

Original article**Medicolegal Examination of Sexual Assault Cases. A Retrospective Study.****Amro A. Saleh¹**¹Department of Forensic Medicine and Clinical Toxicology, Faculty of Medicine, Fayoum University**ABSTRACT**

Background: Sexual assault is any sexual action submitted against someone without their assent or against people who cannot give a legitimate assent. Sexual assaults can happen to anybody at whatever age, at any place, whenever.

Aim of the work: to assess sexual assaults within Fayoum governorate, Egypt, and know the elements of this significant public health concern. **Methods:** This is a retrospective study of sexual assault cases examined by the forensic medicine authority, Fayoum governorate, Egypt, from January 2013 to December 2017. Sociodemographic data of the victim and assailants and information about the assault were recorded. **Results:** The study recorded 164 cases. The victim's age was commonly presented in the second decade of life as 45%. Females were higher than males. The perpetrator's age was widely shown in the third decade of life as 44%. A known person to the victim, either friend or neighbour, was the widely presented form of the relation of the perpetrator to the victim (53.7%). Anal sexual assaults or sodomy was the dominant form of assault (53.7%), followed by vaginal assaults or rape (41.5%). The time of examination of the victim after the assault was commonly one week (58.5%). At the same time, 41.5% of victims were examined for more than one week. The local genital examination findings were positive in (51.2%) of the victims. A highly significant difference was found between the victims' age and victims' gender, type of sexual assault, perpetrator age, and type of penetration. **Conclusion:** Most assaulted males were in their first decade of life, while most assaulted females were in the second and third decades. The results conclude that our sons and daughters could not be secure even among their most treasured ones.

Keywords: Fayoum; Female; Sexual assault; Time of examination.

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I: INTRODUCTION

The World Health Organization (WHO) independently characterizes partner and non-partner sexual violence. Partner sexual violence is described as the self-reported

constrained commitment to sexual activity by a current or ex-partner from age 15, notwithstanding their reluctance because of dread that their partner could act negatively during sex or being compelled to accomplish

something embarrassing or corrupting. Non-partner sexual violence is characterized as being 15 years old or more when somebody other than an individual's husband/partner is compelled to play out any undesirable sexual demonstration (WHO, 2021).

The disclosure of sexual assaults frequently causes disgrace and ridicule of the victim. The culprit disgraces and blames the victim for decreasing their obligation, and an environment of shame in sociocultural discernments creates; for this situation, most victims select not to report their encounters or may not depict what has been going on with them as sexual violence (Schmitt et al., 2021).

Sexual assaults can happen to anybody at whatever age, at any place, whenever. The perpetrators submit to the assault through violence, dangers, intimidation, control, and strain. Perpetrators can be strangers, acquaintances, colleagues, companions, or relatives (Hwa et al., 2010).

Rape is described as non-consensual sexual infiltration, but slight, of any piece of the victim's body with a sexual organ or the anal or genital opening of the victim with any item or other part of the body. The intrusion is committed forcibly, or by the threat of power or compulsion, for example, caused by fear of violence, coercion against such individual, or by exploiting a coercive climate, or committed against an individual unequipped for giving veritable assent (Jansen, 2016).

However, sexual assault is explored as second to kill in developed countries; it is a dismissed general medical problem in the vast majority of developing countries (Cybulska, 2007). It is an issue of

every financial class and internationally impacts the victims' physical, mental, social, and emotional health status throughout their life. For the most part, rape has been underreported, underestimated, and unsupported (Khan et al., 2014). Aside from mental side effects like post-traumatic stress disorders, there are destroying short and long-term health results to consider. These effects include actual wounds, sexually transmitted diseases, undesirable pregnancy, and trials for abortion even if it leads to end the life (Çelikel et al., 2015; Afandi, 2018).

In different studies done in the USA, among college students, it is assessed that sexual assault is detected in 1 out of 5 female students and 1 of every 16 male students (Cantor et al., 2015; Krebs et al., 2016). Comparatively, the exact rate of the various types of sexual assaults against females is not well recorded in the Middle Easterner world. The same for Egypt, there is no accurate Egyptian epidemiologic study assessing the extent of the problem of female sexual assaults (El-Elemi et al., 2011).

No previous studies focused on and discussed sexual assaults within Fayoum governorate, Egypt, so this study aimed to know the elements of this significant public health concern and decide the incessant elements in females and children subjected to sexual assaults.

II: SUBJECTS AND METHODS

The current study is a retrospective study of sexual assault cases examined by the forensic medicine authority, Fayoum governorate, Egypt, from January 2013 to December 2017.

According to the commitment to standard operating procedure guidelines, ethical

approval was obtained from the Medical Research Ethics Committee of Faculty of Medicine – Fayoum University. Consent to participate from participants is not applicable as this study is a retrospective.

The examination of victims was according to the World Health Organization's guidelines for medico-legal care of victims of sexual violence (WHO, 2003). In each case, the following variables are recorded;

- The victim; victim's age and victim's gender.
- The perpetrator; perpetrator's age and perpetrator's relationship with the victim.
- Information of the assault;
- Type of the assault; vaginal, anal, or vaginal and anal.
- Penetration; occurred or not, and if it happened, is it recent or old penetration.
- Type of evidence; declaration of the victim, medical certificates, collected specimens, or any other combination.
- Under duress or not.
- Use of drugs or weapons.
- Frequency of the assault; repeated or not repeated.
- Time of forensic examination after the assault; >one week or <one week.
- General physical examination of the victim.
- Local genital examination of the victim.
- Nature of the assault; actual or alleged, if this is mentioned in the forensic report.

Data were collected and coded in an excel sheet to facilitate their manipulation. Statistical analysis was performed using

Statistical Package of Social Science (SPSS) software version 28 in windows 10. All qualitative data were expressed as frequencies (number of cases) and percentages. Qualitative variables were compared using the Chi-square (χ^2) test. Fisher exact test was used instead of the Chi-square (χ^2) test when the expected frequency is less than 5. P-value was considered significant if < 0.05 , highly significant if < 0.001 and non-significant if > 0.05 for all tests.

III: RESULTS

The study recorded 164 cases. The victim's age was commonly presented in the second decade of life as 45%, followed by the first decade and third decade as 43% and 12%, respectively. Females were higher than males regarding the victim's gender and presented as 55% and 45%, respectively. On the other hand, the perpetrator's age was commonly presented in the third decade of life as 44%, followed by the second and fourth decades as 40% and 16%, respectively (Figures 1, 2 and 3).

The current study showed that the nature of the sexual assault was a true assault in 41.5% of victims, depending mainly on the medico-legal examination and the evidence collected, while 58.5% of cases had alleged assault, as shown in figure (4).

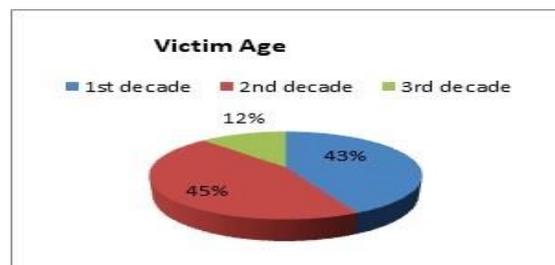


Figure (1): Distribution of sexual assault victims according to victim age in the studied cases

reported to Fayoum medicine authority from January 2013 to December 2017.



Figure (2): Distribution of sexual assault victims according to victim gender in the studied cases reported to Fayoum medicine authority from January 2013 to December 2017.

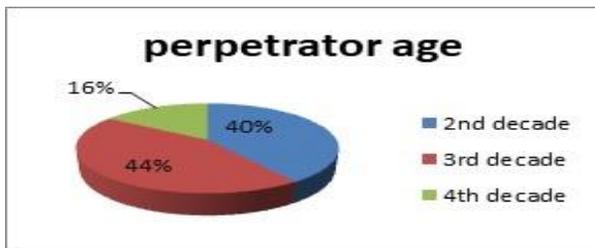


Figure (3): Distribution of sexual assault victims according to perpetrator age in the studied cases reported to Fayoum medicine authority from January 2013 to December 2017.

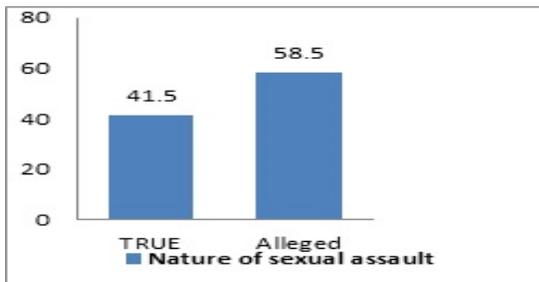


Figure (4): Distribution of sexual assault victims according to the nature of sexual assaults in the studied cases reported to Fayoum medicine authority from January 2013 to December 2017.

The current study showed that a known person to the victim, either friend or neighbour, was the commonly presented form of the relation of the perpetrator to the victim (53.7%), followed by other persons and family members (father, brother and

husband) as (31.7%) and (14.6%) respectively as shown in figure (5).

The current study showed that anal sexual assaults or sodomy was the dominant form of assault (53.7%), followed by vaginal assaults or rape (41.5%), while both vaginal and anal assaults were the least at 4.9%, as shown in figure (6).

The current study showed that the type of evidence collected from victims of the assault mainly was the declaration of the victim (50%). The declaration of the victim with collected specimens, declaration of the victim with medical certificates and declaration of the victim, medical certificates, and collected specimens were presented as (25%), (18%) and (7%), respectively, as shown in figure (7).

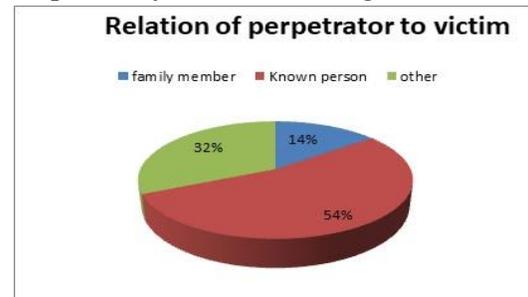


Figure (5): Distribution of sexual assault victims according to the relation of the perpetrator to the victim in the studied cases reported to Fayoum medicine authority from January 2013 to December 2017.

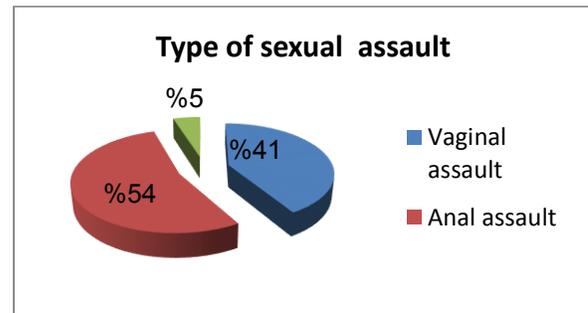


Figure (6): Distribution of sexual assault victims according to type of sexual assault in the studied

cases reported to Fayoum medicine authority from January 2013 to December 2017.

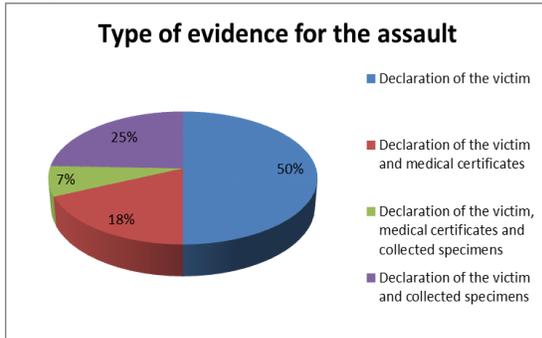


Figure (7): Distribution of sexual assault victims according to the type of evidence in the studied cases reported to Fayoum medicine authority from January 2013 to December 2017.

Regarding the occurrence of penetration, whether it occurred or not, it was of the same value as 50% each; out of the penetrated victims (N=82), the recent penetration accounts for (61%), and old penetration was 39%, as shown in (Table 1).

The time of examination of the victim after the assault was commonly one week (58.5%). In contrast, 41.5% of victims were

There was a highly significant difference (P-value < 0.001) between the victims' age and victims' gender, type of sexual assault, perpetrator age and type of penetration. Most assaulted males were in their first decade of life, while most assaulted females were in the second and third decades. Anal assaults most commonly occurred in the first decade, while vaginal assaults were in the second and third decades. Most perpetrators acted the assault in their second decade on male victims in their first decade, while they did the crime in their third decade on female victims in their second and third decades. Nearly 2/3 of the recent penetration occurred in the first decade. Also, the study revealed a significant difference (P-value < 0.05)

examined within more than one week. Most assaults occurred under duress (82.9%), not under the effect of drugs (95.1%) and without being threatened with weapons 96.3%, as shown in (Table 1).

The frequency of the assault was repeated in (26.8%) of victims, while it was a single time in (73.2%). By general examination of victims, positive findings such as abrasions, bruises, lacerated wounds, and head injuries were found in (19.5%) of cases compared to negative physical findings found in (80.5%). On the other hand, the local genital examination findings were positive in (51.2%) of the victims. The vagina and vulvovaginal areas revealed injuries such as bruises, perineal tears, and hymnal tears. At the same time, the anus and anal region examination revealed weak anal reflex and sphincter tone, flat skin corrugation, wide anal opening, and flat anal canal. The local genital examination was negative in (48.8%) of cases, as shown in (Table 1).

between victims' age and the type of evidence collected from cases, as the victim's declaration was commonly presented in the second decade of life. On the other hand, there was a non-significant difference (P-value > 0.05) between victims' age and local genital examination and the nature of the sexual assault (Table 2).

There was a highly significant difference (P-value < 0.001) between the nature of the sexual assault and both the timing of examination and the local genital examination, where 76.5% of actual assault victims were examined in less than one week, and 94.1% of them had a positive regional assessment (Table 3).

Table (1): Distribution of sexual assault victims reported to Fayoum medicine authority from January 2013 to December 2017 according to different variables of the study.

		N	(%)
Occurrence of penetration	Yes	82	(50%)
	No	82	(50%)
	Total	164	(100%)
Type of penetration if occurred	Recent	50	(61%)
	Old	32	(39%)
	Total	82	(100%)
Under duress	Yes	136	(82.9%)
	No	28	(17.1%)
	Total	164	(100%)
Time of examination after the assault	> One week	68	(41.5%)
	< One week	96	(58.5%)
	Total	164	(100%)
Use of drugs	Yes	8	(4.9%)
	No	156	(95.1%)
	Total	164	(100%)
Use of weapons	Yes	6	(3.7%)
	No	158	(96.3%)
	Total	164	(100%)
Frequency of the assault	Repeated	44	(26.8%)
	Not repeated	120	(73.2%)
	Total	164	(100%)
General examination of the victim	Positive physical findings	32	(19.5%)
	Negative physical findings	132	(80.5%)
	Total	164	(100%)
Local genital examination of the victim	Positive local genital findings	84	(51.2%)
	Negative local genital findings	80	(48.8%)
	Total	164	(100%)

N= number of cases %= Percent of cases

Table (2): Chi-square statistical analysis for the relation between the victim's age and some variables in the studied cases reported to Fayoum medicine authority from January 2013 to December 2017.

Variables	Victim's Age						P- value
	1 st decade (N=70)		2 nd decade (N=74)		3 rd decade (N=20)		
Victim gender	N	%	N	%	N	%	< 0.0001 HS
Male	52	74.3%	22	29.7%	0	0%	
Female	18	25.7%	52	70.3%	20	100%	
Type of evidence							< 0.05 S
Declaration of the victim	28	40%	48	64.9. %	6	30%	
Declaration of the victim and medical certificates	14	20%	10	13.5%	6	30%	
Declaration of the victim, medical certificates and collected specimens	10	14.3%	2	2.7%	0	0	
Declaration of the victim and collected specimens	18	25.7%	14	18.9%	8	40%	
Local genital EX.							> 0.05 NS
Positive	34	48.6%	38	48.6%	12	60%	
Negative	36	51.4%	36	51.4%	8	40%	
Nature of SA.							> 0.05 NS
True	34	48.6%	24	32.4%	10	50%	
Alleged	36	51.4%	50	67.6%	10	50%	
Type of SA.							< 0.0001 HS
Vaginal	10	14.3%	42	56.8%	16	80%	
Anal	56	80%	28	37.8%	4	20%	
Vaginal and anal	4	5.7%	4	5.4%	0		
Perpetrator age							< 0.0001 HS
2 nd decade	40	57.1%	26	35.1%	0	0	
3 rd decade	30	42.9%	30	40.5%	12	60%	
4 th decade	0	0	18	24.3	8	40%	
Type of penetration	1 st decade (N=38)		2 nd decade (N=32)		3 rd decade (N=12)		< 0.0001 HS
Recent	30	79%	20	62.5%	0	0	
Old	8	21%	12	37.5%	12	100%	

N= number of cases P: > 0.05 insignificant difference (NS)

P: < 0.05 significant difference (S)

P: < 0.0001 highly significant (HS)

Table (3): Fisher's exact test statistical analysis for the relation between the nature of sexual assault and Time of examination and local genital examination in the studied cases reported to Fayoum medicine authority from January 2013 to December 2017.

Variables	Nature of sexual assault				P- value
	True (N=68)		Alleged (N=96)		
Time of examination	N	%	N	%	< 0.0001 HS
> One week	16	23.5%	52	54.2%	
< One week	52	76.5%	44	45.8%	
Local genital EX.					< 0.0001 HS
Positive	64	94.1%	20	20.8%	
Negative	4	5.9%	76	79.2%	

N= number of cases P: < 0.0001 highly significant (HS)

IV: DISCUSSION

Violence against women and children is one of the broadest human rights abuses in the world. Almost one billion ladies worldwide have encountered either physical and sexual intimate partner violence or non-partner sexual violence in their life (WHO, 2021).

For the most part, sexual assault has been underreported, underestimated, and unsupported worldwide. The proof and conceivable lawful repercussions for impacted females and children have not been managed appropriately (Khan et al., 2014).

The current study reported 164 cases of sexual assault, both males and females, which were examined by forensic medicine authority, Fayoum governorate, Egypt. Regarding the age of the studied sexual assault victims, the current study reported that most victims were in the age of the second decade, 45%, followed by the first decade as 43% (very close numbers). The prevalence of sexual assault during the first and the second decade could be related to the absence of supervision over children while studying, going to school or out with classmates. This finding was in agreement

with Brahim et al. (2022) who reported that 54.7% of victims were in their second decade of life. The same was found in different studies (Sharaf El-Din et al. 2015; Sherif et al. 2018; Karki et al., 2020). On the contrary, Jänisch et al. (2010) reported that the victims' mean age was 26.7 years at the Institute of Legal Medicine, Hanover Medical School.

The current study also revealed that female victims outnumbered males (55% compared to 45%). This result was in agreement with Aggarwal et al. (2022) and Brahim et al. (2022) who reported that female victims represented 90.4% and 90.18% of cases, respectively. The same results were reported by Zerbo et al. (2018) and Blandino et al. (2021). On the Contrary, Sivarajasingam et al. (2004) found that males were the higher victims in their study (72% and 28%, respectively).

The inconstancy in the age of sexual assault victims can be ascribed to contrasts in demeanour towards the sexual acts and contrasts in social trademark among nations and even between various regions in a similar country (Karanfil et al., 2013). Additionally, teenagers might be

more defenceless than adults as they are more vulnerable to assaults. They can be effectively and handily misled (Felson and Cundiff, 2014).

The perpetrators' age was commonly presented in the third decade of life as 44%. In agreement with the current results, Karki et al. (2020) and Brahim et al. (2022) reported that the mean age of the perpetrator was 25.7 and 27.67 years, respectively. Contrary to the current results, Jänisch et al. (2010) said that the mean age of the perpetrators was 33.9 years. Regarding the relation of the perpetrator to the victim, the current study demonstrated that the acquaintance sexual assault (friend or neighbours) was the most commonly presented form of the relation (53.7%), followed by other persons (strangers) and family members (father, brother and husband) as (31.7%, 14.6% respectively). In agreement with the current results, Aggarwal et al. (2022) and Brahim et al. (2022) reported that the perpetrators were acquaintances in 73.5% and 71.15% of cases, respectively.

Contrary to the current results, Sherif et al. (2018) concluded that (91.3%) of the victims were considered extra familial assaults. Also, Abo El Wafa and Mohammed Ali, (2020) reported in their study that 88.27% of cases were extra-familial to the victims, and 70.34% of them were unknown to the victims.

Regarding the type of alleged sexual assault, the current study showed that anal assaults or sodomy was the dominant form of assault (53.7%), followed by vaginal assaults or rape (41.5%), while both vaginal and anal assaults were the least as (4.9%).

The prevalence of anal assaults in the current study may be due to many male children who are commonly subjected to anal sex.

This finding was in agreement with Abo-Seria et al. (2018) who concluded that anal assault accounted for 55% of cases, followed by vaginal penetration (33.5%) while both vaginal and anal penetration (11.5%).

Contrary to the current results, Abo El Wafa and Mohammed Ali, (2020) reported that of 145 victims, 44.1% had a completed vaginal penetration, 25.5% had a history of anal penetration, and 2.8% had a completed mixed penetration. In addition, Brahim et al. (2022) recorded that 65.7% of victims had vaginal intercourse, while 17.6% of victims had mixed vaginal and anal penetration, of which 28 cases had only anal penetration without a hymenal tear

Regarding the time of examination, most victims were examined before one week (58.5%), while 41.5% of victims were reviewed in more than one week. In some cases, the time of examination reached one-year post-assault, and this delay in notification of the crime may be due to fear of the victim's family for her honour. In some instances, reporting to the authorities is preceded by customary marriage, and the female did not tell her family. Another cause of the delayed examination time can be attributed to wasting much time sending the victim by the prosecution to the forensic medicine authority for examination and reporting. There is no evidence suggesting examination of the perpetrator in the forensic authority reports, so examination of the perpetrator is not statistically recorded in the current study. Similar to the current results, Brahim et al. (2022) recorded that 46.8% of

victims were examined within 72 h of the assault. A total of 63% took place within the first-week post-assault. Different studies recorded similar results (Sherif et al. 2018; Karki et al., 2020).

Contrary to the current results, Sharaf El-Din et al. (2015) and Abo El Wafa and Mohammed Ali, (2020) concluded that 43.8% and 65.5% of cases were examined after the first month, respectively.

The current study also reported that the earlier the notification of the assault, the higher the chance of documenting its occurrence. Many studies reported similar results (Abo El Wafa and Mohammed Ali, 2020; Karki et al., 2020; Sobh et al., 2020; Blandino et al., 2021).

The time between sexual assault and the forensic examination has a critical role in proving the assault and the ensuing privileges of the victim and punishments for the culprit; however, the majority of the victims are late to report because of their apprehension about disgrace or because of society's impression of them (Kaushik et al., 2016).

The current study showed that most assaults occurred under duress, not under the effect of drugs and without being threatened with weapons. This finding is wholly accepted because most victims are young children and females, who can be overcome with force and without resistance, so there is no need for using weapons or under the influence of drugs. Also, in our community, drugs or weapons are unconventional. This was in agreement with Blandino et al. (2021) who reported that positivity for alcohol was found in 2.1% of cases and positivity for drugs in 1.7%, while the

assault was under threat of weapons in 10.3% of cases. This result was opposite to what was reported by Jänisch et al., (2010) who stated that 122 victims (41.8%) and 38 alleged assailants (43.2%) were under the influence of alcohol.

Even though drugs and alcohol are frequently engaged in sexual assaults, they are not the direct reason for the crime. Perpetrators become less restrained with drugs and alcohol use, yet most attacks are arranged ahead of time. Numerous victims have tracked down that their capacity to respond was debilitated because they were drinking or taking drugs or tranquilized to a degree of crippling (Norris, 2008).

Regarding the frequency of assaults, this study revealed that the assault was repeated in (26.8%) of victims either by the same assailant or multiple assailants. In comparison, it was a single time in (73.2%) of cases. This finding was in agreement with Abo El Wafa and Mohammed Ali, (2020) and Brahim et al. (2022), who reported that only one perpetrator, had assaulted 81.4% and 94.9% of cases, respectively. Contrary to the current results, Sobh et al. (2020) reported that 56.7% of sexual assaults were repeated more than once.

Regarding the general examination of the victims, the current study revealed that 19.5% of victims had positive findings such as abrasions, bruises, lacerated wounds, and head injuries, compared to negative physical findings (80.5%). These findings were highly acceptable because most victims are young children and females who cannot resist the perpetrator. Hence, no signs of resistance will appear due to the rapid

healing of injuries, delayed forensic examination, or a false allegation. In some cases, they had sexual assault willingly with the offender. Consistent with the current results, Karki et al. (2020) and Sobh et al. (2020) stated that no injuries could be detected during the general examination on 67% and 65% of sexual assaults, respectively. Also, Blandino et al. (2021) reported multiple injuries in 15.6% of cases.

Contrary to Abo El Wafa and Mohammed Ali (2020) and Brahim et al. (2022), evidence of recent acute general body trauma was found in 71% and 41.2% of cases, respectively.

Regarding the local genital examination of the victims, the current study revealed that findings were positive in (51.2%) of the victims. Penetration occurred in 50%; the recent penetration accounts for (61%) while old penetration was (39%). In some cases, the forensic medical examiner has sent the victim for myography of the anal sphincter muscles to diagnose and document repeated use or chronic sodomy. The local genital examination was negative in (48.8%) of cases. Negative findings may be due to delayed notification and examination of the assaulted person since many unmarried females had an old hymenal tear and had been notified very late.

In many cases, the assault was alleged and did not occur due to conflicts with the assailant. This finding was in line with Brahim et al. (2022) who reported that 87% of victims had local genital penetration; on the other hand, they disagree with the current results in that most cases had old

penetration (69.4%) and only 17.6% had recent penetration.

On the contrary, Haider et al. (2014) and Karki et al. (2020) reported that 32.8% and 19.2% had a recent tear, respectively.

The inability to exhibit signs of sexual intercourse or injury, local or general, does not allow an assessment that the assault did not occur, particularly assuming some time has elapsed since the assault (Nadeem et al., 2018).

Regarding the evidence collected from the victims, the current study revealed that the victim's declaration and the victim's declaration with collected specimens were the most reliable evidence to confirm sexual assault and presented as 50% and 25%, respectively.

The specimens include cloths from victims who presented early and were collected by the prosecution, who had sent them to forensic authority for examination; vaginal swabs were obtained in only two cases. Moreover, victims usually change their clothes and take a bath or wait several days before notification of the assault, decreasing the evidence collected. Consistent with the current results, Blandino et al. (2021) reported that the declarations of the victims represented the primary type of evidence, and only in 0.2% of cases, medical certificates were the only source of evidence, while medico-legal sample analysis, such as DNA and toxicological tests, were not reported.

On the contrary, Sobh et al. (2020) and Brahim et al. (2022) recorded that vaginal swabs were taken from 60.9% and 36% of victims, respectively and were examined for evidence of sperms.

Regarding the nature of the sexual assault, the current study reported that 41.5% of victims had true assault, depending mainly on the medico-legal examination and the evidence collected, while 58.5% of cases had alleged assault. This result confirms that not all cases of sexual assaults are real. Instead, propaganda from women against men may be due to family disputes between the two families or perhaps to force a person to marry her. Therefore, the early notification must be given to all cases of sexual assaults and making the necessary examination at the appropriate time for them to achieve the truth and clarify the falsehood. Blandino et al. (2021) reported that 66.3% of cases were true assaults, and the perpetrator was convicted of the crime. In 33.7% of cases, the acquittal of the accused had been proved; in these cases, the only evidence was the victim's declaration.

The current study reported a highly significant difference between the victims' age and victims' gender, type of sexual assault perpetrator age, and type of penetration. This result was in agreement with Abo El Wafa and Mohammed Ali, (2020) who reported that children in their first decade were the most susceptible to anal penetration, while in their second and third decades were the most vulnerable to complete vaginal penetration. Blandino et al. (2021) found that the victims under the age of 35 were susceptible to true sexual assault, and the probability of conviction of the alleged perpetrator increased. Chwo et al. (2022) reported that females were 100 times more likely to be sexually assaulted than males.

V: CONCLUSION

The victim's age was commonly presented in the second decade of life as 45%. Females were higher than males. Most assaulted males were in their first decade of life, while most assaulted females were in the second and third decades. Anal assaults were more commonly presented than vaginal assaults. 41.5% of victims had true assault.

VI: RECOMMENDATIONS

1. Mass media and newspapers have to raise the people's awareness about such problems.
2. Instruct the children to notify their guardians early if they have been attacked and teach the parents the most proficient method to answer when the kid reveals sexual maltreatment.
3. Young children must be taught sexual culture and about the places that can be touched and places that cannot be handled in their bodies.
4. Parents should take care and beware of relatives and friends who sit with their children or visit them in their home, as sexual assaults can occur by any family member.
5. Speed up investigation procedures by the prosecution when reporting sexual assaults because the time factor is critical in determining the evidence of the assault and showing it clearly.
6. Victims and closely related individuals ought to be instructed to report such a crime right away so that appropriate documentation can happen and prove gathered.

Limitation of the study:

The study is retrospective, and the victims were not examined at the time of the assault. The forensic report did not mention the marital status, the victim's residence or the perpetrator and the psychological status.

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VIII: CONFLICT OF INTEREST

NONE.

الملخص العربي

فحص حالات الاعتداء الجنسي في محافظة الفيوم، مصر. دراسة مرجعية.

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المقدمة: الاعتداء الجنسي هو أي عمل جنسي مقدم ضد شخص آخر دون موافقتها أو ضد أشخاص لا يستطيعون إعطاء موافقة مشروعة. يمكن أن تحدث الاعتداءات الجنسية لأي شخص في أي سن، وفي أي مكان، كلما كان وقد يكون الجناة غرباء أو معارف أو زملاء أو مرافقين أو أقارب.

الهدف من العمل: تقييم الاعتداءات الجنسية داخل محافظة الفيوم بمصر، ومعرفة عناصر هذا الاهتمام الكبير بالصحة العامة، وتحديد العناصر المستمرة في الإناث والأطفال الذين يتعرضون للاعتداءات الجنسية.

الطرق: دراسة استرجاعية لحالات الاعتداء الجنسي فحصتها هيئة الطب الشرعي، محافظة الفيوم، مصر، من يناير/كانون الثاني 2013 إلى ديسمبر/كانون الأول 2017. وسجلت بيانات اجتماعية ديموغرافية للضحية والمهاجمين. وقد سجلت جميع المعلومات عن الاعتداء كمكان، ونوع الاعتداء، والعلاقة بين الجاني والضحية، ووقت الفحص، واستخدام المخدرات أو الأسلحة، والفحص العام والتناسلي للضحية، وطبيعة الاعتداء.

النتائج: سجلت الدراسة 164 حالة. لقد تم تقديم عمر الضحية بشكل عام في العقد الثاني من العمر بنسبة 45%، يليه العقد الأول والعقد الثالث بنسبة 43% و 12% على التوالي. وكانت الإناث أعلى من الذكور. عادة ما يتم تقديم سن مرتكب الجريمة في العقد الثالث من العمر بنسبة 44%. وكان الشخص المعروف للضحية، سواء كان صديقاً أو جاراً، هو الشكل الذي يعرض بشكل شائع لعلاقة مرتكب الجريمة بالضحية (53.7 في المائة)، يليه أشخاص آخرون وأفراد أسر (أب وأخ وزوج) (31.7 في المائة) و(14.6 في المائة) على التوالي. كانت الاعتداءات الجنسية الشنانية أو اللواط الشكل السائد من الاعتداء (53.7%)، تليها الاعتداءات المهبلية أو الاغتصاب (41.5%). وكانت الأدلة التي تم جمعها من ضحايا الاعتداء هي في الأساس إعلان الضحية (50%) ثم إعلان الضحية مع العينات المجمعة (24.4%). وكان وقت فحص الضحية بعد الاعتداء عادة أسبوعاً واحداً (58.5 في المائة). وفي الوقت نفسه، تم فحص 41.5% من الضحايا لأكثر من أسبوع واحد. ومعظم الاعتداءات وقعت في أماكن لا تخص الضحية (85.4%). وتكرر تكرار الهجوم في (26.8%) من الضحايا، في حين كان مرة واحدة في (73.2%). وكانت نتائج فحص الجهاز التناسلي المحلي إيجابية في (51.2 في المائة) الضحايا. وكانت طبيعة الاعتداء الجنسي اعتداء فعلي في 41.5% من الضحايا. وقد وجد اختلاف بالغ الأهمية (القيمة ف - 0.001) بين عمر الضحايا وجنس الضحايا ونوع الاعتداء الجنسي وعمر مرتكب الجريمة ونوع الاختراق.

الخلاصة: كان معظم الذكور الذين تعرضوا للاعتداء في العقد الأول من حياتهم، بينما كان معظم الإناث اللاتي تعرضن للاعتداء في العقد الثاني والثالث. وقد حدثت الاعتداءات الانانية في العقد الأول، في حين أن الاعتداءات المهبلية كانت في العقد الثاني والثالث.

الكلمات الدالة: الفيوم؛ أنثى؛ الاعتداء الجنسي؛ وقت الفحص.

التوصيات:

- 1- يتعين على وسائل الإعلام والصحفيين رفع وعي الناس بمثل هذه الاعتداءات الجنسية.
2. التنبيه على الأطفال إخطار أولياء الأمور في وقت مبكر إذا تعرضوا للهجوم وتعليم الآباء الطريقة المثلى للإجابة عندما يكشف الطفل عن سوء المعاملة الجنسية.
3. يجب تعليم الأطفال الصغار الثقافة الجنسية حول الأماكن التي يمكن لمسها والأماكن التي لا يمكن التعامل معها في أجسامهم.
4. يجب على الآباء الاهتمام بالأقارب والأصدقاء الذين يجلسون مع أطفالهم أو يزورونهم في منزلهم، حيث يمكن أن تحدث أي اعتداءات جنسية من قبل أي فرد من أفراد الأسرة.

٥. تسريع إجراءات التحقيق عند الإبلاغ عن الاعتداءات الجنسية لأن عامل الوقت أمر بالغ الأهمية في إثبات الاعتداء وإظهاره بوضوح.
٦. التنبيه علي الضحايا والأشخاص المرتبطين بهم ارتباطاً وثيقاً ، بالطريقة الصحيحة للإبلاغ عن مثل هذه الجرائم حتى يمكن أن جمع الوثائق و إثبات الدليل علي حدوثها.