

PERCEPTION OF MEDICAL STUDENTS REGARDING PUNISHMENT OF RAPE FOR ACCUSED: A CROSS-SECTIONAL STUDY

Suba Tvisha N¹, Raut Pritish K², Kadu Sandeep S³

¹IIIrd MBBS student, ²Associate Professor, Dept. of Community Medicine,

³Professor & Head, Dept. of Forensic Medicine & Toxicology,

Dr. Vithalrao Vikhe Patil Foundation's Medical College and Hospital, Ahmednagar, Maharashtra, India.

ABSTRACT

Background: Rape is a significant social and public health problem that has a severe shattering effect on victims, including negative consequences on physical health, mental health, academic performance, and interpersonal and social relationships. It is important to know the perception and opinion of young people about the punishment of rape and increase transparency and one's participation in the implementation of the act. **Aim:** To spread awareness and portray the severity of crime by learning the perception of medical students towards the punishment given for rape accused and to examine the dimensionality of rape attitudes and its law in youth. **Methods:** Data was collected from 100 randomly selected medical students with the help of a questionnaire and verbal discussion with them. **Results:** All the students were in the age group of 18 to 24 years. Only 47% were aware of the exact punishment given for the accused. Maximum (75%) participants feel that death should be the ideal punishment, and it should be given immediately as soon as the accused is found guilty. Inadequate mentality and lack of sex education are considered as major causes that provoke a person to commit rape. The majority of the cases are not reported because of social stigma and family reputation. **Conclusion:** Education is the most favored approach to sex-related violence in the community. It is important to support every individual, as it plays a vital role in gaining media and government attention, which is a step forward for the betterment of the society, and soon towards the complete eradication of such social and public health issues like rape and sexual assault.

Keywords: Rape; Punishment; Accused; Medical students; Perception.

INTRODUCTION

Now a days the sexual assault and rape are serious social and public health issues. Reports say that a woman is raped in India every 20 minutes. Also, the most vulnerable group for rape victimization is female youth.

According to experts, the reporting rate for rapes is only 10%, and the conviction rate is 24.2%. The National Crime Record Bureau 2013 annual report states that 24,923 rape cases were reported across the country in 2012, and 98% of those were committed by someone known to the victim [1].

Rape is the fourth most common crime against women in India, but India has been characterized as one of the countries with the lowest per capita rates of rape. A large number of them go unreported, rather than the severity of punishment, the low rate or delay of conviction is the root issue in the case of rape.

It is believed that, heightened awareness or education, also considering general youth's perception and opinions on punishment, shall enhance the transparency and one's participation against the act.

Also, several studies based on the psychological conditions of the rapist and myths and facts regarding rape are done. However, still, there are very few or negligible that have taken into consideration the perception of an individual (a common man) towards rape, laws related to it, the punishment is given or the social stigma, retaliation, and humiliation faced by the victims and most important the awareness related to this sensitive issue.

Important as it is seen that willingness to report rape has increased in recent years after several incidents of rape received widespread media attention and triggered the public protest. This led the Government of India to reform its penal code for crimes of rape and sexual assault, and fast track courts were introduced for a certain case. Even many public groups raised movements like the feminist act, the Me-too movement etc.

The primary objective of the study is to spread awareness and portray the severity of crime by a perception of medical students towards the punishment given for rape accused and to examine the dimensionality of rape attitudes and its law in youth.

MATERIAL AND METHODOLOGY

Study design: A cross sectional study

Ethical approval: Institutional Ethics Committee approval was taken prior to the start of the study

Study location: Study was conducted at DVVPF's



DOI: 10.31878/ijcbr.2020.62.04

eISSN: 2395-0471
pISSN: 2521-0394

Correspondence: Dr. Raut Pritish K, Associate Professor, Dept. of Community Medicine, Dr. Vithalrao Vikhe Patil Foundation's Medical College and Hospital, Ahmednagar, Maharashtra. Email: dr.pritishraut@gmail.com

Medical College, Ahmednagar, Maharashtra,

Study duration: 03 months

Inclusion criteria: 1. Medical Students of Second year Professional Course 2. Bonafide student of the Institution 3. Age between 18-24 years

Exclusion criteria: Those not willing to participate in the study

Sample size: 100

Methodology: A self-designed questionnaire was distributed to the participants fulfilling the inclusion criteria which was followed by verbal discussion.

Data collection tool was prepared by incorporating two scales along with sociodemographic data of participants, perception towards current punishment for rape, the law, and general myths, and facts were taken into consideration and explored.

RESULTS

Within the sample of 100, there were equal numbers of male and female participants between the age group of 18-24 years with the mean age of 19.5 years.

Out of the total, 47% of the participants were aware of the current punishment given to the rape accused according to 375 & 376 IPC. Almost 75% of the participants felt that death should be the ideal punishment for the accused either by hanging or torture to death or public execution.

For the ideal time limit for punishment, varying random opinions were observed, with the majority of 61% stating that the punishment should be given as soon as the accused is found guilty.

For The main cause that provokes a person to commit rape, 57% participants think is because of one's inadequate mentality; followed by, lack of sex education (44%); sexual quench or attraction (40%); psychological illness (34%); wrong peer influence (32%); revenge (27%); indecent social media influence (26%) and patriarchal society (24%).

The major hurdle for rape cases being unreported, as stated by the majority of the subjects are social stigma (67%) and family reputation (66%). A major myth or a fact controversy lies with the appearance of the girl or her way of dressing playing a role in her victimization of rape. Almost 81% of the participants disagree with this statement.

Almost all the participants (96%) feel that a medical practitioner can give a report which states that rape has been done on the victim.

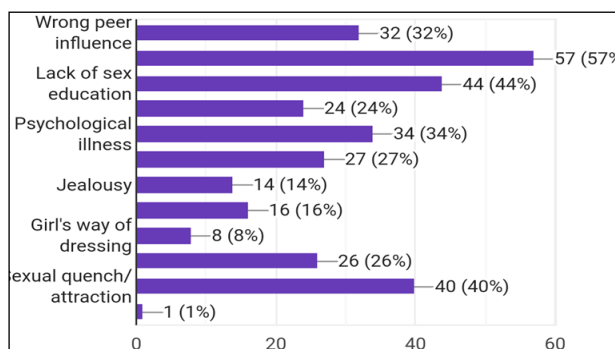


Fig 1: What do you think is the main cause that provoked a person to commit rape

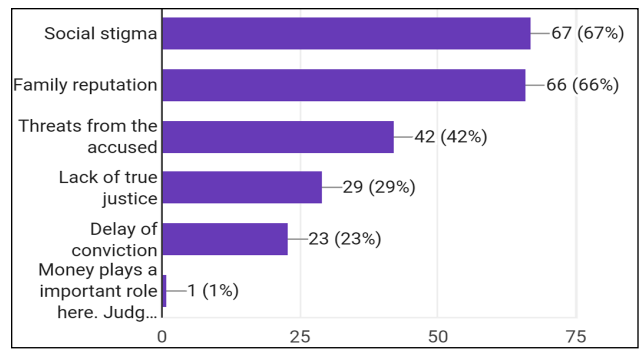


Fig 2: What do you think is the major hurdle for maximum rape cases being unreported?

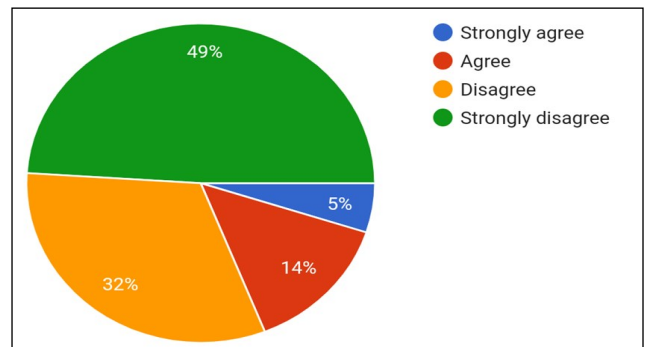


Fig 3: Do you think appearance of a girl or her way of dressing plays a role in her victimization of rape?

DISCUSSION

Violence against women is a significant public health problem that affects women, men, and children. The shattering effect of rape on victims is well recognized, including negative consequences on physical health, mental health, academic performance, interpersonal and social relationship [2-6]. Rape and nonconsensual sexual penetration is prevalent among women with rates between 13% and 25% [7,8]. Previous research on rape indicates that important mental health outcomes to consider are depression, anxiety, and posttraumatic stress symptoms. Generally, women with a history of rape report higher symptomology in these domains than those without such histories [9-11].

In the significant findings of the present study, it is seen that almost half of the participants of the survey group were unaware of the punishment given under IPC 375 & 376. Also, almost all the subjects think severe punishment should be given to the rape accused; the maximum of them suggested death as the punishment, mainly by hanging, followed by castration or penile amputation. Even a few suggested that the accused should be sent to rehabilitation centers. There were few subjects who suggested few years of punishment (7 years or less) with monetary punishment.

Punishment of rape in most countries today is imprisonment. Castration is sometimes a punishment for rape, and controversially, some US jurisdiction allows shorter sentences for sex criminals who agree for voluntary chemical castration. In the past, rape was often punished with death, and it is punishable with death in many countries. But in some instances, special circumstances apply – for example, rape is only

punishable in India if the victim dies or is put in a persistent vegetative state, and /or the rapist is a repeat offender, and in Iran, a death sentence can be substituted with compensation, with or without imprisonment and flogging, if the victim chooses [1, 12].

Comparing the results, even subjects of various studies and media interaction reports suggest castration or death for the accused as the most appropriate punishment.

Since unreported rape cases and delayed conviction still are the leading root causes which restrict eradication of such crimes. However, factors like social stigma, humiliation, and retaliation by society, family reputation mainly overrule the situation, increasing pressure on the victim hinders everything.

Barriers to the care-seeking behavior and reporting the sexual violence were cost, corruption at different levels, distance required to travel, limited services, and lack of quality care services [13]. Many informants are having a sense of frustration with those in the legal sector. They feel that socioeconomic status would determine the outcome and how much willing to provide.

According to a study, for more than 60% of girls, the reason for not disclosing the incidences of sexual violence to anyone was family or community (fear of abandonment or family separation is the most common), followed by personal reasons (26%), while not wanting to embarrass their families, afraid of being beaten, did not think people would believe them, accounted for 36% [13-19].

Victim Blaming still continues to have the upper hand in this social scenario. Studies on victim blame in acquaintance rape have reported a positive relationship between blame and endorsement of traditional gender role [19-24].

Further, it may be acknowledged that victim's decision to not report, despite available encouragement and social support is influenced by the number of factors, such as victim's beliefs that the perpetrator will not be apprehended and prosecuted, or the police are not bothered with the report, e.g., it's a private matter, fear of being blamed and insufficient evidence of rape. Such victim concerns underscore the importance of creating a more supportive environment for victims to help address their concerns.

Whereas, the majority of the participants state that one's inadequate mentality or psychological instability and patriarchal society (male dominance) is the main cause.

Very few studies have compared participants from different racial and ethnic groups and also alcohol intoxication and drug abuse victims- eventually blaming the victim for the rape. Also, the comparative study mentions causes from different social backgrounds, focusing on political attitude (personal revenge), and gender dominant attitude as the overruling factor.

The hyper-sexualization and sexual objectification of women in society are the reasons for the greater acceptance of violence against women and victim blame [25-28]. Hyper-sexualization and sexual objectification refer to the extreme sexuality ascribed to women, often depicting them as purely sexual objects for men's desire.

This sexualized representation exists in a variety of domains, including pornographic, non-pornographic films and television, and print advertising [29]. Eroticizing sexual dominance in the media also legitimizes violence against women and maybe one of the contributors to victim-blaming [30].

The sexual knowledge and restricting generalization of it are seen as a problem causing the perversion amongst people. Whereas some studies reveal pornography elicits rape cases, others think that the ban on it leads to a desperate attitude and an increase in rape prevalence. However, this, in a broader view, doesn't prove to be a legitimate reason for rape, which is a global, generalized, social problem and is even seen in countries where prostitution is legal and accepted. It may hence not be generalized.

Many studies focused on the aspect of the appearance of the victim being a reason for victimization – is the clothing "revealing" or provocation of the victim. Since the majority of the subjects disapprove that clothing is a factor for victimization.

Unsurprisingly, the victim is blamed for the assault if the dressing is more revealing or suggestively dressed [31-32]. However, at the same time, the conservatively dressed victim was attacked by a stranger [33-36].

To dismiss such an understanding on sexual abuse and idea of "victim-blaming," the center Communautaire maritime in Brussels had put up an exhibition that features clothing items worn by rape victims, to drive home the fact that one's choice of attire is not responsible for the assault perpetrated on women. The exhibition featured items such as pajamas, tracksuits, and even child's my little pony shirt, aimed to debunk the myth.

While, on the one hand, there is a need to develop general laws to address this issue. The effectiveness of the laws depends on various factors such as one's awareness regarding those laws, their ability, and their ease of calling upon them. In a country where gender equality is one of the general fundamental rights, how can one still believe in this scenario, but the fact remains unchanged. Furthermore, hence, legal awareness and education is the most favored approach and an important step towards increasing the reporting rates of the sex-related violence in the community, followed by increased punishment for the offender and providing sufficient funds to build the required infrastructure and committee responsible for enforcement of norms.

Although the amendment to criminal law states all rape cases should be tried in a fast-track court and the trial to be completed within a maximum period of 2 months, there are chances of false victimization, and the real culprit may be set free.

Since most of the participants believe that the accused should be punished as soon as he/she is found guilty, because no specificity or time limit can judge one's innocence, but it should consider as a severe problem, a quick inquiry should be set up, and best should be thought.

There are cases mentioned where one amongst the internal/close member of the person in charge/an

authoritarian person is bribed, for this scenario to be avoided, at least the authoritarian government official should be kept satisfied, and a specified panel should take charge of the inquiry.

According to a report, which states that our country runs with a delay of 20 years for conviction, according to NCRB statistics, the number of rape cases pending in courts across the country is very high (83.6%). However, the best is being done by the government, so even equal support by every individual is essential, as it plays a vital role in gaining media and national attention towards the general problems; (e.g., reformation of laws regarding crimes such as rape and sexual assault in 2013 after the public protest in 2012 – Delhi rape case.)

Here most of the participants (almost all) thought that a medical practitioner could give a report that rape has been done or not. Whereas this is incorrect as a medical practitioner can only provide a report that mentions the general physical examination, local examination of genital parts/other orifices, marks or injury on the body, along with these clinical laboratories (mainly body fluids) and forensic laboratory reports and a provisional clinical opinion can be given. The false notion amongst the participants may be given the benefit of the doubt like all of them were the students of second, first-year MBBS students.

Since conviction in any criminal case largely depends on whether the forensic evidence is available or not. A low conviction rate of rape cases (16%) can be improved by scrupulous forensic sample collection and transfer it to the concerned authorities. There is a need to train every officer in public health services and educate them regarding laws, their out comings along with the complete examination details for proper aiding of the police and authorities with adequate and just evidence for the best results.

CONCLUSION

Majority of the participants were aware about the current punishment but had a major misconception about the report that can be given by a medical practitioner, the severity of rape and its consequences were deeply rooted amongst the students but the view on causes of rape and unreported cases and dressing playing a role in victimization had varied dimensionality of perception. Participants considered rape as serious offence and felt that severe punishment in the form of death penalty should be given to the rapist as soon as found guilty. Hence, education is the most favored approach to sex related violence in the community. And also equal support by every individual is important, as it plays a vital role in gaining media and government attention, which leads a step forward for the betterment of the society, and soon towards the complete eradication of such social and public health issues like rape and sexual assault.

Conflict of interest : Nil

Source of funding : Nil

REFERENCES

- [1] Kamdar ZN, Kosambiya JK, Chawada BL, Verma M, Kadia A. Rape: Is it a lifestyle or behavioral problem?. *Indian journal of psychiatry*. 2017;59(1):77
- [2] Data busts some myths on sexual violence [last assessed on 2013 sep 03] available from: Availablefrom: <http://www.thehindu.com/news/national/data-busts-some-myths-on-sexual-violence/article5089690.ece> .
- [3] Campbell R. The psychological impact of rape victims' experiences with the legal, medical, and mental health systems. *Am Psychol*. 2008;63:702–17
- [4] Koss MP, Koss PG, Woodruff WJ. Deleterious effects of criminal victimization on women's health and medical utilization. *Arch Intern Med*. 1991;151:342–7
- [5] Pinsky HT, Shepard ME, Bird ER, Gilmore AK, Norris J, Davis KC, George WH. Differences in mental health and sexual outcomes based on type of nonconsensual sexual penetration. *Violence against women*. 2017;23(9):1039-54.
- [6] Plichta S, Falik M. Prevalence of violence and its implications for women's health. *Women's Health Issues*. 2001;11(3):244–58
- [7] Rozee PD, Koss MP. Rape: a century of resistance. *Psychology of Women Quarterly*. 2001;25(4):295–311
- [8] Kilpatrick DG, Edmunds CN, Seymour AK. Rape in America: A report to the nation. Arlington, VA: National Victim Center; 1992;41
- [9] Ullman SE, Filipas HH, Townsend SM, Starzynski LL. Psychosocial correlates of PTSD symptom severity in sexual assault survivors. *J of Traumatic Stress*. 2007;20(5):821–31
- [10] WHO: Multi-country study on women's health and domestic violence against women. Initial results on prevalence, health outcomes and women's responses. 2005, Geneva: World Health Organization
- [11] Abeid M, Muganyizi P, Olsson P, Darj E, Axemo P. Community perceptions of rape and child sexual abuse: a qualitative study in rural Tanzania. *BMC international health and human rights*. 2014;14(1):23
- [12] Koss MP. Detecting the scope of rape: A review of prevalence research methods. *Journal of interpersonal violence*. 1993;8(2):198-222
- [13] Heise LL, Raikes A, Watts CH, Zwi AB. Violence against women: a neglected public health issue in less developed countries. *Social science & medicine*. 1994;39(9):1165-79
- [14] Mulugeta E, Kassaye M, Berhane Y. Prevalence

- and outcomes of sexual violence among high school students. *Ethiopian medical journal*. 1998;36(3):167-74
- [15] Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The lancet*. 2006 Oct 7;368(9543):1260-9
- [16] Muganyizi PS, Nyström L, Axemo P, Emmelin M. Managing in the contemporary world: rape victims' and supporters' experiences of barriers within the police and the health care system in Tanzania. *Journal of interpersonal violence*. 2011;26(16):3187-209
- [17] Howells K, Shaw F, Greasley M, Robertson J, Gloster D, Metcalfe N. Perceptions of rape in a British sample: Effects of relationship, victim status, sex, and attitudes to women. *British Journal of Social Psychology*. 1984;23(1):35-40
- [18] Stormo KJ, Lang AR, Stritzke WG. Attributions About Acquaintance Rape: The Role of Alcohol and Individual Differences 1. *Journal of Applied Social Psychology*. 1997;27(4):279-305.
- [19] Simonson K, Subich LM. Rape perceptions as a function of gender-role traditionality and victim-perpetrator association. *Sex Roles*. 1999;40(7-8):617-34
- [20] Yamawaki N, Tschanz BT. Rape perception differences between Japanese and American college students: On the mediating influence of gender role traditionality. *Sex Roles*. 2005;52(5-6):379-92
- [21] Sims CM, Noel NE, Maisto SA. Rape blame as a function of alcohol presence and resistance type. *Addictive behaviors*. 2007;32(12):2766-75
- [22] Hammond EM, Berry MA, Rodriguez DN. The influence of rape myth acceptance, sexual attitudes, and belief in a just world on attributions of responsibility in a date rape scenario. *Legal and criminological psychology*. 2011;16(2):242-52
- [23] Malamuth NM, Check JV. The effects of mass media exposure on acceptance of violence against women: A field experiment. *Journal of research in personality*. 1981;15(4):436-46
- [24] Ohbuchi KI, Ikeda T, Takeuchi G. Effects of violent pornography upon viewer's rape myth beliefs: A study of Japanese males. *Psychology, Crime and Law*. 1994;1(1):71-81
- [25] Stankiewicz JM, Rosselli F. Women as sex objects and victims in print advertisements. *Sex Roles*. 2008;58(7-8):579-89.
- [26] Schur Edwin M. *The Americanization of sex*. Philadelphia: Temple University Press; 1988
- [27] Gilmartin-Zena P. Attribution theory and rape victim responsibility. *Deviant Behavior*. 1983;4(3-4):357-74.
- [28] Cassidy L, Hurrell RM. The influence of victim's attire on adolescents' judgments of date rape. *Adolescence*. 1995;30(118):319
- [29] Muehlenhard CL, MacNaughton JS. Women's beliefs about women who "lead men on". *Journal of Social and Clinical Psychology*. 1988;7(1):65-79
- [30] Kanekar S, Seksaria V. Acquaintance versus stranger rape: Testing the ambiguity reduction hypothesis. *European Journal of Social Psychology*. 1993;23(5):485-94.
- [31] Workman JE, Orr RL. Clothing, sex of subject, and rape myth acceptance as factors affecting attributions about an incident of acquaintance rape. *Clothing and Textiles Research Journal*. 1996;14(4):276-84.
- [32] Loughnan S, Pina A, Vasquez EA, Puvia E. Sexual objectification increases rape victim blame and decreases perceived suffering. *Psychology of Women Quarterly*. 2013;37(4):455-61
- [33] Gravelin CR, Biernat M, Bucher CE. Blaming the victim of acquaintance rape: Individual, situational, and sociocultural factors. *Frontiers in psychology*. 2019;9:2422
- [34] Pfeiffer MG. Date rape: The reality. *SUL Rev*. 1990;17:283
- [35] World Health Organization. WHO multi-country study on women's health and domestic violence against women: Initial results on prevalence, health outcomes and women's responses. World Health Organization; 2005.
- [36] Yamawaki N. Rape perception and the function of ambivalent sexism and gender-role traditionality. *Journal of Interpersonal Violence*. 2007;22(4):406-23.