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Original Article

Profile of Sexual Assault Cases Registered in the Department of Forensic Medicine, Rajshahi Medical College

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Abstract

A cross sectional study was conducted among 291 victims of sexual assault cases examined at the department of Forensic Medicine, Rajshahi Medical College from February to June, 2004 in order to see the profiles of the sexual assault cases. In this study the mean age of the victims was 17.78 years. Out of 291 victims 3 individuals were male. The incidence of sexual assault was more frequent among the individuals aged from 14 to 18 years. The study should that 77.7% victims were unmarried. 80% individuals of sexual assault were inhabitants of rural areas and the rest of the victims were of urban areas. The study revealed that 88 (30.2%) had the signs of violence on their body. In finding out of the physical development the study presented that 86.9% victims had developed breast while 8.9% had not. Out of 288 female victims 84.72% female had old tear of hymen while 30 (10.41%) had recent hymenal tear. 1.4% victims of sexual assault showed presence of sperm in pathological examination.

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Introduction

Sexual violence occurs throughtout the world and one in four women experience Sexual violence by an intimate partner^{1,2,3}. One-third of adolescent girls report about their first coitus debut as being forces^{4,5,6}.

Sexual violence has a profound impact on physical and mental both immediate and long-term consequences^{4,7-16}. Its impactr on mental can be as serious as its physical sequel, and may be equally long lasting¹⁷⁻²⁴. Deaths following Sexual violence may be as a result of suicide, HIV infaction²⁵ or murder-the latter occurring either during a sexual assault or subsequently, as a murder of 'honour.²⁶ Women and men may also be raped when in police custody or in prison. Sexual violence can be directed aganist both men and women in defferent settings and circumstances²⁷.

The global magnitude of the problem of Sexual violence may be viewed as corresponding to an icebeg floating in water²⁸. In a national survey conducted in the United States of America, 14.8% of women over 17 years of age reportyed having been raped in their lifetime. (with an additional 2.6% having experienced attempted rape) and 0.3% of the sample reported having been raped in the previous years²⁹. A survey among women aged 18-49 years in three provinces of South Africa found that in the previous year 1.3% of women had been forced, physically or by means of verbal threats, to have non-consensual sex²⁸. In survey of a representative sample of the general pipulation

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over 15 years of age in the Czech Republic, 11.6% of women reported forced sexual contact in their lifetime, 3.4% reported that this had occurred than once³⁰. The most common form of contact was forced vaginal intercourse.

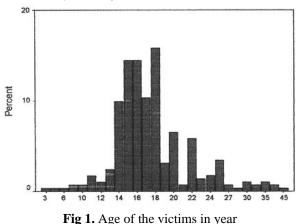
In Bangladesh cases of sexual remains unnoticed due to its socio-cultural values. Some cases published in the Daily News Paper occasionally but in most cases are settled by negotiation due to fear and with monitory compensation. From several publisshed picture it is clear that sexual assault is a social problem and it has a profound impact on social aspect of individual, law enforcing authority and community health.

Materials and methods

A cross sectional study was conducted among 291 victims of sexual assault cases examined at the Department of Forensic Medicine, Rajshahi Medical College from February to June, 2004. The data collection procedure was like a census type and data were collected from the records of the victims from 2001 to 2003 preserved in the Department of Forensic Medicine, Rajshahi Medical College. A well-designed questionnaire was used for data collection in order to fined out profile of the victims from preseved records.

Results

The study showed that the incidence of sexual assault was more frequent among age group between 14 to 18 yers and mean age of the victims was 17.78 year (Figure-1)



Among 291 victims 3 of them were male contributing 1% and 99% victim was female (Table 1) 22.3% victims was married and 77.7% remained unmarried. In physical findings the result showed that 86.9% victims had developed breast while 8.9% victims without development of breast (Figure 2). 80% and 20% victims of sexual assault were inhabitants of rural area and urban area respectively (Figure 3) Out of 291 victims 88 that is 30.2% victims showed presence of sperm in pathological examinaion (Figure 3). Out of 288 female vicims 84.72% had old tear of hymen while 30 victims (10.41%) had recent hymen tear (Table III).

 Table 1: Gender distribution of the victims of sexual assault

Sondar assault		
Gender	Number	Percentage
Male	3	1
Female	288	99
Total	291	100

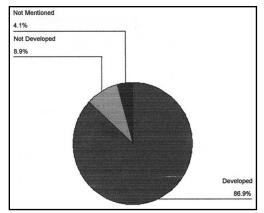


Fig 2. Breast development of the victims

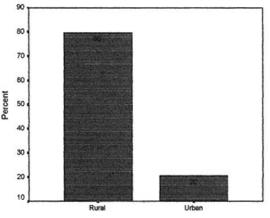


Fig 3. Place distribution of occurrence of sexual assault

Present of violence	Number	Percentage
Present	88	30.24
Absent	203	69.75
Total	291	100

Table II : Presence of seigns of violence

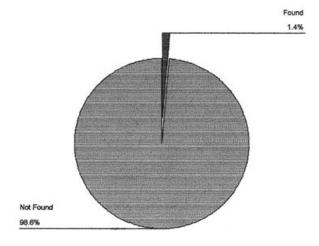


Figure 3. Sperm delected in pathological examination

Hymen	Frequency	percent
Old tear	244	84.72
Recent Tear	30	10.41
Intact	14	4.86
288	291	100.00

Table III: Condtion of hymen

Discussion

The study showed that the incidence of sexual assault was more frequent among age between 14 to 18 years. These findings coincided with the findings in different parts of the world as adolescent girls usually found to be more a risk of rape than older women ^{4,6,24,28,30}. Increases incidence of rape in younger could be due to lack of maturity, lack of defensive power. 3 victims of sexual assault especially for sodomy²⁷. In this study 77.7% victims were unmarried, the findings could bear a relation with usual marital age of female and age incidence of the study. The study pointed out that 95.5% victims was Muslim, only

4.1% and 0.3% were Hindu and Christian respectively. The religious variation could be due to fact that in Bangladesh most people are Muslims

The study pointed out that 80% victims of sexual assault were inhabitants of rural areas and 20% victims of the urban areas respectively. The higher incidence of rural findings could be due to fact that husband of married victims were working in town or abroad; it also might be due to fact that 80% people of Bangladesh live in rural areas. The rural high incidence could also be due to lack of law enforcing agents such as police station and number of police according to population and area of rural Bangladesh. High rural incidence might be due to other factors that influenced urban incidence. Urban incidence was also important and urban incidence could be due to more exhibitions of exciting cinemas, VCR, VCD. Multiple channels in television and use of entertainment channel in TV. The urban incidence could also be due to availability of pornography in towns and cities at low cost. The relative low urban incidence could be due awareness of people and availability of legislative agencies.

Out of 291 victims, 88 victims (30.2%) showed presence of signs of violence on their person. The rest who did not show sings of violence could be due to delayed reporting to the police department and finally to the development of forensic medicine. It also could be due to fictitious reporting to avail undue advantages from the accused by the victims.

In finding physical development of the victims the study revealed that 95.9% victims had developed secondary sex character. And this finding pointed out that there was a relationship between sexual assault with physical development consequently with age. 84.72% female had old tear of hymen while 30 cases (10.41%) had recent hymenal tear and from hymenal tear it could not ensure occurrence of sexual violence.

1.4% victims of sexual assault had presence of sperm in pathological examination that indicated recent sexual violence; absence of sperm did not exclude sexual violence that could be due to delayed reporting. The present study revealed that it would not represent the actual picture of the country but such study could help other researchers to conduct similar study to bring out actual national picture regarding sexual violence.

References

- 1. Hakimi M et al. Silence for the sake of harmony: demestic violence and women's health in central Java, Yogyakarta, Gadjah Mada University, 2001.
- Ellsberg MC. Candies in hell: demestic violence against women in Nicaragua, Umea University, 1997.
- Mooney J. The hidden figure: demestic violence in north London, Middlesex University. 1993.
- Jewkes R et al. Relationship dynamics and adolescent pregnancy in South Africa. Social Science and Medicine. 2001; 5:733-744.
- Matasha E et al. Sexual and reproductive health among primary and secondary school pupils in Mwanza, Tanzania: need for intervention. SIDS Care. 1998; 10:571-582.
- Buga GA, Amoko DH, Ncayiyana DJ, Sexual behaviour, contraceptive practice and reproductive health among school adolescents in rural Transkei. South African Medical Journal. 1996; 86:523-527.
- Holmes MM et al. Rape-related pregnancy: estimates and descriptive characteristics from a national sample of women. American Journal of Obstetrics and Gynecology. 1996; 175: 320-324.
- Eby K et al. Health effects of experiences of sexual and physical abuse among partners. Health Care for Women Internatonal. 1995; 16: 563-576.
- Leserman J et al. Selected symptoms associated with sexual and physical abous among female patients with gastrointestinal disorders: the impact on subsequent health care visits. Psychological Medicine. 1998; 28: 417-425.
- McCauley J et al. The "battering syndrome" prevalence and clinical characteristics of domestic violence in primary care internal medicine practices. Annals of Internal Medicine. 1995; 123:737-746.
- Coker Al et al. Physical helth consequences of physical and psychological intimate partner violence. Archives of Family Medicine. 2000; 9:451-457.

- Letoumeau Ej, Holmes M. Chasendunn-Roark J. Gynecologic helth consequences to victims of interpersonal violence. Women's Health issues, 1999; 9: 115-120.
- Plichta SB, Abraham C. Violence and gynecologic helth in women less than 50 years old. American Journal of Obstetrics and Gynecology, 1996; 174: 903-907.
- Campbell JC, Soeken K. Forced sex and intimate partner violence: effects on women's health. Violence Against Women, 1999; 5: 1017-1035.
- Collett BJ et al. A comparative study of women with chronic pelvic pain, chronic nonpelvic pain and those with no history of pain attending general practitioners. British Journal of Obstenttics and Gynaecology, 1998; 105: 87-92.
- 16. Boyer D, Fine D. Sexual abuse as a factor in adolescent pregnancy. Familly planning Perspectives, 1992; 24: 4-11.
- Briggs L, JoycePR. What determines post-traumatic stress disorder symptomatology for survivors of childhood sexual abuse? Child Abuse & Neglect, 1997; 21: 575-582.
- Creaner M, Burgess P, McFarlane AC. Posttraumatic stress disorder: findings from the Australian National Survey of Mental Health and Well-being. Psychological Medicine, 2001; 31: 1237-1247.
- Cheasty M, Clare AW, Collins C. Relation between sexual abuse in childhood and adult depression: case-control study. British Medical Journal. 1998; 316: 198-201.
- Darves-Bomoz JM. Rape-related psychotraumatic syndromes. European Journal of Obsteterics, Gynecology and Reproductive Biology, 1997; 71: 59-65.
- Feliitti VJ et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood sexual abuse. Journal of the American Journal of Preventive Medicine. 1998; 14: 245-258.
- Fergusson DM, Horwood LJ, Lynskey MT. Childhood sexual abuse and psychiatric disorder in young adulthood: II. Psychiatric outcomes of childhood sexual aduse. Journal of the American Academy of Child and adokescent Psychiatry. 1996; 35: 1365-1374.
- Levitan RD et al. Major depression in individuals with a history of childhood physical or sexual abuse: relationship of neurovegetative features, mania, and gender. American Journal of Psychiatry, 1998: 155: 1746-1752.

- 24. Aciemo R et al. Risk fctors for rape, psydical assault, and post- traumatic stresas disorder in women: examination of differential multivariate.
- 25. Miller M. A model to explain the relationship between sexual abuse and HIV risk among women. AIDS Care. 1999; 11: 3-20.
- Mercy JA et al. International injuries. In: mashaly AY, Graitcer PH, Youssef ZM, eds. Injury in Egypt: an analysis of injuries as a helth problem. Cairo, Rose El Youssef New Presses. 1993: 65-84.
- 27. Swiss S et al. Violence against women during the Liberian civil conflict. Journal of the American Medical Association. 1998; 279: 625-629.

- 28. Jewkes R, Abrahams N. The epidemiology of rape and sexual coercion in South Africa: an overview, Social Science and Medicine.
- TJaden P, Thoennes N. Full report of the prevalence, incidence and consequences of violence aganist women: findings from the National Violence Against Women Survey. Washington, DC, National Institute of Justice, Office of Justice Programs, United States Department of Justice and Centers for Disease Control and Prevention, 2000 (NCJ 183781).
- Weiss P, Zverina J, Experiences with sexual aggression within the general population in the Czexh Republic. Archives of sexual Behavior, 1999; 28: 265-269.

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