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Original Research Article

## Role of parents, teachers at home and school in prevention of female sexual abuse: an analysis

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### ABSTRACT

**Background:** Sexual assault is an act performed by one person on another without the person's consent or on a victim who is incapable of giving consent. The purpose of this article is to analyze the female sexual assault cases reported in one year –and the role of parents, teachers, at home and school in prevention of child sexual abuse.

**Methods:** Data of victims who were admitted in GDMCH in the department of obstetrics and gynaecology in the year 2020 were collected from the medico legal register retrospectively and analyzed.

**Results:** Age wise distribution showed 70% of cases were in the age group 15-19 years. 57% of assaults were with consent and 43% without consent. 93% of the perpetrators were known to the victim. Around 48% of the assaults were multiple episodes by a single perpetrator. The place of assault in 39% of cases was perpetrator's house, 35% was in friend's or relative's house.

**Conclusions:** 86% of the victims were <19 years of age, hence, educational awareness services are to be given to high school students and teachers. School authorities and teachers should implement strict vigilance against improper use of the internet and mobile phones by the students. Most common location of assault was the perpetrator's house (39%), followed by their friend's house (22%). Hence parents should take every care to watch over the child and never leave them unsupervised.

**Keywords:** Child sexual abuse, Prevention, Victim, Perpetrator

### INTRODUCTION

Sexual violence has a profound impact on physical and mental health. Sexual assault is an act performed by one person on another without the person's consent or on a victim who is incapable of giving consent. It includes penetrative or non-penetrative sexual intercourse, pornography, sexual harassment, commercial sexual exploitation. Apart from causing physical injury, it is associated with an increased risk of a range of sexual and reproductive health problems, with both immediate and long-term consequences.<sup>1-3</sup> Its impact on mental health

can be as serious as its physical impact, and may be equally long lasting.<sup>4,5</sup> Deaths following sexual violence may be as a result of suicide, HIV infection or murder –the latter occurring either during a sexual assault or subsequently, as a murder of “honour”.<sup>6,7</sup> Sexual violence can also profoundly affect the social wellbeing of victims; individuals may be stigmatized and ostracized by their families and others as a consequence.<sup>8</sup> Sexual assault include genital, oral or anal penetration by a part of the accused's body or by an object.<sup>9-11</sup> This may include rape, forced vaginal, anal, or oral penetration, forced sexual intercourse, molestation, forced kissing,

child sexual abuse or torture of the victim in a sexual manner.<sup>9</sup> Although peno-vaginal penetration or attempted penetration of the anus or mouth without consent is increasingly being reported.<sup>10</sup>

The perpetrator usually ranges from a person close to the victim like a relative, neighbour, friend, schoolmate, teacher, caregiver, husband or guardian or a stranger. It has been found that women are more likely to be raped by someone they know than by someone they do not know.<sup>9</sup> Most of the sexual assaults occur in the residence of the victim, the assailant or another individual's residence; other prevalent locations are streets, commercial buildings and inside a school building or property.<sup>9</sup>

**Objectives**

Objectives of current study are to analyze the female sexual assault cases and to determine the way to reduce the incidence of sexual abuse.

**METHODS**

It is a descriptive retrospective study. Government Dharmapuri medical college hospital in 2020. Selection criteria; all cases of female sexual assault victims presented to OG department. The data of victims were collected from medico legal registers and collected data was entered on a predesigned data sheet, tabulated and then statistically analyzed. Sample size was determined to be 90 cases.

**Inclusion criteria**

All cases of female sexual assault by both male and female perpetrators who presented to GDMCH in year 2020 were included.

**Exclusion criteria**

All male sexual assault cases and other assault cases presented to GDMCH were excluded.

**Statistical analysis**

Relevant data was analysed using SPSS for windows version 20.0.

**RESULTS**

**Victim's age distribution**

A total of 90 sexual assault cases were seen in GDMCH in OG department in a period of one year of which 86% of the victims were <19 years of age mostly 15-19 years (70%), age group between 10-14years and 20-30years were 11% each. Higher secondary school pupils were the most commonly assaulted victims.

**Profile of perpetrators**

All the perpetrators were male and majority of them were known to the victim (93%) ranging from neighbour (29%), love affair (27%), neighbour (18%) and friend (16%). Only one perpetrator was involved in 89 cases (98.9%).

**Pattern of clinical presentation**

Clinical presentations of victims during admission in GDMCH are described in TABLE4. Only 40% of victims were pregnant at the time of presentation (1% molar pregnancy presented as bleeding PV, 6% either spontaneously expelled or MTP done, 33% continued their pregnancy), 53% victims were non pregnant. 7% victims did not even attain menarche. Most commonly victims are brought to hospital by parents or relatives (51%), police alone (42%).

**Table 1: Age distribution of victims (n=90).**

Victims age (years)	N	%
0-4	-	-
5-9	4	5
10-14	10	11
15-19	63	70
20-30	10	11
31-40	3	3

**Table 2: Profile of perpetrators.**

Perpetrator's relationship	N	%
Known	84	93
Relative	26	29
Friend	14	16
Love affair	24	27
Co-worker	4	4
Neighbor	16	18
Unknown	6	7

**Table 3: Number of perpetrators involved in sexual assault.**

Number of accused	Number of victims	% of survivor
Single	89	98.9%
Multiple	1	1.1

**Table 4: Clinical presentations of victim.**

Presentation	N	%
Upt positive	36	40
antenatal	30	33
Abortion	5	6
Molar pregnancy	1	1
Upt negative	48	53
Not attained menarche	6	7

**Pattern of assault**

Total 95% of the sexual assault were of penetrative type. The most common location of sexual assault was in perpetrator’s house (39%), friend’s house (22%) followed by relative house (13%). 57% of sexual assault was found to be with willingness of the victims and 51% of cases assault occurred multiple times before being identified. It shows ignorance about the consequences of sexual intercourse by victims. According to marital status of victims, most of the victims were married (50%), unmarried (44%) and the remaining were either divorced or widowed. Most common age group for marriage is 17yrs (33%), followed by 16 years (29%) and 15 years (18%). Awareness should be given about the eligible age for marriage in order to avoid child marriage.

**Table 5: person accompanying victim during admission.**

Brought by	N	%
Mother/parent	36	40
Relatives	10	11
Police alone	38	42
Others	6	7

**Table 6: Type of assault.**

Type of assault	N	%
Penetrative	86	95
Non-penetrative	4	5

**Table 7: Place of assault.**

Place of assault	N	%
Public place	8	9
Victims house	4	5
Perpetrator house	35	39
Friend house	20	22
Rent house/ hotel	11	12
Relative house	12	13

**Table 8: Willingness of victim for sexual assault.**

Willingness of victim	N	%
With willingness	51	57
Without willingness	28	31
Not mentioned	11	12

**Table 9: Single or multiple time assault by perpetrators.**

No. of episodes	N	%
Single	28	31.3
Multiple	46	51
Not mentioned	16	17.7

**Table 10: Marital status of the victim.**

Marital status	N	%
Love marriage	16	18
Arranged marriage	29	32
Unmarried	40	44
Divorced	1	1
Widow	4	5

**Table 11: Age of the victim at the time of marriage.**

Age at marriage (years)	N	%
13	2	4.4
14	3	6.6
15	8	18
16	13	29
17	15	33
≥18	4	9

**DISCUSSION**

Among the victims, 86% were <19 years of age. Educational awareness services had to be given to high school students and teachers through social activists and social health teams. School authorities and teachers should implement strict vigilance against improper use of the internet and mobile phones by the students. The most common location of sexual assault was in perpetrator’s house (39%) and friend’s house (22%).

Hence elders and parents should monitor their children both male and female, closely about where and why they go out and keep vigilance on their activities. Most of assaults 57% were with willingness of victim, mostly eloped from school or working place it indicates ignorance and poor knowledge about the outcome of it, on victim’s health and social problems. Most of the assailants were known to the victims for example neighbours, friends, acquaintances or relatives. This agrees with the finding in previous surveys.<sup>17-19</sup> Only one assailant was involved in 98.9% of the cases with only one occurrence of more than one assailant.<sup>19-21</sup> Most assaults were repeated multiple times before being identified by others. It indicates poor vigilance by parents not able to detect any behavioural changes of their children. Hence parents should be educated about the possibilities and occurrences .97% of perpetrators were known to the victim – In a study conducted by Sarika Rawat et al & Riggs et al find the same observation.<sup>15,16</sup> We have to educate the students to be able to identify persons with wrong intentions and distinguish between good touch and bad touch. They should be bold enough and be communicative with parents and teachers. To encourage friendly relationships with parents and advise the children to inform any abnormal behavior to someone reliable as soon as the event occurs without any delay or feeling of guilt.

### Limitations

Limitations of current study were; authors only had access to data from the patients who come to the hospital. This leaves a big group of victims who do not report the assault. This will cause selection bias in the data. The data is recorded from the patient report. Since this is a sensitive topic there is a high chance of patients not telling the complete truth. This will cause response bias in the data

### CONCLUSION

Sexual assault is a violation of basic human rights and assailants are known to the victim in most cases. All parents need to be mindful of the risk when leaving their children alone with anyone. Increased public awareness and preventive interventions are required especially among, at risk age group to enhance their safety. The children should be educated in terms of sexual problems not only scientifically but also in social and psychological aspects through teachers and social health teams. School teachers should be sensitized about the maximum occurrence of assault in the 15-19years age group. They should spend more time with these prone victims of these age groups.

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