

A study on the Socio-demographic profile of the victims of sex offences attending the Department of Forensic Medicine of a Tertiary Care Institute of Kolkata, West Bengal

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Abstract: Sexual violence has profound impact on the physical and mental health, as well as social wellbeing of the victims. Factors increasing women's vulnerability are individual factors, relationship factors, community factors and societal factors. A detail study on the socio demographic profile of victims of sex offences may lead us to determine the risk factors which in turn may enable us to institute preventive measures at all levels. A cross sectional study was conducted at the Upgraded Department of Forensic and State Medicine, Medical College, Kolkata, for a period of one year using pre designed, pre tested semi structured questionnaire on the victims of sexual offence referred for examination. It was observed that most of the victims were urban Hindu adolescents. 33.3% of the study population stated their age as below 16 years (the age of consent for sexual intercourse). The level of education in 52.4% was low and 4.8% were School dropouts. Most of the respondents were unmarried belonging to nuclear families. 76% of them were from lower middle or poor socio economic group. Most of the respondents (73%) in the study population bonded well with their family members and 76.2 % of the respondents in the study population had adequate social exposure.

Key words: Sexual violence, risk factors of sexual violence, victims, sexual offence, socioeconomic status

I. Introduction

Sex and sexuality are physiological phenomena in human beings. It is also a basic need for propagation of life. With the progress of civilization over ages, human society developed some norms to regulate the sexual behavior of its members to avoid conflicts and to establish peaceful and harmonious existence. Laws have been formulated to enforce these norms. Sexual intercourse or sex related acts performed in a way which is against the provision of the law of the land is considered as sexual offence (1). Sexual violence has a profound impact on the physical and mental health and is associated with an increased range of sexual and reproductive health problem with both immediate and long term consequences. It can also affect the social wellbeing of the victims as individuals may be stigmatized and ostracized by their families (2). Question then arises what is the magnitude of the problem in terms of prevalence and incidence, distribution of this problem over space and time whether it is related to age, sex, education, socioeconomic status and other demographic profile of the victim. Although in most countries there has been little research conducted on the problem, available data suggest that in some countries nearly one in five women experience sexual violence with an intimate partner and up to one third of the adolescent girls report their first sexual experience being forced (6). Studies in this field have suggested that there are certain factors present within the social environment including peers and family that increase the risk and vulnerability of a person to sexual exploitation. Factors increasing women's vulnerability are individual factors, relationship factors, community factors and societal factors (3). Information about the incidence and prevalence of sex offence in different parts of the world and India show an increasing trend. (4) But, there are not much information on the predisposing factors and extent of injuries suffered by the victim as well as their socio demographic status. This study was conducted to find out the socio-demographic profile of the alleged cases of sex offences reporting to the Upgraded Department of Forensic and State Medicine, Medical College, Kolkata.

II. Materials And Methods

Data was obtained after taking prior consent from the all the victims of the sexual offence brought to the Department of Forensic Medicine during the study period of one year (1st. June 2011 - 31st. May2012). Only the live victims of Sexual offence brought to the Department were included in the study. A pre designed, pre

tested, semi structured questionnaire which included the variables like age, sex, religion, residential address, education, occupation, socio economic status, marital status, type of family, bonding in the family, social exposure, was administered by the principal investigator. The victims of sexual offence were brought by the Police with a requisition and /or order from the legal authority for conduction of a medical examination. The victim was identified by the Police following which consent for examination was taken from the victim or her legal guardian (if she was under 12 years of age, mentally unsound or unable to give consent for any other reason). The victim was then interviewed using the pre designed, pre tested, semi-structured questionnaire as mentioned earlier. The compiled data was analyzed using suitable statistical software. Ethical clearance was obtained from the competent authority after ensuring that the data collection would be anonymous; no photographs taken or any data procured which could reveal the identity of the victim.

III. Results And Analysis

Total number of study subjects in this period was 63. The study subjects were distributed according to their age as depicted in Table 1. It has been noticed that most of the respondents in the study population were adolescents i.e. in the age group of 10-19 years. The youngest respondent was 4years old whereas the eldest respondent was 42 years of age. A subject can give valid consent for sexual intercourse when she attains 16 yrs of age and has a sound mental status. Table 2 showed the distribution of age of the study subjects according to their age of consent. 33.3% of the study population stated their age as below 16 years (the age of consent for sexual intercourse). Majority (66.7%) of the respondents in the study population resided in the urban area, where as only one third (33.3%) were from rural background (Table 3). Table 4 revealed the distribution of study subjects according to their religion. Most of the respondents i.e. 52.4% were Hindus, 41.3% Muslims, 4.8 % Christians and 1.6 % belonged to other religious faiths. 23.8% of the respondents in the study population were Students and 4.8% were School dropouts. 19% of the respondents were Commercial Sex Workers and 20.6% are Bar Dancers as per Table 5. One respondent in the study population was 4 yrs old and hence her occupation remained unclassified. 28.6% (18 /63) of the study population were illiterate. 23.8% of the study population had primary level of education, where as, for 4.8% of the study population the level of education was Graduation or higher (Table 6). Table 7 described the distribution of study population according to their marital status. It was observed that most of the respondents (60.3 %) in the study population had never married. 17.5% of the respondents were married but divorced, separated or widowed at the time of the study. 22.2% of the respondents were married during the study period. 54% of the respondents in the study population belonged to nuclear families whereas 46% of them belonged to joint families as per Table 8. Study subjects were classified according to their socio economic status as per Modified Prasad's scale shown in Table 9. 13 out of 63 respondents could not state their family income. Out of the 50 respondents, majority, 36 %, belonged to the Poor class. One of the respondent was from BPL category (i.e. monthly per capita income below Rs.500, Very Poor class), 2 of the 50 respondents belonged to the upper high socioeconomic status (monthly per capita income above Rs.10, 000). Most of the respondents (73%) in the study population bonded well with their family members, while 17.5% of the respondents reported poor bonding with their family members. The study also revealed that 76.2 % of the respondents in the study population had adequate social exposure.

IV. Discussion

Sexual violence is ubiquitous; it occurs in every culture, at all levels of society and in every country of the world. Data from different studies indicate that, in some parts of the world at least, one in every five women has suffered an attempted or completed rape by an intimate partner during her lifetime, up to one-third of women describe their first sexual experience as being forced (6). Although the vast majority of victims are women, men and children of both sexes also experience sexual violence. Sexual violence can thus be regarded as a global problem, not only in the geographical sense but also in terms of age and sex.

Sexual violence takes place within a variety of settings, including the home, the workplace, schools and the community. Sexual violence has a significant negative impact on the health of the population. The potential reproductive and sexual health consequences are numerous. The mental health consequences of sexual violence are serious and long lasting (7). As noted by the United States Centre for Disease Control and Prevention (CDC, 2004), in order to prevent sexual violence it is crucial to understand the circumstances, the socio demographic profiles of the victims and the risk and protective factors, that influence its occurrence. The identification of risk factors is critically important for in forming strategies and programs to ameliorate or buffer against risk – and ultimately to guide prevention policy (8).

In this study, it was noted that 57.1% of the respondents in the study population were adolescents (10-19 years of age).1.6% of the respondent was under 5years as per stated age. In the *WHO Multi-country study on women's health and domestic violence against women*, 3–24% of women reported that their first sexual experience was forced, and that for a majority of respondents this occurred during adolescence (9).A Nigerian study found that 45% of females and 32% of males aged 12–21 years reported having had forced sexual

intercourse (10). More recently, a study of over 20 000 schoolchildren aged 13–15 years in Namibia, Swaziland, Uganda, Zambia and Zimbabwe found that 23% reported having experienced sexual violence (physically forced to have sexual intercourse) at some point in their life (11). In other study 37% of the victim girls were found to be 16-20 yrs of age. It was also observed that victim girls under 5 years comprised 2.5% and less than 16 years (age of consent for sexual intercourse) comprised 37.5% of the study population (12). Some studies have shown the female victims who were below sixteen years of age comprised of 35.42%. The lowest age of the female victim was 1 (13). In this study, 33.3% of the study population stated their age as below 16 years (the age of consent for sexual intercourse). This observation closely matches with some studies (12, 13). It was also noted that according to data from justice systems and rape-crisis centers in Chile, Malaysia, Mexico, Papua New Guinea, Peru and the United States, between one third and two thirds of all victims of sexual assault were aged 15 years or under, although this also may reflect reporting bias (8). This study showed that majority (66.7%) of the victims were from urban area and 52.4% were Hindus. This can be explained by the urban location of hospital and Hindu predominance of the area. In the present study it was also observed that, 23.8% of the victims were Students and 4.8% were School dropouts. 19% of the respondents were Commercial Sex Workers and 20.6% were Bar Dancers. One respondent in the study population was 4 yrs old and hence her occupation remained unclassified. In this study, 28.6% (18 out of 63) of the study population were illiterate and in 23.8%, the level of education was primary. Whereas, for 4.8% of the study population the level of education was graduation or higher. Different studies showed that the relationship between individual educational attainment and intimate partner violence and sexual violence was complex. Low level of education was however the most consistent factor associated with both the perpetration and experiencing of intimate partner violence and sexual violence across studies (14-25). Women who reported lower levels of education (primary or none) had a 2 to 5-fold increased risk of intimate partner violence compared to higher-educated women (14,15,19, 23 24,25,26). This observation of the present study was at par with these studies. Several studies have shown that women who were more highly educated (secondary schooling or higher) were 20–55% less likely to be victims of intimate partner violence or sexual violence compared to less-educated women (17, 27, 28). In the present study, most of the study population; 60.3 %, had never married. 17.5% of the respondents were ‘ever married’ but were either divorced, separated or widowed at the time of the study. 22.2% of the respondents were married at the time of study. It has been noted that separated/divorced marital statuses are risk factors for sexual violence (8). In this study, 54% of the study population belonged to a Nuclear family whereas 46% of them belonged to Joint family. The present study also revealed that, 13 out of 63 of the study population could not state their family income. Out of the 50 respondents, 36 % belonged to the Poor class, as per Modified Prasad’s scale. One of the respondent belonged to the BPL category (i.e. monthly per capita income below Rs.500, Very Poor class). 38% of the respondents were from the Lower Middle socioeconomic class. 2 of the 50 respondents belonged to the Upper High socioeconomic status (monthly per capita income above Rs.10, 000). In this study, 73% of the study population bonded well with their family members, while 17.5% of the respondents reported poor bonding with their family members. 76.2% of the respondents in the study population had adequate social exposure.

V. Conclusion

This study determined various socio demographic risk factors play behind the act of sexual violence. Understanding these factors would help to formulate preventive strategies. Implementing the strategies with proper monitoring and evaluation of the effects of implementation, remedial measures can be taken at the earliest. This will make the society a better place for the future generation. Magnitude of the problem, risk and protective factors may vary in different countries and in different settings. Hence, it is important to identify them and then address those risk factors most strongly associated with sexual violence in each setting. The preventive strategies can be formulated at primary, secondary and tertiary level. Though a sincere attempt was made by the investigators to get a true assessment of the conditions, yet it could be subjected to reporting bias as it was based on the data provided by the victims on an issue involving much social taboo. The data collected by interviewing the victims may be subject to recall bias.

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Tables

Table: 1

Distribution of the study population according to their age in years (as per stated age) (n=63)

Age of the respondent (in years)	Frequency	Percent
0—4	1	1.6
5---9	3	4.8
10—19	36	57.1
20—25	15	23.6
26—45	8	12.7
Total	63	100

Table: 2

Distribution of the study population according to the age of consent (as per stated age) (n=63)

Age of the respondent(as per stated age)	Frequency	Percent
Less than 16 yrs	21	33.3
16yrs and above	42	66.7
Total	63	100

Table: 3

Distribution of study population according to their residence (n=63)

Residence	Frequency	Percent
Rural	21	33.3
Urban	42	66.7
Total	63	100.0

Table: 4

Distribution of study population according to their religion (n=63)

Religion	Frequency	Percent
Hindu	33	52.4
Muslim	26	41.3
Christian	3	4.8
Others	1	1.6
Total	63	100.0

Table: 5

Distribution of study population according to their Occupation (n=63)

Occupation	Frequency	Percent
Student	15	23.8
School dropout	3	4.8
Homemaker	3	4.8
Housemaid	2	3.2
Employed in unorganized sector	8	12.7
Bar dancer	13	20.6
Commercial Sex Worker	12	19.0
Unemployed	6	9.5
Unclassified	1	1.6
Total	63	100

Table: 6

Distribution of study population according to their level of education (n=63)

Level of education	Frequency	Percent
Illiterate	18	28.6
Primary	15	23.8
Middle	16	25.4
Secondary	9	14.3
Higher Secondary	2	3.2
Graduate or higher	3	4.8
Total	63	100.0

Table: 7

Distribution of study population according to their marital status (n=63)

Marital status	Frequency	Percent
Ever married	11	17.5
Never married	38	60.3
Currently married	14	22.2
Total	63	100.0

Table: 8

Distribution of study population according to their type of family (n=63)

Type of family	Frequency	Percent
Nuclear	34	54.0
Joint	29	46.0
Total	63	100.0

Table: 9

Distribution of the study population according to their Socioeconomic Status. as per Modified Prasad's Scale, (n=50*)

Monthly Per capita income	Frequency	Percent
>=10,000 (Upper high)	2	4%
5000-9999 (High)	1	2%
3000-4999 (Upper Middle)	9	18%
1500-2999 (Lower Middle)	19	38%
500-1499 (Poor)	18	36%
<500 (Very Poor)	1	2%
Total	50	100%

* 13 respondents could not state their family income