

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF ALLEGED SEXUAL ASSAULT (RAPE) CASES IN DHAKA CITY

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Abstract

Introduction: Offence means any act of omission made punishable by law for the time being in force. Sexual assault is defined as sexual intercourse performed in a way which is against the provision of the law of the land. Of all the crimes sex related crimes are the most barbarous and humiliating. Rape is the most serious sexual offence, still carrying the death penalty in some parts of the world. Rape is said when 'unlawful sexual intercourse by a man with a woman, by force, fear or fraud'. Young girls and children remain the most vulnerable group to this crime. The alarming rise in the rate of sexual assault worldwide represents a major public health problem.

Objectives: To determine socio-demographic characteristics of alleged sexual assault cases in Dhaka city and to create public awareness of furious crime.

Methods: The study was conducted on 230 female sexually assaulted victims who reported Dhaka Medical College (DMC) for medical examination during the period between January 2006 and December 2006. Details pertaining to age, sex, religion, literacy, socioeconomic status, site of incidence, time interval between incidence and medical examination, number of assailants, relationship with assailants, findings of physical or genital examination and results of evidence collected during examination were noted.

Results: It was revealed from the findings that among 230 female sexually assaulted victims 69.57% were in 11-20 years age group and 11.30% in 21-30 years of age group. Over three-fourths (76.08%) of the victims were Muslims, 78.69% were unmarried, 32.18% were less educated and 77.89% were with poor socio-economic background. The majority of the victims (43.91%) knew the assailants and in 30.43% cases they were close friends. Most of the incidents (36.95%) occurred in victim's house followed by Boys' hostel (31.30%). A total 89 victims (38.69%)

were examined on the day of the incident. Ninety one (39.57%) victims were found with genital injuries and 83 victims (36.09%) had extra genital injuries and rupture of hymen was found in 78 (33.91%) victims at 6 o'clock position.

Conclusion: The study findings may be helpful for baseline information and would be beneficial to the policymakers and programme planners to make awareness among the people.

Keywords: Victims, assailant, sexual assault, rape

Introduction

Sexual offence can be defined as sexual intercourse performed in a way, which is against the provision of the law of the land¹. Rape is an example of natural sexual offence and is common all over the world. Rape is a legal term and not a diagnosis to be made by the examining physician². Rape is defined as the unlawful sexual intercourse by a man with a woman without her consent, against her will or with her consent obtained by force, fear, or fraud or with any woman with or without her consent below the age of 14 years¹. According to Bangladesh Penal Code (BPC-375) six different aspects of special considerations are laid down³. The slightest penetration of the penis within the vulva, such as the minimal passage of glans between the labia with or without emission of semen or rupture of hymen, constitutes a rape². So it can be said rape is an allegation easily made, hard to prove and harder to disprove. Sexual intercourse by a man with his wife, the wife not being under thirteen years of age, is not rape³. Punishment for rape in BPC-376 is stated that imprisonment for life or imprisonment for 10 years with fine but in case of wife it is for two years or fine, or both³. No age is exempted from such kinds of sexual assault like rape. Children are the common victims due to superstitious belief that sexually transmitted diseases (STDs) may be cured by intercourse with a virgin. Younger a girl, greater the possibility of her being virgin⁴.

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In USA an estimate of one in every four women and children and in Nigeria four out of every ten women are victims of sexual assault⁵. Incidence of rape in South Africa is approximately 300 per 100,000 women⁶.

A significant proportion of allegations of rape and indecent assault reported to the police are found to be untrue, the reasons for which may be due to monetary gains, jealousy and revenge or to regain the possibly lost social status having a consensual sexual affair. The false allegations of rape are supported by introduction of blunt weapon or chilies into the vagina to simulate injuries, under garments are stained with starch or white of eggs to simulate seminal stain⁷. Against this is the equally true fact that only minorities of real sexual assaults are reported to the authorities.

Aim of the present study is to determine the socio-demographic characteristics of alleged sexual assault (Rape) cases in Dhaka city and findings of physical and genital examination have been collected from the record book of Forensic Medicine Department of Dhaka Medical College (DMC).

Materials and Methods

This retrospective study was carried out in the Forensic Medicine Department of Dhaka Medical College (DMC). During the study period from January 2006 to December 2006, a total of 352 sexually assaulted victims from different Thanas of Dhaka city were reported to the Forensic Medicine Department of DMC for medical examination. Examination of all victims was carried out by doctors of the said Department. Details pertaining to age, sex, religion, literacy, socioeconomic status, site of incidence, time interval between incidence and medical examination, number of assailants, relationship with assailants, findings of physical or genital examination and results of evidence collected during examination were noted. Data were collected in a structured sheet from the record book of the department of Forensic Medicine, DMC. Prior to medical examination, informed written consents were taken from all the sexually assaulted victims, of them 230 victims gave their consent during examinations whereas 122 victims refused to give consent. So their examinations were not carried out.

Results

The age of victims ranged from a five-year old child to a sixty-five years old woman and the mean±SD age was 17.52±4.35 years. The most affected age group was victims between 11-20 years (69.57 %) followed by 21-30 years (11.30 %). Two (0.87%) cases were over 50 years of age (Table-I).

Table-I: Distribution of victims according to age group (n=230)

Age group (in years)	Frequency	%
0-10	16	06.96
11-20	160	69.57
21-30	26	11.30
31-40	22	09.56
41-50	04	01.74
50+	02	00.87
Total	230	100

Table-II: Status of victims of sexual offences (n=230)

Marital status	Frequency	%
Unmarried	181	78.69
Married	46	20.01
Widow	03	1.30
Total	230	100
Educational qualification		
Not literate	67	29.14
Class i-v	74	32.18
Class vi-ix	58	25.21
Class x-xii	31	13.47
Total	230	100
Socio-economical background		
Low Socio-economic (<5,000.00 Tk/month)	178	77.39
Middle class (5000-20,000 Tk/month)	38	16.52
Upper class (>20,000 Tk/month)	14	06.09
Total	230	100

Seventy six percent of the victims were Muslims and 78.69 % were unmarried (Table-II). Details of marital status, educational qualification and socio-economic background are shown in Table-II. The vast majority of the victims knew the assailant. In 101 (43.91%) cases there were acquaintance (Table III) between victims and assailants. The common site of offence was the house of the victims (36.95%) followed by boys' hostel (Table-IV).

Table-III: Type of relationship of assailants with the victims of offence (n=230)

Type of relationship	Frequency	%
Acquaintance	101	43.91
Strangers	40	17.39
Close friend	70	30.43
Neighbour	06	02.61
Students of same school/ College	03	01.30
Master and servant	04	01.74
Teacher and Student	06	02.61
Total	230	100

There were 12 (5.22%) cases of gang rape with a maximum of four assailants involved in one case. Ninety one (39.57%) victims had genital injuries, 83 (36.09%) victims had extra-genital injuries, 30 (13.04%) victims had combined genital and extra-genital injuries. Simple to grievous injuries were found on the body of the victims in 26 (11.30%) cases. Rupture of hymen was found in 78 (33.91%) victims at 6 o'clock position and mostly injuries on vaginal mucosa at the left lateral wall were found. A total of 230 reported cases undergone medical examination, of them 89 (38.69%) victims were examined in the day of the incident (Table-V).

Table- IV: Place of incidence of the offence (n=230)

Place of incidence	Frequency	%
Victim's house	85	36.96
Boys' hostel	72	31.30
Accused house	27	11.74
Relatives house	23	10
Road side / Isolated place	06	2.61
Park/Jungle	05	2.17
Guest house/ hotel	11	4.78
Madrassa	01	0.44
Total	230	100

Table-V: Distribution of cases according to time of examination of victims (n=230)

Days/weeks	Frequency	%
Same day	89	38.69
Second day	15	06.52
Third day	14	06.08
Fourth day	10	04.34
5th day- 7th day	76	33.04
1st week-2nd week	13	05.65
2nd week- 3rd week	05	02.17
3rd week- 4th week	07	03.08
Over 4th week	01	00.43
Total	230	100

Investigations like High Vaginal Swab (HVS), Venereal Disease Research Laboratory (VDRL) tests, Bacteriological examination and urine for pregnancy test were found negative.

Discussion

Sexual assault is a neglected public health issue in most of the developing countries and there is likely to be an even smaller percentage reporting sexual assault⁶. Only 10-50 per cent of female victims report sexual assault⁶. Luce H et al⁸ revealed sexual assault was underreported, and more than one half of assaults were committed by someone known to the survivor. The under reporting of cases of sexual assaults are mainly due to social stigma, prejudice with regard to the chances of marriage, being considered promiscuous and responsible for incident, attended humiliation and shame, embarrassment caused

by appearance and cross examination in court, publicity in press, risk of losing the love and respect of society, friends and that of her husband, if married⁹.

In this study, victims' age range was 5 to 65 years. Majority of the victims (69.57%) was between 11-20 years of age. These results are in agreement with the study of Sarkar et al¹⁰ and DuMont et al¹¹. Schei et al¹² also reported most of the victims were young and were below 20 years of age.

In this study, the majority of victims (76.08%) were Muslims. This study differs with a similar study conducted in India by Sarkar et al¹⁰ where majority of the victims were Hindu. This is consistent with the population majority of both the countries. The majority of the victims (78.69%) were unmarried. This findings are in agreement with the study of Sarkar et al¹⁰, studies by DuMont¹¹, Islam et al¹³ and Fimate et al¹⁴. Majority of the victims (32.17%) were poorly educated (up to class V) and 93.04% were from a low socioeconomic background with a monthly income below 5000.00 Bangladeshi Taka. Similar findings were observed by Sarkar et al¹⁰. Berek¹⁵ in a study observed that 89.77% victims were educated. On the other hand Islam et al¹³ reported that majority of the victims were illiterate. Ganguly et al¹⁶ reported 60% of the victims were from poor family, 43% were illiterate. With nearly half the victims (43.91%), the assailant was known. These findings are consistent with the study of Sarkar et al¹⁰, Fimate et al¹⁴ and Islam et al¹³.

In the study, the most reported site of offence 36.95% was the victim's house followed by 31.30% in boys' hostel. Sarkar et al¹⁰ reported 41.1% and Grossin et al¹⁶ 41% of the incidence occurred at victim's house. Total 38.69 % victims in this study reported to Forensic Medicine Department of DMC in the same day of incident that differs with the study of Berek¹⁵, where the author found only 3.41% undergone for medico-legal examination in 1st day. This may be due to the awareness of the population of capital city, Dhaka. In a maximum number of cases, the assailants had a friendly relationship with their victims and had sexual activities after absconding together.

High Vaginal Swab (HVS) collected from 230 victims for determining spermatozoa and all cases were found negative. In the study of Sarkar et al¹⁰ spermatozoa were positive in 5.55% of cases, while Riggs et al¹⁸ reported evidence of spermatozoa in 48 % cases and Grossin et al¹⁷ reported positive result in 30.3% cases. Gray-Eurom et al¹⁹ reported that 31% cases were spermatozoa positive. The absence of sperm may be due to immediate washing of the genitalia after the incident, or may be technical fault of sample collection or/and examination. This study revealed that 12 victims (5.22%) were gang

raped (more than one assailant were involved in sexual intercourse with single victim). Sarkar et al¹⁰ observed 7.8% similar incidence and Riggs et al¹⁸ found more than one assailant were involved in 20 % cases.

In this study 39.57% victims had genital injuries and 36.09% victims had extra genital injuries. Among the victims having genital injuries, 34% had hymeneal lesion and 56% had no fresh tear in hymen as they had the history of previous sexual act. Islam et al¹³ reported genital injuries in 32.3% and extra genital injuries in 21.5% cases, Sarkar et al¹⁰ reported rupture of hymen was in 85% of the victims.

Conclusion

Young women and children are the vulnerable group for sexual assault. Maximum victims presented after 72 hours of sexual assault with genital washing which are the common impediment to detect the assailants. So early reporting without washing genitalia and using modern medical technology like DNA diagnosis may help to detect criminals. Perpetrators are mostly acquaintance. Maximum sexual assaults are occurring in the victim's house or boys' hostel and majority of the assailants are known and close friends to each other. So free mixing should be strictly prohibited and steps should be taken girls never visited boys' hostel alone.

References

1. Nandy A. Principles of Forensic Medicine. 2nd ed. Calcutta: New Current Book Agency (P) Ltd; Reprinted 2010.p.419.
2. Reddy KSN. The Essentials of Forensic Medicine and Toxicology. 28th ed. Hyderabad, India: Om Sai Graphics; 2010.p.360.
3. The Penal Code Act XLV of 1860 Ministry of Law and Land Reforms Law and Parliamentary Affairs Division, Government of the People's Republic of Bangladesh, Govt Printing Press, Tejgaon, Dhaka 2007.p.167.

4. Shepherd R. Simpson's Forensic Medicine. 12th ed. London: Arnold; 2003.p.132.
5. Okonkwo JEN, Ilbeh 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. Ansell R. Securing evidence after sexual offence is an important task for physicians. Increasing severity of crimes and use of DNA analysis necessitate higher quality standards. Lakartidningen. 1998 October; 95(42):4626-31.
8. Luce H, Schragor S, Gilchrist V. Sexual assault of women. Am Fam Physician, 2010 February; 81(4):489-95.
9. Malhotra, N, Sood M. Sexual Assault , a neglected public health problem in developed world. International Journal of Obstetrics and Gynaecology, 2000;71:257-258.
10. Sarkar SC, Lalwani S, Rautji R, Bhardwaj DN, Dogra TD. A Study on Victims of Sexual Offences in South Delhi, Dept of Forensic Medicine and Toxicology, AIMS, New Delhi, India; 2010.p.1-6.
11. Mont DU, Parnis JD. Sexual assault and legal resolution: Querying the medical collection of forensic evidence. Medical Law.2000;19(4):779-92.
12. Schei B, Muus KM, Moen MH. Medical and Legal aspects of rape. Tidsskr Nor Laegeforen. Norwegian. 1995 January 10;115 (1): 30-3.
13. Islam MN, Islam MN. Retrospective study of alleged rape victims attended at Forensic Medicine Department of Dhaka Medical College, Bangladesh. Legal Medicine (Tokyo): 2003 March; 5(1):351-53.
14. Fimate L, Devi M. An analytical study of rape in Manipur. International Journal of Medical Toxicology and Legal Medicine. 1998;1:1-2.
15. Barek A. A study on pattern of Alleged Rape cases at SBMC, Barisal. AKMMC J 2011; 1 (1) :19-21.
16. Ganguly RP, Patron KK, Jha T, Bhattacharya AR, Sarkar D. Sexual assault and its medical, Medico-legal and Social aspects-a retrospective study. J Indian Med Assoc .2010; October;108(10): 682-90.
17. Grossin C, Sibille I, Grandmaison GIDI, Banasr A, Brion F, Durigon M. Analysis of 418 Cases of Sexual Assault, Forensic Science Int. 2003;131:125-30.
18. Riggs N, Houry D, Long G, Markovchick V, Feldhaus K.M. Analysis of 1076 cases of Sexual Assault, Ann Emergency Medicine. 2000; 35:358-62.
19. Gray Eurom DC, Seaberg RL Wears H. The Prosecution of Sexual Assault Cases: Correlation with forensic evidence. Ann Emerg Med. 2002; January 39(1): 39-46.