

## Rapes in India during 1991-2014

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### Abstract

**Background:** Increasing reports of rapes and responsibilities of clinicians.

**Objective:** To analyse rape in preteens, adolescents and adults in India over a period of two plus decades.

**Methods:** Rape rate was computed from National Crime Records Bureau of India crime data and US Census Bureau International population census statistics for the age groups- 0-12 (Preteen), 13-18 (Adolescent) and above 18 (Adults) for the period 1991-2014. Rate was computed and trend plotted.

**Results:** The total rape victims during the index period were 432847 averaging 18819. There were a total of 43520 preteen, 102833 adolescent and 286494 adult rape victims in the index period averaging 1892, 4471 and 12456 per annum respectively. The linear trend line indicates an increase in adolescent and adult group and almost stationary in preteens.

**Conclusions:** As rape rate is high in adolescents and adults and is on the raise, there is an urgent need for strategic planning in detecting, treating, and de-stigmatizing the act.

**Keywords:** Rape-Rape Rate- Trend-Preteen-Adolescent-Adult-India.

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### Introduction

Rape is an unwarranted sexual intrusion on another person. This may be of any sex. However, in day-to-day practice this word implies forcible physical sex by a male. Same-sex, marriage, age, blood relationship, caste, creed, community, country, literacy, profession, residence do not confer immunity from this condition. Rape is more common than reported/ imagined. In recent times due to a variety of reasons the incidence of rape is increasingly reported. Sex, more so rape, is almost a silent area in general and scientific society in particular, till recently. Child / childhood sexual abuse (CSA) is an all-inclusive term to describe various types of sexual attacks on children and includes the extreme form of them- rape. For a variety of reasons the estimates of this problem is difficult, nevertheless it is high in India<sup>1</sup>. A Kerala study found that 36 % of boys and 35% of girls had experienced sexual abuse (Most instances were sexual advances while using public transport) at some point during their lifetime<sup>2</sup>. Multiple behavioural, mental, and social outcomes among men and women suggest the need to identify and treat all adults affected by CSA<sup>3</sup>. Indian literature was silent on comparison of preteen, adolescent and rapes. Hence an exercise was undertaken to find out the rate and trend for the period 1991-2014.

### Materials and Methods

The data of crime from National Crime Records Bureau (NCRB) formed the basis for analysis<sup>4</sup> for the

period 1991-2014. Rape statistics from 1991 to 2014 were computed for pre-teen, adolescent and adult groups-0-12 and 13-18 Yrs and above 18 Yrs. The age break-up by NCRB changed over years necessitating proportionate computation. The share of rape in the total crimes against children was computed for the period 2001-14. As the data for 2000 was not available, it did not form part of the analysis. Population data was from US census Bureau for India<sup>5</sup>. The compiled data was computed to get Rape rate for one lakh population. Trend line was obtained from rate. Comparison was made between below 18 and above 18 years (Adults) victims first. Then below 18 was separated into two groups-preteen and adolescent groups (< 13 and 13-18 Yrs) and compared. Computation was done in Excel spread-sheet.

### Results

The share of rape in crimes against children from 2001-14 was in the range of 20-27. There were a total 432847 victims between 1991 to 2014 (data for 2000 not available) averaging 18819 per annum. The preteen, adolescent and adult rapes were 43520, 102833 and 286494 respectively. The corresponding averages were 1892, 4514 and 12456 per annum respectively. These rapes are only cases perpetuated on women and do not include other rapes like men raped, homosexual rape, etc. The trend line shows an up-ward trend in teen group and adults, while it was stationary in preteens.

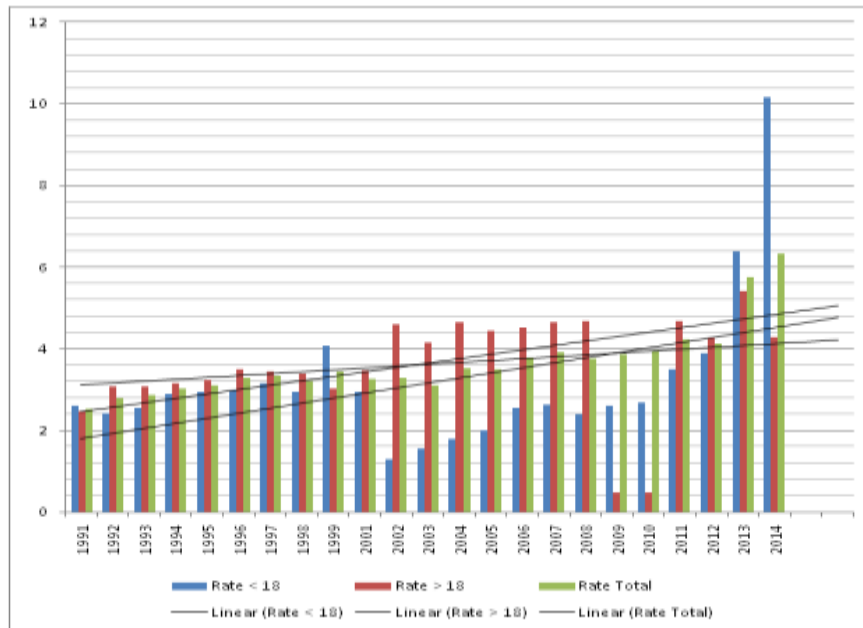


Fig. 1: Shows below 18, above 18 and total Rate with forecast trend line

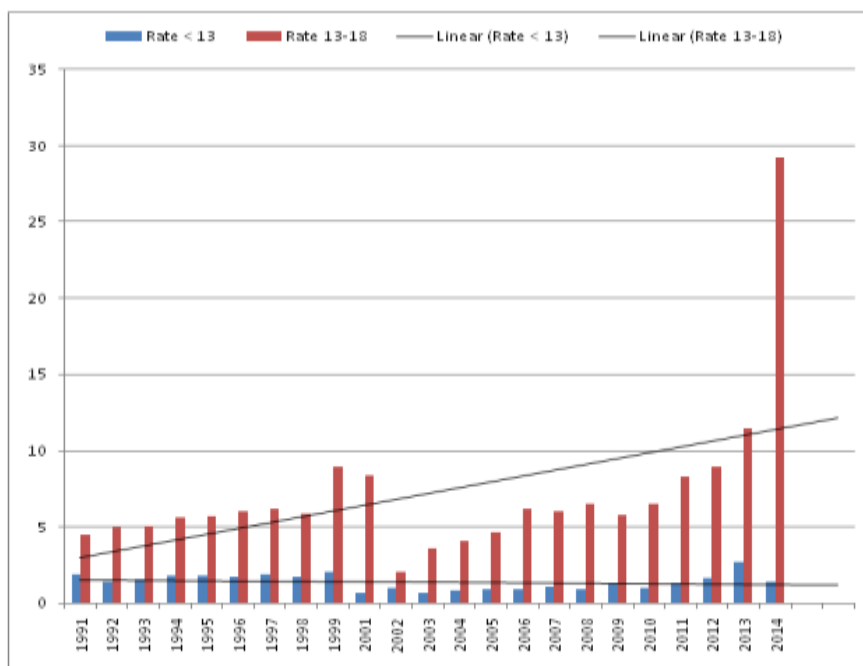
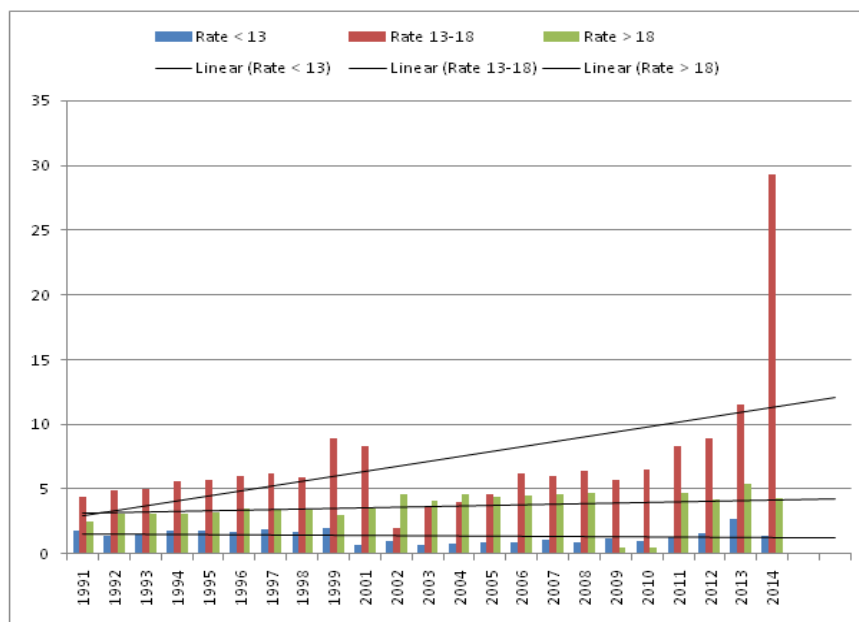


Fig. 2: Shows preteen and adolescent Rate with linear forecast trend line



**Fig. 3: Shows preteen, adolescent and adult victims with forecast trend line**

### Discussion

In spite of gross under-reporting, rape accounts for fifth to quarter of crimes against children signifying its gravity. The difference between preteen and adolescent rapes is probably due to the fact that more cases are detected in the later due to physiological changes that might occur in this age group, general alertness of caregivers about such possibility in this age group and constant probing by them. Further, people earlier used to believe that sex with children cures venereal diseases leading to assaults on children. As general awareness increased, this practice has come down. In preteens, parents and other protector generally do not consider such a possibility unless they themselves are the perpetrator adopting an ostrich-like and general attitude that of "such things do not happen to us".

Even though rape as such is not a psychiatric disorder and only a legal, humanitarian and social problem, it leads to many psychological and psychiatric problems that warrant psychiatrist's attention. One gets an idea about rape in day-to-day clinical practice of adults about when they mention about their childhood experiences of sexual abuse. In reality, the incidence of rape is very high. With some encouragement most adults—generally women report sexual molestation, sexual assault and rape. The consequences of such childhood experiences are highly traumatic. They lead to much distress—some are haunted by guilt feeling for harbouring the secret. Rape in most cases is gender specific where it talks of women as victim. More than one-third of male juveniles entering observation home in Delhi showed evidence of sexual abuse<sup>6</sup>. There are many myths around rape<sup>7-9</sup>. While society indirectly endorses and condones prostitution—probably considers it as unavoidable that caters to the needy, rape evokes a different reaction. Rape is not a homogenous act. There

may be different types of penetrations' involving different orifices and may involve different persons—blood relatives, custodians, spouse, friends, daters, neighbours, total strangers. The perpetrator may be an opportunist, drug influenced, disordered personality, bipolar, etc. The victim may be of any age—cradle to grave. All these factors will determine the psychological consequences and future behaviour. Society and culture dictate the way of the life of those under it. What is normal in a particular society may not be so in another society. Most common behaviour may be tolerated but does not make it normal—corruption. Similarly a practice by majority does not mean it is legal—evading income-tax. But there are some types of behaviours that are almost universally considered abnormal and prohibited like rape, incest, bestiality. Rape is one crime that is considered by many as heinous but that does not make it rare and unusual like slave sex, winner indulging in it, during wars, conflicts, as a tool of oppression, etc.

Rape and other sexual abuses if occur in childhood affect the future of the child. The concerned clinician must constantly be on the lookout for telltale signs—physical and psychological, in the child as most often, the immediate family may be the culprit and the child is confused and helpless. The act has various effects—before, during, and after. It impinges on the mind space of the victim, family, and society. The psychological consequences of rape various depending on the age—the earlier the age the delayed are the effect. Later the age the impact may be immediate. It will have an unrealized and profound impact on the sex life of the victim.

Generally the family is as perplexed as the victim, on first learning about it. They are confused and at a loss about the course of action. Most often, the earlier support systems like family elders—now-a-days most of

them are in old-age homes, family physician-rare in the present day of specialists and super-specialists and religious persons-available in plenty. Most often, they are in contact with paediatricians in cases of children and adolescents, so the burden is on them. The clinician should be aware of the new legislation, Protection of Children from Sexual Offences (POCSO) Act, 2012, which requires mandatory reporting of cases of child sexual abuse, failing which they can be penalized<sup>10</sup>. Child victims of sexual abuse may present with physical findings or behavioural changes. The latter may involve a variety of altered behaviour that may range from withdrawal, fear, aggression, depression, eating disturbances, regression, falling grades, disinterest in studies and acts which were happily performed earlier, etc. As there are no specific findings for these cases, alertness, gaining the confidence of the patient are important. High level of suspicion on the part of clinician will lead to higher detection of cases. Gynaecologists who may be the first doctor to be consulted by adult victims should be on the look-out for signs. Referral for psychological services is important because victims of abuse are more likely to have depression, anxiety disorders, behavioural problems and post-traumatic stress disorder<sup>11</sup>. The prevalence and consequences of rape are alarming and warrant stringent measures against its occurrence and psychiatric consultation for the victims.

### Conclusions

In view of the high rate in adolescents with a raising trend, there is an urgent need for strategic planning in de-stigmatizing, detecting, treating the consequences.

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