



Original Article

## Profile of Perpetrators of Alleged Sexual Assault Cases Brought for Medicolegal Examination in A Tertiary Care Hospital

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### ABSTRACT

**Background:** Sexual assault remains a pervasive and distressing issue worldwide, presenting formidable challenges to both society and lawmakers. Despite its widespread occurrence, it is one of the most underreported crimes, leading to significant gaps in understanding and addressing the problem effectively.

**Objectives:** To study the profile of the perpetrators of alleged sexual assault cases with respect to socio-demographic characteristics, relationship between perpetrators and victim, medico-legal examination and evaluate the role of forensic examination in dealing with sexual assault cases.

**Methods:** This retrospective study was carried out at the Department of Forensic Medicine and Toxicology at a tertiary care hospital of West Bengal. All perpetrators of alleged sexual assault brought for medicolegal examination during the period from January 2022 to December 2023, were analyzed.

**Results:** A total of 54 subjects of alleged sexual assault were examined during the study period. All subjects were male. Majority (62.96%) were in the age group of 18 – 30 years. 85.15% of the subjects were from urban areas and 20.38% were graduates and 33.33% had completed their higher secondary. Most of them were involved in semi-skilled or skilled works. In 66.11% cases the offenders were friends of victim and most offences took place in hotels or commercial residential places. Genital injuries were present in 5.56% cases while extra-genital injuries were found only in 1.85% of cases.

**Conclusion:** Understanding the characteristics and backgrounds of alleged perpetrators is crucial for developing targeted interventions and enhancing the support systems for both victims and the accused. This study will provide a comprehensive overview of the socio-demographic and forensic profiles of these individuals, shedding light on patterns and factors that may contribute to the commission of such offenses.

**Keywords:** Sexual assault; Perpetrator; Victim-accused relationship; Potency test.

### INTRODUCTION

Sexual assaults are breach of the dignity of a person. It is the violation and infringement of human rights and causes not only physical injury but an everlasting and severe emotional and psychological trauma. They are common place across the world, threatening people irrespective of age, caste, creed or religion. The World Health Organization (WHO) defines sex-related offences as “any sexual act, attempt to obtain sexual gratification, unwanted sexual comments or advances, and acts to traffic or otherwise directed against a person’s sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim in any setting, including but not limited to home and work.”<sup>[1]</sup>

Sexual assaults can manifest in various forms, starting with indecent assaults, sexual harassment, kidnapping and abduction for sexual purposes and trafficking of girls for sexual exploitation or rape. After the infamous Delhi gang rape case of 2012, India’s modus operandi to deal with sex-related offences has been more castigating. Stringent laws like the Criminal

Law (Amendment) Act, 2013 (CLA 2013), the Criminal Law (Amendment) Act, 2018 (CLA 2018) and the Protection of Children from Sexual Offences (Amendment) Act, 2019 (POCSO Amendment Act) were introduced. But still, this everlasting menace continues to torment our society. As per NCRB 2022 data, there were 4,45,256 cases of crimes against women reported in India, a worrying 4% increase compared to the previous year.<sup>[2]</sup> In fact, there were 31,516 rape cases registered all over India in 2022 alone.<sup>[2]</sup> According to a US report on human rights violations, rape is the fastest-growing crime in India but still remains under-reported.<sup>[3]</sup>

It is not uncommon for survivors of sexual violence to underreport or delay reporting to law enforcement agencies or to their family or friends as a matter of fact. Often, the initial response of the survivors is to avoid reliving the ordeal. They may suffer from rape trauma syndrome and post-traumatic stress disorder, whereby they are always fearful, anxious and often distrust people. Though under IPC Section 228-A, the disclosure of the identity of a victim is kept secret, but still these victims are afraid to come forward and report the cases. They believe somehow their identity will be divulged, which would add to the stigma and social embarrassment. They also believe that they would have to encounter belligerent and skeptical questionnaires from society regarding their conduct during and before the assault. And this is not uncommon in a society where we are taught not to get raped instead of not to rape.

Against the general convention that women are the sole victims of sexual abuse, plenty of cases where males have been victimized have surfaced. The POCSO Act is significant in this regard because it is gender-neutral in nature. Statistics show that in Chhattisgarh, male child victims accounted for about eight in every 1,000 POCSO cases (0.8%).<sup>[4]</sup> The NCRB has yet to publish data on male and female victims separately. But this still validates the perception that sexual exploitation of male children is a significant and poignant issue. And hence, rather than being stereotypical, the general consensus should be that victims as well as perpetrators of sexual offences can be of any gender.

Whenever the police nabs the accused of sexual assaults, they have to be medically examined, as mandated by the Indian legal system. The medicolegal examination comprises of the general physical examination including the genitalia, systemic examination, injury examination and evidence collection, if any. The police, in their requisitions, also request that the doctors conduct the “potency test”.<sup>[5]</sup> After examining the subject, the doctor has to opine if the alleged perpetrator is capable of performing sexual intercourse or not. However, as per the modified definition of rape after the Criminal Law (Amendment) Act, 2013, the potency tests stands irrelevant as the new amendments do not require peno-vaginal intercourse to call it as rape.<sup>[6]</sup> But in spite of changes in the definition of rape and sexual assault laws, potency tests are mandatorily done during the medical examination of perpetrators.

Though plenty of studies have been done on the profiles of victims of sexual offences, there is a lacuna of literature regarding the profiles of the alleged perpetrators in this part of the country. Hence, the current study was undertaken to have a better understanding of the socio-demographic and forensic profiles of the perpetrators. Even though meticulous clinical examination and forensic evidence collection are done from the alleged perpetrators, the court of law considers this as corroborative evidence and is always on the lookout for other circumstantial evidence. Besides, there are always chances of true offenders getting acquitted and innocent victims getting convicted and hence the role of the examining physician as well as the investigating authorities becomes pivotal. The insights procured from this study will help to increase the efficacy of the law-enforcing agencies in better understanding the circumstances and mindset of the perpetrators, besides looking for avenues to curb this menace through targeted reforms.

#### **Objective of research:**

1. To study the profile of the accused of sexual assault cases with respect to socio-demographic characteristics and their relationship with victims.
2. To evaluate the role of medico-legal and forensic examination in dealing with accused of sexual assault cases.

#### **MATERIALS AND METHODS**

**Study design:** The is an observational, descriptive study with retrospective design.

**Study Area:** Department of Forensic Medicine and Toxicology, NRSMCH, Kolkata

**Study Period:** 2 years (January 2022 to December 2023).

**Study Population and Sample size:** All perpetrators of alleged sexual assault cases brought for medicolegal examination to the Department of Forensic Medicine and Toxicology of NRS Medical College and Hospital, Kolkata within the specified study period.

**Data collection and interpretation:** Before conducting the study, permission is obtained from the Institute Ethics Committee of NRS Medical College and Hospital, Kolkata. Data was collected in a pre-determined standard proforma which included all the relevant details such as history of incidence, age of perpetrator, date and time of alleged incidence, relationship between perpetrator and victim and place of incidence, physical examination including injuries and examination of genitalia findings. Data was collected and compiled using a spread sheet. Descriptive data was analysed

using number, percentage and appropriate tables were used for presentation. Confidentiality of data to be obtained from the police requisitions, injury and medico-legal examination reports was maintained.

**Human Subject Protection:** Approval from the Institute Ethics Committee was taken before conducting the study vide Memo no- NRSMC/IEC/25/2024 Dated 03.03.2024 and confidentiality regarding identity of the subjects was maintained.

## RESULTS

**Table 1: Age and sex wise distribution of cases.**

Age (years)	Male	Female	Third gender	Total	Percentage
<18 years	2	0	0	2	3.70%
18-30 years	34	0	0	34	62.96%
31-40 years	8	0	0	8	14.82%
41 -50 years	5	0	0	5	9.26%
51 -60 years	2	0	0	2	3.70%
>60 years	3	0	0	3	5.56%
<b>Total</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>54</b>	<b>100%</b>

During the study period, 54 subjects of alleged sexual assault cases were brought for medicolegal examination to the Department of Forensic Medicine and Toxicology of NRS Medical College and Hospital, Kolkata. All of the subjects were male with most of the subjects (62.96%) were in the age group of 18 – 30 years. 3.70% of accused subjects were below the age group of 18 years while 5.56% were above 60 years of age. (Table 1).

**Table 2: Distribution of POCSO v/s Non-POCSO cases:**

Case	Number of cases	Percentage
<b>POCSO</b>	30	55.56%
<b>Non-POCSO</b>	24	44.44%
<b>Total</b>	<b>54</b>	<b>100%</b>

More than half of the cases were booked under the POCSO act. (Table 2).

**Table 3: Distribution of cases according to place of residence, educational and occupational status of accused of alleged sexual assault cases.**

Residence of the accused	Number of cases	Percentage
<b>Rural</b>	8	14.82%
<b>Urban</b>	46	85.18%
<b>Total</b>	<b>54</b>	<b>100%</b>
Educational Status	Number of cases	Percentage
<b>Illiterate</b>	2	3.70%
<b>Lower Primary (1-4)</b>	3	5.56%
<b>Upper Primary (6-8)</b>	5	9.26%
<b>Secondary</b>	13	24.07%
<b>Higher Secondary</b>	18	33.33%
<b>Graduation</b>	11	20.38%
<b>Post Graduation</b>	2	3.70%
<b>Beyond Post Graduation</b>	0	0%
<b>Total</b>	<b>54</b>	<b>100%</b>
Occupation	Number of cases	Percentage
<b>Unemployed</b>	3	5.56%
<b>Unskilled</b>	5	9.26%
<b>Semi-Skilled</b>	15	27.78%
<b>Skilled</b>	13	24.07%
<b>Semi Professional</b>	10	18.51%
<b>Professional</b>	8	14.82%
<b>Total</b>	<b>54</b>	<b>100%</b>

The majority of the individuals (85.18%) were from urban areas. The educational status of individuals allegedly accused of sexual assault varies, while 33.33% subject had completed their higher secondary, 20.38% subjects had already graduated. Only 3.70% of the subjects were found to be illiterate. Regarding occupation of the accused subjects, most of them were involved in semi-skilled works (27.78%) followed by 24.07% skilled workers. 5.56% of the subjects were unemployed. (Table 3).

**Table 4: Distribution of cases according to relationship of accused and victims and place of offence.**

Relationship Of Accused with Victim	Number of cases	Percentage
Friend	33	61.11%
Neighbor	8	14.82%
Relative	6	11.11%
Unknown To Each Other	7	12.96%
Others	0	0%
<b>Total</b>	<b>54</b>	<b>100%</b>
Place Of Offence	Number of cases	Percentage
Accused's House	13	24.07%
Victim's House	10	18.51%
Relative's House	7	12.96%
Friend's House	5	9.26%
Hotel Or Any Commercial Residence	18	33.33%
Open Field	0	0%
Others	1	1.87%
<b>Total</b>	<b>54</b>	<b>100%</b>

The present study reveals that in the majority of the cases, the alleged perpetrators were friends (61.11%) or neighbors (14.82%). In 12.96% cases, the alleged accused and victims were strangers and not known to each other. The most common place of offence are hotels or commercial residential places (33.33%) cases followed by house of accused in 24.07% cases and that of victims in 18.51% cases. (Table 4).

**Table 5: Distribution of cases according to time gap between incidence and medicolegal examination.**

Time Gap Between Incidence and Medicolegal Examination	Number of cases	Percentage
<12 Hours	0	0%
12-24 Hours	0	0%
24-48 Hours	3	5.55%
48-72 Hours	6	11.11%
72-96 Hours	8	14.82%
4-7 Days	8	14.82%
>7 Days	29	53.70%
<b>Total</b>	<b>54</b>	<b>100%</b>

In relation to time gap between alleged incident and medicolegal examination, more than half of the cases were examined after 7 days of the incident while only 5.55% cases were examined within 48 hours. (Table 5)

**Table 6: Physical findings (genital and extra-genital) in the accused of alleged sexual offence cases.**

Genital Injury	Number of cases	Percentage
No Injury	51	94.44%
Abrasion	3	5.56%
Laceration	0	0%
Extravasation	0	0%
Multiple Injuries	0	0%
<b>Total</b>	<b>54</b>	<b>100%</b>
Extragenital Injury	Number of cases	Percentage
No Injury	53	98.15%%
Abrasion	1	1.85%
Laceration	0	0%
Extravasation	0	0%
Multiple Injuries	0	0%
<b>Total</b>	<b>54</b>	<b>100%</b>

Table No. 6 shows that genital injuries were present in only 5.56% of cases, while 94.44% cases did not show any injuries. Extra genital injuries were seen only in 1 subject who had abrasions over his body.

## DISCUSSION

Sexual assault is universally recognized as one of the most heinous crimes due to its profound impact on victims, the violation of personal autonomy, and the long-lasting physical and psychological trauma it causes. Our study was done

keeping in mind that by comprehending the socio-demographic profile and mindset of sexual assault offenders, we can identify the factors that may contribute, either directly or indirectly, to their actions.

In the present study, 54 subjects of alleged sexual assault cases were brought for medical-legal examination. All of the subjects were male. Similarly, in a study by Hugar BS et al <sup>[7]</sup> in Bangalore, all 87 perpetrators alleged to have been involved in sexual assault cases and brought for medical examination were male. Most of the accused were in the age group of 18 – 30 years (62.96%). This is in accordance with Punpale et al. <sup>[8]</sup> and Sujatha et al <sup>[9]</sup>, both of whom have observed that the majority of the accused were in the age group of 21 – 30 years. This may be due to the fact that offenders in such younger age groups have an immature mindset and are hence unable to understand the legal and moral consequences of sexual assault, leading to reckless behaviour without consideration of the serious ramifications.

Our study revealed that most of the alleged accused (85.18%) were from urban areas. This is not in accordance with the study by Kumar M et al <sup>[10]</sup> where 50% of the subjects were from rural backgrounds. Considering the educational status of the accused, 33.33% had completed their higher secondary examination, while 20.38% were graduates and 3.70% were illiterate. Similar findings were revealed by Sujatha et al <sup>[9]</sup> with 57.9% of graduates and only 10.5% being illiterate. However, Veeresh et al <sup>[11]</sup> and Sarkar SC et al <sup>[12]</sup> found most of the accused to be illiterate or have only primary education. In our study, most of the subjects were either semi-skilled or skilled workers. Similar findings were observed by Veeresh et al <sup>[11]</sup> and Sheryl Suares and Mahabalesh Shetty <sup>[13]</sup> with most of the subjects being manual labourers.

In most cases, victims and perpetrators are familiar with each other. They are often related as to being their family members, intimates, close associates or people with authority. It is the people in whom the victims' repose trust who usually take the opportunity to exploit the vulnerability and commit such crimes. According to NCVS data, 79% of women knew their offenders in rape and sexual assault cases. <sup>[14]</sup> Our study shows similar findings, with 61.11% of alleged perpetrators being friends and a further 14.82% being neighbours. The results are consistent with those of Sujatha et al <sup>[9]</sup> and Hugar BS et al <sup>[7]</sup>. Punpale et al. <sup>[8]</sup> in their study showed that in 93.63% of cases, the accused was known to the victims, among which 42.2% of cases were boyfriends, followed by 12.6% neighbours. They even disproved the myth that "Strangers usually commit sexual violence," suggesting that known persons can easily deceive victims by false promises or emotional blackmailing. However, these findings are inconsistent with those of Yadukul S et al <sup>[15]</sup> in which 80% of the accused were strangers.

Most of the incidents took place at hotels or other commercial residential places (33.33%), while a further 24.07% took place at the house of the accused and 18.51% at the house of the victim. This is in concurrence with studies done by Punpale et al. <sup>[8]</sup> and Tamuli RP et al <sup>[16]</sup> both suggesting rented rooms to be the commonest place of assault. Sujatha et al <sup>[9]</sup> and Hugar BS et al <sup>[7]</sup> though have revealed the perpetrators residence to be the commonest place. Overall, most of the incidences have occurred indoors in places where the victims were either kidnapped or eloped under the guise of marriage. Though this is in contrast to the findings of Seethalakshmi M. et al <sup>[17]</sup> who observed that in 37.14% of cases, the offense occurred in open space.

The time duration between incidence and medico-legal examination is very important to establish a case of sexual assault. In our study, in 53.70% of cases, the medicolegal examination was done more than 1 week after the alleged incident. The findings are consistent with that by Yadukul S et al <sup>[15]</sup> in their study on cases booked under the POCSO Act in Karnataka. Similarly, Sarkar SC et al <sup>[12]</sup> in their study have observed that about 61% of such cases were examined after the 5<sup>th</sup> day of alleged sexual assault. However, Kumar M et al <sup>[10]</sup> in their study revealed that 34.2% of cases were examined within one day of the alleged incidence and a further 23.7% on the second day. Despite the legal and procedural emphasis on prompt action, there is often an undue delay in the medicolegal examinations being conducted. These may be due to underreporting or delayed reporting by victims due to fear, shame, trauma, or concerns about not being believed. Identifying and locating the accused can also take time, especially if the accused is not identified immediately or has fled the scene. Besides, the availability of qualified medical professionals, especially in rural or under-resourced areas, leads to such delays and subsequent loss of vital information.

The presence of injuries, both extra-genital and genital, is one of the major corroborative pieces of evidence in cases of such examination of alleged perpetrators. But again, such injuries are found in minimal cases. Our study findings suggest that genital injuries were present in 5.56% of cases, while only 1.85% of cases showed evidence of extra genital injuries in the form of abrasions. This is in accordance with a study by Sujatha et al <sup>[9]</sup> where extra-genital injuries were found in 5.3% of cases while no genital injuries were found in any of the alleged perpetrators. Shinge SS et al <sup>[18]</sup> and Seethalakshmi M et al <sup>[17]</sup> in their respective studies, did not find any evidence of struggle or any scars or ulcers over the genital organs. Among various reasons, these may be due to false allegations of sexual assault or consensual sexual activities. As a matter of fact, rape in the Indian context was found to be consensual in 62% of cases.<sup>[9]</sup> Unfortunately, these consensual elopements have also been covered under the stringent provisions of the POCSO Act. <sup>[19]</sup>

A medico-legal examination of the alleged accused is a must in cases of sexual assault and rape. The police will typically produce the subject to the forensic department for the "Potency test," where the doctor, after examination, has to opine if



the subject is capable of performing sexual intercourse or not. The doctor has to perform a general physical examination, including the genitalia and systemic examinations. Considering an anatomically normal external genitalia and the absence of any major comorbid conditions, doctors conclude that the subject is capable of performing sexual intercourse under normal circumstances. But there are various other neurological, urological and psychological factors that play a role in the determination of potency. In most cases, these factors beyond routine clinical examination and forensic evidence collection are not given adequate consideration, casting doubt on the reliability of potency test reports. After the modified definition of rape, as per The Criminal Law Amendment Act 2013, impotence is not considered a bar to commit the offense of rape. There need not be any peno-vaginal intercourse and the act may not even be completed for it to fall under the prevue of sexual assault. However, regardless of changes in laws and definitions surrounding rape and sexual assault, mandatory potency tests are still being conducted during the medico-legal examination of perpetrators.

Reflecting on the insights procured from the study, we can safely say that most of the alleged accused presenting for medicolegal examinations were young males who were known to the victims. Also, most of the cases were either of false allegations or consensual sexual acts. Under the above circumstances, determining the potency of each of these alleged accused subjects is derogatory, especially when the alleged accused is not claiming himself to be impotent. In the court of law, while clinical examination and forensic evidence play a crucial role, they are often viewed as corroborative evidence rather than conclusive proof. Courts typically seek additional circumstantial evidence to strengthen the case and ensure a comprehensive understanding of the situation. Considering all these pitfalls, the rationale behind subjecting an accused individual to mandatory potency testing comes under scrutiny. Its high time that the existing protocol regarding medicolegal examination of alleged accused persons, especially the determination of potency, is modified and the resources and overburdened work force are better utilized.

## CONCLUSION

The present study sheds light on the profile of perpetrators in alleged sexual assault cases brought for medicolegal examination at a tertiary care hospital. The findings reveal significant trends and patterns that have critical implications for understanding and addressing sexual assault within this demographic.

Firstly, the young age of the accused stands out prominently, with 62.96% falling within the 18-30 years age group. This suggests that individuals in this age bracket may be more prone to engaging in reckless behaviour without fully comprehending the severe legal and moral consequences of their actions. The immaturity associated with this age group could be a contributing factor to their involvement in such criminal activities.

Secondly, a significant portion of these cases (85.18%) originated from urban areas. This urban prevalence indicates that sexual assault is not confined to any particular geographical location but is a pervasive issue affecting various communities. The educational background of the accused also provides insight, with 33.33% having completed higher secondary education, 20.38% being graduates, and 3.70% being illiterate. This diverse educational profile underscores that sexual assault perpetrators come from varied educational backgrounds, dispelling any notion that education alone is a deterrent. A noteworthy aspect of the study is the relationship between the victims and the accused. The majority of perpetrators (61.11%) were friends of the victims, followed by neighbors (14.82%). This finding highlights the alarming reality that sexual assaults are often committed by individuals who are well-known and trusted by the victims. Such betrayals of trust exacerbate the trauma experienced by the victims and complicate the legal and emotional aftermath of the assault.

The study also points to significant procedural delays that jeopardize the collection of medical evidence. In 53.70% of cases, medicolegal examinations were conducted more than a week after the alleged incident. Delays in reporting due to fear, shame, trauma, or logistical challenges can result in the loss of crucial evidence, weakening the case against the perpetrator. The unavailability of qualified medical professionals in certain areas further compounds this issue.

In terms of physical evidence, the study reveals that genital injuries were present in only 5.56% of cases, and extra-genital injuries were found in a mere 1.85% of cases. This scarcity of injuries could be attributed to consensual sexual activities, especially among the younger age group, or the delay in conducting medical examinations, which can lead to the natural healing of injuries.

Lastly, despite the amendments in the definition of rape under The Criminal Law Amendment Act 2013, the practice of conducting 'potency tests' remains prevalent. This procedure, often requested by the police, is scientifically unfounded and unnecessary in every case, as the definition of sexual assault no longer hinges on the ability to perform peno-vaginal intercourse.

## RECOMMENDATIONS

Based on the findings of this study, several recommendations can be made to improve the handling of sexual assault cases and enhance the support provided to victims:

1. **Awareness and Education:** Initiatives aimed at educating young people about the legal and moral ramifications of sexual assault should be intensified. Schools, colleges, and community organizations should be involved in raising awareness and promoting respectful behavior and consent.
2. **Strengthening Reporting Mechanisms:** Efforts should be made to encourage prompt reporting of sexual assault incidents. This can be achieved through public awareness campaigns that address the stigma associated with reporting and provide clear information about the available support services.
3. **Improving Medicolegal Infrastructure:** Ensuring the availability of qualified medical professionals in both urban and rural areas is crucial. Investments in training and infrastructure can help reduce delays in conducting medicolegal examinations, thereby preserving vital evidence.
4. **Revisiting the Potency Test Practice:** The continued use of potency tests in sexual assault cases should be re-evaluated. Legal and medical guidelines should be updated to reflect current scientific understanding and legal definitions, eliminating unnecessary and invasive procedures.
5. **Policy and Legal Reforms:** Policymakers should consider reforms that address the unique challenges associated with sexual assault cases, including measures to expedite legal processes and ensure the protection of victims' rights throughout the investigation and trial.

By addressing these key areas, we can create a more supportive and effective system for dealing with sexual assault cases, ultimately leading to better outcomes for victims and a reduction in the incidence of such crime. In this labyrinth of human behaviour, our study echoes the urgency for holistic prevention, timely action, and compassionate care. As we navigate the complexities, let empathy guide our pursuit of justice and healing.

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