



Victimization of Rape Victims by Service Providers during Medical Examination: A Study on Tangail District

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Rape is a critical and sensitive issue that affects everyone in the world, not only in Bangladesh, where it has become an alarming and rising trend. This study demonstrates that there is always a rate of secondary victimization by service providers towards a victim. The study is based on a qualitative approach where data have been collected through In-depth interviews. Since the population is known and the sample size is 14, the researcher employed probability census sampling. The majority of the victims were children between the ages of 5 and 17, and they were in extremely precarious financial situations. Among 14 respondents, 3 asserted the biases of legal proceedings. They were bound to do this inhumane medical test to prove themselves as a rape victim for the investigation of the case which leads to secondary victimization. Another objective of this study is to determine the psychological condition & social stigmatization of rape victims. Among 14, 2 victims faced major mental illness and got imbalanced totally. PTSD is very common for all rape victims. Victims experience societal stigmatization in addition to being victims of abuse. Logistic support, skilled personnel in every sector, and an appropriate framework for the proper treatment of a rape victim may decrease secondary victimization in Bangladesh.

Keywords: *Rape, Victimization, Service providers, Rape victim.*



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1. Introduction and Background of the study

Rape has increased alarmingly in Bangladesh. The ratio of rape in Bangladesh has increased dramatically in recent times. It is a cognizable offense that cannot be compounded or be subject to bail. According to [section 375](#), Penal [Code 1860](#), "A man is said to commit "rape" who except in the case hereinafter excepted, has sexual intercourse with a woman under circumstances falling under any of the five following descriptions: Firstly, Against her will. Secondly, Without her consent. Thirdly, With her consent, when her consent has been obtained by putting her in fear of death, or of hurt. Fourthly, With her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married. Fifthly, With or without her consent, when she is under fourteen years of age. Explanation: Penetration is sufficient to constitute the sexual intercourse necessary to the offense of rape. Exception: Sexual intercourse by a man with his own wife, the wife not being under thirteen years of age, is not rape." ([The Penal Code, 1860 | 375. Rape, n.d.](#)) For the prevention of rape in Bangladesh, the existing legal procedures are [section no 376](#) of the penal code [1860](#). Until 2012, the Federal Bureau of Investigation (FBI) considered rape a crime solely committed by men against women. Rape is a kind of sexual assault, according to the World Health Organization and is also a form of sexual violence, according to the Centers for Disease Control and Prevention ([CDC, 2023](#)). Secondary victimization refers to behaviors and attitudes of social service providers (legal, medical, mental health) that are "victim-blaming" and insensitive which traumatizes victims of violence who are being served by these agencies. When the service providers overmatch the needs and psychological boundaries of rape victims to the agencies' needs, victims feel violated and offended. Around 1,250 females, including kids, are victims of rape each year, according to a report. In addition, 238 women were sexually assaulted in the first three months of 2022. In 2021, a total of 1,321 women were raped, compared to 1,538 in 2020. 1,413 in 2019, 732 in 2018, and 818 in 2017 were stated as the number. According to these figures, it may be inferred that there have been more rapes in recent years. In addition, many women who have been raped kill themselves to avoid stigma and societal disgrace

([ASK report,2022](#)). Every year, rape and sexual assault affect 463,634 victims in the United States who are 12 years of age or older. According to statistics, only 48% of study participants thought that the social service providers were doing a good job of assisting this group of clients and that contact with the social service system as a whole (i.e., legal, medical, and mental health services considered together) could benefit rape survivors psychologically. 84% of the mental health experts polled concurred that social service providers' interactions with rape victims re-traumatize them. The treatment of rape victims by the court system, according to 81% of research participants, is mentally damaging. According to 89% of research participants, the medical examination following a rape traumatized rape survivors. 58% of survey participants charged mental health practitioners with engaging in harmful behavior that led to the secondary victimization of rape survivors. ([Campbell & Raja, 1999](#))

In Bangladesh, there is some research on rape and secondary victimization. A study explains the dynamic relationship between victim blaming and social construction highlighting the aftermath reaction by other actors of the society in Bangladesh ([Khatun et al., 2019](#)). Another paper aimed at the reintegration and rehabilitation process of rape victims in Bangladesh. There is also a sociological study on the causes of rape in our society ([Hawladar et al., 2021](#)). Besides these articles, many more articles are present to describe rape, victimization, rape victim's condition, secondary victimization, and so on. The practice of blaming and shaming sexual assault victims is known as secondary victimization. Mental health specialists, law enforcement officials, medical staff, nurses, and community members all participate in this practice. Rather than receiving necessary assistance from police officers, healthcare professionals, and mental health professionals, victims of sexual assault face judgment, blame, and shame. The risk of secondary victimization causes higher rates of PTSD, sadness, anxiety, suicidal thoughts, self-harm, blaming, and other issues in sexual assault victims. The main purpose of this study is to explore the behavior pattern of rape victims during medical examination and then the researcher wants to disclose the after-effects of being raped which deal with psychological disorders. So this paper measures the secondary

victimization by the service providers of a rape victim. In addition, this paper includes the psychological effects and measures that should be taken to minimize the trauma. Rape still has a stigma. Victims are often worried about someone finding out they were sexually assaulted. Officials in the criminal justice system and service providers should make an effort to uphold victim confidentiality and respect their privacy demands. Introducing rape victims, causes & consequences of rape, and re-victimization/secondary victimization are common topics for research. But the harassment of rape victims by service providers is not typically found in the research field in Bangladesh perspective. So the researcher decided to work on this topic. The analysis and findings of the study may positively impact society in favor of rape victims having better access to justice.

2. Research Methodology

In this research paper, the researcher selected a qualitative approach for this study which is based on primary data. The exploratory research design was used to understand the victim-blaming experiences and the associated factors of secondary victimization. The rationality of study area selection was the unique nature of rape, statistics, availability, and easy access to the researcher. The study covered the entire area of Tangail District. The study was conducted in August 2022 with an in-depth interview with 14 rape victims. The respondents are those who are reported in recent times. For collecting information of this study, they interviewed those persons who reported to “One Stop Crisis Cell, Tangail”. These victims are recently reported to the police and had faced medical examination. The population are the victims of rape in Tangail 250 bed District Hospital who had medical tests between 1 January 2022 and 30 July 2022 and are known. The population is 14 as the “one stop crisis cell” authority has given me a list of 19 victims of recent cases. However, 5 respondents among 19 either changed their cell phone number, noted down the wrong address and phone number or left the place as their given address. So the researcher couldn't reach them, so I excluded these 5 and determined the sample size is 14. Among the available 14 respondents, female victims were 12 and male victims were 2. For this study, the researcher used a semi-structured questionnaire

and open-ended questions. In the questionnaire, the researcher started an interview with some questions to the respondents about sex, education, living place, etc. The researcher also interviewed to the KII Senior Assistant judge of the chief judicial magistrate court, Tangail, Senior Gynecologist and Consultant of Tangail 250-bed District Hospital, SI of Tangail Thana, GRO of the court, and Advocate of bar council. All the victims experienced secondary victimization. The demographic and victimization information of the study participants is provided in the appendix. The researcher takes notes during the interview and transcribes the notes into a detailed written report which serves as the text data for the following analysis. Thematic analysis technique was used to data regarding secondary victimization by service providers to rape victims.

3. Objectives of the Study

The main objective of this study is to explore the victimization of the rape victims by service providers. Additional objectives of this study are :

- i. To comprehend the psychological condition of a rape victim.
- ii. To understand the perception of service providers to help victims to access to justice.

4. Analysis of the Study

Poverty: Curse for the rape Victim

Socio-demographic status denotes age, gender, social standing, financial situation, place of residence, marital status, level of education, and other identifying characteristics that can be used to determine one's level of self-worth. It is essential to figure out from this study what victims' ages suffer the most, where they reside, what kinds of limits they have, etc. Socio-demographic factors have an equal influence in shaping a person's ability to do everyday tasks in a manner that is appropriate. Social support appears to be a key factor in explaining variations in subjective functioning. According to research, the victim's age affects the victimization rate. In general the younger the victim, the higher the rate of fatal and nonfatal violence (Klaus & Rennison, 2002). The study exposes that children and teenagers are becoming more victimized belonging to the age group of 5-17 years. A very common criterion among all was that their economic status

was the same as poor. They all lived in the underprivileged area and only 4 respondents lived in Mofswal city. As most of the respondents were Children, they were unable to establish their rights and had limited knowledge of right or wrong. They were helpless and at this premature age, they were unable to protect themselves. The area where they lived was supported by **Rodney Stark's(1987)** Deviant place theory. Deviant areas are poor, densely populated, highly transient neighborhoods and undeveloped areas. The most common type of people who live in these areas are homeless, addicts, mentally ill, illiterate, perverts, and elderly people. This theory feels that there is no need for victims to practice safety measures to eradicate injury because it would be useless. As the literacy rate is poor in these places, they lack knowledge in legal procedures and services. According to my respondent mina's(pseudonym) mother, they don't know the law or legal proceedings and are even unaware of establishing their rights. She said-

"We are illiterate village people, can't understand the procedure and system for asking punishment with legal support by police-court. We are hopeless and don't have enough money to run the case."..... (Narratives taken from Bengali)

So poverty and powerlessness suppress them from the accused. And they think that their socio-demographic profile is the cause of their condition. Another respondent Bindu's (pseudonym) father said-

"I am a poor rickshaw-puller and I have a low economic status and no strong ground to protest for my daughter. Most of the villagers and even member-chairman of our village are corrupted."..... (Narratives taken from Bengali)

It's a common scenario of our country that the powerful rich people are always remain innocent though they are actually guilty. On the other hand, victims are the sufferer if they are economically poor and unstable. Similarly Poly (pseudonym) shared her miserable life in this way-

"I have lost my father since my childhood & my mother is a hawker. It was tough to survive in society with this little

income. As we are poor and people can do anything with us so I know that I will not be able to adequately punish the rapist.....(Narratives taken from Bengali)

According to Felson and Cohen, absence of capable guardians is one of the major tenets of routine activities theory. Hence, if poly had a competent guardian, she may not be pursued. Due to Poly's solitude, an evil person may easily seize her while her mother went hawking outdoors.

5. Medical Examination of the Rape victim

Sometimes victims are not willingly want to test after being raped. They feel ashamed and fear also. The situation is very crucial for them to survive. When they come to Hospital they need to examine and prove right as they claimed to the police. The respondent Poly (pseudonym) said -

"At first I didn't want to do the medical test. But I was hopeless and there was no way to skip it.....(Narratives taken from Bengali)

It is regrettable that a victim of a rape must repeatedly endure a humiliating position due to medical testing, inquiries, investigations, societal reactions, and other circumstances. Another potential respondent Sagor's (pseudonym) mother explained-

"Sagor is 6 years old and my child was crying when we went to the hospital for having the medical test. Then doctors and nurses assist me to counsel my son. They were helpful and they support us a lot."..... (Narratives taken from Bengali)

The medical examination is really a tough period for victims and doctors also. During this time the victim faces a hard time and needs support mentally. Victims shouldn't change their clothes, take a shower, bathe, or wash before seeking medical assistance. Naturally, resisting the urge to clean up after a sexual attack might be challenging because this is a basic human impulse. However, the best approach to make sure you receive the necessary medical care is to be

examined soon away. In this context, Dr.Bithi (pseudonym) added –

“Victims are not always come to them in immediate situation. So it becomes tough to examine them as they are raped or not. Sometimes the evidence may vanish but the pregnancy test result may be positive. So the medical test should be done as soon as possible.”.....
...(Narratives taken from Bengali)

When people decide to report the crime, receiving immediate medical care also helps since it helps gather the evidence required to charge the rapist in the event that a criminal case is pursued. Having the results of a medical examination can be helpful if you've been raped and first decide against reporting it. There are various standards in each state or jurisdiction, but the following are some potential outcomes of the medical examination: victims will be tested by a medical expert for STDs, including HIV/AIDS. Blood or saliva samples may be collected for these examinations. The sooner a person learns that they have an infection, regardless of how terrifying the idea of obtaining an STD after a rape may be, the sooner they may begin treatment. If a victim, a doctor may treat her to stop an unintended pregnancy if she requests it. A medical practitioner will look internally at the victim to look for any injuries that might have resulted from the rape. A medical practitioner or skilled technician may examine your clothing or body to seek for and collect samples of the rapist's hair, skin, nails, or bodily fluids. A doctor or technician can also do tests for rape drugs if the victim believes they have been administered. Be advised that all illegal drugs are included in this toxicological test. All of these things are done with the consent of the victim.

According to Dr.Nisa Nath (pseudonym) –
“We don't force the victim to do medical test. It;s totally her will. We just counsel them and want to understand the benefits of this.”..... (Narratives taken from Bengali)

Victims have the right to object to any tests or evidence gathering at any moment throughout

the medical examination. All operations are carried out to assist the victim, so they can choose which ones they want and can opt out of any that they choose not to. After the medical examination, victims must go to court for legal acceptance and judgment. But the court system is controversial. There remains so much controversy on this. Positive or negative compliments make this study more authentic court proceedings are really slow to serve the victim & victim's family.

6. Behavioral Pattern of Police towards Rape victim for Medical Examination

There were positive and negative responses from the respondents to the police. Some respondents have faith in the police but others said they are suffering from the mistreatment of police. The respondent Shila's (pseudonym) father said –

“The police helped me a lot. Whenever I felt trouble in police helped me. I always keep faith in the police. They arrest the rapist within 1 day and ensure the assailant's punishment.”.....
....(Narratives taken from Bengali)

Biasness in providing service is another important topic for discussion. People of all ages, races, castes, and religions are not having the proper care and service from them. But the service providers claimed that they treated them equally. The respondent Neela's (pseudonym) Husband felt that he was not treated properly in the court and said-

“Apa, I am a poor man. I know have no money but I am honest and also hopeful for this case. I may get the proper service with honor if I had money....(Narratives taken from Bengali)

Similarly, another respondent Mina's (pseudonym) mother claimed that –

“Police are dishonest. I don't believe them. They don't listen to us and maybe they support the rapist. But we want justice.”.....(Narratives taken from Bengali)

Some respondent face these type of situation and they are lost their hope from legal system. Police play a major role to eradicate crime. Where Law and order deteriorate, the police are found. In rape cases police adhere to the proceedings from start to finish. They file the case and send the victim to have the medical test under the supervision of female police. At present, police have different branch and sectors in every police station like as Narcotics, females & children, etc. So rape cases handle very sincerely nowadays. The researcher went to Tangail Thana & SI Mukti Khan (pseudonym) gave her interview. She was very conscious of Rape and stated –

“Rape is very common here and every day we get rape cases that are not always true but the complaint tries to make the wrong things right. When a victim comes to us and claims herself as a rape victim, I want to know her history and if they want to make FIR, we suggest they do the medical test as soon as possible. Then the medical report and court work for this and the police investigate the case, arrest the assailant, and listen to the court.”.....(Narratives taken from Bengali)

Socio-demographic characteristics, social status, and economic conditions lead to discrimination in all cases. That is claimed by victims. But SI Mukti Khan (pseudonym) said-

“We treated all victims equally. All are the same in the eye of the Law. We believe in this ideology and avoid discrimination.”.....(Narratives taken from Bengali)

7. Doctor’s Behavioral Pattern during Medical Examination

The quality and extent of the health treatment provided to crime victims are quite low. The victim initially went to the police station to report the incident. Police can therefore also control the subsequent events. Although the medical examination is voluntary, it does provide you the chance to safely store any evidence in case you decide to later report the crime. The kit's

components might range from bags and paper sheets for gathering evidence to a comb, documentation forms, envelopes, instructions, supplies for blood samples, and swabs, depending on the state and jurisdiction. But, taking a shower, using the restroom, changing into new clothing, combing one's hair, and cleaning the place might remove the evidence. Senior Consultant Dr.NisaNath(pseudonym) said-

“We take a vaginal Swab for the test and sometimes if the victim wants we test for pregnancy. But we never do anything without their consent.”.....(Narratives taken from Bengali)

After filing the case to the station then the victim sends to the Hospital to make sure the case is absolute rape. Sadar Hospital faces rape victims regularly. So, the researcher went there and took interview of two doctors who deal with raped patients and examine them. Both of them were so humble and sincere in their work. Senior Medical Officer Dr. Nisa Nath (pseudonym) explained-

“Every day I face 3 or 4 victims and I took their history first. Then I counsel them to get ready for the medical test. After medical tests, I give them proper medication whatever they need like the emergency pill, pain killers, sleeping pills, etc.”.....(Narratives taken from Bengali)

Proper treatment is important for a rape victim. Because she is not only physically injured, she is injured mentally also. The after-effects of rape are very dangerous and sometimes a serious issue. It causes many mental disorders, insomnia, PTSD and so on. The importance of counseling is beyond description. According to the gynecologist DR.Bithi (pseudonym) said-

“A rape victim faced a crucial period in her life. It's not easy for her to return to her normal life; along with this she needs proper guidance and support to live. So counseling is needed for every rape victim to decrease her frustration, depression

and bad memories.”.....(Narratives taken from Bengali)

Victim’s physical health may be impacted by sexual assault. A victim can be suffering from assault-related trauma and injuries that aren't immediately apparent. A victim might be able to get treatment for these wounds, STI prevention care, and emergency contraception to avoid getting pregnant during an examination. Dr. Bithi(pseudonym)stated-

“We provide treatment as soon as possible to the victim and sometimes there remain life risks so we take this type of case seriously. Emergency treatment and prevention measures are mainly what we provide.”..... (Narratives taken from Bengali)

Among 14 respondents, they claimed that they received proper care and never felt mistreated by the doctor. They were supportive and helpful to them. They were responsible and treated equally. They are also concerned in the victim’s priority and treatment.

8. Re-Victimization: Service Providers Attitudes during Medical Examination of Rape Victim

The legal, medical, and mental health systems may be used by rape victims to seek assistance, but a growing body of evidence indicates that many survivors are turned away by these institutions. When victims do obtain support, they usually feel victimized once more. The term "secondary victimization" or "the second rape" is used to describe these harmful episodes. These difficulties could come up during the mental health counseling for rape survivors if secondary victimization actually happens. Most therapists thought that some community members engaged in negative behaviors that were bad for the psychological health of rape survivors. Secondary victimization happens when the victim sustains additional pain as a result of how institutions and other people treat them rather than as a direct result of the criminal act. For example, when a victim is repeatedly exposed to the offender, questioned about the same facts repeatedly, or has

inappropriate language or insensitive comments used against them by anyone who comes into contact with them, secondary victimization may result. Victims experienced awkward situations in the time of sharing their history. According to Maria (pseudonym) –

“I felt ashamed when I started to share and recall the memory. I had to say the same thing repeatedly to the police, doctors, magistrates, journalists etc. I felt like I should die.”..... (Narratives taken from Bengali)

Additionally, when employees of the prosecutor's offices fail to give the victims of rape information on the case's status, the case's development, and the dates of the pretrial and trial processes, the victims may feel that they have been assaulted again. Last but not least, when the victim's desire of seeing their rapist punished is dashed by an acquittal or not guilty decision, they may suffer secondary victimization. Victims become traumatized again which affects mentally to the victim. The history-taking process shouldn't be dominated by the doctor's agenda, which includes lists of specific questions. The clinician tries to help the patient by hearing the history. Senior Medical Consultant Dr.NisaNath (pseudonym) said –

“History taking is an important part of Examination. But sometimes the victim doesn't want to share with us. Then we try to build a rapport with them. After that, they feel free and start to share the incident. In the case of the child victim, the victim's parents can attend with us.”..... (Narratives taken from Bengali)

However, owing to the stigma of being branded in the community, a fear of losing their privacy, or a worry for their safety, many crime victims, particularly those who have been victims of sexual harassment, choose not to participate in the judicial process. The respondent Sonia’s (pseudonym) mother told-

"The perpetrator did the same thing with other girls in our village but no one complained. Everyone skips it in their own way. They don't want to raise their voice against this.".....
(Narratives taken from Bengali)

9. Rape is a Horrible Nightmare: Psychological Impact

The psychological effects of rape on victims are both instant and long-lasting. One of the most frequent psychological outcomes of rape is self-blame. Self-blame is a coping strategy used by victims that depends on withdrawal. Self-blame frequently slows or even stops the healing process. Raped women are more likely than other women to get posttraumatic stress disorder (PTSD), with a conditional incidence of up to 50%. PTSD is classified as a deadly condition because of the increased chance of suicide. Other typical psychological and emotional impacts of rape include: Nightmares, Flashbacks, Depression, Anxiety, Eating disorders, Substance use or abuse, Phobias, Low self-esteem, Sleep disorders, Guilt, Distrust of others – uneasiness in everyday social situations. Almost all rape victims suffer from these types of psychological disorders. Among 14 respondents all are having bad mental health conditions. Of 14 respondents 2 respondents are mentally disabled. Bindu (pseudonym) is facing serious mental illness after being raped. She is mentally disabled. Her father stated-

"After that incident, my daughter can't speak normally. She is behaving like mad. She gets angry and reacts aggressively with us.".....
(Narratives taken from Bengali)

Similarly, another respondent Sagor's (pseudonym) mother stated-

"Sagor is very squeezy but after that incident, he doesn't go out from home to play. Even he doesn't speak with us properly".....(Narratives taken from Bengali)

Some mental health issues can be fatal. Yes, responses came from 33% of rape victims and 8%

of non-victims of crime. Compared to victims of other crimes, rape victims were 4.1 times more likely to have thought about suicide.13 times as many rape victims attempted suicide as victims of other crimes (13% vs 1%)(Dean G. Kilpatrick,2009). Rape victims want to sacrifice his/her life. They want to embrace suicide to decrease their pain from life. Among 14 respondents,3 respondents wanted to commit suicide. One of them is named poly (pseudonym) states-

"My life has become so irritating. I don't want to show my face to anyone. So I think, Suicide is the ultimate solution.".....
(Narratives taken from Bengali)

Anxiety, fear, sleeplessness, and Depression can make a person dead inside. Almost all 14 victims suffered from sleep disorder. They also have fear, anxiety, excessive tension, and so on. They passed so many sleepless nights. According to Sonia (pseudonym)-

"I can't sleep alone. Whenever I close my eyes the scene and memory shed in front of me. The maximum time I saw a horrible nightmare.".....(Narratives taken from Bengali)

The researcher found from the literature review that, rape affects the victim psychologically in a short-term or long-term manner. These psychological harms may turn into suicide attempts. Psychological therapy and counseling are badly needed for a rape victim otherwise these disorders affect the victim's mental health.

10. Conclusion

The rape crisis in Bangladesh is a clear indicator of the country's flawed social structures. In addition, women are now seen as nothing more than sexual an object, which dehumanizes them due to the pervasive patriarchal domination and ideologies. The result of the first victimization of a rape victim is secondary victimization. It's hard to accept the victimized emotion once you've gone through a victimization period. We may infer from the research above that the service provider's services result in a rape victim being raped again.

Yet, neither the victim nor the care providers are entirely aware on the idea of secondary victimization. This study focuses on how service providers help rape victims and turn them into new victims. It occasionally breaches human rights as well.

This should be minimized by creating a framework for neutralizing victimization. This study also discusses the after-effects of rape. The psychological condition of a rape victim is another major concern of this study. Various mental disorders like insomnia, anxiety, fear, aggression and PTSD are common for all rape victims. Psychological therapy, proper medication, and counseling can decrease them all. Additionally, rape is burning nowadays. Rape is not only the victim's fault. Nonetheless, society is always willing to engage in victim blaming. The way society treats exploited individuals may contribute to their distress. Victimization and secondary victimization are very frequent in this area. Service providers' attitudes and actions might turn a victim into a victim again. As it destroys a person mentally day by day, this has to end immediately. In order to solve this issue, effective actions will be essential.

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