

DISSERTATION ON

**A STUDY ON VICTIMS OF
SEXUAL OFFENCES**

Submitted in partial fulfilment of the requirements for

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BRANCH XIV**



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CERTIFICATE

This is to certify that this dissertation entitled

“A STUDY ON VICTIMS OF SEXUAL OFFENCES” submitted by

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Degree examination in March 2011 is a bonafide record of work done by her under my

guidance and supervision in partial fulfilment of the regulations of the

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INTRODUCTION

When one considers all the crimes on this planet, the sex related crimes are the most humiliating and barbaric.

Worldwide this represents a major public health problem.¹ There is an alarming rise in the rate of sexual offences worldwide and especially in India over the last few years.²

Sexual offences include an infinite variety of physical acts either carried out or attempted for sexual gratification by a person or persons of same gender or different genders without the lawful consent of those offended.³

Among all the sexual offences rape and child sexual abuse are of great concern globally. The women and the children are the most vulnerable group to this crime.

Rape is said to be the fastest growing violent crime in many parts of the world. Though the punishment for rape is very severe including a death sentence in some countries, rape still remains a global problem. In USA an estimate of one in every four women and children⁴ and in Nigeria four out of every ten women are victims of sexual assault.⁵

Proving a case of rape in the court of law is a difficult exercise. Since rape is a criminal offence, proof of the crime beyond reasonable doubt is necessary. All these crimes are committed in private and hence there is no witness to the act. Therefore in many instances a sound medical examination, investigation and opinion is essential. Hence a doctor plays a pivotal role.

Securing evidence after sexual offence is an important task for the physicians.⁶ Poor medical evidence is also responsible among other reasons for low conviction rate.⁷ Therefore, appropriate and correctly performed physical examination in cases of sexual assault is of crucial importance and analysis of preserved biological specimens such as blood and semen often yields vital evidence in contemporary criminal investigation.⁸

Sexual Jurisprudence is a subject subdivision of forensic medicine wherein the medical knowledge about sex, sexual acts and their consequences is applied to the knowledge of law in order to derive justice, in cases of offences related to sex.⁹

The full spectrum of sexual jurisprudence is realised only when one considers the infinite variety of matters related to human sex, sexual behaviour and acts, their physical, physiological and psychological consequences which often bother the doctor and law routinely.⁹

Added to this, are the problems posed by the acts of sexual perversions or deviations such as exhibitionism, masturbation, fetichism, voyeurism, etc which more than creating any physical damage, can amount to a public problem on the grounds of indecency, violating human rights of privacy.

Till date women and children remain the most vulnerable group in the society. Data from the National Crime Records Bureau (NCRB) shows a sharp rise in crimes against women.⁸ It might be pertinent here to cite a recent study by the UK government of rape cases in the country, which shows that a majority of convictions in rapes are from admission of guilt and not because of successful trial as the delays in investigation and the social stigma related with sexual offences often force the victims to withdraw the case.

We find very few complaints being lodged and hardly any action being taken against the perpetrators.

Medical examination can provide independent, scientific corroborative evidence that may be of value to the court in arriving at a judgement. Special knowledge and experience are essential to conduct a good quality medical examination.

In developed countries and in some countries in the Asian region there are specially trained and qualified forensic physicians who undertake such examinations. The quality of examination and the opinion they provide are of good standards. In countries where no emphasis is placed on the teaching of clinical forensic medicine and where no trained forensic physicians are available the quality of forensic examination may not meet the required standards. Hence the medical students are to be given effective training so that they are capable of tackling these cases when they come into the society.

AIMS OF THE STUDY

1. To study the various attributes of the victims of sexual offences such as,

Age,

Sex,

Religion,

Marital status,

Educational status,

Employment status,

Socioeconomic status and

Family profile.

2. To study the factors like,

Type of familiarity with the accused,

Victim's willingness to marry the assailant,

Time of occurrence, reporting and examination of victims,

Status of puberty, pregnancy and delivery,

Type of offence and

Pattern of injuries sustained and

Results of the laboratory investigations.

REVIEW OF LITERATURE

Definition:

Sexual offences are considered as

- (a) acts of sexual intercourse and / or
- (b) acts of sexual interference

with a person or animal against the provisions of law.¹⁰

Classification:

1. Natural offences

- a. Rape
- b. Incest
- c. Adultery

2. Unnatural offences

- a. Sodomy (Anal coitus)
- b. Buccal coitus (Oral coitus)
- c. Bestiality

3. Sex-linked offences

- A. Indecent assault
- B. Sexual Perversions / Paraphilias.¹¹

1. Paraphilias requiring a partner

- a. Sadism
- b. Masochism
- c. Frotteurism

2. Paraphilias not requiring a partner
 - a. Voyeurism
 - b. Exhibitionism
3. Paraphilias requiring some object as a stimulus
 - a. Fetichism
 - b. Transvestism
4. Paraphilias exhibiting excessive sexual arousal and drive
 - a. Satyriasis in males
 - b. Nymphomania in females
5. Others
 - a. Undinism
 - b. Pyromania
 - c. Myxoscopia
 - d. Triolism

Natural offences:

Rape – The word ‘rape’ is derived from the Latin term ‘Rapio’ which means ‘to seize’. Thus rape literally implies forcible seizure. Rape is violation with violence of the private person of a woman.

Some cases of rape hit the headlines few are reported most remain covered up hidden in the deep corners of the minds of the victims, which remain as permanent scars and change the whole life of the victims.

The reported numbers are of great concern - in India: a rape case after every 54 minutes whereas in the developed USA a case for every 5 minutes.¹² There were 18,233 rape cases in India in the year 2004. Incidence of rape cases reported an

increase of 10.3% in the year 2004 compared to 2002.² Delhi has ranked fifth for the incidence of cases of rape against women and first for rape on children(0.8% per 10,000 population).⁸ In rape cases unless the woman is examined medically as soon as possible – at least within 24 hours it becomes difficult forensically to prove that rape has occurred.

Laws in relation to rape in India:

Today the legal definition of rape and other sexual offences vary from country to country. A doctor who is involved in examining the victims of sexual offences, should be fully aware of these laws, not only the laws in his own country, but in other countries as well, in order to have a clear understanding of the problem.

In English law, the legal definition of rape relates to non-consensual penile penetration of the mouth, anus or vagina. In Scotland non consensual penile – vaginal penetration is defined as ‘carnal knowledge of a female by a male against her will’. In USA many states have redefined - sexual penetrative acts to include sexual intercourse, cunnilingus, fellatio, anal intercourse etc. - subcategorised by the degree of force and coercion. The law in California also includes a new sexual crime called ‘assault by penetration’ which also has the same punishment as rape and is committed when someone sexually penetrates the anus or vagina with a part of his or her body, or with an object, without the person’s consent.

In India only one form of rape is criminalised – vaginal penetration. If the penetration cannot be satisfactorily proved then the defendant may be convicted of ‘attempted rape’. If the intent is not proved, he may be convicted of indecent assault. Other forms of penetrative injuries – other than penile – fingers, bottles, sticks etc are

not legalised as rape. In French law – rape is defined as any act of sexual penetration of any nature, committed on another person. The age at which a female can legally give consent for penile vaginal intercourse in England is 16 years same as in India, where as in California it is 18 years.

Rape is dealt in Section 375 of the Indian Penal Code.¹³

In summary this section states that a man is said to commit ‘rape’ who has sexual intercourse with a woman falling under any of the following six descriptions:

1. against her will
2. without her consent
3. with her consent – her consent has been obtained by putting her or anyone in whom she is interested in fear of hurt, or death.
4. with her consent – when the man knows that she is not her husband and that her consent is given because she believes that he is another man to whom she is lawfully married.
5. With her consent –when at the time of giving consent, she was not in a state to give a valid consent such as under the influence of alcohol, drug or unsoundness of mind that she is unable to understand the nature and consequences of that act to which she gives consent.
6. With or without consent when she is below 16 years of age (in union territory of Manipur it is under 14 years of age) (Statutory rape)

Exception:

Sexual intercourse by a man with his own wife, the wife not being under the age of 15 is not rape.(Under 13 years in union territory of Manipur)

Explanation:

Penetration is sufficient to constitute the sexual intercourse necessary to the offence of rape.

Traditionally some form of violence or evidence of resistance is expected to be present on the victim before accepting that rape has actually taken place. This evidence of resistance to justify that there was no will on the part of the woman was derived from the 19th century English common law.¹⁴ As a result the court of law expects some form of physical violence on the victim to corroborate the allegation of rape. However this attitude is now considered unjust.

Many countries have reformed their rape laws to suit the present day need. The Sri Lankan and the English laws on rape are two good examples. The 1995 amendment act in Sri Lanka had removed the subsection against her will from the legal definition. The Malaysian law and the Indian Penal Code still retain the subsection 'against her will'. As long as this subsection is present in the legal definition of rape the woman may be expected to show evidence that she resisted a rapist.

The presence of any injuries on her body suggestive of a struggle is considered as an act against her will. However due to various circumstances a woman may not be able to resist and therefore absence of injuries does not necessarily mean that she was a willing partner. There are many instances where the victims are taken by surprise and hence too scared to resist. But more importantly in most instances the rapist is an immediate – friend, close associate, family member, relative or an acquaintance.

Owing to various social and domestic pressure these unfortunate victims are either reluctant or frightened to complain. Therefore it is unreasonable to expect a woman to show evidence that she resisted the rapist. Physical examination of the victim, particularly looking for any injuries is an essential part of the doctor's clinical examination. If there are injuries which are suggestive of resistance or an attack by the rapist, then such findings will provide strong corroborative evidence. This will help the court in arriving at a firm decision.

But as discussed already, in many instances there are no injuries present to suggest a struggle or a physical assault. It is important that the doctor should bear this in mind. However the doctor who examines the victim should seek explanation as to why there was no struggle or what prevented the victim from struggling. Obtaining a detailed history from the victim forms an important part of the examination and attention should be paid to all relevant details.

Section 376 (Punishment for Rape)¹⁵

1. Whoever, except in the cases provided for by subsection (2), commits rape shall be punished with imprisonment of either description for a term which may extend to ten years and shall also be liable to fine unless the woman raped is his own wife and is not under 12 years of age, in which case he shall be punished with imprisonment of either of either description for a term which may extend to two years or fine or with both. Provided the court may for adequate and special reasons to be mentioned in the judgement, impose a sentence of a term of less than seven years.

2. Whoever

a. being a police officer commits rape within the limits of the police station in which he is appointed; or in the premises of any station house whether or not situated in the police station to which he is appointed; or on a woman in his custody or in the custody of a police officer subordinate to him; or

b. being a public servant takes advantage of his official position and commits rape on a woman in his custody or in the custody of a public servant subordinate to him: or

c. being on the management or on the staff of a jail, remand home or other place of custody established by or under any law for the time being in force or a woman's or children's institution takes advantage of his official position and commits rape on any inmate of such jail, remand home, place or institution: or

d. being on the management or on the staff of a hospital, takes advantage of his official position and commits on a woman in that hospital: or

e. commits rape on a woman knowing her to be pregnant; or commits rape on a woman under 12 years of age; or

f. commits gang rape.

Shall be punished with rigorous imprisonment for a term which shall not be less than 10 years but which may be for life and shall also be liable to fine: Provided the court may for adequate and special reasons to be mentioned in the judgement, impose a sentence of imprisonment of either description for a term of less than ten years.

The crux of offence of rape:

is that, the sexual intercourse is

1. against the will of the woman
2. without the consent of the woman.

The use of these two phrases 'against the will of the woman' and 'without the consent of the woman' denote different concepts. Every act done 'against the will' of a person is done without the 'consent' of the person, but an act done without the 'consent' of a person is not done necessarily against her 'will'.

A woman may be willing for sexual intercourse but may not give consent for fear of detection or social stigma. A woman must have voluntarily participated in the sexual act after exercising her intelligence and clearly differentiating as to the resistance and assent.

Consent for sexual intercourse:

Consent for sexual intercourse has a very complex meaning. Consent when given should be free, voluntary, conscious and informed. A person who gives consent should understand the exact purpose for which the consent is given. Further the person should be of consenting age, in a proper state of mental development and mental state to understand the nature and consequences of the act.³

There should not be any force, duress or fraud while obtaining consent.

Age of giving valid consent is 16. Consent must be obtained prior to the act. Consent after the act is no defence. Even a prostitute cannot be forced to have sexual intercourse. Whether the alleged consent is merely a passive submission or willing consent depends upon the circumstances of each case. The Submission does not mean

consent but consent means submission.

Presumption and proof of consent can be presumed from the circumstances of each case. The only evidence of lack of consent is various signs of struggle found on the person of the victim. It is necessary to prove that maximum resistance was offered to prevent the act. Resistance depends on a number of factors - age of the victim, built, type of woman, relationship of the victim with the accused. The burden of proof lies on the accused. Prosecution has to prove all elements for the offence.¹⁶ In most cases no signs of injury or intoxication are there and the sexual act is based on fraud or fear.

Statutory rape:

Age for giving valid consent for sexual intercourse is 16 years in India. Consent for sexual intercourse is not an issue if the girl is under the age of 16. Sexual intercourse with or without consent is considered as rape. Consensual sexual intercourse with a girl under the age of 16 is referred to as 'Statutory Rape'. It is important to note that the age of consent for sexual intercourse is 16 years, whereas the age of consent for marriage is 18 years in a female.¹²

Marital rape:

Until the 20th century forced sex by the husband with his wife was not considered rape, since a woman was not considered as a separate legal person with a right of refusal - deemed to have given advanced consent to a lifelong sexual relationship through the wedding vows.¹⁶ Woman's group argued that by giving such immunity, the marriage license can indeed be called 'license to rape'.

But there are certain exceptions such as having intercourse with wife who is under the age of 15 years being included in the Indian Penal Code, and under the age of 12 years in the Sri Lankan Penal Code. Marital rape is not recognised in the Malaysian law.³ There is no statutory provision for marital rape in England. Marital rape exemption has been removed completely in five states in Australia. All these confirm that what matters finally is the valid consent for sexual intercourse on the part of the woman.

There is considerable debate as to what constitutes proper and complete consent in a sexual relationship. How explicit the consent should be, how often it should be established, and what constitutes diminished capacity (usually due to drugs or alcohol) are all subjects of some disagreement. These debates take place on moral, ethical and legal grounds.

Intercourse in Law:

Vaginal penetration by the penis is sufficient to constitute sexual intercourse for the offence of rape. The slightest degree of penetration is enough. Even the tip of the penis between the labia had been accepted as intercourse in law. If the penetration cannot be satisfactorily proved then the defendant may be convicted of 'attempted rape'. If the intent is not proved, he may be convicted of indecent assault. It is not necessary to prove the completion of the sexual intercourse by orgasm or ejaculation of semen. In most countries the rape laws are related to unlawful sexual intercourse between a man and a woman.¹³

Prostitution and rape:

Prostitution - the word is based a Latin word 'prostitutus' meaning 'offered for sale'. It implies

1. a woman or girl who engages in sexual activity for payment
2. a man or a boy who engages in sexual activity for payment especially with homosexual men

A person holding such an intercourse with another of the same sex would be guilty of an immoral and unlawful and is punishable under Sec 377 IPC.

Consent is needed even from a prostitute, who cannot be forced into sexual intercourse. Even though a prostitute might consent to sexual intercourse if she is less than 16 years of age such consent is invalid in the eye of the law.

Rape especially 'Gang rape' of prostitutes is common occurrence. The fact that the person is a prostitute does not justify her rape, nor does it provide the accused with a plausible defence.

Sec 366 – makes kidnapping and abduction of a woman punishable

Sec 366 A & Sec 366 B – intended to punish the export or import of minor girls for prostitution.

TYPES OF RAPE

1. Gang Rape:

Where a woman is raped by more than one persons acting in furtherance of their common intention each of the person shall be deemed to have committed 'gang rape'. It is also known as 'group rape' or 'pack rape'. It occurs when a group of people participate in the rape of a single victim. It is far more damaging to the victim and in some jurisdictions more severely punished than rape by a single person. The word 'Gang' can have racial connotations when used in minority defendants and so in western countries the term 'group rape' is used.¹⁶

2. Statutory rape:

Consent for sexual intercourse is 16 years in India. Consent for sexual intercourse is not an issue if the girl is under the age of 16. Sexual intercourse with or without consent is considered as rape if the girl is under the age of 16. Consensual sexual intercourse with a girl under the age of 16 is referred to as 'Statutory Rape'. It is important to note that the age of consent for sexual intercourse is 16 years, whereas the age of consent for marriage is 18 years in a female.¹⁶ Here there is violation of the 'age of consent law'. Need not be violent or physically coerced. In India it is 16, where as it varies from 12- 21 in different countries.

3. Acquaintance rape:

Acquaintance or date rape refers to rape or non consensual sexual activity between people who are already acquainted, or who know each other socially such as close friends, people on date, or even people in an existing romantic relationship. In these cases it is alleged that consent for sexual activity was not given, or given under

duress. In most jurisdictions there is no legal distinction between rape committed by a stranger or a known person. In general, evidence suggests that 80% of all rapists know their victims.²

4. Forcible rape:

Forcible rape refers to rape when a person has sexual intercourse with the victim by the use of forcible compulsion and against her will. In the course thereof the actor inflicts serious physical injury or displays a deadly weapon or dangerous instrument in a threatening manner and subjects the victim to sexual intercourse.

5. Spousal rape:

Spousal rape is also called as marital rape, wife rape, partner rape or intimate partner rape, because there is a widely held view that a woman surrenders consent upon entering a relationship. However the law is slow to criminalise this form of rape or sexual assault. It is crime in many parts of the west.

6. Rape of females by males:

The rape of females by males is the commonest form and the most reported form also. Every minute some female is being raped in some part of the world. The number is clearly on the rise year after year. Young females are more likely to be raped than any other group.

7. Rape of males by males:

Although rape and sexual assault is usually known as a crime against woman, men can also be raped. According to the US Bureau of Justice statistics for 2003, 9.9% of rape and sexual assault victims in the age group of more than 12 years are male. In India this category falls under sodomy - an unnatural sexual offence.

8. Rape of males by females:

It is widely considered impossible because male erection is seen as voluntary. Female rapists are usually seen as less culpable than male rapists by the courts. Under the Indian law, a man can only commit rape. Woman can only charged with 'indecent assault'

9. Rape of females by females:

This form of rape occurs against hetero sexual females, lesbians, and within lesbian relationships. As in male – male rape, the victim of female – female rape is not necessarily homosexual simply because she is the target of assault. The attacker may not be necessarily homosexual.

In India the Supreme Court held that a woman cannot be prosecuted for rape or gang rape, but can be prosecuted for abetment of rape depending the merit if the case.¹⁷

10. Custodial rape or Prison rape:

The rapes in prisons are a common occurrence in India (IPC section 376 - B, C & D) and are often reported. The female prisoners are especially vulnerable to assault by guards and other staff members. It has also been reported in the US.

Sexual Harassment:

The term sexual harassment was used in 1973 by Dr Mary Rowe in a report to the then President and Chancellor of Massachusetts Institute of Technology about various forms of gender issues.

According to India's constitution, sexual harassment infringes the fundamental right of a woman to gender equality under Article 14 of the Constitution

of India and her right to life and live with dignity under Article 21 of the Constitution. Although there is no specific law against sexual harassment at workplace in India but many provisions in other legislations protect against sexual harassment at workplace, such as Section 354, IPC deals with “assault or criminal force to a woman with the intent to outrage her modesty, and Section 509, IPC deals with “word, gesture or act intended to insult the modesty of a woman.”¹⁸

Rape and drugs:

Rape may be committed without the knowledge of the woman while she is under the effect of certain drugs. The drugs commonly used are – Alcohol, Gamma hydroxyl butyrate (GHB), Flunitrazepam – called as ‘date rape drugs’ and others such as ketamine or scopolamine. Victims may not be aware that they ingested a drug at all. GHB and its analogues are invisible when dissolved in water, and are odourless. They are somewhat saltish to taste but cannot be made out when mixed with beverages like sodas, liquor or beer.¹⁹

According to the National Institute of drug abuse Rohypnol can incapacitate victims and prevent them from resisting sexual assault.¹⁶ It can produce anterograde amnesia, which means that the individual may not remember events they experienced while under the effects of the drug. The sedative effects of Rohypnol begin to appear approximately 15-20 minutes after the drug is ingested. The effects typically last from 4-6 hours after administration of the drug, but some cases have been reported in which the effects were experienced 12 or more hours after administration.¹⁶

It is imperative that any investigation into the suspected use of date rape drugs involve the immediate carrying out of a blood test, as waiting too long to have a blood test will yield negative results.

Effects of rape:^{20,21,22}

1. Rape trauma syndrome
2. Post traumatic stress disorder
3. Sexually oriented homicide
4. Accidents following rape
5. Secondary victimisation
6. Death following rape
7. Suicide
8. Sexually transmitted diseases
9. Pregnancy
10. Societal stigma

Victims frequently feel shame when describing what happened. Also the intimate questions and medical examination required for the prosecution can make the victim uncomfortable. In societies that do not provide equal rights to men and women, this process is even more difficult for female victims.

Secondary victimisation is the re-traumatisation of the victims of sexual assault. It is an indirect result of assault which occurs through the responses of individuals and institutions of the victim. The types of secondary victimisation include victim blaming, inappropriate behaviour and language by medical personnel and by other organisations which have access to these victims post assault.

In the USA, rape is unique in that it is the only crime in which there are statutory protections designed in favour of the victims – known as ‘rape shield laws’. Typical rape shield laws prohibit cross – examination of the victim with respect to issues, such as his or her prior sexual history, or the manner in which she dressed at the time of rape.

In India however the prior sexual history is used to provide an alternative explanation for physical evidence, where exclusion of evidence would violate the defendant’s constitutional rights.

Age of the rapist:

According to the English law, a boy under the age of 14 was considered to be incapable of performing sexual intercourse, but this was abolished by ‘the sexual offences act’. In India, a boy of any age will be equally liable for committing the offence of rape like a man of any age, unless it is proved that the boy was incapable of committing the offence medically. In awarding punishments, courts are guided by Sections 82 & 83 of IPC. Secondly, in India, only a man may be guilty of committing rape on a woman whereas in the developed countries like USA and UK the majority of the rape laws are gender blind allowing the inclusion of males also. In India a woman may be charged of ‘indecent assault’ on a man.

Age of the victims:

No age is safe from rape, as children of 1 year of age or less and old woman of more than 85 years have been raped. Children are most vulnerable than adults as they cannot offer much resistance, and also due to the false belief that venereal diseases are cured by sexual intercourse with a virgin.²³

Types of rapists:

1. Normal well adjusted men who behave abnormally when under the influence of alcohol. These are the commonest form of rapists.
2. Sexually deviated but psychologically normal
3. Sexually and psychologically deviated offenders. They are compulsive and emotionally disturbed
4. Sexually non deviated but psychotic, defective or suffering from brain damage.

Hymen:

It is a fold of mucous membrane about 1mm thick, situated in the vaginal outlet partially closing the orifice. It has no definite function. In children, it appears as a taut membrane when the thighs are separated. During puberty the hymen enlarges and appears as a series of folds. Normal hymen is elastic and easily distensible.²⁴ The adult hymen consists of folds of membrane having different shapes – 1.Semilunar or crested, 2.Annular,3.Infantile, 4.Cribriform, 5.Vertical, 6.Septate, 7.Imperforate and 8.Fimbriated or notched.²⁵ In virgins it admits tip of little finger.

According to some authors a hymen is always present in a virgin though it may be congenitally absent. However this view may be erroneous.

The hymen may be intact even after repeated acts of intercourse of coitus. This depends on a number of factors –

1. Force of penetration
- 2.Type of structure

3.Consistency

4.Nature of opening.

In children during attempted sexual intercourse the hymen is usually not ruptured due to high up position. A marginal hymen is recognised to remain intact despite repeated intercourse.

Causes of rupture of hymen:

1. Accidental

2. Masturbation

3. Due to insertion of a foreign body – solapith

4. Ulceration

5. Sanitary tampons

6. Surgical and gynaecological operations

Therefore it is important to remember that an intact hymen is not an absolute proof of virginity, on the other hand a torn or absent hymen does not necessarily mean that the woman was used to having intercourse.

EXAMINATION OF A CASE OF RAPE

Examination includes both the alleged victim as well as the assailant.²⁶

Examination of the victim:

Avoid unnecessary delay

Procedure:

1. General procedures

2. General examination

3. Genital examination

1. General procedures:

Precautions before examination

- a. Requisition - an authorisation letter from police / magistrate
- b. Identify the victim – identified by the police constable who accompanies the victim
- c. Consent – must be obtained for examination directly from the victim if above 12 years of age, or from the parents or guardian if under 12 years
- d. Details of the victim – name , age, address etc
- e. Date, Time and Place of examination
- f. Statement of the victims and others – note down the exact version
- g. State of the victim

Precautions during examination

- a. Keep a second person – a female nurse or attendant
- b. Ask the victim to undress herself
- c. Examine to assess the following
 1. age – build, secondary sexual characters
 2. Gait – if reporting early may be broad based
 3. Influence of alcohol or drugs
 4. Menstrual period – if menstruating examination can be postponed
- d. Second opinion – if needed do not hesitate to get a second opinion from a Specialist

Precautions after examination

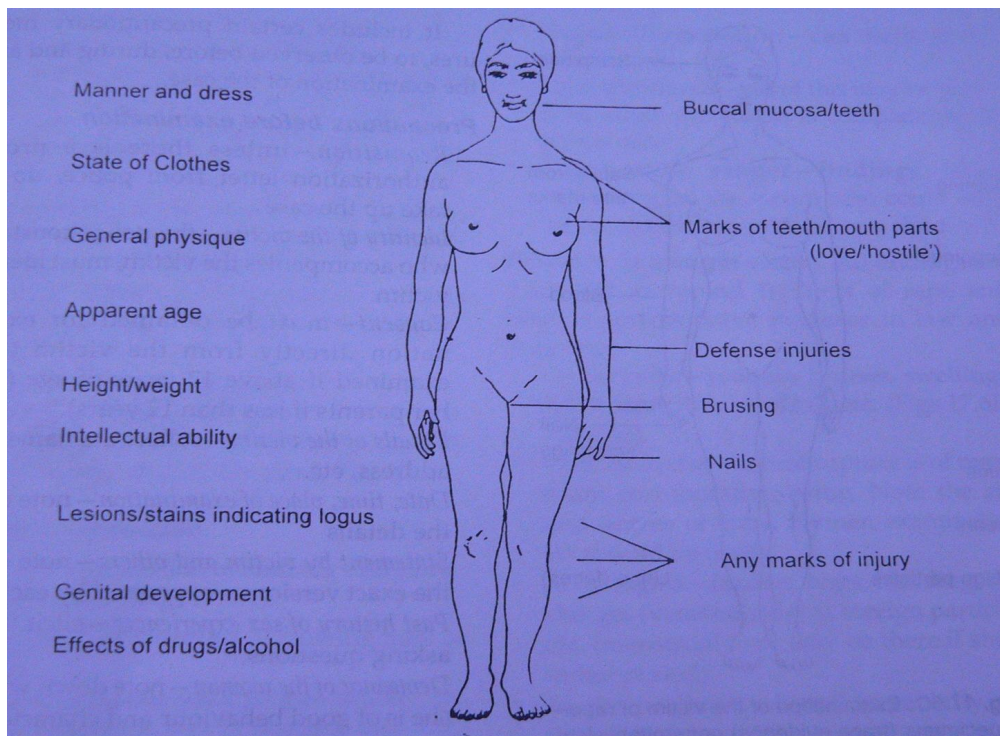
- a. Report all findings properly
- b. Prepare three copies – two copies for submission

One for office file

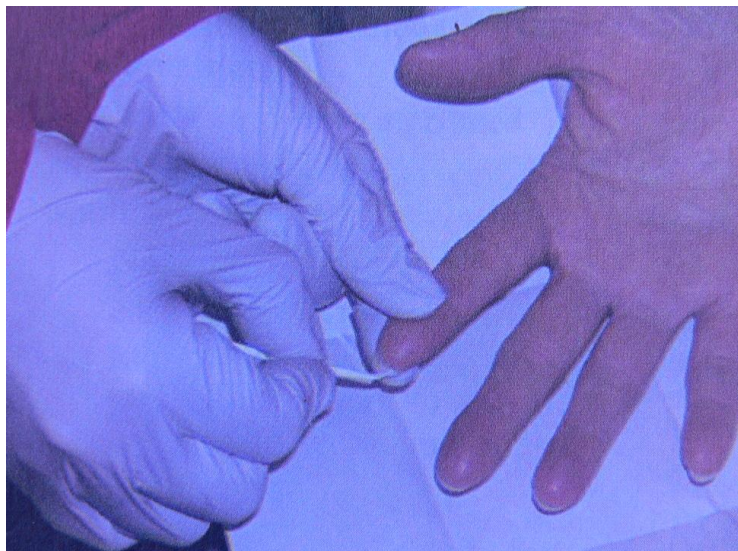
2. General examination:**Examination of clothing**

- a. manner and state of the clothing
- b. any damage, tears etc
- c. stains – of blood, semen, saliva, urine, stools, mud etc – to be preserved and sent to the Forensic science laboratory
- d. Hair may be collected from the assailant's pubic area, asking her to undress on white paper

Physical examination proper

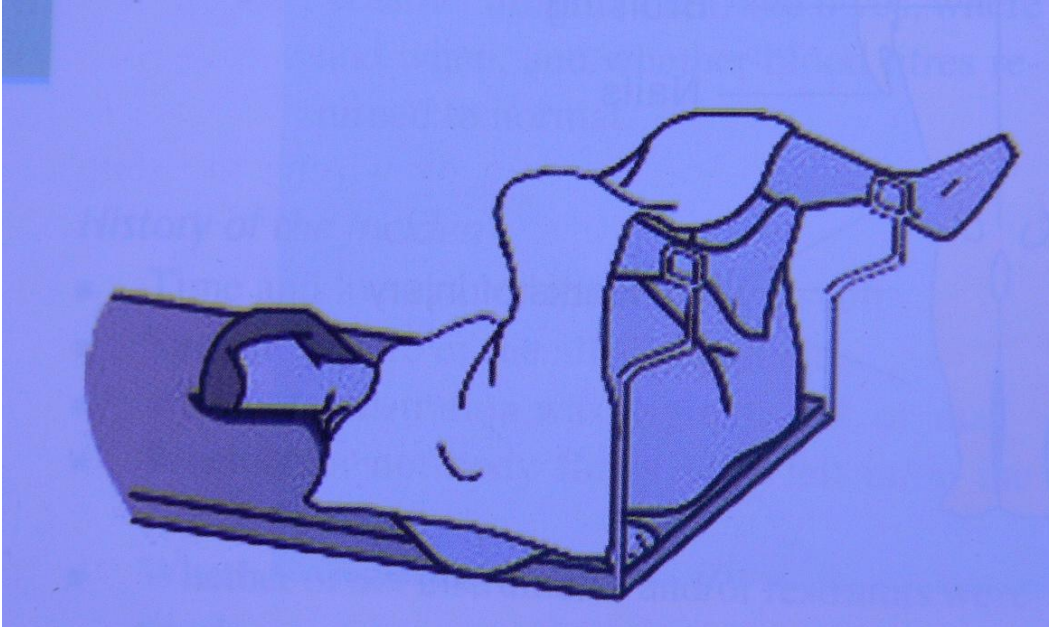


- Look for evidence of struggle marks
- Examination of finger nails – for skin tissue particles of assailant due to scratching or pinching



Examination of finger nails

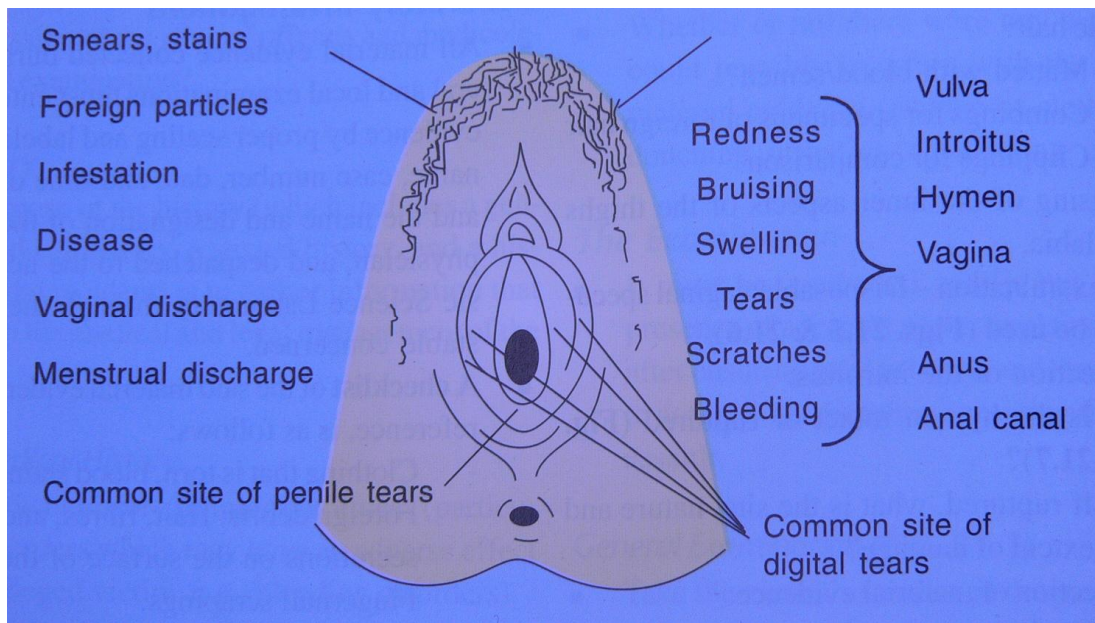
Genital examination proper



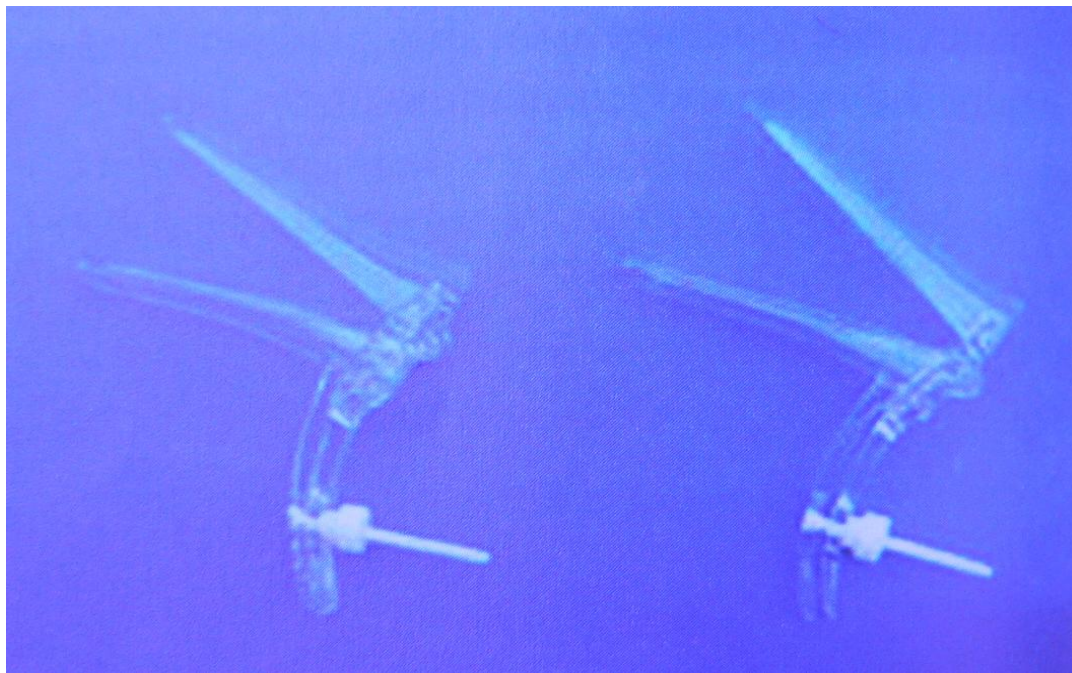
Lithotomy position

- a. Position - proper examination is possible only by making the patient adopt the lithotomy position
- b. Proper illumination – can help good observation
- c. Local anaesthesia if the patient complains severe pain
- d. Examination proper – findings on the vulva, Hymen, vagina and the Perineum

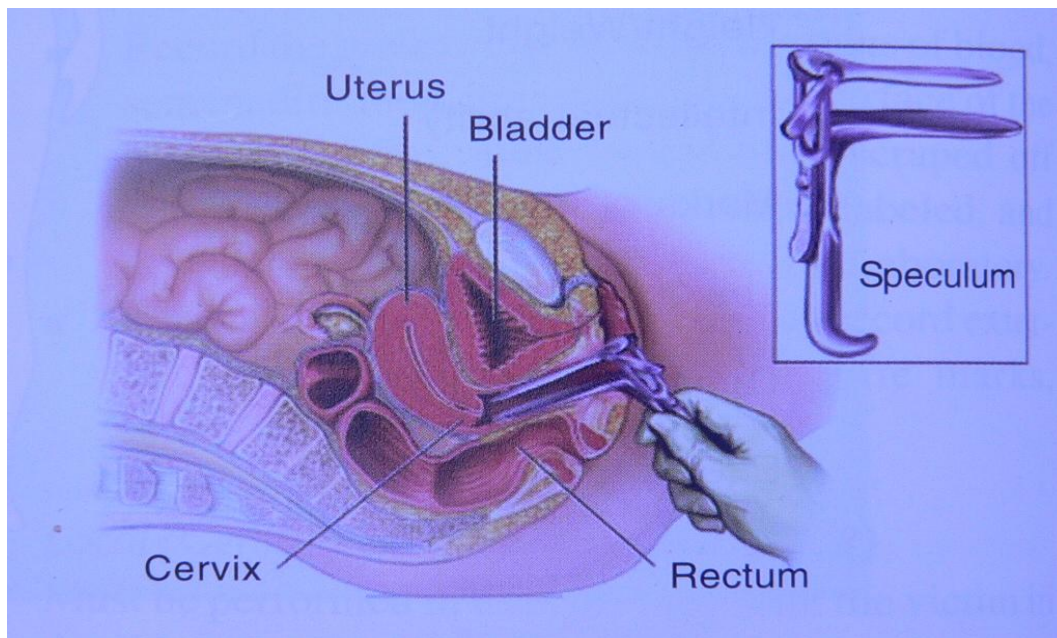
Examination of external genitalia



Speculums for vaginal examination



Vaginal examination



Laboratory Investigation:

All material evidence collected during the general and local examination must enter a chain of evidence by proper sealing and labelling, with the name, case number, date and time of collection, name and designation of the examining medical officer and despatched to the designated Forensic Science Laboratory through the police constable concerned.

Check list of the medical evidence

1. Clothing – torn, stained or soiled
2. Foreign debris –
 - a. Hair, fibres,
 - b. fresh or dried secretions on the surface of the body
 - c. finger nail clippings

d. combings from the pubic hair and clippings of the victim's pubic hair for comparison

3. Washings from the posterior fornix and vagina for histochemical and histological examination for detection of the constituents of the seminal fluid

4. Vaginal swabs for the detection of the above and for the presence of *Mycobacterium smegmatis*, and for the presence of sexually transmitted diseases (by Gram's staining and culture of specimens)

5. Blood for the grouping, base line serology for sexually transmitted diseases, and presence and levels of ethanol and other intoxicating agents and pregnancy tests.²⁶

Rape kit:

The biological and physical evidence collected from a victim of a sexual assault is collectively known as a "rape kit."²⁷ The term is also used to describe a case which holds necessary equipment for carrying out an examination on a rape victim. A rape victim is always allowed to decline a rape kit and still receive medical treatment, although collection of evidence is strongly encouraged. In addition to leading police to the perpetrator, a rape kit can also bolster the case in court, should it come to trial.

Tests for seminal fluid:

1. **Physical examination**

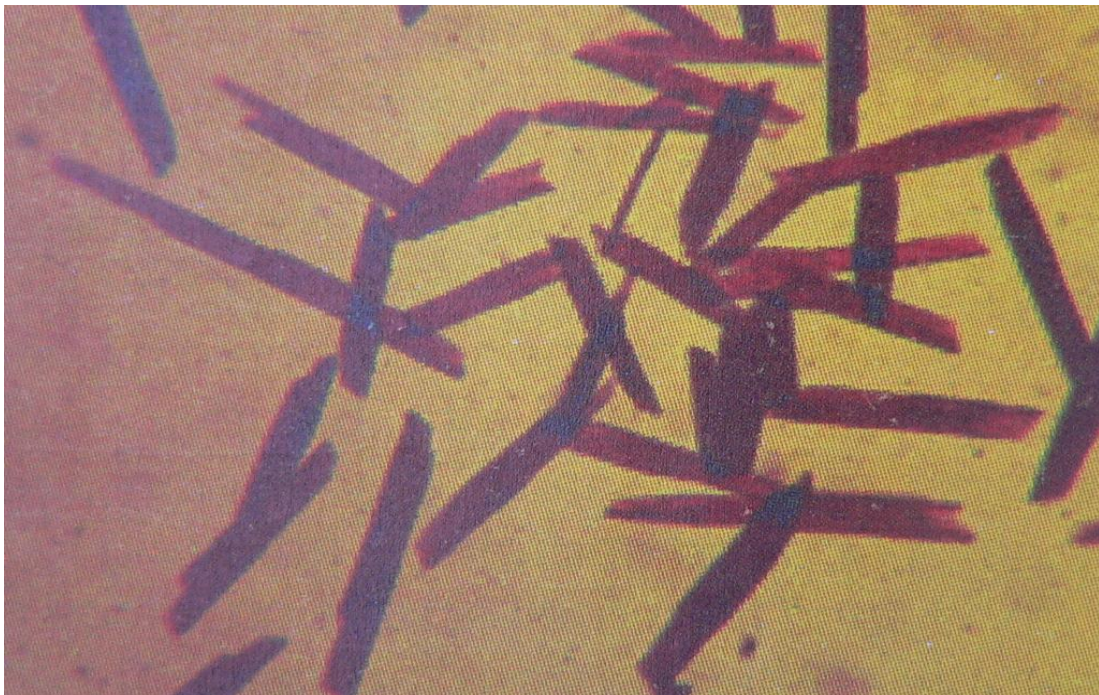
2. **Chemical examination**

a. Florence test

- b. Barberio's test
- c. Acid phosphatase test
- d. Creatinine phosphokinase test
- e. Ammonium molybdate test
- f. Immunological tests

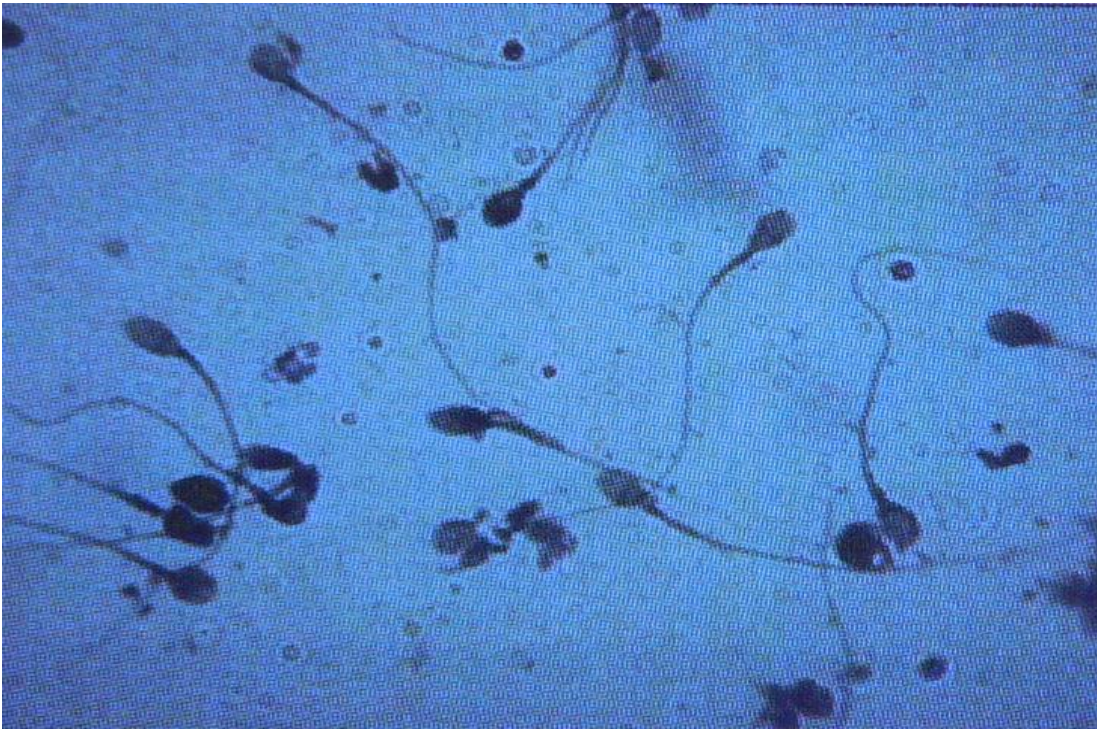
Prostate specific antigen (PSA, P30) is a glycoprotein produced by the prostatic gland and is found in seminal plasma, male urine and blood, but not in any tissues or fluid of the female body. A positive PSA finding is a reliable indicator of semen regardless of the presence of spermatozoa or elevated acid phosphatase level.²⁸

Florence test - Dark brown rhombic crystals of choline iodide



3. Microscopic examination: This is the most definite test to ascertain the presence of spermatozoa. It can be done for both wet specimens as well dry stains.

Microscopic examination



4. Tests for venereal diseases

5. Blood and Urine analysis

CORROBORATIVE SIGNS OF RAPE:

1. Marks of violence on body and genitalia of the victim
2. Presence of seminal stains on the body and genitalia of the victim
3. Detection of spermatozoa in the seminal stains or fluid on laboratory tests
4. Finding of spermatozoa in vagina on wet smear and H & E stains
5. Findings suggestive of existence of sexually transmitted diseases like Syphilis, Gonorrhoea

Opinion:**Rape is not a medical diagnosis.**

It is a legal provision enshrined under Sec 375 IPC. No doctor can be expected to opine as to the consent or non-consent. All that can be expected from a doctor is the results of his findings and their interpretations.

1. There are no signs of defloration.
2. There is evidence of accustomed sexual activity.
3. There is evidence of recent sexual intercourse.

MATERIAL AND METHODS

DESIGN OF STUDY:

Descriptive cross sectional study.

STUDY CENTRE:

Institute of Forensic Medicine, Madras Medical College, Chennai-3.

SAMPLE SIZE:

109 cases.

SELECTION OF STUDY SUBJECTS:

The study is conducted on the victims of sexual offences who reported for medico legal examination to the Institute of Forensic Medicine, Madras Medical College, Chennai -3.

PERIOD OF STUDY:

April 2009 – April 2010

DETAILS OF STUDY:

Using a Structured Questionnaire the following details were collected

Demographic profile

Religion

Family details

Marital status

Educational background

Employment status

Socio economic status

History of crime

Number of assailants

Familiarity of the assailant

Time of occurrence, reporting and examination of victims

Types of offences

Administration of alcohol or drugs to victims

Menstrual & obstetric history

Willingness to marry the assailant

EXAMINATION:

To look for the presence of genital injuries (fresh or old) including the rupture of hymen and extra genital injuries.

LABORATORY TESTS:

Smears from vagina and swab from cervix were taken for semen analysis.

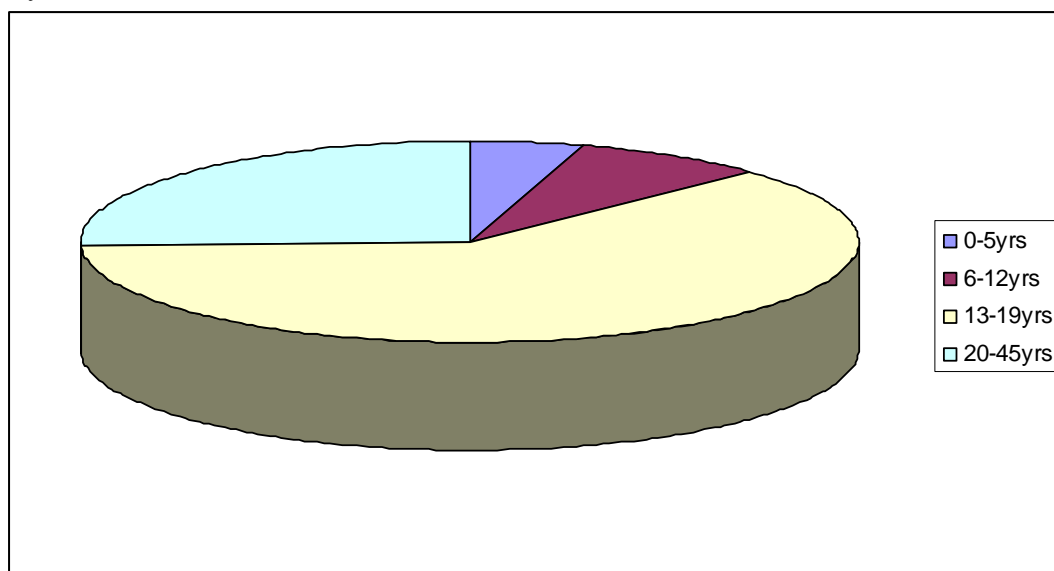
OBSERVATION

Sex distribution

All the victims were **females** and there were no males or transgender.

Age distribution

The age of the victims ranged from 3 years to 30years. The youngest being a 3 year old child. Majority of the victims were in the age group of 13-19 years i.e., teenage (61.5%), followed by 20-45 years 28 (25.7%), 6-12 years 9 (8.2%), 0-5 years 5 (4.6%).

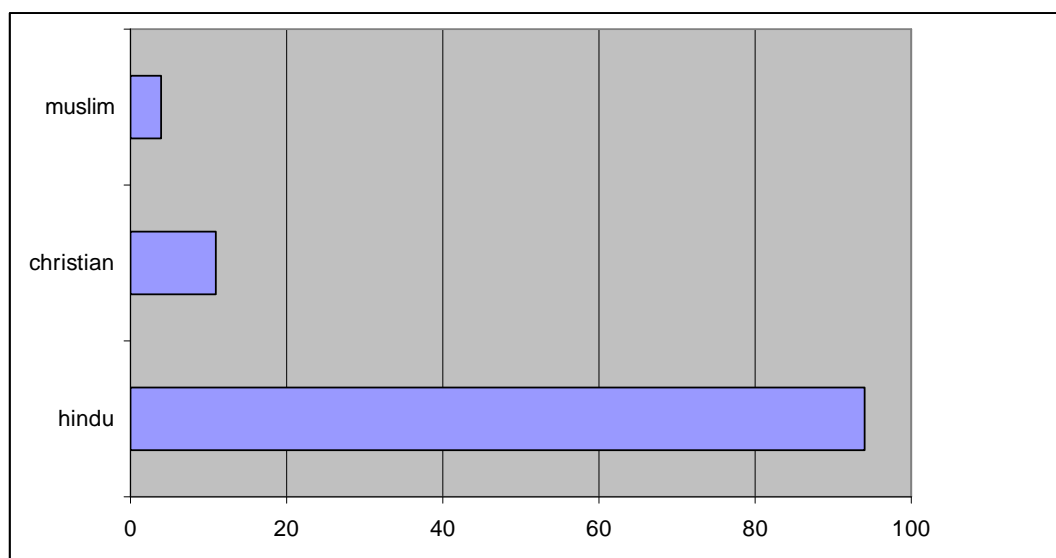


Age distribution

Age Group	Number	%
0-5years	5	4.6%
6-12years	9	8.2%
13-19years	67	61.5%
20-45years	28	25.7%
Total	109	100%

Distribution of religion

Majority of the victims were Hindus (86.2%), followed by Christians (10.1%) and Muslims (3.7%).

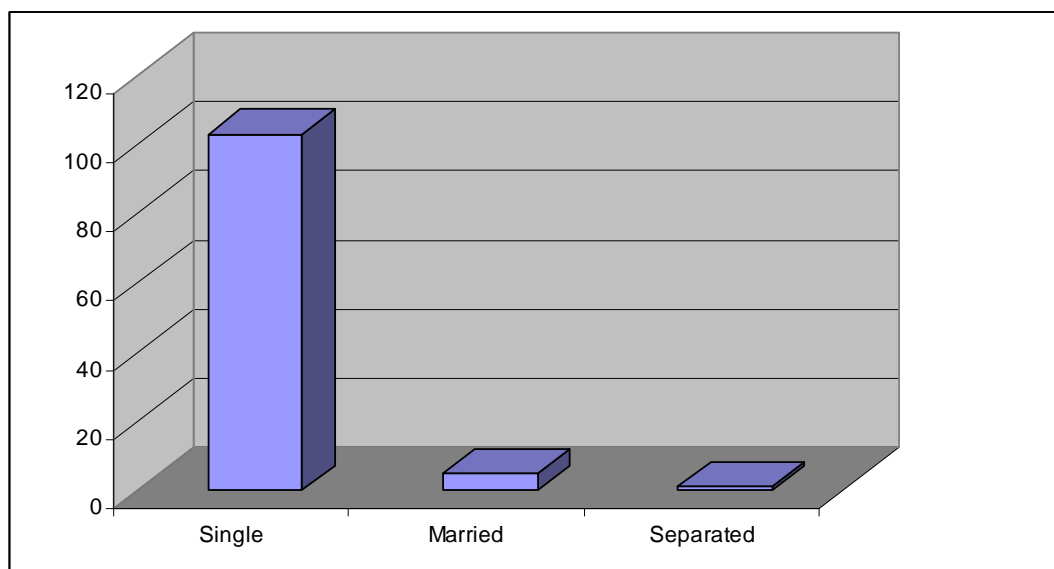


Distribution of religion

RELIGION	NUMBER	%
Hindu	94	86.2%
Christian	11	10.1%
Muslim	4	3.7%
Total	109	100%

Marital status

Majority of the victims were unmarried (94.5%), and one was separated after marriage (0.9%).

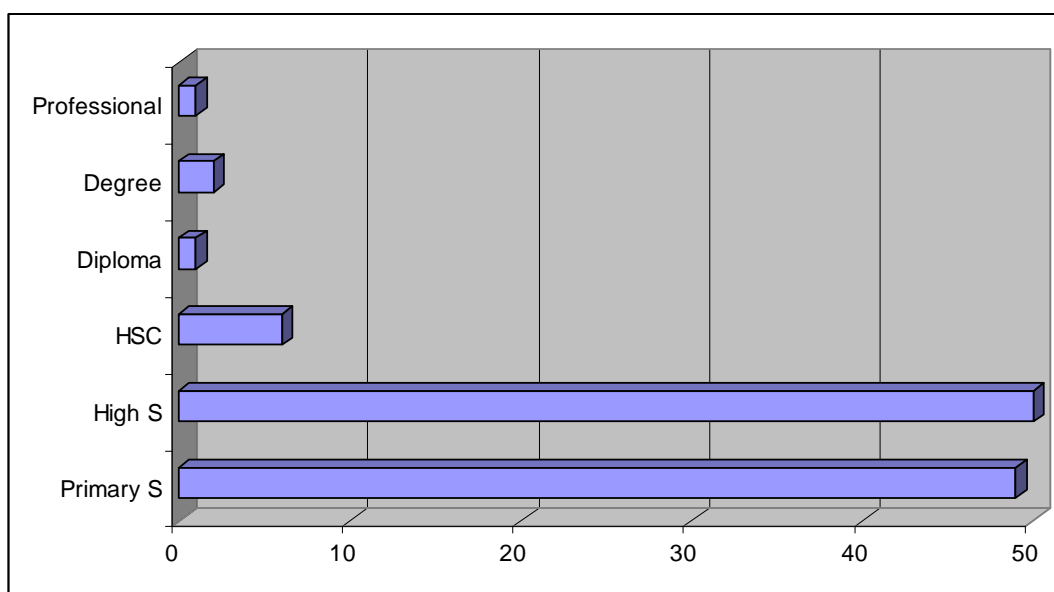


Marital status

Marital status	Number	%
Single	103	94.5%
Married	5	4.6%
Separated	1	0.9%
Total	109	100%

Educational status

Almost equal numbers of victims were educated up to primary school level (45%) and high school level (45.9%) and one of the victims had professional education.

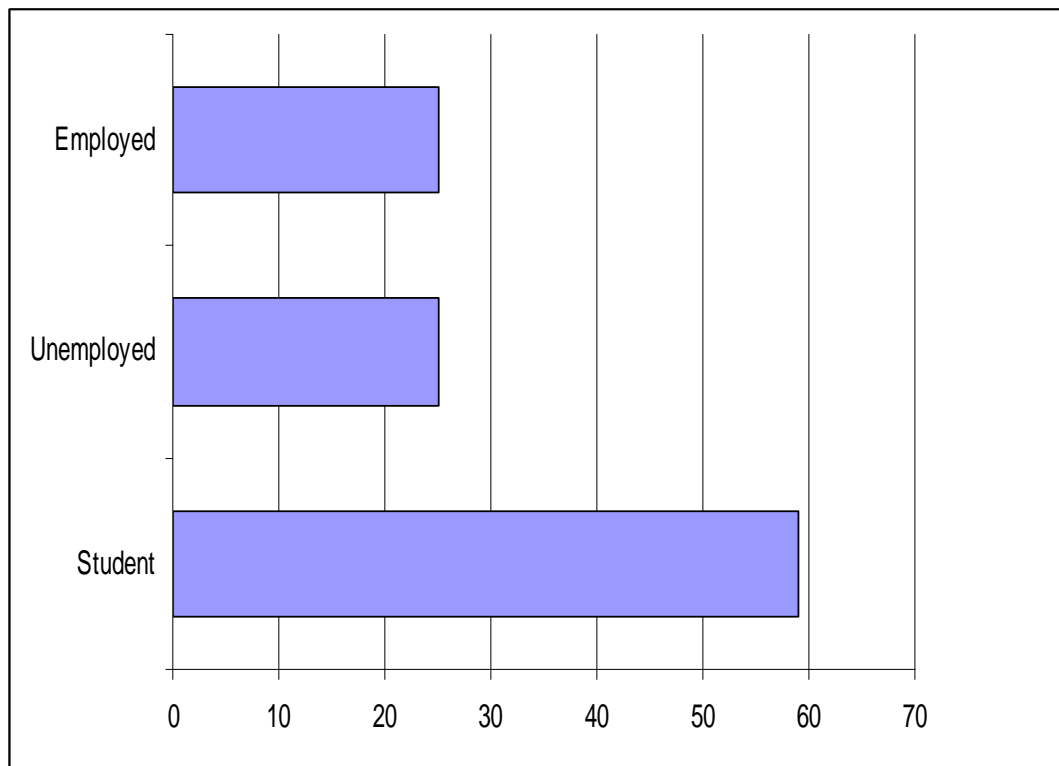


Educational status

Educational Status	Number	%
Primary school	49	45.0%
High school	50	45.9%
Higher secondary school	6	5.5%
Diploma	1	0.9%
Degree	2	1.8%
Professionals	1	0.9%
Total	109	100%

Employment status

Nearly half the victims were students (54.2%) and there was an equal number of unemployed (22.9%) and employed (22.9%).

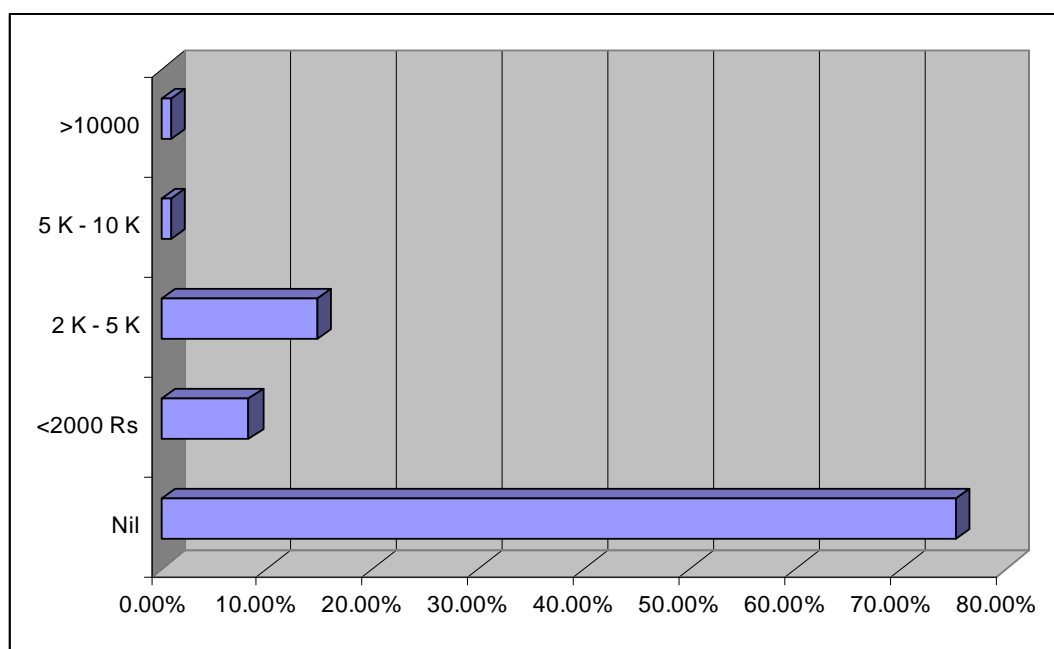


Employment status

Employment status	Number	%
Student	59	54.2%
Employed	25	22.9%
Unemployed	25	22.9%
Total	109	100%

Socio Economic status of the victims

The vast majority of the victims had **no** income (75.2%) as they were students. The monthly income was between Rs. 2,000 – 5,000 in 16 victims (14.7%) and < Rs. 2000 in 9 victims (8.3%). Only 1 was earning between Rs. 5,000 – 10,000 (0.9%) and another one above Rs. 10,000.



Socio Economic status of the victims

Monthly Income	Number	%
Nil	82	75.2%
< 2000Rs	9	8.3%
2000–5000Rs	16	14.7%
5000-10,000Rs	1	0.9%
>10,000Rs	1	0.9%
<i>Total</i>	<i>100</i>	<i>100%</i>

Family profile

Most of the victims had both their both parents living (86.3%) and 10 (9.1%) had only one parent and 5 married (4.6%) had their husbands alive.

Family profile

Family	Number	%
Both parents alive	94	86.3%
Single parent	10	9.1%
Husband	5	4.6%
Total	109	100%

Family status

Majority of the victims 89 were living with their parents (81.6%), 8 were with grandparents (7.3%) and 4 each were living with relatives, husband and in hostels.

Family status

Family status	Number	%
Parents	89	81.6%
Grandparents	8	7.3%
Relatives	4	3.7%
Husband	4	3.7%
Hostel	4	3.7%
Total	109	100%

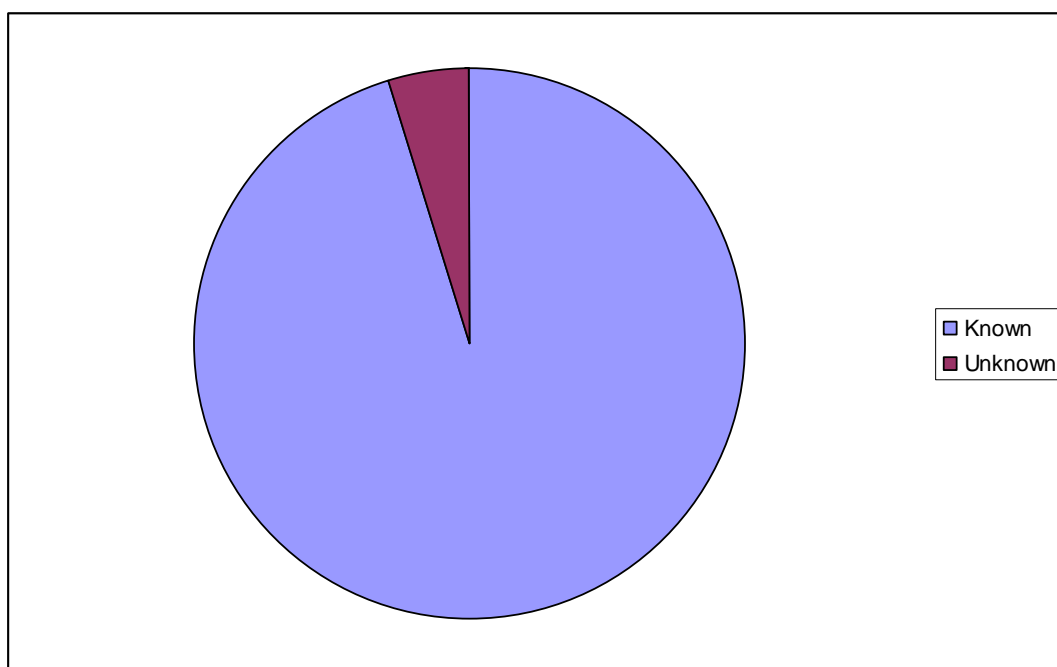
HISTORY OF CRIME

Number of assailants

In almost all the cases, the number of assailant was only one except one, where 2 assailants were involved.

Whether assailant was known or unknown

In 95.4% of the cases, the assailant was known to the victim and in the rest, they were strangers.



Assailant known or unknown

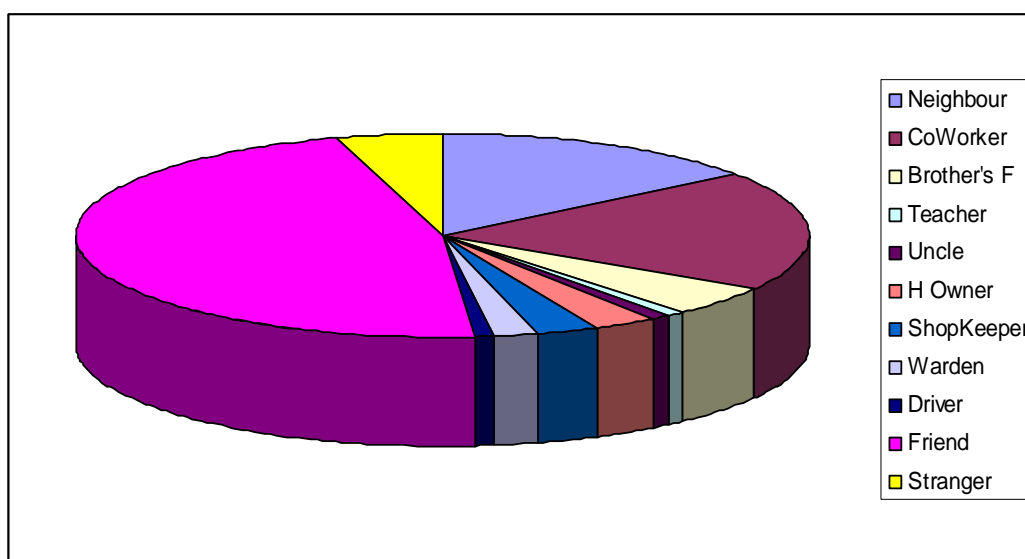
Assailant	Number	%
Known	104	95.4%
Unknown	5	4.6%
Total	109	100%

Type of relationship

The assailants were mostly acquaintance of the victims (49%), followed by co workers (20.2%). Neighbours were assailants in 15.4% and brother's friends in 4.8% of cases.

<i>Relationship</i>	<i>Number</i>	<i>%</i>
Neighbour	16	15.4%
Co-Worker	21	20.2%
Brother's Friend	5	4.8%
Teacher	1	1%
Uncle	1	1%
House Owner	3	2.9%
Shopkeeper	3	2.9%
Warden	2	1.9%
Driver	1	1%
Acquaintance	51	49%
Total	104	100

Type of relationship

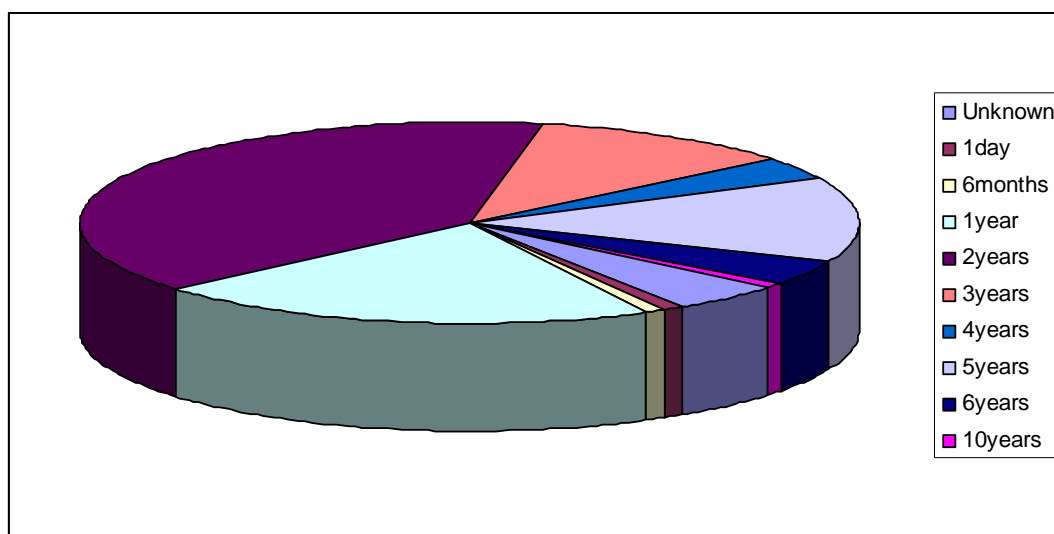


Duration of acquaintance

The assailants were known to the victim for a period of 2 years in 39.4% of cases, for 1 year in 21.1%, for 5 years in 13.8%. The period ranged from 1 day to 10 years in other cases.

Duration of acquaintance	Number	%
1 day	1	0.9%
6 months	1	0.9%
1 year	23	21.1%
2 years	42	39.4%
3 years	12	11%
4 Years	4	3.7%
5Years	15	13.8%
6Years	4	3.7%
10Years	1	0.9%

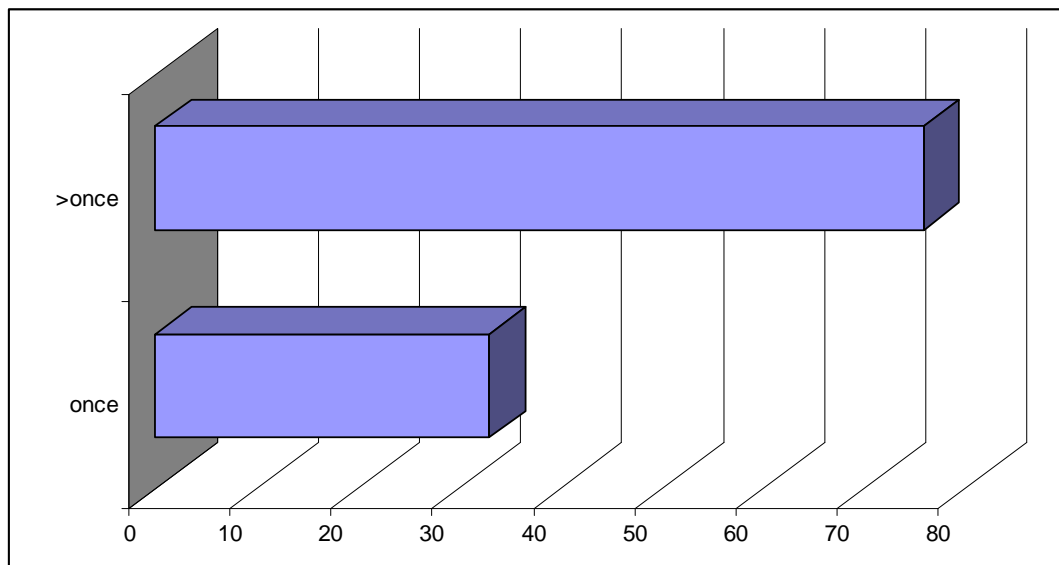
Duration of acquaintance



Number of contacts

In 76 cases (69.7%), there was sexual contact between victim and assailant, **more than once**.

Number of contacts



Use of alcohol or drugs

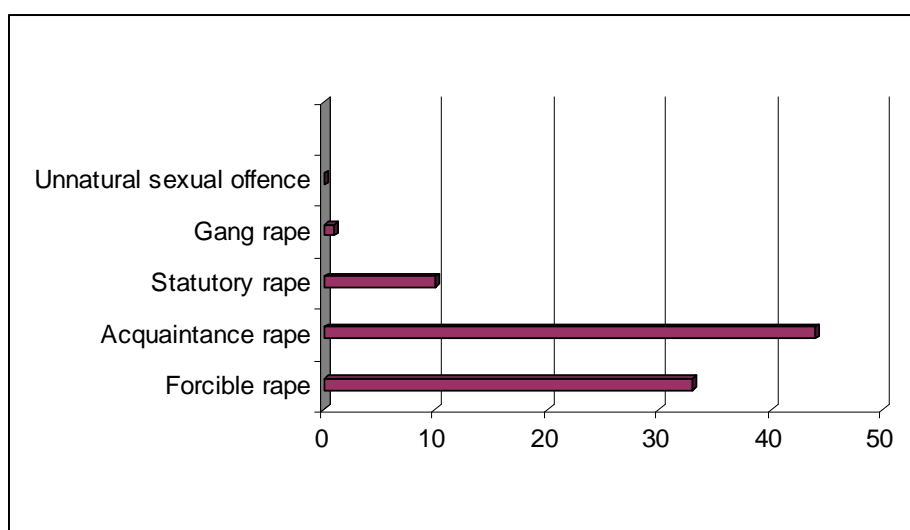
There were no cases with history of administration of alcohol or drugs to any of the victims.

Type of offence

In 50% cases (n=44), it was acquaintance rape followed by forcible rape in 33 (37.5%) cases and statutory rape in 10 (11.4%) cases and there was 1 case (1.1%) of gang rape.

Type of offence	Number	%
Forcible rape	33	37.5%
Acquaintance rape	44	50.0%
Statutory rape	10	11.4%
Gang rape	1	1.1%
Unnatural sexual offence	0	-
Total	88	100%

Type of offence

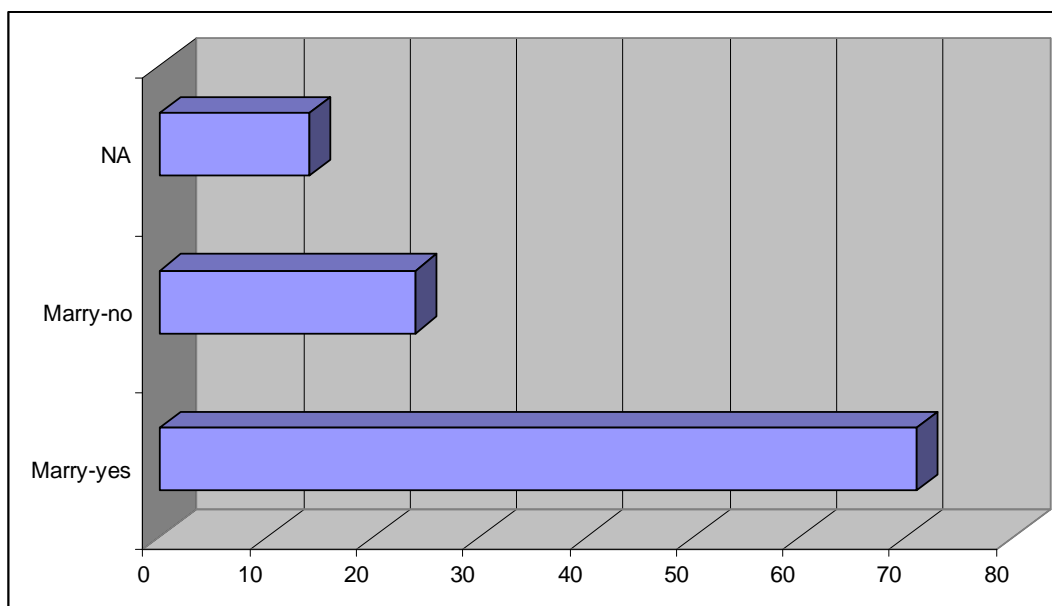


Willingness to marry the assailant

Among the eligible victims, 65.2% were willing to marry the assailant.

To marry the assailant	Number	%
Willing	71	65.2%
Not willing	24	22.0%
Not applicable	14	12.8%

Willingness to marry the assailant



Time interval between incident and complaint

None of the victims made complaints to the police on the day of incident and only 2 made complaint on day 1. In majority of the cases (29.4%), complaints were made between 1-6 months.

Time interval between complaint and FIR

In majority of the cases (89.9%), FIR was made on the same day of the complaint and in 6 cases(5.5%),it had taken a month to make FIR.

Time interval between incident and examination

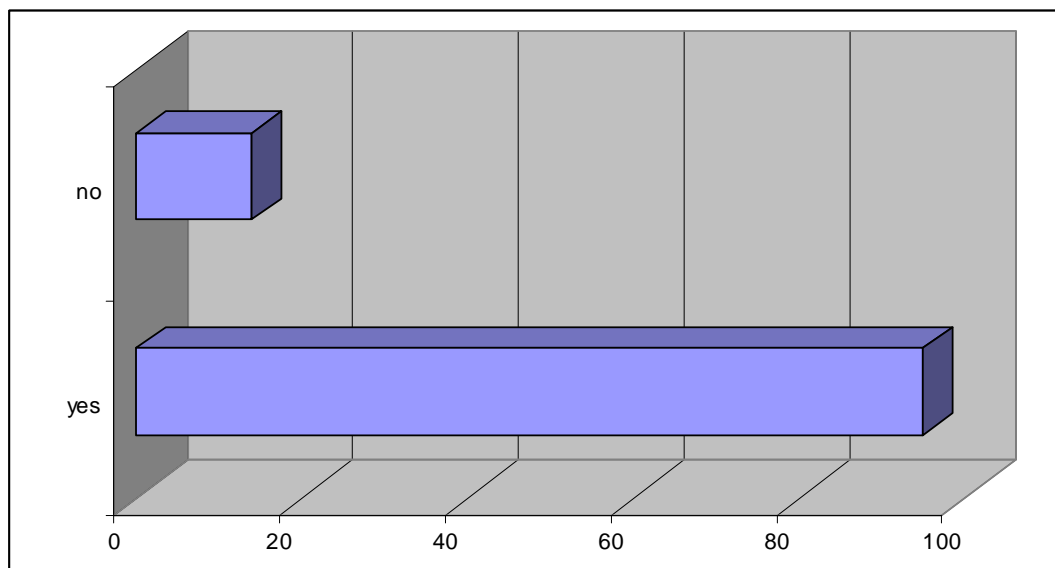
No victim was brought for medical examination on the day or the day after the incident. Nearly half of the victims were examined between 1 week to 1 month (45%), and 4 victims (3.7%) were brought after an year.

<i>Interval between Period</i>	<i>Incident & Complaint</i>	<i>Percentage</i>	<i>Complaint & FIR</i>	<i>Percentage</i>	<i>Incident & Examination</i>	<i>Percentage</i>
0 days	0	-	98	89.9%	0	-
1 day	2	1.8%	1	0.9%	0	-
2-7 days	18	16.5%	4	3.7%	21	19.3%
8-30 days	18	16.5%	6	5.5%	49	45.0%
1-6 months	32	29.4%	0	-	23	21.1%
7months-1years	22	22.2%	0	-	12	11.0%
>1year	17	15.6%	0	-	4	3.7%

Pubertal status

Fourteen (12.9%) of the victims have **not** attained menarche.

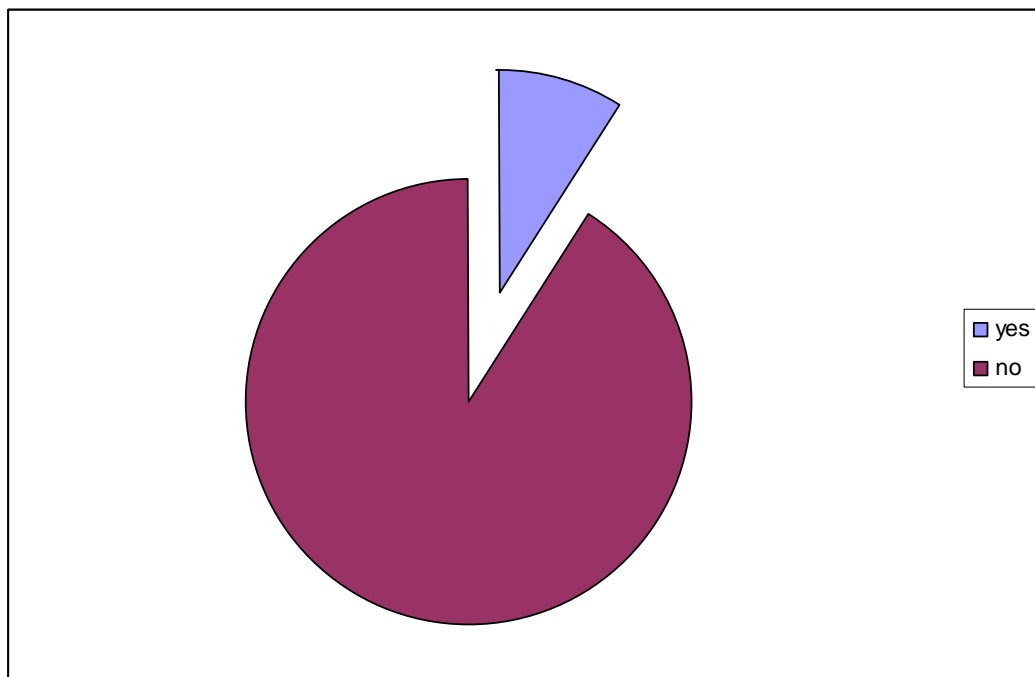
Pubertal status



Pregnancy status

Ten victims (9.2%), became pregnant after the sexual contact and among that 2 deliveries were reported.

Pregnancy status



EXAMINATION OF VICTIMS

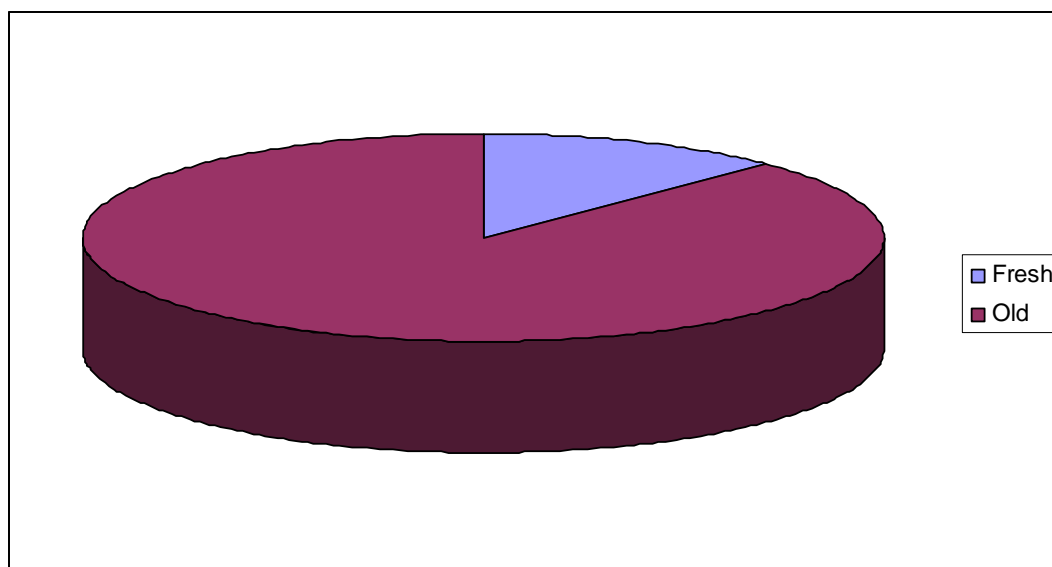
Genital / extra genital injuries

Eighty eight victims (80.7%), had genital injuries but none of the victims had extra genital injuries.

GENITAL INJURIES	NUMBER	%
Present	88	80.7%
Absent	21	19.3%
Total	109	100%

Nature of genital injuries

Among the 88 victims who sustained genital injuries, 12 (13.7%) were fresh injuries and 76 (86.3%) were old.



Nature of genital injuries

Nature of genital injuries

Nature of genital injuries	Number	%
Fresh	12	13.7%
Old	76	86.3%
Total	88	100%

INVESTIGATIONS

In all the victims, cervical and vaginal swabs for semen analysis were

negative.

DISCUSSION

In most of the developing countries, sexual assault is a neglected public health issue.⁸ Only 10 to 15 percent female victims report sexual assault.²⁹ The under reporting of cases of sexual assault is mainly due to social stigma, prejudice with regard to the chances of marriage, being considered promiscuous and responsible for incident, humiliation and shame, embarrassment caused by appearance and cross examination in court, publicity in press, risk of losing the love and respect of society, friends and that of her husband, if married.³⁰

This present study was conducted on 109 victims of sexual assault in Chennai from April 2009 to April 2010. In previous studies, Sagar et al³¹ reported 38 victims in 1991; Bhardwaj et al³² reported 80 victims in the year 1993-1994 in South Delhi and S.C.Sarcar et al² reported 90 victims in the year 2001-2002 in Delhi.

In this study, all the victims were females. These results are in agreement with the study of Sagar et al,³¹ Bhardwaj et al,³² S.C.Sarcar et al², Grossin et al,³³ Riggs et al³⁴ and Fimate et al.³⁵

In this study, 31 victims were in the age group of 13-19 years i.e., teen age and (61.5%) were between 16-20 years of age. Malhotra et al³⁰ reported the majority (76.9 per cent) of victims to be adolescents.

Bhardwaj et al³² and Malhotra et al³⁰ found 40.70 per cent of the victims of sexual assault were in the age group of 13-20 years. In the study of DuMont et al³⁶ majority of the victims were between 15-20 years of age, while Islam et al³⁷ reported 3.5 per cent of victim were between 12-15 years.

From this it can be concluded that no age is safe from rape. It is comparatively easy for assailants to rape children, as they are innocent and cannot physically resist and defend themselves. In India, as in some other countries, rape of children is due to the superstitious belief that gonorrhoea and syphilis can be cured by sexual intercourse with a virgin.³⁸

In this study, the majority of victims were Hindus. The findings are in agreement with the study of Fimate et al³⁵ and the population distribution of India.

In this study, the majority of the victims (94.5%) were unmarried, as in other studies by DuMont³⁶ (65.2 per cent), Islam et al¹⁴ (56.6 per cent) and Fimate et al³⁵ (57 per cent).

In this study, almost equal numbers of victims were educated up to primary school level (45%) and high school level (45.9%) unlike in the study by S.C.Sarcar et al², where in majority of victims were poorly educated (up to class V) (33.33 per cent) and also Islam et al³⁷ reported that majority of the victims were illiterate.

The vast majority of the victims had **no** income (n= 82, 75.2%) as they were students.

Most of the victims had both their both parents living (86.3%) and since they were students, majority of the victims (n=89) were living with their parents (81.6%).

In this study, in almost all the cases, the number of assailant was only 1 except one case, where 2 assailants were involved and considered gang rape. S.C.Sarcar et al found that in seven (7.8 per cent) cases there was more than one assailant (gang rape). In the study of Riggs et al³⁴ more than one assailant was involved in 20 per cent of cases. Grossin et al³³ reported that in 15 per cent of cases examined within 72 hours and in 10 per cent of cases examined after 72 hours more than one assailant was involved.

This study found that, in 95.4% of the cases, the assailant was known to the victim and only in 4.6%, the assailant was a stranger. Similar findings have been observed by Fimate et al,³⁵ of the victim and assailant relationship, acquaintance (69.7 per cent) and strangers (25.6 per cent). However, Islam et al³⁷ reported that in majority of cases the victim knew the assailant.

The assailants were known to the victim for a period of 2 years in 39.4% of cases, for 1 year in 21.1%, for 5 years in 13.8%. The period ranged from 1 day to 10 years in other cases.

In 76 cases (69.7%), there was sexual contact between victim and assailant, **more than once.**

In our study, the assailants were mostly acquaintance of the victims (49%), followed by co workers (20.2%). Neighbours were assailants in 15.4% and brother's friends in 4.8% of cases. National data of India⁸ shows that in majority of the cases the assailant was a neighbour. Strangers have been reported as the common assailant in the study of Okonkwo et al³⁹ (34.8 per cent), Riggs et al³⁴ (39 per cent) and DuMont et al³⁶ (49.2 per cent). Malhotra et al³⁰ reported that rape by person acquainted with victim is common for girls less than 10 years of age. Rape or assault by strangers increases significantly with age. Grossin et al¹² reported that in half the cases of victims examined within 72 hours, the assailant was a stranger, while in those examined after 72 hours the assailant was the family member (58 per cent), mainly the father (30 per cent).

Victims being under influence of alcohol and drugs were reported by Okonkwo et al.⁷ (39 per cent and 21 per cent, respectively) and DuMont et al³⁶ (41.7 per cent alcohol). However, there were no cases with history of administration of alcohol or drugs to any of the victims in our study.

In our study, in 50% cases (n-44), it was acquaintance rape followed by forcible rape in 33 (37.5%) cases and statutory rape in 10 (11.4%) cases. In the study by S.C.Sarcar et al², there was acquaintance rape in 39 (43.33 per cent) cases. According to section 375 of Indian Penal code, a woman above the age of 16 years is capable of giving consent to an act of sexual intercourse, but the consent must be free and voluntary and given while she is in full possession of her faculties. Under section 114A of Indian Evidence Act 1872 if a woman in her statement before the court states that she did not consent, the court presumes that she did not consent.³⁵ In a maximum

number of cases, the assailants had a friendly relationship with their victims and had sexual activities after absconding together.

Among the eligible victims, (those who are >18 years old and not married), 65.2% were willing to marry the assailant.

None of the victims made complaints to the police on the day of incident and only 2 made complaint on day 1. In 29.4% of the cases, complaints were made between 1-6 months.

In majority of the cases (89.9%), FIR was made on the same day of the complaint and in 6 cases(5.5%), it had taken a month to make FIR.

No victim was brought for medical examination on the day or the day after the incident. Nearly half of the victims were examined between 1 week and 1 month (45%), and 4 victims (3.7%) were brought after an year.

A quarter of the victims in the study by S.C.Sarcar et al², brought for medical examination 5-7 days and in a third of the cases within 72 hours of the incident. In the study of Grossin et al,³³ of the victims were presented for medical examination within 72 hours. In the study of DuMont et al³⁶ 40.1 per cent of victims reported to the hospital within 2-6 hours after the incident, while Islam et al³⁷ reported that 23.7 per cent of victims reported within 72 hours.

Fourteen (12.9%) of the victims have **not** attained menarche.

Ten victims (9.2%), became pregnant after the sexual contact and among that 2 deliveries were reported.

In our study, eighty eight victims (80.7%), had genital injuries but none of the victims had extra genital injuries. Among the 88 victims who sustained genital injuries, 12 (13.7%) were fresh injuries and 76 (86.3%) were old. In the study by S.C.Sarcar et al², a quarter of the victims had few simple to grievous injuries on their bodies. Six victims had extra genital, ten victims had genital and seven victims had combined genital and extra genital injuries. They were mostly involved in forceful rape. Rupture of hymen was found in 85 per cent of the victims and maximum cases were of old rupture. Islam et al³⁷ reported extra-genital violence in 91 cases. Rupture of hymen was observed in 38.9 per cent cases with fresh tears in fourchette in 2-6 per cent of cases. Malhotra et al³⁰ reported genital injuries in 32.3 per cent and extra genital injuries in 21.5 per cent cases. DuMont et al³⁶ reported injuries on body of victim in 64.2 per cent of cases. Grossin et al³³ observed general body trauma and genital trauma in 39.1 per cent and 35.1 per cent of cases examined within 72 hours and in 6.3 per cent and 19.5 per cent cases examined after 72 hours, respectively. Hymenal (11 per cent), vulvovaginal (20 per cent) and anal lesions (7 per cent) were found. Riggs et al³⁴ found general body trauma (67 per cent) and genital injuries (53 per cent).

Absence of genital injuries in the victims examined could be due to various reasons. Majority of the victims were adults with prior sexual activity. No hymenal lesions can be seen in such victims because they have residual hymen.

Genital injuries are common in children and postmenopausal women. The nature and

time of assault determines whether injuries would normally be expected.⁴⁰ The absence of physical injuries may not contradict the allegation as absence of general body trauma could be explained by the vulnerability of the victims and by the fact that the assailant could have exercised authority over the victim, so that the victim offers minimum resistance.⁴⁰ Rapidly healing injuries can be missed in cases with delayed examination or there may be false allegation. Similarly, value of examination immediately following an alleged incident is limited by the fact that bruises may not become apparent for at least 48 hours. It is widely acknowledged by the medical profession that absence of injuries or abnormality of anal area in sodomy cases does not refute a history of anal intercourse as these are very few abnormalities which provide conclusive evidence of anal intercourse.⁴¹

In our study, all the victims' cervical and vaginal swabs for semen analysis were **negative**. In the study by S.C.Sarcar et al², swabs collected from 73 victims show positivity for spermatozoa in 5.55 per cent of cases and for acid phosphatase in 3.33 per cent of cases. In the study of Grossin et al³³ spermatozoa were positive in 30.3 per cent of cases while Riggs et al³⁴ reported evidence of sperm and semen in 48 per cent cases. Davies and Wilson (1974)⁴² observed that seminal blood group antigens could be detected on swabs collected within 48 hours, acid phosphatase upto two days, chlorine within one day and complete spermatozoa within

three days after sexual intercourse. The absence of sperm may be attributed to any of the following causes - erectile inadequacy, impotence, premature ejaculation before penetration and ejaculation incompetence.⁴³ Other factors may include prolonged postcoital interval, oligospermic or azospermic assailant, vasectomised or orchidectomised assailant, penetration without ejaculation, digital penetration, use of condoms or spermicidal agents and menstruation and vaginal inflammation.⁴⁴

SUMMARY

Among all the sexual offences rape and child sexual abuse are of great concern globally. The women and the children are the most vulnerable group to this crime.

Proving a case of rape in the court of law is a difficult exercise. Since rape is a criminal offence, proof of the crime beyond reasonable doubt is necessary. All these crimes are committed in private and hence there are no witness to the act. Therefore in many instances a sound medical examination, investigation and opinion is essential.

The aim of this study is to study the various factors like age, sex, religion, marital status, educational status, employment status, socioeconomic status, family profile, type of familiarity with the accused, victim's willingness to marry the assailant, time of occurrence, reporting and examination of victims, status of puberty, pregnancy and delivery, type of offence, pattern of injuries.

This present study was conducted on 109 victims of sexual assault in Chennai from April 2009 to April 2010.

1. All the victims were females.
2. The age of the victims ranged from 3 years to 30years. The youngest being a 3 year old child. Majority of the victims were in the age group of 13-19 years i.e., teenage (61.5%), followed by 20-45 years 28 (25.7%), 6-12 years 9 (8.2%), 0-5 years 5(4.6%).

3. Majority of the victims (94.5%) were unmarried, as in other studies.
4. Majority of victims were educated either up to primary school level or high school level, unlike in other studies where in majority of victims were either poorly educated (up to class V) or illiterate.
5. Nearly half the victims were students and they had **no** income.
6. Most of the victims had both their both parents alive and they were living with their parents.
7. In almost all the cases, the **number of assailant** was only **one** except one case and the assailant was **known** to the victim.
8. The assailants were mostly **acquaintance** of the victims, followed by co-workers, neighbours, brother's friends, house owner, shopkeeper, warden, teacher, uncle and driver.
9. The assailants were known to the victim for a period of 2 years in most of the cases and the period ranged from 1 day to 10 years in other cases.
10. In most of the cases, there was sexual contact between victim and assailant, **more than once**.
11. There were **no** cases with history of administration of alcohol or drugs to any of the victims.
12. In 50% cases, it was acquaintance rape followed by forcible rape and statutory rape and there was 1 case of gang rape. There was no case of unnatural offence.
13. Among the eligible victims, (those who are >18 years old and not married), majority were willing to marry the assailant.

14. **None** of the victims made complaints to the police on the day of incident and only 2 made complaint on day 1. In majority of the cases (29.4%), complaints were made between 1-6 months.

15. In majority of the cases, FIR was made on the same day of the complaint and in 6 cases, it had taken a month to make FIR.

16. **No** victim was brought for medical examination on the day or the day after the incident. Nearly half of the victims were examined between 1 week and 1 month, and 4 victims were brought after an year.

17. Fourteen of the victims have **not attained menarche**.

18. Ten victims became **pregnant** after the sexual contact and among that 2 **deliveries** were reported.

19. Eighty eight victims had genital injuries but none of the victims had extra genital injuries. Among the 88 victims who sustained genital injuries, 12 were fresh injuries and 76 were old.

20. In all the victims, cervical and vaginal swabs for semen analysis were **negative**.

CONCLUSION

- This study highlights the importance of addressing rape as a public health issue and focuses on the demographic profile of the victims in an urban area.
- The women and the children are the most vulnerable group to this crime.
- No age is safe from rape. It is comparatively easy for assailants to rape children, as they are innocent and cannot physically resist and defend themselves.
- Majority of the victims were unmarried, educated up to high school level and from poor socio-economic background.
- The assailants were mostly acquaintances and had a friendly relationship with the victims and had sexual contacts more than once.
- None of the victims made a complaint to the police on the day of the incident. The delayed reporting is mainly due to social stigma, prejudice with regard to the chances of marriage, being considered promiscuous and responsible for incident, humiliation and shame, embarrassment caused by appearance and cross examination in court, publicity in press, risk of losing the love and respect of society, friends and that of her husband, if married.
- As in the western countries, **Rape crisis centres** can be established to provide counseling to rape victims and the friends and relatives of the rape victims.

- Absence of genital injuries in the victims examined could be due to various reasons. Majority of the victims were adults with prior sexual activity.
- The absence of physical injuries may not contradict the allegation as absence of general body trauma could be explained by the vulnerability of the victims and by the fact that the assailant could have exercised authority over the victim, so that the victim offers minimum resistance.
- Delayed reporting and the long post coital interval is the reason for negative laboratory results.
- Proving a case of rape in the court of law is a difficult exercise. Since rape is a criminal offence, proof of the crime beyond reasonable doubt is necessary.
- Therefore in many instances a sound medical examination, investigation and opinion is essential. Hence a doctor plays a pivotal role.
- Medical examination can provide independent, scientific corroborative evidence that may be of value to the court in arriving at a judgment. Special knowledge and experience are essential to conduct a good quality medical examination.
- Hence the medical officers are to be given effective training so that they are capable of tackling these cases when they come into the society.

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QUESTIONNAIRE

PROFILE OF VICTIMS OF SEXUAL OFFENCES

Date:

Serial no:

Date of birth:

Age:

Age group:

< 19 years - 0-5/6-12/13-19
>19 years

Sex: Male/Female/Transgender

Religion: Hindu/Christian/Muslim/Others

Marital status: Single

Married

Separated

Educational status: Primary/High school/HSC/Diploma/Degree/Professional

Employment status: Student/Unemployed/Employed/Professional

Income per month (in Rupees): < 2000/ 2000-5000/5000-10,000/>10,000

Family profile:

Both parents alive

Single parent

Husband

Family status:

Parents

Grant parents

Relatives

Hostel

History of crime:

Accused:

Known/Unknown

If known,

Type of relationship

Acquaintance
Neighbour
Co-Worker
Brother's Friend
Teacher
Uncle
House Owner
Shopkeeper
Warden
Driver
Friend

Duration of acquaintance – Period in years. <1 / 1-2 / 2-5 / >5 years

Number of contacts:

H/o intake of alcohol / Drugs:

Willingness to marry the accused: Yes/ No

Date of incidence:

Date of complaint:

Date of FIR:

Date of examination:

Menstrual & obstetric history:

Age at puberty:

LMP:

H/o missed periods:

H/o abortion:

H/o delivery:

Examination:

General examination:

Height

Weight

Nourishment/build

Examination for genital and extra genital injuries:

Laboratory tests:

Smears from vagina

Swabs from cervix

Consent

I hereby give my expressed and voluntary consent to get examined and to use the data provided by me for research purposes. I know that this data publication is for the larger interest of the society.

Signature of the individual or Parent/Guardian (if minor):

MASTER CHARTS

Serial number	Age	Sex (Female/ Trans Gender)	Religion (Hindu/ Christian/ Muslim)	Marital Status (single/ Married/Separated)	Educational status	Employment status (Student/ Employed/ Unemployed)	Income	Family profile	Family status	Accused (Known/ Unknown)	Period known	No of times of contact (1/ >1)	H/o alcohol/ Drugs (yes/no)
001	07	F	H	S	PS	S	N	B	P	K	2Y	1	N
002	19	F	H	S	HS	E	B	B	P	K	5Y	>1	N
003	15	F	H	S	PS	E	B	B	P	K	1Y	1	N
004	03	F	H	S	PS	S	N	B	P	K	2Y	1	N
005	17	F	C	S	HS	E	B	B	P	K	2Y	>1	N
006	07	F	H	S	PS	S	N	B	P	K	2Y	1	N
007	22	F	H	S	HS	E	B	S	P	K	2Y	>1	N
008	28	F	H	M	HS	E	B	H	H	K	2Y	1	N
009	17	F	H	S	PS	UE	N	B	P	K	2Y	>1	N
010	17	F	C	S	HS	S	N	B	P	K	5Y	1	N
011	13	F	H	S	PS	S	N	B	P	K	2Y	>1	N
012	23	F	H	S	HS	E	B	B	P	U	---	1	N
013	16	F	H	S	HS	S	N	B	P	K	2Y	1	N
014	16	F	H	S	PS	E	A	B	P	K	1Y	>1	N
015	17	F	C	S	HS	S	N	B	P	K	2Y	>1	N
016	17	F	H	S	HS	S	N	B	G	K	1Y	>1	N
017	08	F	H	S	PS	S	N	B	P	K	5Y	>1	N
018	15	F	M	S	HS	S	N	B	P	K	2Y	>1	N
019	16	F	H	S	PS	UE	N	B	P	K	2Y	>1	N
020	07	F	H	S	PS	S	N	B	P	K	2Y	1	N
021	16	F	H	S	HS	S	N	B	P	K	3Y	1	N
022	26	F	H	S	HS	E	B	B	P	K	6Y	>1	N
023	15	F	H	S	PS	E	B	B	P	K	2Y	1	N
024	16	F	H	S	HS	S	N	B	P	K	2Y	1	N
025	18	F	H	S	HSc	S	N	B	P	K	6Y	>1	N
026	17	F	H	S	PS	E	A	B	P	K	2Y	>1	N

Serial number	Age	Sex (Female/ Trans Gender)	Religion (Hindu/ Christian/ Muslim)	Marital Status (single/ Married/Separated)	Educational status	Employment status (Student/ Employed/ Unemployed)	Income	Family profile	Family status	Accused (Known/ Unknown)	Period known	No of times of contact (1/>1)	H/o alcohol/ Drugs (yes/no)
027	20	F	H	S	PS	UE	N	B	P	K	3Y	>1	N
028	20	F	H	S	PS	UE	N	B	P	K	3Y	>1	N
029	16	F	H	S	HS	E	A	B	R	K	5Y	>1	N
030	17	F	H	S	Dip	S	N	B	G	K	2Y	>1	N
031	24	F	H	S	Prof	E	D	S	P	K	2Y	>1	N
032	29	F	H	M	HS	UE	N	H	H	U	---	1	N
033	28	F	H	M	HS	UE	N	H	H	K	2Y	>1	N
034	19	F	H	M	PS	UE	N	B	P	U	---	1	N
035	23	F	H	S	HS	E	A	B	P	K	3Y	>1	N
036	20	F	H	S	PS	UE	N	B	P	K	4Y	>1	N
037	23	F	H	S	PS	UE	N	B	R	K	1Y	1	N
038	20	F	H	S	PS	UE	N	B	P	K	2Y	>1	N
039	15	F	H	S	PS	E	B	B	G	K	1Y	>1	N
040	15	F	M	S	HS	S	N	S	G	K	1Y	>1	N
041	17	F	H	S	PS	S	N	B	P	K	2Y	>1	N
042	17	F	H	S	Deg	S	N	B	P	K	4Y	>1	N
043	13	F	H	S	PS	S	N	B	P	K	1Y	1	N
044	05	F	H	S	PS	S	N	B	P	K	1Y	1	N
045	23	F	C	S	HS	E	C	S	P	K	4Y	>1	N
046	18	F	C	S	HS	E	B	B	P	K	5Y	>1	N
047	18	F	H	S	HSc	S	N	B	P	K	5Y	>1	N
048	16	F	H	S	HS	S	N	B	P	K	5Y	>1	N
049	25	F	H	S	PS	E	B	B	P	K	3Y	>1	N
050	18	F	H	S	HS	UE	N	B	G	K	2Y	>1	N
051	20	F	H	S	HS	S	N	B	P	U	---	1	N

Serial number	Age	Sex (Female/ Trans Gender)	Religion (Hindu/ Christian/ Muslim)	Marital Status (single/ Married/Separated)	Educational status	Employment status (Student/ Employed/ Unemployed)	Income	Family profile	Family status	Accused (Known/ Unknown)	Period known	No of times of contact (1/>1)	H/o alcohol/ Drugs (yes/no)
052	23	F	H	S	PS	UE	N	B	P	K	5Y	>1	N
053	19	F	H	S	PS	E	B	B	P	K	2Y	>1	N
054	19	F	H	S	PS	UE	N	S	P	K	2Y	>1	N
055	14	F	H	S	PS	S	N	S	P	K	1Y	>1	N
056	25	F	H	S	PS	E	A	B	P	K	5Y	1	N
057	18	F	H	S	HSc	S	N	B	P	K	2Y	1	N
058	21	F	H	S	PS	UE	N	B	P	K	5Y	>1	N
059	20	F	H	S	PS	E	B	B	R	K	2Y	>1	N
060	20	F	H	S	PS	UE	N	B	P	K	5Y	>1	N
061	27	F	H	Sep	PS	E	A	B	P	K	2Y	>1	N
062	30	F	H	M	PS	UE	N	H	H	K	2Y	1	N
063	16	F	H	S	HS	S	N	B	P	K	2Y	>1	N
064	16	F	H	S	HS	S	N	B	P	K	2Y	1	N
065	17	F	H	S	HSc	S	N	B	P	K	3Y	>1	N
066	14	F	H	S	HS	S	N	B	P	K	5Y	>1	N
067	14	F	H	S	HS	S	N	B	G	K	2Y	1	N
068	06	F	H	S	PS	S	N	B	P	K	5Y	1	N
069	17	F	M	S	HS	S	N	B	P	K	2Y	1	N
070	12	F	C	S	PS	S	N	S	G	K	5Y	1	N
071	13	F	C	S	PS	S	N	B	H	K	1Y	>1	N
072	27	F	H	S	HS	E	B	B	P	K	10Y	>1	N
073	18	F	H	S	HS	S	N	B	P	K	6Y	>1	N
074	17	F	M	S	HS	S	N	B	P	K	1Y	>1	N
075	12	F	H	S	HS	S	N	B	H	K	1Y	>1	N
076	08	F	H	S	PS	S	N	B	H	K	1Y	>1	N

Serial number	Age	Sex (Female/ Trans Gender)	Religion (Hindu/ Christian/ Muslim)	Marital Status (single/ Married/Separated)	Educational status	Employment status (Student/ Employed/ Unemployed)	Income	Family profile	Family status	Accused (Known/ Unknown)	Period known	No of times of contact (1/>1)	H/o alcohol/ Drugs (yes/no)
077	07	F	H	S	PS	S	N	B	H	K	1Y	>1	N
078	17	F	H	S	Deg	S	N	B	P	K	1Y	>1	N
079	21	F	H	S	HS	UE	N	B	P	K	3Y	>1	N
080	21	F	H	S	Dip	E	B	B	P	K	2Y	>1	N
081	05	F	H	S	PS	S	N	B	P	K	2Y	>1	N
082	16	F	H	S	HS	S	N	B	P	K	3Y	>1	N
083	16	F	H	S	PS	E	A	B	P	K	6Y	>1	N
084	20	F	H	S	PS	UE	N	B	P	K	2Y	>1	N
085	16	F	H	S	PS	E	A	S	P	K	1Y	>1	N
086	16	F	C	S	HS	S	N	B	P	K	1Y	1	N
087	05	F	H	S	PS	S	N	B	P	K	1Y	1	N
088	13	F	H	S	PS	UE	N	B	G	U	---	>1	N
089	16	F	H	S	PS	UE	N	B	P	K	3Y	>1	N
090	16	F	H	S	HS	S	N	S	P	K	5Y	>1	N
091	17	F	H	S	HS	S	N	B	P	K	2Y	>1	N
092	17	F	H	S	HS _c	S	N	B	P	K	2Y	>1	N
093	16	F	C	S	HS	E	B	B	P	K	2Y	>1	N
094	16	F	H	S	HS	S	N	B	P	K	2Y	>1	N
095	15	F	H	S	HS	S	N	B	P	K	3Y	1	N
096	13	F	H	S	HS	S	N	B	P	K	1Y	1	N
097	16	F	H	S	HS	S	N	B	P	K	2Y	>1	N
098	18	F	H	S	HS _c	S	N	B	P	K	3Y	>1	N
099	16	F	H	S	HS	S	N	B	P	K	1Y	>1	N
100	15	F	H	S	HS	S	N	B	P	K	2Y	>1	N
101	19	F	C	S	PS	UE	N	B	P	K	4Y	>1	N

Serial number	Age	Sex (Female/ Trans Gender)	Religion (Hindu/ Christian/ Muslim)	Marital Status (single/ Married/Separated)	Educational status	Employment status (Student/ Employed/ Unemployed)	Income	Family profile	Family status	Accused (Known/ Unknown)	Period known	No of times of contact (1/>1)	H/o alcohol/ Drugs (yes/no)
102	20	F	H	S	PS	UE	N	S	P	K	5Y	>1	N
103	15	F	C	S	HS	S	N	B	R	K	2Y	>1	N
104	17	F	H	S	PS	E	A	B	P	K	16Y	>1	N
105	05	F	H	S	PS	S	N	B	P	K	1D	1	N
106	16	F	H	S	HS	S	N	B	P	K	3Y	1	N
107	17	F	H	S	HS	S	N	B	P	K	2Y	>1	N
108	18	F	H	S	HS	S	N	B	P	K	1Y	1	N
109	18	F	H	S	HS	S	N	B	P	K	1Y	>1	N

EDUCATIONAL STATUS

PS – Primary school
 HS – High school
 HSc – Higher secondary school
 Dip – Diploma
 Deg – Degree
 Prof - Professional

INCOME (In Rupees)

N – Nil
 A - <2,000
 B – 2,000-5,000
 C –5,000 - 10,000
 D - >10,000

FAMILY PROFILE

B – Both parents alive
 S – Single parent alive
 H – Husband alive

FAMILY STATUS

P - Parents
 G - Grandparents
 R - Relatives
 H - Hostel

Serial number	Willing to marry accused (yes/no)	Interval between occurrence & complaint	Interval between Complaint & AR	Interval between occurrence & examination	Puberty attained (yes/no)	Pregnancy (yes/no)	Abortion (yes/no)	Delivery (yes/no)	Genital injuries (yes/no)	Extra genital injuries (yes/no)	Vaginal smear (-v / +ve)	Cervical swab (-ve / +ve)
001	---	2Y	6 D	0	N	N	N	N	Y	N	-ve	-ve
002	Y	5Y	2 Y	0	Y	N	N	N	Y	N	-ve	-ve
003	Y	1Y	5 D	0	Y	N	N	N	Y	N	-ve	-ve
004	---	2Y	1 D	0	N	N	N	N	N	N	-ve	-ve
005	Y	2Y	7M	17D	Y	Y	N	N	Y	N	-ve	-ve
006	---	2Y	1D	1D	N	N	N	N	N	N	-ve	-ve
007	Y	2Y	3Y	0	Y	Y	N	Y	Y	N	-ve	-ve
008	N	2Y	1Y	0	Y	N	N	N	N	N	-ve	-ve
009	Y	2Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
010	N	5Y	10D	0	Y	N	N	N	Y	N	-ve	-ve
011	---	2Y	1M	0	N	N	N	N	Y	N	-ve	-ve
012	N	----	7D	0	Y	N	N	N	N	N	-ve	-ve
013	N	2Y	2M	0	Y	N	N	N	Y	N	-ve	-ve
014	Y	1Y	9D	0	Y	N	N	N	Y	N	-ve	-ve
015	Y	2Y	17D	0	Y	N	N	N	Y	N	-ve	-ve
016	Y	1Y	17D	0	Y	N	N	N	Y	N	-ve	-ve
017	---	5Y	2M	0	N	N	N	N	Y	N	-ve	-ve
018	Y	2Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
019	Y	2Y	6M	0	Y	Y	N	N	Y	N	-ve	-ve
020	---	2Y	7D	0	N	N	N	N	N	N	-ve	-ve
021	Y	3Y	1M	0	Y	N	N	N	Y	N	-ve	-ve
022	Y	6Y	6Y	0	Y	N	N	N	Y	N	-ve	-ve
023	Y	2Y	8D	0	Y	N	N	N	Y	N	-ve	-ve
024	N	2Y	4D	0	Y	N	N	N	Y	N	-ve	-ve
025	Y	6Y	1M	0	Y	N	N	N	Y	N	-ve	-ve

Serial number	Willing to marry accused (yes/no)	Interval between occurrence & complaint	Interval between Complaint & AR	Interval between occurrence & examination	Puberty attained (yes/no)	Pregnancy (yes/no)	Abortion (yes/no)	Delivery (yes/no)	Genital injuries (yes/no)	Extra genital injuries (yes/no)	Vaginal smear (-ve / +ve)	Cervical swab (-ve / +ve)
026	Y	2Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
027	Y	3Y	20D	0	Y	N	N	N	Y	N	-ve	-ve
028	N	3Y	2Y	0	Y	N	N	N	Y	N	-ve	-ve
029	Y	5Y	1Y	0	Y	Y	N	N	Y	N	-ve	-ve
030	Y	2Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
031	Y	2Y	10M	0	Y	N	N	N	Y	N	-ve	-ve
032	N	----	7D	0	Y	N	N	N	Y	N	-ve	-ve
033	Y	2Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
034	N	----	7D	0	Y	N	N	N	N	N	-ve	-ve
035	Y	3Y	6M	1M	Y	N	N	N	Y	N	-ve	-ve
036	Y	4Y	6M	2D	Y	N	N	N	Y	N	-ve	-ve
037	Y	1Y	5D	0	Y	N	N	N	Y	N	-ve	-ve
038	N	2Y	2M	0	Y	N	N	N	Y	N	-ve	-ve
039	N	1Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
040	Y	1Y	1M	0	Y	N	N	N	Y	N	-ve	-ve
041	Y	2Y	4M	0	Y	N	N	N	Y	N	-ve	-ve
042	Y	4Y	1M	6D	Y	N	N	N	Y	N	-ve	-ve
043	N	1Y	7D	0	Y	N	N	N	Y	N	-ve	-ve
044	---	1Y	2D	0	N	N	N	N	Y	N	-ve	-ve
045	Y	4Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
046	Y	5Y	1Y	0	Y	Y	N	N	Y	N	-ve	-ve
047	Y	5Y	1Y		Y	N	N	N	Y	N	-ve	-ve
048	Y	5Y	1M	0	Y	N	N	N	Y	N	-ve	-ve
049	Y	3Y	1Y	0	Y	N	N	N	Y	N	-ve	-ve
050	Y	2Y	6M	10D	Y	N	N	N	Y	N	-ve	-ve
051	N	----	5D	2D	Y	N	N	N	Y	N	-ve	-ve

Serial number	Willing to marry accused (yes/no)	Interval between occurrence & complaint	Interval between Complaint & AR	Interval between occurrence & examination	Puberty attained (yes/no)	Pregnancy (yes/no)	Abortion (yes/no)	Delivery (yes/no)	Genital injuries (yes/no)	Extra genital injuries (yes/no)	Vaginal smear (-ve / +ve)	Cervical swab (-ve / +ve)
052	Y	5Y	3Y	0	Y	N	N	N	Y	N	-ve	-ve
053	Y	2Y	1M	0	Y	N	N	N	Y	N	-ve	-ve
054	Y	2Y	1Y	0	Y	N	N	N	Y	N	-ve	-ve
055	Y	1Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
056	Y	5Y	7D	2D	Y	N	N	N	Y	N	-ve	-ve
057	Y	2Y	1M	15D	Y	N	N	N	Y	N	-ve	-ve
058	Y	5Y	1Y	13D	Y	N	N	N	Y	N	-ve	-ve
059	Y	2Y	1Y	0	Y	Y	N	N	Y	N	-ve	-ve
060	Y	5Y	3Y	1M	Y	Y	N	Y	N	N	-ve	-ve
061	N	2Y	1Y	0	Y	N	N	N	Y	N	-ve	-ve
062	N	2Y	2Y	0	Y	N	N	N	N	N	-ve	-ve
063	Y	2Y	1Y	0	Y	N	N	N	Y	N	-ve	-ve
064	Y	2Y	15D	0	Y	N	N	N	N	N	-ve	-ve
065	Y	3Y	6D	0	Y	N	N	N	Y	N	-ve	-ve
066	Y	5Y	3Y	0	Y	N	N	N	N	N	-ve	-ve
067	N	2Y	1Y	0	Y	N	N	N	N	N	-ve	-ve
068	---	5Y	5D	0	N	N	N	N	N	N	-ve	-ve
069	Y	2Y	10D	0	Y	N	N	N	Y	N	-ve	-ve
070	---	5Y	10D	0	N	N	N	N	N	N	-ve	-ve
071	N	1Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
072	Y	10Y	5Y	0	Y	N	N	N	Y	N	-ve	-ve
073	Y	6Y	1Y	0	Y	N	N	N	Y	N	-ve	-ve
074	Y	1Y	3M	0	Y	N	N	N	Y	N	-ve	-ve
075	---	1Y	6M	0	N	N	N	N	N	N	-ve	-ve
076	---	1Y	6M	0	N	N	N	N	N	N	-ve	-ve

Serial number	Willing to marry accused (yes/no)	Interval between occurrence & complaint	Interval between Complaint & AR	Interval between occurrence & examination	Puberty attained (yes/no)	Pregnancy (yes/no)	Abortion (yes/no)	Delivery (yes/no)	Genital injuries (yes/no)	Extra genital injuries (yes/no)	Vaginal smear (-ve / +ve)	Cervical swab (-ve / +ve)
077	---	1Y	6M	0	N	N	N	N	N	N	-ve	-ve
078	Y	1Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
079	Y	3Y	2Y	0	Y	Y	N	N	Y	N	-ve	-ve
080	Y	2Y	1Y	0	Y	Y	N	N	Y	N	-ve	-ve
081	N	2Y	20D	0	Y	N	N	N	N	N	-ve	-ve
082	Y	3Y	1Y	0	Y	N	N	N	Y	N	-ve	-ve
083	N	6M	6M	0	Y	N	N	N	Y	N	-ve	-ve
084	Y	2Y	2Y	0	Y	N	N	N	Y	N	-ve	-ve
085	Y	1Y	6M	0	Y	N	N	N	N	N	-ve	-ve
086	Y	1Y	5D	0	Y	N	N	N	Y	N	-ve	-ve
087	---	1Y	2D	0	N	N	N	N	N	N	-ve	-ve
088	N	----	1Y	0	Y	N	N	N	Y	N	-ve	-ve
089	Y	3Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
090	N	5Y	1Y	0	Y	N	N	N	Y	N	-ve	-ve
091	Y	2Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
092	Y	2Y	3M	0	Y	N	N	N	Y	N	-ve	-ve
093	Y	2Y	7M	0	Y	Y	N	N	Y	N	-ve	-ve
094	Y	2Y	2M	0	Y	N	N	N	Y	N	-ve	-ve
095	Y	3Y	1Y	0	Y	N	N	N	N	N	-ve	-ve
096	N	1Y	1M	0	Y	N	N	N	N	N	-ve	-ve
097	N	2Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
098	Y	3Y	1Y	0	Y	N	N	N	Y	N	-ve	-ve
099	Y	1Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
100	Y	2Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
101	Y	4Y	1Y	0	Y	N	N	N	Y	N	-ve	-ve

Serial number	Willing to marry accused (yes/no)	Interval between occurrence & complaint	Interval between Complaint & AR	Interval between occurrence & examination	Puberty attained (yes/no)	Pregnancy (yes/no)	Abortion (yes/no)	Delivery (yes/no)	Genital injuries (yes/no)	Extra genital injuries (yes/no)	Vaginal smear (-ve / +ve)	Cervical swab (-ve / +ve)
102	Y	5Y	4Y	0	Y	N	N	N	Y	N	-ve	-ve
103	Y	2Y	6M	0	Y	N	N	N	Y	N	-ve	-ve
104	N	6Y	2Y	0	Y	N	N	N	Y	N	-ve	-ve
105	---	1D	3D	0	N	N	N	N	Y	N	-ve	-ve
106	Y	3Y	7D	0	Y	N	N	N	Y	N	-ve	-ve
107	Y	2Y	1M	0	Y	N	N	N	Y	N	-ve	-ve
108	N	1Y	3D	0	Y	N	N	N	Y	N	-ve	-ve
109	Y	1Y	3M	0	Y	N	N	N	Y	N	-ve	-ve

INSTITUTIONAL ETHICAL COMMITTEE
MADRAS MEDICAL COLLEGE, CHENNAI-600 003

Telephone 25363970
Fax 044 2535115
Dated : 12.05.2010

L.Dis.No.14597/ME5/Ethics Dean/MMC/2010

Title of the work : " A Study on victims of Sexual Offences "

Principal Investigator : Dr. D. Gitanjali.
Designation : PG in MD Forensic Medicine
Department :

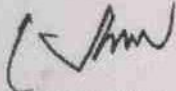
Madras Medical college, Ch- 3.


The request for an approval from the Institutional Ethical Committee (IEC) was considered on the IEC meeting held on 12th May 2010 at 2.p.m in Pharmacology Seminar Hall, Madras Medical College, Chennai -3


The members of the Committee, the Secretary and the Chairman are pleased to approve the proposed work mentioned above, submitted by the principal investigator.

The Principal investigator and their team are directed to adhere to the guidelines given below:

1. You should get detailed informed consent from the patients/participants and maintain confidentiality.
2. You should carry out the work without detrimental to regular activities as well as without extra expenditure to the Institution or Government.
3. You should inform the IEC in case of changes in study procedure, site investigator investigation or guide or any other changes.
4. You should not deviate form the area of the work for which you applied for ethical clearance.
5. You should inform the IEC immediately, in case of any adverse events or serious adverse reactions.
6. You should abide to the rules and regulation of the institution(s).
7. You should complete the work within the specified period and if any extension of time is required, you should apply for permission again and do the work.
8. You should submit the summary of the work to the ethical committee on completion of the work.
9. You should not claim funds from the Institution while doing the work or on completion.
10. You should understand that the members of IEC have the right to monitor the work with prior intimation.


SECRETARY
IEC, MMC, CHENNAI


CHAIRMAN
IEC, MMC, CHENNAI


DEAN
MADRAS MEDICAL COLLEGE,
CHENNAI -3