CHEENA⁶

¹Lecturer, Department of Forensic Medicine & Toxicology, LUMHS, Jamshoro, Sindh, Pakistan

^{2,4}Associate Professors, ⁵Assistant Professor, Department of Forensic Medicine & Toxicology, PUMHS, Nawabshah, Sindh,

³Associate Professor, Department of Forensic Medicine & Toxicology, Suleman Roshan Medical College, Tando Adam, Sindh, Pakistan

⁶Chief Resident Medical Officer, Civil Hospital, Sanghar, Sindh, Pakistan

Correspondence to Dr. Ejaz Ahmed Awan, E-mail: forensicawan@outlook.com, Cell: 0300-3219531,

ABSTRACT

Background: Several factors influence the occurrence of genito-anal injuries in sexual assault victims. The occurrence of injuries aids in the future laying of accusations against the accused, making forensic examination, documenting of injuries, and report preparation difficult for healthcare personnel.

Aim: To find out the pattern of genito-anal injuries and the circumstances that lead to charges being filed against the accused.

Place and Duration of Study: Civil Hospital Sanghar from 1st January 2019 to 31st December, 2019.

Methodology: This cross-sectional study Sixty sexual assault cases were incorporated all survivors of rape, paying little heed to age, who announced a background marked by rape to the police or straightforwardly to our tertiary consideration community.

Result: Penile-anal penetration is the most common 82.4% and second most common was penile-oral penetration was 75%. Fifty percent of ano-genital bleeding was found in the sexual assault victims and 45.6% were physical assault during sexual assault. Mostly cases were based on incomplete investigation with the highest 47.1%.

Conclusion: Although no single event will bring the victim's recovery to a close, the arrest and successful conviction of the offender can be a significant step forward. Contrary to popular assumption, genital damage is not the usual in the aftermath of sexual assault.

Keywords: Sexual assault, alleged, offences

INTRODUCTION

Sexual violence is prevalent and occurs all around the world. Sexual abuse occurs when a person intentionally sexually contacts another person without the recipient's unambiguous agreement, or when a person employs force or intimidation to coerce a person into doing a sex encounter that they do not want to do. Rape, forcible sodomy, oral penetration, drug-assisted sexual assault, groping, child sexual abuse, and vaginal penetration are all types of sexual manual torture¹.

Sexual assault victims require not just medical attention, but also injury reporting and the collecting of forensic science for legal purposes. The police and judicial systems have a general view that sexual assault is a crime is linked to a visible injury².

Only a few studies have looked at the link between extra-genital and genital injuries and sexual assault, with extra-genital and genital injuries being reported in 50–80% and 8–87% of instances, respectively³⁻⁵.

It should be highlighted that the examiner's experience, examination style, and available infrastructure for such situations all play a role in the documenting of injuries. Due to delayed reporting, there are situations when no injuries may be located on the victim's body^{1,6}.

The goal of our research was to determine the pattern of genito-anal injuries in sexual assault victims, as well as

factors linked to the filing of charges against the perpetrator. It's critical to have different prevalence estimates for genital and anal injuries following non-consensual vaginal or anal penetration when giving expert testimony to the courts. A number of studies have been published on the occurrence of genital damage following claimed sexual assault⁷.

MATERIALS AND METHODS

This cross-sectional study was conducted at Civil Hospital Sanghar from 1st January 2019 to 31st December, 2019. Sixty sexual assault cases were incorporated all survivors of rape, paying little heed to age, who announced a background marked by rape to the police or straightforwardly to our tertiary consideration community. Both males and females, genitor-anal injuries and sexual assault were included. Genito-anal injuries location, extra genital injuries and intoxicated cases were excluded. The casualty's assent was acquired straightforwardly from them. The casualties were analyzed within the sight of a female parent/watchman and with the help of a female/male specialist/nurture. A meeting with the person in question, polls, clinic records, and a duplicate of the police's First Information Report (FIR) gave the information. The endorsement of the institutional moral panel was acquired. The data was entered and analyzed through SPSS-23.

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RESULTS

Penile-anal penetration was the most common 93.3% and second most common was penile-oral penetration was 85%. Anogenital bleeding was found in 56.7% of sexual assault victims. 51.6% cases were physical assault during sexual assault. The outcome of sexual assault cases mostly cases were based on incomplete investigation with the highest 47.1% (Tables 1-4).

Table 1: Types of penetration

| Types | No. | % |
|----------------------------|-----|------|
| Digital penetration | 33 | 55.0 |
| Penile-oral penetration | 51 | 85.0 |
| Penile-vaginal penetration | 28 | 46.7 |
| Penile-anal penetration | 56 | 93.3 |

Table 2: Frequency of genito-anal injuries (n=60)

| Genito-anal injuries | No. | % |
|----------------------|-----|------|
| None | 26 | 43.3 |
| Anogenital bleeding | 34 | 56.7 |

Table 3: Physical violence during sexual assault n=60

| Physical violence | No. | % |
|-------------------|-----|------|
| Yes | 31 | 51.6 |
| No | 29 | 48.4 |

Table 4: Outcome of sexual assault cases (n=60)

| Outcome | No. | % |
|--------------------------|-----|------|
| Still pending | 1 | 1.5 |
| Conviction of accused | 3 | 4.4 |
| Accused still at large | 16 | 23.5 |
| Acquittal of accused | 5 | 7.4 |
| Cancelled | 3 | 4.4 |
| Incomplete Investigation | 32 | 47.1 |

DISCUSSION

Our research adds to our understanding of the occurrence and pattern of genito-anal and physical injuries in sexual assault victims. This study also adds to understanding of the prevalence and pattern of genito-anal and extra genital injuries in sexual assault victims. Aside from the issues of over reporting and underreporting, accurate prevalence data is also a challenge. It's a little tough to get a hold of the general public. Due to a scarcity of extensive studies and standardized definitions of physical and sexual assault or abuse.^{8,9}

Penetration of orifices other than the vaginal orifice is likewise considered a serious sex offence. Force and consent issues are still evolving, although there are certain evident trends in the law's evolution. Rape and sexual assault legislation can be complicated and ambiguous. Because terms like rape, sexual abuse, sexual abuse, and others have differing meanings in different districts, language can be confusing; in fact, even the term "consent" is interpreted in different ways in each state. Sexual invasion to acts of sexual violence that do not entail puncture, such as sexual touch and exposing, are all titled and defined varies in various states. Special terminology has been adopted in several states to refer to male and

female sexual intercourse, particularly bigamy and deviant sexual intercourse.^{10,11}

Kumar-Pal et al¹² revealed that 120 attackers were responsible for 1,225 acts of victimisation, including rape, battery, and physical and sexual abuse of children, and that repeat rapists each committed 5.8% rapes.

CONCLUSION

Although no particular event will bring the victim's healing to a conclusion, the perpetrator's arrest might be a crucial step forward. Despite the fact that there has been no previous sexual activity, genital injury is not common in the aftermath of sexual harassment, contrary to popular belief. It's important to remember that the presence of injuries does not prove rape, and the lack of injuries doesn't really throw out rape. All health care practitioners conducting forensic examinations on victims of sexual assault are obligated to collect accurate narratives and report specific trauma findings for all victims of sexual assault.

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