

## Rape - The Recent Scenario

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## ABSTRACT

**BACKGROUND:** To study the incidence and risk factors predisposing to retinopathy of prematurity (ROP) in at-risk newborns at SNCU of a tertiary care hospital in Vadodara **METHODS:** Preterm infants with birth weight < 1500gm and gestation <=34 weeks were screened for ROP at 4 weeks after birth or 31-33 weeks post conceptional age, whichever was later. Infants with birth weight 1500 to 2000 gm and gestation >34 weeks were screened only if they had additional risk factors. Those found to have high risk ROP were treated. **RESULTS:** The incidence of ROP in 113 infants who were screened was 30.9%. No ROP was found in infants weighing >2000gm or with a gestational age more than 37weeks. Risk factors predisposing to ROP ( $P<0.05$ ) were oxygen therapy, apnoea, ventilation, sepsis, anaemia, blood product transfusion, ventilation, shock requiring vasopressors and multiple gestation. Out of the 37 infants who developed ROP, 17 (48.5%) needed invasive management. **CONCLUSION:** Approximately half of the infants with ROP needed invasive management the outcome of which was good. Risk factors predisposing to ROP were Gestational Age and Birth weight alone and alongwith the various risk factors like oxygen therapy, apnoea, mechanical ventilation, sepsis, anaemia, blood transfusion, Shock and Multiple Gestation. The occurrence of ROP is trending towards a rise including newborns with higher birth weight and gestational Age in developing countries; hence necessitating the need to revise the guidelines for Screening Newborns for presence of ROP to include babies with higher Birth weight and Gestational Age.

**Key Words:** ROP, prematurity, gestational age, birth weight, Risk Factors

## INTRODUCTION

The English word rape is derived from Latin word rapere. Rape is defined as “unlawful sexual activity”. However there can be several types of rape like penetrative, non penetrative, consensual, marital and the crime of rape varies culturally. Rape is a crime of violence, often regarded by the woman as a life threatening act in which fear and humiliation are her dominant emotions. It is an assault on the woman, her family as well as community. Sexual violence, particularly rape is a global problem that does not spare any socio economic group or

culture, especially among adolescents and young adults. Sexual assault is a neglected public health issue in most of the developing countries and there is to be an even smaller % reporting sexual assault. Rape is a pervasive problem in societies around the world. India is well on its way to being the rape capital of the world. According to the data of the home ministry, India is one of the leading countries leaving behind countries like Sri Lanka, Jordan and Argentina, when it comes to rape cases.

At least 1 out of 3 females on earth has been physically or sexually abused, often repeatedly and by a relative or acquaintance. Multi country surveys conducted by World Health Organization estimate that between 10 to 69 percent of women have been physically hit or harmed by a male partner at some point in their lives

A study by Ministry of Women and Child Development in 2007 revealed that out of

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12,447 children across 13 States in India, 20.9% of the children surveyed had suffered severe forms of sexual abuse, which includes sexual assault, making a child exhibit or fondle body parts. According to the National Crime Records Bureau data, 2015, with 17,104 cases, the capital recorded a crime rate of 184.3 per 1 lakh female population. Assam is second with a rate of 148.2 with 23,258 cases.

A rapist not only causes physical injuries but also more indelibly leaves a scar on the most cherished possession of women, i.e. her dignity, honour, reputation and not the least her chastity. United Nations Documents on Population Fund and Violence against Women indicates that approximately 1 out of 5 women experiences rape or attempted rape during her lifetime.

After 2<sup>nd</sup> April 2013, the definition was revised through the Criminal Law (Amendment) Act 2013, which also raised the legal age of minor to **EIGHTEEN**.

**Sec.375 IPC** states that a man is said to commit “rape” if he:-

- penetrates his penis, to any extent, into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person ; or
- inserts, to any extent, any object or a part of the body, not being the penis, into the vagina, the urethra or anus of a woman or makes her to do so with him or any other person ; or
- manipulates any part of the body of a woman so as to cause penetration into the vagina, urethra, anus or any part of body of such woman or makes her to do so with him or any other person ; or
- applies his mouth to the vagina, anus, urethra of a woman or makes her to do so with him or any other person, under the circumstances falling under any of the following seven

**Descriptions:**

Firstly - Against her will.  
Secondly- Without her consent.

Thirdly- With her consent, when her consent has been obtained by putting her or any person in whom she is interested, in fear of death or of hurt.

Fourthly- With her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.

Fifthly – With her consent when, at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by him personally or through another of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent.

Sixthly– With or without her consent, when she is under eighteen years of age.

Seventhly– When she is unable to communicate consent.

**Explanation 1.:** For the purposes of this section, “vagina” shall also include labia majora.

**Explanation 2.:** Consent means an unequivocal voluntary agreement when the woman by words, gestures or any form of verbal or non-verbal communication, communicates willingness to participate in the specific sexual act;

Provided that a woman who does not physically resist to the act of penetration shall not by the reason only of that fact, be regarded as consenting to the sexual activity.

Exceptions ---

1) A medical procedure or intervention shall not constitute rape;

2) Sexual intercourse or sexual acts by a man with his own wife, the wife not being under fifteen years of age, is not rape.

**AIMS AND OBJECTIVES**

The aim of this study is to find out the demographic profile of rape victims and the analysis of rape incidence and various factors related to rape.

**MATERIALS AND METHODS**

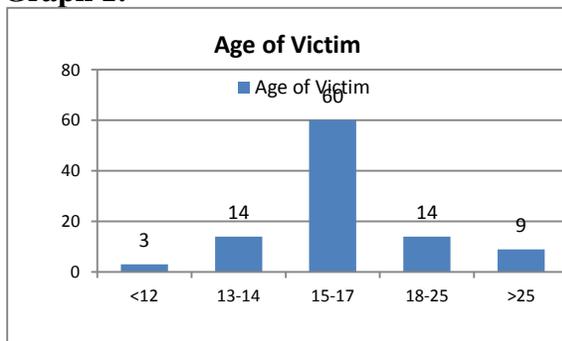
This retrospective study was conducted on the alleged sexual assault victims who came

to the department of Obstetrics and Gynaecology, B.J. Medical College, Ahmedabad for gynaecological examination during the year 2016. The study was conducted on 100 rape victims. As the study is a retrospective one, data those were collected previously are assembled and tabulated. Information was derived pertaining to age, literacy, socio-economic status, marital status, site of incidence, relationship with assailants, their obstetric history with findings on gynaecological examination.

**OBSERVATION AND DISCUSSION**

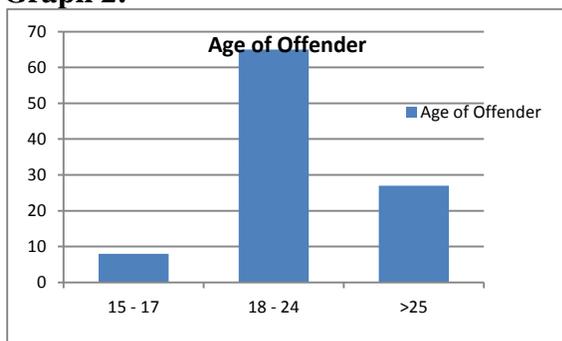
**Age of the victim:** The age ranges of victims were from 11-30 years. The most affected age group (60%) was 15-17 yrs. This showed that majority of the victims belonged to the teenage group.

**Graph 1:**



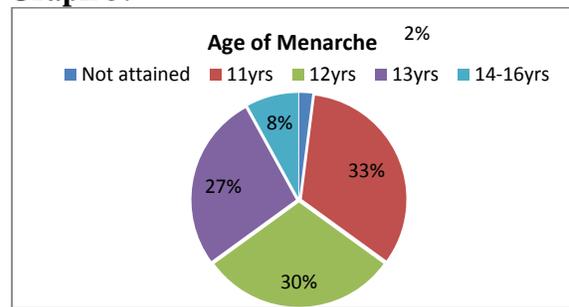
**Age of offender:** 65% of accused belonged to age group of 18-24 yrs, 27% were of the age group >25yrs.

**Graph 2:**



**Age of menarche of the victims:** More no. of cases have occurred in victims who had early menarche at the age of 11yrs who eventually had an early exposure to sex hormones.

**Graph 3:**



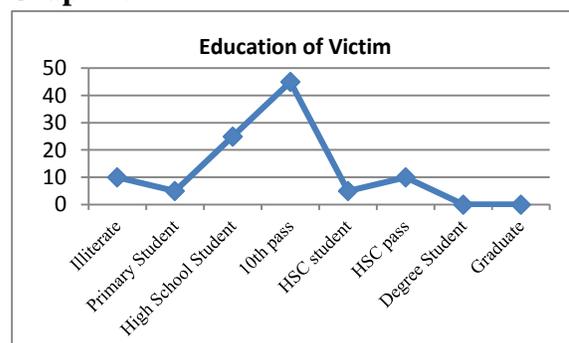
**Secondary Sexual Characteristics:** 98% of the victims had developed which may be a reason for the crime and 2% did not develop who were minor.

**Marital Status of the victims:** 60% of the victims were unmarried and 15% married. This shows unmarried girls are more victimized may be due to false promises. There were 20% who married to the same offender against whom complaint was filed later on realizing the cheat done on them by those who were already married. Thus 1/5<sup>th</sup> of offenders were already married and by hiding such facts, giving false assurances of marriage the teenage girls were victimized. About 5% were divorced victims.

**Obstetric history of the victims:** 90% were nulligravida, around 8% had prior history of live births and 2% had previous history of abortions.

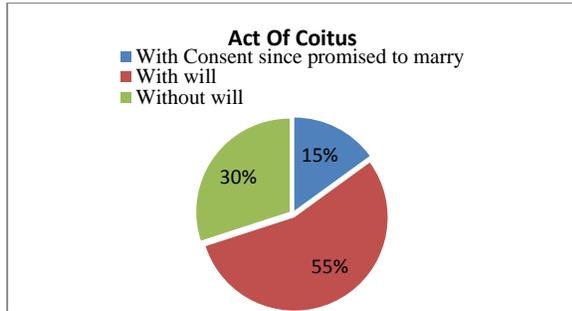
**Educational status of victims:** Most of the victims were from low educational strata and maximum were studied up to high school level. The low level of education leads to unawareness related to the marital, social, health related, physical and psychological problems.

**Graph 4:**



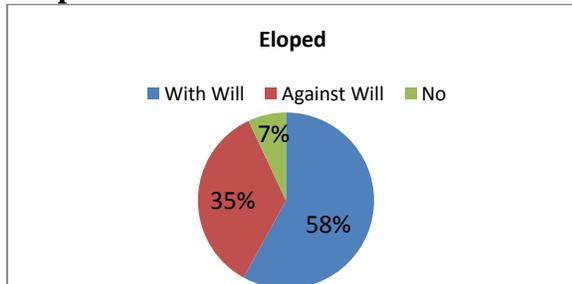
**Act of Coitus:** Consent of coitus might be given with emotional aspects or with some expectations of happy married life and the main fault here is the age where the victim is an immature, under age to give such consents.

**Graph 5:**



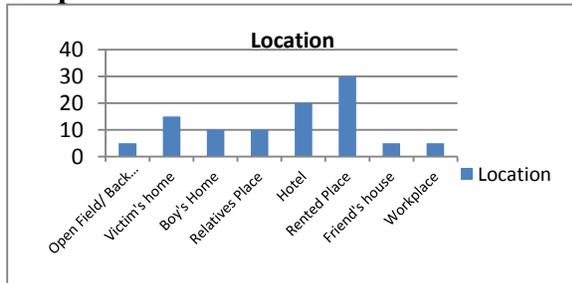
**Eloped:** About 58% eloped with the offender with will, 35% were forced against their will. Amongst these, victims might have given consent once or twice with better future expectations but later forced by threatening or torturing for repeating such offence or for elopement. Around 7% did not elope.

**Graph 6:**



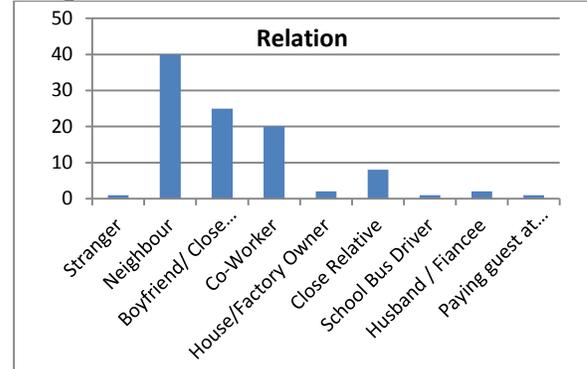
**Place of incidence:** Rented house was the commonest place of sexual intercourse as the victim girls eloped with the offender and started living separately at a distant place away from their family.

**Graph 7:**



**Victim – Offender relationship:** Commonest was neighbour followed by close friend. Thus majority were victims of the known perpetrators only where they were familiar with each other and later decided to elope while only 1-2% were assaulted by strangers.

**Graph 8:**



**Type of sexual assault:** The study found that around 95% were victims of sexual assault in the form of vaginal route while 2% were the victims of oral coitus. And remaining 2% were the victims of fondling of urogenital areas, private parts and breasts.

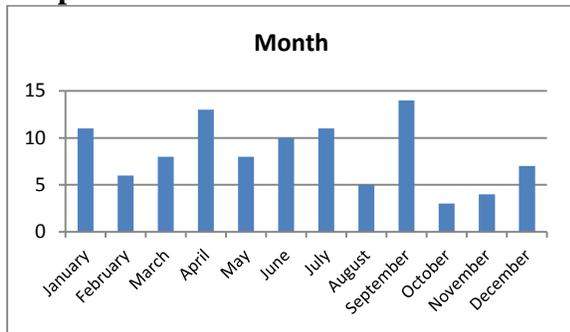
**Intoxication or Threat used:** out of all the cases studied, about 2% victims were under intoxication and 20% were threatened or tortured of putting her or any of her close relative in fear of death or of hurt.

**Gynaecological Examination:**

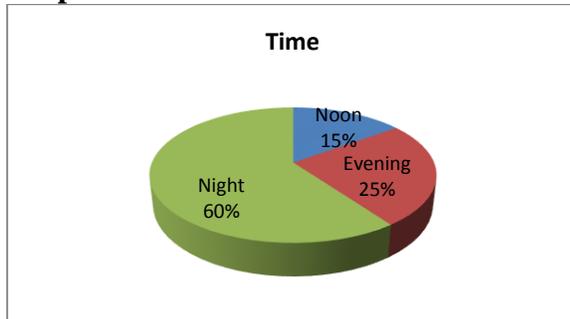
- Hymen tear: 90% had old while 10% had a recent hymen tear, which suggest that most of the victims were habituated.
- Genital or extra genital trauma was seen in 10% of victims in whom the offence was done by threat or against their will.

**Month and Time:** As such there was no much difference according to the calendar months, but there was increased rate in April and September, being the end of terms for students and rising communication due to festivals like Navratri. Majority incidences occurred during night which may be due to less chances of identification and festive season.

Graph 9:



Graph 10:



**Pregnancy due to alleged history of rape:**

25% were pregnant, out of which 20% aborted willingly using MTP pills which is due to easy availability of over the counter drugs and 5% delivered. This high rate of pregnancy is again due to unawareness of contraception and health factors associated with it.

**DNA testing** was done in around 5% cases. In such cases victim was married and pregnancy occurred after a history of rape, thus DNA testing was advised.

**Complaint was filed** by the relatives in 92% cases and by the victim herself in 8% of the cases studied. In most cases, victim was minor belonging to TEEN-age group and eloped without consent of parents which lead to FIR. In some cases there were social reasons like caste discrimination which also lead to a complaint lodged by family.

**CONCLUSION**

In this study, we found that most of the victims under age 18 years, had voluntary sexual intercourse with the offenders and eventually eloped with them. Later on cases were filed by their parents or guardians who did not approve to this relationship. There are such rape cases too where the victim

were enticed to marriage by man under a false name and religion or even a married man pretended himself as an unmarried person. In majority of the cases there was no evidence of forceful sexual intercourse at the time of examination due to long time interval between the act and medical examination. Also due to majority cases that occurred were with consent and being habituated act. Delayed reporting of cases resulted in loss of vital trace evidence.

The major proportion of victims belong to 15-25 yrs of age group which states that young women are usually found to be more at the risk of rape than older women. It is also found that women have more danger from their known persons compared to unknown persons. To overcome these problems there is now a need for sophisticated environment, non-discriminatory treatment and strong social support in the home, society, work places and colleges for the rape victims.

Majority of the victims and the offenders were of low educational status which further highlights the importance of education in our society. Literacy in true sense itself gives the values and moral principles of living a better life with a strong mind. The education system needs to be empowered and thoroughly established at the grass root level. Thus general attitude of society needs to be changed in favour of the dignity of women and children which would necessitate large scale literacy and the economic improvement of the downtrodden masses.

The primary prevention of sexual violence, targeting women and children, interventions supporting the victims of sexual assault, measures to make it more likely that the perpetrators of rape will be caught and punished and strategies for changing social norms and raising the status of women must be enacted soon. Health professionals have a large role to play in supporting the victims of sexual assault medically and psychologically. Ultimately, the strong

commitment and involvement of governments and civil society, along with a coordinated response across a range of sectors, are required to end the sexual violence against women and children

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