

The Killing of Women Without Weapon: 5 year medico-legal study of rape cases in Karachi

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ABSTRACT

Background: Rape is amongst the most prevalent sexual assault against women in Pakistan.¹ These bullets when fired damage the physical, psychological, social, and economical well being of the victim, culminating often into problems culminating in a myriad of social, psychological and medical problems.

Objective: To analyze the various medico legal parameters & dimensions of alleged rape cases in metropolis of Karachi and present this analysis in relation to the demographic parameters of the alleged cases.

Methods: A descriptive and cross sectional study on a total of 1210 cases of alleged sexual assault, that were reported from January 1, 2007 till December 31, 2011, at the three authorized medico legal centers of Karachi: Jinnah Post Graduate Medical Center, Abbasi Shaheed Hospital and Civil Hospital Karachi.

Results: Amongst the total of 1210 cases, majority involved unmarried females (n=898; 74.21%), whereas married cases were 312(25.79%). On an average 20% of the cases were reported per year (n=292), with peak incidence in 2011 when the percentage rose to 21.65 %(n=262) and the minimum being at 17.27 %(n=209) in year 2007. Most cases were reported 0-6th day post incident with the percentage being 35.70 %.(n=432). The cases in which examination was carried out between 1 week to 1 month after incident were 64.29 %(n=778). The negative cases came out to be 62.56 %(n=757) and positive cases came out to be 37.43 %(n=453), on the bases of clinical findings (i.e. tears local injuries) and laboratory investigations. Sexual assault is more common, in the age group of 15-20 years (n=586; 48.42%).

Conclusion: Rape as sexual assault is still a major concern in our region. Most of the cases reported were however not proved to be positive; Reasons being many, especially when the victim report their cases late or the nature of cases being such (as in rape after abduction) that relevant physical findings were rendered useless to provide evidence. There is a need to provide safeguards to such victims so that

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they may seek legal and medical attention sooner, and measures to provide social security to such sufferers so that their physical and mental health can be restored in due time.

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INTRODUCTION

In the list of violence against women, the incidence of sexual assault comes on the top. Defining Rape, in medico legal terms, according to Pakistan constitution is on a very objective basis. According to Pakistan Penal Code 1960, section 375 (zina- bil- jabr, under the Hudood Ordinance 1979), Rape is sexual intercourse by male with a woman under circumstances falling under any of the following descriptions:

- Without her consent.
- Against her will.
- With her consent or when her consent has been obtained by putting her in fear of death or bodily harm.
- With her consent when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.
- With or without her consent, when she is under sixteen years of age.

According to the law, penetration is sufficient to constitute the offence of rape. Rape is the most lethal weapon that can be used against the females and their families. These bullets when fired damage the physical, psychological, social, and economical well being of the victim, culminating often into problems such as divorce, rejection from the society, illness/diseases, illegal pregnancies/abortions, as well as long term injuries and mental deterioration.²

More fatal outcomes with context of Rape can be suicide, homicides, divorces, deterioration of dependant's such as children's physical and mental health, and long term feelings of vengeance with assailants and their families.³

While already coping with the trauma, an additional hindrance is presented to the victim to

the medical riposte of rape as it is composed of not only a medical but also a legal component.⁴

A report published by WHO, "Sexual Violence" (Chapter 6 of a larger report "World Report on Violence and Health) observes how The incidence of rape & sexual assault are increasing day by day all over the world; the problem concentrated especially in some cities such as Rio De Janeiro, Kampala and Buenos Aires. (5) What is more alarming is the high incidence of such crimes observed in context of intimate sexual partners, with numbers continuously rising from 7.7% during mid 1990s to 24.5% in a more recent survey in United States alone. (5) In UK, prevalence of one or more rapes occurs during the life time of 23% of the urban female population and in United States, unwanted pregnancy resulting from such sexual encounters reported at 5% or more for females aged 12-45 years.⁵

The research done on the extent of sexual assaults in the country or on the percentages of women subjected to it is sporadic and quite limited. The media however, reports such occurrences which may or may not be verified by forensic examination. Gender inequity is a norm, with no laws safeguarding the rights of females in Pakistan that particularly manifests in the sexual violence practiced against them, leaving many in depression and other several health consequences.^{6,7}

In the context of our region, Indo-Pakistan, this heinous crime is practiced in social circles in a very individualistic way. It is very common to create a motive for murder of the enemies, by falsely alleging their own innocent women having illegal relations with enemy. They first rape these women, kill them and later creating the false pretense of vengeance against the enemies, assault their enemies. This grave social crime is called Karo-Karee (Honor Killing).

Karo karee is reported more commonly from rural setting in Pakistan. While, true statistics are difficult to obtain, an estimate of incidence can be evaluated by the media reports, one stating 215 honor killings in less than a year in 2012.⁸ With more than half of the killings not reported, the true picture is far more serious and hideous than realized.⁹ Easily inflicted & difficult to prove, the sexual assault as rape has the highest rate of all the crimes against the women in Pakistan.¹

Sexual assault, per se, is now an important public health concern worldwide; One that may require both emergency medical and long term psychological treatment. Of the many adverse outcomes, mental disorders, un-wanted pregnancies, sexually transmitted diseases, suicidal tendencies, and eventually death are only few to name.¹⁰ Rape as a crime is committed not only to a person in question, but to many people associated resulting in such adverse impacts on the victim, on her family and on her society as a whole. Prevention is thus strongly advised.¹¹

In this paper, we aim to present the descriptive and analytical data regarding victims of rape that presented to the three largest medico-legal centers of Karachi, the largest city of Pakistan. The data collected and thus presented at these centers therefore can well reflect the current situation of the factors that affect the situation regarding sexual assault on women living in the metropolis of Karachi. This study aims to objectively define sexual assault & rape cases with reference to the frequency of cases and its relation to factors such as marital status, types of sexual assault, age, importance of time interval between assault & examination, methods for proving & disproving the cases, as well as the importance of clinical / laboratory examination.

METHODOLOGY

This study is carried out at the three medico-legal centers of Karachi i.e. Jinnah Post Graduate Medical Center, Abbasi Shaheed Hospital and Civil Hospital Karachi. This retrospective, cross-sectional study was carried out from 1st January 2007 to 31st December 2011. At the time of the presentation of the case following demographic information was collected: Age, marital status, time elapsed

between the incidence and time of examination and the type of sexual assault.

A detailed physical and clinical examination was performed paying due attention to any injury/bruises sustained at any part of the body particularly in the genitourinary area. Clothing of the victim along with any local findings that provide essential evidence to prove or disprove the case such as the demonstration of semen, S.T.D, Bacterial/Histological assay of vaginal smears were sent for laboratory and chemical analysis. D.N.A analysis, Hormonal assay, ultra sounds & X-rays were also performed in selected cases where needed to prove/ disprove the cases or to furnish essential information. A positive semen assay was regarded as the definitive factor to prove the case of sexual assault as rape.

RESULTS

There were a total of 1210 cases that presented to the three mentioned medico legal centers of Karachi during the five year study period (1st January 2007- 31st December 2011). Out of these only 4563 came out to be positive for rape; Most of the cases, however, did not prove to be true for the allegation. Out of total 1210 cases reported during study period, the married victims were 312(25.78%) & the un- married were 898(74.21%). 242(20%) cases were reported on an average per year, 20(1.65%) per month & 0.66 (66.30%) per day. Table 1 shows that the least number of (n=209, 17.27273%) cases were reported in year 2007, while maximum (n= 262, 21.65289%) in year 2011.

Table 2 shows the frequency of etiology, or the different kinds of histories presented with the principal complaint of rape. The cases with history of rape alone were 516 (42.46%) & cases with history of abduction with intention of rape were n=642, (53.05 %).

Jointly the cases with allegations of rape & abduction with intention of rape are n=1158 and (95.51%) of total reported cases (Table 2)

When a woman is raped or sexually violated by more than one person, it is termed as the gang rape. 8 (0.66%) of the total cases reported were with the history of gang rape. A total of (0.90%) 12 cases reported with the allegation of incest (sexual activity between people so closely related that marriage between them is legally or

culturally prohibited). 5 (0.41%) cases of indecent assault (attempted to rape) were reported out of the total cases. Post abortion cases with history of rape were 5 (0.41%). These cases were investigated on clinical grounds as well as laboratories findings including ultra sound, x-rays & hormonal analysis.

One case was reported with the history of murder i.e. the lady enraged with anger murdered the assailant. 21 (1.73%) females were also subjected to un-natural sexual act, i.e. anal inter course by the male assailants.

Following is the frequency of cases reported with time interval between assault and medical examination performed after reporting of the case (post incidence reporting time interval) n=432, (35.70%). Reported on same to 6th day n=778 (64.29%); Reported 1 week to 1 month or after.

Table 3 gives the frequency of cases with reference to age. Age of these victims reporting to the medico-legal center ranged from under ten years of age to sixty years of age. Maximum cases n=225(18.59%) are from age group of 17-18 years & minimum are n=2 (0.16%) each in age group 51-55 & 56-60. The maximum n=586(48.42%), are from age group of 15-20 years. the next higher n=288(23.80%) were from age group 21-30 years. Hence cumulatively the highest percentage 70.74% (n=856) of reported case belongs to age group from 15-30 years. The total number of cases that falls in the category of minors (14 & under 14 years) were found to be (22.31%) n=270.

Table 4 shows the statistics of the proved case with the parameters of the proving the rape. Sperms were detected in the vaginal swab of n=275(22.72% of total cases) of cases, and it's 60.70% of proved cases (453). Tears & local injuries were detected in n=118 (9.75 %) of proved cases as (sperms/tears 33 +tears 71+ anal rape tears 09 +local injuries 5=total 118.) In 71 (5.86%) cases only the tears were detected in vaginal orifice, typical of rape, it is 15.67 % of proved cases. The tears were also detected in n=9; (0.74%) cases with history of anal inter course. A total of 55 cases (4.54%) were proved due to intact pregnancy, on the bases of clinical,

ultra sound, hormonal assay, which coincided with the date of rape, & abduction for rape. A total of 5(0.41%) cases were proved on the bases of abortion & subsequently confirmed by ultra sound, retained products of conception as well as hormonal assay.

Table 5 shows the frequency of non proved cases with the parameters used. A total of 757(62.56%) out of 1210, cases were not proved, the reason why they were not proved and the related frequency in form of numbers & percentages is summarized in the table below.

A total number of 591 cases (48.84%) were not proved on clinical, radiological, ultrasonic or hormonal analysis due non availability or inadequate availability of any evidence. A total of 96(7.93 %) victims were found Virgo intact, i.e. Hymen was intact hence no rape or sexual assault was carried out. In total n=24 cases (1.98%) females were found unwilling to report the crime, & refused for examination, verbally as well as in writing, before the police officer. In non proved cases, 31 (2.56%) were found having menses, hence the detection of sperms, abortion, pregnancies & tears, all became impracticable thus disproving the charges of rape. The cases of anal rape, reported were total n=8 (0.66%), & these were not proved due to absence of tears, or sperms in the rectal slides, washing of part along with the clothes, defecation & late submission for examination. A total of n=3 cases of incest (0.24%) were not proved, because no evidence was available on clinical & laboratory findings.

Two cases (0.16%), under the heading of other causes, were not proved due to non availability of any evidence whether clinical or laboratory findings. This could be due to washing or changing of the clothes, post menstrual examination, or likely a long interval elapsed between the time of incidence & the time of reporting.

Two (0.16%) cases of abortion were not proved even after a detailed clinical, laboratory investigations and ultra sound. This was due to the long time interval that elapsed between the incidence of the case & the time of the reporting of the case.

Table 1. Frequency of Rape Cases between January 1, 2007 and December 31, 2011.

| Types | 2007 | 2008 | 2009 | 2010 | 2011 | Total | % |
|---------|------|------|------|------|------|-------|--------|
| Married | 54 | 59 | 63 | 75 | 61 | 312 | 25.79% |

| | | | | | | | |
|-----------|-----|-----|-----|-----|-----|------|---------|
| Unmarried | 155 | 200 | 166 | 176 | 201 | 898 | 74.21% |
| Total | 209 | 259 | 229 | 251 | 262 | 1210 | 100.00% |

Table 2. Annual Incidence of Types of Sexual Assault.

| Types | 2007 | 2008 | 2009 | 2010 | 2011 | Total | % |
|-----------|------|------|------|------|------|-------|--------|
| Rape | 69 | 106 | 118 | 119 | 104 | 512 | 42.31% |
| Abd/Rape | 131 | 142 | 102 | 123 | 144 | 642 | 53.05% |
| Gang Rape | 0 | 6 | 0 | 1 | 1 | 8 | 0.66% |
| Incest | 4 | 2 | 1 | 2 | 3 | 12 | 0.99% |
| Attempt | 1 | 0 | 0 | 02 | 2 | 5 | 0.41% |
| Abortion | 0 | 0 | 1 | 0 | 4 | 5 | 0.41% |
| Murder | 0 | 0 | 0 | 0 | 1 | 1 | 0.08% |
| Unnatural | 4 | 3 | 7 | 4 | 3 | 21 | 1.73% |
| Total | 209 | 259 | 229 | 251 | 262 | 1210 | |

Table 3. Methods used to prove the cases, along with annual frequency of proven cases.

| Types | 2007 | 2008 | 2009 | 2010 | 2011 | Total | % |
|----------------|------|------|------|------|------|-------|--------|
| Sperms | 21 | 35 | 57 | 87 | 75 | 275 | 22.72% |
| Sp/Tears | 4 | 13 | 7 | 4 | 5 | 33 | 2.56% |
| Tears | 19 | 11 | 18 | 13 | 10 | 71 | 5.86% |
| Pregnancy | 10 | 12 | 8 | 8 | 17 | 55 | 4.55% |
| Anal Tears | 3 | 1 | 4 | 0 | 1 | 09 | 0.74% |
| Local Injuries | 2 | 0 | 1 | 1 | 1 | 5 | 0.41% |
| Abortion | 1 | 1 | 0 | 1 | 2 | 05 | 0.41% |
| Total | 60 | 73 | 95 | 114 | 111 | 453 | 37.43% |

Table 4. Statistics of unproven cases, along with per year frequency.

| Types | 2007 | 2008 | 2009 | 2010 | 2011 | Total | % |
|----------------|------|------|------|------|------|-------|--------|
| Virgo | 21 | 17 | 21 | 17 | 20 | 96 | 7.93% |
| No Evidence | 121 | 149 | 99 | 106 | 116 | 591 | 48.84% |
| No Examination | 2 | 10 | 7 | 1 | 4 | 24 | 2.03% |
| Menses | 0 | 9 | 3 | 11 | 8 | 31 | 2.56% |
| Unnatural | 2 | 1 | 2 | 2 | 1 | 8 | 0.66% |
| Incest | 2 | 0 | 1 | 0 | 0 | 03 | 0.24% |
| Other Causes | 0 | 0 | 1 | 0 | 1 | 02 | 0.16% |
| Abortion | 1 | 0 | 0 | 0 | 1 | 2 | 0.16% |
| Total | 149 | 186 | 134 | 137 | 151 | 757 | 62.56% |

Table 5. Statistics of age groups of rape victim/ frequency/percentage.

| Age Group | 2007 | 2008 | 2009 | 2010 | 2011 | Total | % |
|-----------|------|------|------|------|------|-------|--------|
| 10<10 | 19 | 13 | 25 | 26 | 18 | 101 | 8.37% |
| 11-12 | 12 | 9 | 10 | 10 | 12 | 53 | 4.38% |
| 13-14 | 18 | 25 | 36 | 19 | 18 | 116 | 9.58% |
| 15-16 | 22 | 46 | 30 | 33 | 42 | 173 | 14.29% |
| 17-18 | 40 | 47 | 40 | 45 | 53 | 225 | 18.59% |
| 19-20 | 31 | 35 | 29 | 34 | 41 | 170 | 14.04% |
| 21-22 | 16 | 25 | 12 | 35 | 22 | 104 | 8.59% |
| 23-24 | 10 | 16 | 8 | 2 | 13 | 56 | 4.62% |
| 25-30 | 24 | 23 | 25 | 26 | 30 | 128 | 10.57% |
| 31-35 | 8 | 12 | 6 | 12 | 5 | 43 | 3.55% |
| 36-40 | 4 | 6 | 4 | 6 | 4 | 24 | 1.98% |

| | | | | | | | |
|-------|-----|-----|-----|-----|-----|------|-------|
| 41-45 | 3 | 1 | 1 | 2 | 3 | 10 | 0.74% |
| 46-50 | 1 | 1 | 1 | 0 | 1 | 4 | 0.33% |
| 51-55 | 1 | 0 | 0 | 1 | 0 | 2 | 0.16% |
| 56-60 | 0 | 0 | 2 | 0 | 0 | 2 | 0.16% |
| Total | 209 | 259 | 229 | 251 | 262 | 1210 | 100% |

Table 6. Statistics of rape cases with reference to date of post incidence reporting along with number of proved & non proved cases with frequency /percentage.

| Time | N | Proved | Not Proved |
|-------------|------|--------------|--------------|
| | | N, % | N, % |
| Same day | 94 | n=49;4.04% | n=45;3.71% |
| Day 1 | 104 | n=44;3.63% | n=60;4.95% |
| Day 2 | 61 | n=29;2.39% | n=32;2.64% |
| Day 3 | 56 | n=24;1.98% | n=32;2.64% |
| Day 4 | 46 | n=15;1.23%% | n=31;2.56% |
| Day 5 | 39 | n=11;0.90% | n=28;2.31% |
| Day 6 | 32 | n=16;1.32% | n=16;1.32% |
| Week 1 | 119 | n=57;4.71% | n=62;5.12% |
| Week 2 | 110 | n=32;2.64% | n=78;6.44% |
| Week 3 | 107 | n=29;2.39% | n=78;6.44% |
| Month 1or > | 442 | n=147;12.14% | n=295;24.38% |
| Total | 1210 | 453;37.43% | 757;62.56% |

DISCUSSION

During the course of our study, most females came out to be in the age group of 15 -30 years of age (cumulatively around 70.74%). From this large group, more women reported from the age group of 15-20 years. Hence, most victims were young females. This in line with the trend seen in other parts of the world, where most of the females reporting sexual assault or rape belong to a younger age group (16-19 years of age and then 20-25 years of age).^{12,13} A study done in local setting also reports a similar trend where 64.2% of cases fall in the years between 10-19 years of age.¹⁴ At the prime of their youth, females attract more attention by males, strangers and acquaintances alike. Moreover at such a tender age, they are not fully aware of the dangers that surround them in community. As these girl grow up to be women, they become more and more aware of the risk around them in society and they pay heed to many precautions to avoid getting in such a situation. Additionally, as urbanization take hold in our communities, more young girls are stepping out to either partake in educational activities or to work. Again, such a trend put them at high risk to become vulnerable for rape, or the many other form of sexual assault.

More females in our study belonged to the group of un-married females (74.21%) than married females. With the context of our region of south east Asia, it is commonly known that sexual offences are carried out against unmarried females more than married female.¹⁵ Again, this may be also be associated to the younger age attributed to unmarried females and again to the general precautions that married females might practice to avoid getting in such a harassing situation.

242(20%) cases were reported on an average per year, 20(1.65%) per month & 0.66 (66.30%) per day. Table no-1 shows that the least number of (n=209, 17.27273%) cases were reported in year 2007, while maximum (n= 262, 21.65289%) in year 2011. Table no-1 shows that the minimum n=209, 17.27273%) cases reported in year 2007, while maximum n= 262, 21.65289%) in year 2011.

Table 2 shows the frequency of etiology, or the different kinds of histories presented with the principal complaint of rape. The cases with history of rape alone were 516 (42.46%) & cases with history of abduction with intention of rape were n=642, (53.05 %). In the region from where our study is reported from, i.e. South East Asia, it is common to forcefully abduct girls and then

carry the act of rape. Hence, association of strangers with such a crime is higher than its association with persons identifiable to victims in such cases.¹⁶ In this category of cases with allegation of abduction with intention of rape, included victims who left their homes at their own will for marriage, or they had been taken away by fraud of marriage or due to enmity. These cases were registered & reported to police or court with the allegation of abduction with intention for rape. This pattern however is in sharp contrast to that seen in other parts of the world especially the developed western nations where most of the perpetrators of the crime are known to the victims.^{13,17}

Considering such a trend, another important aspect that should come in the mind of a medico-legal officer is when such cases present to them. In the context of abduction, it is not unusual for the cases to present late for examination, by which time many valuable evidence in the form of local injuries, seminal stains on body or clothing's etc are lost. This is again quite evident from our study where many of such cases were not proven as rape because of inadequacy of evidence that can be collected from the victim. A WHO report observes and confirms that in such a setting as ours it is often common for medico legal officers to not find adequate evidence.¹¹

Rape is an act of aggression and anger, with penetration carried out with thrust & force. It is proved that in 33 cases (2.72%) tears were detected in vaginal region & also confirmed with the detection of sperms. It constituted 7.28 % of the proved cases. In 71(5.86%) cases, tears were detected in vaginal orifice typical of rape (without detection of sperm); It is 15.67 % of proved cases. Tears were also detected in n=9 (0.74%) cases with history of anal intercourse. All in all, tears & local injuries were found in 118 cases of rape, out of 453 proved cases in our study. Study from Lisbon, Portugal pointed out that 31% of cases of sexual assault or rape are presented with genital injuries.¹⁸ Similar is the trend seen in our local setting, where a study from our region report 14.6 % of cases with physical injuries.¹⁴ Though overall this can be concluded that large number of such cases fails to show any signs of physical aggression, yet any clue that can become a positive evidence for the case is important in judiciary system. Hence, stress should be placed on a detailed physical examination particularly paying

attention to genitor-urinary area, as these can give many valuable clues that helps medico-legal officers in proving or disproving the case. A study done in South Africa specially shows the correlation between the convictions of rape cases to the findings on a physical examination.¹⁹ As a developing nation with poor resources, such ready evidence should be well documented by the female medico legal officers which can become quite essential to prove the case.

A total of 757(62.56%) out of 1210, cases were not proved in our study. 591 cases (48.84%) were not proved on clinical, radiological, ultrasonic & hormonal analysis i.e. on non availability of any evidence. 96(7.93 %) victims were found Virgo intact, i.e. Hymen was intact, no rape or sexual assault was carried out. The complaint might have been lodged with intention to label charges in enmity.

In total n=24 cases (1.98%) females were found unwilling to report the crime, & refused for examination, verbally as well as in writing, before the police officer. As per rule of the land no one can compel women to submit them for medical examination without consent or forcibly. Even the magistrate & police must respect her wishes and are not allowed to perform against her will. Often the victims of rape refuse to admit what happened to them. Refusal to the examination is often an attempt to cope with the situation. The victim in denial tries to sort out all the possibilities rather than facing the truth of the situation; Yet many do not want to be seen as the victim and thus never consent or cooperate with the authorities.¹¹

The time interval in between sexual assault & medical examination play an important role to prove the rape or otherwise.²⁰ This is well observed in our study as well. Most number of cases in our study were brought to the medico-legal officers one month after the incidence. When the victims present to the physicians after such a long time, much important evidence is lost that can help prove the case. One of the main reasons this happens in our setting is the delay in decision making process by the family of the victims to report the case.¹⁴ Women, considered as honour in the family, when struck with such a calamity are considered a liability in our community. The whole matter is many times hushed up by the male members of the family. Therefore, it's not uncommon to report such

incidents much later than the incident date in our setting.

In 1979, Hudood ordinance was implicated as the cardinal law governing punishments against sexual assault on women. However the law has many loop holes and its original intention to safeguard the rights of women never really served its purpose. In Hudood laws, for unlawful sexual relations, the testimony of four Muslim male witnesses is necessary to prove the indictments of both *zina* (extramarital sexual relations) and *zinabiljabr* (*Zina* by force or rape). This means that a woman, who alleges rape, must produce four pious, religiously upright (who have never committed the Great Sin- *Gunah-e Kabeera*) male witnesses to the crime.

If the victim is unable to produce this, her allegation, it will be taken as a confession of fornication and the intercourse would be regarded as being consensual, there by charging rape victims with the crime of *zina*.

However Hudood laws remained on the statute books and proved to be a failure, due to its many pitfalls. Here, the accused became the beneficiary of this law.²¹

Things changed its course when *Female Protection Act* was passed by National Assembly in 2010, with its many promises to safeguard the rights of women esp in context of the sexual assault and rape. Two points are worth mentioning here:

- A case is registered with the magistrate only when the victim herself consents to present the case to the medico-legal officers and give her consent for the complete physical examination. No other person, if bring the case to the court will be entertained to the right of registering the case of alleged rape
- If the case is registered in the court under the allegation of rape, it will not be converted at any time into a case of fornication.²²

These important changes in judiciary system bring hope into the dark sphere of laws

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governing sexual assault in our region. However, coupled with the changes in legislature, should be the punishments given to those who take part in such a heinous crime. The punishment in Pakistan Penal code (PPC) is an imprisonment sentence for 7 years, and in some courts when days & nights are counted, it is sometimes reduced to 3 & half years or even hardly two years. Only a sentence of life imprisonment can do any, if not complete, justice to the crime performed not only against an individual woman's existence, but also her own and her family physical, mental health and social stature. In short, where victims' whole life is ruined by the assailant with one act, it's only fitting that a punishment of life imprisonment should be served by the perpetrator.

CONCLUSION

There is a dire need to change the overall legislature dealing with this delicate matter but also customs, minds and attitude of the people and society dealing with this issue. Such cases should be reported more diligently and promptly so that valuable evidence can be recovered before it's lost. Furnishing concrete evidence that will prove the case of sexual assault as rape is a highly scientific realm. There is a need of training women medico legal officers that will qualify them to pick even the minutest of details that can become evidence for the courts. A standardized Rape Kit is available in many countries now that assure that every evidence linking to the sexual assault is adequately collected from the victim at the time of the report of the crime. The laboratory of chemical examiner must also be up graded with latest technologies, such as Enzyme and immunoassays to detect sperms in vaginal swabs, clothing and any other available material. The laboratories play a major role in the confirmation of cases. D.N.A laboratories must be established and also attention to be paid to the training of the staff of the such laboratories to handle the specimens in such a way that important evidence is not destroyed, which is otherwise, dangerously common in our setting.

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