

Magnitude of Sodomy on Clinical and Chemical Analysis

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Abstract

Objective: The objective of this study was to assess the age groups of sexually abused victims which was reported at the different police stations of Karachi.

Subject and Methods: This was a single centre, retrospective study on 54 patients by using non-probability sampling technique. The duration of study was from January 2016 till January 2018 at Abbasi Shaheed Hospital, Karachi. The data was collected from the Medico legal Section from more than 45 police station cases that were reported in Abbasi Shaheed Hospital (ASH) and the data was analysed in statistical package for social sciences (SPSS) version 22. Simple frequency distribution of the gender, age, clinical assessment and the lab DNA analysis were identified. The stratification tables were made thereafter for the gender, age, lab DNA analysis and clinical assessment.

Results: Only one female was reported to be the sexual abuse victim and rest of 53 sexual abuse victims were males. Age groups i.e. 10-14 years and 30-39 years were reported to be with the greater number of sexual abuse victims 16 (29.6%) and 9 (16.7%) respectively. It was found to be common among males in the comparison of females.

Conclusion: In conclusion sexual abuse was common in younger age group i.e. 10-14 years. It seems the children are targeted for the sodomy may be because they are unaware of these sexual activities.

Keywords: sexual activity, unnatural, passive agent

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Introduction

There are certain norms and circumstances in human sexuality which are supposed to govern the expression of individuals mutual sexual relations. Sexuality is recognized as the fact of nature, with sexologists such as Masters and Johnson (1966) who focus on the physiology and biology of sex. It is assumed to be at the basic of humans i.e., sexual beings, sexuality is known as a driving force by which humans are motivated to act particularly

on the drive to produce thereby stressing a heterosexual norm¹.

The term homosexuality has been derived from prefix which is taken from Greek "homo" which has the meaning of same and the Latin root "sex"- which meaning of sex. The word "gay" is used most of the time for referring self-identified homosexual people of any gender. The word lesbian is used for a specific gender and is used only for females. Sodomy was also practiced by the Greeks of "Golden age"; therefore, it is called as 'Greek love' sometimes². The new urban pattern differentiates between homosexuality and heterosexuality and any sign of affection is interpreted between the people of same gender as the signal of homosexuality³. Savin-Williams⁴ has defined homosexuality as a happening of sexual activity between two people of same gender. Homosexuality is described by the gay activist as

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need for men, who are capable enough to satisfy their women and have sex with the men as well⁵.

Improvement in the attitudes regarding homosexuality has been seen in the past decade, negative attitudes are still found to be common in the numerous areas of the world. Due to increased levels of education, people bear a positive attitude towards the homosexuality. Whereas, many researchers indicate commonly negative thoughts and biases for homosexuality⁶⁻¹¹.

It is revealed by research that the majority of people of the same gender experience the attraction of their first sex at the young age^{4,12}. Savin-Williams in his study on gay male adolescents revealed that the mean age for having a first crush of male on another male was 12.7 years and their mean age when they realize that they were gay was calculated to be 12.5 years⁴. It has also been reported that a number of adolescents feel confused in denying that they are gay. It has been concluded by Savin-Williams that these feelings of confusion and denial could be characterized to the negative attitudes regarding non-heterosexual individuals⁴. This study is the investigation of the reported homosexual abuse with the people and it was investigated through various medical tests that whether they were raped or not.

Subjects and Methods

This was a single centre, retrospective study done on 54 patients by using non-probability sampling technique. The duration of study was from January 2016 till January 2018 at Abbasi Shaheed Hospital, Karachi. About 150 police stations in Karachi and more than 45 police station cases are reported in Abbasi Shaheed Hospital (ASH). ASH deals from district central, east & west, the important police stations were Nazimabad, North Nazimabad, Hydri Market, Paposh Nagar, Gulbahar, Rizvia, Taimorea, Sir Syed, Shakra-e-Noorjahan, Orangi Town, Pakistan Bazaar, Iqbal Market, Mominabad Town, Peerabad, Manghopir, Khawaja Ajmir Nagri, New Karachi, Surjani Town, Site Area, Pakistan Colony, Pir Islam bux Colony (PIB), Sohrab Goth, Site Super Highway Industrial Area (SSHIA), Sachal Goth, Gadap City, Federal B. Industrial Area (FBIA), Gabol, New

Karachi Industrial Area (NKIA), Samanabad, Gulberg, Yusuf Plaza, Azizabad, Johar Abad, Aziz Bhatti, Gulshan-e-Iqbal, Mobin Town, Shraifabad, Gulistan-e-Johar, Gulshan-e-Maymar, Bilal Colony. The present study was conducted on 54 cases of sexual abuse lodged in the above police stations of Karachi. Most of the cases were brought by police and few cases were brought by relatives with police letters. After taking proper history, enquiry about time, place of occurrence, about the area or take the bath. Clothes were examined for any blood or seminal fluid staining. Also, for active agents' examination was done to look for any local injury, scratches & bruises, also looked for secondary sexual organ development, any abnormality like hernia, hydrocele, varicocele & penile erecting capacity. While for passive agents' examination was done to look for any blood or seminal fluid staining on clothes, pain and tenderness during digital rectal examination. Evidence collection for trace elements like semen, hair taken from anal region superficial and deep. Usually police brought the cases later, usually trying to negotiate with both parties, mostly the active agent are single and live away from family. The preliminary clinical examination of the victims was conducted. In case of no satisfying results of the clinical examination, DNA test of the victims and the convict was carried out to reveal the sexual abuse. The data was collected from the Medico legal Section, Karachi from Jan 2016 to Jan 2018 and the data was analysed in statistical package for social sciences (SPSS) version ²². Simple frequency distribution of the gender, age, clinical assessment and the lab DNA analysis was presented by the help of pie charts. The stratification tables were made thereafter for the gender, age, lab DNA analysis and clinical assessment.

Results

Results are presented in two sections: In first section, frequency distribution of patients is presented by the help of pie charts and section two consisted of the stratified tables. Gender distribution of patients shows that 1 (1.85%) was female and remaining 53 (98.15%) were males.

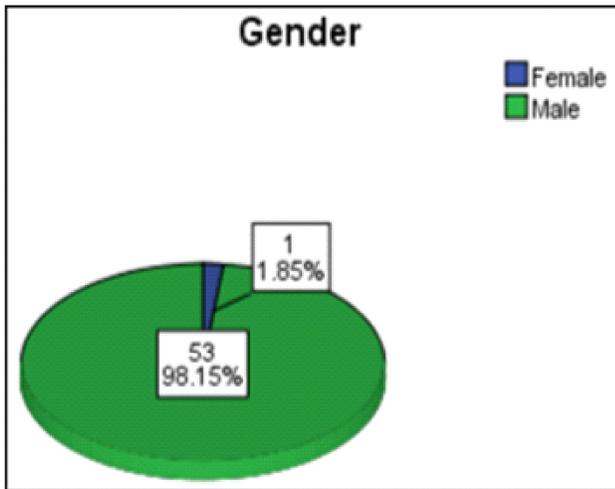


Fig 1. Gender distribution of the cases

Age was plotted by the help of histogram with normal curve on it. The mean age of the respondents was calculated to be 18.19 with the standard deviation of 9.637 years which can be seen in the Fig.2.

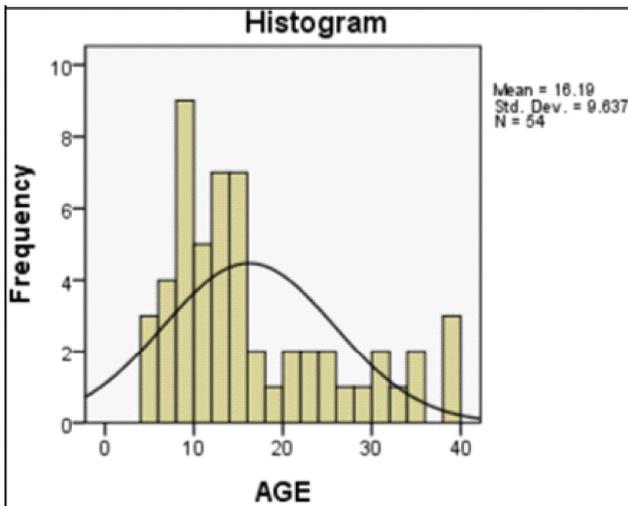


Fig 2. Age Distribution

Frequency distribution of clinical assessment was taken out in Fig.3; the outcome of clinical assessment was found to negative in 24 (62.96%) of the respondents and rest of 24 (37.04%) were found to be having the positive outcome of clinical assessment.

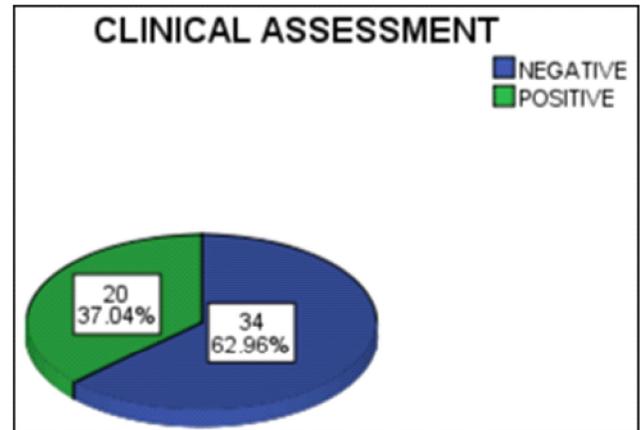


Fig 3. Clinical Assessment

The results of DNA analysis revealed that only one female came up with the positive result when the lab analysis was conducted; 44 (81%) and 9 (15%) males came with the negative and positive results respectively and only one male came up with the Sperm which is presented in the Table 1 shown below.

Table 1. Gender and the DNA Analysis

Gender	DNA Analysis		Total n (%)
	Negative n (%)	Positive n (%)	
Female	0 (0)	1 (2)	1 (2)
Male	44 (81)	8 (15)	53 (98)
Total	44 (81)	9 (17)	54 (100)

The frequency distribution of preliminary clinical assessment with respect to various age groups was taken out and presented in the Table 2. About 10 (19%) and 6 (11%) male respondents from the age group of 10-14 years came up with the positive and negative results respectively; from the age group of 5-9 years, 7 (13%) respondents had negative results and 9 (17%) positive results; 4 (7%) and 2 (4%) respondents showed the negative and positive results from 15-19 years age group; from the age group 20-24 years, there were 4 (7%) respondents who came up with the negative results and no one showed the positive results from this age group; a look on the age group of 25-29 years shows that there was only one respondent came with the negative results and 2

(4%) of the respondents hold the positive results; in last, 5 (9%) respondents hold the negative results from the age group of 30-39 years and 4 (7%) respondents hold the positive results who fell into the age group of 30-39 years which can be seen in the Table 2.

Table 2. Age groups and the Preliminary clinical assessment

Age Groups	Preliminary Clinical Assessment Negative	Positive	Total n (%)
n (%)	n (%)		
5-9	7 (13)	9 (17)	16 (30)
10-14	10 (19)	6 (11)	16 (13)
15-19	4 (7)	2 (4)	6 (11)
20-24	4 (7)	0 (0)	4 (7)
25-29	1 (2)	2 (4)	3 (6)
30-39	5 (9)	4 (7)	9 (17)
Total	31 (57)	23 (43)	54 (100)

Similarly, in the Table 3 the frequency distribution of lab analysis of the respondents is presented with respect to age groups. In the first age group i.e. 5-9 years, 10 (19%) of the respondents hold the negative results, 5 (9%) were with the positive results and 1 (2%) came up with the positive sperm in the result of DNA test. There was only one respondent who's result was positive in the DNA test; whereas, others were screened in the lab analysis. From the age group of 10-14 years, the report of 14 (26%) respondents was negative and 2 (4%) of them were found to be with the positive result. Maximum number of positive results were found to be in the age group of 5-9 years.

Table 3. Age groups and DNA Analysis

Age Groups	DNA analysis		Total n (%)
	Negative n (%)	Positive n (%)	
5-9	10 (19)	5 (9)	16 (30)
10-14	14 (26)	2 (4)	16 (30)
15-19	6 (11)	0 (0)	6 (11)
20-24	4 (7)	0 (0)	4 (7)
25-29	2 (4)	1 (2)	3 (6)
30-39	8 (15)	1 (2)	9 (17)
Total	44 (81)	9 (17)	54 (100)

Discussion

Sex related cases are increasing day by day in our country, reflecting the Western influence in our

society. Sexual offences are one of the most common and violent crimes against women & children which have been treated through history with silence. Its data usually comes from the police, medico legal centres, NGOs and surveys. The number of cases of sexual violence could be higher because many victims do not report because they are ashamed, embarrassed or afraid of being blamed¹³. A survey in 2010 reported that 1 in 5 females and 1 in 71 males will be raped at some time during their life. Around 51% of female victims of rape reported to be raped by their intimate partner and 40.8% by an acquaintance. Around 52.4% of male victims report being raped by an acquaintance and 15.1% by stranger¹⁴.

In the present study, maximum number of victims come under the age group of 10-14 (16(29.6%)) years. In one of the study it has been reported that the victims belonged to the age group of 5-10 years (50%) most commonly, this age is known to be the age in which the children are found to be mobile, innocent and they don't have the awareness of these sexual activities which is the cause of their victimization¹⁵. The age of an active agent at which the sexual activity was done is around 10 years; therefore, this age can be presumed to be the start of sexual activities¹⁵.

In Maqsood et al¹⁶ study, 11.11% of victims were under 10 years of age. This is almost similar to Sarkar et al study(12.2%)¹⁷ and Tamuli et al study(10%)¹⁸. The most vulnerable age group to sexual assault was 10-19 years (64.2%). Majority of the victims were also reported in the age group 10-19 years by Manzoor et al (62.2%)¹⁹, Parveen et al (51.6%)²⁰, Al-Azad et al (69.57%)²¹ and Sarkar et al¹⁷ (68.9%) respectively. Moreover, 40.70% victims between 13-20 years were reported by Bhardwaj et al²². In Tamuli et al¹⁸ study, male cases accounted for approximately 2% and almost 10% of the victims were below ten years of age. Almost 55.76% cases were from the age group of 11-20 years¹⁸.

The Family relationships which exist in the society are greatly responsible for the disturbances in emotions which are assumed to be developed in early childhood and which in number of cases cause the anti-social, sexual and violent behaviour at the young age²³. In the present study from the age group of 5-9 years, 5 (9%) of the respondents were found to be the victim of the sexual activity (see Table 5).

The rates of sexual abuse tends to rise after commencement of menarche though children in the younger age-group also face several forms of it²⁴. The overall prevalence is seen to be high among both genders though studies suggest girls are more prone than boys^{24,25}, few studies report that there is no difference²⁶, while some others report males to be more prone²⁷.

Greater number of females than males reported homosexual behaviours in their schools. Moreover, according to female's homosexuality is practiced in all type of schools but in contrast to this, males reported for this activity to be practiced mainly in boys' boarding schools. It is speculated that this outcome is affected by social labels regarding homosexuality, which tend to depict more negative approaches for gay men as compared to lesbians^{6,10,11}. Furthermore, number of males was likely to recommend school eviction as the concern for their engagement in the relations of gay/lesbian. Females were less likely to endorse the harsher punishment which is supported by the researchers which indicates that females are more likely to accept homosexuality in the comparison of males^{10,11,28-30}. However, in the present study, one female has been reported as the victim and rest 53 victims were boys. It is possible this phenomenon varies from place to place. In one previous study in most of the cases there was lack of evidence of forceful sexual intercourse at the time of examination due to long time interval between the sexual assault and medical examination. Delayed reporting of sexual assault cases resulted in loss of vital trace evidences. So proper reporting and early examination of cases, are of vital importance. All the concerned people for this purpose should be properly trained for prompt & proper reporting starting from the victim to the legal authority¹⁸. Smaller sample size of the study and single centre study were one of the major limitations. This type of study should be conducted in the areas of interior areas of Pakistan. Furthermore, the demographic characteristics of accused and victims i.e. education, race can be incorporated for the extension of this work.

Conclusion

In conclusion sexual abuse was common in younger age group i-e 10-14 years. It seems the children are targeted for the sodomy may be due to

the fact that they are unaware of these sexual activities.

Conflict of Interest

There is no conflict of interest from the authors of this research

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