

Social aspects of victims of assault, rape, suicide, homicide, domestic violence, and dowry-related cases: a narrative review

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VICTIMS OF ASSAULT

In a medico-legal case involving victims of assault, the social aspect is crucial as it encompasses various dimensions. The victims often encounter societal stigma, hindering their reporting of crimes or seeking help. Overcoming this stigma necessitates a supportive environment and awareness campaigns challenging societal attitudes. When individuals internalise perceived stigmatisation, it significantly impacts psychological well-being, lowering self-esteem and exacerbating mental illness symptoms.^{1,2}

Supportive communities within the Sexual Assault Response Teams (SARTs) aid in healing, offering safety and belonging. Negative responses worsen isolation and trauma, impacting victims' recovery.³ Victims may require assistance from legal activists or social workers to understand their rights, navigate the legal system, and access resources such as shelters, counselling, or financial assistance. The assault victims rely primarily on social support from family, neighbourhood, friends, or support groups to cope with the trauma of assault. Aiding legal and recovery support highlights the crucial role of society.

After the assault, victims may struggle with reintegrating into their social circles or workplaces due to fear, anxiety, or ongoing trauma. Supportive environments and workplace accommodations can facilitate this transition. The social consequences of assault

can be long, affecting relationships, mental health, and overall well-being. Continued support from all concerned and resources are essential for survivors to rebuild their lives and regain a sense of normalcy.

VICTIM OF RAPE

Factors that play a crucial role in the social aspect concerning rape are various. The cultural and social attitudes towards consent, sexuality and gender roles can influence how rape cases are perceived and handled. In many places, discussing sexual violence openly may be barred, making it challenging for victims to come forward or seek support.⁴

Victim blaming and stigma are some other factors which come into play. Victim blaming is widespread, shifting focus from perpetrators to victims' behaviour or attire. Society's stigma around sexual assault deters victims from seeking help. While public stigma and cultural stereotypes correlate with trauma symptoms, self-stigma consistently predicts them most and internalising it reduces self-esteem or increases mental illness symptoms.⁵

Other essential factors are gender dynamics and power imbalance. Rape cases often highlight broader issues of gender inequality and power dynamics. The perpetrator may exert power over the victim due to factors such as gender, age, social status, or authority, exacerbating the trauma experienced by the victim.⁶

Effective support systems like shelters, counselling play a vital role in addressing social aspects of rape cases. These systems empower victims and offer emotional support.⁷ Law enforcement and legal responses to rape cases vary based on societal norms, resources, and legal frameworks. The interviewer-victim interaction is pivotal, as police officers are gatekeepers to the Criminal Justice System. This interaction profoundly affects victims' psychological well-being, highlighting the importance of officers' conduct awareness. Victims often struggle to disclose sexual offences, fearing blame or disbelief. Sensitivity and support from police officers are essential for encouraging disclosure.^{8,9}

Media portrayal and public perception of rape cases influence public attitudes. Victims encounter disbelief and blame, distinct from other crimes. These biases, rooted in societal misconceptions or "rape myths," impact police interviews. Sensationalised media coverage strengthens these myths, marginalising victims and impeding efforts to combat sexual violence.^{10,11}

VICTIM OF ATTEMPTED SUICIDE

Deliberate self-harm and suicide pose significant public health concerns, with high rates of it during the teenage age group suicide ranking as the second leading cause globally. Key factors contributing to these issues include genetic predisposition and various psychiatric, psychological, familial, social, and cultural influences.^{12,13}

Social aspects to discuss are the stigma and discrimination of the affected victims. Addressing societal attitudes towards mental health issues and suicide can be crucial in supporting the individual's recovery and preventing future attempts. Legal proceedings should consider mitigating factors related to stigma and discrimination that may have influenced the individual's actions.¹³

The individual's social support network, including family, friends, and community

resources, can provide insights into the underlying factors contributing to the suicide attempt and the potential for ongoing recovery support.¹⁴

Cultural and religious beliefs may impact how suicide is perceived and treated within a community. Understanding these factors is essential for providing culturally sensitive care. Legal processes in attempted suicide cases involve assessing mental state, considering legal outcomes, like commitment or charges, and ensuring care and support.

The social context of the attempted suicide can inform preventive measures, such as community outreach programs and suicide prevention hotlines. The mental health education initiatives aimed at addressing underlying social determinants of mental health and suicide risk.¹⁵ The availability and accessibility of mental health services, including counselling, therapy, and crisis intervention, play a significant role in supporting individuals at risk of suicide.¹⁶

SOCIAL ASPECT CONCERNING HOMICIDE

In medico-legal cases involving homicide, the social aspect encompasses various elements, viz., community impact, legal proceedings, family dynamics and psychological effects. Homicides can have a significant impact on the community, causing fear, distrust, and a sense of insecurity. The social fabric of neighbourhoods can be strained, leading to heightened awareness of safety concerns and potential changes in community dynamics.

Homicide cases impact victims' circle and community. Legal processes and media coverage shape public views on crime and Justice.^{17,18} Victim and perpetrator families are deeply affected by homicide. Emotional distress, stigma, and social isolation occur. Relationships are strained and fractured due to trauma and legal implications.

Witnessing a homicide can have long-lasting psychological effects on individuals and communities. Survivors may struggle with

post-traumatic stress disorder (PTSD), anxiety, depression, and other mental health issues. The broader community may also experience collective trauma and a heightened sense of vulnerability.¹⁹

High-profile homicide cases often prompt discussions about public policy, law enforcement practices, and strategies for crime prevention. Communities may advocate for stricter gun control laws, improved mental health services, or initiatives to address socioeconomic disparities that contribute to violence.²⁰

Stigmatisation and marginalisation is another point to discuss. Certain demographic groups, such as racial or ethnic minorities, may face stigmatisation and marginalisation in the aftermath of homicide cases. This can exacerbate existing social tensions and disparities, leading to feelings of injustice and alienation within affected communities.²¹

Honor killing, driven by patriarchal dominance and a desire to uphold social status, inflicts profound harm on families. Perpetrators prioritise female chastity, justifying violence against women. Underreporting has exacerbated the issue. Social reforms, human rights campaigns, and education initiatives are critical for combatting this social evil.²²

SOCIAL ASPECT CONCERNING DOMESTIC VIOLENCE

Studies show that Intimate Partner Violence (IPV) have poorer cognitive performance in around 70% of people in various age groups.^{23,24} Such cases often bring attention to the prevalence and seriousness of domestic violence, leading to increased awareness and education in communities about recognising, preventing, and addressing such abuse.²⁵ The high-profile cases can set legal precedents or highlight gaps in existing laws, prompting reforms to protect victims better and hold perpetrators accountable.

Publicised cases may encourage more victims to come forward and seek help, leading to increased support services, such as shelters,

hotlines, counselling, and legal aid, for survivors of domestic violence.²⁶ These cases spark public talk on gender roles, power, culture, and system issues in domestic violence, fostering community dialogue and addressing root causes.

By shedding light on the complex dynamics of domestic violence, medico-legal cases challenge stigmas and misconceptions surrounding victims and perpetrators, encouraging empathy and understanding. Advocacy groups and policymakers may use these cases as catalysts for policy changes and initiatives aimed at preventing, intervening, and supporting domestic violence survivors.

Survivors feeling Justice in legal cases may empower, inspiring others to seek help and end abuse cycles. Solidarity among survivors and allies strengthens community responses to domestic violence.²⁷

SOCIAL ASPECT CONCERNING DOWRY

In medico-legal cases related to dowry, the social aspect encompasses various dimensions. Gender inequality is the leading cause of the dowry cases. Women were viewed as inferior and pressured to bring wealth to marital homes, reflecting unequal power in society.²⁸ Dowry involves the bride's family transferring wealth to the groom's, worsening economic disparities. Failure to meet demands can result in coercion, violence against the bride, and financial strain.

Dowry practices are deeply entrenched in cultural traditions and societal expectations, making it challenging to eradicate them. These norms often burden families, leading to stress and conflicts, especially when dowry demands are excessive.²⁹

Dowry-related disputes can strain familial relationships. They may lead to social retaliation within the community, further complicating the resolution of such cases.³⁰ Medical and legal involvement formalises the resolution of dowry cases. Medical professionals may be called upon to provide evidence of physical or psychological harm, while legal authorities work to ensure Justice and uphold the rule of

law.³¹ High-profile dowry-related cases often attract public attention and spark debates around gender equality, women's rights, and legal reform. Activists and advocacy groups may mobilise to raise awareness, support victims, and push for policy changes to address dowry-related violence.³²

CONCLUSION

The victims aim to have a sense of normalcy and social security. Sensationalised media coverage should strengthen the myths, marginalising victims and impeding efforts to combat sexual violence. The availability and accessibility of mental health services, including

counselling, therapy, and crisis intervention, play a significant role in supporting individuals at risk of suicide. Social reforms, human rights campaigns, and education initiatives are critical for combatting social evil like homicide. Solidarity among survivors and allies strengthens community responses to domestic violence and is crucial to combating the cases of domestic violence. The law enforcement agency must publicise to raise awareness, support victims, and push for policy changes to address dowry-related violence. Continued support and availability of the required resources are indispensable for the assault survivors to rebuild their lives and regain.

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REFERENCES

1. Bhuptani PH, Messman-Moore TL. Blame and shame in sexual assault. In: O'Donohue WT, Schewe PA, Eds. Handbook of sexual assault and sexual assault prevention. Springer Nature: Switzerland AG; 2019. p. 309-22.
2. Corrigan PW, Watson AC, Barr L. The self-stigma of mental illness: Implications for self-esteem and self-efficacy. *Journal of Social and Clinical Psychology*. 2006;25(8):875-84.
3. Hatmaker DD, Pinholster L, Saye JJ. A community-based approach to sexual assault. *Public Health Nursing*. 2002 Mar;19(2):124-7.
4. Campbell R. The community response to rape: victims' experiences with the legal, medical, and mental health systems. *American journal of community psychology*. 1998 Jun;26(3):355-79.
5. Corrigan PW, Watson AC. The paradox of self-stigma and mental illness. *Clinical Psychology: Science and Practice*. 2003;9:35-53.
6. Deitz MF, Williams SL, Rife SC, Cantrell P. Examining cultural, social, and self-related aspects of stigma in relation to sexual assault and trauma symptoms. *Violence against women*. 2015 May;21(5):598-615.
7. Alderden MA, Ullman SE. Creating a more complete and current picture: examining police and prosecutor decision-making when processing sexual assault cases. *Violence against women*. 2012 May;18(5):525-51.
8. Frazier PA, Haney B. Sexual assault cases in the legal system: Police, prosecutor, and victim perspectives. *Law and human behavior*. 1996 Dec;20(6):607-28.

9. Felson RB, Pare PP. Gender and the victim's experience with the criminal justice system. *Social Science Research*. 2008 Mar 1;37(1):202-19.
10. Jordan J. Worlds apart? Women, rape and the police reporting process. *British journal of criminology*. 2001 Sep 1;41(4):679-706.
11. National Collaborating Centre for Mental Health. Self-harm: longer-term management. NICE clinical guideline 133. London: National Institute for Clinical Excellence, 2011.
12. Hawton K, Hall S, Simkin S, et al. Deliberate self-harm in adolescents: a study of characteristics and trends in Oxford, 1990–2000. *J Child Psychol Psychiatry* 2003;44:1191–98.
13. Carpinello B, Pinna F. The reciprocal relationship between suicidality and stigma. *Frontiers in psychiatry*. 2017:35.
14. Berkman LF, Glass T. Social integration, social networks, social support, and health. *Social epidemiology*. 2000 Mar 9;1(6):137-73.
15. Mann JJ, Apter A, Bertolote J, Beautrais A, Currier D, Haas A, et al. Suicide prevention strategies: a systematic review. *Jama*. 2005 Oct 26;294(16):2064-74.
16. Hawton K, Saunders KE, O'Connor RC. Self-harm and suicide in adolescents. *The Lancet*. 2012 Jun 23;379(9834):2373-82.
17. Kennedy B, Bugeja L, Olivier J, Johnson M, Hua P, Koppel S, Ibrahim JE. Epidemiology of homicide in community-dwelling older adults: a systematic review and meta-analysis. *Trauma, Violence, and Abuse*. 2023 Apr;24(2):390-406.
18. Marsh I, Melville G. *Crime, Justice and the media*. 3rd ed. London: Routledge; 2019.
19. Connolly J, Gordon R. Co-victims of homicide: A systematic review of the literature. *Trauma, Violence, & Abuse*. 2015 Oct;16(4):494-505.
20. Mercy JA, Rosenberg ML, Powell KE, Broome CV, Roper WL. Public health policy for preventing violence. *Health Affairs*. 1993;12(4):7-29.
21. Mehr N. *Stigma Formation: The lived experience of homicide loss survivors*. Northcentral University; 2015.
22. AlQahtani SM, Almutairi DS, BinAqeel EA, Almutairi RA, Al-Qahtani RD, Menezes RG. Honor Killings in the eastern mediterranean region: a narrative review. *Healthcare (Basel)*. 2022 Dec 27;11(1):74.
23. Savopoulos P, Bryant C, Fogarty A, Conway LJ, Fitzpatrick KM, Condrón P, et al. Intimate partner violence and child and adolescent cognitive development: a systematic review. *Trauma Violence Abuse*. 2023 Jul;24(3):1882-1907.
24. Soleimani R, Ahmadi R, Yosefnezhad A. Health consequences of intimate partner violence against married women: a population-based study in northern Iran. *Psychology, health & medicine*. 2017 Aug 9;22(7):845-50.
25. Zaher E, Keogh K, Ratnapalan S. Effect of domestic violence training: systematic review of randomised controlled trials. *Canadian family physician*. 2014 Jul 1;60(7):618-24.
26. Spruin E, Alleyne E, Papadaki I. Domestic abuse victims' perceptions of abuse and support: a narrative study. *Journal of Criminological Research, Policy and Practice*. 2015 Mar 9;1(1):19-28.

27. Cheng KR, Silva Junior JT. The role of solidarity in women's empowerment: Narratives from Northeast Brazil. *Voluntas: International Journal of Voluntary and Nonprofit Organizations*. 2023 Oct;34(5):911-21.
28. Kumari V, Chander S. Socioeconomic factors affecting problem of Dowry. *International Journal of Education and Management Studies*. 2019 Mar 1;9(1):21-4.
29. Shenk MK. Dowry and public policy in contemporary India: the behavioral ecology of a "social evil". *Human Nature*. 2007 Sep;18:242-63.
30. Srinivasan S, Bedi AS. Domestic violence and dowry: Evidence from a South Indian village. *World Development*. 2007 May 1;35(5):857-80.
31. Belur J, Tilley N, Daruwalla N, Kumar M, Tiwari V, Osrin D. The social construction of 'dowry deaths'. *Social Science & Medicine*. 2014 Oct 1;119:1-9.
32. Bradley T. Dowry, activism and globalisation. In: *Interrogating harmful cultural practices*. 2016 Mar 9. London: Routledge; p. 153-68.

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