

# Social Reintegration of Rape Victim in Bangladesh: Challenges and Mitigating Strategies

Md. Abdul Kader Miah<sup>1\*</sup> and Kamrunnaher Kona<sup>2</sup>

<sup>1\*</sup>Associate Professor, Department of Criminology and Police Science, Mawlana Bhashani Science and Technology University, Santosh, Tangail-1902, Bangladesh

<sup>2</sup>Department of Criminology and Police Science, Mawlana Bhashani Science and Technology University, Santosh, Tangail-1902, Bangladesh

## Abstract

*Rape is regarded as common phenomenon in recent years in Bangladesh. For the socio-economic condition of this country, women and girls are most vulnerable to being victim not only by rape but also others offences. The study aimed at to find out the social reintegration and rehabilitation process of rape victim with their obstacles in the study areas. Both quantitative and qualitative methods are used to conduct this study. The study findings have shown that the females are more flexible for treating the rape victim than their counterpart in the community. The community have been emphasized their role for the assistance of rape victim as advice to legal aid (65%), psychological support (63.33%) and social support (46.67%). The one-stop crisis cell provides psycho-social counseling, medical aid, security, legal aid etc though it is not sufficient. The judges and magistrates mention about the district legal aid office for giving free legal support to poor rape victim. The various non-government organizations emphasis more on raise awareness (83.33%) and legal aid (66.67%). According to the study findings it can be said that the negative social and familial attitudes are the major obstacles for social reintegration of rape victim. The study also has shown that the negative social and familial attitude should be changed for the effective social reintegration of rape victim. The study reveals that the children are more vulnerable to become rape victim and most of the rapes are acquaintance and date rape which committed at night. The complexity in the legal settings is the major obstacles for fair judgment of rape cases. Finally, it can be said that for proper social reintegration of rape victim, the initiatives of government, non-government organizations and integrated community based programs are needed as soon as possible.*

**Keywords** - Reintegration, rape victim, rehabilitation, psycho-social support, post-traumatic disorder

## I. INTRODUCTION

Rape is a social problem and it is committed by the evil mentality person on women and children. In 1970, some feminists introduce at first the term of

‘Sexual Harassment’. The term ‘rape’ is first used by Susan Brownmiller (1975) in his book ‘Against Our Will: Men, Women and Rape’. From ancient time, women are raped by social father, religious person as the name of religion. If we see the history of war, such history tells us that rape is treated as the weapon of war. In the time of liberation war in Bangladesh, rape is used as the weapon of war. The human rights organization ‘Odhikar’ mentioned that in 2009, the number of the incidents of rape was 456 and then the number are increasing and in 2010, 2011 the number of incidents are 556, 772 respectively (Sharmin & Islam, 2015, p. 58)<sup>[1]</sup>. For the prevention of rape, the legal procedures are mentioned under ‘The Penal Code, 1860’ (section: 375, 376), and ‘The Suppression of Violence against Women and Children Act, 2000’ (section: 9). In Bangladesh, 80% of rape cases are not reached in the yard of justice and 20% are reached in the legal procedures; but among 15% rape cases, the offender are given acquittal without judgment and 5% rape cases, the offender are given punishment but it is difficult to prove (Talukdar, 1998, p. 28)<sup>[2]</sup>.

Some research findings basis on rape, rape victim, its consequences, acceptance of rape victim, rehabilitation and reintegration process into society are summarized here in a systematic process. The acceptance of rape myths can be predicted from attitudes such as sex role stereotyping, adversarial sexual beliefs, sexual conservatism, and acceptance of interpersonal violence (Burt, 1980)<sup>[3]</sup>.

The psychological impacts of adult female rape victim are fear and anxiety, post-traumatic stress disorder, depression, poor self-esteem, social adjustment issues, and sexual dysfunctions (Resick, 1993)<sup>[4]</sup>. Women are more fearful of rape by strangers than by acquaintances and they take in more precautionary behaviors for stranger rape than of acquaintance rape (Hickman & Muehlenhard, 1997)<sup>[5]</sup>. The sexual assault of adult women is regarded as a huge social and personal cost to the victims, their families, and ultimately society as a whole (Polaschek et al., 1997)<sup>[6]</sup>. The communities across the United States that have developed coordinated community-based programs to assist rape victims (Campbell &

Ahrens, 1998)<sup>[7]</sup>. The socio-cultural determinants existing in Palestinian society are the need to silence the occurrence of the rape, preserve female virginity, and privatize the crime in order to safeguard family honor and reputation, re-victimizes and weakens the victim (Shalhoub-Kevorkian *et. al.*, 1999)<sup>[8]</sup>. Women who were under 21, white, resided in sorority houses, used illicit drugs, drank heavily in high school and attended colleges with high rates of heavy occasional drinking were at higher risk of rape while intoxicated (Mohler-kuo *et al.*, 2004)<sup>[9]</sup>. The victims of rape are generally viewed more sympathetically by females than by males and by Whites than by African Americans (Nagel *et al.*, 2005)<sup>[10]</sup>. Approximately one in four women is raped in their adult lifetime, which causes severe psychological distress and long-term physical health problems in USA (Campbell & Wasco, 2005)<sup>[11]</sup>. For most of nation's history, raping a Black woman was simply not a crime and at the same time, the rape of a White woman by a Black man was treated with special violence (Pokorak, 2006)<sup>[12]</sup>. Rape myth supporting guidance was associated with innocent verdicts, and anti-rape myth guidance with guilty verdicts (Gray, 2006)<sup>[13]</sup>. The rape victim advocates' perception is that they are re-victimized by the police and medical system (Maier, 2008)<sup>[14]</sup>. Cognitive Processing Therapy and Prolonged Exposure, Stress Inoculation Training, Eye Movement Desensitization and Reprocessing have gained the most support to the rape victims (Vickerman & Margolin, 2009)<sup>[15]</sup>. The principal causes of Intimate Partner Rape/Violence were unequal power relations, alcohol and drug dependence, jealousy and the consequences of Intimate Partner Rape/Violence were physical injury (31.87%), constant headaches (27.27%), sleep disturbances (18.18%), excessive fear and anxiety (9.09%), suicidal ideation (9.09%) and hatred for men (4.55%) (Esere *et. al.* 2009)<sup>[16]</sup>. Men displayed more of rape-myths acceptance (RMA) than women (Suarez & Gadalla, 2010)<sup>[17]</sup>. Many health problems suffered by women in Nigeria are as a result of rape (Muoghalu, 2012)<sup>[18]</sup>. The discouragement from the family members, religious leaders and bad social image of Nigeria police play prominent roles in making rape an underreported crime (Dada, 2013)<sup>[19]</sup>. The population-based survey data from 2001 showed that the high prevalence of lifetime sexual violence: 37% in urban and 50% in rural areas in Bangladesh (Naved, 2013)<sup>[20]</sup>. The people still do not have positive perceptions for rape victims in Delhi, India (Thomas *et. al.*, 2014)<sup>[21]</sup>.

This study has been focused mainly on the reintegration and rehabilitation process of rape victim with the obstacles. The specific objectives are as follows: i) to know the nature and trend of rape in the study areas, ii) to find out the attitude of family, community and other professionals toward rape victim, iii) to reveal the role of family and community for the reintegration of rape victim, iv) to find out the government and non-government initiatives for the

rehabilitation of rape victim, and v) to understand the major challenges and mitigation of challenges for the rehabilitation and reintegration of rape victim into society.

## II. METHODS AND MATERIALS

In this study, both quantitative and qualitative research methods have been used. The study areas were Mirzapur and Tangail Sadar Upazilla. For quantitative data, survey method has been used through questionnaire and under qualitative research method, case study, Key Informant Interview (KII) are used as the data collection procedure. By using purposive sampling technique primary data has been collected from 112 respondents (community people 60, lawyers 22, personnel of one-stop crisis cell 3, NGOs personnel 6, Judges and Magistrates 5, law enforcement officials 16). This study is mainly based on primary data but some secondary information and data have been used like articles, books and statistics of rape both Mirzapur and Tangail Sadar Model Police Stations. For quantitative data processing purposes, Microsoft Office 2007 and SPSS-V.20 (Statistical Package for Social Sciences) are used and for qualitative data processing purposes, the observed phenomena are explicated in descriptive ways for both case studies and key informant interviews.

## III. THEORETICAL FRAMEWORK

Theoretical framework is an important aspect of research that can explain empirical phenomenon in systematic way. Two theories have been used for the explanation of social reintegration of rape victim under this study such as, labeling theory and reintegrative shaming theory.

The labeling theory states that deviance is not a quality of the act a person commits; some people and behaviors are more likely than others to be labeled deviant; the deviant label may lead to continued deviance (Barkan, 2009, p. 231)<sup>[22]</sup>. Under this theory, penal couple is stigmatized. For that reasons, especially rape victim suffered the psychological disorder and adaptation problems. Overall the rehabilitation and reintegration process for rape victim are hampered for negatively labeled her as 'bad girl'.

Reintegrative shaming theory is developed by John Braithwaite. He (2001) distinguishes between the concepts of disintegrative and reintegrative shaming relating to this theory; disintegrative shaming (stigmatization) occurs when offenders are treated as outcasts but reintegrative shaming occurs when efforts are made to bring offenders back into the community (Barkan, 2009, p. 238)<sup>[23]</sup>. So, it can be said that by the concept of reintegrative shaming gives the social approval of rape victim so that they can enter normal life again. For example in Japan, this social approval

approach is more common and flexible for coming back into positive life of both victim and offender of any offences rather than United States of America. For social reintegration of rape victim, the familial and

social approval is necessary which is emphasized by the reintegrative shaming theory.

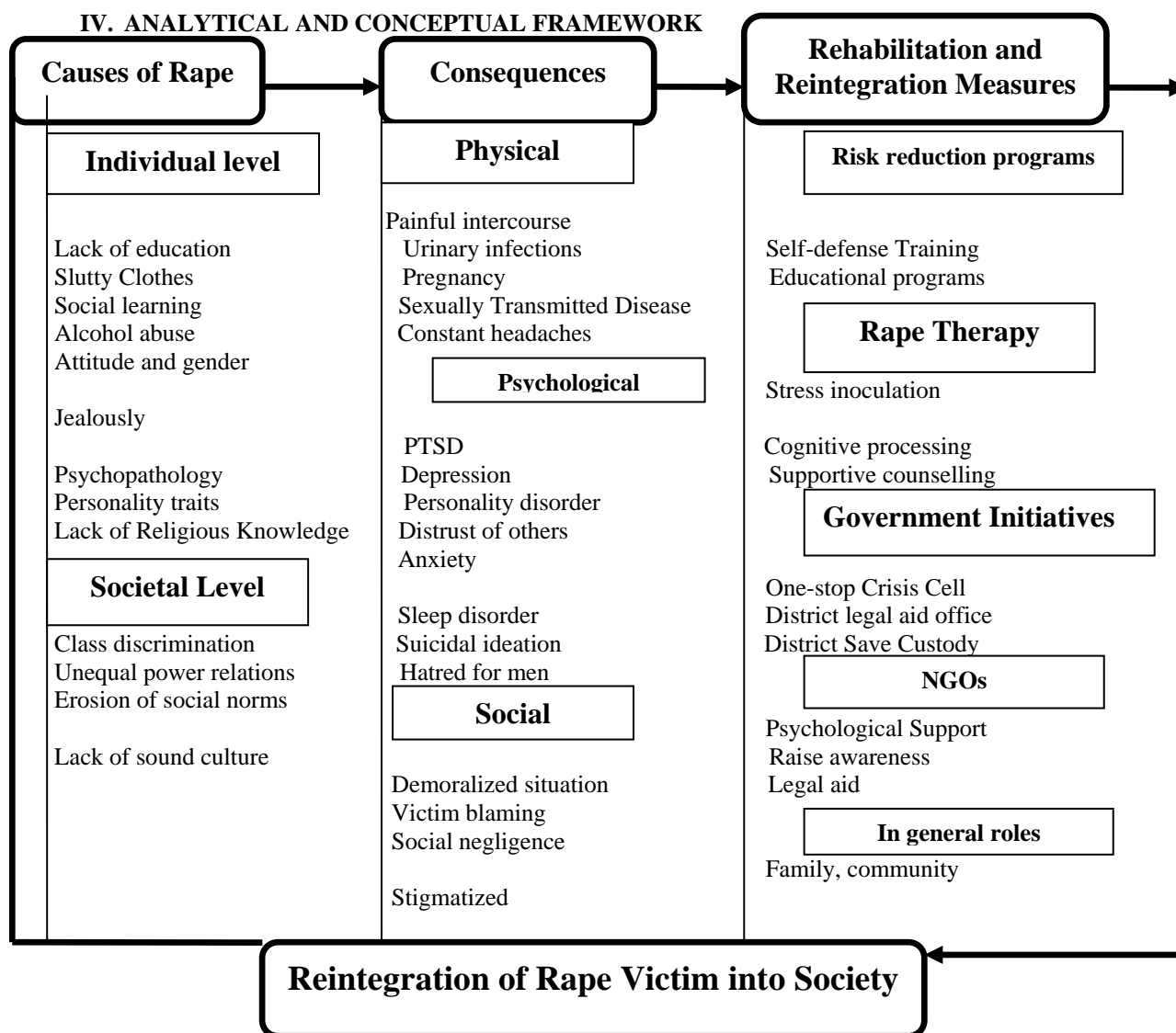


Figure 1: Conceptual Framework of the Study

The above conceptual framework mentioned the rehabilitation measures (of non-government organizations, one-stop crisis cell); some reintegration measures of family and community people and some challenges of rehabilitation and reintegration in the perspective of Bangladesh. By overcoming challenges and for proper adoption of rehabilitation and reintegration measures, comprehensive social rehabilitative and reintegrative procedures should be ensured for rape victim.

## V. RESULTS AND DISCUSSIONS

The results of survey questionnaire have been discussed here. Table 1 summarizes the demographic characteristics of the respondents under this study. In

this study the data was collected from 112 respondents. Table 1 shows that 25.0% of the respondents belong to the age limit 25-34 years, 39.3% of the respondents belong to the age group 35-44 years, 23.2% of the respondents belong to the age group 45-54 years, 10.7% of the respondents belong to the age group 55-64 years, and 1.8% of the respondents belong to the age group 65-74 years old. Thus, most of the respondent age group is sustained 35-44 years old. More than half of the respondents are male (68.8%) and the numbers of female are (31.3%). The religions of the respondents are Islam (95.5%) and Hindu (4.5%). Most of the respondents' educational qualifications are sustained in above higher secondary level (87.5%). The table also reveals that 27.7% of the respondents are teacher, 20.5% are conducted service,

19.6% are lawyer, 14.3% are police, 6.3% are local representative, 3.6% are conducted business, and 8.0% are conducted others work. The types of family of the respondents are single (73.2%), joint (25.9%) and extended (0.9%). Most of the respondents are married (95.5%) and minimum numbers are unmarried (4.5%). Majority of the respondents reside in urban areas

(92.0%) and small numbers reside in rural areas (8.0%). The highest incomes of the respondents belong to the range of taka 22,000-31,000 (56.3%) and the highest expenditures of the respondents belong to the range of taka 22,000-31,000 (46.4%).

**Table 1 Socio-Demographic Characteristics of the Respondents**

<b>Demographic Characteristics</b>	<b>Categories</b>	<b>Frequency</b>	<b>Percent</b>
Age of the respondents	25-34 year	28	25.0
	35-44 year	44	39.3
	45-54 year	26	23.2
	55-64 year	12	10.7
	65-74 year	2	1.8
	Total	N=112	100.0
Sex	Male	77	68.8
	Female	35	31.3
	Total	N=112	100.0
Religion	Islam	107	95.5
	Hindu	5	4.5
	Total	N=112	100.0
Educational Qualifications	Primary (Class 1-5)	1	0.9
	Secondary (Class 6-10)	4	3.6
	Higher Secondary (Class 11-12)	9	8.0
	Above Higher Secondary	98	87.5
	Total	N=112	100.0
Profession	Teacher	31	27.7
	Service	23	20.5
	Lawyer	22	19.6
	Police	16	14.3
	Local representative	7	6.3
	Business	4	3.6
	Others	9	8.0
	Total	N=112	100.0
Types of Family	Single	82	73.2
	Joint	29	25.9
	Extended	1	0.9
	Total	N=112	100.0
Marital Status	Married	107	95.5
	Unmarried	5	4.5
	Total	N=112	100.0
Residential place	Rural	9	8.0
	Urban	103	92.0
	Total	N=112	100.0
Income	2,000-11,000	3	2.7
	12,000-21,000	26	23.2
	22,000-31,000	63	56.3
	32,000-41,000	13	11.6
	42,000-51,000	2	1.8
	52,000-61,000	3	2.7
	No response	2	1.8
	Total	N=112	100.0
Expenditure	2,000-11,000	7	6.3
	12,000-21,000	42	37.5
	22,000-31,000	52	46.4
	32,000-41,000	6	5.4
	42,000-51,000	1	0.9
	52,000-61,000	2	1.8
	No Response	2	1.8

	Total	N=112	100.0
--	-------	-------	-------

### Nature and Trend of Rape

**Table 2 Rape Cases in Tangail Sadar Model Police Station**

Year	Month												Total
	January	February	March	April	May	June	July	August	September	October	November	December	
2013	1	0	1	2	1	2	0	0	0	0	0	0	7
2014	0	0	0	0	1	1	2	0	2	0	1	0	7
2015	1	1	0	1	0	0	0	0	1	0	-	-	4
<b>Total</b>													<b>=18</b>

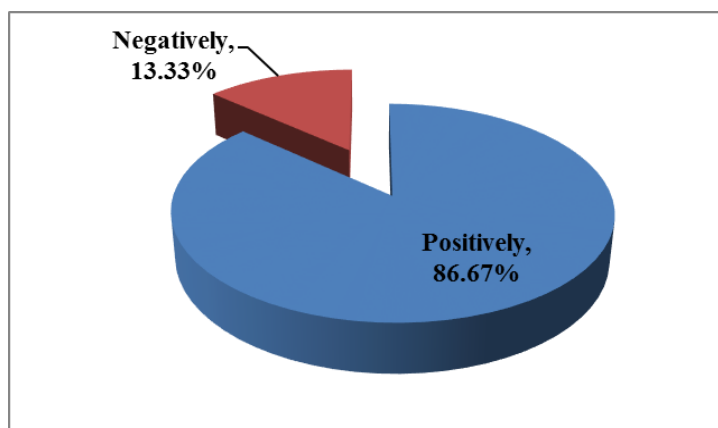
**Table 3 Rape Cases in Mirzapur Police Station**

Year	Month												Total
	January	February	March	April	May	June	July	August	September	October	November	December	
2013	0	1	1	0	1	0	1	0	0	0	0	0	4
2014	2	1	3	0	4	2	1	0	0	2	2	1	18
2015	0	2	0	1	1	1	0	1	0	1	-	-	7
<b>Total</b>													<b>=29</b>

The table 2 referred that total 18 rape cases were committed in Tangail Sadar Model Police Station through the years in 2013, 2014, 2015 (from January to October). The table 3 showed that total 29 rape cases were committed in Mirzapur Police Station through the years in 2013, 2014, 2015 (from January to October). It can be said that the trend of rape cases are more in Mirzapur Police Station than in Tangail

Sadar Model Police Station. The observation of First Information Report (F.I.R.) of each Police Station, it can be said that the nature of most of the rape cases are acquaintance, then date rapes and small portion is stranger rapes. The literature indicates that acquaintance rape was more common than stranger rape (Hickman & Muehlenhard, 1997)<sup>[24]</sup>.

### Attitude toward Rape Victim



**Figure 2: Acceptance of Rape Victim by Community People**



In figure 2 the attitude of community people (n=60) on rape victim are explored. Most of the respondents are educated for that reason they

expressed the positive attitude (86.67%) and they showed their negative attitude (13.33%) towards rape victims.

**Table 4 Association between Sex of the Respondents and Priority of Rape Victim and her Family by Lawyers**

			Priority of Rape Victim and her Family		Total
			Highest priority	Just priority	
Sex of the Respondents	Male	Count	7	4	11
		% within Sex of the respondents	63.6%	36.4%	100.0%
		% within Priority of victim and her family	43.8%	66.7%	50.0%
		% of Total	31.8%	18.2%	50.0%
	Female	Count	9	2	11
		% within Sex of the respondents	81.8%	18.2%	100.0%
		% within Priority of victim and her family	56.2%	33.3%	50.0%
		% of Total	40.9%	9.1%	50.0%
Total		Count	16	6	22
		% within Sex of the respondents	72.7%	27.3%	100.0%
		% within Priority of victim and her family	100.0%	100.0%	100.0%
		% of Total	72.7%	27.3%	100.0%

The table 4 shows that among the 22 lawyers 72.7% give the highest priority and 27.3% give just priority for the acceptance of rape victim and her family. The male lawyers give highest priority (31.8%) and just priority (18.2%). On the other hand, the female lawyers give highest priority (40.9%) and just priority (9.1%). Comparatively, the female lawyers

give the highest priority more rather than the male lawyers for accepting and providing rehabilitation measures of rape victim and her family. The victims of rape are generally viewed more sympathetically by females than by males (Nagel et. al., 2005)<sup>[25]</sup>.

#### **Role of Community for the Reintegration of Rape Victim**

**Table 5 Assistance of Community People for the Reintegration of Rape Victim (N=60)**

Assistance Types	Frequency		Percent		Total (%)
	Yes	No	Yes	No	
Advise to legal aid	39	21	65	35	100
Psychological support	38	22	63.33	36.67	100
Social support	28	32	46.67	53.33	100
Economic aid	16	44	26.67	73.33	100
Advise to medical aid	16	44	26.67	73.33	100
Fair justice	6	54	10	90	100
Social rehabilitation	3	57	5	95	100
Awareness by mass media	3	57	5	95	100
Educational assistance	2	58	3.33	96.67	100

The various roles for the reintegration of rape victim by community people (n=60) have mentioned in table 5. The roles are advise to legal aid, favor (65%)

and disfavor (35%); psychological support, favor (63.33%) and disfavor (36.67%); social support, favor (46.67%) and disfavor (53.33%); economic aid, favor (26.67%) and disfavor (73.33%); advise to medical aid,

favor (26.67%) and disfavor (73.33%); fair justice, favor (10%) and disfavor (90%); social rehabilitation, favor (5%) and disfavor (95%); awareness by mass media favor (5%) and disfavor (95%); and educational assistance, favor (3.33%) and disfavor (96.67%). It is seen that community people have been emphasized more on the advice to legal aid (65%). The

communities across the United States that have developed coordinated community-based programs to assist rape victims and they have remained of three types of programs to address sexual assault: coordinated service programs, interagency training programs, and community-level reform groups (Campbell & Ahrens, 1998)<sup>[26]</sup>.

### Government and Non-Government Initiatives for the Rehabilitation of Rape Victim

**Table 6 Rehabilitation Measures Provided by One-stop Crisis Cell (N=3)**

Rehabilitation Measures	Frequency		Percent		Total (%)
	Favor	Disfavor	Favor	Disfavor	
Security	3	0	100	0	100
Psychological support	3	0	100	0	100
Medical aid	3	0	100	0	100
Legal aid	3	0	100	0	100
Economic aid	2	1	66.67	33.33	100

Table 6 shows that among the three personnel of One-stop Crisis Cell supported various rehabilitation measures as security (100%); psychological support (100%); medical aid (100%);

legal aid (100%); economic aid (66.67%). They give most emphasis on security, psychological support, medical aid, and legal aid.

**Table 7 Various Aids for Rape Victim by Police (N=16)**

Various Aids	Frequency		Percent		Total (%)
	Favor	Disfavor	Favor	Disfavor	
Effective investigation	16	0	100	0	100
Legal aid	15	1	93.75	6.25	100
Measures for proper trial Aid	15	1	93.75	6.25	100
Security and safety	13	3	81.25	18.75	100
Psychological support	8	8	50	50	100

In table 7 mentioned that the 16 law enforcement officials who at least dealt with rape case (10 respondents are selected from Mirzapur Police station and 6 respondents are selected from Tangail Sadar Model Police Station) provided various aids as effective investigation, favor of almost all the persons (100%); legal aid, favor (93.75%) and disfavor (6.25%); measures for proper trial, favor (93.75%) and

disfavor (6.25%); security and safety, favor (81.25%) and disfavor (18.75%); psychological support, favor (50%) and disfavor (50%). So it can be said that they have given more emphasis on effective investigation (100%). The investigators internationally use information from the victim statement for the successful investigation of rape (Van der Merwe, 2010)<sup>[27]</sup>.

**Table 8 Rehabilitation Measures for Rape Victim by Non-Government Organizations (N=6)**

Rehabilitation Measures	Frequency		Percent		Total (%)
	Favor	Disfavor	Favor	Disfavor	
Raise awareness	5	1	83.33	16.67	100
Legal aid	4	2	66.67	33.33	100

Psychological support	3	3	50	50	100
Training program	3	3	50	50	100
Shelter home	2	4	33.33	66.67	100

In table 8 shows that the six personnel of Non-Government Organizations mentioned various rehabilitation measures for rape victim as raise awareness, favor (83.33%) and disfavor (16.67%); legal aid, favor (66.67%) and disfavor (33.33%); psychological support, favor (50%) and disfavor (50%); training program, favor (50%) and disfavor

(50%); shelter home, favor (33.33%) and disfavor (66.67%). They give more emphasis on raise awareness (83.33%); then emphasis on legal aid (66.67%).

### Major Challenges and Mitigation of Challenges for the Rehabilitation and Reintegration of Rape Victim

**Table 9 Challenges of Rehabilitation and Reintegration of Rape Victim (N=60)**

Challenges	Frequency		Percent		Total (%)
	Favor	Disfavor	Favor	Disfavor	
Negative social attitude	31	29	51.67	48.33	100
Lack of legal aid	12	48	20	80	100
Insufficient rehabilitation center	12	48	20	80	100
Social problems	9	51	15	85	100
Lack of social responsibility	9	51	15	85	100
Lack of financial help	9	51	15	85	100
Political influence	9	51	15	85	100
Legal harassment	8	52	13.33	86.67	100
Familial negligence	5	55	8.33	91.67	100
Low chance of self-dependent	5	55	8.33	91.67	100
Negative religious attitude	5	55	8.33	91.67	100
Lack of psychological support	5	55	8.33	91.67	100
Lack of awareness	4	56	6.67	93.33	100
Lack of fair justice	4	56	6.67	93.33	100

In table 9 shows that the 60 community peoples mentioned various challenges for the rehabilitation and reintegration of rape victim into the society as negative social attitude, favor (51.67%) and disfavor (48.33%); lack of legal aid, favor (20%) and disfavor (80%); insufficient rehabilitation center, favor (20%) and disfavor (80%); social problems, favor (15%) and disfavor (85%); lack of social responsibility, favor (15%) and disfavor (85%); lack of financial help, favor (15%) and disfavor (85%); political influence, favor (15%) and disfavor (85%); legal harassment, favor (13.33%) and disfavor (86.67%); familial negligence, favor (8.33%) and

disfavor (91.67%); low chance of self-dependent, favor (8.33%) and disfavor (91.67%); negative religious attitude, favor (8.33%) and disfavor (91.67%); lack of psychological support, favor (8.33%) and disfavor (91.67%); lack of awareness, favor (6.67%) and disfavor (93.33%); lack of fair justice, favor (6.67%) and disfavor (93.33). The major challenge for the rehabilitation and reintegration of rape victim into the society is the negative social attitude (51.67%). The negative reactions are responsible for silencing function, to stop talking about rape survivors' experiences to anyone and to get negative reactions from family, friends, professionals (Ahrens, 2006)<sup>[28]</sup>.

**Table 10 Problems of Rehabilitation and Reintegration of Rape Victims (N=5)**

Problems	Frequency		Percent		Total (%)
	Favor	Disfavor	Favor	Disfavor	
No familial acceptance	4	1	80	20	100
No social acceptance	4	1	80	20	100
Lack of psychological strength	2	3	40	60	100
Lack of awareness	1	4	20	80	100
Lack of social values	1	4	20	80	100



Loss of familial esteem	1	4	20	80	100
-------------------------	---	---	----	----	-----

In table 10 shows that five respondents of judges and magistrates mentioned the problems of rehabilitation and reintegration of rape victims into society as no familial acceptance, favor (80%) and disfavor (20%); no social acceptance, favor (80%) and disfavor (20%); lack of psychological strength, favor (40%) and disfavor (60%); lack of awareness,

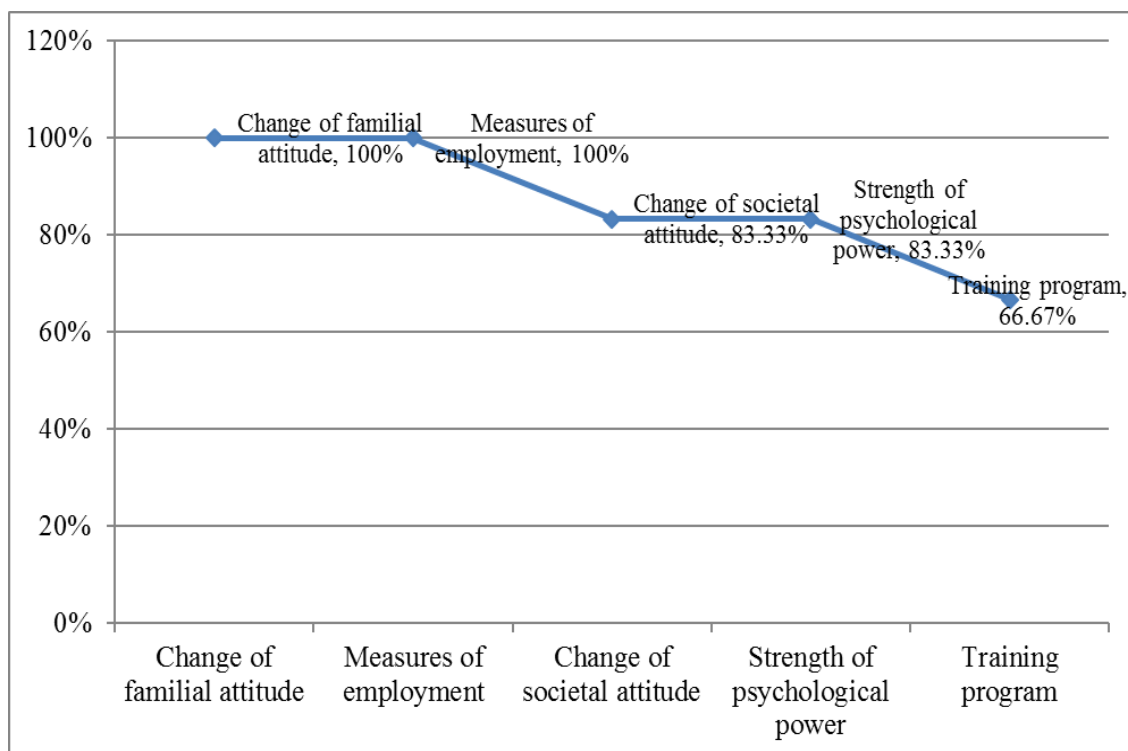
favor (20%) and disfavor (80%); lack of social values, favor (20%) and disfavor (80%); loss of familial esteem, favor (20%) and disfavor (80%). They emphasized more on no familial acceptance (80%), no social acceptance (80%) as the problems of rehabilitation and reintegration of rape victims into society.

**Table 11 Mitigation of Challenges in Rehabilitation and Reintegration of Rape Victim (N=60)**

Mitigation of Challenges	Frequency		Percent		Total (%)
	Favor	Disfavor	Favor	Disfavor	
Awareness program	30	30	50.00	50.00	100
Change of social attitude	22	38	36.67	63.33	100
Legal aid	19	41	31.67	68.33	100
Educational opportunities	17	43	28.33	71.67	100
To ensure punishment	14	46	23.33	76.67	100
Psychological support	12	48	20	80	100
Financial aid	12	48	20	80	100
Religious life	10	50	16.67	83.33	100
Chance of employment	10	50	16.67	83.33	100
Change of familial attitude	9	51	15	85	100
Social support	7	53	11.67	88.33	100
Social security	6	54	10	90	100
Raise state opportunities	5	55	8.33	91.67	100
Training program	5	55	8.33	91.67	100
Strong familial bond	4	56	6.67	93.33	100
Chance of self-dependent	4	56	6.67	93.33	100

In table 11 shows that sixty community people mentioned the mitigation of challenges for the rehabilitation and reintegration of rape victim into society as awareness program, favor (50%) and disfavor (50%); change of social attitude, favor (36.67%) and disfavor (63.33%); legal aid, favor (31.67%) and disfavor (68.33%); educational opportunities, favor (28.33%) and disfavor (71.67%); to ensure punishment, favor (23.33%) and disfavor (76.67%); psychological support, favor (20%) and disfavor (80%); financial aid, favor (20%) and

disfavor (80%); religious life, favor (16.67%) and disfavor (83.33%); chance of employment, favor (16.67%) and disfavor (83.33%); change of familial attitude, favor (15%) and disfavor (85%); social support, favor (11.67%) and disfavor (88.33%); social security, favor (10%) and disfavor (90%); raise state opportunities, favor (8.33%) and disfavor (91.67%); training program, favor (8.33%) and disfavor (91.67%); strong familial bond, favor (6.67%) and disfavor (93.33%); chance of self-dependent, favor (6.67%) and disfavor (93.33%). They emphasized more on awareness program (50%).



**Figure 3: Mitigation of Obstacles in the Rehabilitation and Reintegration of Rape Victim**

In the above graphical presentation (Figure 3), six personnel of non-government organizations show the ways of mitigating obstacles in the rehabilitation and reintegration of rape victim as change of familial attitude, favor of almost all the persons (100%); measures of employment, favor of almost all the persons (100%); change of societal attitude, favor (83.33%) and disfavor (16.67%); strength of psychological power, favor (83.33%) and disfavor (16.67%); training program, favor (66.67%) and disfavor (33.33%). They emphasized more on change of familial attitude (100%), and measures of employment (100%) as the ways of mitigating obstacles in the rehabilitation and reintegration of rape victim into society.

The results of case studies and key informant interviews have been discussed into the following paragraphs. In this study total 9 case studies are conducted. From the analysis of case studies, it can be said that the most vulnerable group of rape victims are children and women. The children are remained in the risk of abuse and sexual violence for some social and political factors in South African society (Marchetti-Mercer, 2003) <sup>[29]</sup>. In Bangladesh, children (under the age of 18 years) are victimized more for rape; in 2011, children are victimized (55%) and women are victimized (45%) for rape (Sharmin & Islam, 2015) <sup>[30]</sup>. The average ages of victims are 16 years of old and the rape victims shocked psychologically, physically, feel shame and anxiety problems etc. under this study. The research findings indicate that the psychological impacts of adult female rape victim are fear and anxiety, post-traumatic stress disorder (PTSD), depression, poor self-esteem, social adjustment issues,

and sexual dysfunctions (Resick, 1993) <sup>[31]</sup>. Most of the rapes are committed at night and very little numbers also committed at the day time under this study. The probability of suffering personal victimization is directly related to the amount of time that a person spends in public places (e.g. on the street, in parks, etc.), and particularly in public places at night (Schurink *et. al.*, 1992) <sup>[32]</sup>. Most of the rapists are known (before relationship with victim, same village or beside village) and few rapists are unknown to victim. From the analysis of case studies it can be said that most of the rape are acquaintance and date rape and small numbers are stranger rape, gang rape under this study. The literature indicates that women are more fearful of rape by strangers than by acquaintances and they take more precautionary behaviors for stranger rape than acquaintance rape but the acquaintance rapes are more common (Hickman & Muehlenhard, 1997) <sup>[33]</sup>. By analysis of the ages of rapists under this study, it is found that all rapists are adult and matured. The result indicates that the ages of the majority rapists are 21-30 years old in Bangladesh (Sharmin & Islam, 2015) <sup>[34]</sup>. The support for rape victim are not sufficient from family, friends, relatives, society, One-stop Crisis Cell, Non-Government Organizations (NGOs), law enforcement organization and the ultimate judiciary department for the rehabilitation and reintegration measures under this study. The research findings indicate that the adjustment of victims is impeded by social stigmatization, lack of support, care and concern from families and friends, ineffective justice system and burden of proof (Aborisade & Vaughan, 2014) <sup>[35]</sup>.

The Key informant interviews have been conducted on three different professionals. And holistic pictures of perception of judge, One-stop Crisis Cell personnel, and Non Government Organizations (NGOs) personnel have been explored. The rape trial are hampered by the lack of awareness of evidence relating to rape, faulty medical report, corruption of various stages of law, the societal negative impact on rape victim. The literature revealed that a rape victim's physical attractiveness would differentially influence the decisions of simulated jurors (Thornton, 1977) <sup>[36]</sup>. Rape victims are re-victimized by offender, police, doctor, by the words and gestures of the advocate in the prosecution period under this study. The findings indicate that rape victim advocates describe the power of police and medical system to re-victimize rape victims (Maier, 2008) <sup>[37]</sup>. The therapists and non-therapists have some tendency to blame the rape victim (Idisis *et. al.*, 2007) <sup>[38]</sup>. The One-stop Crisis Cell provided psychological support through counselling, to give security through police, save custody, to conduct medical test, to process for getting legal aid of rape victim, if necessary to process economically aid the rape victim and her family through the affiliation of various Non Government Organizations (NGOs) under this study. The majority of studies focus on post-traumatic stress disorder (PTSD), depression, and/or anxiety as treatment targets and Cognitive Processing Therapy and Prolonged Exposure have attained the most support for rape victim (Vickerman & Margolin, 2009) <sup>[39]</sup>. The members of Ain o Shalish Kendra (ASK) accept rape victim with importance and take steps of various rehabilitation and reintegration measures for ensuring their normal life again. They have given the highest priority on raise awareness, to process legal aid and security etc. as the rehabilitation measures. The major obstacles for the rehabilitation and reintegration of rape victims are familial and societal negative attitudes towards rape victims and also mentioned others problems under this study. This study indicates that the family and friends' negative social reactions (blame, stigmatizing) toward a rape victim reduced other people's willingness to provide emotional support to a specific rape victim, reduced blame for the perpetrator, and reduced sympathy and support of rape victims (Brown & Testa, 2008) <sup>[40]</sup>. So, it is understand from this study that for ensuring normal life of specific rape victim, there is no alternative to change the person's attitude and to support of family and community settings toward rape victim.

## VI. CONCLUSION AND RECOMMENDATIONS

From ancient to contemporary world, women are not save both in the private and public arena. The major structure of a particular country (political, economic, and social) dominated by male. For that reason the women are recognized as the passive

position from family to state level. This passivity or dependency of female on male create them more vulnerable group in the society and as a consequence, they are victimized various offences as domestic violence against women, sexual harassment, rape etc. Among the offences, rape is treated as the sensitive and violent offence. The rape incidents are increasing day by day in Bangladesh. For the rehabilitation and social reintegration for rape victim, the initiatives from governmental level, non-governmental level and also the community stages are not sufficient. The community people emphasis on the advice to legal aid, psychological support, social support, economic aid, to advise medical aid, and educational assistance for the rehabilitation and reintegration mechanisms for rape victim. The one-stop crisis cell especially focuses on the psychological support, security, medical aid, legal aid for rehabilitation of rape victim. The non-government organizations focus on raise awareness, psychological support, security, legal aid, skill based training as the rehabilitation measures. The law enforcement organizations need to focus more on effective investigation and proper collection of evidence in rape cases. The major obstacles for the rehabilitation and reintegration of rape victim are the negative familial and social attitudes on rape victim, the insufficiency of rehabilitation centers in Bangladesh. For ensuring proper rehabilitation and reintegration for rape victim, the following recommendations should be adopted. There need to introduce various awareness programs; to change societal and familial attitudes; to provide social security, educational opportunities, psychological support, social support, financial aid; to ensure rule of law; to increase the moral and religious learning into the society.

## REFERENCES

- [1] Sharmin, S & Islam, M. J. (July-September 2015). The culture of rape in Bangladesh: Background, nature and causality. No. 134. Dhaka: Somaj Nrikhon Kendra.
- [2] Talukdar, M. (1998). Social and psychological theories of rape. Dhaka: Steps Towards Development.
- [3] Burt, M. R. (1980). Cultural Myths and Supports for Rape. *Journal of Personality and Social Psychology*, 38(2), 217-230.
- [4] Resick, P. A. (1993). The Psychological Impact of Rape. *Journal of Interpersonal Violence*, 8(2), 223-255.
- [5] Hickman, S. E. & Muehlenhard, C. L. (1997). College Women's Fears and Precautionary Behaviors Relating to Acquaintance Rape and Stranger Rape. *Psychology of Women Quarterly*, 21(4), 527-547.
- [6] Polaschek, D.L L; Ward, Tony & Hudson, Stephen M. (1997). Rape and rapists: Theory and treatment. *Clinical Psychology Review*, 17(2), 117-44
- [7] Campbell, R. & Ahrens, C. E. (1998). Innovative Community Services for Rape Victims: An Application of Multiple Case Study Methodology. *American Journal of Community Psychology*, 26(4), 537-571.
- [8] Shalhoub-Kevorkian, N. (1999). Towards a cultural definition of rape: Dilemmas in dealing with rape victims in Palestinian society.
- [9] Mohler-kuo, M., Dowdall, G. W., Koss, Mary P. & Wechsler, H. (2004). Correlates of Rape while Intoxicated in a National Sample of College Women. *Journal of Studies on Alcohol*, 65(1), 37-45.

- [10] Nagel, B., Matsuo, H., McIntyre, K. P. & Morrison, N. (2005). Attitudes toward Victims of Rape Effects of Gender, Race, Religion, and Social Class. *Journal of Interpersonal Violence*, 20(6), 725-737.
- [11] Campbell, R. & Wasco, S. M. (2005). Understanding Rape and Sexual Assault 20 Years of Progress and Future Directions. *Journal of Interpersonal Violence*, 20(1), 127-131.
- [12] Pokorak, J.J. (2006). Rape as a Badge of Slavery: The Legal History of, and Remedies for, Prosecution Race-of-Victim Changing Disparities. *Nevada Law Journal*, 7(1)
- [13] Gray, J. M. (2006). Rape myth beliefs and prejudiced instructions: Effects on decisions of guilt in a case of date rape. *Legal and Criminological Psychology*, 11(1), 75-80.
- [14] Maier, S. L. (2008). "I Have Heard Horrible Stories . . ." 'Rape Victim Advocates' Perceptions of the Re-victimization of Rape Victims by the Police and Medical System. *Violence Against Women*, 14(7), 786-808.
- [15] Vickerman, K. A. & Margolin, G. (2009). Rape treatment outcome research: Empirical findings and state of the literature. *Clinical Psychology Review*, 29(5), 431-448.
- [16] Esere, M. O.; Idowu, A. I.; Durosaro, I. A. & Omotosho J. A. (2009). Causes and consequences of intimate partner rape and violence: Experiences of victims in Lagos, Nigeria. *Journal of AIDS and HIV Research*, 1(1), 001-007.
- [17] Suarez, E. & Gadalla, T. M. (2010). Stop Blaming the Victim: A Meta- Analysis on Rape Myths. *Journal of Interpersonal Violence*, 25(11), 2010-2035.
- [18] Muoghalu, C. O. (2012). Rape and Women's Sexual Health in Nigeria: The Stark Realities of Being Female in a Patriarchal World. *The African Anthropologist*, 19(1&2), 33- 41. ISSN 1024-0969.
- [19] Dada, M. O. (2013). Does the Social Stigma Still Remain the Only Reason Why the Victims of Rape would not Make Official Report? Views of the Female Students of Crawford University in Nigeria.
- [20] Naved, R. T. (2013). Sexual Violence towards Married Women in Bangladesh. *Archives of sexual behavior*, 42(4), 595-602.
- [21] Thomas, B., Sharma, S. & Sharma, V. (2014). Perception of adult men and women regarding rape in Delhi, India. *The International Journal of Indian Psychology*, Vol. 2, Issue 1, No.3.
- [22] Barkan, E. S. (2009). *Criminology: A Sociological Understanding*. New Jersey: Pearson Prentice Hall.
- [23] Van der Merwe, E. (2010). The value of the victim's statement in the investigation of rape. Retrieved from <http://hdl.handle.net/10500/4434>
- [24] Ahrens, C. E. (2006). Being Silenced: The Impact of Negative Social Reactions on the Disclosure of Rape. *American Journal of Community Psychology*, 38(3-4), 263-274.
- [25] Marchetti-Mercer, M.C. (2003). A socio-psychological perspective on the phenomenon of infant rapes in South Africa. *African Journal of Psychiatry*, 6, 6-12
- [26] Schurink, W.J.; Snyman, I. & Krugel, W.F. (1992). *Victimization: Nature and Trends*. South Africa: HSRC publishers.
- [27] Aborisade, R. A. & Vaughan, F. E. (2014). The Victimology of Rape in Nigeria: Examining Victims' Post-assault Experiences and Adjustment Patterns. *African Journal for the Psychological Studies of Social Issues*, 17(2).
- [28] Thornton, B. (1977). Effect of Rape Victim's Attractiveness in a Jury Simulation. *Personality and Social Psychology Bulletin*, 3(4), 666-669.
- [29] Idisis, Y. Ben-David, S. & Ben-Nachum, E. (2007). Attribution of Blame to Rape Victims among Therapists and Non-Therapists. *Behavioral Sciences & the Law*, 25(1), 103-120.
- [30] Brown, A. L. & Testa, M. (2008). Social Influences on Judgments of Rape Victims: The Role of the Negative and Positive Social Reactions of Others. *Sex Roles*, 58(7), 490-500.