

Study on Socio-Demographic Characteristics of Alleged Sexual Assault Cases: an Experiences in Dhaka Medical College, Dhaka, Bangladesh

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Abstract:

Background: Rape, a form of sexual assault without consent, occurs through force, coercion, or against those unable to give consent. International rape rates vary, with Bangladesh witnessing a 122% increase in cases from 2018 to 2020. The government's response includes imposing the death penalty for rapists. Bangladesh faces pervasive sexual violence, with domestic abuse prevalent. The legal definition of rape is broad, making it challenging to prosecute. Weaknesses in the judicial system contribute to low conviction rates, fostering a culture of non-disclosure by survivors. Drug addiction is linked to the rise in rape incidents, creating a complex challenge for addressing and preventing sexual assault.

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

Methods: This one-year (July 2022 to June 2023) prospective study at Dhaka Medical College and Hospital, Bangladesh, focused on 172 sexually assaulted victims, exclusively female, from various areas in Dhaka city. The Forensic Medicine Department examined age, sex, religion, literacy, socioeconomic status, incident site, time interval between incident and examination, number and relationship of assailants, physical/genital examination findings, and evidence results. Exclusion criteria involved male survivors and single-center attendance. Data collected through structured sheets from the department's record book were presented in tables and graphs, and statistical analysis was performed using SPSS on Windows.

Result: In a retrospective analysis of 172 rape incidents, the majority of victims (69.19%) were aged 11-20, with minimal cases involving victims over 50. Unmarried individuals constituted 57.56%, and educational backgrounds varied. Most cases (48.84%) involved victims assaulted by their boyfriends, followed by husbands (13.95%) and neighbors (12.21%). Incidents mainly occurred at the accused person's residence (71.51%), with varying times for medical examination. Geographically, South Dhaka reported 62.79% of cases, while North Dhaka accounted for 37.21%. The study provides insights into the demographics, relationships, locations, and examination timing of reported rape cases.

Conclusion: The study exposes a disturbingly high incidence of rape in Bangladesh, particularly affecting young females though elder woman are not exclude of this incident. Perpetrators, often acquaintances and boyfriends, contribute to delayed reporting and examination challenges, hindering evidence collection.

1. INTRODUCTION

Rape is a type of sexual assault involving sexual intercourse or other forms of sexual penetration carried out against a person without their consent. The act may be carried out by physical force, coercion, abuse of

authority, or against a person who is incapable of giving valid consent, such as one who is unconscious, incapacitated, has an intellectual disability, or is below the legal age of consent [1,2]. The term rape is sometimes used interchangeably with the term sexual assault [3]. The rate of reporting, prosecuting, and

convicting for rape varies between jurisdictions. Internationally, the incidence of rapes recorded by the police during 2008 ranged, per 100,000 people, from 0.2 in Azerbaijan to 92.9 in Botswana, with 6.3 in Lithuania as the median [4]. Worldwide, sexual violence, including rape, is primarily committed by males against females [5]. Rape by strangers is usually less common than rape by people the victim knows, and male-on-male and female-on-female prison rapes are common and may be the least reported forms of rape [6-8]. Bangladesh has faced an alarming increase in rape incidences over the last few years. According to data from Ain o Salish Kendra (ASK), a legal aid and human rights organization in Bangladesh, rape cases have increased by 122% in 3 years from 2018 to 2020 [9]. In a desperate attempt to deter sexual assailants, the Bangladesh government introduced the death penalty as the maximum punishment for rape cases on 12 October 2020 [10]. Sexual violence against women has always been prevalent in Bangladesh [11]. Domestic aggression and brutality against intimate partners are all too frequently seen, with 60% of Bangladeshi men reporting to have committed violence toward an intimate partner and 35.7% of men even justified such abusive behaviour [12]. Bangladesh holds the second-highest position in the lifetime prevalence of sexual partner violence against women (49.7%), ranking only behind Ethiopia (58.6%) [13]. Several factors are contributing to this dismaying rape culture in Bangladesh. According to Bangladesh Penal Code (BPC-375), six different aspects of special considerations are laid down [14]. 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 the hymen, constitutes rape [15]. 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 rape [14]. First and foremost, the country's judicial system is frail in ensuring harsh and rapid punishment against rape incidents [16]. Failure of courts to make convictions in rape cases has led victims to become wary of the judicial system and hesitant to come forward seeking justice [16]. Between 2011 and 2018, only five rapists out of 4372 cases were convicted in six

administrative districts of Bangladesh [17]. The reasons behind these low conviction rates are complicated trial systems, intervention by influential figures, administrative delays, and some intentionally fake lawsuits. Rape survivors often refuse to disclose the crime committed against them for fear of further trauma from victim-blaming [11]. Therefore, many causes of rape remain unreported and act as an incentive for perpetrators to keep repeating their offences. Fourth, addiction to abusive drugs is associated with the increment of rape incidents.

2. METHODOLOGY AND MATERIALS

This prospective study was conducted at the Forensic Medicine Department of Dhaka Medical College and Hospital Dhaka, Bangladesh. The study duration was one year from July 2022 to June 2023 a total 172 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 about age, sex, religion, literacy, socioeconomic status, site of incidence, the 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 the examination were noted. Data were collected in a structured sheet from the record book of the Department of Forensic Medicine, DMC.

Inclusion Criteria:

- Female survivor of all age
- Attending Dhaka Medical College Hospital.
- Survivor who willingly giving information.

Exclusion Criteria:

- Avoid of male survivor.
- Attending single centre.
- Mentally disable person

All data were presented in a suitable table or graph according to their affinity. A description of each table and graph was given to understand them clearly. All statistical analysis was performed using the statistical package for social science (SPSS) program, and Windows.

3. RESULT

In this retrospective analysis, a total of 172 incidents of rape were examined and evaluated. The age distribution of the study population is presented in Table 1, revealing that the majority of victims (69.19%) were in the age range of 11-20 years, followed by 21-30 years (11.63%). Only one case (0.58%) involved a victim over 50 years. Details regarding marital status, educational qualifications, and socio-economic backgrounds are provided in Table 2. A significant portion of the participants (57.56%) were unmarried, 37.21% were married, and 1.16% were widowed. Educational backgrounds varied, with 22.67% having primary education, 36.05% comprising secondary school students, 26.74% higher school students, 10.47% university-level students, and only 4.07% being illiterate. Regarding socio-economic status, 47.67% of the study population belonged to the middle class, 39.53% to the lower class, and 12.79% to the upper class. According to the data in Table 3, the majority of the 172 reported cases involved victims who were subjected to sexual assault, with

84(48.84%) indicating that their boyfriend was the perpetrator. Additionally, 24(13.95%) victims reported being raped by their husbands, while 21(12.21%) experienced assault from their neighbors. Examining the locations of these incidents, Table 4 reveals that a significant portion (71.51%) occurred at the accused person's residence, while 9.88% took place in isolated areas, and 8.72% transpired in the victims' homes. All 172 cases underwent medical examination, as indicated in Table 5. The results highlight that 34.88% of victims were examined more than four weeks after the incident, 15.12% within the third day, and 13.95% on the fourth day. The physical examinations in Table 6 show that 80.81% of victims displayed old tears without congestion, 8.72% had old tears with congestion, and 7.56% exhibited recent tears with congestion. Additionally, 2.33% of cases reported victims with an intact hymen and congestion. Geographically, the distribution of reported cases is illustrated in Figure 1, indicating that South Dhaka accounted for 108 cases (62.79%), while North Dhaka reported 64 cases (37.21%).

Table1. Distribution of victims according to age group (N=172).

Age group (in years)	Frequency (n)	Percentage (%)
0-10	12	6.98
11-20	119	69.19
21-30	20	11.63
31-40	17	9.88
41-50	3	1.74
>50	1	0.58
Total	172	100.00

Table2. Socio demographic condition of the study population (N=172).

Marital status	Frequency (n)	Percentage (%)
Unmarried	99	57.56
Married	64	37.21
Divorced	7	4.07
Widow	2	1.16
Total	172	100.00
Educational qualification		
Illiterate	7	4.07
Primary	39	22.67
Secondary	62	36.05
HSC	46	26.74
Honours	18	10.47
Socio-economic condition		
Lower (<15,000.00 Tk/month)	68	39.53
Middle (15000-30,000 Tk/month)	82	47.67
Uppers (>30,000 Tk/month)	22	12.79
Total	172	100.00
Occupational Status		
Employed	33	19.19
Non-Employed	139	80.81

Table3. Type of relationship of assailants with the victims of offence (N=172).

Raped by	Frequency (n)	Percentage (%)
Boyfriend	84	48.84
Gang	3	1.74
Stranger	6	3.49
Husband	24	13.95
Acquaintance	9	5.23
Neighbor	21	12.21
Cousin/Relative	17	9.88
Husband (ex)	4	2.33
Employer	3	1.74
Employee	1	0.58

Table4. Place of incidence of the offence

Place of incidence	Frequency (n)	Percentage (%)
Accused home	123	71.51
Hotel	8	4.65
Isolated Place	17	9.88
Victim House	15	8.72
Jungal/park	5	2.91
Guest house	4	2.33
Total	172	100.00

Table5. Distribution of cases according to time of examination of victims.

Days/weeks	Frequency (n)	Percentage (%)
Same day	0	0.00
Second day	17	9.88
Third day	26	15.12
Fourth day	24	13.95
5th day-7th day	19	11.05
1st week-2nd week	12	6.98
2nd week- 3rd week	1	0.58
3rd week- 4th week	13	7.56
Over 4th week	60	34.88
Total	172	100.00

Table6. Findings of Rape Victims after Physical Examination

Genital findings	Frequency (n)	Percentage (%)
Old tear & no congestion	139	80.81
Old tears & congestion present	15	8.72
Recent tears & congestion present	13	7.56
Laceration	1	0.58
Hymen intact & congestion present	4	2.33
Total	172	100.00

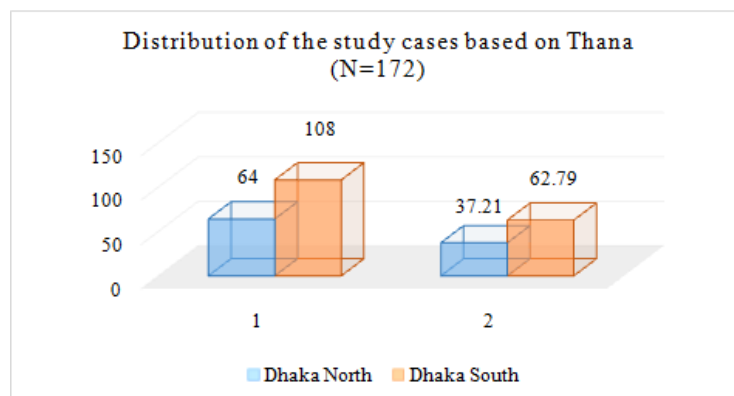


Figure1. Distribution of the study cases based on Thana (N=172).

4. DISCUSSION

Sexual assault remains an overlooked public health concern in the majority of developing nations, with a probable smaller proportion reporting incidents of sexual assault [18]. It is widely acknowledged that young females are more susceptible to sexual assault. This investigation reveals that a significant portion of victims falls within the age range of 11 to 20 years (69.19%). A parallel observation was noted in the studies by Bose et al. (2017) and Uddin et al. (2022) [19,20]. A majority of the victims (57.56%) were unmarried, aligning with similar findings in another study [21-25]. Of the victims, 36.05% had a secondary level of education, and 47.67% belonged to a middle-class family. Sarkar et al. and Berek et al. also reported similar findings, noting that 89.77% of victims in their study were educated [22,26]. Conversely, Islam et al. [13] found that the majority of victims were illiterate [24]. Ganguly et al. reported that 60% of victims came from low-income families, with 43% being illiterate [27]. In nearly half of the cases (43.91%), the assailant was acquainted with the victim. In the majority of instances, the assailants shared a friendly relationship with the victims and engaged in sexual activities after absconding together [21]. Our study revealed that 48.84% of the study population experienced rape perpetrated by their boyfriends. The most frequently reported location of the offence in the study was the accused's home (71.51%), followed by 9.88% in isolated places. Sarkar et al. reported 41.1%, and Grossin et al. reported 41% of incidents at the victim's house [22,27]. Roychoudhury et al. and Arif et al. noted that the most common place of assault was an isolated location [28,29]. While this does not align with our study, geographical factors may be associated with such variations. Nonetheless, some studies indicated that incidents predominantly occurred at the alleged accused's house [30,31]. Most of the study's victims (34.88%) underwent examination more than four weeks after the incident. In contrast, Al-Azad et al. found that most victims in their study were examined on the same day as the occurrences [21]. According to the analysis, the highest number of alleged rape cases (62.79%) originated from South Dhaka, as compared to North Dhaka (37.21%).

5. LIMITATIONS OF THE STUDY

Despite the comprehensive examination of rape incidents in Dhaka, this study has limitations. Firstly, it focuses solely on cases reported to the Forensic Medicine Department, potentially excluding unreported incidents. The study's one-year duration may also not capture seasonal variations or long-term trends. The reliance on retrospective analysis introduces recall bias, impacting the accuracy of reported details. The exclusion of male survivors and the restriction to a single center may limit the generalizability of findings. Furthermore, the study lacks qualitative insights into survivors' experiences, hindering a deeper understanding of the sociocultural factors contributing to rape culture in Bangladesh.

6. CONCLUSION AND RECOMMENDATIONS

The study reveals a disturbing prevalence of rape in Bangladesh, particularly among young females. The majority of cases involve perpetrators known to the victims, with boyfriends being the most common assailants. The delayed reporting and examination of victims pose significant challenges in securing evidence. The judicial system's inadequacy is evident in low conviction rates and a lack of timely justice. Addressing the multifaceted factors contributing to the rape culture, including legal reforms, judicial efficiency, and societal awareness, is imperative to combat this alarming trend. Addressing the root causes of rape requires a concerted effort from legal, social, and educational sectors to create a safer and more just society for all.

REFERENCES

- [1] "Chapter 6: Sexual Violence" (PDF). World Health Organization. 2002. Retrieved 11 April 2021
- [2] Schulhofer SJ. Reforming the law of rape. *Law & Ineq.* 2017;35:335.
- [3] Petrak J, Hedge B, editors. *The trauma of sexual assault: Treatment, prevention and practice.* John Wiley & Sons; 2003 Jul 7.
- [4] ^ "Rape at the National Level, number of police recorded offenses". Archived 2013-10-29 at the Wayback Machine United Nation
- [5] "Violence against women". World Health Organization. Retrieved 2017-09-08.
- [6] Human Rights Watch *No Escape: Male Rape In U.S. Prisons. Part VII. Anomaly or Epidemic: The Incidence of Prisoner-on-*

- Prisoner Rape. Archived 2014-09-03 at the Wayback Machine; estimates that 100,000–140,000 violent male-male rapes occur in U.S. prisons annually; compare with FBI statistics Archived 2008-09-16 at the Wayback Machine that estimate 90,000 violent male-female rapes occur annually
- [7] Dumond RW, King M, Brouhard D. Ignominious victims: Effective treatment of male sexual assault in prison. In 103rd annual conference of the American Psychological Association, New York 1995.
- [8] Struckman-Johnson C, Struckman-Johnson D. A comparison of sexual coercion experiences reported by men and women in prison. *Journal of interpersonal violence*. 2006 Dec;21(12):1591-615.
- [9] Akhter N. Rape increases by 122pc in 3 years. *The Daily Prothom Alo*, 24 August, <https://en.prothomalo.com/bangladesh/crime-and-law/rape-increases-by-122pc-in-3-years> (2021, accessed 19 September 2021).
- [10] Rahman FI, Ether SA, Islam MR. The growing rape incidences seems an epidemic turn of sexual violence in Bangladesh: A letter to the editor. *Women's Health*. 2021 Nov;17:17455065211063285.
- [11] Islam MR, Hossain MJ. Increments of gender-based violence amid COVID-19 in Bangladesh: A threat to global public health and women's health. *The International journal of health planning and management*. 2021 Nov;36(6):2436.
- [12] Islam MJ, Rahman M, Broidy L, Haque SE, Saw YM, Duc NH, Haque MN, Rahman MM, Islam MR, Mostofa MG. Assessing the link between witnessing inter-parental violence and the perpetration of intimate partner violence in Bangladesh. *BMC public health*. 2017 Dec;17(1):1-0.
- [13] World Health Organization. Understanding and addressing violence against women. Geneva: World Health Organization, 2012, https://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf;jsessionid=5AA122953AD9CDA4013FF402789C7FA3?sequence=
- [14] Reddy DK. The essentials of forensic medicine and toxicology. 2019 Jul 25.
- [15] 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
- [16] Rahman FI, Ether SA, Islam MR. The growing rape incidences seems an epidemic turn of sexual violence in Bangladesh: A letter to the editor. *Women's Health*. 2021 Nov;17:17455065211063285.
- [17] Harvard International Review. Rape in Bangladesh: an epidemic turn of sexual violence, 2021, <https://hir.harvard.edu/rape-in-bangladesh-an-epidemic-turn-of-sexual-violence/> (accessed 27 October 2021)
- [18] Martin LJ. Forensic evidence collection for sexual assault: a South African perspective. *International Journal of Gynecology & Obstetrics*. 2002 Sep;78:S105-10.
- [19] Bose PK, Ara M, Rahaman MS, Kabir MJ, Biswas P. Medicolegal findings of rape victims: a retrospective study of 69 cases at a Tertiary Care Hospital in Dhaka City. *Journal of National Institute of Neurosciences Bangladesh*. 2017;3(2):106-9.
- [20] 2. Uddin MK, Saha M, Gazi MN, Talukdar S, Raihan MM. Study on Socio-Demographic Characteristics of Alleged Sexual Assault Cases in Rajshahi District in 2020. *TAJ: Journal of Teachers Association*. 2022 Aug 10;35(1):45-50.
- [21] 3. Al-Azad MA, Raman Z, Ahmad M, Wahab MA, Ali M, Khalil MI. Socio-demographic characteristics of alleged sexual assault (rape) cases in Dhaka city. *Journal of Armed Forces Medical College, Bangladesh*. 2011;7(2):21-4.
- [22] Sarkar SC, Lalwani S, Rautji R, Bhardwaj DN, Dogra TD. A study on victims of sexual offences in South Delhi. *Journal of family welfare*. 2005 Jun;51(1):60.
- [23] Du Mont J, Parnis D. Sexual assault and legal resolution: querying the medical collection of forensic evidence. *Med. &L.* 2000;19:779.
- [24] Islam MN, Islam MN. Retrospective study of alleged rape victims attended at Forensic Medicine Department of Dhaka Medical College, Bangladesh. *Legal Medicine*. 2003 Mar 1;5:S351-3.
- [25] Fimate L, Devi TM. Rape in Manipur—An analytical study. *International Journal of Medical Toxicology & Legal Medicine*. 1998;1(1):49-54.
- [26] Berek A. A study on pattern of alleged rape cases at SBMC, Barisal. *Anwer Khan Modern Medical College Journal*. 2010;1(1):15-8.
- [27] Ganguly RP, Patra KK, Jha T, Bhattacharya AR, Sarkar D. Sexual assault and its medical, medicolegal, and social aspects—a retrospective study. *Journal of the Indian Medical Association*. 2010 Oct 1;108(10):682-90.
- [28] Chowdhury UB, Bose TK, Prasad R. Rape: Its medicolegal and social aspect. *Journal of Indian Academy of forensic medicine*. 2008;30(2):69-71.

- [29] Arif M, Ahmed M, Hanif F. NATURAL SEXUAL OFFENCES; MEDICOLEGAL ASSESSMENT IN PUNJAB. The Professional Medical Journal. 2014;21 (05):980-6.
- [30] Kumar-Pal S, Sharma A, Kumar Sehgal A, Singh-Rana A. A study of sexual assaults in Northern range of Himachal Pradesh. International Journal of Medical Toxicology and Forensic Medicine. 2015;5(2):64-72.
- [31] Kaushik N, Pal SK, Sharma A, Thakur GC. A retrospective study of sexual assaults in southern range of Himachal Pradesh. Int J Health Sci Res. 2016;6(2):342-51.

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