

An Overview of Sexual Assault Cases in Nepal

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ABSTRACT

Background: Sexual assault is defined as any sexual act performed by one (or more) person(s) on another without consent. It may include the use of threat or force. In some cases, the person cannot give consent to sex because he/she is unconscious or otherwise incapacitated. A person may be raped by a stranger, an acquaintance or date or a family member.

Methods: The study was a retrospective and descriptive analysis of cases of sexual assault victims examined by the author in the Forensic Medicine departments at Institute of Medicine, Maharajgunj and Gandaki Medical College Teaching Hospital, Pokhara, Nepal over a period of four years (2012 to 2016). This includes information regarding the age group of the victim at the time of sexual abuse, relationship of the victim to the perpetrator, genital and extra-genital injuries present over the victim's body and number of cases attended as an expert witness by the author in various courts of Nepal.

Results: In the four years period, a total number of 55 cases were examined as sexual assault cases. It was observed that majority were of the 13 - 15 years of age group (46%) followed by <10 years (20%), 16 - 20 years (16%), >20 years (11%) and 10 - 12 years (7%). Regarding the relationship of the victim to the alleged perpetrator, 87% cases (48 out of 55) were related to acquaintances compared to 13% due to strangers. Surprisingly, 3.6% cases (2 out of 48) were due to the biological fathers of the victims. On physical examination of the victim's body, 36% cases showed genital injuries compared to only 15% with extra genital injuries. The author attended the court as an expert witness in 33% of these cases. Only 7% of the cases were mentally challenged.

Conclusion: Young adults remain the most vulnerable group, so education related to sex, morality, humanity and different life skills training should be provided to these groups from their school years itself. The benefits of early intervention and comprehensive care of survivors with the use of standardized protocols along with shorter and lesser traumatic period of court processing to the survivors of these cases should be encouraged.

Keywords

Anogenital injury, Rape, Sexual abuse.

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INTRODUCTION

Sexual offences are very common, widespread and insidious problem that have serious physical, psychological, emotional and social consequences. An estimated one out of every three women and one out of every six men will be sexually assaulted at sometime in their life. The United States has the world's highest rape rates of all countries that publish such statistics. The U.S. rape rate is four times higher than that of Germany, thirteen times than of England and twenty times than of Japan¹. Due to many related physical, mental, religious, cultural, age and social factors, only an estimated 15 - 20% of women who have been sexually assaulted report to the police; therefore, the real incidence of sexual assault is unknown and, probably, cannot ever be accurately determined. According to the American Medical Association (1995), sexual violence is the most underreported crime. A 2007 Government report in England says that Estimates from research suggest that between 75 and 95% of rape crimes are never reported to the police². In Nepal itself, according to the latest statistics, a woman somewhere in the country is raped every 54 minutes³.

Sexual assault is both a common and a very serious crime which is investigated by the police with an intensity second only to that of murder⁴. The World Health Organization (Krug *et al*, 2002) defines sexual violence as any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work⁵. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object. Rape is a legal term. It can have devastating psychological consequences on victims, culminating in post traumatic stress disorder with an array of symptoms, including sleeping difficulties, poor appetite, flashbacks, feelings of numbness, anger, shame and denial, avoidance behavior, and relationship and sexual difficulties. In the most severe cases, depression can lead to suicidal ideation and suicide⁶.

In Nepal, rape is an offense, which can be committed only by man as in sexual intercourse, man is considered to take an active role rather than a woman. Anogenital injuries might have resulted due to the force used e.g. perineal tears, contusions of the labia etc. Other injuries like nail scratches, abrasions, bruises, bite marks etc can also be encountered over the various body parts. These marks of struggle constitute good corroborative evidence in

favor of rape. A male of any age is considered eligible for sexual intercourse (In England, males above 14 years is only deemed to be fit). There is no definite age in a female victim for rape. However, child victims are often preferred by a rapist and reported frequently for the reasons such as they offer little resistance, they can be seduced easily, they can be threatened successfully and keep the event secret and for a "false belief" of curing the venereal diseases, as practiced in some remote villages in rural India even today⁷. General code of our country i.e. Muluki Ain, rape chapter Number 1 explains that if a person enters into sexual intercourse with a woman without her consent or enters into sexual intercourse with a girl below the age of sixteen years with or without her consent shall be deemed to be an offence of rape. The 12th amendment of the Muluki Ain has also included the marital rape as a crime and has kept three to six month punishment to the perpetrator. In the year 2013, a total of 215 women victims of rape, age more than 18 years of age, 52 cases of sexual abuse were recorded. Similarly, among 406 of minor victims of rape aged one to 17 years old, 172 cases of sexual assault were recorded⁸.

METHODS

The study was a retrospective and descriptive analysis of cases of sexual assault victims examined by the author in the Forensic Medicine Departments at Institute of Medicine, Maharajgunj and Gandaki Medical College Teaching Hospital, Pokhara, Nepal over a period of four years (2012 to 2016 A.D.). This article includes information regarding the age of the victim at the time of sexual abuse, relationship of the victim to the perpetrator, genital and extra-genital injuries present over the victim's body and number of cases attended as an expert opinion by the author in various courts of Nepal. The data obtained were entered in microsoft excel worksheet and then analyzed. Observations were depicted in tables and graphs.

RESULTS

In the four years period, a total number of 55 cases were examined as sexual assault cases by the author. It was observed that majority were of the 13 - 15 years of age group (46%) followed by <10 years (20%), 16 - 20 years (16%), >20 years (11%) and 10 - 12 years (7%) (Fig 1). Regarding the relationship of the victim to the alleged perpetrator, 87% cases (48 out of 55) were related to acquaintances compared to 13% due to strangers (Fig 2). Surprisingly, 3.6% cases (Two out of 48) were due to the

biological fathers of the victims. On physical examination of the victim's body, 36% cases showed genital injuries (Fig 3) compared to only 15% with extra genital injuries (Fig 4). The author attended the court as an expert witness in 33% of these cases (Fig 5). Only 7% of the cases were mentally challenged (Fig 6). Majority of the victims were unmarried (89%) and 84% of them were educated less than tenth standard.

Fig 1: Age wise distribution of sexual abuse cases

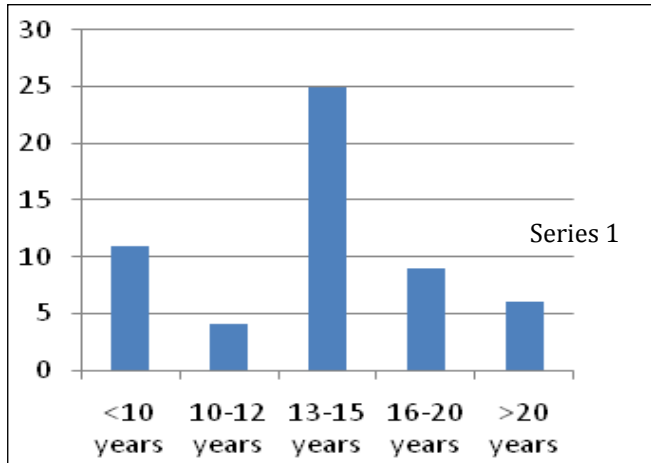


Fig 2: Relationship of the victim to the perpetrator

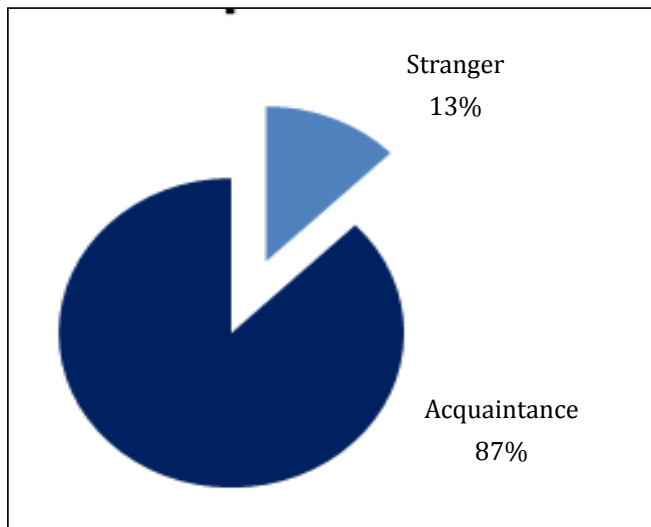


Fig 3: Extra-genital injuries in sexual abuse cases

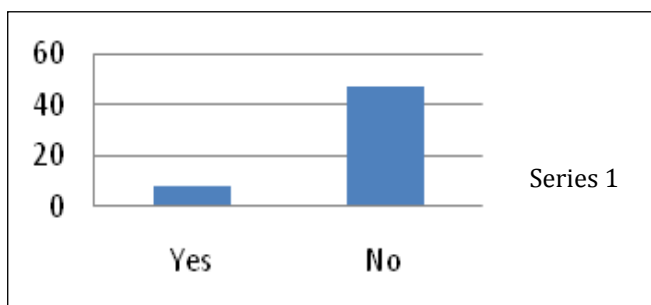


Fig 4: Genital injuries in sexual abuse cases

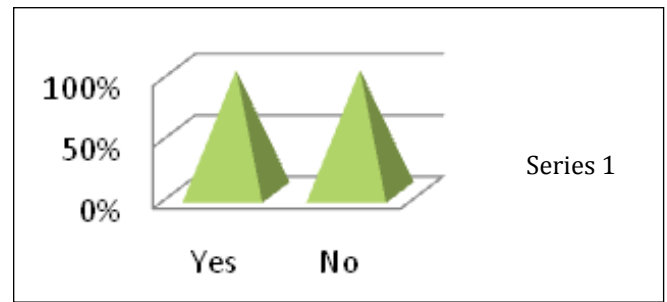


Fig 6: Mentally challenged cases

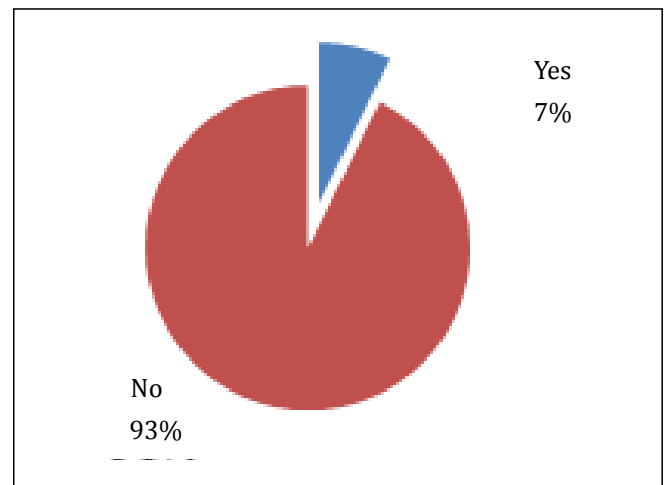
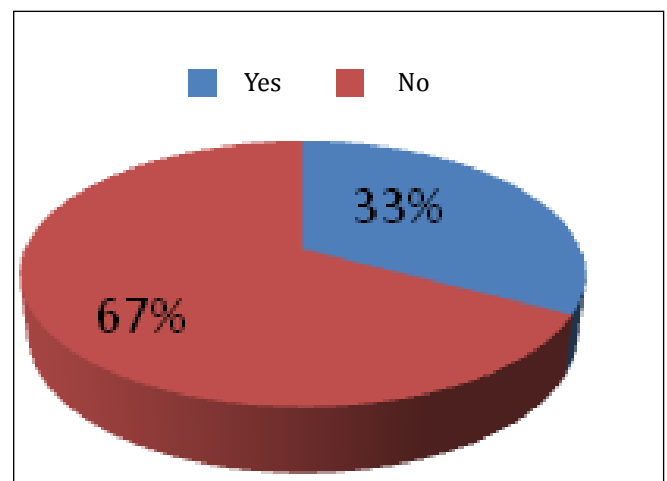


Fig 5: Court attendance as expert witness Chart



DISCUSSION

The majority of victims were of the age group 13 - 15 (46%) followed by <10 years (20%), 16 - 20 years (16%), >20 years (11%) and 10 - 12 years (7%). Similar findings were given by Akinlusi *et al*⁹, Sompur SK *et al*¹² and Palmer CM *et al*¹⁰. Regarding the relationship of the

victim to the alleged perpetrator, majority were related to acquaintances (87%) compared to strangers (13%). Similar findings were given by Akinlusi *et al*⁹, Crime Records Bureau 2013 annual report of India as being 98% of the cases committed by someone known to the victim¹¹ and American study 1992 also gave the data of 80% of them victimized by someone they knew and national sexual violence resource center, USA stated that in eight out of ten cases of rape, the victim knew the assailant¹². On physical examination of the victim's body, 36% of the total cases showed genital injuries compared to only 15% with extra genital injuries. This finding is similar to that of 20% of cases having ano-genital trauma given by Sugar NF *et al*¹³ and 22% cases having genital trauma given by Palmer CM *et al*¹⁰. The finding regarding extra-genital injuries was dissimilar to the findings given as 40% by Geist RF *et al*¹⁴, 52% given by Sugar NF *et al*¹³ and 46% given by Palmer CM *et al*¹⁰. The reason for this dissimilarity could be due to larger number of cases studied by these authors compared to smaller number; i.e., 55 by the author. Only 7% of the cases were mentally challenged which was dissimilar to the data shown by Cybulska B *et al* where 20% of the victims had history of mental health problems, self-harm or learning difficulties. This may be due to large sample size of 62081.

CONCLUSION

Following sexual assault, victims have three main care needs: Forensic, medical and psychosocial. Doctors especially in Emergency Department must be educated and trained enough for handling, documenting and providing proper reports in cases of sexual offence. Young adults remain the most vulnerable group, so education related to sex, morality, humanity and different life skills training should be provided to these groups from their school years itself. The benefits of early intervention and comprehensive care of survivors with the use of standardized protocols along with shorter and lesser traumatic period of court processing to the survivors of these cases should be encouraged.

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