
ORIGINAL ARTICLE**Study of cases of sexual violence reported at One Stop Centre (OSC) of a tertiary hospital***Harish MP¹, Vaidehi GV^{1*}, Gajanan DR²**¹Department of Forensic Medicine and Toxicology, Seth GS Medical College and KEM Hospital, Parel, Mumbai-400012 (Maharashtra) India, ²Siddharth Post-Mortem Centre, Goregaon West, Mumbai-40010, (Maharashtra) India*

Abstract

Background: The scheme of establishing One Stop Center (OSC) at hospitals was set up in view of empowering violence-encountered survivors with integrated services of medical facilities, police desk, legal aid, counselling and shelter under one roof with a twenty-four-hour helpline. **Aims and Objectives:** To describe the operationalization of newly established One Stop Centre at tertiary health care institution in a Metropolitan City. **Material and Methods:** Present descriptive cross-sectional study included 105 cases of sexual violence reported at OSC from January 2020 to June 2021. Data was analysed using a preformed, pretested, semi-structured interview schedule in Excel programme, and SPSS (16.0 version). **Results:** Maximum female survivors were unmarried and in the age group 13 to 18 years (46, 45.54%). Most of the victims (32, 30.47%) came from Western sub-urban area during the hours of 2 pm to 8 pm (54, 53.46%) with multiple reasons (average 2.88) given by each. Child sexual abuse (53, 52.47%) and rape (43, 42.57%) were the most common form. Main intensions were to punish the accused (70, 69.30%) and for counselling purpose (61, 60.39%). Multiple sections of POCSO act and IPC sections were implied. **Conclusion:** Few male victims, most female survivors in adolescent age group, maximum child abuse and rapes being the major incidents with multiple sections of POCSO and IPC reveal the severity of the problem and justify the need for advocacy of OSC and adolescent friendly health services.

Keywords: Child abuse, Operationalization, Sexual assault

Introduction

Sexual violence is ubiquitous; it occurs in every culture, in all levels of society and in every country of the world. Although vast majority of victims are women; men and children also experience it. Sexual violence can thus be regarded as a global problem for which the survivors need comprehensive, gender-sensitive care and integrated health services at all levels including police, judicial and social services for their recovery from its distressing and traumatic effect [1,3]. In view to address such concerns, establishing One Stop Centres (OSC) was recommended on a pilot basis by Women's Agency and Empowerment in its 12th Working Plan. Under Nirbhaya Fund Framework,

as a sub-scheme of the National Mission for Women's Empowerment of Women, a complete non-lapsable financial assistance for its functioning had been sanctioned. OSCs propose to expedite access to integrated services such as medical aid, police support, judicial assistance, psychosocial counselling and temporary shelter services to those perturbed by violence [2]. One such OSC was set up at Seth GS Medical College and KEM Hospital, Mumbai and its functioning started from January 2020 onwards. Efficient working of this OSC was crucial to accomplish the desired purpose of its establishment. Hence the present study was undertaken to know the categories of cases

reporting to this place with a detailed understanding of cases of sexual violence. This was considered as a need based attempt towards strengthening the management practices of handling such cases at the newly established OSC then.

Material and Methods

Present descriptive cross-sectional study was undertaken at Seth G S Medical College and KEM Hospital, Mumbai, where OSC started its functioning from January 2020 onwards. During the period January 2020 to June 2021, total number of 526 cases reported to OSC (January-December 2020 - 304 cases and January-June 2021-222 cases). Most of the cases were of domestic violence and kidnapping. Out of 526 victims, 105 victims (78 in the year 2020 and 27 in the first six months of 2021) complained of sexual assault and gave informed consent to be a participant in the present study. Cases of sexual assault brought dead in the hospital were excluded. Data collection was done on the day of report of case to OSC, by the investigator with the help of a preformed, pretested, semi-structured interview schedule validated by the subject experts. Data collection tool included important demographic information with details of sexual assault incident i.e. time, place, type and medico-legal sections imposed on the culprits. Data were compiled and analysed using Microsoft Excel, and Statistical Package for the Social Sciences software version 16.0.

Results

The demographic profile of female survivors who reported to OSC following sexual violence has been listed in the Table 1 (N = 101). Details regarding the male survivors (4/105) are mentioned subsequently. Table 1 reveals that maximum female survivors (45.54%, 46) belonged to the age group 13 to 18

years followed by 43.56% (44) in the age group of > 18 years. Only 10.89% (11) belonged to the age group of < 12 years. Out of total 105 victims, only 4 were males, (three < 12 years and one between 13-18 years), and all 4 were residing with their parents, 2 each in western and eastern suburbs. Among the study group respondents, 80 (76.19%) were Hindus, 19 (18.09%) were Muslims, with very few Buddhists (4 females) and Christians (2 females) by religion. Of the male survivors, 2 were Hindus and 2 were Muslims. Most of the survivors (32, 30.47%) reporting to this centre came from Western suburban (Andheri, Bandra, Dahisar, Kandivli, Juhu, Malad, Khar, Mira Road, Jogeshwari, Vile Parle, Santacruz) area. This was followed by 23.80% (25) from Mumbai city, 19.04% (20) reported from outside Mumbai city mainly from adjacent areas like Thane, Raigad and Palghar. A total of 16.19% of the respondents (17) came from Eastern suburban area (Ghatkopar, Powai, Kurla, Bhandup, Vikhroli, Wadala, Chembur) and the least reported from outside Maharashtra (11, 10.47%) i.e. Jharkhand, Uttar Pradesh, Nepal, Karnataka and Nepal. Total 78 (74 female and 4 males) survivors (74.28%) of 105 stayed with their parents together or either only with mother (16 survivors) or father (3 survivors). Rest 14.28% (15) stayed with their spouse and 11.42% (12) stayed with others that included guardians, distant relative, care takers and alone. Out of 101 female victims, 20 (19.80%) gave history of marriage, 3 (3.97%) of them were divorcee and remaining 81 (81.19%) females were unmarried. All 4 male survivors were unmarried.

The information related to the educational status was obtained for the survivor as well as her parents/guardians. The categories are as per the Kuppuswamy scale of socioeconomic status, 2021. Educational status of the female survivors revealed

11 respondents (10.89%) being illiterate and major (41, 40.59%) having high school level education. Out of 4 males, 1 had education up to primary, 2 up to middle school level and only one had education up to 10th standard. Out of 105, 81 survivors (77.14%) were unemployed and it included all the 4 male survivors (3.80%). Amongst the rest of the 101 female survivors, 14 (13.86%) had occupation in the category of clerks and 5 (4.95%) in the category of skill worker, shop and market sale person and the remaining 5 (4.95%) had elementary occupation. History of income in case of minors was acquired from their parents/ guardians.

As per Kuppaswamy's classification of socio-economic status, majority of families of the survivors (36, 35.64%) belonged to Lower Middle - Class II and Upper Middle Class III. About 32.67% (33) of the families came under the Upper Lower Class IV. There was no family in the Upper Class I and Lower Class V. When socio-economic status was compared with age group of victims to find out whether it influenced the age of getting violated, there was no statistically significant difference. ($\chi^2 = 7.109$, $df = 4$, $P = 0.130$)

Table 2 has noted the reporting details of the victims at OSC. Maximum proportion (54, 53.46%) of the

Table 1: Demographic profile of survivors who reported to One Stop Centre (N = 101)

Demographic profile		Females
		Number (Percentage)
Age	Up to 12 years (child)	11 (10.89 %)
	13 to 18 years (adolescent)	46 (45.54%)
	> 18 years (adult)	44 (43.56%)
Religion	Hindu	78 (77.22%)
	Muslim	17 (16.83%)
Residence group*	Mumbai City	25 (24.75%)
	Western suburbs	30 (29.70%)
	Eastern suburbs	15 (14.85%)
	Outside Mumbai city	20 (19.80%)
	Outside Maharashtra	11 (10.89%)
Staying with	Parents	74 (73.26%)
	Spouse	15 (14.85%)
	Others	12 (11.88%)

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Educational status of victims	Illiterate**	11 (10.89%)
	Primary school (class 1 – 5)	14 (13.86%)
	Middle level school (class 6 – 8)	7 (6.93%)
	High school (class 9 – 10)	41 (40.59%)
	Higher secondary school (class 11 – 12)	11 (10.89%)
	Under Graduate	16 (15.84%)
	Post Graduate	1 (0.95%)
Occupational status of victims	Clerks	14 (13.86%)
	Skill worker, shop, market sale person	5 (4.95%)
	Elementary occupation***	5 (4.95%)
	Unemployed	77 (76.23%)
Total income of sexual victims (updated for 2021)	46,129 – 61,662	4 (3.96%)
	30,831 – 46,128	25 (24.75%)
	18,497 – 30,830	31 (30.69%)
	6,175 – 18,496	39 (38.69%)
	< = 6,174	2 (1.98%)
Socio-economic status of victims (Kuppuswamy classification)	Upper middle class (II) (score, 16 – 25)	36 (35.64%)
	Lower middle class (III) (score, 11 – 15)	36 (35.64%)
	Upper lower (IV) (score, 5 – 10)	33 (32.67%)

Mean age – 19 years, SD – 8.311, Median age – 17 years, Range – 3 to 44 years

female survivors reported to OSC during 2 pm to 8 pm. Lowest number of cases (16, 15.84%) were reported during the night hours i.e. 8pm to 8am. Out of 4 male survivors, 3 reported during 2 pm to 8 pm and only one reported during night hours. Multiple reasons were given by the survivor for arriving to OSC (average 2.8 by each). Maximum female respondents (70, 69.30%) gave reasons to punish the accused which was followed by the purpose of counselling (61, 60.39%). Out of 4 males, 3

reported for the purpose of intention to punish the accused. While one male survivor was referred by doctor.

Out of total 105 survivors, only 79 expressed their willingness to file complaint. Multiple responses were given with average number of reasons for willingness to complain being 2.85. The most common reasons given for filing complaints were to receive protection from the accused, to prevent assault/cheating/abusive calls and intention to take

legal action. Out of 4 males, 3 expressed willingness to complain (average reasons being 2.85 for each). Total 26 (25 female and 1 male) survivors refused to complain against the accused. Multiple responses were given with average number of reasons given for refusal being 1.84. Total 26 survivors of 105 (27.76%) refused to complain against accused, 1 of them was a male survivor. Maximum (83, 79.05%) complaints were made at police station and only 14 victims (13.33%) reported to OSC directly.

Facts of the incidents of victims reported at the OSC have been stated in Table 3 (N = 101). Out of the total 105 cases of sexual violence, the most commonly encountered were cases of child sexual abuse (54.28%, 57) which included all the 4 male survivors

who gave history of sexual abuse either by neighbor (2) or distant relatives (2). Amongst the female survivors, 42.57% (43) reported rape while very few cases of child marriage (3.96%, 4) and one case of sex trafficking was reported. Most of the incidences of violence amongst the female survivors were reported at accused's house (32.67%, 33), followed by survivor's house (24.75%, 25). Location of the incidence for 4 males was one each i.e. accused house, victims house, isolated place and public place. When location of violence was compared with the age group of victims, no statistically significant difference was found ($\chi^2 = 8.232$, df = 6, $p > 0.05$) Maximum number of cases among the female survivors (56, 55.44%) were reported at an interval of more than 1 month from the incidence of sexual

Table 2: Reporting details of the sexual assault victims

Details of reported cases to One Stop Centre		Female victims (N = 101)
		Number (Percentage)
Reporting time	8 am to 2 pm	31 (30.69%)
	2 to 8 pm	54 (53.46%)
	8 pm to 8 am	16 (15.84%)
Reasons for arrival	To punish the accused	70 (69.30%)
	Counselling	61 (60.39%)
	Being cheated	43 (42.57%)
	Being blackmailed	26 (25.74%)
	Referred by doctor	55 (54.45%)
	Complaint filed by parents	20 (19.80%)
	Shelter provision	9 (8.91%)
	Compensation via Manodhairya	7 (6.93%)

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Reasons for willingness to complain (N = 79)	To receive protection from the accused	51 (64.55%)
	To prevent assault / cheating / abusive calls	48 (60.75%)
	To take legal action	49 (62.02%)
	To avoid defamation	28 (35.44%)
	Pressurized by parents	20 (25.31%)
	Needed 'medical termination of pregnancy' order	19 (24.05%)
	To go back home	1 (1.26%)
	Mentally disturbed	1 (1.26%)
Reasons for refusal to complain (N = 26)	Do not want to spoil self- image and family status	25 (96.15%)
	Were in consensual relationship with accused	16 (61.53%)
	Willingly married the accused	5 (19.23 %)

Table 3: Details of incidents reported (N = 101)

Incident details		Females
		Number (Percentage)
Type of violence	Child sexual abuse*	53 (52.47%)
	Rape	43 (42.57%)
	Child marriage**	4 (3.96%)
	Sex trafficking of women	1 (0.99%)
Location of violence	Accused's house	33 (32.67%)
	Victim's house	25 (24.75%)
	Hotel	21 (20.79%)
	Isolated place	11 (10.89%)
	Public place	4 (3.96%)
	Work place	1 (0.99%)
	Others	6 (5.94%)

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Interval between occurrence of incidence and reporting	Less than 24 hours	8 (7.92%)
	24 to 72 hours	7 (6.93%)
	3 to 7 days	12 (11.88%)
	8 days to 1 month	17 (16.83%)
	> 1 month	56 (55.44%)
POCSO section (N = 51)	Section 4 – Punishment for penetrative sexual assault	36 (70.58%)
	Section 6 – Punishment for aggravated penetrative sexual assault	17 (33.33%)
	Section 8 – Punishment for sexual assault	35 (68.62%)
	Section 10 – Punishment for aggravated sexual assault	8 (15.68%)
	Section 12 – Punishment for sexual harassment	30 (58.82%)
IPC sections (N = 85)	376	74 (87.05%)
	377	3 (3.52%)
	354	22 (25.88%)
	363	13 (15.29%)
	506	28 (32.94%)
	504	10 (11.76%)
	323	6 (7.05 %)
	34	6 (7.05 %)

POCSO – Protection of Children from Sexual Offences; IPC – Indian Penal Code

**Child sexual abuse included all participants below 18 years with implied POCSO Act 2012 sections*

***Child marriage included the participants married before the legal age marriage (<18 years for girls and <21 years for male)*

violence with the longest being about 4 years. One each male survivor reported within 24 hours and 7 days, while 2 reported within 3 to 7 days. In case of 1 female, time interval between occurrence of incidence and reporting was not known because of low intelligence of the survivor. In case of her, the offense was understood after she became pregnant. Because of various types of sexual violence, 38 females reported to have become pregnant. Out of

these 38, 1 (9.09%) female was less than 12 years, 21 (45.65%) were between the age 13 to 18 years and 16 (36.36%) were above 18 years. Out of these 38, 16 underwent Medical Termination of Pregnancy (MTP).

Protection of Children from Sexual Offences (POCSO) Act, 2012 sections were implied in 51 cases of female survivors with an average of 2.5 (2 or 3) number of sections being imposed on a

survivor. Most of these included section 4 (70.58%, 36), followed by section 8 (68.62%, 35) and section 12 (58.82%, 30). Other POCSO sections imposed along with the above-mentioned sections were 5 (J) (2)(L), 9 (M), 14, 15 and 17, one each. Six out of 57 females for whom POCSO was applicable, did not register any complaint. In case of 2 males, sections imposed were 4, 8 and 12, whereas for one male sections imposed were 4, 6, 8 and 12. For one male survivor the complaint was not registered. Out of 105 survivors, 16 (15.23%) did not register any complaint. Among 85 females survivors, 87.05% (74/85) had 376 Indian Penal Code (IPC) section imposed, followed by 32.94% (28/85) with section 506 IPC and 25.88% with section 354 IPC imposed. The least section being involved was section 377 IPC (3.52%, 3). For remaining 4 males survivors, incidents against them were registered under section 377 IPC (4 survivors), 506 IPC (2 survivors) and 363 IPC (1 survivor). Besides these other IPC sections imposed included 34, 107, 114, 188, 269, 270, 312, 323, 328, 366, 370, 372, 384, 406, 417, 419, 420, 452, 497, 498, 499, 500, 503, 504, 506, 509. Certain acts like Information Technology Act 2000 (section 67A), provisions from Child Marriage Act (1, 8, 9, 10, 11) and The Scheduled Castes and Scheduled Tribes (Prevention of Atrocities) Act 1989 (section 3[1][11]) were also imposed.

Discussion

Present descriptive cross-sectional study was undertaken to identify demographic and socio-economic profile of victims of sexual violence with particulars of the incident, who reported to OSC, a new initiative in a tertiary level hospital affiliated to Seth G S Medical College and KEM Hospital, Mumbai. This study, done for duration of 18 months

(January 2020 to June 2021), incorporated 105 survivors (19.96%), fulfilling inclusion criteria, out of the 526 individuals who reported to OSC.

As observed in Table 1, from 105 study subjects, 101 were females and 4 were males, reinforcing that even today majority of sexual violence is faced by the women. This is in line as per most of the studies [4-8]. However, study by Choudhary *et al.* (2012) [9] suggests that sexual assault among males is understudied and significantly underreported which is corroborative with this study. The mean age among the survivors was 19 years with majority (46, 45.54%) of them under 13 to 18 years range group. This is comparable to many existing studies [8,10-12]; although, as per one study [13], maximum survivors were below the age 6 to 10 years, to which our study differs. Many survivors (32, 30.47%) reporting to this center came from Western sub-urban areas, which is in accordance to a study by Jaiswani *et al.* (2021) [4]. This may be because the services of this tertiary care institute are in close proximity to the western line railway stations. Nonetheless, this differs as per two studies [13,14] which had more cases from rural areas.

As per Kuppuswamy's classification of socio-economic status, there was no family in the Upper Class I and Lower Class V. This is the reflection of major proportion of members of families being educated up to primary level education and being engaged in either elementary or professional occupation. This also draws inference that most of the survivors were in their educative years and hence unemployed. However, these results contradict the claims of many studies [8,12,15-17]. Maximum proportion (54, 53.46%) of the female survivors reported to OSC during 2 pm to 8 pm.

This period was most suited as it coincided with regular duty hours of most workplaces and avoided drawing attention or arousing any suspicions. Similar associations were seen in some studies [4,18,19], though converse findings were observed in a case control study by Hilden *et al.* (2005) [20] wherein most reporting was between 8 pm to 3:59 am. Multiple responses were accounted with 2.88 as the average by each survivor for arrival at OSC. This highlights the knowledge and hope that the survivors have from such centre established to address their concerns.

From among 105 survivors, only 79 (79.23%) expressed their preparedness to file complaint. Numerous responses were given for it, with average number being 2.85. Among 101 female survivors, 64.55% (51) wanted to complain so as to get the accused punished, 60.75% (48) wished to complain to prevent further assault/cheating/ abusive calls, while 62.02% (49) wanted to take appropriate legal action. About 35.44% (28) were willing to complain to avoid defamation while 19 female survivors (24.05%) needed MTP order. More than 25% (20) of the respondents were pressurized by their parents, while only 1 gave reason of being mentally disturbed and wanting to go back home. Four survivors did mention about political influence being used for not filing the complaint. This portrays the multifarious attitude and reasoning of the survivors which should be taken into consideration.

Total 26 (25 female and 1 male, 24.76%) survivors refused to complain against the accused. Amongst 25 female survivors, almost all of them did not wish to complain as they did not want to spoil their image and family status. About 64% (16/25) of those who did not complain, were in a consensual relationship with the accused, while 5 female survivors

willingly married the accused. This order differs in the cross-sectional survey done by Jones *et al.* (2009) [21]. Most of the incidences of violence amongst the female survivors have been reported at accused's house (32.67%, 33), followed by at survivor's house (24.75%, 25). This, being a common predisposition is mostly due to the accused being too kind and considerate to the survivor in his bid to guarantee deference and being unbothered by anyone at his residence. This is supported by many studies [5,11,22,23] with some studies [8,18,24] reporting majority of the assaults at the victim's house. About 20.79% (21) of the cases occurred at hotels, while isolated places and public spaces accounted for 10.89% (11) and 3.96% (4) of the cases, respectively. Only one incident was reported at workplace. However, certain studies [12,13,25] found maximum incidents of sexual violence outside the house referring it as the next most preferable location by the alleged accused.

Maximum number of cases among the female survivors (56, 55.44%) were reported at an interval of larger than 1 month since the incident of sexual violence with the longest being about 4 years. This interval is far more than most of the existing studies which has survivors reporting within 72 hours [7,8,18,25], within 24 hours or the same day [5,13,17, 26] and some even within 2- 6 hours post the incident. This clearly infers that there is an ardent need of spreading awareness about OSC services outside the premises of its existence.

Because of various types of sexual violence as mentioned above, 38 females reported to have become pregnant. Out of these 38, largest were among age group of 13 to 18 years (21, 45.65%) and 16 (36.36%) were among the age group of above 18 years. This highlights the concern of unexpected adolescent pregnancies. Our findings are remini-

scent to many studies [27-29] which revealed several reasons for adolescents' vulnerability to early, unintended pregnancy. POCSO sections were implied in 51 cases of female survivors with an average of 2.5 (2 or 3) number of sections being imposed on a survivor. Most included section was 4 (70.58%, 36), followed by section 8 (68.62%, 35) and 12 (58.82%, 30). Six out of 57 females (10.52%) for whom POCSO was applicable, did not register any complaint. As per National Crime Records Bureau (NCRB) data [30], there were a total of 1,62,449 registered crimes against children in India in 2022. Majority of the cases came under the category of kidnapping and abduction followed by those associated by POCSO charges i.e. 63,414 cases, including child rape with maximum implied under section 4 and 6.

Out of 105 survivors, 16 did not register any complaint. Among 85 female survivors, 87.05% (74) had 376 IPC section imposed, followed by 32.94% (28) with section 506 IPC and 25.88% with section 354 IPC imposed. From an aggregate of 35, 61,379 IPC crimes registered in 2022 in India [30], crime against women included 4,45,256 registered cases. Among these, 31,982 (7.18%) were rape victims and 46,259 victims were liable under section 354 IPC. In this study, for remaining 4 male survivors, incidents against them were lodged under section 377 IPC (4 survivors), 506 IPC (2 survivors) and 363 IPC (1 survivor). Aside from incorporating cases for whom the survivor provided consent, this research study had certain limitations. This included very few prior studies with a comparable background, study being restricted to a single centre of tertiary hospital in a metropolitan

city, survivors' attrition from counselling sessions, and non-compliance to follow-up. This could be countered with an increase in sample size involving other such OSC with systemic survivor support services.

Conclusion

Present study undertaken over the newly initiated OSC affiliated to a tertiary hospital encompasses a total of 105 survivors reporting to this center from January 2020 to June 2021 which was inclusive of the lockdown imposed following the COVID-19 pandemic. Majority of the adolescent (13 to 18 years) female victims were unmarried, resided with their parents, belonged to middle lower socio-economic status, experienced violence either at their own home or at the home of the accused and had to face additional complexities of teenage pregnancy. Yet, in defiance, very few reported the incident within 72 hours, predominantly child sexual abuse and rape at the police station, with reasons to punish the accused, receive counselling and legal expertise. All these facts imply that prudent steps need to be taken to promote OSC services, outreach the counselling process, individualize legal expertise, incorporate feedbacks and publish success stories with comprehensive studies along the similar lines for improvement and better advocacy of this Centre.

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