Distribution and Determinants of Rape Victims: A Retrospective Analysis

*N Fahmida¹, N Jabin²

ABSTRACT

Background: Rape is a very alarming situation in the context of Bangladesh. It is the most common form of violence against woman. In Bangladesh, rape is found as the second commonly reported form of violence against women, following dowry related harassment. However, sexual violence has a great impact on physical and mental state of health with an increased range of sexual & reproductive health problem.

Objectives: To describe rape victims medico-legal examination findings those includes socio-demographic characteristics, location of victim's residence, victims signs of struggle / violence & condition of hymen, status of victims vaginal swab test report, state of victim's mental condition & sexual abuse, state of victim's sign of Non-Genital Violence & state of accused and victim's status of pregnancy as well.

Methods: This was a descriptive type of cross-sectional study taken from a retrospective record review which was done in the Department of Forensic Medicine, Shaheed Suhrawardi Medical College, Dhaka, Bangladesh from 29th Oct 2017 to 30th Sep 2019 with the support of department faculties in reviewing the records using a checklist.

Results: More than 60% victims were within 15-29 years of age with mean age 18.69 years and SD: + 5.921. Among the victims 27.5% had no formal education & almost 78% victims' occupation was student and garment workers. The study revealed that 76.3% victims were single (Unmarried) and 34.8% & 19.3% of the victims' residence was Ashulia, & Dhamrai respectively. Among the victims only 67.6% had the consent for medico-legal examination. Signs of struggle / violence was present only on 5.71% and ruptured hymen was found in 96.43% of victims respectively. Negative spermatozoa were found among all respondents. All of the respondents were found as Anxious and depressive. Moreover, state of sexual abuse was present among 98.57% respondents and 96.43% victims had the state of non-genital violence. Almost 95% of the victim's examination was done between more than 7 days to 1 month. Only 5% of the victims were found pregnant.

Conclusion: The study findings demand a growing need focusing in developing strategies for the care & support of rape victims. An adequate legal coverage for the rape victims, a post rape health and social services can be considered an unmet need for the society in deed.

Key words: Rape, Sexual abuse, Non-genital violence

Date of submission:24.09.2019 Date of acceptance: 02.12.2019

AKMMC J 2020; 11(1): 41-45

^{*&}lt;sup>1</sup>Dr. Nahin Fahmida Ferdous, Lecturer, Department of Forensic Medicine, Anwer Khan Modern Medical College, Dhanmondi, Dhaka-1205, Email: nahin.fahmida@outlook.com

²Dr. Nashat Jabin, Lecturer, Department of Forensic Medicine, Shaheed Suhrawardi Medical College, Dhaka, Email: nashatdisha@gmail.com

^{*}Corresponding Author

42 AKMMC J 2020 : 11(1) N Fahmida, N Jabin

Introduction

Rape literally implies forcible seizure¹. No age is immune in case of rape. Rape is a legal term rather a medical one, for which easy to complain of, difficult or hard to prove and harder disprove by the accused. In rape, Penetration of the vagina by the penis is not essential to constitute rape, mere touch is sufficient for this act. Any attempt to do so is called as attempted rape². Most cases, positive physical findings may not be found in rape. Rape can occur without any injury and as such negative evidence does not mean exclusion of rape³. The doctor should mention only the negative facts; but should not give his opinion that rape has not been committed. Witness or circumstantial evidence is also necessary in such condition⁴. In the USA an estimate of one in every four women & children and in Nigeria four out of every ten women are the victims of sexual assault⁵. The incidence of rape in South Africa is found approximately 300 per 100,000 women⁶. Rape is very alarming in Bangladesh. It is most common & a vicious form of violence against woman in Bangladesh⁷. In Bangladesh, police statistics on cases registered on violence against women (VAW) showed rape as second commonly reported form of violence against women, following dowry related harassment⁸. The rape victim has the chance of severe mental and social constraints in particular^{9,10}. Sexual violence has a great impact on the physical and mental health and with an increased range of sexual & reproductive health problem as well with immediate and long-term consequences. It also affects social well-being of the victims and be stigmatized and ostracized by their families¹¹. The rise of rate in sexual assault worldwide represents a major public health problem¹². Sexual violence, particularly rape is considered a global problem that does not spare any socioeconomic group or culture, among adolescents and young adults in particular¹³. Sexual assault is a neglected public health issue in most of the developing countries but a small number found reporting sexual assault¹⁴. In India, rape is both a social and criminal problem and put a family in shame and stigma in a country governed by conventional patriarchy, that means women as a victim of sexual attacks still hesitate to report them

to the police due to fear of retribution and of course social isolation¹⁵⁻¹⁸. Health systems in each country should have a critical role in responses to rape, however it is not well developed yet¹⁹. Post-rape services generally suffer from few resources, often lack of service providers with specific training in examining victims and interpreting the findings for the courts, including the health needs of victims that remains unmet²⁰⁻²¹. In most countries rape services need resources for the development of research capacity that may play a valuable role in guiding appropriate focus towards post-rape health services.

This study was a modest attempt in finding the distribution and determinants of rape victims attended and examined in a tertiary care hospital in this country. The finding might help guiding priority focus in developing suitable strategies for the care and support of rape victims towards developing a post rape health and social services in deed.

General Objective

To explore the condition of rape victims based on findings of variables considered under medico-legal examination findings

Specific Objectives

- 1. To find out the socio-demographic characteristics of the victims
- 2. To explore the location of victim's residence under study & consent status
- 3. To determine the victim's signs of struggle / violence & condition of hymen
- 4. To enumerate the status of victim's vaginal swab test report
- 5. To describe the state of victim's mental condition & sexual abuse
- 6. To determine the state of victim's sign of Non-Genital Violence & state of accused
- 7. To find out the victim's status of pregnancy

Methodology

This was a descriptive type of cross-sectional study taken from retrospective record review which was done in the Department of Forensic Medicine, Shaheed Suhrawardi Medical College, Dhaka, Bangladesh from 29th Oct 2017 to 30th Sep 2019. Rape cases from police stations of Ashulia, Dhamrai, Pallabi, Kafrul, and Mirpur Dhaka Metropolitan area were sent for medico legal examination in the department and victims those who were agreed to do medico legal examinations were examined. The description given regarding the issues were also considered for investigation in particular. The opinions given regarding on the issues as per study specific objective statements were noted with a prepared checklist in generating data. These were analyzed manually & by computer and presented in the form of tables and graphs accordingly.

Results

More than 60% victims were within 15-29 years of age, 27.5% victims age were of less than 14 years. Mean age was: 18.69 with SD: +5.921. Among the victims, 27.5% had no education & 58.5% were below SSC level of education. Moreover, almost 78% of the victim's occupation was student and garment worker (Table-I). The study revealed that 76.3% victims were single (Unmarried). In this study 34.8%, 19.3%, 15%, 13.5%, and 11.1% victims place of residence was Ashulia, Dhamrai, Pallabi, Kafrul, and Mirpur respectively. Among the victims only 67.6% had the consent for examination (Table-II). Signs of struggle / violence was present only on 5.71% and ruptured hymen was found in 96.43% of victims respectively (Table-III). Negative spermatozoa were found among all respondents. All of the respondents were found as Anxious and depressive. Moreover, state of sexual abuse was present among 98.57% respondents Table-IV & Fig-1). The state of accused was found known to 95.71% victims and almost similar 96.43% had the state of non-genital violence (Table-V). Almost 95% of the victim's examination was done between more than 7 days to more than 1 month (Fig-2). Among the victims only 5.00% were got pregnant (Table-VI).

Table I: Distribution of victims by sociodemographic characteristics n = 207

Variables	Sub-Variables	Number of respondents	Percentage
Age in years	<14	57	27.5%
	15-19	75	36.2%
	20-24	37	17.9%
	25-29	24	11.6%
	30-34	14	6.8%
	35+	00	00
Educational level	No Education	57	27.5%
	Below SSC	121	58.5%
	SSC Pass	14	6.8%
	Below HSC	4	1.9%
	HSC Pass	11	5.3%
Occupation	Student	72	34.8%
	Garment Worker	90	43.5%
	Housewife	30	14.5%
	Service	15	7.2%
Marital status	Divorced	20	9.7%
	Married	29	14.0%
	Single	158	76.3%

Table no I show all the socio demographic characteristics of the respondents where it is seen that most of the respondents (36.2%) age range was 15-19 years followed by 58.5% had below SSC level education, while 43.5% were garments worker and majority (76.3%) was found as single by marital status.

Fig.I: Distribution of victims by location of residence n = 207



Fig I show distribution of victims by location of residence. Of the respondents where it is seen that most of the respondents (38.4%) lives in Ashulia area. Moreover 19.3%, 15%, 13.5%, and 11.1% victims place of residence were Dhamrai, Pallabi, Kafrul, and Mirpur respectively.

Table II: Distribution of victims by signs of struggle / violence & Condition of hymen n=140

Variables	Sub-Variables	Number of Victims	Percentage
Signs of struggle /violence	Absent	132	94.29%
	Present	8	5.71%
Condition of hymen	Intact	5	3.57%
	Rupture	135	96.43%

Table no II presents that signs of struggle / violence were found among 5.71% of the respondents and ruptured hymen was found in 96.43% respectively.

Table -III: Distribution of victims by state of mental condition & sexual abuse n=140

Variables	Sub-Variables	Number of Victims	Percentage
State of mental condition	Anxious	54	38.57%
	Depressive	86	61.43%
State of sexual abuse	Absent	2	1.43%
	Present	138	98.57%

Table no III shows the distribution of victim's mental condition and state of their sexual abuse. Here 61.43 % victim was depressive and 38.57% was anxious. Moreover, state of sexual abuse was present among 98.57% respondents.

Table -IV: Distribution of victims by familiarity of accused & non-genital violence n=140

Variables	Sub-Variables	Number of Victims	Percentage
State of accused	Known	134	95.7%
	Unknown	6	4.2%
State of non-genital violence	Absent	135	96.4%
	Present	5	3.5%

It is found from table no IV that most (95.7%) of the victims accused were familiar to them and nongenital violence was absent among 96.4% of the victims.

Table V: Distribution of victims by Pregnancy Status n=140

Status of Pregnancy	Number of victims	Percentage
Conceived after rape	7	5.0%
Did Not conceive	133	95.0%

Table no V shows only 5.0% of the victims conceived after rape.

Discussion

In this study anxious and depressive state of mental condition was found among 100% victims, that showed similar chance of severe mental and social

constraints to the study of rape victim particular^{9,10}. The state of sexual abuse was present among 98.57% respondents in this study however, in another study sexual violence has found a great impact on the physical and mental health and with an increased range of sexual & reproductive health problem as well that also affects social wellbeing of the victims and be stigmatized by their families¹¹. This study confirms signs of struggle / violence were present only on 5.71% and ruptured hymen was found in 96.43% victims respectively. The study also indicates that among the victims reviewed only 67.6% had the consent for examination. It is due to the facts similar in most of the developing countries as the sexual assault is considered a neglected public health issue but a small number found reporting sexual assault¹⁴. Rape still considered in Bangladesh as social and criminal problem. It put family in shame & stigma of the country. The as a victim of sexual attacks still hesitate to report them to the police due to fear of retribution and of course social isolation. 15-18

Conclusion

In this study most of the victims under goes medicolegal examinations were from Ashulia, Dhamrai. They had the depressed & anxious state of mental condition perhaps due to the fear of social isolation. It leads to bring down the matter of consent for medico-legal examination. Moreover, most of the victims were unmarried. Thus, there is in need of priority focus in developing strategies for the care and support of rape victims with due post rape health, social and legal support for the concern victims in particular in addressing this sort of social & criminal issues.

Acknowledgement

The authors do acknowledge gratefully the technical support provided by the department of Forensic Medicine SSMC, department of Forensic medicine, AKMMC and the department of community medicine, AKMMC, Dhaka.

Conflict of interest: None

References

- 1. Vij K. Medicolegal examination of the living In: Textbook of forensic medicine and toxicology: principles and practice, 6th ed. Reed Elsevier Pvt. Ltd. New Delhi, 2014; 297-299
- 2. Sexual Offences Chapter-6. World Health Organization,2002. Retrieved on January, 2017 [Available at: www.who.int/ violence_injury _prevention/ violence/global campaign/ .../chap6.pdf]
- 3. Reddy KSN, Murty OP. Sexual offence In: The essentials of forensic medicine and toxicology, 33rd ed. Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, 2014; 411-417
- 4. Shepherd R. Sexual offences In: Simpson's ForensicMedicine,12th ed. Arnold, London, 2003, pp.128-132
- 5. Okonkwo JEN, IIbeh C. Female Sexual Assault in Nigeria. International Journal of Gynaecology and Obstetrics. 2003; **83**(3): 325-26.
- 6. Martin LJ. Forensic evidence collection for sexual assault: A south African Perspective. International Journal of Gynaecology and Obstetrics, 2002 September; **78**: 105-110.
- 7. Fahmina T. Thedailystar.net [Internet]. Violence against Women: Statistics of the Last 5 Years. 2007March 10 [cited 2014 Dec 15]. Available from: http://archive.thedailystar.net/ law/2007/03/02/investigation.htm.
- 8. Basu. A. Use of Medical Evidence in Rape Cases in Bangladesh. SAFE Project Research [Internet]. 2012 March [cited 2014 Dec 15]. Available from: http://www.academia.edu/9384955/Use_of_medical_evidence_in_rape_cases_in_Bangladesh.
- 9. www.askbd.org [Internet]. Incidents of Rape between January and 30 September 2014. 2014 Oct113 [cited 2014 Dec 15]. Available from: http:// www.askbd.org/ask/ 2014/10/13/incidents- rape- third-quarter-2014.
- DR Congo: UN News Centre. www. un.org/news [Internet]. UN Report Details Suffering of Rape Victims, Recommends Reparations. 2011 March 3[cited 2014 Dec 15]. Available from: http://www. un.org/ news/ dh/pdf/ english/2011/ 03032011.pdf.

- 11. World report on violence and health 2002, WHO, Chapter-6,149.
- 12. Walch, A.G., Boardhed, W. E. Prevalence of lifetime sexual victimization among female patients, Journal of Family Practitioner 1992; **35**: 511.
- 13. Irwin, C. E. Jr. (Ed) & Rickert, V. I. Editorial Coercive sexual experiences during adolescence and young adulthood: A public health problem. Journal of Adolescent Health, 2005; **36**(5): 359-361.
- 14. Malhotra, N. &Sood, M. Sexual assaults, a neglected public health problem in developed world. International Journal of obstetrics Gynecology 2000; **71**: 257 256.
- 15. Tamuli RP, Paul B, Mahanta P. A statistical analysis of alleged victims of sexual assault- A retrospective study. J Punjab Acad Forensic Med Toxicol. 2013; **13**(1): 7-13.
- 16. Jain R, Verma KN. Analysis of sex related offences and control measures: an Indian law view point. Int J Edu Sci Res. 2015; **2**(2): 39-42.
- 17. Sharma BR, Gupta M. Gender based violence in India: A never ending phenomenon. J Int Womens Stud. 2004; 6(1): 114-23.
- 18. Sarkar SC, Lalwani S, Rautji R, Bhardwaj DN, Dogra TD. A study on victims of sexual offences in South Delhi. J Fam Wel. 2005; **51**(1): 60-66.
- 19. Jewkes R, Sen P, Garcia Moreno C (2002). Sexual violence. In: Krug EG, Mercy J, ZwiA, Lozano R, editors. World Health Report on Violence and Health. Geneva: World Health Organization. pp. 148-181.
- 20. Du Mont J,White D (2007). The uses and impacts of medico-legal evidence in sexual assault cases: a global review. Geneva: World Health Organization.
- 21. Wang SK,Rowley E (2008). Rape: responses from women and health providers. Geneva: Sexual Violence Research Initiative, World Health Organization.