

# Socio Demographic Profiling of Victims of Sexual Offense in Kavrepalanchowk District: a cross-sectional study at a tertiary care center, Nepal

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## ABSTRACT

### Background

Sexual offence is an umbrella term referring to a classification of sexual acts and experiences that are imposed, pressured, coerced onto a person. The latest information from women children and senior citizen survey center of Nepal stated that about 2321 rape cases were recorded in the year 2020 to 2021.

### Objective

This study is aimed at socio-demographic profiling of victims of sexual assault, identify the most vulnerable age group and the area with highest incidence for future sexual assault prevention.

### Method

The descriptive cross-sectional study at Dhulikhel Hospital (December 2018 to June 2023) analyzed 136 sexual offense cases via convenience sampling. Data were collected from medical records, following ethical approval. Incomplete or unrelated cases were excluded, and hospital/national protocols were adhered to. Data analysis was conducted using Microsoft Excel with descriptive statistics.

### Result

Out of 136 victims, most were aged between birth and 20 years (71.32%), while only 1.47% were aged 60-80 years. The youngest victim was 15 months old, and the oldest was 65 years. Females comprised 98.52% and males 1.48% where all the males were victims of sodomy. The type of offence most prevalent was rape (70.58%) followed by indecent assault (19.11%), with some cases of incest (7.35%). The municipality with the most number of cases was Panauti (16.16%), followed by Panchkhal (13.23%) and Bhumlu with 10.29%. The majority of the cases took place in the year 2077 BS rounding up to 39 cases in Kavrepalanchowk district. However, noting the numbers in the year 2080 BS, there seems to be a rapid rise of cases as there have already been 19 cases in four months.

### Conclusion

The most vulnerable group for sexual offenses was the population below the age 20 and most of the cases occurred in Panauti municipality which emphasizes the need of sexual and moral education in that place and age group. The areas in Kavrepalanchowk district with increasing cases of sexual offenses should incorporate standardized protocols in implementing education as well as strict regulations of the community guidelines.

## KEY WORDS

Gender-based violence, Kavrepalanchowk district, Nepal, Sexual education, Sexual offense

## INTRODUCTION

Sexual offence is an umbrella term referring to a classification of sexual acts and experiences that are imposed, pressured, coerced onto a person.<sup>1</sup> According to WHO, it is estimated that globally 1 in 3 (30%) women have been subjected to either sexual and/or physical intimate partner violence or non partner sexual violence in their lifetime.<sup>2</sup>

Recently, there has been an increase in the number of reported cases in Nepal despite laws protecting the victims' rights.<sup>3</sup> The latest information from women children and senior citizen survey center of Nepal stated that about 2321 rape cases were recorded in the year 2020 to 2021 Nepal Police dealt with 2534 cases of rape in 2020-21 against 2144 of previous fiscal year an increase by 18.19%. In the last 25 years, Nepal police headquarters states that there has been cases of 17000 cases of rape and 5000 attempted cases of rape.<sup>4</sup>

This study is aimed to assess the social and demographic factors related to the victims in Kavrepalanchowk District to identify the high risk population vulnerable to sexual offence and to highlight important findings within the literature that could guide ongoing and future sexual assault prevention.

## METHODS

The study was a descriptive cross-sectional study conducted at Dhulikhel Hospital from December 2018 to June 2023. A total of 136 cases of sexual offenses were included, which were selected through census sampling. Data were collected from medical records and examination reports using a structured proforma. Ethical approval was obtained from the institutional review committee, and informed consent was waived as the study involved secondary data analysis. Cases involving individuals with incomplete records or unrelated diagnoses were excluded, while only cases meeting the inclusion criteria for sexual offenses were analyzed. Protocols for examination and documentation were adhered to in accordance with hospital and national guidelines. Data were analyzed using Microsoft Excel, and descriptive statistics were applied to summarize the findings.

### Inclusion Criteria

A reported act of sexual penetration or contact without consent.

A victim within a specified age range.

The offense occurs within a defined geographic location.

A confirmed diagnosis of a sexual offense by legal authorities.

## RESULTS

Out of 136 victims, the vast majority of the age group affected was 0-20 years (71.32%) followed by 20-40 years (19.85%) 40-60 years with 7.35% and 60-80 years with 1.47%. The age ranged from youngest being 15 months to oldest at 65 years. The majority, 98.52%, were females, while 1.48% were males, with all the males being victims of sodomy. Majority of victims were unmarried, comprising 70.58%, followed by married victims 25.73%. Widowed and divorced victims were 2.2% and 1.47% respectively (Table 1).

**Table 1. Socio demographic information (n=150)**

Characteristics	Number	Percentage	
Age (in years)	Sex		
	Male	Female	
0-20	2	95	71.32%
21-40	-	27	19.85%
41-60	-	10	7.35%
61-80	-	2	1.47%
Marital Status	Unmarried	96	70.58
	Married	35	25.73
	Widowed	3	2.2
	Divorce	2	1.47
Caste	Brahmin	15	11.02
	Chhetri	11	8.09
	Newar	9	6.62
	Tamang	14	10.29
	Others	29	21.32
	Not Specified	58	42.65
Season	Spring	24	17.64
	Summer	25	18.38
	Monsoon	25	17.64
	Autumn	15	11.03
	Prewinter	25	17.64
Disability	Winter	20	14.70
	Disabled	16	11.76
Body parts washed or not	Not disabled	120	88.24
	Washed	78	57.35
Clothes changed or not	Not washed	58	42.65
	Changed	96	70.58
	Not changed	43	31.62

Caste distribution of victims revealed Dalit population being affected the most with 21.32%, followed by Brahmins(11.02%), Tamang (10.29%), but most cases were not specified (42.65%). In area distribution of the cases according to municipality, Panauti had the most number of cases (16.16%) followed by Panchkhal (13.23%) and Bhumlu with 10.29%. The seasons where the offense

occurred didn't reveal a major difference where spring (17.64%), summer (18.38%), monsoon (18.38%), autumn (11.03%), pre winter (18.38%) and winter (14.70%). A total of 11.76% of the victims had some form of disability. The majority, 70.58% of victims, changed their clothes and undergarments before the medical examination, while 29.42% did not. Similarly, 57.35% of victims showered before the examination, whereas 42.65% arrived without washing (Table 1).

Bodily injuries were not present on a majority of 68.38% of victims and genital injuries were absent on 88.23% of victims.

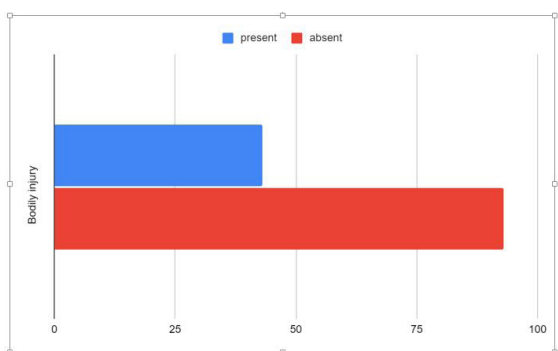


Figure 1. Bodily injuries distribution.

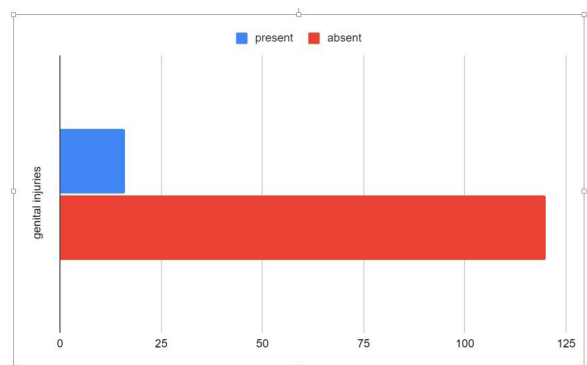


Figure 2. Genital injuries distribution.

The type of offence most prevalent was rape (70.58%) followed by indecent assault (19.11%), with some cases of incest (7.35%) and unnatural offences (2.94%)

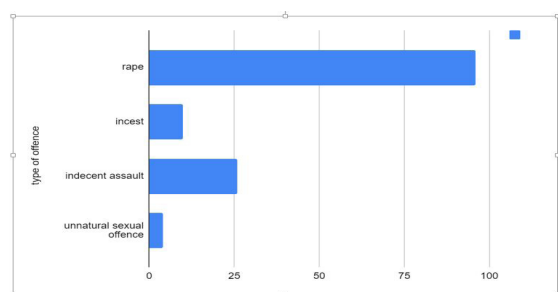


Figure 3. Type of sexual offense.

The common site of offense was the house of the victim (52.52%), followed by outdoors most commonly at jungles (30.14%). Hotels were third with 19.97% of cases and schools at 3.67%.

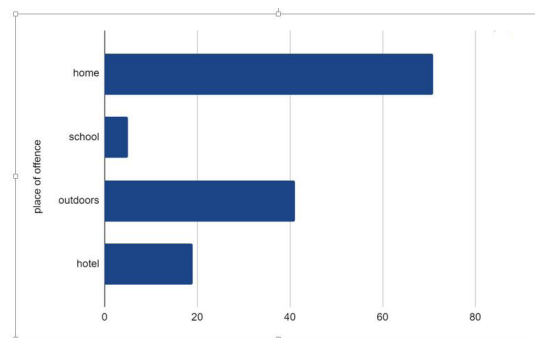


Figure 4. Place of offense

The vast majority of perpetrators were known (71.32%), and perpetrators were under the influence of alcohol in only 16.18% of cases.

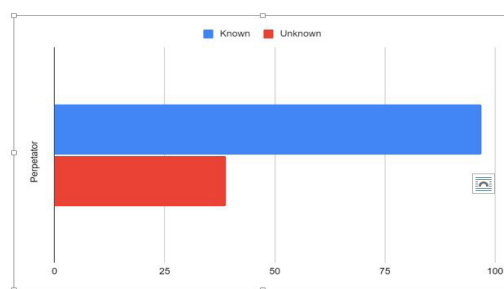


Figure 5. Familiarity with perpetrator.

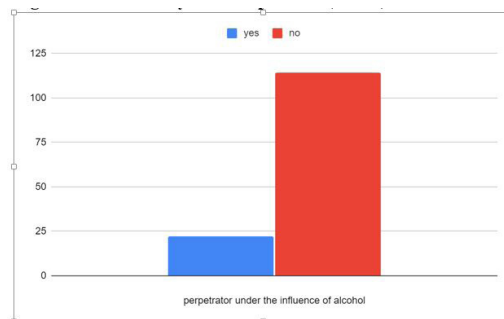


Figure 5. Perpetrator under the influence or not .

Out of total 13 municipalities in Kavre; both rural and urban, the municipality with the most number of cases was Panauti (16.16%), followed by Panchkhal (13.23%) and Bhumlu with 10.29%. Lowest number of cases was seen in Mahabharat municipality with 2.94% (Table 2).

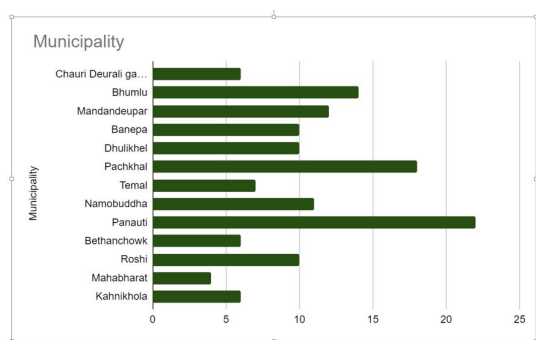
Out of the 136 cases analyzed, from the year 2076 BS to 15 Shrawan 2080 BS, the majority of the cases took place in 2077 BS rounding up to 39 cases in Kavrepalanchowk district. However, noting the numbers in the year 2080 BS, there seems to be a rapid rise of cases as there have already been 19 cases in 4 months time.

## DISCUSSION

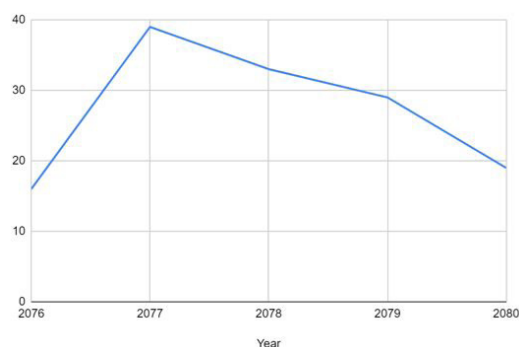
According to WHO nearly 1 out of 3 women worldwide have been subjected to various forms of sexual offense by

**Table 2. Rural and Urban Municipalities Distribution of cases (136)**

Municipalities	Number	
Rural	Mahabharat	4
	Chauri Derali	6
	Bethanchowk	6
	Khanikhola	6
	Temal	7
	Roshi	10
	Bhumlu	14
Urban	Banepa	10
	Dhulikhel	10
	Namobuddha	11
	Mandandepur	12
	Pachkhal	18
	Panauti	22



**Figure 8. Overall Municipality distribution of cases (n=136).**



**Figure 9. Year wise distribution of cases (n=136).**

known or unknown perpetrators.<sup>5</sup> In Nepal, according to recent data, a woman in the country is sexually assaulted every 54 minutes.<sup>6</sup>

In the study, the majority of the cases 71.32% were accounted for in the age group of 0-20, whereas compared to Hirachan et al. and 0-20 age group consisted of 89% of the total cases.<sup>6</sup> However, the group 20 years and above, our study consisted of 28.68% whereas Hirachan et al. consisted of 11%.<sup>6</sup> Comparing the age group to that of Australia, 65.5% victims were under the age of 20 which is a similar finding as our study.<sup>7</sup>

The total population of Kavrepalanchowk district is 364,039 out of which females constitute 50.9% of the population.<sup>8</sup> In our study, 98.52% of the total victims were female. Compared to the finding of the US Department of Justice 2002, nearly 91% of victims are female which is a similar finding as ours.<sup>9</sup> According to Mclean IA, male constitute of 5-10% incidence of sexual assault victims whereas our study showed an incidence of 1.48%. This difference can be due to the fact that reporting of cases is substantially less in male victims due to social and cultural factors.<sup>10</sup>

The 70.58% victims of sexual assault in our study were unmarried. This is similar to the finding of Siddique et al. which reported that unmarried women were at a higher risk of assault compared to others.<sup>11</sup>

In Kavrepalanchowk, Tamang has a population of 33.8%, Brahmin 20.1%, Chettri 14.6%, Newar 13.4%, while other castes constitute 12%.<sup>12</sup> According to our study, 21.32% belonged to other castes whereas the brahmin population constituted 11.02% and the tamang population constituted 10.29%.<sup>13</sup>

According to the study of Csorba et al. 58% of the assault cases occurred in the summer season.<sup>14</sup> This is different to that finding of our study which reports cases of 17% in summer whereas in monsoon and pre winter 17% is reported. However, sexual assault reported according to Badejoko et al. in Nigeria, was high in december and february which is similar to the finding of our study.<sup>15</sup>

The disability reported in Kavrepalanchowk district is 2.4% where female with disability is 2.3% according to the national population and housing census 2021.<sup>12</sup> However, in our study, 11.77% were disabled.

The population of the study 70.58% changed their clothes and 57.35% of the population washed their body parts while presenting to the medical examination of sexual offenses. According to Mailhes et al. medical management is the top priority in management of sexual assault victims.<sup>16</sup> Sexual Assault examination kit (SAEK) contains procedures for collection of specimen, handling and documentation such as clothing, bodily fluids and finger nail scrapings when collected ideally 72 hours up to 5 days post assault. For forensic analysis, clothes worn during the time of incidence offers valuable information as nearly 2/3<sup>rd</sup> of forensic evidence can be discovered on clothing or linens.<sup>16</sup> According to Vress et al. about 66% report some form of trauma (genital and physical) more commonly physical.<sup>17</sup> According to Hirachan et al. 27% of the total cases showed extragenital injuries compared to 36% of genital injuries.<sup>6</sup> This is different to that of our study which constituted 31% extra genital injuries and 11.7 % of genital injuries.<sup>6</sup>

According to Herrmann et al. 75% of the total sexual assault cases were rape.<sup>18</sup> Whereas in our study, 70.58% of the total cases were rape and 2.94% were that of sodomy cases. Rape were majority in number 72.7% followed by

incest 23.7% and 4.84% sodomy cases according to Islam et al.<sup>19</sup>

Of the cases (98%) almost exclusively took place at home whereas in our study 52.2% cases took exclusively at home and 30% took place outdoors consisting mostly of jungle areas.<sup>18</sup> Compared to that Hirachan et al. 87% of the perpetrators were known whereas in our case, 71% of the perpetrators were known and 87.3% were known cases according to Islam et al.<sup>6,19</sup>

In 60% of sexual offense cases, the perpetrator was under the influence of alcohol according to Larsen et al., whereas in our study, 16% of the perpetrators were under the influence of alcohol.<sup>20</sup>

The total population of municipality Panauti is 51504, whereas out of the total cases 16.16% were reported from here. The total population of Paanchkhal municipality is 35521 and 13% amounted to that of assault cases from the total.<sup>21</sup>

The study has some limitations. First, the research was conducted including only victims of sexual assault brought for examination at Dhulikhel Hospital while the unreported cases and those cases sent to some other hospitals for examination are not included in this study, therefore the bigger picture of sexual violence happening at the Kavrepalanchowk district is not covered by this study. Furthermore, being a cross-sectional study the cause of occurrence of sexual violence could not be established by the study.

## CONCLUSION

The most vulnerable group for sexual offenses are the population below the age 20 which emphasizes the need of sex and moral education in the age group. Similarly, comprehensive care of survivors with standardized protocols should be encouraged. The areas in Kavrepalanchowk district with increasing cases of sexual offenses should incorporate standardized protocols in implementing education as well as strict regulations of the community guidelines.

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