

Original Article



Child Sexual Abuse from a Forensic Perspective: Socio-Demographic Profile of Cases Attending a One-Stop Crisis Centre in Bangladesh

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Abstract

Background: Child sexual abuse (CSA) constitutes a serious violation of children's rights and represents a major public health and medico-legal concern. In forensic settings, patterns of victim age, relational proximity, and abuse location may provide indirect indicators of pedophilia-associated behavioral dynamics.

Objective: To analyze socio-demographic and forensic characteristics of CSA victims presenting to a One-Stop Crisis Centre (OCC) in MAG Osmani Medical College, Sylhet and to interpret observed patterns within established pedophilia-associated forensic literature.

Materials and Methods: A retrospective cross-sectional study of 76 CSA cases presenting to a tertiary hospital-based OCC was conducted. Variables included age distribution, perpetrator relationship, and incident location.

Results: Prepubescent victims constituted 55.26% of cases. Most perpetrators were known to victims, including acquaintances (28.96%), family members (15.78%), relatives (14.47%), teachers (10.53%), and neighbors (11.85%). Incidents predominantly occurred in private residences.

Conclusion: Observed abuse dynamics align with patterns described in pedophilia-associated forensic literature. Strengthened surveillance, safeguarding, and national data systems are essential for effective prevention and child protection.

Key words: Child sexual abuse, Pedophilia, Forensic medicine, Grooming, Bangladesh

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Introduction

Child sexual abuse (CSA) is widely recognized as a grave violation of children's rights and a significant public health concern. It also presents complex medico-legal challenges requiring systematic forensic evaluation and legal accountability to protect affected children. The World Health Organization

defines CSA as the involvement of a child in sexual activity that he or she does not fully comprehend, cannot consent to, or is not developmentally prepared for, particularly within relationships characterized by responsibility, trust, or power.¹

UNICEF conceptualizes sexual violence against children within

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a broader rights-based framework, emphasizing harm, exploitation, and the deliberate violation of a child's bodily autonomy.² Together, these perspectives situate CSA at the intersection of clinical vulnerability, legal transgression, and institutional child protection failure. CSA may manifest in both contact and non-contact forms, including sexual exploitation and abuse occurring within familial, institutional, or community settings.² A critical forensic distinction must be drawn between CSA and pedophilia. CSA refers to abusive acts committed against any individual under 18 years of age. In contrast, pedophilia, as defined in psychiatric classification systems, denotes a persistent sexual interest in prepubescent children, typically aged 13 years or younger.³ This distinction separates behavioral evidence of abuse from underlying sexual preference, an important consideration in medico-legal interpretation and offender profiling.

Globally, childhood sexual abuse remains widespread. The World Health Organization estimates that approximately one in five women and one in thirteen men report having experienced sexual abuse during childhood.¹ In Bangladesh, nationally representative data from the Violence Against Children Survey (VACS) 2013 indicated that approximately 9% of girls and 3% of boys experienced sexual violence before the age of 18.⁴ However, updated nationwide prevalence surveys are lacking. Post-2020 data largely derive from administrative records and civil society monitoring reports. Ain o Salish Kendra documented 1,627 child rape cases in 2020 and 1,018 cases in 2021.⁵⁻⁶ These figures reflect reported incidents rather than true prevalence and are widely acknowledged to underestimate the actual burden.

From a forensic perspective, certain CSA case characteristics—particularly prepubescent victimization and familiarity-based access—have been described in pedophilia-associated offending literature.⁷⁻⁹ Offenders frequently exploit positions of trust and authority, relying on grooming strategies and controlled access rather than overt force. Understanding these patterns is critical for preventive safeguarding and evidence-based legal intervention.

The present study aims to analyze socio-demographic and situational characteristics of CSA cases presenting to a One-Stop Crisis Centre in Bangladesh and to interpret observed patterns within established forensic literature on pedophilia-associated abuse dynamics

Materials and Methods

A record based retrospective cross-sectional study was conducted during January 2020 to December 2021 at a One-Stop Crisis Centre attached to the Department of Forensic Medicine of

Sylhet MAG Osmani Medical College, Sylhet. Study population were all registered CSA cases involving victims under 18 years during the study period (n=76). Retrospective extraction of data from institutional medico-legal registers was done using a standardized abstraction form. Variables included were Age, Sex, Religion, Residence, Socio-economic status, Educational/occupational status, Victim–accused relationship and Place of incidence .

Institutional permission was obtained. Data were anonymized. No psychiatric evaluation of accused individuals was available; therefore, pedophilia is discussed solely within a forensic interpretive framework.

Results

Figure 1 shows distribution of different forms of CSA among 76 cases. Majority cases were Penetrative abuse 52% followed by non-contact cases 17% and least were contact cases 7%.

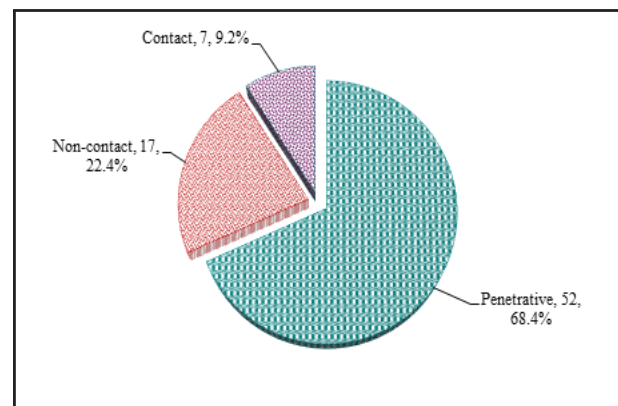


Figure 1: Percentage of different forms of CSA

Table I shows among 76 victims, the majority were of prepubertal age group, 0–13 years (55.26%), followed by 14–17 years (44.74%). Most were female (72.36%), Muslim (55.27%) residing in rural area (75%). Majority of the victims were school going children (42.12%) and belong to middle socio-economic status (27.63%). The maximum predators was known to the victims as an acquaintance (28.96%), followed by family members (15.78%) & relatives (14.47%), neighbors (11.85%), teachers (10.53%) & stranger (6.57%). Incidences predominantly occurred in private environment. About (38.17%) victims suffered the incidence at accused's home (38.17%), followed by the victim's residence (23.68%) and relatives' homes (15.78%). Rest were in educational institutions (10.52%), followed by isolated place (6.57%) & field/jungle (5.28%)

Table I: Socio-demographic context of victims (n=76)

Variable	Frequency	Percentage (%)
Age Range		
0-13 Years	42	55.26
14-17 Years	34	44.74
*** Prepubescent children constituted the majority		
Sex		
Male	21	27.64
Female	55	72.36
Religion		
Islam	42	55.27
Hindu	26	34.22
Others	8	10.52
Residence		
Urban	19	25
Rural	57	75
Profession		
Child < 5 Years	18	23.18
School Students	32	42.12
Madrasa Student	9	11.84
Others (Domestic worker, Day laborer)	17	22.36
Socio - economic status		
Lower class	48	63.15
Middle class	21	27.63
Higher class	7	9.22
Type of Relationship		
Acquaintance	22	28.96
Family	12	15.78
Relatives	11	14.47
Neighbor	9	11.85
Classmate/ Friend	3	3.95
Stranger	5	6.57
Master and servant	6	7.89
Teacher and student	8	10.53
Place of incidence		
Victim's house	18	23.68
Accused house	29	38.17
Relative's house	12	15.78
Isolated/Unknown place	5	6.57
Field/Jungle	4	5.28
School/Madrasa /Coaching centre	8	10.52

Incidents predominantly occur in private environments.

Discussion

Child Sexual Abuse (CSA) is a silent yet sinister phenomenon that continues to plague human existence in our civilized society. Within scholarly discourse, CSA encompasses diverse abusive acts, including intercourse or attempted intercourse, oral-genital interaction, genital touching through direct or indirect means, acts of exhibitionism, the exposure of children to sexually explicit material or adult sexual conduct, and the commercial sexual exploitation of minors through prostitution or pornography.¹⁰

Penetrative sexual assault represented the predominant form of abuse in this study (52%), including vaginal, anal, and oro-genital penetration. Non-contact abuse accounted for 17% of cases, primarily involving forced exposure to obscene materials or online grooming. Contact abuse—such as fondling, sexually motivated kissing, or inappropriate touching—comprised 7% of cases. Similar distribution pattern have been documented by Sumon MSR et al., with penetrative abuse as the most frequent category, followed by non-contact (27%) and contact abuse (12%).¹¹ The true magnitude of these forms of abuse is likely underestimated due to underreporting linked to social stigma and fear of societal repercussions.

The present study provides a forensic epidemiological analysis of CSA cases presenting to a tertiary hospital-based One-Stop Crisis Centre. Although formal diagnosis of pedophilia requires psychiatric evaluation of the accused, forensic interpretation frequently relies on victim-side indicators, particularly age distribution, relational proximity, and abuse context.⁷ In this study, female victims outnumbered male victims (74.36% vs. 27.64%), suggesting differential vulnerability, disclosure patterns, or reporting dynamics. Prepubescent children comprised (55.26%) of cases, constituting a key age-related finding. The demographic profile further indicates that the majority of victims were Muslim (55.27%), school-going children (42.12%), and from middle socioeconomic backgrounds (27.63%). These findings may reflect structured access patterns within familiar community and educational environments rather than inherent demographic susceptibility, underscoring the role of social proximity and routine activity contexts in CSA occurrence.

Persistent sexual interest in prepubescent children constitutes the defining feature of pedophilia in established psychiatric classifications.³ While no offender assessment was conducted in this study, the observed age distribution aligns with patterns documented in pedophilia-associated offending research.⁷⁻⁹ Such alignment warrants cautious interpretive consideration rather than diagnostic attribution. Relational dynamics further reinforce this observation. The majority of perpetrators were known to victims, with acquaintances constituting the largest group (28.96%), followed by family members (15.78%), relatives (14.47%), neighbors (11.85%), and teachers (10.53%). Stranger involvement was comparatively low (6.57%). Grooming-based exploitation through trusted relationships is extensively documented in forensic studies of pedophilia-related offending.⁸⁻⁹ It is observed that offenders frequently rely on familiarity, authority, and gradual desensitization to secure access and reduce detection risk.

Spatial distribution of incidents similarly reflects structured access dynamics. Most assaults occurred in private residences, particularly at the accused's home (38.17%), followed by the victim's residence (23.68%) and relatives' homes (15.78%). A smaller yet concerning proportion occurred within educational institutions (10.52%). Abuse within controlled domestic or institutional environments facilitates repeated contact and reduces the likelihood of disclosure, consistent with international forensic observations.⁷⁻⁹ This dwell on the thought that female child are the most vulnerable group to sexual abuse in domestic setting. So, it is high time requiring urgent need for strengthened safeguarding and monitoring mechanisms in both domestic and educational settings.

National data further contextualize these patterns. A district-based survey conducted by Manusher Jonno Foundation and INCIDIN Bangladesh (2020–2021) reported that over 95% of surveyed children experienced some form of violence, with 55% reporting sexual harassment within family environments.¹² Although the survey did not differentiate penetrative abuse from other sexual misconduct, the predominance of intra-familial exposure reinforces the structural vulnerability of children within trusted domestic contexts.

From a regional perspective, Bangladesh demonstrates a fragmented CSA data landscape. The last nationally representative prevalence survey was conducted in 2013.⁴ In contrast, neighboring countries such as Nepal have conducted more recent VACS surveys, and India maintains annual disaggregated crime statistics under child protection legislation.¹³⁻¹⁴ Bangladesh relies heavily on media-monitored documentation and administrative case reporting, both of which are subject to substantial underreporting bias.⁵⁻⁶ Stigma, fear of retaliation, informal dispute resolution practices, and limited child-friendly reporting mechanisms further obscure the actual scale of CSA. Importantly, the findings of this study do not establish the prevalence of pedophilia among accused individuals. Rather, they describe abuse dynamics consistent with patterns documented in pedophilia-associated forensic literature. Inference-based interpretation grounded in established behavioral research remains a recognized analytical approach within forensic medicine when offender evaluation is unavailable.

Early recognition of patterned abuse characteristics—particularly age-specific targeting and familiarity-based access—is critical for strengthening child protection systems, enhancing preventive surveillance, and reducing repeated victimization. Integration of forensic interpretation with improved national data systems is essential to advance evidence-based policy and legal accountability in Bangladesh.

Conclusion

This study identifies key forensic patterns in child sexual abuse (CSA), highlighting the predominance of prepubescent victims, the higher representation of female children, and the concentration of incidents within familiar domestic and educational environments. These findings reflect structured access dynamics consistent with pedophilia-associated behavioral literature. Strengthened safeguarding mechanisms within households and educational institutions, enhanced child-friendly reporting

systems, and standardized forensic documentation of abuse categories are essential. At the policy level, updated nationally representative prevalence surveys and integrated national child protection databases are urgently required to support evidence-based intervention, improve surveillance, and reduce recurrent victimization.

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