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#### ABSTRACT

**Introduction:** Sexual violence against women is a major public health problem around the world. Globally, around 7% of women have experienced sexual violence by a non-partner in their lifetime. Women who have experienced sexual violence are more likely to suffer from a sleep disorder, anxiety disorder, high blood pressure, and symptoms of depression. Sexual violence has been the predecessor of poor mental health of a woman and needs to be addressed by primary care physicians. **Objectives:** To assess the prevalence and associated factors of non-partner sexual violence in female medical undergraduates. **Methodology:** This cross-sectional study was conducted on 109 female medical undergraduates over two months. A semi-structured questionnaire was used to collect socio-demographic data and the WHO violence against women instrument Version 10 was used to assess sexual violence. **Analysis:** Data analyzed using SPSS version 23 (trial version) independent *t* test, Chi-square test, and Fisher's exact test was applied for inferential purpose. **Results:** Non-partner sexual violence was reported by 8.3% of the students. It was found that in 33.3% of cases, the perpetrators were other male family members, and in 44.4% of cases male friends of the family. **Conclusion:** Such a high prevalence of sexual violence is alarming. It is shocking that even in non-partner sexual violence, the perpetrator is not completely unknown to the victims.

Keywords: Medical undergraduates, non-partner, sexual violence

## Introduction

Sexual violence occurs when a person is forced unwillingly to take part in sexual activity. Sexual violence, whether intimate partner or non-partner, in any form leaves a deep scar on the soul of the victims, which leaves them scarred for a lifetime, which in turn will have long-term physical, physiological, psychological as well as

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mental effects on the victims. Partner includes husband, current boyfriend, and any male she is currently dating. Non-Partner includes former boyfriend, former husband, any male she ever dated, any male friend, any male friend of the family, any male member of the family, strangers, police officer, etc.

The world health organization (WHO) defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work."<sup>[1]</sup>

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How to cite this article: Nandini SR, Prem S, Kshitij R, Ravi S, Mohan MM. Non-partner sexual violence victimization among female medical undergraduates. J Family Med Prim Care 2022;11:1158-61. Globally, 6% of women aged 15 years and above have been subjected to non-partner sexual violence at least once in their lifetime.<sup>[2]</sup> Unfortunately at present, 1 in 5 women and girls between 15-49 years have experienced physical or sexual violence by an intimate partner within 12-month period<sup>[3]</sup> while around 7% of women have experienced sexual violence by a non-partner in their lifetime globally.<sup>[4]</sup> The fifth goal in Sustainable Development Goals, to achieve gender equality and empower all women and girls, holds attention in this regard. There is ample evidence to support that sexual assault results in poor mental health like anxiety disorder, sleep disorder, obsession, etc., and also high blood pressure.<sup>[5,6]</sup> Sexual violence has been the predecessor of poor mental health of a woman and needs to be addressed by primary care physicians.

There are fewer studies on sexual violence by a non-partner. Thus to understand the burden of sexual violence by a non-partner, this study was planned with the objective to ascertain the prevalence of non-partner sexual violence in female participants, and to find out the association of non-partner sexual violence in participants.

# **Materials and Methods**

This cross-sectional study was conducted on 109 female medical undergraduates consenting to the study for over two months. Sample size was calculated by using Epi-Info version 7.2.2.6. Taking the prevalence of non-partner sexual violence of 7.2%, <sup>[4]</sup> absolute error of 5%, and non-response rate of 10% sample size was calculate to 114. One hundred and nine completed response were included in the final analysis. Socio-demographic characteristics were assessed by a semi-structured questionnaire and sexual violence was assessed using the "WHO violence against women instrument Version 10".<sup>[7]</sup>

The study was undertaken in the Kasturba Girls Hostel of IMS, BHU, Varanasi. In the University, three girls hostels were allotted for undergraduate female students; out of three, the Kasturba girls hostel was chosen randomly. There was a total of 110 rooms in the hostels and each room had two occupants. Some of the rooms had only one occupant during the duration of the study. All the rooms were visited and one occupant was interviewed. In the rooms with two occupants, one occupant was selected by lottery method and interviewed. Undergraduate students residing in the hostel and consenting to the study were included in the study.

## **Ethical consideration**

This was a survey-based study and no intervention was planned. Informed written consent was asked from the participants before the interview and they were told that they can stop responding to the interview anytime when they feel so. Permission from the hostel warden was obtained before the study.

#### Data analysis

The analysis of data was done by IBM SPSS Statistics for Windows, version 23, trial version (IBM Corp., Armonk, N.Y., USA). Independent *t* test, Chi-square test, and Fisher's exact test were applied for inferential purpose. A *P* value of < 0.05 was taken as a cutoff point for declaring a difference significant.

## Results

Non-partner sexual violence was reported by 8.3% of the participants [Figure 1]. Mean age of the participants was  $22.6 \pm 2.32$  years. A majority (87.2%) of the participants were Hindu by religion, 64.2% belonged to the other caste category. Most (94.5%) of them were unmarried, and belonged to class-I socioeconomic status as per modified B G Prasad classification. Substance abuse was present among 9.2% of participants [Table 1].

Association between the age of the participants and non-partner sexual violence was given in [Table 2]. The mean age of

Table 1: General Characteristics of the study subjects ( <i>n</i> =109)					
Characteristics n Percenta					
Religion					
Hindu	95	87.2			
Others	14 12.8				
Caste					
SC/ST	08	7.4			
OBC	31	28.4			
Others	70	64.2			
Substance Abuse					
Present	10	9.2			
Absent	99	90.8			
Socioeconomic Status (modified B. G. Prasad)					
Ι	80	73.3			
II	21	19.3			
III	04	3.7			
IV	04	3.7			
Marital status					
Married	06	5.5			
Unmarried	103	94.5			

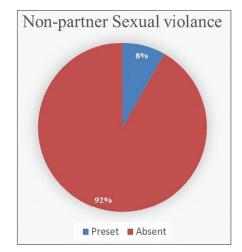


Figure 1: Non-partner sexual violence among the study subjects

Characteristics	Sexual	No sexual	Total n	<b>P</b> *
	violence n (%)	violence		
		n (%)		
Religion				
Hindu	08 (08.4)	87 (91.6)	95	0.87
Others	01 (07.1)	13 (92.9)	14	
Caste				
Others	06 (08.6)	64 (91.4)	70	0.84
OBC	02 (06.5)	29 (93.5)	31	
SC/ST	01 (11.1)	07 (88.9)	08	
Substance Abuse				
Yes	05 (50.0)	05 (50.0)	10	< 0.001
No	04 (4.0)	95 (96.0)	99	
SES (Modified BG Prasad)				
Ι	08 (10.0)	72 (90.0)	80	0.71
II	01 (4.8)	20 (95.2)	21	
III	00 (00.0)	04 (100.0)	04	
IV	00 (00.0)	04 (100.0)	04	
Marital status				
Married	00 (00.0)	06 (100.0)	06	0.45
Unmarried	09 (08.7)	94 (91.3)	103	

Table 2: Association between non-partner sexual violence
and socio-demographic features (n=109)

participants who had experienced sexual violence  $(24.11 \pm 1.36)$ was significantly (t = 2.053; P = 0.043) higher than those who had not experienced sexual violence (22.48  $\pm$  2.34). Non-partner sexual violence was present in 50.0% of participants with substance abuse whereas, this was present in 4.0% among the participants with no substance use. Age and substance use are found to be significantly (P < 0.05) associated with non-partner sexual violence. Religion, caste, and marital status of the participants are not significantly associated with non-partner sexual violence.

In only one case the perpetrator was a stranger to the victim or the family of the victim while, in 88.9% of the cases, the perpetrator was known to the victim. A majority (66.7%) of victims had experienced sexual violence once or twice in their lifetime.

#### Discussion

The prevalence of non-partner sexual violence against female medical undergraduates is as high as 8.3%. The 2020 global health report on non-sexual violence reported 7.2% of women globally have reported non-partner sexual violence.[4] Women who have experienced non-partner sexual violence are 2.3 times more likely to have alcohol use disorder.<sup>[8]</sup> A similar finding was observed in our study where there was a significant association between the victims and substance use. Non-partner sexual violence in any form, from inappropriate touching to an attempt to rape can have a deep effect on the victim's mental health. Such events can force them to adapt to anti-social lifestyles. There appears to be a significant association between the victims of sexual violence and different types of substance abuse. A survey of the prevalence of rape in South Africa found that more than one in five men reported raping a woman who was not a partner (i.e. a stranger, acquaintance, or family member), while one in seven reported raping a current or former partner.<sup>[9]</sup> A study conducted in Spain showed that non-partner sexual violence is a widespread phenomenon and the prevalence is around 7% among the women aged 16 years and above in their lifetime.[8]

One may think that the perpetrators of intimate partner sexual violence are known to the victim but it may come as a shock to many that even in the case of non-partner sexual violence the perpetrator is not completely unknown to the victims. They are mostly a well-known family member or a family friend of the victims. In our study, we found that in about 4 out of 9 victims, the perpetrators were male friends of the family, and in about 33.3% of the cases any other male family member. One important finding of our study was that none of the victims reported their case to the Police. Fewer than 6% of rapes were informed to the police according to a Spanish survey in 2014.<sup>[8]</sup>

Higher age being significant for non-partner sexual violence may be due to increased exposure time for such time of the act and also increased duration where they live away from their family. More than half of non-partner rape perpetrators first did so as adolescents, which affirms that adolescents are a crucial target population for the prevention of rape.<sup>[10]</sup> To deal with this type of problem on the college campus, one needs to first identify the scope of the problem on college campuses and then try to prevent campus sexual assault and respond effectively to any such case.<sup>[11]</sup>

# Conclusion

The high prevalence of non-partner sexual violence among female medical students is alarming, which may have bearing on poor mental health. A male friend of the family was found to be the perpetrator. Substance abuse and higher age appear to have a significant association with the victims of sexual violence. Perpetrator of the violence as a male family friend is very shocking. These findings definitely help the primary care physician while evaluating patients with poor mental health.

#### Limitation of the study

The study is limited by the fact that it is an institution hostel-based study with specific age groups and educational group participants which cannot be generalized to the community. Also, measuring the extent of sexual violence can be challenging due to a myriad of reasons including how our society remains highly tolerant of sexual violence, myths, and stereotypes.

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Nil.

### **Conflicts of interest**

There are no conflicts of interest.

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