

The Pattern of Alleged Rape Case in Dhaka City

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Abstract

Background: Rape is a common social problem having great implication on the Victim, family, Judiciary and state. However it is very difficult to prove the actual rape because it is difficult to establish whether it is a consented sex or actual rape. **Objective:** To assess the pattern of alleged rape case in Dhaka city. **Method:** 176 cases of alleged rape were studied during the period of 2019-2022 at the Tertiary hospital, Dhaka. **Results:** Of these, 130 cases had consented sexual intercourse. 46 victims were subjected to rape. Cases include different age groups, their occupations, living areas, time of arrival for medicolegal examination have been studied. Most of the cases were students. An alarming number of victims were subjected to gang rape. Examination and reporting of the cases with have been discussed. **Conclusion:** This study shows that only one fourth of the alleged rape victims are the real rape cases. The victims of other cases had consent to sexual intercourse. There were several victims below the age of consent who cannot give valid consent to sexual intercourse as per law.

Keywords: Alleged Rape, Pattern, Consented Sex, Gangrape.

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INTRODUCTION

Alleged rape cases represent a distressing and distressingly prevalent social issue that continues to cast a dark shadow over Dhaka city, the bustling capital of Bangladesh. As a densely populated urban hub, Dhaka is not immune to the grim reality of sexual violence, and the occurrence of such cases raises serious concerns about the safety and well-being of its residents, particularly women and vulnerable populations.

Rape, being a heinous crime involving the violation of one's bodily autonomy and dignity, leaves deep scars on survivors and their families, perpetuating fear and trauma in communities. Beyond the immediate physical and psychological impact on individuals, alleged rape cases exert significant social and economic burdens on affected communities, contributing to feelings of insecurity and mistrust within society [1-6].

This study endeavors to shed light on the complex and multi-faceted pattern of alleged rape cases within Dhaka city. By meticulously examining the available data, this research aims to identify the various characteristics and trends associated with these cases, including the demographics of survivors and perpetrators, the locations where incidents commonly occur, and any discernible temporal patterns.

Understanding the underlying patterns of alleged rape cases is crucial for designing targeted interventions and implementing effective preventive measures. By recognizing commonalities and disparities in the reported incidents, law enforcement agencies, policymakers, and community organizations can collaboratively devise comprehensive strategies to combat sexual violence and ensure the safety and protection of all residents [7-10].

Furthermore, this study will endeavor to uncover potential factors that might contribute to the

prevalence of rape cases in Dhaka city. Societal norms, gender dynamics, economic disparities, and the availability of support services for survivors will be among the critical aspects examined to gain insights into the broader context surrounding sexual violence in urban environments.

Addressing the issue of alleged rape cases in Dhaka city requires a multi-pronged approach that involves not only strict law enforcement but also a concerted effort to challenge prevailing attitudes and behaviors that perpetuate sexual violence. By analyzing the patterns of these cases and exploring the underlying socio-cultural factors, this research aims to contribute valuable information to inform policies, foster awareness, and drive the creation of safe spaces where everyone can thrive without fear.

As the findings unfold, it is hoped that this study will act as a clarion call for greater awareness and proactive action, inspiring collective efforts to curb the prevalence of alleged rape cases and work towards a more inclusive, just, and secure society for all residents of Dhaka city.

OBJECTIVE

To asses the pattern of alleged rape case in Dhaka city.

METHODOLOGY

Over the span of four years, from 2019 to 2022, the Department of Forensic Medicine at a tertiary hospital in Dhaka conducted medicolegal examinations on a total of 176 alleged rape cases. The findings of each case were meticulously documented using printed medicolegal examination report forms.

Prior to conducting the medical examination, the victim was attended to and informed about the nature and purpose of the procedure. Written consent was obtained from the victim after providing a clear explanation of the examination process. Throughout the

examination, the presence of a female attendant from the medical college ensured a comfortable and supportive environment for the victim.

A comprehensive record was made, including general information about the victim, such as identification marks. Details about the victim's menstrual history, prior sexual intercourse, pregnancy history, and a complete account of the alleged incident were carefully noted. Observations regarding the victim's demeanor, any signs of resistance or struggle, the condition of their clothing at the time of the alleged rape, height, weight, body development, teeth eruption, growth of axillary and pubic hairs, breast development, and any other injuries on the body were meticulously recorded.

Thorough genital examination was conducted with utmost care, including the condition of the labia majora, minora, hymen, fourchette, clitoris, vagina, and cervix. High vaginal swabs were collected and examined in the pathology department for the presence of spermatozoa and diplococcic. Additionally, radiological examinations of various joints such as wrist, elbow, shoulder, ankle, knee, hip joint, and pelvis, and occasionally the clavicle, were carried out in the Radiology and Imaging department of the hospital to determine the victim's age. Reports from microbiologists and radiologists were carefully reviewed to aid in the examination process.

Based on the comprehensive physical examination findings, along with the results of radiological and laboratory tests, professional opinions were provided regarding the victim's age, presence of rape, and the timing of any recent or past sexual intercourse.

RESULTS

Table-I shows occupation of the study group where majority were students, 50%.

Table-I: Occupational status of the study group

No. of victims		Percentage
Students	88	50%
Servants	9	5.11%
Own house works	49	44.88%
Total	176	100%

Table-2 shows educational status of the group where majority were educated, 89.77%

Table II: Education status (from class-II to XII of the victims)

No. of victims	Percentage
Educated	158 89.77 %
Illiterate	18 10.23 %
Total	176 100%

Table-III shows Time between alleged coitus and medical examination where majority of the time belong

to Between 3 & 7 days, 68.18%.

Table III: Time between alleged coitus and medical examination

	No. of victims	Percentage
Between 24 & 72 hours	6	3.41%
Between 3 &, 7 days	120	68.18 %
Between 8 & 30 days	38	21.60%
Between 1 & 4 months	12	6.82%
Total	176	100%

Table-IV shows Parity of victims where majority were nulliparous, 97.16%.

Table IV: Parity of victims

No. of victims		Percentage
Parous	5	2.84 %
Nalliparous	171	97.16%
Total	176	100%

Table-V shows pregnancy status of the study group where 98.29% were non pregnant.

Table V: Pregnancy status of the victims

No. of victims		Percentage
Non-pregnant	173	98.29%
Pregnant	3	1.71%
Total	176	100%

Table-VI shows Division at rape cases and cases of consented coitus.

Table VI: Division at rape cases and cases of consented coitus

No. of victims		Percentage
Victims subjected to rape	46	26.14%
Cases of sexual intercourse with consent	130	73.86%
Total	176	100%

DISCUSSION

During the study, a total of 176 alleged rape cases were examined at the Department of Forensic Medicine in a tertiary hospital in Dhaka. Out of these cases, 46 (26.14%) were opined as rape, while in 130 cases (73.86%), consent to sexual intercourse was established. In all cases, the police-initiated litigation, and the victims were brought for medicolegal examination to determine whether rape had occurred or not.

It is important to note that a significant number of rape victims do not report the incidents to the police due to various reasons, including fear of marital discord, harassment by relatives or law enforcement, and the prospect of humiliating cross-examination during court proceedings.

The diagnosis of rape in the examined cases was based on several factors, including the victim's history, age, demeanor, signs of resistance, tear of the hymen, changes in the vaginal canal, and the presence of spermatozoa in vaginal swabs. However, in some cases, the absence of spermatozoa in the swabs could be attributed to delayed medical examination or the victims washing or cleaning themselves before seeking medical help.

Diagnosing rape becomes relatively more straightforward in cases involving children or virgins, as signs of genital injuries are usually evident. However, in deflorate women where semen is not detected in the vaginal swabs, determining rape becomes more challenging.

A substantial portion (73.86%) of alleged rape cases were not considered as such due to various reasons, such as the victim's history of love affairs, consensual relationships, and voluntary sexual activity without coercion. The cause of litigation in such cases often stemmed from the victims' families' disapproval of their actions or the alleged fiances refusing further relationships [7].

Gang rape emerged as a distressingly common occurrence, accounting for 45.65% of the raped cases in the study. These incidents involved groups of unscrupulous individuals planning and abducting victims, subjecting them to forceful sexual intercourse by each rapist, often threatening the victims with harm or death if they resisted.

The study revealed that most alleged rape victims were students (50%), followed by housewives (44.88%) and servants (5.11%). The majority of victims

were from rural areas (94%), and the educational level of the victims was predominantly educated (89.77%) compared to illiterate (10.23%).

The motives behind alleged rape were often linked to sexual pleasure, but some cases involved religious conversion or inter-religious relationships. In one puzzling case, a woman committed suicide after engaging in sexual intercourse before her hanging. DNA fingerprinting examination could potentially shed light on this case and help identify the offender.

While deaths associated with sexual offenses were not common, they were often the result of the victim's rejection of sexual advances or the offenders' desire to prevent complaints against them. The methods of killing included pressure on the neck, head injuries, stabbing, or injuries associated with sexual activities themselves.

Overall, this study provides crucial insights into the complexities and gravity of alleged rape cases in Dhaka city, highlighting the need for comprehensive measures to address and prevent sexual violence in urban settings. The findings underscore the importance of forensic examination and the utilization of advanced techniques such as DNA fingerprinting to facilitate justice and accountability in cases of sexual offenses.

CONCLUSION

This study shows that only one fourth of the alleged rape victims are the real rape cases. The victims of other cases had consent to sexual intercourse. There were several victims below the age of consent who cannot give valid consent to sexual intercourse as per law.

REFERENCE

1. Reddy, K. S. N. (1992). Sexual offence, In: The Essentials of Forensic Medicine and Toxicology, 13th Edn, K. Suguna Devi, Hyderabad. India, 298.
2. Knight, B. (1992). Sexual offences, In: Simpson's Forensic Medicine, 10th Edn, ELBS, London, 206-207.
3. Center for Substance Abuse Treatment (US) Treatment Improvement Protocol (TIP) Series, No. 57. Section 1. A Review of the Literature. Vol. 57. Rockville, MD: Trauma-informed Care in Behavioral Health Services; 2014. Trauma-informed care in behavioral health services; p. 1. [PubMed] [Google Scholar]
4. Cowan, A., Ashai, A., & Gentile, J. P. (2020). Psychotherapy with survivors of sexual abuse and assault. *Innovations in clinical neuroscience*, 17(1-3), 22-26. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7239557/pdf/icns_17_1-3_22.pdf.
5. Lakew, Z. (2001). Alleged cases of sexual assault reported to two Addis Ababa hospitals. *East African medical journal*, 78(2), 80-83. <https://pubmed.ncbi.nlm.nih.gov/11682951>
6. Modi, J. P. (1988). Sexual offences, In: Modi's Text Book of Medical Jurisprudence, 21st Edn. C. A Franklin ed. N. M. Tripathi, Bombay, India, P-369.
7. Parikh, C. K. (1981). Rape: Medicolegal Aspects, In: Parikh's Text Book of Medical Jurisprudence and Toxicology, 3rd Edn. CBS, Bombay, P-475-480.
8. Paul, D. (1984). Medicoiegal Examination of the living, In: Taylor's Principles and Practice of Medical Jurisprudence, edited by A.K. Mant, 13th edn, Churchill Livingstone, Edinburgh, London, P80.
9. Sagar, S. M., Sharma, P. K., & Dogra, T. D. (1992). Study of Sexual offence in South Delhi, In: Journal of Forensic Medicine and Toxicology, Vol IX, Nos. 3 & 4, 8-11.
10. Knight, B. (1991). Death Associated with sexual offence, In: Forensic Pathology, 1st Edn, Edward Arnold, London, P-391.