

Original Article



Forensic Analysis of Sodomy in Bangladesh: An Observational Study

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Abstract

Background: Sodomy, or non-consensual anal intercourse, is a legally and socially sensitive issue in Bangladesh, often underreported due to stigma and criminalization under Section 377 of the Penal Code. Forensic investigation of such cases is limited, especially for male and transgender victims, excluding the female victims. This study reflects the forensic patterns, practices, and challenges associated with sodomy cases reported in 2024.

Materials and Methods: A retrospective study was conducted on 71 medico-legal sodomy cases documented in Forensic Medicine department of Sir Salimullah Medical College from January to December 2024. Data included demographic details, injury patterns, forensic findings, time of reporting, and victim-perpetrator relationship.

Results: During the study, majority of the cases (71.83%) were male and (11.27%) were transgender, whereas (83.1%) cases were minors (<18years). Among the victims, most common findings (59.2%) were perineal abrasion, followed by (53.5%) were anal tear, (43.6%) were rectal bleeding, while no visible injury was found in (14.1%) cases. The highest positive results (66.7%) were found in cases reported within 24 hours, with a minimum of 9 (12.9%) among the 71 cases. Although most 45 (63.4%) cases were reported after 72 hours with at least 1 (2.2%) positive result. The majority of the victims (39.4%) knew the offender as friend or relative, (32.4%) as neighbour or acquaintance, but (28.4%) offenders were strangers to them.

Conclusion: The study concluded that minors are more prevalent to sodomy by known persons with less or no visible injury. Delayed reporting (over 72 hours) significantly reduced the forensic yield to establish the case. Reform is urgently needed in forensic procedures, legal interpretation of Section 377, and victim support systems to improve justice for sodomy survivors in Bangladesh

Key words: Sodomy, Forensic Medicine, Anal Intercourse, Sexual Offences, Medico-Legal.

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Introduction

Sodomy is criminalized under Section 377 of the Penal Code of Bangladesh (1860), which defines it as “carnal intercourse against the order of nature.”¹ This colonial-era law makes no distinction between consensual and non-consensual acts, creating significant forensic and legal challenges. In the context of forensic medicine, sodomy is most often encountered as non-consensual anal intercourse, requiring sensitive clinical evaluation, evidence recovery, and medico-legal documentation.^{2,3}

Despite its forensic importance, male and transgender survivors of sodomy remain largely invisible in South Asia.⁴ Victims often face sociocultural stigma, community silence, and institutional neglect, making reporting extremely rare.^{5,6} The limited visibility of cases has led to systemic underreporting and inadequate

documentation, weakening judicial outcomes.

Globally, there is growing recognition of male rape as a human rights and forensic issue.⁷ Yet, in Bangladesh, Section 377 continues to criminalize all same-sex intercourse, whether consensual or forced. This deters survivors from seeking justice out of fear of legal consequences.^{1,8} The paradox is that the very law intended to regulate sexual conduct has instead silenced victims of serious crimes.

Efforts by the government and judiciary to strengthen protection against sexual violence remain inadequate.^{9,10} The current medico-legal system struggles with outdated laws, weak protocols, and insufficient survivor support. This study therefore seeks to fill an important gap by reviewing sodomy cases in Bangladesh from a forensic perspective, with the aim of generating data-driven insights that can inform both clinical practice and legal reforms.

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Materials and Methods

A retrospective study was carried out in the dept. of Forensic Medicine at (SSMC) Sir Salimullah Medical College, Dhaka from January to December 2024. A total of 71 cases were studied during this study period. Data were collected from the register/record books, medico-legal reports and forensic laboratory results of sodomy related cases by using a pre-designed format. The register/record book maintained the profile of the medico-legal cases related to sodomy including their particulars, history of the incident, examination procedure, clinical & lab findings. All the reported cases who gave informed written consent underwent medico-legal examination including general and local examination, lab investigations from the sample collected and an opinion was provided accordingly. No victim identifiers were used on data collection. The relevant data were compiled on excel sheet and Statistical analysis was done using statistical package for social sciences (SPSS) version 23. The values were expressed in frequency & percentages and presented in tables and charts. Institutional ethical clearance was obtained prior to data collection and autonomy of the victims was strictly maintained.

Result

Table I shows age distribution according to gender. Most 59 (83.1%), victims belong to below 18 years age, among this 71.83% were male and 11.27% were transgender. Here female victims were excluded for the study purpose.

Table I: Age and Gender Distribution of Victims

Age group (Years)	Male	Transgender	Total
<18	51 (71.83%)	8 (11.27%)	59 (83.1%)
18-34	6 (8.45%)	3 (4.23%)	9 (4.23%)
>35	2 (2.81%)	1 (1.41%)	3 (4.23%)
Total case			71 (100%)

* In legal terms, below 18 years of age signifies minority while above 18 years of age signifies majority.

Figure 1 shows clinical findings of the victims where, Majority (59.2%) had perineal abrasions, followed by anal tear (53.5%) and rectal bleeding (43.6%). But (14.1%) cases had no visible injury.

Table II shows correlation of reporting time with the evidence yielding positive result. Only 9 cases reported within 24 hours yield got positive result 6 (66.7%), whereas maximum (63.4%) cases reported after 72 hours got (2.2%) least positive result. The positive result is less likely the longer the reporting period is.

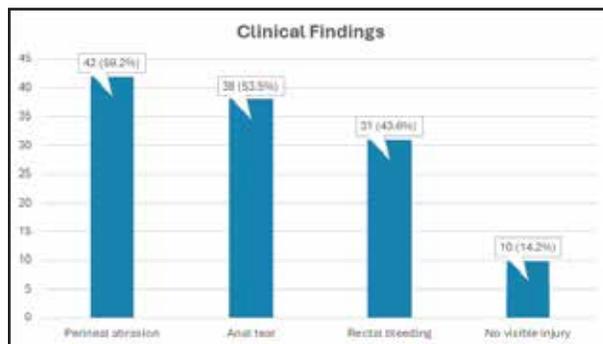


Figure 1: Distribution of Common Forensic Findings

Table II: Correlation of Reporting Time with Positive Result

Time of Reporting	No. of Cases	Biological Evidence Positive (%)
Within 24 hours	9 (12.7%)	6 (66.7%)
24-72 hours	17 (23.9%)	2 (11.8%)
After 72 hours	45 (63.4%)	1 (2.2%)

Figure 2 shows the offender-victim relationship. Most (39.4%) offenders were known to the victim as friend/relative, followed by (32.4%) as neighbour/acquaintance but (28.2%) were strangers.

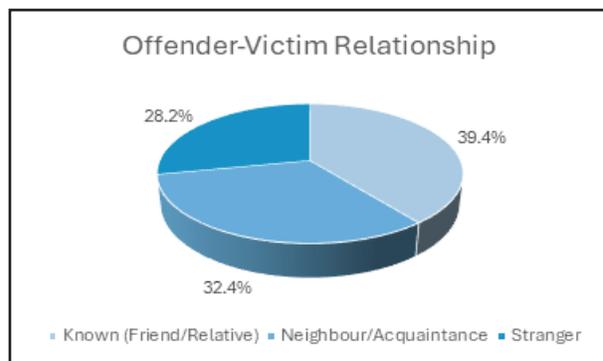


Figure 2: Relationship of Victim to Offender

Discussion

Sexual offences, particularly sodomy, pose complex medico-legal and forensic challenges in Bangladesh. Despite the presence of a legal framework, gaps remain in both implementation and forensic practice. The Ministry of Law, Justice and Parliamentary Affairs has emphasized strengthening the protective legal environment, but enforcement continues to face barriers due to stigma and underreporting.¹⁰

Proper medico-legal documentation is essential for ensuring justice in sodomy cases. Ahmed et al. highlighted that inadequate forensic recording often weakens court outcomes, particularly where physical findings are minimal.¹¹ Delays in reporting further compromise evidence recovery. Parveen et al. showed that delayed medical examination decreases the likelihood of detecting injuries or obtaining usable forensic samples.¹²

DNA evidence plays a crucial role but faces challenges in tropical countries such as Bangladesh. Salim et al. demonstrated that warm and humid conditions contribute to rapid DNA degradation, complicating forensic investigations.¹³ Similarly, Hasan et al reported that anal injuries may be subtle or absent, making reliance solely on physical signs insufficient.¹⁴

Male rape and sodomy are often silenced topics in South Asia. Chakraborty et al. noted that male victims remain marginalized, receiving less recognition compared to female survivors.¹⁵ In Bangladesh, group sexual violence adds another layer of complexity. Hossain et al. reported that coordinated assaults make identification of perpetrators and preservation of biological evidence particularly difficult.¹⁶

Patterns of abuse in marginalized settings are concerning. Research from ICDDR, B revealed higher incidences of sexual abuse in urban slums, linked to poverty, overcrowding, and lack of surveillance.¹⁷ Police involvement is another critical factor—Rahim et al. stressed that improper handling of evidence during the initial reporting phase often results in forensic shortcomings.¹⁸

Awareness about male sexual offences remains low in rural Bangladesh. Kabir et al. found that misconceptions, stigma, and lack of community-level reporting mechanisms contribute to the invisibility of such cases.¹⁹ Internationally, the UNODC highlighted the need for specialized responses to sexual offences, while WHO emphasized that men and boys are also victims of sexual violence, urging states to expand recognition and support services.^{20,21}

Capacity-building within the medical profession is necessary. Fakir et al. advocated for structured training of doctors in sexual offence protocols, as many physicians lack confidence in forensic examination of sodomy cases.²² Furthermore, Akhter et al. emphasized the importance of developing forensic nursing in Bangladesh to strengthen medico-legal services and victim care.²³

Conclusion

This study highlights critical gaps in Bangladesh's forensic and legal response to sodomy cases, particularly affecting children, adolescents, and marginalized communities. Delayed reporting, inadequate documentation, weak forensic infrastructure, and Section 377's conflation of consensual and non-consensual acts undermine both evidence collection and prosecution. To address these challenges, urgent measures are needed: integrate anal sexual assault examination protocols into medical education; amend Section 377 to distinguish sexual assault from

consensual acts; implement rapid response protocols with standardized rape kits across healthcare facilities; provide dedicated counseling and legal aid for male and transgender victims; and promote nationwide awareness campaigns to reduce stigma and encourage timely reporting. These interventions are essential to enhance forensic preparedness, strengthen legal outcomes, and protect survivor rights and dignity.

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