

Sexual Assault Cases Reported at Medicolegal Department of Provincial Hospital Quetta

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ABSTRACT

Objective: To determine the frequency of sexual assault cases including Rape, Zina and Sodomy.

Study design: Descriptive study

Place and duration of study: Study was conducted at Avicenna Medical College, Lahore and data was collected from the Head of Medicolegal Department and Surgeon Medicolegal of provincial Hospital Quetta, Jan 1991 to Jan 1992.

Materials and methods: Data were collected from the Head of Medicolegal Department of Provincial Hospital Quetta after obtaining their informed consent for period commences from Jan, 1991 to Jan 1992. A total of 115 sexually assaulted victims, accused subjects were selected. Data were analyzed at Avicenna Medical College Lahore. Data were recorded on a proforma and each proforma was assigned by their name, age, sex, province, date of examination and pattern of injuries and expert opinion about the case were recorded on the Proforma.

Results: Out of 15 cases maximum cases forty seven no of cases were of sodomy (40%) followed by Zina which were 31(31%) and third variety of cases were of rape cases 32(27%).

Conclusion: The most common sexual assault cases were of Sodomy in such areas followed by Zina and rape. The active sodomy cases were 26(23%), followed by passive sodomy cases which were 21(18%), whereas accused rape cases were 17(15%), and victimized rape cases were 15(13%), and zina cases reported were 36(31%).

Keywords: Sodomy, sexual assault, zina

INTRODUCTION

Sexual assault impacts on the lives of many peoples. However, the vast majority of people who are sexually assaulted avoid engagement with the criminal justice system, perceiving it as inappropriate to their needs or fearing the additional trauma of the legal process¹. At least 85 per cent of sexual assaults never reach the criminal justice system at all². The relationship between reporting and convictions has become a self-perpetuating cycle, one that maintains both at unacceptably low levels. Of the cases that do enter the criminal justice system, very few reach trial, which means that a tiny fraction of all reported sexual offences result in convictions³. Many cases are not reported to the police for various reasons, including the reluctance of the parents to let the child be seen by the male police surgeon after being assaulted by a

man, and their dislike of the publicity of a court case. Having lived in the poorer parts of Baluchistan, however, women are more likely to report sexual assaults by strangers than by people they know, in particular, current sexual partners¹. Many women who are sexually assaulted by their partners view the assault as a private issue and see police involvement as inappropriate³. The criminal justice system responds least effectively to sexual offences committed against women by their male partners^{4,5,6}. My figures concern only those cases which were referred to me by the police for examination during the years 1991-92 for medical examination, to confirm whether zina, rape or buggery has committed or not. A man is said to commit rape who has sexual intercourse with a woman under circumstances falling under any of the five following descriptions, (i) against her will. (ii) without her consent (iii) with her consent, when the consent has been obtained by putting her in fear of death or of hurt, (iv) with her consent, when the man knows that he is not married to her and that the consent is given because she believes that the man is another person to whom she is or believes herself to be married; or (v) With or without her consent when she is under sixteen years

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of age⁶. Zina means willful sexual intercourse without being validly married to each other.⁽⁶⁾ Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal is called un natural sexual offences⁶. Rape is the most serious sexual offence. It can only be committed by a biological male, but the victim can be of either sex. Rape was redefined in the Criminal Justice and Public Order Act (1994) as 'non-consensual penetration of the vagina or the anus by a penis'. Consent is crucial and the act is rape if the man either knows that the victim does not consent to the act of intercourse or is reckless (unconcerned) as to whether they consent or not. This provision replaces the old terminology of 'fear, force or fraud' because any consent given under any of those circumstances would not be valid. The same will apply if alcohol or drugs are used to render the individual unconscious and also to intercourse with a sleeping individual. There were a gap between the trends and result which were on medical record, so this study was planned to determine the frequency of sexual assault cases including rape, zina and sodomy and to determine their clinical findings at medicolegal clinic.

RESULTS

The study was conducted at Avicenna Medical College Lahore and Data were obtained from the Medicolegal Department of Forensic Medicine & Toxicology of Government of Baluchistan. Design of the study was observational descriptive one and data were obtained from 1991-1992. A total number of cases reported was 115 and were comprising of sodomy, zina and rape. Maximum forty seven no of cases were of Sodomy (40%) followed by zina which were 36(31%) and third variety of cases were of rape cases 32(27%) (Table 1).

Table 1: (n=115)

Type of sexual assault cases	Frequency	%age
Sodomy	47	40
Zina	36	33
Rape	32	27

Purposive analysis showed that active Sodomy cases were 26(23%), followed by passive sodomy cases which were 21(18%), whereas accused rape cases were 17(15%), and victimized rape cases were 15(13%), and zina cases reported were 36(31%). The common sexual assault is Sodomy, which should be explored from the provincial Forensic Medicine & Toxicology Department for future analysis which may reveal some logic underneath. The Rate & Ratio can not be determined because of lack of population at risk (denominator) (Table 2).

Table 2: (n=115)

Types of Sexual Assault Cases	=n
Sodomy active	26
Sodomy passive	21
Rape accused	17
Rape victim	15
Zina	36

DISCUSSION

Rape and other sexual offences are serious crimes with often devastating effects for the victims and their families and friends⁸. Buggery (or sodomy) consists of penetration of the anus in the male or female by the penis and its commission is a felony⁷. An attempt to commit buggery is an offence. Committing or permitting gross indecency with another male person, whether in public or in private, is also an offence. Consent is no defense, since it is then assumed that both parties are equally guilty, but a male under the age of 14 is presumed to be incapable of committing such an offence⁷. Unnatural practices between consenting adults may appear to be less serious, and indeed there are those who wish to reform the law so that such practices are no longer an offence⁷. During my experience in Quetta I have found many couples who are indulge in such practice and also those females whose husband was out of the country for a long period were involved in such type of sexual crime. In the case of children, however, the practice is always serious as there is a risk of a boy being perverted. There are also risks of contracting venereal disease, common in male homosexuals, and of the disruption of family life and of psychological disturbance. In our study analysis showed that active Sodomy cases were 26(23%), followed by passive sodomy cases which were 21(18%), whereas accused rape cases were 17(15%), and victimized rape cases were 15(13%), and zina cases reported were 36(31%). The common sexual assault is Sodomy, which should be explored from the provincial Forensic Medicine & Toxicology Department for future analysis which may reveal some logic underneath. There are two degrees of sexual assault on a female defined in the Sexual Offences Act, 1956-sexual intercourse and indecent assault⁷. The passage of the penis between the labia minora is sufficient to constitute sexual intercourse⁷. Neither complete penetration nor emission of semen need occur. Indecent assault is something that stops short of intercourse⁷. In the years since the Second World War there has been a steady increase in sexual crimes of all kinds⁷. Sexual assaults on children are frequent, though in many cases they amount to little more than fondling or handling the victim⁷. Violent assaults on small girls and small boys are often by people with disordered minds⁷. It is not

within the scope of this article to discuss the nature of sexual offenders or their treatment, but deeper study of the type of people who commit sexual offences and of the best way of dealing with them is undoubtedly needed. There is need to collect the data from every district to get an actual results.

CONCLUSION

1. The most common sexual assault cases were of sodomy in such areas followed by zina and rape.
2. The active Sodomy cases were 26(23%), followed by passive sodomy cases which were 21(18%), whereas accused rape cases were 17(15%), and victimized rape cases were 15(13%) and zina cases reported were 36(31%).

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