

# Trend of Sexual Offences in Pakistan

M Ijaz<sup>1</sup>, M Asif<sup>2</sup>, Azhar Masud Bhatti, Tanveer Hussain<sup>4</sup> and Abdul Hamid<sup>2</sup>

## ABSTRACT

**Objective:** To Study Trend of Sexual Offences in Pakistan.

**Study Design:** Retrospective Study

**Place and Duration of Study:** This study was conducted at the Departments of Forensic Medicine, FMC, Abbottabad, SMC, Sialkot, RMDC, Lahore and FJMU, Lahore from Feb 2018 to Jan 2020.

**Materials and Methods:** Two Hundred and sixty-three Victims of sexual offences were included in this study. The performa was designed to record demographic data. Injuries inflicted during sexual offence, Swab positive and negative were recorded. The history & examination was also recorded in the performa. The permission of Ethical Committee was also considered before collecting the data and get publish Medical Journal. The written informed consent was also taken before collecting the data. The results were analyzed by SPSS version 10.

**Results:** The incidence of sexual offences was maximum in age group 11-15years 7(21.21%) and minimum in age group 51-70years 1(3.03%) in male and in female incidence was maximum in age group 26-30years 37(16.15%) and minimum in age group 71 & above years 09(3.93%). The incidence of sexual offences was maximum in Lower class o population 135(51.33%) and minimum in high gentry 27(10.26%). The incidence of sexual offences was maximum in rural population 201(74.42%) as compared to urban population 62(23.57%) as most of the people live in rural area. There was 173(65.77%) victims who had swab positive and 90(34.22%) swab negative. There was maximum incidence of injuries of genital area & genital tract 76(28.89%) and minimum incidence of injuries chest & abdomen 27(10.26%).

**Conclusion:** Women reaching the at risk age should be educated regarding the signal warning of danger for such a prevalence and how best to respond to such a situation. Survivors and the closely associated people should be educated to rep on such an incident immediately and get the victim examined so that proper evidence can take place and evidence collected. Facilities for seminal fluid grouping and Deoxy Ribo Nucleic Acid analysis should be developed to help in identifying the illegal. Finally,

**Key Words:** Trend, Sexual Offences, Demographic data, Informed consent, Ethical Committee & Pakistan

**Citation of article:** Ijaz M, Asif M, Bhatti AM, Hussain T, Hamid A. Trend of Sexual Offences in Pakistan. Med Forum 2020;31(9):169-172.

## INTRODUCTION

Grown-up rape is a significant general wellbeing worry all through the globe<sup>1</sup> and is currently considered as a circumstance requiring crisis clinical therapy<sup>2</sup>. In the same way as other different nations of the world, grown-up sexual maltreatment is fundamentally confined inside the legitimate framework in Pakistan. The legal doctor is principally associated with the evidence of the discoveries and the assortment of proof.<sup>3</sup>

<sup>1</sup>. Department of Forensic Medicine, FMC, Abbottabad.

<sup>2</sup>. Department of Forensic Medicine, SMC, Sialkot.

<sup>3</sup>. Department of Forensic Medicine, RMDC, Lahore.

<sup>4</sup>. Department of Forensic Medicine, FJMU, Lahore.

Correspondence: Dr. M Ijaz Assistant Professor of Forensic Medicine Frontier Medical College, Abbottabad.

Contact No: 0300-5619525

Email: hrd@smc.com

Received: May, 2020

Accepted: July, 2020

Printed: September, 2020

This division of the clinical reaction to assault into a legitimate and clinical part is an impediment to an ideal assistance for survivors.<sup>3</sup> The clinical reaction to rape ought to incorporate treatment of the wounds and follow up advising notwithstanding the documentation and assortment of proof. In numerous nations, uncommon component has been set up which obliges all parts of the survivor of related with sex maltreatment from announcing and assessment to therapy and development.

In United States of America, six lakhs eighty three thousand women are assaulted every year.<sup>4</sup> This is disregarding the way that rape is the least announced of the brutal violations with just sixteen to thirty nine percent being accounted for to the police.<sup>5,6</sup>

Those among twelve to twenty-four years old are generally inclined to related with sex brutality in United States of America.<sup>6</sup> However no age is resistant, with cases being accounted for in the age scopes of three months to eighty-six years in Lisbon, Portugal.<sup>7</sup>

The likelihood of evidence of wounds and assortment of positive proof abatements as the time stretch among

the ambush and clinical assessment increases.<sup>8</sup> disregarding this between twenty to thirty-eight point five percent of the casualties announced following twenty-four hours of the occasion and countless casualties revealed over seventy-two hours after the attack at the National Institute of Legal Medicine in Portugal.<sup>7</sup>

The Culprit of the ambush was typically somebody known to the casualty in concentrates in Nairobi, Denmark and Canada<sup>9-11</sup> and the quantity of attackers was more than one out of countless cases in Ohio, USA.<sup>12</sup>

Most of legal proof for a situation of rape is seen on the garments and sheet.<sup>8</sup> the body of the casualty may have bodily discoveries characteristic of power or savagery not with manding nearby wound or wound to the private parts zone. These wounds might be characteristic of whether the demonstration was involving consent or was against assent, something that is probably going to have wide legitimate meanings. The wounds can be featured by the utilization of toluidine blue to the influenced parts.<sup>13</sup>.

The nearness of seminal fluid in the swabs taken from the body of the casualty is a significant authenticating proof. This increases further significance of seminal fluid gathering or Deoxy Ribo Nucleic Acid composing of the original stains should be possible. The evidence can be additionally Torti Tied by detachment of women Deoxy Ribo Nucleic Acid (having a place with the person in question) from penile swabs taken from the suspected attacker.<sup>14</sup>

This examination was directed to know the components of this significant general wellbeing concern. This would help us in creating techniques to forestall such rates by teaching women in the powerless gathering.

## MATERIALS AND METHODS

This study was conducted at the Departments of Forensic Medicine, FMC, Abbottabad, SMC, Sialkot, RMDC, Lahore and FJMU, Lahore. Two Hundred and sixty-three victims of sexual offences were included in this study. The Performa was designed to record demographic data, Injuries inflicted during sexual offence, Swab positive and negative were recorded. The history & examination was also recorded in the perform. The permission of Ethical Committee was also considered before collecting the data and get publish Medical Journal. The written informed consent was also taken before collecting the data. The results were analyzed by SPSS version 10.

## RESULTS

The incidence of sexual offences was maximum in age group 11-15 years 7(21.21%) and minimum in age group 51-70 years 1(3.03%) in male and in female incidence was maximum in age group 26-30 years

37(16.15%) and minimum in age group 71 & above years 09(3.93%) as shown in table 1.

**Table No 1: Age and gender distribution**

Serial No	Age (years)	Male		Female	
1	5—10	5	15.15%	15	6.55%
2	11—15	7	21.21%	25	10.91%
3	16—20	3	9.09%	27	11.79%
4	21—25	4	12.12%	30	13.10%
5	26—30	5	15.15%	37	16.15%
6	31—40	3	9.09%	34	14.84%
7	41—50	2	6.06%	25	10.91%
8	51—60	1	3.03%	14	6.11%
9	61—70	1	3.03%	13	5.67%
10	71 & Above	2	6.06%	09	3.93%
Total		33 (100%)		229 (100%)	

The incidence of sexual offences was maximum in Lower class of population 135(51.33%) and minimum in high gentry 27(10.26%) as shown in table 2.

**Table No. 2: Socio economic status distribution**

Serial No.	Socio economic status	No of Victims (%)		
1	Low	135	51.33%	
2	Middle	101	38.40%	
3	High	27	10.26%	
Total		263 (100%)		

The incidence of sexual offences as maximum in rural population 201(74.42%) as compare to urban population 62(23.57%) as most of the people live in rural area as shown in table 3.

**Table No. 3: Area distribution**

Serial No	Area	No of Victims
1	Rural	201 (74.42%)
2	Urban	62 (23.57%)
Total		263 (100%)

There was 173(65.77%) victims who had swab positive and 90(34.22%) swab negative as shown in table 4.

**Table No. 4: Swab positive or negative distribution**

Serial No	Swab	No of Victims
1	Positive	173 (65.77%)
2	Negative	90 (34.22%)
Total		263 (100%)

**Table No 5: Injuries distribution on the body of victim**

Sr. No.	Injuries	No of Victims	
1	Face	35	13.30%
2	Head & Neck	37	14.06%
3	Chest & Abdomen	27	10.26%
4	Back	57	21.67%
5	Upper & Lower limbs	31	11.78%
6	Genital area & Genital tract	76	28.89%
Total		263 (100%)	

There was maximum incidence of injuries of genital area & genital tract 76(28.89%) and minimum incidence of injuries chest & abdomen 27(10.26%) as shown in table 5.

## DISCUSSION

In our examination, the age bunch generally inclined to a rape was age group 26-30years 37(16.15%) while the casualties went in age from six years to forty years old. This is in accordance with concentrates in Bangladesh<sup>15</sup>, and is like that detailed in some European countries.<sup>2,4,6,16</sup> However concentrates in Canada<sup>11</sup> and Nairobi<sup>9</sup> demonstrated nineteen-multiyear age section generally inclined to a rape. The previous time of inclination in our examination could be because of the way that this is the age at which women in our general public are less mindful and obliviousness of the impulses of community. As they develop, they will in general be progressively defensive of outsiders and associates the same. It is a result of this reality that no lady more than forty years old was accounted for to have been attacked explicitly in our investigation. There is a need to instruct women arriving at pubescence. Social restrictions making moms or other old women in the background reluctant to talk about the way toward developing into mature ought to be disheartened. Women who need to go out autonomously or may some way or another experience such a circumstance ought to be made mindful of the alert signs characteristic of such an approaching circumstance and how they ought to react so as to ensure themselves.

The late detailing in this investigation is presumably because of the dynamic procedure in our general public. Such an episode is taken as a blow on the background respect. The grievous casualty first sets aside some effort to talk about it with her mom or other senior women. Further hesitance and thought goes into the episode before it is brought to the notification of the male of the house and here again delay happens in dynamic as revealing the occurrence adds up to making it open and an affront to the background.

Clear rules ought to be created for casualty and background reaction to such a circumstance as early revealing improves the probability of acquiring clinical proof for sentencing the attacker. Moreover, components ought to be set up for assurance of the security/personality of the plaintiff and the background and undue exposure ought to be dodged. By and large it has been seen that clinical assessments are done after a postponement of days as well as weeks bringing about loss of significant proof. It has been accounted for that ninety percent cases with positive legal proof were seen inside twenty-four hours of their attack.<sup>8</sup>

The casualty had changed garments worn at the hour of the episode and had washed before the clinical assessment in eighty-three percent of the cases, in this manner bringing about loss of significant proof. This is

carefully about in the way that in just three out of one hundred twenty-three cases were fundamental stains found on the garments. This was normal in the conditions where about eighty-eight percent of the casualties revealed for clinical assessment following forty-eight hours of the episode. This is enhanced by discoveries in United States of America that of all the legal proof gathered, sixty-four percent was found on the garments and cloth. Following twenty-four hours practically all positive proof is recouped from the garments or sheet.<sup>8</sup>

Bodily wounds were available on the body in There was maximum incidence of injuries of genital area & genital tract 76(28.89%) and minimum incidence of injuries chest & abdomen 27(10.26%) cases. Indications of ongoing injury to the genital region were available in just 76(28.89%) cases. This was not out of the ordinary as the greater part of the cases introduced for assessment after over seventy-two hours. The discoveries of wounds on the body and the genitalia are reliable with discoveries in Dhaka where thirteen point four eight percent of the casualties had proof of not related to private parts brutality and ten percent had indications of late injury to the private parts.<sup>15</sup> In concentrates from progressively created nations private parts wound is accounted for in a bigger extent (twenty two to fifty three percent) of the cases examined as is not related to private parts wound.<sup>17,18</sup> This could be clarified by the early detailing of the cases in these nations contrasted with Pakistan and Bangladesh.

An absorbent pad was taken for the nearness of seminal fluid in There was 173(65.77%) victims who had swab positive and 90(34.22%) swab negative cases. Semen was identified in 173(65.77%) cases, while it was negative in 90(34.22%) cases. This is a sudden finding as the likelihood of recognizing semen diminishes as the stretch between the ambush and clinical assessment increments and it is commonly acknowledged that recognition of complete sperms gets troublesome following twenty six hours and sperm heads after five days.<sup>19</sup> Chemical tests like corrosive phosphatase test and seminal fluid explicit glycoprotein (P30) might be certain for twenty four & forty eight hours respectively.<sup>20</sup> False constructive tests could bring about conviction of honest individuals. No seminal fluid gathering or Deoxy Ribo Nuclic Acid investigation was done as such offices were not accessible at that point. The unimportant discovery of seminal fluid is of little worth particularly in wedded women and even in unmarried casualties it is essential to build up a reason impact relationship by doing Deoxy Ribo Nuclic Acid investigation of the sperms and coordinating them with that of the suspects.

## CONCLUSION

Women reaching the at risk age should be educated regarding the signal warning of danger for such a prevalence and how best to respond to such a situation.

Survivors and the closely associated people should be educated to rep on such an incident immediately and get the victim examined so that proper evidence can take place and evidence collected. Facilities for seminal fluid grouping and Deoxy Ribo Nuclie Acid analysis should be developed to help in identifying the illegal. Finally, special centers should be developed where all needs of the survivors can be catered to starting from police reporting to medico-legal examination and continuing to medical and psychiatric treatment. This would prevent further causing injury the already injured survivors and the background; something that they have to undergo in taking help from the system in its current form.

#### Author's Contribution:

Concept & Design of Study: M Ijaz  
 Drafting: M Asif,  
 Tanveer Hussain  
 Data Analysis: Azhar Masud Bhatti,  
 Abdul Hamid  
 Revisiting Critically: M Ijaz, Abdul Hamid,  
 Azhar Masud Bhatti,  
 Final Approval of version: M Ijaz

**Conflict of Interest:** The study has no conflict of interest to declare by any author.

## REFERENCES

1. Brown AW. Obstacles to women accessing forensic medical examination in cases of sexual violence. WHO consultation to the health sector response to sexual violence: WHO background paper, Geneva, Injuries and violence prevention/Gender and Women's health, Geneva, 2001.
2. Kerr E, Jawad R, Butler B, et al. Time to talk about rape. Joint initiatives can improve services for complainants of sexual assault. *BMJ* 2001; 322: 232.
3. Schei B, Sidenius K, Lundvall L, et al. Adult victims of sexual assault: acute medical response and police reporting among women consulting a center for victims of sexual assault. *Acta Obstet Gynecol Scand* 2003; 82: 750-5.
4. National Center for Victims of Crime [homepage of National Centre for Victims of Crime] [online] [cited 2007 Mar 7] Available from URL: <http://www.ncvc.org/main.aspx?dbName=Document viewer& Document ID= 32369.html>.
5. The National Women's Health Information center [homepage on the internet]. Washington: Violence against Women [cited 2004 Aug 5] Sexual Assault and Abuse; [about 2 screens]. Available from: <http://www.4woman.gov/violence.html>
6. U.S statistics. VDAY until the violence stops [cited 2004 Aug 25] Available from URL: <http://www.feminist.com/antiviolence/facts.html>.
7. Santos JC, Neves A, Rodrigues M, et al. Victims of sexual offences: medicolegal examinations in emergency settings. *J Clin Forensic Med* 2006;13: 300-3.
8. Christian CW, Lavelle JM, De Jong AR, Loiselle J, Brenner L, Joffe M, et al. Forensic evidence findings in prepubertal victims of sexual assault. *Pediatr* 2000;106:100-4.
9. Chaudhry S, Sangani B, Ojwang SB, Khan KS. Retrospective study of alleged sexual assault at the Aga Khan Hospital, Nairobi. *East Afr Med J* 1995;72: 200-2.
10. Worm AM, Johansen MS, Nielsen NH. Sexual abuse assessed by forensic examinations. *Ugeskr Laeger* 1997;160:41-4.
11. McGregor MJ, Le G, Marion SA, Wiebe E. Examination for sexual assault: is the documentation of physical injury associated with the laying of charges? A retrospective cohort study. *CMA J* 1999; 160:1565-9.
12. Riggs N, Houry D, Long G, Markovchick V, Feldhaus KM. Analysis of 1076 cases of sexual assault. *Ann Emerg Med* 2000;35:358-62.
13. Jones JS, Dunnuck C, Rossman L, Wynn BN, Nelson-Horan C. Significance of toluidine blue positive findings after speculum examination for sexual assault. *Am J Emerg Med* 2004; 22: 201-3.
14. Cina SJ, Collins KA, Pettenati MJ, Fitts M. Isolation and identification of female DNA on postcoital penile swabs. *Am J Forensic Med Pathol* 2000;21: 97-100.
15. Islam MN, Islam MN. Retrospective study of alleged rape victims attended at Forensic Medicine Department of Dhaka Medical College, Bangladesh. *Leg Med (Tokyo)* 2003;5 Suppl 1: S351-3.
16. Stermac LE, Du Mont JA, Kalembe BA. Comparison of sexual assaults by strangers and known assailants in an urban population of women. *CMAJ* 1995;153:1089-94.
17. Palmer CM, McNulty AM, D'Este C, Donovan B. Genital injuries in women reporting sexual assault. *Sex Health* 2004;1:55-9.
18. Bowyer L, Dalton ME. Female victims of rape and their genital injuries. *Br J Obstet Gynaecol* 1997; 104: 617-20.
19. Di Maio VJ, Di Maio DVJM. Forensic pathology. 2<sup>nd</sup> ed. Boca Raton: CRC Press; 2001.p. 442-4.
20. Graves HC, Sensabaugh GF, Blake ET. Postcoital detection of a male specific semen protein. Application to the investigation of rape. *N Engl J Med* 1985; 312: 338-43.