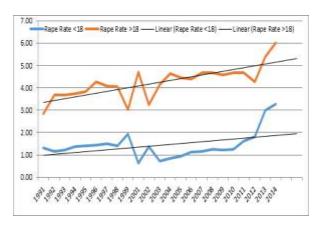
Psychiatrist view of rape

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In recent times one comes across many reports of rape giving the impression that it is on the raise. A perusal of National Crime Records Bureau (NCRB) statistics¹ confirms that Rape against women is on the increase. It indicates a raising trend, both for below and above 18 yrs, as shown in the graph below (data for 2000 not available.)



Merriam-Webster² defines rape as unlawful sexual activity and usually sexual intercourse carried out forcibly or under threat of injury against the will usually of a female or with a person who is beneath a certain age or incapable of valid consent. In common parlance this word implies forcible physical sex by a male. Rape in most cases, including legal, is gender specific where it talks of women as victim. This in-spite of the fact there are homosexual rapes, male rapes. Rape, an extreme form of sexual crime, is more common than suspected. Nobody is exempt from itchildren, prostitutes, road side orphans, residents of sheltered homes, etc. In Indian Law rape is a crime and is covered under section 376 of the Indian Penal Code. It is punishable with up to life or capital punishment depending on the associated features. Juvenile justice board will decide if Juveniles between 16 -18 yrs should be tried as an adult as Juveniles below 16 yrs are awarded lesser punishment. Rape is viewed very seriously world over and punishment is stringent ranging from death in many countries to long periods or life in the other countries. The trail is quick in all most all countries

The dictionary definition of disease is an abnormal condition of a human, animal, or plant that causes discomfort or dysfunction.

Rape involves a perpetrator and a victim. The perpetrator may or may not be a psychiatry patient.

Victim suffers psychological consequences, most often silently. Generally cases of rape are not referred by law to psychiatrists for opinion regarding the mental status of the accused, unless the defence pleads mental illness, which is not common. Never the less such a plea was put forward by accused all over without success. Rape victims are referred by courts in case of doubt to ascertain the victim's competency as a witness, ability to consent for the act and age. It indirectly implies that public and law do not considers it as a medical, more so a psychiatric entity. Even though public generally see madness in everybody else, do not see that in a rapist. Recently there was a ruling by a division bench of Madras High Court that Rape is a crime and not medical diagnosis. It further ruled that to constitute the offence of rape under criminal law, it is not necessary that there should be complete penetration and rupture of hymen. "Partial penetration within the labia majora or the vulva or pudenda, or even an attempt at penetration is quite sufficient for the purpose of law.³

Psychiatric classification does not mention it anywhere. Then can it be taken that rape is not an abnormal human behaviour and can be considered as normal one? Is rape only a legal problem?

There is no homogeneity among the perpetuators. One study found differences between anal rapists and vaginal rapists⁴. Further there were serial rapists, date rapists, homosexual rapists, etc. These point out to the diversity of this group

There was stringent criticism against bringing rape into sexual disorders classification in the run-up for DSM-V. Delineating what is normal versus deviant or disordered sexuality is one of the biggest challenges when using the term paraphilia⁵. In DSM-IV-TR, only those paraphilias that involve immoral deviant sexual behaviour are inconsistent with the definition, but deviant sexual behaviour by itself does not count as a mental disorder⁶. Another study found that there was no empirical justification for the creation of this new syndrome-rape for inclusion in paraphilic coercive disorder⁷. Rape offenders experience many of the deficits and dysfunctions that other mentally disordered individual's do⁸. There were some proponents for inclusion of rape in sexual disorders in DSM-V9. Paraphilias sub work group of the DSM-V Work Group on Sexual and Gender Identity Disorders, was forced to decide not to include rape in DSM-V and declare that rape is a crime but not a mental disorder.

Rape is more stigmatising than suicide and mental illness. The accused are shunned. In prisons,

hierarchically rapists occupy the lowest position. Sexual offenders are looked down as despicable persons by co-prisoners and are at a risk for being assaulted.

Society and culture dictate the way of the life of those under it. What is normal in a particular society may not be so in another society-a dressed person will be an abnormality in a nudist colony. An honest person in a corrupt society is generally viewed as an odd person. But there are some types of behaviours that are almost universally considered abnormal and prohibited like incest, bestiality, rape. That does not mean that they are not common. In wars, terrorism, agitations, slavery, etc., it is quite common and used as a weapon.

Is there a need to include rape in psychiatry diagnosis? The victim suffers life-long; society disapproves it; perpetuator also suffers-society detests the person; may have fear of detection and detention; may have remorse; guilt feelings; may be emboldened to repeat it; may enjoy the power; may not have any reaction. All these reasons warrant psychiatric attention and intervention. When psychiatric intervention is needed a diagnosis is warranted. It could be personality disorder or sexual sadism. But not all cases fit into these. It could be a symptom of any psychiatric label. It could be deviant sexual behaviour. In recent times the defence of consensual sex turning into allegation of rape is on the increase. For an orderly functioning of society, safety of individuals, rape cannot be allowed and condoned. Since psychiatrists are part and parcel of society in which they live, they have a duty to performduty to protect the patient and society from self and the other. What was hypothesised regarding what motivates serial sexual killers to commit their crimes range from the seeking of sexual gratification to the achievement of power and control to the expression of anger¹⁰ may also be true for the act of rape. No single factor can explain the act and no single theory can explain all the types of the act. Is it possible to consider rape as a case of sexual sadism, which is a diagnostic entity? Though some common features exist between them, they are different entities. Violence is part of sadism; a goal along with sex while in rape it is not the primary aim but to make the victim submit. Cruelty is deliberate and intended in sadism while it may be incidental. While rape is a legal crime, sexual sadism is both a legal crime and disorder. A rapist can also be sexual sadist. Labelling should not be based on value judgement but should be on investigative judgement.

Labelling something as a disease, more so as a psychiatric disorder, has various implications and repercussions. It will have an impact on the individual, society and economy. If for example rape is labelled as a psychiatric disease or disorder the individual may have to spend the rest of his life in a psychiatric institution. It will be a double whammy for the family – stigma of crime and also mental illness. The society and government has to foot the bill for the care as it is a

disease. The individual will escape legal punishment. A clear concept of disease is essential for a variety of reasons including planning. What counts as a disease at a particular time also changes over historical time, partly as a result of increasing expectations of health, partly due to changes in diagnostic ability, but mostly for a mixture of social and economic reasons¹¹. Homosexuality is a classic example. Undoubtedly, both time and culture play a role in defining the diverse range of paraphilic interests and bring with them criminal, legal and political contentions⁵. Rape does not fit the concept of syndrome, disease, or disorder as defined¹². Rape is anything but a psychiatric condition. Already there are allegations of over diagnosis and drugging by psychiatrists. Champions of caste see caste in every deed; financers see profit in every issue; religious person will see God in everything; corrupt person will see a fast buck in every file but Psychiatry should not see illness in every crime.

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