A Psychosocial and Forensic Study of Rape in Cairo

By M.S. Abdelmessih, I.M. Wagih and F. Assaad

ABSTRACT

Out of a total of 297 cases prosecuted for sexual offences in Cairo during 2 successive years, 157 cases of rape were studied from various psycho-mediolegal aspects.

It was found that the age of maximum incidence in rape victims was below 17 years, constituting 71.4% of the cases. Interpersonal association showed that in 61.2% of the cases they were strangers. The most common place for committing rape was found to be in closed places. 89.8% of the cases of rape were committed by a single assailant. The maximum incidence of rape was in spring and minimum incidence was in winter. Medical findings in rape victims, including signs of local and general violence were recorded and studied.

In addition to physical trauma, psychological concomittants as possible consequences of rape were discussed.

INTRODUCTION

Sexual offences were known and recorded in all periods of history and in all types of civilizations. In recent years, the increase in the prevalence of sexual offences in Egypt is becoming a problem of importance.

The main sexual offence is rape, which may be defined as carnal knowledge of a female, not the wife of the assailant, without her consent and by compulsion, through fear, force of fraud, or by means of drugs, (Schiff, 1969). Rape is punishable in Egyptian law under separate articles of the penal code (Aticles 267, 268, and 269). The crime of rape can only be committed against a female, a woman cannot rape a man. (Mant, 1960; Seif El Nasr, 1940, Balthazar, 1928). Necrophilia or sexual intercourse with a dead female is not considered as rape, (Seif El Nasr, 1940; Balthazar, 1928).

The law considers sexual intercourse as a crime if it is committed without the victim's consent. Consent should be free, without force or fraud and the person should be sane, conscious and over 18 years.

In order to constitute the crime of rape, penetration should be proved to have taken place. It need not amount to complete penetration, nor is emission of semen necessary. (Emara and Soliman, 1961: Seif El Nasr, 1940). In the English and American laws, penetration, even inter-labia, is sufficient to constitute the crime of rape. (Mant, 1960; Camps and Cameron, 1971; Gordon and Shapiro, 1975; Gradwohl, 1976).

In some cases of alleged rape, there may be ample medical evidence which is most prominent in virgins. In other cases, although legal penetration has occurred, medical evidence may be entirely lacking (Camps and Cameron, 1971, McLay, 1978).

Numerous false allegations of rape with different motives including attempt at extortion, fear of discovered adultery, fear of pregnancy or even revenge are made to the police every year. In a series of 91 cases of alleged rape, Gradwohl (1976), found that 6 were false and 16 were unfounded where the source proved to be diseased persons who may have been suffering of delusions of having been raped. Also persons undergoing anaesthesia may falsely accuse doctors and dentists of rape (Emara and Soliman, 1961, Gradwohl, 1976). The victim's statements are, therefore, insufficient to secure a conviction unless correlated by medical and scientific evidence (Emara and Soliman, 1961; Mant, 1960; Gradwohl, 1976; Camps and Cameron, 1971). Several reports of men being wrongly convicted of sexual offences through inadequate or inaccurate medical examination of the victim are known (Muller — Hess and Schwarz, 1932; Coimbra, 1948). It is obvious therefore, that in so serious an offence, the responsiblity of the medical examiner is heavy. Grahwohl (1976) states that medical investigation of sexual offences presents one of the greatest challenges met with in the practice of forensic medicine.

Material Studied :

Out of a total of 297 cases prosecuted for sexual offences in Cairo during two successive years, 1978 and 1979, 157 cases of rape were investigated from the various medico-legal aspects.

In many cases, the medical examination of the private parts yielded no greater assistance than to indicate that sexual assault could have taken place. Sometimes, full confirmation could be obtained by demonstration of sperm or evidence of gross violence to the victim's private parts.

The age distribution, circumstantial evidence and seasonal incidence were also investigated.

Results and Discussion :

The results are tabulated in tables I to X.

Incidence of rape in proportion to other Sexual offences.

Analysis of the 297 cases of sexual offences studied showed that rape was the most frequent type of sexual assault, constituting 52.9% of the total cases.

In a study of 374 cases of sexual offenses, Merland and Fiorenti (1961) reported that indecent assault on females and attempted rape and rape constituted 40.5%. East (1936) in a study of 291 cases of sexual offenders found that carnal knowledge and indecent assault on females amounted to 111 cases i.e. 38.1% of the total.

Age Distribution in Rape Victims.

From the tabulated results (Table I) it is evident that the age of maximum incidence in rape victims was below 17 years which constituted

71.4% of the cases. Of these, 41.4% belonged to the age group 13 to 17 years. The age group 18 to 25 years constituted 24.2%. In the age group 26 to 31 years the incidence fell to 3.8%. Only one case was seen aged 50 years constituting 0.6% of the total. In the report of the National Commission on Cause and Prevention of Violence, U.S.A. 1967, 47.4% of sexual offences were committed on victims between the ages 0 and 17 years; 28.9% on victims between the ages of 18 and 25 years and 23.7% on victims aged 26 years and over.

In a study of 646 cases of rape in Philadelphia, Menachem Amir (1967) found that 26.9% were in the age group 0 to 19 years, the age group 15 to 19 years constituting the maximum incidence amounting to 24.9%. The ages 2¼ to 29 years constituted 24.0%. In the group aged 30 to 39 years, the incidence fell to 14.5% and it was further reduced to 9.7% in the group aged 40 to 60 years and above.

Relationship between Victim and Offender

Table II shows that the victim and assailant were strangers in 61.2% of the total cases of rape studied. The victim was a paid servant in the ravisher's house in 12.1% of the cases. In 10.8% of the cases the assailant was a casual acquaintance. Neighbours constituted 8.9%, while family friends, close friends (boy friends) and family relatives represented 3.8%, 1.9% and 1.3% respectively. These findings coincide more or less with those reported by Amir (1967) who found that in 51.9% of the cases of rape studied, the victim and assailant were strangers. Neighbours represented 19.3% and acquaintances 14.4% of the total. Boy friends constituted 6%, family friends 5.3% and family relatives 2.5%.

Similar patterns were also found by other authors (Mc Clintock, 1963; Morris and Hawkins, 1969).

It is customary to believe that forcible rape is an act which befalls the victim without her aid or co-operation. However, there is often some reciprocal action between perpetrator and victim (Von Hentig, 1960).

Victim precipitation of forcible rape means that the behaviour of the victim is interpreted by the offender as a sign that she will be available for sexual contact (Amir, 1967). Victim's behaviour may consist of an act of commission (e.g. she agreed to drink or ride with a stranger) or a mission (e.g. she failed to react strongly enough to sexual suggestions and overtures).

This distinction is made in addition to the variety of interpersonal relationships which may exist between victim and assailant. In an American study, Amir (1971) found that the choice of a victim in rape does not occur as randomly as might be expected. He found that white men usually chose white women and black men usually chose black women, and over one third of the total cases of rape were acquaintances. Even in the apparently totally casual case of rape the victim may remind the assailant of some woman he despises. (MacDonald, 1971).

The Place of Rape

Table III shows that 69.4% of cases of rape in our study were committed in the participant's places, 14.7% in places of work, 10.8% on roof tops and uninhabited buildings, 3.2% in open places and 1.9% in cars.

Amir (1967) found that 55.7% of the cases occurred in the participant's places, 29.4% in open places, and 14.9% in a car. These results differ from our findings in the fact that in the U.S. A larger proportion of the cases took place in open meadows and cars. In our study, the preponderance of the choice of a closed place for committing the crime denotes the effects of taboos and deeply religious teaching i.e. the offenders trying to hide the incident because of a sense of shame.

Type of Rape :

Table IV demonstrates that 89.8% of the cases of rape in our study were committed by a single assailant, 4.5% by two assailants and 5.7%

by more than two assailants. In the series analysed by Amir (1967) single rape constituted 57.3%, pair rape 16.2% and group rape 26.5%.

Repeated rape by a single or several individuals may produce signs no more prominent than intercourse by a single assailant (McLay, 1978). In cases of multiple rape, marks of ligatures are common on wrists and ankles. However, many assailants may overwhelm the victim and make struggling of no avail. It may follow that no signs of violence may be found in such cases. (McLay, 1978).

Medical Findings in Rape Victims

The results of medical examination of the victims are illustrated in Tables V to Table IX.

Out of the total number of cases studied (Table VIII), 40 had ruptured hymens constituting 25.5%. Of these, only 11 cases, i.e. 7.0% showed signs of recent defloration, while the remaining 18.5% showed old tears of the hymen at different sites. 117 cases or 74.5% had intact hymens. Of these, 103 cases or 65.6% were normal while the remaining 14 cases constituting 8.9% were of the elastic dilatable type.

Injury to the hymen by fingers or other instruments is not considered as rape and usually causes an anterior tear. Penetration by the penis causes a posterior tear usually to one side (McLay 1978).

Perineal tears were found in two cases only showing recent rupture of the hymen in children aged 4 years and 6 years. Signs of local and general violence were detected in 15 cases representing 9.5% of the total.

The signs of general violence varied widely in their distribution in the different cases studied. They varied from finger nail abrasions around the wrists and ankles to contusions and lacerations of the face, trunk and limbs. The signs of local violence were usually in the form of finger tip abrasions and bruises about the thighs and vulva, indicating that the lower limbs had to be forced apart.

Absence of signs of violence on a victim of alleged rape should be viewed with suspicion. It should be born in mind however, that the victim might have succumbed to sexual intercourse through terror with little or no signs of struggle or resistance (Sohn, 1975).

Demonstration of human spermatozoa on the victim or her clothing was found positive in 14 cases in our study i.e. 8.9% of the total cases. The presence of spermatozoa is more significant in infants and children. In adults, however, the finding of seminal stains on the victim serves only to prove that sexual intercourse has taken place recently. (Gradwohl, 1976).

Failure to find sperm in material taken from vagina soon after intercourse may be due to the fact that the sperms are scanty, abnormal or even absent e.g. in cases of vasectomized males. In these cases, detection of prostatic acid phosphatase in the seminal fluid could be achieved by electrophoresis (Adams and Wraxall, 1974). Sharpe (1963) reported that spermatozoa survived for about 3 hours in the living vagina. Dead sperms were found up to 24 hours after intercourse. Davies and Wilson (1974) reported that sperms were found in 99% of the cases 36 hours after coitus. After 48 hours two third of the swabs were positive for sperm.

Pregnancy resulted in 11 cases out of the total of cases of rape in our study. Of these, 5 cases were virgins from the medico-legal point of view, having intact hymens. It is a well known fact that emission interlabia is sufficient to cause pregnancy (Seif El Nasr, 1940, Farn, 1975). In 3 out of the cases in which pregnancy occurred in the presence of an intact hymen, the hymen was found to be of the annular, fleshy, dilatable type which could allow complete penetration without being ruptured.

The majority of hymens seen in this study belonged to the annular type constituting 58.4% followed by the crescentic type which amounted to 38.3%. Horse-shoe and septate types of hymens represented 1.3% each, while the cribriform type was only 0.7% of the total (Table V).

Our findings are similar to those of Mant (1960), who states that the average hymen has a basic annular or crescentic shape, but may exhibit intermediate forms between those two basic types. McLay (1978) and Emara and Soliman (1961) state that the crescentic type of hymen is the most common followed by the annular type which is also very prevalent. Our findings, however, differ from those of Kayssi (1967). In a study on 435 cases in Bagdad, he found that 80% of the hymens were of the horse-shoe type, 16% were annular, 3% septate and 1% crescentic.

Out of the total number of hymens examined, 77.3% were fully developed and 22.7% were infantile (Table VI). Their consistency was as follows: 25.9% were of the thin membranous type, 32.5% were medium and 41.6% were of thick fleshy consistency. The edges of the hymenal orifice were regular in 64.3% of the cases and denticulate in 35.7% of the cases. The hymenal opening was narrow in 25.9% of the cases, medium in 61.7% of the cases and wide in 12.4% of the cases (Table VII).

As regards the number of tears, the most frequent was one tear, followed by two tears and rarely 3 tears. (Table IX) These findings agree more or less with those of Kayssi (1967).

Seasonal Incidence of Rape:

Table X shows that the maximum incidence of cases of rape was in spring representing 37.0% of the cases. The lowest incidence occurred in winter and summer constituting 15.3% and 19.7% respectively. There was a slight rise in autumn, the cases in this season constituting 28% of the total. This seasonal variation might be explained by the fact that the fair weather in spring and autumn encourages outdoor activity thus leading to increased liability to sexual assault.

Conclusion:

From the above study it can be deduced that the results of sexual

violence arising from crimes of rape are modified by a variety of factors. These include the circumstances of the encounter, the age of the victim. In addition to physical trauma, psychological concomittants are possible consequences of rape.

The psychopathological effects of rape were described by Burgess and Holmstrom, (1973, 1974) and collectively termed "rape trauma syndrome". In a study of 92 victims of rape these authors found that there was an acute or disorganization phase characterized by emotional reactions of various kinds and a long term or reorganization phase during which the victim readjusts her life.

Fox and Scherl (1972) described three phases after an attack of rape: the acute phase in which the victim is shocked and dismayed: the outward adjustment phase and finally the integration phase. Greer (1975) states that the consequences of rape may vary from depression to attempted suicide. Burgess and Holmstrom (1975, 1973, 1974) have reported that after an attack of rape in married women, both the victim and her husband might find it difficult to resume normal sexual relationship.

It is thus evident that in most cases of rape the victims are in need of psychological and social support in addition to the medical services provided for their physical trauma.

TABLE I

Age Distribution of Rape Victims.

Age in Yrs.	No.	%	Age in Yrs.	No.	%
0 - 4	7	4 .5	I8 - 25	38	24.2
5 - 7	I6	I0 .2	26 - 3I	6	3 .8
8 - I2	24	I5 .3	50	I	0 .6
I3 - I7	65	41 .4			

TABLE II

Relationships between Victim and Assailant in Rape.

Type of Relationship	Studied Cases of Rape	
	No.	%
Strangers.	96	6I . 2
Casual acquaintance.	I7	I0 . 8
Neighbour.	I4	8 . 9
Close friend.	3	I . 9
Family friend.	6	3 . 8
Family relative.	2	I . 3
Victim is paid. Service of ravisher.	I9	I2 . I
Total	I57	I00

Table II : Interpersonal Relationships between Victim and Assailant in Rape .

TABLE III

Places Where Rape Occurred.

Place Where rape occurred	Cases of Rape Studied	
	No	%
Participant's Place.	I09	69.4
Place of Work.	23	I4.7
Roof tops and unin habited buildings.	I7	I0.8
Open Spaces.	5	3.2
Car.	3	I.9
Total.	I57	I00

TABLE IV

Types of Assault in Rape

Type of Rape	No	%
Single.	I4I	89 . 8
Pair.	7	4 . 5
Group.	9	5 . 7
Total	I57	100

TABLE V

Type of Hymens in Rape Victims

Type of Hymen	Ruptured		Intact		Total No.	% of Total
	No.	%	No.	%		
Annular.	2I	23.3	69	76.7	90	58.4
Crescentic.	I9	32.2	40	67.8	59	38.3
Horse shoe.	-	-	2	I00	2	I.3
Septate.	-	-	2	I00	2	I.3
Cribriform.	-	-	I	I00	I	0.7

TABLE VI

State of Development of Hymens in Rape Victims.

Type of Hymen	Total No.	Fully Developed		Infantile	
		No	%	No.	%
Annular.	90	7I	46.I	I9	I2.3
Crescentic.	59	46	29.9	I3	8.45
Horse.shoe.	2	I	0.65	I	0.65
Septate.	2	I	0.65	I	0.65
Cribriform.	I	-	-	I	0.65
	I54	II9	77.3	35	22.7

Table Vl : State of Development of Hymens in Rape Victims.

Type of Hymen		Annular	Crescentic	Horse shoe	Septate	Cribriform	Total	%
	Number.	90	59	2	2	I	I54	I00
Consistency	Thin Membranous.	24	I6	-	-	-	40	25.9
	Medium.	I9	29	-	I	I	50	32.5
	Thick fleshy.	47	I4	2	I	-	64	41.6
Edge	Regular.	54	42	-	2	I	99	64.3
	Denticulate.	36	I7	2	-	-	55	35.7
	Narrow.	2I	I8	-	-	I	40	25.9
Opening	Medium.	55	36	2	2	-	95	6I.7
	Wide.	I4	5	-	-	49	I9	I2.4

Table VII : Characters of Hymens in Rape Victims.

TABLE VIII

Condition of Hymen & Accompanying Signs in Rape Victims.

Other Signs	Ruptured Hymen		Intact Hymen	
	Recent	Old	Normal	Elastic
No. of Cases.	11	29	103	14
Perineal Tears.	2	—	—	—
Local, General Violence.	3	10	1	1
Spermatozoative	—	5	7	2
Pregnancy	—	6	2	3

TABLE IX

No. of Tears in Ruptured Hymens in Cases of Rape.

Type of Hymen	No. of Tears			
	1	2	3	4
Annular.	12	7	2	—
Crescentic.	10	8	1	—

TABLE X

Monthly Distribution of Cases of Rape Reported in 1978 and 1979

Year	Total	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1978	85	5	4	10	11	9	6	6	5	10	6	7	6
1979	72	4	2	9	12	7	4	7	3	9	7	5	3

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AUTHORS

Mary S. Abdelmessih, Ibrahim M. Wagih, Department of Forensic Medicine and Toxicology, Faculty of Medicine, Ain Shams and Mansoura Universities.

Farag Assaad, Medicolegal Department, Ministry of Justice, Cairo.

ABSTRAIT

Une étude médico-légale a été faite sur 157 cas de viol qui avaient eu lieu au Caire pendant les années 1978/1979

L'âge des victimes dans la plupart des cas était moins que 17 ans, constituant 71,4% des cas. L'association entre la victime et l'assailant a montré que dans 61,2% des cas ils étaient étrangers 89,8% des cas de viol avaient été commis par un seul assailant. L'incidence était maximum au printemps et était minimum en hiver. Les résultats de l'examen médical chez les victimes de viol ont étaient étudiés.

En plus, les conséquences psychologiques de viol ont étaient discutés.

موجـز البحث

أجريت دراسة على ١٥٧ حالة اغتصاب حدثت فى القاهرة من عدة أوجه طبية شرعية واجتماعية نفسية · وقد وجد أن سن المجنى عليها كان أقل من ١٧ سنة بواقع ٤ر٧١٪ وكان المعتدى والمجنى عليها غرباء فى ٢ر٦١٪ من الحالات · والأكثرية من الجرائم ارتكبت داخل أماكن مغلقة بواسطة جانى بمفرده وكانت هناك علاقة مباشرة بين عدد الجرائم وفصول السنة · كانت الأكثرية فى الربيع والأقلية فى الشتاء · كما أجريت دراسة تفصيلية لنتائج الفحص الطبى للمجنى عليهن سواء مظاهر العنف العام أو فحص الأعضاء الجنسية هذا بجانب الصدمة النفسية والمترتبات العصبية عليها والتى تكمل الدراســـة ·