

# Survivor-Accused Dynamics in Alleged Sexual Assault Cases: A Demographic Analysis

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## Abstract

Sexual assault is a type of gender-based violence. The World Health Organization (WHO) defines gender-based violence (GBV) as any harmful act that is committed against a person's will and is based on gender roles and power differences between males and females. Role of a health care provider is very crucial in the sense of identifying, documenting and reporting such instances. This prospective observational study was carried out in the department of Forensic medicine and toxicology of a Tertiary care center in a metropolitan city of Mumbai from January 2016 to June 2017. The main aim was to observe the demographic and relational dynamics between survivors and accused individuals in alleged sexual assault cases brought for examination. All cases that fulfilled the inclusion criteria during the study period are considered for the study, which included 160 cases. In the study 93% of survivors were females and in that 73.25% were under the age of 18 years. Majority were students, graduates of Secondary School, from urban background and unmarried. An attempt to understand survivor-accused dynamics revealed the majority of accused were known to the survivors (31.25%), and a single assailant is involved (96.88%). Other contextual findings were obtained which provided more insight into the circumstances of assaults.

**Key Words:** Sexual assault, Gender based violence, Forensic examination, POCSO act.

## Introduction

As per World Health Organization, 30% of women worldwide have experienced sexual violence by an intimate partner or non-partner and 6% of women have been sexually assaulted by someone other than a partner<sup>1</sup>. As per the report published in the year 2023 by the National crime record bureau of India,

31,000 rapes were reported in 2022. Although this is a large number, it has not changed since roughly 2012, when there were over 25,000 cases annually<sup>2</sup>. Mumbai holds the 5<sup>th</sup> position in overall crime rate (72.5) of crime against women in metropolitan cities in the year 2022, over a population of 85.2 lakhs as per NCRB<sup>2</sup>.

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There are frequently both short-term and long-term effects on one's physical and emotional health after sexual assault. As a result, many cases are not prosecuted or are handled so late. It has been acknowledged that survivors of sexual assaults keep the incident to themselves for a variety of reasons, including confidentiality concerns, embarrassment, mistrust of the police, not wanting a family member or friend to be prosecuted, and disbelief in a successful prosecution, among others<sup>3</sup>. Ministry of Health & Family Welfare under Government of India, guidelines recognize the role of health sector in strengthening legal frameworks, developing comprehensive and multi-sectorial national strategies for preventing and eliminating all forms of sexual assault. Criminal law amendment Act and Protection of Children from Sexual Offences (POCSO) act 2013, are designed to uphold the dignity, rights, privacy, safety and enabling Justice to the survivors.

### Materials and Methods

This prospective observational study was conducted by the department of forensic medicine and toxicology at a tertiary care facility in Mumbai, over a period of one and half years. All survivors of alleged sexual assault examined during study period of one and half year duration fulfilled inclusion criteria were included in this study, i.e. a total of 160 cases.

**Inclusion criteria:** a) All the survivors of alleged sexual assault brought for medico-legal examination with request for examination by Police/magistrate; b) All the survivors of alleged sexual assault brought for examination directly to hospital without registering the crime.

**Exclusion Criteria:** a) Survivors of alleged sexual assault who refused to give consent for medico-legal examination; b) Dead bodies with alleged history of sexual assault.

**Objectives in the study were to:** a) study demographic valuables of survivors of alleged sexual assault cases; b) To study relation between victim and accused of alleged sexual assault cases

A team of Doctors mainly from Forensic medicine and Obstetrics and gynecology were involved. Survivors' age, sex, socioeconomic status,

demographics, incident location, reporting delay, and relationship to accused were studied.

**Data source:** For a subsequent group assessment, all information gathered from various sources such as casualty records, medico-legal report of Survivors, were entered into a pro-forma that was specifically created for each case.

**Data analysis:** The data was entered and analysed by using MS-Excel SPSS software package. Frequency of all variables was derived to check completeness of data. Magnitude was expressed in percentages.

## Results

**Table 1: Demographic variables**

| Parameters                       | Number of cases | Percentage |
|----------------------------------|-----------------|------------|
| <b>Age distribution</b>          |                 |            |
| 0-10                             | 38              | 23.75      |
| 11-20                            | 84              | 52.5       |
| 21-30                            | 24              | 15         |
| 31-40                            | 11              | 6.88       |
| 41-50                            | 02              | 1.25       |
| >50                              | 01              | 0.62       |
| <b>Gender</b>                    |                 |            |
| Female                           | 141             | 93         |
| Male                             | 11              | 07         |
| <b>Educational Qualification</b> |                 |            |
| Post graduate                    | 1               | 0.62       |
| Graduate                         | 1               | 0.62       |
| Higher secondary school          | 48              | 30         |
| Secondary school                 | 64              | 40         |
| Primary School                   | 46              | 28.76      |
| <b>Geographical area</b>         |                 |            |
| Urban                            | 154             | 96.25      |
| Rural                            | 6               | 3.75       |
| <b>Occupation</b>                |                 |            |
| Housewife                        | 15              | 9.38       |
| Student                          | 123             | 76.87      |
| Working woman                    | 22              | 13.75      |
| <b>Socio-economic status</b>     |                 |            |
| Lower (v)                        | 66              | 41.25      |
| Lower middle(iv)                 | 59              | 36.87      |

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|                       |     |       |
|-----------------------|-----|-------|
| Middle(iii)           | 29  | 18.12 |
| Upper middle(ii)      | 05  | 3.12  |
| Upper(i)              | 01  | 0.62  |
| <b>Marital Status</b> |     |       |
| Married               | 18  | 11.25 |
| Single                | 138 | 86.25 |
| Divorce               | 4   | 2.50  |

Table 01 shows the demographic data of survivors.

The highest were in the 11-20 age group (52.5%), followed by those under 10 years old (23.75%).

Out of 160 cases, 107(66.87%) were female and 11(6.85%) males.

The majority of survivors had completed secondary education (40%), followed by those with primary education (28.76%).

The majority of survivors were students (78.87%), followed by working women (13.75%). A smaller number were housewives (9.38%).

The majority of survivors belonged to the lower class (41.25%), followed by the lower middle class (39.87%).

The majority of survivors were unmarried (86.25%), followed by married individuals (11.25%). A small number were divorced (2.5%).

**Table 2: Survivor-Accused relationship and number of assailants.**

| Parameters                | Number of cases | Percentage |
|---------------------------|-----------------|------------|
| Relationship with Accused |                 |            |
| Brother in law            | 4               | 2.50       |
| Employer                  | 5               | 3.13       |
| Father                    | 5               | 3.13       |
| Friend                    | 50              | 31.25      |
| Neighbor                  | 43              | 26.88      |
| School staff              | 2               | 1.25       |
| Stranger                  | 24              | 15         |
| Teacher                   | 3               | 1.87       |
| Uncle                     | 13              | 8.12       |

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| Number of assailants |     |       |
|----------------------|-----|-------|
| One                  | 155 | 96.88 |
| Two                  | 1   | 0.62  |
| Three                | 2   | 1.25  |
| Four                 | 2   | 1.25  |

Table 2 reflect survivor-accused relationship which is crucial in understanding the survivor-accused dynamics. The most common type of accused was a friend (31.25%), followed by a neighbor (26.88%). Other common relationships included strangers (15%), brothers-in-law, employers, fathers, and uncles (ranging from 2.5% to 8.12%). A smaller number of cases involved school staff or teachers (1.25% to 1.87%).

The majority of cases involved a single assailant (96.88%), while a small number had multiple assailants (2 or more).

**Table 3: Context and circumstances of Assault**

|                              | Number of cases | Percentage |
|------------------------------|-----------------|------------|
| <b>Place of incidence</b>    |                 |            |
| Accused house                | 69              | 43.13      |
| Survivors house              | 18              | 11.26      |
| Field                        | 9               | 5.62       |
| Hotel                        | 16              | 10         |
| Office                       | 1               | 0.62       |
| Railway station              | 1               | 0.62       |
| School                       | 2               | 1.25       |
| Secluded                     | 43              | 26.88      |
| Toilet                       | 1               | 0.62       |
| <b>Season</b>                |                 |            |
| Winter                       | 17              | 10.63      |
| Summer                       | 44              | 27.50      |
| Rainy                        | 51              | 31.87      |
| Post monsoon                 | 48              | 30         |
| Winter                       | 17              | 10.63      |
| <b>Use of Contraceptives</b> |                 |            |
| Condom                       | 22              | 13.75      |
| Spermicide                   | 1               | 0.62       |
| I-pill                       | 3               | 1.87       |
| No contraception             | 134             | 83.76      |
| <b>Luring/Incentives</b>     |                 |            |
| No                           | 124             | 77.50      |
| Promise to Marriage          | 23              | 14.375     |
| Lure/Money etc.              | 13              | 8.125      |

Table 3 reflects the circumstances of assaults, use of contraception and involvement of offering incentives.

The majority of survivors were assaulted in the accused’s house (43.3%), followed by secluded areas (26.88%). Other locations included the survivor’s house (11.26%), fields (5.62%), hotels (10%), offices (0.62%), railway stations (0.62%), schools (1.25%), and toilets (0.62%).

Of the 160 survivors, most cases occurred during the post-monsoon season (30%), followed by the rainy season (31.87%), summer season (27.50%), and winter season (10.63%).

Regarding contraception, 83.76% of cases involved no form of contraception, while 13.75% used condoms, 1.87% used I-pills, and 0.62% used spermicides.

Regarding incentives, 124 cases involved no incentives, while others received various forms such as money (6.25%), marriage pretexts (14.39%), clothes and money (0.62%), soft drinks (0.62%), or the offering to play games on a laptop (0.62%).

**Table 4: Use of threatening and timeline of reporting.**

| Use of threatening    | Number of cases | Percentage |
|-----------------------|-----------------|------------|
| None                  | 117             | 73.125     |
| Threatening           | 32              | 20%        |
| Blackmailing          | 11              | 6.9%       |
| Duration of Reporting |                 |            |
| 0-12hrs               | 18              | 11.25      |
| 12-24hrs              | 25              | 15.62      |
| 24hours-72hrs         | 15              | 9.35       |
| 3days-7days           | 34              | 21.25      |
| 7days-1month          | 27              | 16.87      |
| >1month               | 41              | 25.62      |

Table 04 includes factors like use of threatening and duration between incident and reporting. In 160 cases, the majority of accused did not threaten the survivor (73.125%), followed by threats (20%) and blackmailing (6.9%).

Regarding medical examinations, 18 survivors reported to the hospital within 12 hours of the assault (11.25%), while 41 survivors reported more than a month later (25.62%).

## Discussion

From the demographic variables, most vulnerable age group identified for sexual assault is the active population of the study resulting were those persons of second decade 11-20 years (52.5%) followed by first decade 0-10 years (23.75%), Which is similar to majority of the studies conducted including Choudhry V et al<sup>4</sup>.The reasons could be the age of adolescence, where they face significant physical and psychological changes, making them more vulnerable for exploitation and coercion. They also engage in their riskier behaviors, limited knowledge on sexuality and decision making skills.

In the present study, cases below 18 years of age group, we found female preponderance 107 cases(71.81%) as compared to male 11(9.32%). This is in agreement with study by, AD Aggarwal et al<sup>5</sup>, who observed almost 95% of cases of females as compared to 5% of males of sexual assault. It is a worldwide phenomenon that the majority of survivors in sexual assault cases involving minors are female. This can be linked to a number of things, such as power dynamics that frequently disadvantage women and cultural gender norms.

The present study showed that incidences were more common among secondary school students 64 (40%), Higher secondary students 48 (30%) followed by primary students 46 (28.76%). If we combine the secondary school students 64 (40%), Higher secondary students 48 (30%) then it was observed that 70% of cases were belonging to the second decade of age group which was the most common affected age group found in our study. Our observations aligns with the results of Choudhry V et al<sup>4</sup>.

It was observed out of 160 cases 154 survivors (96.25%) were from urban areas and 06 (03.75%) are from rural areas. Our study is similar to National Crime Records Bureau (NCRB) data, which documented that a significant number of reported sexual assault cases in India involve minors, with many of these cases occurring in urban settings<sup>2</sup>. The higher prevalence of sexual assault in urban areas may be attributed to several factors. The denser population in cities can lead to increased social interactions and opportunities for assault. The anonymity of urban environments can make it easier for perpetrators to act undetected.

The present study shows that out of 160 survivors were students 123 (76.87%), followed by a working woman 22(13.75%) This is consistent with Bhoi et al<sup>6</sup>, shows that majority of victim were students comprising of 62.26% of cases. The higher prevalence of sexual assault among students may be attributed to several factors. Students' vulnerability, power imbalances with adults, societal norms and cultural attitudes, and the school environment can all contribute to increased risk. As per Choudhry V et al 4-41% of the girls and 10-55% of the boys in school and college samples have experienced one form (contact, non-contact, forced) of child sexual abuse in India<sup>7</sup>.

In 160 survivors, 66 survivors (41.25%) were of lower class, 59 of survivors (39.87%) were of lower middle class, similar observations made by UB Chowdhury et al<sup>6</sup> where 77.5% of cases were from survivors belong to lower socio-economic class. This might be due to the fact that survivors and survivors are often dependent on their perpetrators for basic needs such as food, housing and shelter, therefore they are more vulnerable for sexual and physical violence. The perpetrator may takes advantage of his/her position of psychological power to coerce the victim into their needs.

Most of the cases were unmarried 138 survivors (86.25%), this again is consistent with the age group of maximum incidence which is below the legal age for marriage in India. Similar findings were noted by UB Chowdhuryetal<sup>8</sup> (86%).

Survivor accused relationship from the study has great value. Most common relation with survivor was friend; 50 survivors (31.25%) followed by neighbor 43 survivors(26.88%) and in 24 survivors(15%) assailant was stranger, in 3(1.87%) the assailant was teacher, in 5(3.13%) survivors the assailant was father, in 5 (3.13%) cases the assailant was employer. Out of 12 uncles 2 uncles were paternal and 1 was maternal uncle. Only 15% cases of sexual assault was committed by stranger and 85% cases assailant was known to victim.

This findings exactly coincides with another study conducted in Mumbai region by AK Jaiswani et al<sup>9</sup> where in 67.1% cases the assailant was friend followed by 14.47% cases the assailant was neighbor.

Studies show that most sexual assault cases involve assailants known to the victim due to proximity, trust, or familiarity, which lowers victim resistance and facilitates access.

Another interesting observation is, in 18 (11.25%) cases of survivors belong to age group under 18 years, the alleged incidence were non-violent/forceful in nature, which falls into the legal category of statutory rape as per Indian Penal Code (IPC) 375<sup>10</sup>. In that 14 (8.75%) cases accused were friends followed by neighbor 4 (2.5%) cases. As per IPC 375, statutory rape is defined as sexual intercourse with a woman who is under 18 years of age, whether or not she consents<sup>10</sup>. Prior to criminal amendment act 2013, these cases would not have registered under offence of rape by section 375 IPC as age for voluntarily having sexual intercourse for girls in India was then 16 years. Statutory rape laws protect minors from exploitation, regardless of perceived consent. However, the complexities within these laws can lead to confusion and debate.

Majority of incidents involved only single assailant involved (96.88%) cases. This coincides with the above factor and is similar to AK Jaiswani et al (92.1%)<sup>9</sup>. As acquaintance rape (Friend/Boyfriend in the current study) which is committed by someone who knows the victim, they easily take control or advantage over them for sexual gratification. According to the United States Bureau of Justice Statistics (BJS)<sup>11</sup>, date rapes are among the higher number of rape cases.

In an attempt to understand the circumstances of assault in our study, the most reported site of offense was the accused house i.e. 69(43.13%) cases followed by survivors house (11.26%), strikingly similar to AK Jaiswani et al<sup>9</sup> 43.39% followed by 8.55%. Survivors with known assailants are considerably more likely than those assaulted by strangers to be assaulted in a house/apartment where he resides. Survivors assaulted by strangers are most likely to be assaulted outdoors.

It is observed that the maximum number of survivors 51(31.87%) arrived in the rainy season. Possible reason is the region of study being a coastal region, the major season is rainy which occur in almost 6 months annually.

In 134(83.76%) cases there were no any use of contraception. In 22(13.75%) cases accused used condom as barrier contraceptive, in 3(1.87%) cases I-pill was used and in 1(0.62%) case spermicide was used as contraceptive. This results are suggestive of the fact that majority of the cases reported in the present study are forced unprotected sexual violence/assault. Motivation of the assailant in using the contraceptive methods are found to be in negligible numbers which is in consistent with the study conducted at Sam Houston State University, Texas, by EN O'Neal et al<sup>12</sup>.

No incentive was given in 124 cases, allow games on laptop in 1 (0.62) case, soft drink given in 1(0.62%) case, money given in 10(6.25%) cases, pretext to marriage was given in 23(14.39 %) cases, clothes and money given 1(0.62%) case. This might be due to the fact that in this study majority of the victim's age group ranges from 11 to 20 years, who are easily taken advantage of by the assailants after some incentives given.

No terrorizing or verbal threatening observed in majority of cases 117 (73.14%), probably due to the acquaintance of the accused with survivor. Stranger assailants are considerably more likely to use verbal threats than known assailants. This is consistent with Rahul Jain et al<sup>13</sup>.

In 16.89% of cases, the victim experienced physical assault, 2.5% experienced terrorization, 1.87% were subjected to verbal threats or blackmail, and 0.62% were kidnapped, verbally abused, or had videos of themselves displayed for blackmail.

With regards to the duration of reporting after the incident, in 160 survivors, the highest percentage of 25.62% reported to the hospital for medical examination more than 1 month after the assault, followed by 21.25% who reported within 3 to 7 days, 16.87% within 7 days to 1 month, 15.62% within 12-24 hours, 11.25% within 12 hours, and the lowest percentage of 9.35% reported within 24 to 72 hours, these findings are consistent with AK Jaiswani et al<sup>9</sup>

This is very concerning as delay in medico-legal examination of a survivor can significantly affect the efficacy of the investigation and prosecution of the case due to diminishing biological evidence, trace evidence and injuries. Survivors often avoid reporting

sexual assault to the police due to shame, fear of legal repercussions, distrust of law enforcement, and substance use during the assault, as noted by C. Spencer et al<sup>13</sup>.

### Recommendations

To enhance understanding and interventions in sexual assault cases, a few key recommendations emerge from this study. Developing targeted prevention programs for adolescents, especially females aged 11-18 who represent the most affected demographic, is essential. Comprehensive sexual education in schools is important, age-appropriate sexual education programs that cover topics like consent, healthy relationships, body autonomy, and recognizing and reporting abuse should be taught. Teach about their rights and how to assert them, especially in situations of discomfort or coercion. Equip them with skills to intervene safely when they witness harmful behavior. Make school/college environment safe by open communication channels, sensitive reporting mechanisms, and prompt investigations. Health care facilities and law enforcement system should be easily accessible to all class of society, there shall be no bias in registering, investigation and further legal proceedings. Promoting prompt reporting and supportive services can enhance both victim support and judicial outcomes. Policymakers must disseminate information about the psychological effects of sexual assault to encourage public awareness and prompt individuals to seek help. Finally considering the accented sexual assault prevalence in India, a multipronged approach is key. This includes changes in policies, laws, and social norms related to patriarchy and gender inequality.

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