Tackling Violence Against Women:

A Study of State Intervention Measures

(A comparative study of impact of new laws, crime rate and reporting rate, Change in awareness level)

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Funded by:

Ministry of Women and Child Development,

Government of India, New Delhi

March 2017

Acknowledgement

We, BharatiyaStree Shakti (BSS) and Project team are pleased to present this REPORT after an intensive research for twelve months. It has been a period of immense learning for members of BSS in the scientific arena as well as on a personal level. We would like to express our gratitude towards people who extended helping hand in successfully accomplishing this multi-faceted project.

First, we would like to thank Ministry of Women and Child Development (MWCD) for giving us opportunity to study the topic in depth. We are also indebted to MWCD officials for their kind support and assistance. We are grateful to respondents in this investigation i.e. Police department, Medical professionals, public prosecutors, fund disbursement authorities and social counselors. We sincerely acknowledge their cooperation for smooth investigations throughout the study in various cities. We appreciate National Commission for Women for making available the needed data and reference material. The coordination and team spirit of project coordinator, research officers, investigating officers, typists and data entry operators, at central and state level, made it possible to compile the research in this form. We are grateful to our volunteers and office members for sharing the office space and infrastructure. We do acknowledge kind help from BSS volunteers for financial transactions and our audit services. Our organizational network of volunteers and our friends were very supportive during formal and informal deliberations.

Lastly, we express our gratitude to Project Advisory committee, with special mention of Prof. Dr. MedhaSomaiya, for taking out time in their busy schedule to give valuable input. Their motivation and encouragement contributed greatly in completing project satisfactorily. We tried our level best to make the outcome comprehensive and fruitful. We request you to pardon us for lacunas and loopholes. Thank you one and all!

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SUMMARY

Bharatiya Stree Shakti (BSS), established in 1988, is a voluntary, autonomous, apolitical organization working for empowerment of women by promoting Gender Equality, Economic Independence and Education for women. Bharatiya Stree Shakti is committed to shape the future of women, family and nation with a focus on the education, health, economic independence, gender equality and self-esteem. Our goal is to reinstate dignity, freedom, ensure women's participation at all levels of decision making and emancipation from all exploitative compulsions.

BSS, a well-recognized and prestigious NGO spread nationwide, works to design and review policies, create awareness, interacts with Central and State government officials to bridge the gap between common men and women and policy makers. Many initiatives were successfully implemented to give recommendations to government policies. On the other hand, BSS has been instrumental in bringing awareness about Government schemes and initiatives to its beneficiaries especially women.

One of the main objectives of "National Policy for Women 2016" which is - Elimination of all forms of violence against women through strengthening of policies, legislation, programs, institutions and community engagement.

The infamous "Nirbhaya" case which generated widespread outrage and was widely condemned in India and abroad. The **2012 Delhi gang rape** case involved a rape and fatal physical assault, which occurred on 16th December 2012, in Munirka, in South Delhi. Victim died from injuries and infections. The victim was named and quoted as "Nirbhaya", which means "fearless". The protests in December 2012 led to setting up a judicial committee to study and take public suggestions for the best ways to amend laws to provide quicker investigation and prosecution of sex offenders. In 2013, the Criminal Law (Amendment) Ordinance, 2013 was promulgated by Hon' President Pranab Mukherjee, several new laws were passed, and six new fast-track courts were created to hear rape cases. Following the

incident the government set up the Nirbhaya Fund , administered by Department of Economic Affairs, Ministry of Finance, to address violence against women.

Bharatiya Stree Shakti in consultation with Ministry of Women and Child Development, Government of India, decided to investigate the impact of changed policies and laws. The research project "**Tackling Violence Against Women: A Study of State Intervention Measures (A comparative study of impact of new laws, crime rate and reporting rate, change in awareness level)"** aimed at documenting the changes in enrolment of the cases of violence against women after the policy level changes and to compare the national scenario related to the violence against women. The study focused on stakeholders such as – Police Stations, Government Social Cells, Counseling Centers, Voluntary Organizations, Medical and Legal Practitioners. We selected four states Maharashtra, Kerala, Uttar Pradesh and Delhi from India. From each of the states two districts has been chosen based on prevalence of violence against women. These two districts from each state include one highest prevalence district and one lowest prevalence district in concern with violence against women.

The study was conducted in four states Maharashtra, Kerala, Uttar Pradesh and Delhi From each of the states two districts has been chosen based on prevalence of violence against women. These two districts from each state include one highest prevalence district and one lowest prevalence district in concern with violence against women. Districts selected were as follow-

1. Delhi-North Delhi and South-East Delhi.

2. Maharashtra- Mumbai and Gadchiroli

3. Uttar Pradesh- Lucknow and Mirzapur.

4. Kerala-Trivandrum and Waynadu

Violence against women is a problem across the World. It affects women of all races, ethnic groups, classes and nationalities. It is a life-threatening problem for an individual woman and a serious problem for all socio-economic and educational classes. It cuts across cultural and religious barriers, impeding the right of women to participate fully in society. Violence

against women takes a dismaying variety of forms, from domestic abuse to rape, to child marriages and to female circumcision. All of them are violations of the most fundamental human rights.

The Indian constitution which is the fundamental law of the nation, contains numbers of provisions for the benefit and protection of the women. The concept of equality and non-discrimination finds its due place in Indian constitution. Besides, it also enables the state to adopt measures of affirmative discrimination in favor of women. Apart from fundamental rights, some specific provisions to ensure the rights of women have also been incorporated in Directive Principles of State Policy. However, despite constitutional protection and several legislations, gender discrimination and injustice continue to occur. This is mainly because those who enforce the laws or interpret do not always fully share the philosophy of gender justice concept.

Indian women are, by and large, handicapped with respect to all the prerequisites essential for access to justice. The widespread illiteracy, the cultural barriers and subordination is very common. The unfriendly process of law has kept most distressed women away from the law and courts. Victimized women have various experiences with the national criminal justice systems. They cannot always depend on the criminal justice system for either protection or rehabilitation. In terms of combating violence against women, there often exist gaps and ambiguities in the laws criminalizing violence. Laws tend to be piecemeal, focusing on specific forms of violence rather than dealing comprehensively with all forms of violence against women. When the law is in place, there is often weak law enforcement. This leads to victim's apathy and distrust and avoidance of the system. In certain situations, such as the cruelty and dowry deaths, corruption among police and other enforcement officials works as a major obstacle.

The Governmental authorities, social organizations, women's organizations, voluntary groups and NGOs should come forward to serve the cause of rape victims. There is an urgent need to bring a change in the attitude of the police authorities in the matters of rape cases. They should have a sympathetic attitude towards the victims of rape and the necessary support should be provided to the victims.

The law-enforcement agencies, the police and the judiciary can play an important role in the control of crime against women and particularly rape. The law-enforcement is a continuous process from the time a crime is reported till the criminal is prosecuted and punished. This is a long process involving various stages such as, investigation, prosecution, trial and judicial decision. The victim needs to be facilitated at all these stages. Never-ending trials have also led to a scenario where the complainant is forced to compromise with the victim outside the court secretly due to the social pressure, thereby frustrating the whole purpose of law. What is the use of increasing the punishment when the chance of conviction itself is a rarity?

Keeping all this in mind effort has been taken to understand the realities from various perspectives. Opinion of the various factors associated with judicial systems in case of violence has been studied and analyzed in this paper.

Realities of Victims and Beneficiaries:

Violence against women is a violation of fundamental freedoms and rights, such as the right to liberty and security, as mentioned in the Charter of Fundamental Rights of the European Union (EU, 2000). Violence against women can be domestic as well as public, physical, emotional or mental. Women have fear of violence in their mind which causes the lack of participation in various areas of life. Deep impact of the trauma remains in their minds even after post-violence corrective measures and rehabilitation.

The district wise and area wise distribution of the respondents indicate that the victims are across the area. Percentage wise difference is observed but the cases of violence are found across the geographical area and within the high and low prevalence area. Similarly, the socio demographic features of the respondents show that the cases of violence are found across the group of people. There is no difference based on religion, caste and education. Every age group of women have been facing violence in their life.

Most of the cases of violence generally happen during the day in which the woman is out of the home, alone for livelihood activities, without no family members being around.

Surprisingly in most of the cases the accused are the persons known to the victim from the neighborhood or family. Generally, it is assumed that big threat for women is from unknown person than familiar one, but the fact is completely opposite. Women are not safe among the people they know well. In today's context, she may be unsafe with dear and near ones.

It is observed that in many cases woman goes alone for registering the case and in many instances, they did not get proper treatment from the concerned police officer. In some cases, victims have received counseling services but in few they didn't get referred for counseling. Many of them have not received the services like, free legal aid and financial support.

For prevention and control of crime, women need to be aware of their self-defeating behavior. They need to get trained for, 'how to identify and protect themselves from the accused', as most of the accused are in their close network of people. To prevent such violence, they should be trained for self-defense. They should be made aware of the provision of services for the victims like counseling, free legal aid, financial benefit for their help and support. Most importantly the police department and the concerned officers need to be trained to develop sensitivity so that they can deal with the victim with more compassion and care.

Realities from Police Officers and Police Stations:

Constitutionally, every crime should be reported, and every woman who faced violence of any form should get justice. The trends of reporting influenced by various socio-cultural factors, the judicial systems and the attitude of the persons in judicial system at various level. In India the rate of unreported sexual violence is "far higher" than statistics indicate. Before the new act and provisions, in many States, police responses to violence against women have been typified by inefficient service delivery and underreporting by both police and victims.

In the eyes of victims, and society in general, police officers are one of the main sources of help available to victims in case of violence. Their attitude is important in facilitating a sense of safety and comfort to women seeking justice and support for protection. Indeed, police officers' attitudes and responses towards violence send a clear message to victims, offenders, and the wider community. This results in social disapproval and reprobation, or conversely social tolerance toward this kind of violence.

Interviews were conducted with the police officers of the different police station in both the high and low prevalence area to understand the status, their attitude and response towards the issues of violence against women and their proactive nature and initiatives to help the victim of the violence for extending the justice to her.

It is observed that the trend in reporting cases is increasing. People are aware and come forward to report the cases. Although the police officers are trying to fulfill their duties few of them have less sensitivity towards the victim. There is a need of building awareness and sensitivity among the police to deal with the victim more positively. Along with filing First Information Report (FIR) they must play important role of a guide and counselor. If they are more sensitive, many victims will be feel free to come to the police station to report the case and hidden incidence will be come in the light for legal action. Hence police have a very crucial role in preventing the crime and also helping the victim to take a stand for legal action against the accused.

Realities from Public Prosecutor

The role of the Public Prosecutor begins once the police has conducted the investigation and filed the charge sheet in the court. They represent the State and conduct the prosecution on behalf of the State. The Public Prosecutor is not involved in the investigation that is conducted by the police. The role of the Prosecutors is not to single-mindedly seek a conviction regardless of the evidence but their fundamental duty is to ensure that justice is delivered. A 'Public Prosecutor' is independent entity and police cannot order her/him to conduct prosecution in a particular way. Police, politicians or any other extraneous party cannot influence their decisions, actions, including her/his discretion to decide withdrawal of a case. The Public Prosecutor represents the State but not the police and can only be influenced by public interest. Therefore, it is very important to understand the opinion of the public prosecutors towards the crime of violence and their opinion about their roles and responsibilities towards the victims while handling the case of violence.

According to the public prosecutors, various forms of violence are reported in the country and maximum conviction made in the case of 'Assault on women with intent to outrage her Modesty followed by Rape and Kidnapping & Abduction'. It is observed from the data that

public prosecutors claim that the support and help from the other systems like police and the medical officers is quite positive but still in some cases the participation and support are not ensured which create some difficulties in proceedings of the case. While proceeding the case various challenges were faced by the public prosecutors. Some of the public prosecutors play important role in informing the victim about the victim welfare fund and other fund to help the victim. From this chapter, it is very clear that the public prosecutors have very important roles to play in helping the victim to access the justice. Most of them are performing their role very effectively. However, in some instances the sensitivity and support is missing which need to be addressed by the public prosecutors.

Realities from Medical Officers and Medical Practitioners:

Healthcare professionals have a unique opportunity to address violence during medical checkup of victims. They can play an important role in addressing the issue more sensitively. Healthcare professionals are often "the first-line response" for many people who experience domestic violence. It is important for the medical practitioner to have awareness and sensitivity toward the issues and know the law provisions in the act and policies so that they can identify, record and assist victims for getting the services to support victims more effectively.

Unfortunately, healthcare professionals face personal barriers such as, attitudes and perceptions that violence is a private issue, fear of offending their patient, fear of the patients' abuser, a lack of understanding of abuse, lack of confidence or lack of training on screening techniques.

Interpersonal barriers are the barriers that healthcare providers experience when they are interacting with their patients. These barriers are significant particularly language and cultural barriers, misunderstanding about reasons that victims choose to stay with their abuser, and sometimes the perception that patients are difficult to screen when they are experiencing psychological difficulties. Studies have shown that time constraints, inadequate resources and support, lack of referral sources and lack of adequate procedures for screening are all additional barriers healthcare professionals may face.

All this barrier create hurdle for the medical practitioner to address the issues of victim more sensitively. These barriers prevent them to provide best care while conducting the medical examination and also treating the victim. In such situation, the evidence could not be collected properly which is very important for the legal procedures.

It is therefore very much important to understand the view of the medical practitioners towards this issue. Their care, opinion and support services are beneficial. We must value their level of awareness about the act and various services to be provided to the victim.

To address and minimize above barriers, it is important to train and sensitize professionals about the dynamics of abuse. Issues should be covered as; how to effectively and sensitively identify victims, how to develop cultural competency, how to screen and refer patients for help and how to develop comprehensive policies and procedures within their practice settings. If the medical practitioner will be well sensitized and trained then they will deal the patients very appropriately with the other support service for collecting the correct and relevant facts and proof which is needed for the legal procedures.

Realities from Nirbhaya Fund Officers

Nirbhaya Fund is Indian Rs. 10 billion corpus announced by Government of India in its Union Budget 2013. According to then Finance Minister P. Chidambaram, this fund is expected to support initiatives by the government and NGOs working towards protecting the dignity and ensuring safety of women in India. Nirbhaya (fearless) was the pseudonym given to the 2012 Delhi gang rape victim to hide her actual identity. The Ministry of Women and Child Development, along with several other concerned ministries, will work out details of the structure, scope and the application of this fund.

In November 2013, the Ministry of Urban Development asked states to propose and implement new plans that can be financed through the Nirbhaya Fund. The ministry has also notified States and Union Territories who would not get their quotas of new buses under the Jawahar Nehru National Urban Renewable Mission if they fail to put in place steps to

make public transport system safe for women. Some reports have appeared in a section of the press stating that the Nirbhaya Fund is underutilized. The correct position regarding the utilization of the Nirbhaya Fund is given below.

The Ministry of Finance, Government of India had set up a dedicated fund called Nirbhaya Fund in 2013, for implementation of initiatives aimed at enhancing the safety and security for women in the country. It is a non-lapsable corpus fund. Under Nirbhaya fund, 18 proposals amounting to Rs. 2195.97 Crores have been received so far, out of which 16 proposals amounting to Rs. 2187.47 Crores have been appraised and recommended by the Empowered Committee.

As far as application of the victim to access the benefit of the fund is concerned, very few applications are received by the department as compared to the cases. The fund has been allotted to the victim in very limited cases. There is an urgent need to sensitize the Nirbhaya fund officers to be more sensitive towards the victims and also taking special initiatives to make people aware about the benefits.

Realities from Social Counselors:

When we talk about violence, it is easy to focus on the physical effects. The injuries on the body can be life-changing and can even result in death. It is important however to consider the impact of this incident can have on victim's mental health. Depression, anxiety and low self-esteem are typical repercussions of a violent experience. These psychological effects can be incredibly destructive. Many victims report feeling suicidal tendency. The psychological effect may completely change the personality of the victim. Hence it is important to extend the psychological support to the victim.

This support is well extended to the victim through the process of counselling. When we say counselling, it is the provision of professional assistance and guidance in resolving personal or psychological problems. It affects their ability to function normally in the workplace and develop healthy relationships. Hence the role of the counsellor in the life of domestic violence victim is considered very important.

The response, experience and difficulties faced by the counselor during the process of counseling of a violence victim is discussed in detail. This is focused on the initiatives taken by the counselor and their level of awareness related to various legal aspects of welfare of the violence victims.

Counselor is a crucial person who has very important role to play in the process of dealing the case of domestic violence. Despite having crucial role, counselor faces many hurdles in playing role effectively. It also prevents the counselor to take special initiatives to help the victim. Therefore it is necessary to give importance to the role of counselor in the process of dealing with the victim. The prosecutors, the police the medical officer all need to have extend their cooperation and provide opportunity for effective functioning so that the psychological aspect of the victim can be taken care properly. It is necessary for recovery from the shock and for strengthening the victim to go through the legal process fearlessly and face the challenges and trauma positively and with full confidence.

Data collection and processing was completed in December 2017. Project Director, co-director, organizing committee, investigating team had arrived at conclusions and recommendations. A meeting of National Executive Committee (NEC) of Bharatiya Stree Shakti (a parent organization) was organized at Ahemdabad on 11th and 12th February to discuss on the findings and recommendations. The NEC members added valuable inputs and discussed suggestions.

Information Collected through Secondary Sources-

Apart from interviews with various stake holders we had filed RTI to get accurate statistical data from various government institutions. Information we have received is as follow-

Public Authority	**DCP North District**	**DCP south District**	**Delhi State legal service authority**	**Hindu Rao Hospital**

Information Sought	Provide the details of all the reported cases of crime namely, 1. Rape, 2. Sexual Assault , 3. Molestation and 4. Acid attack, All with the context of violence against women between the years 2011 to 2015 and	Provide the details of all the reported cases of crime namely, 1. Rape, 2. Sexual Assault , 3. Molestation and 4. Acid attack, All with the context of violence against women between the years 2011 to 2015	Provide the details about the allocation of fund by the government for providing legal services to women who are under these categories 1. rape victims 2. Acid attack 3. Sexual assault Also Provide the break-up of the funds allocated on women	Provide the details(total number of cases, age and their residential area) of the patient being treated/admitted in the hospital after 1. rape 2. Acid attack 3. Sexual assault Provide the above sought information for the year 2011

			under the aforementioned categories	to 2015 separately for each year for
Information Received	Data Received	Data Received	-	Data Received

Suggestions:

Suggestions are proposed by the researcher to bring about changes in the policies, procedures and practices of the entire socio-legal system. The basic objective of this study is to impart needed services for the women victims of domestic violence. If necessary changes are brought about in the socio-legal support systems, it will strengthen locally active social support system and networks.

1. Complainants of sexual assaults should be provided with legal representation. The victim's advocate should not only assist her in filing the complaint but also guide her in getting other kinds of assistance like psychiatric and medical treatment.
2. Legal assistance should be provided at the police station and in view of the distressed state of mind of the victim.
3. Police should be under duty to inform the victim of the right to get representation before asking her questions and the police report should state that she was so informed.
4. A list of advocates should be prepared who were willing to act in these cases.
5. These advocates should be appointed by the Court, but to avoid delay advocates might be authorized to act in police station before permission from the court had been obtained.
6. A criminal injuries compensation board should be set up. Compensation for the victim should be awarded by the court on the conviction of the offender and by the criminal injuries compensation board whether a conviction had taken place.
7. All the suggested reformatory measures will not prove fruitful unless the political

institutions become sensitive to the plight of victims of sexual assaults.

8. The low conviction rate in rape cases can be attributed to the lack of coordination between the investigating officers and the public prosecutors. Hence, appropriate training programmers should be conducted for the public prosecutors and the police officers who investigate rape cases, so that through proper coordination between them helps in receiving justice for the victim.
9. The modern investigating technique should be adopted in crime investigation which would be of great help in determining the cases of sexual violence against women.
10. To rule out gender bias attitudes against rape victims, there should be training programs for members of Judiciary and the Bar to build awareness regarding the women's plight in rape cases. It will help to develop conducive attitudes for the effective interpretation and implementation of law.
11. Setting up of special courts for hearing the cases of sexual assault is strongly recommended. In these special courts, women judges should be there so that the victim feels comfortable in narrating the details of the sexual assault perpetrated on her. Increasing number of fast track courts is an urgent need.
12. Special investigation units comprising predominantly women police officers should be created. Investigating officers need to be trained and sensitized about the needs and sensibilities of victims. Police officers and doctors need to be trained in interview techniques which generally should be conducted at the victim's home. Systems associated with these cases should not go only by rule but see beyond it. Doctors simply go by the rule book. They look for tangible physical evidences that have been listed out. If there is no physical injury, they simply pronounce the girl as not having been assaulted. This narrow legalistic interpretation needs to be substituted by a new humane perspective.
13. The police officers must be given special training to deal with the victims of sexual abuse. Gender sensitization programs will help the officers to have the required considerate approach for rape victims. Preferably there should be women officers in every police station to attend to such females.
14. The court dealing with rape cases should be sensitive towards the conditions of rape

victims. They should award punishments to rapists with great seriousness towards women conditions in the Indian society.

15. Rape Crisis Centers are set up in countries like Australia, Canada, America, United Kingdom, etc. These centers provide help through their telephonic help lines. These centers provide the rape victims with medical help, counseling, and financial help providing job opportunities etc. Such centers can be set up in India to provide medical aid and counseling to the rape victims.
16. Another very important aspect is to provide counseling for the family members of the victim. So that the family can positively help the victim to come out of trauma. Family is the best support in such situation. In times of distress and emotional trauma, best support can be provided by the family members.
17. Indiscrimination in use of judicial discretion can be regulated by enacting a legal provision whereby the award of lower sentence.
18. The need of the hour is the creation of state sponsored victim compensation fund particularly for heinous offences including rape. This award should have a victim's need based procedure and should be totally free from the end result of the prosecution that is conviction or acquittal and should come into action the moment FIR is registered or cognizance is taken of a complaint.
19. The media must be sensitive to the plight of the rape victim and must not highlight the name or any inference leading to the identification of the victim, as it will be counterproductive. The media must not highlight the case where the offender has been acquitted but must invariably highlight those cases where the offender has been convicted, as it will infuse the feeling of deterrence among the people.
20. State governments should encourage women group in each district for taking up various programs for the care and protection of victims of violence. The government should not interfere in the autonomy and functioning of the NGOs in lieu of their patronage, support and cooperation except periodical evaluation of the performance of these organizations by non-official experts who may be appointed by the competent authority.

Conclusion:

Breaking the cycle of abuse will require concerted collaboration and action between governmental and non-governmental actors including educators, health-care authorities, legislators, the judiciary and the mass media. Education of both men and women will lead to change in attitudes and perceptions. It is not easy to eradicate deep seated cultural value or alter traditions that perpetuates discrimination. In the final analysis, we come to a perspective that gender violence is a violation of human rights that needs to be combated more strongly by both men and women who believe in justice for all citizens irrespective of their class, caste, racial, religious and ethnic backgrounds. It is mammoth task. We are just doing bits and pieces. A way ahead is obscure but in our sphere with concrete and pronounced steps.

Dr. Vasanti Deshpande — Project Director

Dr. Jyoti Chauthaiwale — Co- director

CHAPTER ONE

INTRODUCTION

VIOLENCE AGAINST WOMEN:

Violence against women is experienced by women of all ages and social classes, all races, religions and nationalities, across the world. It is overwhelmingly perpetrated by men1. It is the most pervasive violation of human rights in the world today. Its forms are both subtle and blatant and its impact on development is profound. And it is so deeply embedded in cultures around the world that it is almost invisible.

The term violence derives from the Latin word vis, which means force and refers to the notions of constraint and using physical superiority on the other person. Violence is mutant, as it is influenced by very different times, places, circumstances and realities. There is tolerated and condemned violence, as violence has existed on Earth if mankind, assuming different, increasingly complex and at the same time more fragmented and articulated forms.

The United Nations Declaration on Violence against Women provides a basis for defining gender-based violence. Per Article 1 of the Declaration, violence against women is to be understood as: "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or private life"4.'

The definition is amplified in article 2 of the Declaration, which identifies three areas in which violence com m only takes place:

1. Physical, sexual and psychological violence that occurs in the family, including battering; sexual abuse of female children in the household; dowry-related violence; marital rape; female genital mutilation and other traditional practices harmful to women; non-spousal violence; and violence related to exploitation;

2. Physical, sexual and psychological violence that occurs within the general community, including rape; sexual abuse; sexual harassment and intimidation at work, in educational institutions and elsewhere; trafficking in women; and forced prostitution;
3. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

Violence against women is a manifestation of the historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of women's full advancement of women".

In all societies, poverty, discrimination, ignorance and social unrest are common predictors of violence against women. Yet the most enduring enemies of a woman ’s dignity and security are cultural forces aimed at preserving male dominance and female subjugation-often defended in the name of venerable tradition. Violence against women throughout the life cycle derives essentially from cultural patterns, the harmful effects of certain traditional or customary practices and all acts of extremism linked to race, sex, language or religion that perpetuate the lower status accorded to women in the family, the workplace, the community and society.

In developing countries, violent practices against women are often recognized and defended as strands of the cultural weave. Wife beating, for example, is considered part of the natural order in many countries -a masculine prerogative celebrated in songs, proverbs and wedding ceremonies.5 The right of a husband to beat or physically intimidate his wife is a deeply held conviction in many societies. Even women often view a certain amount of physical abuse as justified under certain conditions. Justification for violence stems from gender norms - distorted views about the roles and responsibilities of men and women in relationships.

Freedom from the threat of harassment, battering, and sexual assault is a concept that most of women have a hard time imagining because violence against women is woven into the fabric of society to such extent that many women who are victimized feel that they are at fault. Many of those who perpetrate violence feel justified by strong societal messages that say that rape, battering, sexual harassment, child abuse, and other forms of violence are

acceptable. Images in the media of violence against women, those that depict rape or sexual slavery as well as the use of women and girls as sex objects, including pornography, are factors contributing to the continued prevalence of such violence, adversely influencing the community at large, children and young people.

The experience or threat of violence affects the lives of millions of women worldwide, in all socio-economic and educational classes, cutting across boundaries of wealth, race, religion and culture thus impeding the right of women to participate fully in society. Every form of violence threatens all women and limits their ability to make choices about their lives.

Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms. Physical violence is nearly always accompanied by psychological abuse, which can be just as demeaning and degrading. Acts or threats of violence, whether occurring within the home or in the community, or perpetrated or condoned by the State, instill fear and insecurity in women's lives and are obstacles to the achievement of equality and for development and peace. The fear of violence is a permanent constraint on the mobility of women and limits their access to resources and basic activities. High social, health and economic costs to the individual and society are associated with violence against women. Violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.

The summary of different international conferences held in the 20th century contains the propositions and definitions of minimal human rights for all people on the planet, which undoubtedly affected the detection and investigation of gender violence against women. These conventions were: Charter of the United Nations (1945); Convention on genocide (1948); International covenant on civil and political rights (1966); International covenant on economic, social and cultural rights (1966); International convention on the elimination of all forms of racial discrimination (1965); Convention on the elimination of all forms of discrimination against women (1979); Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (1984); Convention on the rights of the child (1989); and the Inter-American Convention on the prevention, punishment and eradication of violence against women - Convention of Belém do Pará (1994)(3). These

conventions established legal frameworks to protect human rights, with positive repercussions for the advanced understanding and eradication of violence against women.

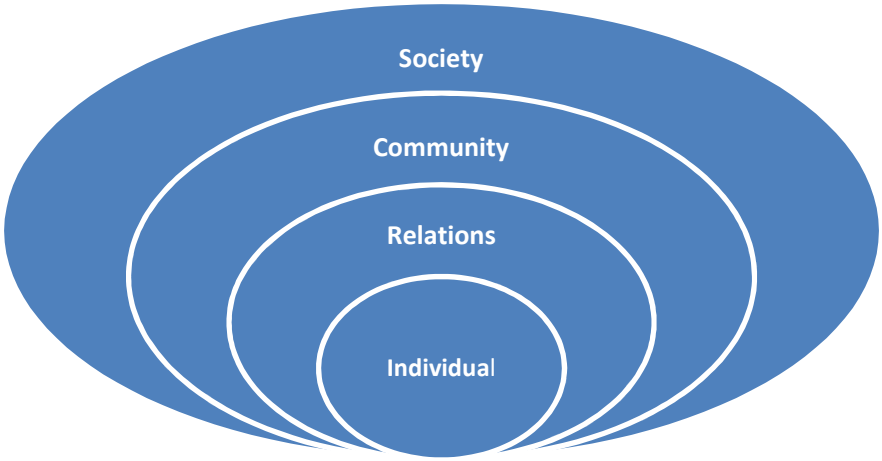
KEY THEORETICAL MODELS FOR UNDERSTANDING VIOLENCE AGAINST WOMEN:

Violence against women committed by their intimate partners can be analyzed through the Ecological Model, which explains the close relation between individuals and their environment. Factors influencing people's behavior towards this violence should be analyzed with a view to establishing help programs.

One theoretical base to understand violence against women is the Ecological Model:

This proposal is based on different authors' work and proposes "an integrated ecological framework" with a view to studying and getting to know violence against women. The ecological model studies factors active in four distinct spheres: individual, family, communitarian and sociocultural, as shown in Figure 1. This model focuses on violence in the interaction among its distinct levels. These are superposing causality levels, in which there is not only single determinant, but an interaction of operating factors, favoring violence or protecting the individual against it. These causal factors and their interactions need to be known in their distinct contexts and cultural environments. This knowledge helps to identify the fragile points and roads to advance in violence prevention and specific interventions (8).

Figure 1 - The Ecological Model to understand violence - Source: OPS/OMS, 2002



The main point in the model is that it helps to acknowledge and distinguish between countless factors influencing violence and, at the same time, provides a framework to understand how its different elements interact. The First World Report on Violence and Health tries to understand the multifaceted nature of violence through this model (2). The ecological model, classified in four levels, makes it possible to analyze the factors influencing people's behavior and factors increasing the probabilities of people turning into victims or perpetrators of violent acts.

The first level identifies biological and personal history factors. Traceable data include personal and demographic characteristics (age, sex, education, income), antecedents of aggressive or self-devaluation behaviors, mental or personality disorders and substance-related disorders.

The second level includes closer relations, such as those between couples and partners, other family members and friends. It has been observed that these increase the risk of suffering or perpetrating violent acts. Having friends who commit or incite violent acts can increase the risk that young people will suffer or execute these actions.

The third level explores the community contexts where social relations are developed in, such as schools, work places and neighborhoods. Attempts are made to identify the characteristics of these environments, as they can increase the risk of violent acts. The risk can be influenced by factors like mobility of the place of residence, population density, high unemployment levels and existence of drugs traffic in the region.

The fourth level is directed at general factors, related to the structure of society. These factors contribute to create a climate that incites or inhibits violence, such as the possibility of obtaining arms due to social and cultural standards. These include standards that prioritize parents' rights over their children's wellbeing, consider suicide as a personal option more than as a preventable act of violence, reaffirm men's dominion over women and boys, back the excessive use of police force against citizens or support political conflicts. This level also includes other facts, such as sanitary, economic, educative and social policies, which contribute to maintain economic or social inequalities among groups.

Figure 1 shows the superposition of different rings, illustrating how factors at different levels reinforce or modify each other. Thus, for example, the probability that a person with an aggressive personality will act violently inside a family or community that is used to solving conflicts through violence is higher than if he is in a more pacific environment. Violence against women is increasingly faced as an important public health problem. Thus, there is an urgent need to establish early detection and effective intervention programs. There is a wider offer of victim support and protection services, providing orientations, legal advice, educative and work training. Some of these develop alternative services, directed at the aggressors, as physical violence exerts economic, morbidity and mortality repercussions in different age groups.

This framework indicates that Violence can be present in all spheres of a woman's life and can manifest itself in different forms and circumstances through its evaluative cycle (physical violence, psychological violence and social violence). It is reinforced by religions and governments through standards and codes. Many experts analyze violence and all of them agree that this phenomenon deteriorates women's integrity, giving rise to deficient health, family and social group disorder.

Among consequences for women's health, physical and psychological complications stand out, which produce important disabilities in women, without forgetting about the social consequences that sometimes make it impossible for her to leave this violent home where her individual guarantees are violated and her individuality is denigrated. As this phenomenon affects people's health and has repercussions for public health at all levels (regional, national and international), international conferences are held to look for determinants and factors that lead to a better understanding of the violence phenomenon, which hits many women on this planet. The World Health Organization recommends the Ecological Model to understand violence, hoping to clarify the relation between learned behaviors, man's violent behavior and woman's passive behavior. It is important to analyze factors influencing people's behavior towards violence with a view to establishing help programs.

LEVELS OF GENDER-BASED VIOLENCE:

There are three levels of gender-based violence. These are the home or family level, the community level and the state level.

Violence within the Home: domestic violence is the most prevalent form of gender-based violence. It typically occurs when a man beats his female partner. Psychological abuse always accompanies physical abuse and majority of women abused by their partners are abused many times. Physical, sexual and psychological violence against women within a couple and in the family, consists of battery, sexual abuse, female genital mutilation and other traditional practices harmful to women and girls, marital rape, dowry-related violence, incest, non-spousal violence like a son's violence against his mother and violence related to exploitation and deprivation of freedom. Despite these available data on gender-based violence, there is no accurate information on gender-based violence in some countries. A culture of silence surrounds cases of violence against women in most countries like Nigeria, making it difficult to get a true picture of its extent. Some of the reasons why it is difficult to get an accurate account is that most of the gender-based violence occur in the private sphere – within families, inside homes, and out of sight.

Violence Against Women within the General Community: Physical, sexual and psychological violence occurring within the general community include battery, rape, sexual assault, sexual harassment and intimidation in school or work, forced treatments and abusive medication, the exploitation and commercialization of women's bodies which is related to increased poverty that is mainly a result of unbridled economic liberalism. These types of violence occurring within the general community also include contraception imposed on women by constraints or force, forced sterilization or abortions, selective abortion of female fetuses and female infanticide (World March of Women, 2000).

Violence Against Women Perpetrated by the State: Physical, sexual and psychological violence are too often perpetrated or tolerated by states that priorities custom or tradition over the respect of fundamental freedom. In some countries, the rise of religious fundamentalism is extremely disturbing about women's right to their economic autonomy and their freedom of choice. The social exclusion of women is so great that it constitutes a new form of apartheid. Women are considered second class beings, of lesser value, deprived of their fundamental rights. Violence against women is also exercised as a weapon of war in situations of armed conflict. It has many forms including murder, rape, sexual slavery, hostage taking and forced pregnancy (World march of Women, 2000).

Coomaraswany cited in Salami (2000), identified some additional violations of human rights and fundamental freedoms such as the trafficking in women and girls for sex trade, forced prostitution, rape, sexual abuse and sex tourism that have become the focus of internationally organized crimes.

FORMS OF VIOLENCE AGAINST WOMEN:

Different forms of gender violence include intra family or domestic violence and violence at work, manifested through physical, psychological and social aggressions. Intra family violence is a form many women are submitted to, which originates among family members, independently of whether the aggressor is sharing the same home or not. Aggressions include violation, physical, psychological and economic abuse and can sometimes culminate in the abused woman's death. Habitual psychological, sexual or physical violence occurs among affectively related people, such as husband and wife, or adults against minors or aged

people within a family. Abuse is characterized by the set of conducts that intentionally cause physical harm, pain or injury to another person (8). It includes acts ranging from slaps to severe injuries that can cause death. Violence manifests itself physically as well as through all those forms in which people's individual guarantees are oppressed, made impossible or violated. Hence, all definitions agree that violence is any act against women's dignity, independently of its origins. Domestic violence, gender violence and violence against women are terms used to name a severe problem (9). In domestic violence, the aggression comes from the partner or another family member, moving beyond house walls and affecting elderly, children and disabled persons. In gender violence, the aggressors are persons close to their victims, and aggressions occur in private or public spaces. One of the most common forms of violence against women is committed by their husbands or intimate partners (10). The fact is that, generally, women are emotionally involved with their aggressors and economically dependent on them. This violence by intimate partners occurs in all countries, independently of the social, economic, religious or cultural group. Violence by husbands or intimate partners is committed against the "weak sex". These cases include mishandled women. This type of abuse has also been frequent in homosexual relations. Thus, a large majority of cases of partner abuse has been committed by men against their "partner" (11). Gender violence boils down to the result of male domination and female subordination relations, in which the man intends to avoid the woman's escape because he does not want to divorce her, keeping her subject to a submission she cannot escape from (4). Based on experts' affirmations, we can summarize that gender violence is concentrated in individual aggressions that go beyond the social level, undoubtedly reflecting one group's domination and another's subordination. Studies have emphasized the prevalence of the intrafamily violence phenomenon and associated risk factors. Conditioning factors have been appointed in different levels of analysis, ranging from social and cultural aspects (authoritarian and patriarchal values, acceptance of violence as a way to solve differences, ethnic groups), gender (valuation of violence in male role performance, acceptance of violence and punishment as a way to solve couples' conflicts), psychological aspects (greater impulsiveness, alcohol and drugs use) to (parents', victims' or a mistreated couple's) childhood experiences of violence(12). Violence against women and girls includes physical

mistreatment, as well as sexual, psychological and economic abuse. Again, it can be affirmed that "gender-based" violence develops because of women's subordinate condition in society (11). Two of the most common forms of violence against women are abuse by intimate partners and forced sexual activity, which occur in childhood as well as adolescence or adult life. Abuse by an intimate partner, also known as domestic violence, mistreatment or aggression against the wife, is almost always accompanied by psychological abuse and, in most cases, by forced sexual relations. Most women mistreated by their partners suffer aggressions. In fact, abusive relations usually develop in an atmosphere of fear and even terror. In industrialized countries, forms of violence are not the same for all couples experiencing violent conflicts (10). There are at least two patterns:

1. A severe and growing form of violence, characterized by different forms of abuse, terror and threats, accompanied by increasingly possessive and controlling behaviors by the abuser. 2. A more moderate form of violence in the relationship, where constant frustration and anger occasionally erupt in physical aggression. According to the study by Casique(13), gender violence perpetrated by intimate partners against women can manifest itself through physical acts, psychological violence, as well as social acts involving the violent situations women live in. Physical aggression: This type of violence against women is the most evident and difficult to hide, as it affects their physical appearance. Women suffering physical aggression mostly experience numerous acts of violence over time. Physical violence is understood as any action implying the use of force against women of any age and in any circumstance, which can manifest itself through blows, kicks, pinches, bites, throwing of objects, pushes, slaps, spankings, stab wounds, scratches, hits on the head, injuries, burns, fractures, abdominal injuries and any other act against their physical integrity, producing marks on their body or not (13,14,15). Psychological aggression This type of violence is more difficult to detect, as victims present psychological scare, which are more difficult to observe and prove (16). Psychological or emotional violence occurs by rejecting caresses, threatening to beat up the woman and her children, impeding the woman to work, have friends or go out; the partner, in turn, tells her about his amorous adventures and, at the same time, accuses her of having lovers. A study carried out in Chile identified diverse manifestations of psychological violence, classified as follows (16):

Verbal abuse: humbling, insulting, ridiculing, humiliating, using mental games and ironies to cause confusion

Intimidation: scaring with looks, gestures or screams; throwing objects or destroying property - Threats: to hurt, kill, commit suicide, take the children with him

Isolation: abusive control of the other person's life by watching over her acts and movements, listening to her conversation, impeding that she makes friends

Disdain: treating the other person as inferior, making important decisions without consulting the other Economic abuse: abusive financial control, imposing monetary rewards or punishments, impeding the woman from going out to work although this is necessary for family maintenance It is important to highlight that victims of psychological violence often think that what happens to them is not sufficiently severe and important to decide on attitudes to impede these acts, including denouncing them to competent organs. Some victims believe that they would not be creditworthy if they denounced their aggressor. In other cases, someone the woman respect tells her that she should continue in this abusive relation for the good of her children or to guarantee the rights acquired through marriage (16). Many women do not dare talking or denouncing that they are victims of mistreatment, out of fear of the aggressors' threats against themselves and their relatives. Many indirect manifestations of violence comprise the so-called "destructive acts", which are forms of aggression or psychological pressure used by a man in a conflicting relationship, making the woman's free circulation impossible. Social aggression: No consensual definition was found among the main authors studying violence. However, in this study, social violence was considered as any action that impairs women, imposed by conducts or attitudes of acceptance or rejection which society establishes as adequate in view of the violence women suffer, as well as the social conditions involving the situation the violence victim lives in. The violence women are victims of has not come out into the open, since it is considered as something natural and private. Violence is reinforced by religions and governments through standards and codes. This generates myths and beliefs that are not always in conformity with current reality, although society has legitimated them, at some moment, due to not always very clearly known motives (17). Popular myths and beliefs about violence include:

- Violence is natural, it has always existed and will always exist - Home is a private space, in which nobody should interfere - Violence occurs in low social classes, where poverty and low education levels prevail - Alcohol and violence provoke episodes of violence - The aggressor is violent in all of his actions and interpersonal relations - If the violent man shows regret or apologizes, this will allow him to change his abusive behavior - Beating is a proof of love "I spank you because I love you" - Man can neither control his impulses nor handle his passions - The aggressor is mentally ill - Mistreated women can abandon their homes whenever they want to - Women should stay with their partners under any circumstance, so that their daughters and sons can grow up together with their father - The situation is going to change for the woman, it is just a matter of waiting, doing one's best and being more comprehensive - Women like to suffer - If there is no jealousy, there exists no love in the couple - Woman cannot escape from violence Nowadays, women increasingly participate in economic activities. Their insertion into the labor market has provoked social changes in productive institutions and homes. Nevertheless, job discrimination continues, devaluing women and avoiding their ascension. Thus, the family provider role is being changed by women's economic independence, which undoubtedly affects her functions at home, a fact men traditionally are not willing to accept. Social class is an important factor in the physical aggression phenomenon. This means that the underemployed class should receive special attention in intervention strategies related to the problem, consequently decreasing violence statistics that directly affect women (18).

Types of Gender-Base Violence:

1. Domestic violence against Women

Domestic violence against women is a worldwide yet still hidden problem. It occurs in developed and developing countries alike. For tens of millions of women today, home is a locus of terror. Battering at home constitutes by far the most universal form of violence against women and is a significant cause of injury for women of reproductive age. According to a 2000 UNICEF study, up to half the female population of the world is subject to domestic violence. Indeed, domestic violence is tragically common place but it happens behind closed

doors and victim s fear speaking out. Even in a comparatively open society like the US, research shows that only 1 in 100 battered women ever reports the abuse she suffers.

Hundreds of millions of girls and women around the globe endure debilitating and often fatal human rights abuses. From the day of their birth, girls are devalued and degraded, trapped in the apartheid of gender. Long after slavery was abolished in most of the world, many societies still treat women like chattel: their shackles are poor education, economic dependence, limited political power, limited access to fertility control, harsh social conventions and inequality in the eyes of law. Violence is a key instrument used to keep these shackles on.

In most countries family violence takes the form of battery, psychological abuse related to battery and economic deprivation. In other countries, such as India, there are additional forms of violence against women within the family (dowry related violence, female fem ale feticide & infanticide) that result from specific cultural traditions. The dowry system is deeply rooted in Hindu culture and is the customary practice of giving gifts in cash and kind by the bride's family to that of the groom. This practice is called *Kanyadaan* in Indian marriage. *Kanyadana* is an important part of Hindu marital rites. Despite its religious origins, the dowry settlement has all the characteristics of a market transaction. Although the dowry was legally prohibited in, it continues to be highly institutionalized. The extraction of dowry from the bride's family starts prior to marriage. When the dowry amount is not considered sufficient or is not forthcoming, the bride is often harassed, abused and made miserable.

Sexual Violence against Women:

Sexual exploitation of women takes many m any forms. The most perverted and degrading form is rape. Sexual intercourse carried out against a person’s will by the use or threat of physical force is sometimes referred to as forcible rape. Historically, a person could only be charged with rape if force was used to subdue the victim. Most societies retain use of force as part of their definition of rape or, at the least, of the most serious form of rape. However, some societies have modified this traditional requirement. When a person rapes a person he or she knows, it is called either acquaintance rape or date rape. The two people may be

friends, former lovers, or presently dating. Studies indicate that a woman is more likely to be raped by an acquaintance than by a stranger or a relative. An acquaintance may commit m ay com m it forcible rape. However, the term acquaintance rape is usually applied when the sexual intercourse is nonconsensual but does not involve the physical coercion typically associated with forcible rape, such as assault or threats of violence. Of all women's fears, that of being raped is the darkest. Worried parents make veiled allusions to the threat of rape by cautioning their daughters, from early childhood on, never to talk to strange men.

Rape of a person's spouse is called marital rape or spousal rape. Sexual intercourse with a person who has not reached the age of consent is known as statutory rape. The age of consent for sexual intercourse varies depending on state law, but is no higher than in any state. Under most state laws, the younger the victim is, the greater the punishment.

Rape has been described "as not an act of sex but an act of violence with sex as the primary weapon", which may lead to a wide variety of physical and psychological reactions. A rapist says, "Why do I want to rape women? Because I am basically, as a male, a predator and all women look to men like prey. I fantasize about the expression on a woman's face when I 'capture' her and she realizes she cannot escape. It's like I won, I own her. Rape is also used as a weapon of war. "Rape is not an accident of war, or an incidental adjunct to armed conflict. Its widespread use in times of conflict reflects the unique terror it holds for women, the unique power it gives the rapist over his victim, and the unique contempt it displays for its 22 Introduction victims. The use of rape in conflict reflects the inequalities women face in their everyday lives in peacetime.

Rape happens to all ages, educational levels, religions, sexual orientations and physical descriptions. Victims of rape range from a few months old to their 90s (Population Reference Bureau, 2000). Religious beliefs and education have no influence on a woman's vulnerability. The elderly, mentally and physically disabled are often victimized because they are seen helpless. Rape is an act of power, anger and dominance over another because they are seen helpless. Rape is an act of power, anger and dominance over another. Sex is a weapon used to gain control. Rape not only violates a woman's integrity, but also her sense of safety and control over her life, too. Rapists do not care about the victim's well-being or

her feelings. Even if the victim is sick or pregnant, the rapist does not think rationally during the attack. He does not see the victim as a human being but just as an object to dominate.

Sexual Harassment is another form of sexual exploitation of women that occurs in the workplace or in an educational setting under certain conditions. It is unwanted sexual pressure that one person inflicts upon another. Such behavior is illegal if it creates an environment that is (23 Introduction) hostile or intimidating, if it interferes with a person's work or school performance, or if acceptance of the harasser's behavior is made a condition of employment or academic achievement. Perceptions differ about what behaviors constitute sexual harassment. However, typical examples of sexual harassment include sexually oriented gestures, jokes, or remarks that are unwelcome; repeated and unwanted sexual advances; touching or other unwelcome bodily contact; and physical intimidation. Sexual harassment can occur when one person has power over another and uses it to coerce the person to accept unwanted sexual attention. It can also occur among peers-for example, if coworkers repeatedly tell sexual jokes, post pornographic photos, or make unwelcome sexual innuendos to another coworker.

Commercial Sexual Exploitation: In some developing countries of the world, most girls are made to prostitute under the guise of sex tourism. Sex tourism according to UNICEF Document happens when rich men travel during the holidays from the advanced countries of the world to places like Brazil, the Dominican Republic, and Thailand etc. to have sexual dealings with children of between 13 and 15years. Around 2000, the CNN focused on sex tourism in one Asian country where tourists traveled and got to hotels where young girls served them nude just to satisfy the sexual urge of the rich tourists. This act is a violation of the legal rights of children and it is a real violence against women.

According to Salami (2000), the Nepal Carpet Factories are common sites of sexual exploration by employers as well as recruitment centers for Indian Brothels. More than 50% of the workers in the factories of Indian Brothels according to Salami are children. According to her, in Edo State of Nigeria, the business of sexual exploitation of girls is transacted with parents' approval in a bid to get rich quickly. The business according to Salami (2000)

involves a syndicate both in Nigeria and North Africa who take girls to Italy to do commercial sex work. These types of violence against women do a lot of physical and psychological damage to the victims. They are exposed to series of health risks including respiratory diseases, sexually transmitted infections, unwanted pregnancies and drug addiction.

Female Genital Cutting or Female Genital Mutilation

Female Genital cutting (FGC) is a traditional practice that involves cutting or altering the female genitalia as a rite of passage or for other socio-cultural reasons (Mohammed, Ali and Yinger; 1999). Female Genital Cutting according to Population Reference Bureau, (2000) is practiced in 28 African countries and in about 20 middle Eastern and Asian nations.

Mugenzi (1998) commented that FGC is an act of controlling women sexually. World Health Organization (WHO) (1999), claimed that more than 130 million girls worldwide have undergone female genital cutting also known as female genital mutilation. According to Carr (1997), Female genital mutilation (FGC) exists in sub-Saharan and Northeastern Africa and Central African Republic. Specifically, nine countries were highlighted where FGC is steeped in their tradition. These include Senegal, Mali, Burkina Faso, Egypt, Sudan, Eritrea, Yemen and Uganda. The practice is seen as an impediment to a girl's sexual enjoyment. The practice varies from partial or total removal of external genitalia to the narrowing of vaginal opening. According to shell and Henlud (2000), traditional practitioners who have no medical training medically untrained perform most female genital cutting. The victims are known to practitioners who have no medical experience intense pains, bleeding, painful menstruation, infections or trauma.

The practice, according to doctors, can also be associated with the spread of HIV, the virus that causes AIDS through cuts and abrasions in scar tissue, during intercourse and childbirth. It is also associated with lack of orgasm or sexual gratification and depression (Population Reference Bureau, 2001).

According to Brady (2001), many women who undergo female genital cutting have serious health consequences which include shock, pain, infections, injury of the adjacent tissue and organs, urinary retention and tetanus. Long-term effects may include cysts and abscesses, urinary incontinence, psychological and sexual problems and difficulty during

childbirth. Obstructed labor may occur if a woman is infibulated. These damage a girl's lifetime health.

Causes of Gender-Based Violence

The causes of gender-based violence are many and varied depending on the types of violence. Traditional attitudes towards women around the world help perpetuate the violence. Stereotypical roles in which women are subordinate to men constrain a woman's ability to exercise choices that would enable her end the abuse.

Njenga (1999) who was the chairman of the Psychiatric Association in Kenya discussed with women in Kenya on reasons for the rise in gender-based violence. He opined that the causes are quite diverse. One of the causes is the space people live in. The more crowded people are, Njenga commented, the more domestic violence there is likely to be. Njenga (1999) concluded that poverty, which also determines where and how a person lives, is one of the contributing factors.

Financial insecurity is another cause of gender-based violence. Njenga (1999:6) commented that if a man cannot establish his authority intellectually or economically, he would tend to do so physically. Another cause is the image created by the society which portrays a man to be viewed as being strong, educated, creative, and clever while a woman is the opposite of all these traits. The way parents bring up their children, which create disparity between boys and girls, also is a source of gender-based violence in later life. When a boy grows up, knowing that he is not supposed to wash his own clothes, cook or help in the house, if he grows up and gets married to a woman who comes from a home where duties are equally shared between girls and boys, this can create tension that might lead to violence.

Bitangaro (1999:9) had summarized the causes of violence against women as being deeply rooted in the way society is set up-cultural beliefs, power relations, economic power imbalances, and the masculine idea of male dominance.

Saran (1999:19) gave another cause, which she regarded as a myth, she opined that a woman's dress and behavior can cause rape. This myth according to her places the blame for rape on a woman and views men as unable to control themselves. She concluded that if

a woman is known as a party animal or a tease and wears provocative clothing, she is asking for attention, flattery, or just trying to fit in. She is not asking to be raped.

Effects of Gender Based Violence

The effects of Gender-based violence can be devastating and long lasting. They pose danger to a woman's reproductive health and can scar a survivor psychologically, cognitively and interpersonally. A woman who experiences domestic violence and lives in an abusive relationship with her partner may be forced to become pregnant or have an abortion against her will, or her partner may knowingly expose her to a sexually transmitted infection.

Bitangaro (1999:9) reported what a child psychologist says that "violence absolutely impacts on children…" A child who has undergone or witnessed violence may become withdrawn, anxious or depressed on one hand; on the other hand, the child may become aggressive and exert control over younger siblings.

Boys usually carry out the aggressive form of behavior and as adults, may beat-their spouses. The effects of sexual abuse are the exploitation of power. Young people are especially at risk and this can have lasting consequences for their sexual and productive health. The costs can include unwanted pregnancies, sexually transmitted infections (STI), physical injury and trauma. Bitangaro (1999) reported that in Uganda as in many parts of the world, a lot of stigma is attached to a woman who has been raped. The effects of female Genital cutting (FGC) are many. According to the report of women vision in Uganda (1998) the surgeons, who performed the cutting are old women. These women according to the report claim that they have ancestral powers. Female genital cutting can be seen as an impediment to a girl's sexual enjoyment. The girls according to the report of women vision (1998) are known to experience intense pain, bleeding, painful abdominal menstruation, infection or trauma.

The Population Reference Bureau (2000) reported the World Bank as saying that gender-based violence is heavy a health burden for women of ages 15-is as that posed by HIV, tuberculosis and infection during child birth, cancer and heart diseases. The fourth world conference on women has adopted a platform for action, which declares that "violence

against women is an obstacle to the achievement of the objective of equality, development and peace" (Population Reference Bureau 2000:3).

GLOBAL SCENARIO OF GENDER BASED VIOLENCE:

Gender based violence that threatens the wellbeing, rights and dignity of women has only recently emerged as a global issue extending across regional, social, cultural and economic boundaries. According to state statistics, about 18% of women are being sexually abused in the U.S. According to the UN Report on violence against women, the condition in other developed countries such as Denmark, Germany, Spain, Switzerland, and the United Kingdom etc. is no better. In the U.S., the Department of Justice reported that, every year; 3-4 million women are battered by their husbands or partners. Even in Sweden, which ranks high in the gender-related index, 66% of the 18650 reported cases of violence on women in 1996 were of domestic assault. Further 45% of 681 offences of homicide recorded in England and Wales in 1996 involved women killed by their spouses or lovers. (Joshi 2002).

The data from developing countries like Antigua, Barbados, Columbia, Chile, Ecuador, Guatemala, Sri Lanka and others reveals widespread prevalence of physical and sexual abuse on women. In a study of 796 women from Japan carried out by Domestic Violence Group (1993) 59% reported physical abuse, 66% emotional abuse and 60% reported sexual abuse. Studies from African countries, Kenya, Uganda and Tanzania reveal that 42% women are subjected to physical abuse at their homes. In China, a conclusive evidence of wife battering has been reported among 57% women. (Joshi 2002)

The Universal Declaration of Human Rights and Convention on Elimination of all forms of Discrimination against Women (CEDAW) do enforce certain special rights and privileges for women. But it is amazing that only 44 countries have laws against domestic violence. Only 17 countries have made marital rape a criminal offence & only 27 countries have passed laws on sexual harassment. (Amin 2002)

THE INDIAN SCENARIO OF GENDER BASED VIOLENCE:

The cherished womanhood, which has been extolled since long, had been eroded away with the influx of foreign and modern culture. Over the years, worldly pursuits have occupied

maximized proportions because of which the traditional culture is withering away. The happiness and solace in the family have been snatched away by heart breaking acts like bride burning, dowry deaths, torture, cruelty and so forth. Even the female embryo is subjected to homicidal torture. The right of the female child is always staked to peril. For having born as a female child itself is considered as a curse by some sections of the society. A look at the turn of century census reveals that there were 972 females per 1000 males in 1901 whereas the figure is 933 females per 1000 males in 2001. Still more significant is that in the 0 - 6 age group there are only 927 girls per 1000 boys. In some Indian states like Punjab the ratio is as low as 793 girls per 1000 boys. (Sharma 2001)

Placed on the wrong side of power and hierarchies, in their homes and work places, women, often face the brunt of violence. Records of the police provide details of reported cases of crime against women, but much of the violence goes unreported. In fact, women face violence at the hands of their protectors. The recorded data during the 90's (Table 1) reveals that crime against women in 1999 registered an increase of nearly 102% over the year 1989. In absolute terms an increase of 68699 cases was reported during the decade. The available data indicates an increasing trend during the last three years for cases registered under Indian Penal Code and under special laws such as Immoral Traffic (Prevention) Act and Indecent Representation of Women (Prevention) Act. Among the crimes against women, torture recorded as high as 278% increase, while the incidence of rape increased by 69% followed by molestation 24%. Sexual harassment recorded a consistent growth of 86% during the period 1995 to 1999.

There has been a steep rise in rape cases from 9150 in 1989 to 15468 in 1999 but the more disturbing feature of this finding is that 27% of the victims were minors (Table 2). The figures, although sexual offences against children are one of the most under-reported crimes in the country, speak for themselves. It has been argued that for every case reported against children there are a hundred, which are not reported.

In 1997, the Supreme Court of India laid down five factors that qualify as sexual harassment. These are physical contact or advances, a demand or request for sexual favors, sexually colored remarks, showing pornography and other unwelcome physical, and verbal or non-

verbal sexual conduct. Recently the Supreme Court has recorded its strong disapproval against the practice of doctors in government hospitals, especially in rural areas, not to examine rape victims unless the police forwarded the case to them. It has observed that this attitude of the doctor's delays examination of the victim resulting in the evidence being either washed away or lost. (Satyasundaram 2002).

The phenomenon of violence against women within the family in India is complex and deeply embedded. In India, marriage establishes a network of interacting individuals, and is rarely only a highly personal relationship between a man and a woman. An important part of the power relationship between spouses and indeed their families relates to dowry and its ramifications (Sharma 2002a). According to National Crime Records Bureau report 1998 (Table 3), 2371cases of suicides were related to dowry disputes. A study of dowry victims in Delhi reports that in a sample of 150 dowry victims, one fourth were murdered or driven to commit suicide and more than half (61%) were thrown out of their husband's house after a long-drawn period of harassment and torture. The study, reports Dowry related killings, to follow two patterns, first, the young brides were either murdered or forced to commit suicide (18.4%) when their parents refused to concede to continuing demands of dowry and second, the murders were committed on the pretext of 'complex family relations' or extra-marital relations (52.6%). (Nigam 2002).

A critical analysis reveals that the crime situation has worsened over the years but the large number of cases that are registered may reflect that the hesitation regarding reporting these crimes is perhaps breaking down. May be today more women are mustering up courage to report cases of crime against themselves and seeking redressal. However, studies indicate that the statistics conceal rather than reveal the extent of the problem. The All India crime rate i.e. number of crimes per 100,000 population for crimes against women reported to the police worked out to be 13.8 during 1999. The Crime in India Report 1999, itself acknowledges that this rate of crime may be reviewed with caution, as a sizeable number of crimes against women go unreported due to the social stigma attached and the lengthy court procedures. According to a report out of every 100 rape cases in India, only 10 are reported and out of every 100 reported cases only 5 offenders are convicted (Vasudev 2002). According to another report, in 1999, every day in India, 42 women were raped, 18 cases of

dowry deaths occurred every hour, 5 women faced cruelty at home and 4 molestation cases were reported (Wiswanath 2002). According to yet another study, crimes against women increased from 123 to 127 cases per million persons, during the period 1998 to 1999, while total cognizable crime rate declined from 1837 to 1823 over the same period. (Philipose 2002)

Post-independence period in India, has witnessed a marked increase in women literacy (Table 4), resulting into a vast number of women involved in the work place in all the vital sectors of the country's economy, whether out of choice or out of compulsion. However, they mostly fall in the unorganized sector, where they are ill paid but need to cling on to the jobs due to ever increasing unemployment. This need for survival drives women into what has been referred to as 'rape situations'. Harassment at work place is real and pervasive. Jokes with sexual undertones obscene behavior with sexual overtures, direct advances etc. combine to make the atmosphere at work place discriminatory to women.

The phenomenon of violence against women arises from patriarchal notions of ownership over women's bodies, sexuality, labor, reproductive rights, mobility and level of autonomy. Deep-rooted ideas about male superiority enable men to freely exercise unlimited power over women's lives and effectively legitimize it too. Violence is thus a tool that men use constantly to control women because of highly internalized patriarchal conditioning coupled with legitimacy for coercion to enforce compliance and increasing aspirations, frustrations and 'might is right' becoming a legitimate view and increasing need for assertion of individual egos and control. Within this context, several developments serve as a backdrop to the discussion and analysis of increased violence against women. In the wake of liberalization, new modes of living are being introduced. Consumerism, unreal aspirations incited by the barrage of the advertising industry and 'get rich quick' schemes have been increasingly influencing the thinking and behavior. An increasingly growing gap is being witnessed between the aspirations and their fulfillment, which is reflected in an increased violence in human interactions. (Sharma 2003, Sharma 2002 b, c and d)

The deluge of private companies into the electronic media has led to a spate of programs based on sex and violence. In the contemporary scenario, almost all channels are running

programs, which stress on bigamy or extramarital relationships. Advertisements use women's bodies to sell anything ranging from cars to soap. A substantial population is being influenced by underlying philosophy of instant self-gratification, trying to actualize their sexual fantasies. Increasing contractualization and casualization of the female work force as a part of liberalization policies has increased their vulnerability at the work place.

The status of girls in the labor market is different than the boys and they are considered to be more productive in the household activities. The deep routed gender bias in the minds of people also leads to more female child labor. Lately the trend of teenaged commercial sex workers among girls has been reported to be on rise. According to a report, there are about 10 million commercially sexually exploited women in India, of which one fifth are under the age of 18 years. (Patnam 2002)

Wife battering is the commonest form of abuse worldwide irrespective of class, religion and community. Studies have correlated childhood abuse, alcoholism, unemployment and poverty with the growth of this malaise. In India, there is a tendency to club marital violence under the overall heads of dowry, dowry deaths and dowry violence. However, oppression of wives for bringing inadequate dowry may only be another excuse for using violence against them.

The problem of violence against women must be visualized in a wider context and cannot be viewed in isolation from the status of women in the society. The practice among the Indian women of ending their lives by setting themselves ablaze with the pyre of their deceased husbands or being forced to do so, in the yesteryears - the "SATI PRATHA" though banned now, reflects the extent of dependence of women on their men. However, legislation alone cannot by itself solve deep-rooted social problems; one must approach them in other ways too. Therefore, what is required is not only a strong legal support network but also opportunities for economic independence, essential education and awareness, alternative accommodation and a change in attitude and mindset of society, judiciary, legislature, executive, men and the most important woman herself. Restructuring society in terms of power and role relationship while emphasizing the egalitarian values is the need of the hour.

CONSTITUTIONAL AND LEGAL PROVISION FOR WOMEN

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. The Constitution not only grants equality to women, but also empowers the State to adopt measures of positive discrimination in favor of women for neutralizing the cumulative socio economic, education and political disadvantages faced by them. Within the framework of a democratic polity, our laws, development policies, Plans and programmers have aimed at women's advancement in different spheres. India has also ratified various international conventions and human rights instruments committing to secure equal rights of women. Key among them is the ratification of the Convention on Elimination of All Forms of Discrimination Against Women (CEDAW) in 19936.

Constitutional Provisions for women are as under:

- Article 14, confers on men and women equal rights and opportunities in political, economic and social sphere.
- Article 15, prohibits, discrimination against any citizen on grounds of religion, race, caste, sex etc.
- Article 16, provides for equality of opportunities matters relating to employment or appointment to any office under the state.
- Article 39(a)(d), mentions policy security of state equality for both men and women the right to a means of livelihood and equal pay for equal work for both men and women.
- Article 42, Direct the State to make provision for ensuring just and humane conditions of work and maternity relief.

Legal Provisions for women are as under:

- Factories Act 1948: Under this Act, a woman cannot be forced to work beyond 8 hours and prohibits employment of women except between 6 A.M. and 7 P.M.

- Maternity Benefit Act 1961: A Woman is entitled 12 weeks' maternity leave with full wages.
- The Dowry Prohibition Act, 1961: Under the provisions of this Act demand of dowry either before marriage, during marriage and or after the marriage is an offence.
- The Equal Remuneration Act of 1976: This act provides equal wages for equal work: It provides for the payment of equal wages to both men and women workers for the same work or work of similar nature. It also prohibits discrimination against women in the matter of recruitment.
- The Child Marriage Restrain Act of 1976: This act raises the age for marriage of a girl to 18 years from 15 years and that of a boy to 21 years. Indian Penal Code: Section 354 and 509 safeguards the interests of women.
- The Medical Termination of Pregnancy Act of 1971: The Act safeguards women from unnecessary and compulsory abortions. Amendments to Criminal Law 1983, which provides for a punishment of 7 years in ordinary cases and 10 years for custodial rape cases.
- 73rd and 74th Constitutional Amendment Act: reserved 1/3rd seats in Panchayat and♣ Urban Local Bodies for women.
- The National Commission for Women Act, 1990: The Commission was set up in January, 1992 to review the Constitutional and legal safeguards for women.
- The Protection of Human Rights Act, 1993
- Protection of Women from Domestic Violence Act, 2005:
- This Act protects women from any act/conduct/omission/commission that harms, injures or potential to harm is to be considered as domestic violence. It protects the women from physical, sexual, emotional, verbal, psychological, economic abuse.

- Protection of Women against Sexual Harassment at Workplace Bill, 2010: on November 4, 2010, the Government introduced protection of Women Against Sexual Harassment at Workplace Bill, 2010, which aims at protecting the women at workplace not only to women employee but also to female clients, customer, students, research scholars in colleges and universities patients in hospitals. The Bill was passed in Lok Sabha on 3.9.2012.

INTERNATIONAL INITIATIVES TO CURB GENDER VIOLENCE:

The advancement of women has been a focus of the work of United Nations since its creation. The Preamble of UN Charter sets as a basic goal to reaffirm faith in fundamental human rights, in the dignity and worth of the human person, in the equal rights of men and women. In 1946 the Commission on the Status of Women was established to deal with women's issues. The Universal Declaration of Human Rights had affirmed the principle of inadmissibility of discrimination and proclaimed that all human beings are born free and equal in dignity and rights and rights and everyone is entitled to all rights and freedoms set forth therein, without distinction of any kind, including distinction based on sex. However, there continued to exist considerable discrimination against women primarily because women and girls face a multitude of constraints imposed by society, not by law. It violated the principle of equality of rights and respect for human rights. The General Assembly on November 7, 1967 adopted a Declaration on the Elimination of Discrimination Against Women, and to implement the principles set forth in the Declaration, a Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) was adopted. This Convention is often described as an International Bill of Rights for Women. It has laid down a comprehensive set of rights to which all persons, including women are entitled, additional means for protecting the human rights of women. In addition to the above Convention, three Conferences were held during the U.N. sponsored International Women's Decade (1976-1985) in Mexico City (1975), Copenhagen (1980) and Nairobi (1985). The fourth conference was held at Beijing in 1995, have greatly enhanced international awareness of the concerns of women. Beijing Conference stated that „Women's rights are human rights" and it called for integration of Women's human rights in the work of different human rights bodies of United Nations. It considered the issue of violence against women in public and private life

as human rights issues. The Conference called for the eradication of any conflict which may arise between the rights of women and harmful effects. The UN General Assembly in 2000 convened a Special session on „Women: Gender Equality, Development and Peace for 21st Century" to assess the progress on women's issues. In February 2005, the Commission on the Status of Women at its 49th Session viewed the progress made on Women's Human Rights Agreement, known as 15 Beijing Platform for Action. The Conference focused on many areas including poverty, environment, economy, education, human rights, power and decision making and girl child. In 2005, twenty third Special Session of the General Assembly was reiterated as World Summit Outcome. The Summit resolved to promote gender equality and eliminate persuasive gender discrimination. U.N. Commission on the Status of Women met on March 14, 2011 in the Economic and Social Council Chamber to discuss the present scenario of gender violence in the world25.

NATIONAL INITIATIVES TO CURB THE GENDER VIOLENCE:

(i) National Commission for Women: In January 1992, the Government set-up this statutory body with a specific mandate to study and monitor all matters relating to the constitutional and legal safeguards provided for women, review the existing legislation to suggest amendments wherever necessary, etc.

(ii) Reservation for Women in Local Self –Government: The 73rd Constitutional Amendment Acts passed in 1992 by Parliament ensure one third of the total seats for women in all elected offices in local bodies whether in rural areas or urban areas.

(iii) The National Plan of Action for the Girl Child (1991-2000): The plan of Action is to ensure survival, protection and development of the girl child with the ultimate objective of building up a better future for the girl child.

(iv) National Policy for the Empowerment of Women, 2001: The Department of Women & Child Development in the Ministry of Human Resource Development has prepared a "National Policy for the Empowerment of Women" in the year 2001. The goal of this policy is to bring about the advancement, development and empowerment of women26.

(v) National Mission for empowerment of Women, 2010: The launch of the National Mission for Empowerment of Women in March 2010 is an important development that will provide the much-required fillip to a coordinated assessment of current government interventions and aligning future programmers to translate the MPEW prescription into reality. The Mission was operationalized during 2011-12.

VERMA COMMITTEE REPORT:

A three-member Commission, headed by former Chief Justice of India, Justice J.S. Verma which was assigned to review laws for sexual crimes submitted its report to the Government during January 2013. The Commission has recommended comprehensive changes in criminal laws to deal with crimes and atrocities against women which are as under: Punishment for Rape: The panel has not recommended the death penalty for rapists. It suggests that the punishment for rape should be rigorous imprisonment or RI for seven years to life. It recommends that punishment for causing death or a "persistent vegetative state" should be RI for a term not be less than 20 years, but may be for life also, which shall mean the rest of the person's life. Gang-rape, it suggests should entail punishment of not less than 20 years, which may also extend to life and gang-rape followed by death, should be punished with life imprisonment. Punishment for other sexual offences: The panel recognized the need to curb all forms of sexual offences and recommended - Voyeurism be punished with up to seven years in jail; stalking or attempts to contact a person repeatedly through any means by up to three years. Acid attacks would be punished by up to seven years if imprisonment; trafficking will be punished with RI for seven to ten years. Registering complaints and medical examination: Every complaint of rape must be registered by the police and civil society should perform its duty to report any case of rape coming to its knowledge. "Any officer, who fails to register a case of rape reported to him, or attempts to abort its investigation, commits an offence which shall be punishable as prescribed," the report says. The protocols for medical examination of victims of sexual assault have also been suggested. The panel said, "Such protocol based, professional medical examination is imperative for uniform practice and implementation." Marriages to be registered: As a primary recommendation, all marriages in India (irrespective of the personal laws under which such marriages are solemnized) should mandatorily be registered in the presence of a magistrate.

The magistrate will ensure that the marriage has been solemnized without any demand for dowry having been made and that it has taken place with the full and free consent of both partners. Amendments to the Code of Criminal Procedure: The panel observed, "The way the rights of women can be recognized can only be manifested when they have full access to justice and when the rule of law can be upheld in their favor." The proposed Criminal Law Amendment Act, 2012, should be modified, suggests the panel. "Since the possibility of sexual assault on men, as well as homosexual, transgender and transsexual rape, is a reality the provisions must be cognizant of the same," it says. A special procedure for protecting persons with disabilities from rape, and requisite procedures for access to justice for such persons, the panel said was an "urgent need." 17 Bill of Rights for women: A separate Bill of Rights for women that entitles a woman a life of dignity and security and will ensure that a woman shall have the right to have complete sexual autonomy including with respect to her relationships. Review of the Armed Forces Special Powers Act: The panel has observed that the "impunity of systematic sexual violence is being legitimized by the armed forces special powers act." It has said there is an imminent need to review the continuance of AFSPA (Armed Forces Special Power Act) in areas as soon as possible. It has also recommended posting special commissioners for women's safety in conflict areas. Police reforms: To inspire public confidence, the panel said, "police officers with reputations of outstanding ability and character must be placed at the higher levels of the police force." All existing appointments need to be reviewed to ensure that the police force has the requisite moral vision. The panel strongly recommended that "law enforcement agencies do not become tools at the hands of political masters." It said, "Every member of the police force must understand their accountability is only to the law and to none else in the discharge of their duty." Role of the judiciary: The judiciary has the primary responsibility of enforcing fundamental rights, through constitutional remedies. The judiciary can take suo-motu cognizance of such issues being deeply concerned with them both in the Supreme Court and the High Court. An all India strategy to deal with this issue would be advisable. The Chief Justice of India could be approached to commence appropriate proceedings on the judicial side. The Chief Justice may consider making appropriate orders relating to the issue of missing children to curb the illegal trade of their trafficking etc. Political Reforms: The Justice

Verma committee observed that reforms are needed to deal with criminalization of politics. The panel has suggested that, in the event cognizance has been taken by a magistrate of a criminal offence, the candidate ought to be disqualified from participating in the electoral process. Any candidate who fails to disclose a charge should be disqualified subsequently. It suggested lawmakers facing criminal charges, who have already been elected to Parliament and state legislatures, should voluntarily vacate their seats

Only legislation and law enforcement agencies cannot prevent the incident of crime against women. There is need of social awakening and change in the attitude of masses, so that due respect and equal status is given to women. It's a time when the women need to be given her due. This awakening can be brought by education campaign among youth making them aware of existing social evils and the means to eradicate same. Mass media can play an active role here as in the present days it has reached every corner of the nation. Various NGOs can hold a responsible position here by assigning them with the task of highlighting socio-economic causes leading to such crimes and by disseminating information about their catastrophic effect on the womanhood and the society at large.

ADDRESSING VIOLENCE AGAINST WOMEN:

Addressing violence against women and girls is a critical global challenge. The worldwide rates of violence alone demonstrate that there is yet no perfect or easily-realized solution. However, globally and regionally, research is currently emerging that synthesizes rigorous evidence of the effectiveness of different approaches to addressing violence against women and girls (ODE, 2008; SVRI, 2014; WHO and LSHTM, 2010). This research highlights several consistent features of successful and promising approaches:

Commitment, collaboration and capacity is needed for appropriate, sustainable change:

Appropriate, sustainable solutions to the problem of violence against women and girls require detailed knowledge of the prevalence and the characteristics of the violence in the context in which the problem is experienced. Working in partnership with local communities, women and organizations that possess intimate knowledge of, and innovative

ideas about, how to address violence is a fundamental necessity. Collaborative, multi-sectoral partnerships that build upon collective commitment are most likely to succeed. Local capacity building of civil society organizations and government institutions is essential in the Indo-Pacific context. Commitment to addressing the problem must be supported with long-term, significant financial, human and technical resources (ODE, 2008; SVRI, 2014; WHO and LSHTM, 2010).

Preventing violence against women and girls can – and should be – addressed through different types of strategies:

Preventing violence against women and girls requires addressing of causes and risk factors, which are complex and multiple, dependent on context, and can shift with broader societal changes (SVRI, 2014). The complexity of causes and multiple manifestations of violence against women and girls suggest in themselves that multiple strategies are needed to successfully address this problem; that is, there is not a 'one-size-fits-all' preventive solution. This is supported by the emergent body of synthesizing evidence. Recent comprehensive global reviews show that there is significant evidence to recommend the following types of prevention interventions as effective or promising:

• Group- or community-based relationship-level interventions working with women and men

• Women's economic empowerment initiatives - but only when coupled with approaches to transform discriminatory and restrictive gender norms

• Community initiatives to raise awareness of and change attitudes about women's rights

• Men and boys' group education (alongside women and girls and community mobilization)

• Shelters for women escaping violence and protection orders

• Paralegal programs and community-based legal interventions (SVRI, 2014; WHO and LSHTM, 2010)103 An appropriate policy response including targeted legislation, appropriate resource, and effective implementation, has been shown to help enable wholesale norm change by promoting non-tolerance of violence against women and girls

(ODE, 2008; WHO and LSHTM, 2010). Other strategies – such as intensive community-level work and awareness-raising campaigns – are also key in promoting changing attitudes and norms (ODE, 2008; SRVI, 2014; VicHealth, 2011; WHO and LSHTM, 2010; WHO et al., 2013)

Survivors of violence need significant levels of support:

Addressing violence against women also means attending to the pandemic currently affecting women; that is, responding to the immediate needs of survivors of violence. Most survivors do not get adequate support in their efforts to overcome the consequences of violence. Dedicated psycho-social, health and legal services tend to be few and far between. Social norms often "blame the victim", that is, they hold survivors responsible for their ordeal. Thus, many survivors find themselves socially marginalized and debilitated by crippling health conditions. The Pacific Women Shaping Pacific Development program has recognized the minimal support that survivors receive in the Pacific context (Pacific Women Shaping Pacific Development). The justice system must also be accessible, responsive and effective for survivors of violence.

Integrated, coordinated approach to addressing violence against women and girls may be the most effective tool available:

Global good practice violence against women and girl's initiatives ascribe to models that work at different levels, from the individual, to intimate relationships, to local communities, to a policy and legislative change. Increasingly there is evidence to suggest that the most effective interventions use a combination of strategies in a multi-sectoral fashion, working at different levels from the individual to the societal (ODE, 2008; SRVI 2014; VicHealth, 2011; WHO & LSHTM, 2010; WHO et al., 2013).

CONCLUSION:

Violence against women can be domestic as well as public, Physical, emotional or mental. Women have fear of violence in their mind which causes the lack of participation in various areas of life. Fear of violence in the women mind has been so deep which cannot be out easily even after complete removal of violence against women in the society.

Violence against women and girls is rooted in gender-based discrimination and social norms and gender stereotypes that perpetuate such violence. Given the devastating effect violence has on women, efforts have mainly focused on responses and services for survivors. However, the best way to end violence against women and girls is to prevent it from happening in the first place by addressing its root and structural causes.

Violence against women in the country is getting more frequent and alarmingly with huge sound. It is creating pressure and heavy responsibility over the shoulders of every citizens. However, there is urgent need for women to be empowered and responsible to themselves to understand all the rights and take benefits.

Prevention should start early in life, by educating and working with young boys and girls promoting respectful relationships and gender equality. Working with youth is a “best bet” for faster, sustained progress on preventing and eradicating gender-based violence. While public policies and interventions often overlook this stage of life, it is a critical time when values and norms around gender equality are forged.

CHAPTER II

REVIEW OF LITERATURE

Introduction:

A literature review is a text of a scholarly paper, which includes the current knowledge including substantive findings, as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and do not report new or original experimental work. Most often associated with academic-oriented literature, such reviews are found in academic journals, and are not to be confused with book reviews that may also appear in the same publication. Literature reviews are a basis for research in nearly every academic field. A narrow-scope literature review may be included as part of a peer-reviewed journal article presenting new research, serving to situate the current study within the body of the relevant literature and to provide context for the reader. In such a case, the review usually precedes the methodology and results sections of the work.

Producing a literature review may also be part of graduate and post-graduate student work, including in the preparation of a thesis, dissertation, or a journal article. Literature reviews are also common in a research proposal or prospectus (the document that is approved before a student formally begins a dissertation or thesis).[1]

The given chapter is based on the review of literature. During this work, many of the literature reviewed. Some of the prominent reviews have been presented in the given chapter.

1. **RITU DHANOA (2008)** In her paper "Violation of women human rights in India" pointed out that although equal rights have been ensured to both man and women by the constitution of India but there is a huge gap between the law and its practice. The women in India always have been considered inferior to men. Although half of the

[1]https://en.wikipedia.org/wiki/Literature_review accesses on 22_02_2017

population is constituted by the women still she is discriminated and face violation in every sphere of life. They are the victim of various crimes such as rape, dowry, bride burning, sexual harassment, prostitution and trafficking.

Government is taking several steps to develop the condition of women in India and claiming women in India are enjoying the equal status with man but the women in India have been suffering from the Past and face various form of injustice and discrimination even today.

Discrimination becomes a part and partial of a women's life. She faces different forms of discrimination in various stages of life. The episode of discrimination starts as soon as she entered to the mother's womb in the form of sex – determination tests leading to feticide and female infanticide. In some situation, she is being killed by her own people with whom she should feel secure and safe if she comes to the world. This demonstrates the denial of right to life of women. More over Child marriage, Dowry harassment and bride burning, Rape, Domestic violence etc. are the form of violence she faced in her life.

Their rights to education, political right, right to property, right to protection of health, right to get equal wages for equal work, right to live with dignity are violated at different stages of her life. Today girl child was not able to complete their higher education. Almost around 60 million girls are deprived from accessing the benefit of primary education in India. Despite various initiatives representation of women could not have been reach to 10% in Lok Sabha. Still the male dominated society has not accepted women in politics fully. As far as property is concern, woman do not own property in her name neither get share of her paternal property which deprived them to access the benefit of ancestral property. From various studies, it is confirming that nutritional intake of a girl is low then the intake of a boy in the family which leads to severe breakdown of health condition of the girl. Numerous studies indicate that women are paid less as compare to man for the same job. In agriculture, the average wage of women on an average is 30 – 50 % less than that of men. Eve teasing violates a woman's body, space and self – respect and more common in present days. In today's world, no place is generally safe for a woman. Roads*, buses, train, cinema halls,*

parks, beaches, even a woman's house and neighborhood may be sites where her self – worth is abused. All this indicates that how women face discrimination in everyday life.

The overall scenario raise a question in front of us that how these special rights provided by the constitution of India helping the women to enjoy the full status and enjoy her human rights?

2. **Unicef (2000)** in its working paper titled "DOMESTIC VIOLENCE AGAINST WOMEN AND GIRLS" discussed the global burden of domestic violence and its implication over the women and highlight how the women face various forms of discrimination in her life. Violence against women is considered as a global epidemic by which the victim women face physical, psychological and sexual abuse and even torture and death. Due to this violation women are deprived from equality, security, dignity, self-worth, and their right to enjoy fundamental freedoms.

   Every country some or the other form of violence is prevailing across the globe. Violence prevails across the culture, class, education, income, ethnicity and age. However, the vulnerability is varying groups to groups. Women belong to minority groups, indigenous and migrant women, refugee women and women in conflict zone are more vulnerable than the others. It is shocking that out of all form of violence between 20 – 50 percentage of women experiencing violence are from the close relationship, either from the partner or from the family members.

   However, the magnitude of the domestic violence is not visible as most of the cases are unreported and unrecorded as most of the women are reluctant to report the incidence of violence. The very first reason is insensitiveness of the healthcare professional and police professionals in responding such cases and the second reason is the fear, and unawareness associated with the legal systems.

   Various factors Perpetuate Domestic Violence within the different society which can be grouped in to four different categories i.e. cultural, Economic, legal, political and these factors are interconnected and institutionalized. More over Lack of legal

protection, particularly within the vicinity of the home, is a strong factor in perpetuating violence against women.

The most significant consequences of domestic violence of women are deprivation from fundamental human rights to women and girls. It also leads to health consequences both non-fatal and fatal out comes. The non-fatal consequences include various kinds of injuries whereas the fatal outcomes include suicide, homicide, maternal mortality and even HIV/AIDS.

3. **Radhika Coomaraswamy (2000)** In the United Nations Special Rapporteur on Violence against Women* titled "Combating domestic violence: obligations of the state" emphasis on the role and duty of the state to act against violence. State has dual roles to play as far as violence is concern. It cannot commit any human rights violations also it must prevent and respond to any kind of human rights violations. In previous days, the roles of the states in the context of violation was viewed very narrowly but in the present context the roles of the state consider very widely. The stats have obligation of preventive and punitive measures wherever the rights violation takes place by the private actors.

   In 1992, general Recommendation 19 was adopted by the committee on the Elimination of Discrimination Against Women (CEDAW) which emphasizes that if the state is fails to act in term of preventing violation of rights or in investigate and punish act of violence then state may also be consider responsible for the same.

   The United Nations Declaration on the Elimination of Violence against Women also directs the states to come up with the policy of eliminating violence against women without delay. Which include modifying or abolishing existing laws, customs and practices which discriminate the women from her rights.

   One school of thought even argues that domestic violence is a form of torture and the punishment should be ensuring under the International Covenant on Civil and Political Rights, and the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment.

In response to the state role in combating the violence many states have come up with rules and regulation to protect the women from the violence and punish the abuser immediately. However, the challenge still exists in front of the law reformer to criminalize the wife battery. The main dilemma is whether to treat the wife battery as a crime or there should be an emphasis on counselling and mediation.

To combat the challenges through the legal action there is an urgent need of collaborative approach between the governments and civil society organization. The approach should be integrated and multidisciplinary. Professionals from various fields like lawyers, psychologists, social workers, doctors and others should work together to gain understanding related to cases of domestic violence. Further there is a need to consider the real-life context of the battered woman, her hopelessness, dependency, restricted options, and her consequent need for empowerment while dealing with the case. The overall goal should be considering as to develop her capabilities to make her own decision for her future.

4. **Mary Ellsberg and Lori Heise (2003)** in "Researching Violence against Women A practical guide for researchers and activists" focus on the shift of international attention towards the violence against women. If we consider almost 20 years back and try to understand the scenario, then at that point of time violence against women was not considered an issue worthy of international attention or concern. The violence against women has immense health impact and she must compromise her physical and mental health, and develops low self-esteem. It also develops the long-term risk including physical disability, drug and alcohol abuse, and depression.

   Despite the such impact, societies across the globe was not concerned for the issues. Due to this attitude of the society domestic violence victim suffered a lot in complete silence. The issues were brought up in to lime light by various women's group at the local, national and international platform by series of advocacy initiatives. Finally, the violence against women was considered as a legitimate human rights issue.

   Because of the women's initiatives today international institutions are speaking out against the gender bases violence policy makers and service providers recognizing

the severe consequences of violence on women's health. More over the focus of research is shifted towards collecting more information about the prevalence and nature of abuse.

Although both men and women can be victims as well as perpetrators of violence but woman are at high risk to face and bear the consequences of violence. They are at the high risk of being sexually assaulted either in childhood, adolescence, or as adults. If we consider the life cycle of the women, then women are vulnerable to ranges of violence at the different moment of her life. At the pre-birth stage, she is the victim of sex selective abortion whereas at the infancy stage she is the victim of female infanticide Neglect (health care, nutrition). When she reaches to the child hood stage she became the victim of Child abuse, Malnutrition and FGM. At the adolescent stage, there is danger of Forced prostitution, Trafficking, Forced early marriage, Psychological abuse, Rape. At the reproductive stage, she faces the danger of honor killing, dowry killing, intimate partner violence, sexual assault by non-partner homicide/femicide, Sex trafficking, sexual harassment.

In present context although there is a growing concern towards the domestic violence but still there is lack of universally agreed-upon terminology for addressing the violence against women. Many of the terminology used in the preview of domestic violence have different meaning in different region. For example, in most of the parts of the globe the term "domestic violence" use to define the abuse of women by current or former male intimate partners. However, in in Latin America domestic violence" refers to any violence that takes place in the home, including violence against children and the elderly.

The lack of universal agreed-upon terminology for addressing the violence against women pause various challenges and threats to the researcher working on gender based violence. The biggest challenges for them is to learn from past mistakes, to identify "best practices," and to find out what makes them successful so that the resources and efforts can be channelize so that difference can be made in the field.

5. **Satvinder Kaur (2014)** in her article titled **An Analysis of Lacking Security and Increasing Rape Crime in India** analyzed the rape incidences and various factors related to rape from 2001 to 2010 in India and highlights how the young women have more danger of rape and discussed the strategies to overcome such problems.

   Despite dominate majority of the women population in the world her condition is pathetic in society which is an indicator of the low value set by the society towards women's lives. women are not all safe in today's world. A large range of sex related crimes happening in the society among which rape is the most horrible and gravest form of human rights violation and a major social problem in many societies of the world. The incidence of rape not only causes physical injuries to the women but also more indelibly leaves a scar on the most cherished possession of women, i.e., her dignity, honor, reputation and not the least her chastity.

   As far as sexual offence is concern the condition of Indian women is very much shocking. They are the victims of circumstances which is due to the persistence of gender discrimination in the culture of the Indian society. In India, sex crimes against women and girls are mainly noticeable in the form of rape, molestation, sexual harassment, eve teasing and trafficking of girls for sexual exploitation from which rape is the most offensive one caused to frighten and morbid women. There were 369 rape victims of incest rape are reported in 2001 which sharply rose to 396 in 2012 in India. Although incest cases are quite high in the country but Very few cases of incest have been reported to the courts due to the social dishonor associated with it and even in reported cases courts have not taken a progressive view of the problem.

   The childhood is also not safe from such crimes. A study by Ministry of Women and Child Development in 2007 revealed that out of 12,447 children across 13 States in India, 20.9 per cent of the children surveyed had suffered severe forms of sexual abuse. The results depict that the incidence of rape committed on children increase sharply from 2113 in 2001 to 8541 in 2012. As far as the age factor is concerned the most endurable and gravest class of rape victims belongs to the age groups of 19- 30 years Despite existence of several special legislations for providing protection to

women, rape cases continue tend to increase in India. The actual number of rape is far from being recorded, since the unreported number is extremely high.

To overcome these problems there is now a need to pay special attention by our policy makers, family system, community and women themselves if they really want to see themselves genuinely independent, stronger and safe. A sophisticated environment, non-discriminatory treatment and strong social support is needed in the home, society, work places and colleges for the rape victims Infrastructure development like proper sewerage and toilet facility, water supply etc. in the rural areas must be given top priority. To eradicate such crimes committed on women in the society, men's efforts and involvement is a necessity ingredient in the current scenario. Each man independently or jointly must stand against men's violence and challenge other men to end this horrifying cruelty against women.

6. **Mubika Augustine Kudakwashe, Bukaliya Richard (2015) in their publication Causes of Armed Conflicts and Their Effects on Women analyzed** forty cases that dwelt on armed conflicts over the world to establish the effects of armed conflicts on women.

   Over the world number of wars have been fought and the main victims of such armed conflicts have been the female human being. The incidence of the armed conflicts over the world is well publicized but the effects of such conflicts have not been disseminated enough to highlight the issues that has left women and girls suffering in one way or another.

   The causes of armed conflict are often linked with attempts to control economic resources such as oil, metals, diamonds, drugs or contested territorial boundaries. At the international level, inequality in the distribution of power and resources has become more pronounced. Coupled with structural inequalities between and within nation-states, this disparity has led to more regional conflict, as well as an escalation of international armed conflicts. However, the impact of conflict at all level impacted women very worst. The most prevailing effects of the armed: conflicts were

traumatization and stigmatization of the raped women; displacement of women and women being thrown into widowhood.

As per a study 43 out of every 100 women have been victims of different forms of violence in the internal arm conflict zones. The impact of the war conflicts is displacement, widowed, Sexual abuse, other abuses and Socio-economic effects.

The forms of violence used - rape, mass rape, sexual slavery, enforced prostitution, forced sterilization and the forced termination of pregnancies. The raping of women is a means for the aggressor to symbolically and physically humiliate the defeated men.

In some contexts, the actors of the conflict use sexual violence as a punishment and a general warning to the female population within the community under control (Amnesty International, 2004). The fact, that generally, women do not go off to fight and largely remain unarmed and unprotected at a time when traditional forms of moral, community and institutional safeguard have disintegrated, and weapons have proliferated, leads to women being particularly vulnerable during wartime. Collection of firewood or water often puts young girls and women at risk of dangers, which include kidnapping, sexual abuse and exposure to landmines. Social attitudes also affect the vulnerability of women and girls. For example, families have often wrongly assumed that an elderly woman or a woman with children will be safe from harm and have left them to safeguard property while the rest of the family flees.

Even if women are not directly wounded during armed conflicts, the devastation suffered by their families and the threat of violence can contribute to women's isolation. Widowhood, flight to cities and remaining inside the home to avoid violence, all serve to break down social institutions and isolate women. Furthermore, the widowed women have no rights in claim land ownership after the death of the husband.

The International Organization for Migration (lOM) estimates that, in 2001, between 700,000 and 2 million women and - children were trafficked across international borders. There is increasing evidence that a significant amount of this activity is associated with armed conflict.

7. **V. K. Madan, R. K. Sinha** (2013) in the paper THE **DYNAMICS OF RAPE IN MODERN INDIAN SOCIETY** discussed how the crime has flourished in the recent years and became the national problems. This paper addresses dynamics of rape regarding India.

   Rape has been happening since the ancient times across cultures. It has too often been ignored and mischaracterized. Rape is a complex phenomenon with many dimensions. It is one of the most controversial issues, and is a challenge to the contemporary thinking. Most probably rape is the most unreported crime across the culture. The crime of rape has been tremendously increasing despite of strong legislation to punish the culprit, practice and procedure in the investigation, high profile coverage in the media, and support available to the victims. However only a small number of perpetrators are brought to justice, and victims are routinely blamed for the crime. Dealing with rape is much more complex than dealing with most other crimes.

   In modern India women occupy position of leadership in most fields. Even in ancient India women enjoyed status equal to men or even better. The divine personification of feminine power was and is known as *Shakti.* In India, there are many temples dedicated to *Shakti* like *Mata Vaishno Devi Mandir* where number of annual pilgrims are over ten million. However, rape as a national problem exists. The reasons for rape include sexual pleasure, socioeconomic, power, sadism, anger, and evolutionary.

   The perception and understanding of rape varies widely. Liberal perception views rape as an assault like other assaults while the radical perception takes into consideration dominant role because of manhood.

   The impact of rape on victims can be severe. A victim may get severely traumatized, suffer from various stress disorders, and face social stigma.

   To address the crime of rape The Indian Penal Code (IPC) is exist in the country. It describes an exhaustive list of all cases of crime and punishment. The first IPC document was prepared in 1860 with 511 sections, and came into force in 1862. Many amendments have since been made the IPC looking at the situation and severity. After

the December 2012 Delhi gang rape case, the Government of India constituted a judicial committee headed by Justice J.S. Verma to suggest amendments in criminal laws and punishment to deal firmly in sexual assault cases, and based on the recommendations of the committee a Criminal Law (Amendment) Act 2013 was passed. The word rape has been replaced with sexual assault and it includes assault without penetration, and penetration to any extent other than penile penetration is also an offence. New offences have been added like acid attack, sexual harassment, voyeurism, stalking with related punishments.

It may be stressed that laws are necessary but not sufficient to contain rape incidents. It is desirable that the rape challenge should be addressed with a fresh look from multidisciplinary perspective besides law and enforcement. The fusion of data, analyses, and ideas including from sociological, cultural, psychological, and religious aspects, and encouraging merging of tools from disciplines, should provide an insightful and sound approach to find solution to the intractable social problem.

8. **Berkeley Haas School of Business and Berkeley Haas School of Law (2015)** in its report entitled **Access to Justice for Women** India's response to sexual violence in conflict and social upheaval analyze the efforts of women victims of sexual violence and their allies to access justice in these contexts and to identify emblematic ways the Indian legal system succeeded or failed to provide effective redress.

   Women in India experiences continuum of violence . . . from the 'womb to the tomb. According to Indian government data, a woman is raped in the country approximately every twenty minutes. Women and girls are especially vulnerable to sexual violence during armed conflict and mass violence. Indeed, gender based crime is a common feature of the armed conflict and mass violence that has marred India since independence.

   In this study four case studies were considered. Two of the case studies are drawn from contexts of conflict, in the states of Punjab, and Jammu & Kashmir (J&K); two of the case studies are drawn from seminal incidences of mass violence in the states of Gujarat in 2002 and Odisha in 2008. Sexual violence in these areas occurs in the

context of the interplay of multiple dynamics related to gender, caste, social class, political power, land, and religion. Despite the complexities presented by these differences, analysis reveals commonalities among the cases in the ways that the Indian justice system failed to prevent, investigate, prosecute, and punish perpetrators of sexual violence or to provide effective redress to female victims. To understand the India's response to acts of sexual violence, nine dimensions of the Indian legal system: criminalization, prevention, contextual analysis, reporting, registration of complaints and arrests, collection of evidence, timeliness, legal immunity, and redress has been discussed. Due to the narrow definition of the rape as penile-vaginal penetration defined by lack of consent many of acts of sexual violence like Non-vaginal penetration or penetration with an object or finger mentioned in the report did not constitute a crime. As far as prevention is concern Despite warnings of impending attacks in Gujarat and Odisha, public officials and police did not act to protect minority communities. Instead, state actors participated in or tolerated the acts of violence. A failure to analyze context, including systematic patterns surrounding a specific violation of human rights, can render any measure of prevention or redress ineffective. One common weakness of the criminal investigations and prosecutions described by this Report is the inattention to context. At every stage of the investigation, the case records suggest that Indian authorities disregarded the socioeconomic, political, cultural, and religious context in which the perpetrators committed the acts of violence. Incidents of sexualized violence in India are grossly underreported. Indeed, sexual violence is one of the most under-reported crimes in India due to insensitiveness of the duty bearer and authorities' participation in or complicity with incidents of sexual violence. Investigating authorities refused to file FIRs or inadequately or incorrectly recorded information provided by witnesses and victims. The failure to register FIRs or adequately register information of sexual violence had serious implications for the criminal investigations and prosecutions. The record indicates that authorities investigating the examples discussed in this Report failed to adequately preserve the crime scene, collect physical evidence, or

interview witnesses. Authorities failed to gather forensic evidence, conducted exams in an untimely manner, or disregarded results.

The investigation, prosecution, and punishment of perpetrators of the acts of sexual violence documented in this Report were affected by serious and unjustified delays. The common weaknesses of the national legal system should be considering seriously and address for the prevention of factors that obstruct full realization of women's rights.

9. **Nargis Yeasmeen**(2015) in her article **Acid Attack in the Back Drop of India and Criminal Amendment Act, 2013 discussed the** *reasons behind this heinous crime and its consequences. She also tried to compare the laws of acid attack in different countries in the back drop of India.*

Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women. **Acid attack,** more formally known as **vitriol age,** is an act of intimate terrorism that involves the premeditated throwing of sulfuric, nitric, or hydrochloric acid onto another with the main intention of disfigurement4. These acids are mainly used as they are cheaply and readily available. This sadistic, cruel and heinous crime is on rise now-a-days and innocent girls/women are becoming victims of acid attack. Acid attack violence occurs in many countries, but is mainly prevalent in India, Bangladesh, Cambodia and Pakistan. The reported cases of acid attack are committed on women, particularly young women/girls for rejecting the proposals of their suitors, for rejecting proposals/offer of marriage, for denying/disputes of dowry, domestic fights, disputes over property, etc. The reason behind this is that, the attacker cannot bear his rejection, loss of honor and shame, insecurity, jealousy, patriarchy, aggression and frustration; his so-called male ego comes in between all this, and thus he takes revenge by destroying the body, specially the face of the women who dared to refuse him. It leaves the victim charred, blinded,

and mutilated, it melts human flesh and even bones, causing excruciating pain and terror and scarred for the rest of their lives.

Various cases found in the country which demonstrate the biasness done towards the acid attack survivors as the provisions of the Indian Penal code was incompetent to deal with them. In a case of ***Devanand vs. the State****,22* a man threw acid on his estranged wife because she refused to cohabit with him. The wife not only lost her eye sight, but also led to permanent disfigurement of her face. Although the accused was held guilty by the Court, the punishment awarded was a minimal period of seven years under Section 307 IPC. **Laxmi Agarwal,** the daughter of a domestic cook, was only 16 when 32-year-old man began pursuing her. After she refused his marriage proposal a few times, he roared up one day on a motorcycle with an accomplice and threw acid on her face, chest and hands. She lost all her childhood, lost all friends and became a school dropout. People mocked her and stared at her, blaming her by saying that she might have done something to earn the man's wrath. She spent eight years hiding her face. But she gained courage when India exploded in the outrage over a gang rape on a bus last year. She immediately filed a PIL and sought a ban on the sale of toxic liquids. Under huge pressure the Government passed a law that for the first time created criminal charges specially for stalking, voyeurism, acid attacks and forcible public disrobing of women, an act sometimes carried out in rural areas to cause humiliation. Under the new law, a person convicted of an acid attack faces a minimum of ten (10) years and a maximum life sentence.

The sad thing is that, even the Indian Penal Code was not competent enough to deal with the acid attack. It had no provisions even to define *acid attack.7*. Due to increasing cases on acid attack, the Government of India decided to amend the old legislation and bring in some new ones. Even the Indian Supreme Court strongly criticized the Government for failing to formulate a policy to reduce acid attack on women. Hence, this gave way to the formation of the **Criminal Amendment Act,** which was brought in force on the **3rd of August 2013 and has been gazette on 2nd April, 2013**, which has some specific provisions on acid attack. The Law Commission, headed by Justice A.R Lakshmanan, proposed that a new Section **326A8** and Section

326B9 is to be added to the IPC. **Section 114B10** has also been added in the Indian Evidence Act, 1872.

10. **European Commission (2010)** in the report entitled Violence against Women highlighted the nature and consequences of domestic violence against women. The European Union defines 'violence against women' as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life. While some progress has undoubtedly been made in the EU in terms of improving public awareness and giving women who suffer from violence more places to turn, women in all Member States continue to suffer violence at the hands of abusive partners. According to the Council of Europe, one European woman in four experiences domestic violence at some point in her life, and between 6-10% of women suffer domestic violence in each year. Among the five potential types of violence under consideration, sexual and physical violence are the most serious across the EU, with 85% of respondents considering these forms of violence to be very serious17. 71% find psychological violence to be very serious, while 69% say the same about restricted freedom and 64% say the same about threats of violence. The third and fourth most commonly cited causes of domestic violence against women across the EU are poverty or social exclusion (77%) and unemployment (75%).

    The attitude of the people in EU shows that an overwhelming majority (84%) of EU respondents say that violence against women is unacceptable and should always be punishable by law. A noticeable minority (12%) believe that this kind of violence is unacceptable but should not always be punishable by law, while a very small fringe thinks that domestic violence is acceptable in certain circumstances (2%) or in all circumstances (1%). this indicate the level of opinion and mentalities of the people across the EU.

    Most EU citizens believe that laws are in place to prevent domestic violence, although a minority admits to not knowing the legal situation. However, in seven Member States,

majorities of people think there are no laws or are unaware of laws in their country concerning prevention.

The most encouraging finding of this report is that, in general, clear progress has been made among the EU15 countries since the time of the previous survey a little over a decade ago. Awareness of the issue has grown, tolerance of domestic violence has fallen and support for strong measures against perpetrators has risen. The survey also shows that more and more people hear about domestic violence in the media which may be a sign that this issue is now less of a 'taboo'. There is no doubt that the debate launched by the European Commission has had an impact on people's awareness of domestic violence. We can also assume from the survey's results that initiatives such as information campaigns have contributed to the increased awareness of the issue. However, this does not mask the fact that the problem remains rife in European society, with large numbers of people confirming that they personally know women who suffer from violence, and that they also know people who are committing such violence.

11. **Arun Ignatius (2013)** in his thesis titled SEXUAL VIOLENCE IN INDIA discussed about the complexity of rape as gender based sexual violence as well as the situation of women in India.

    Rape is prevalent in many parts of the world but it is the fastest growing crime in the country. Rape, the most common form of violence against women has been a part of human culture and is a profound violation of woman's bodily integrity and can be a form of torture. The subject of rape comprises more than the actual physical act as it involves many factors such as law and customs, social and political events and so on. While the physical reality of rape has been unchanged over time and place however, the perceptions, ideas and laws about rape have changed.

    According to the National Crime Records Bureau in India (NCRB), there has been a startling increase of 873.3 percent in the number of rape cases registered in India from 1971 to 2011 However, experts claim that the actual number of instances of rape

is far from being recorded since the unreported number of cases is extremely high. The cases used in this study are 2004 Thangjam Manorama Devi Case, 2011 Soni Sori Case and 2012 Jyoti Singh Case. The sexual violence mentioned in all the three cases involves more than two assailants. The rape committed by a group of men, which is also termed as gang rape. The victims of gang rape are often pressured to drop charges or reluctant to report the case as they fear multiple reprisals. The victims in the three cases shared same gender, class and caste and suffered similar savage treatment, but the police responded only to one case. The intersection of the identities gender, class and caste shows that the police response towards rape cases in India is not consistent. On one hand, the police will respond to cases when the perpetrators are from the lower sections of the society with lower class/caste but on the other hand the police fails to respond when the perpetrators are from the authority and the position of power structure in society are higher than those of the victim.

In India, the most recent social movement was connected to rape and it pressurized the government to implement a new anti-rape law in the country. The new anti-rape law had provisions such as death penalty for certain sexual violent offences which were not welcomed by human rights organizations such as Amnesty International. However, apart from the fact that it failed to meet the level of international standards, the main problem with the new legislative reform was that it overlooks certain recommendations and the state authorities failed to address the main issues on accountability of the police and withdraw the legal immunity enjoyed by the security forces. This provides the opportunity to the police system to respond inconsistent to rape cases base on the individual's social identities (gender, class, caste).

To conclude, the high prevalence of rape in India proves that the Indian government is weak in promoting or fulfilling the human rights, especially the rights of the women. The power structure in the Indian patriarchal society is a reason for the inconsistent police response to rape. In a patriarchal society dominated by power the act of rape can be perceived as an expression of strict controls over women's sexuality. The patriarchal mindset influenced the police to respond dissimilarly when perpetrators

were the authorities employed by the state to protect the citizens and when the perpetrators were from the lower levels of the society gendered as women.

12. **Sandra Neuman (2013)** in her thesis titled The Issue of Sexual Violence against Women in Contemporary India. highlighted some of the underlying factors of increased reporting of sexual violence in India.

    On December, the 16th 2012, a brutal gang-rape of a young woman in New Delhi, India caused her death. After that incident, there has been news reporting about increasing violence against women in India, especially sexual violence. Journalists have written about what they say is an increase of rapes in India the last couple of years. More over India is a country that over the last two decades been praised for its fast-economic growth and 'modernizing' society with improvement in human development indicators and on the road towards becoming a democratic and economic superpower. Combined, this can be said to give a paradoxical picture of India. Although India is the world's largest democracy with rapid economic and social changes, the women are in the cross-fire for sexual violence. Studies have been conducted during the last decades regarding underlying factors for sexual violence against women in India. Some of these underlying factors are; a culture that approves violence, alcohol, experience of abuse as a child, poverty, and rapid socio-economic changes.

    Based on the findings all factors overlap several times, therefore no factor alone can explain the increased reporting of sexual violence in India. Women's position in the Indian society has changed and it was described that it is more common now for women receive education and take part in employment outside the home. This was further described as having empowered the women and made them independent. When women are breaking through and taking up a much larger role in society it increases tensions and creates an imbalance between the genders. The tension can then appear in violence against women as an attempt for men to maintain the traditional gender power structures in transition processes.

The results show that some of the underlying factors for increased reports of sexual violence against women in India, like patriarchy, education and employment for women and gendered power inequalities are in a complex interplay. It was further seen as 'traditional' norms and values clashed with 'modernity' and caused these factors for violence. The outcome of the study showed that the increased reporting of sexual violence can be related to the 'modernization' process both in a positive and negative way. It appeared to be a complex problem with interrelated factors.

Even though it was showed through statistics and surveys of increasing levels of violence against women in India it was argued that it might just be an increase in reported cases and not an increase in absolute cases. Increase in reports may be due to factors such as changes in victims' willingness to report (possibly can be linked to more confidence in police and justice system) or it can be changes in the laws. But it can also adhere to 'modernizing' indicators such as, increased awareness of legal rights, improved human rights and more educated people.

13. **B. R. Sharma, Manisha Gupta (2004)** in the article **Gender Based Violence in India - A Never-ending Phenomenon highlighted** some of the customs, prevalent for years in India, to reveal the gender-based violence. Gender based violence is quite common in almost all the developing countries. Though mostly identical, yet, some of the customs, which are reflected in the culture of each of the societies differently, create important distinctions. It is a harsh reality that the woman in India has been ill-treated for ages in our male dominated society. She is deprived of her independent identity and is looked upon as a commodity. She is not only robbed of her dignity and pride by way of seduction by the men outside, but also, may become a victim of cruelty by her saviors, within the four walls of her own house. The atrocities committed on women can be divided into various groups: *Physical violence* may include assault, battery, serious injuries or burns etc. *Sexual violence*, which means robbing the dignity of woman not only by indecent behavior but it, may take the extreme form of rape. Female genital mutilation (FGM) removal of clitoris and other parts of a woman or girl child is often practiced in African countries. *Verbal violence*, which means

indecency or use of abusive and filthy language against a woman or her near and dear ones. *Social violence*, which includes demeaning, disparaging and humiliating a woman or her parental relatives and friends. *Emotional violence*, leading to internal deprivation of love and affection, concern, sympathy and care, it also includes depriving her custody of children. *Financial violence*, which means depriving her of financial means and bare necessities of daily life, it also includes taking away the assets, which a woman possesses or earns. *Intellectual violence*, means denial of rights to take part in decision making and discussion for pressing issues. *Other forms of violence*, which may include denial of education, access to health facilities, reproductive rights, etc. In India among the crimes against women, torture recorded as high as 278% increase, while the incidence of rape increased by 69% followed by molestation 24%. Sexual harassment recorded a consistent growth of 86% during the period 1995 to 1999. There has been a steep rise in rape cases from 9150 in 1989 to 15468 in 1999 but the more disturbing feature of this finding is that 27% of the victims were minors. The phenomenon of violence against women within the family in India is complex and deeply embedded. Dowry related killings follow two patterns, first, the young brides were either murdered or forced to commit suicide (18.4%) when their parents refused to concede to continuing demands of dowry and second, the murders were committed on the pretext of 'complex family relations' or extra-marital relations (52.6%). A critical analysis reveals that the crime situation has worsened over the years but the large number of cases that are registered may reflect that the hesitation regarding reporting these crimes is perhaps breaking down. However, studies indicate that the statistics conceal rather than reveal the extent of the problem. Despite the legal provision the crime against women in not reducing. Therefore, legislation alone cannot by itself solve deep-rooted social problems, one must approach them in other ways too. Therefore, what is required is not only a strong legal support network but also opportunities for economic independence, essential education and awareness, alternative accommodation and a change in attitude and mindset of society, judiciary, legislature, executive, men and the most

important woman herself. Restructuring society in terms of power and role relationship while emphasizing the egalitarian values is the need of the hour.

14. **Mary Stathopoulos (2013)** in the article Engaging men in sexual assault prevention examines men's role in the prevention of sexual assault. Prevention of sexual assault has traditionally been a space occupied by women—both as educators and as the audience for messages on how to keep safe from the threat of sexual violence. More recently, the principles informing prevention of sexual assault have shifted to acknowledge the importance of men as facilitators/educators and as participants in sexual assault prevention programs.

    Sexual assault prevention has seen shifts from risk-avoidance messages aimed at women to a more inclusive paradigm that proposes both women and men have an important role to play in the prevention of all forms of violence against women—including sexual assault and domestic and family violence. The concept of resistance to prevention messages is salient for men who may feel helpless, defensive, or a lack of legitimacy in a field that has traditionally been a feminist space. In seeking to engage men in this space, it becomes necessary to balance a tension between the need to employ language that is based on male gender stereotypes (e.g., men as competitive, aggressive, dominant) with the goal of challenging those same gender stereotypes. A strong belief in gender stereotypes and a weak belief in gender equality are key determinants in the perpetration of sexual violence. The step in sexual assault prevention is to engage men—both as facilitators and as participants in prevention. „ If men are to be engaged in the prevention of sexual assault there must be a shared understanding of the fact that men have a positive role to play. 'A consideration of how to engage men in prevention efforts must consider the ways in which some men may resist prevention messages—whether that resistance stems from discomfort, rejection of ideas, or from other sources.' There is a tension when masculine gender stereotypes are used as a tool for engaging men in prevention while evidence suggests that these same stereotypes can contribute as underlying factors in the perpetration of sexual assault and violence against women.

Primary prevention of sexual assault and domestic and family violence is concerned with preventing violence before it occurs. “Some primary prevention strategies focus on changing behavior and/or building the knowledge and skills of individuals” (VicHealth, 2007, p. 9). Primary prevention began as awareness raising, such as an advertising campaign on television2 and billboards, or information sessions at work organized by human resources departments. However, it now goes beyond that. Primary prevention now aims to change attitudes and behaviors.

Secondary prevention refers to early intervention strategies targeted at groups or individuals who may indicate a risk of perpetration or have perpetrated violence or controlling behavior (possibly) for the first time. Similarly, secondary prevention may target groups who are identified as at risk of being victimized or of perpetrating violence and/or sexual assault.

Tertiary prevention relates to interventions after violence has occurred. This can include legal sanctions for perpetrators and therapeutic interventions for victim/survivors and perpetrators. A tertiary prevention initiative explored in this paper is men’s behavior change programs. Men’s behavior change programs seek to educate men on the inappropriateness of sexual and physical violence and to help them change their thinking and behavior toward more equitable and respectful relationships with women. Men can volunteer for behavior change programs or may be required to attend due to court order.

15. **UNFPA (2014) in** the report ADDRESSING VIOLENCE AGAINST WOMEN AND GIRLS IN SEXUAL AND REPRODUCTIVE HEALTH SERVICES: A REVIEW OF KNOWLEDGE ASSETS discusses about the report reviews literature on the integration of activities to address gender-based violence (GBV) – specifically violence against women and girls – into sexual and reproductive health (SRH) services. It is designed to provide guidance to health-sector programmer designers and managers. Gender-based violence and sexual and reproductive health risks share a common root -- gender inequality. Gender norms – the socially constructed ideas and rules about correct

male and female behavior and characteristics -- include culturally entrenched beliefs and social rules related to male and female sexuality, so that gender mainstreaming demands attention to culture and the application of culturally sensitive approaches. The structures of most societies discriminate against women and girls, leading to unequal opportunities and power differences between men and women. These inequalities, combined with strict norms governing sexuality, are at the root of many forms of GBV, including intimate partner violence (IPV), beating during pregnancy, sexual harassment, rape as a tactic of war, and honor killings. Women's and girls' unequal status in their families and communities has roots in and is reinforced by political, economic and social discrimination, strongly reducing women's autonomy, their ability to exercise reproductive rights, their ability to protect themselves from unwanted pregnancies and HIV, and their ability to leave abusive situations. This gendered system of discrimination and cultural norms in many societies leads to widespread acceptance – even by women -- of violence against women. Discriminatory beliefs regarding gender and sexuality are pervasive in most cultures. Hence, the task of integrating attention to GBV in SRH services is a long-term enterprise that involves changes in policies, plans, protocols and infrastructure, as well as training and supervision. One off-training efforts are insufficient to address the underlying social and cultural predispositions of health-care personnel. Mainstreaming gender demands an investment in cultural transformation among all those working in the health system. Health providers need to apply culturally sensitive approaches, understanding that structural and cultural factors contribute to women's and girls' vulnerability to GBV and SRH risks and that many of these factors are related to gender inequalities. Without this understanding, they easily fall into the common cultural perceptions of GBV that blame the victim, whereas an understanding of these factors helps providers give care that is compassionate, comprehensive and effective. Therefore, a prerequisite for mainstreaming gender in SRH and GBV programmers is gaining an understanding of how gender issues are manifested in a context.

The prevention of GBV in communities demands gender-transformative programming – an approach that seeks to transform gender roles and promote more gender-equitable relationships between men and women. Such programmers seek to reflect critically about, question or change institutional practices and broader social norms that create and reinforce gender inequality and vulnerability for both men and women. Social science researchers can help health promotion programmers to identify specific cultural beliefs that are discriminatory and test messages to transform them. Ultimately, the elimination of GBV and reduction of SRH risks require the elimination of key aspects of discrimination against women. Therefore, "gender mainstreaming" is an essential component of all efforts to prevent both GBV and sexual and reproductive ill-health, and to support to women and girls affected by GBV, HIV and other SRH risks.

16. **ATSA (2011)** In the article Sexual Abuse as a Public Health Problem highlights sexual abuse in the form of pubic health problems and how to overcome it. Sexual abuse is a serious national problem that cannot be solved solely by responding to abuse after it has been perpetrated. While the criminal justice and related systems may offer deterrence, incarceration, rehabilitation, and restitution, these efforts to foster community safety are implemented only after the detection and commission of a crime. A complementary approach to prevent sexual abuse from being perpetrated in the first place is necessary. Public health prevention efforts encourage us to shift our focus from intervention and treatment following an assault to primary prevention, that is, the prevention of sexual abuse before it is perpetrated.

    Public health approaches to problems like sexual abuse move beyond ensuring the health of individuals; it addresses the health of an entire population (CDC, 2004). Sexual violence is a widespread problem that affects not just the victim, but the offender and the families and communities around both; it is just the sort of social issue to be targeted by a public health prevention approach which emphasizes prevention before sexual violence occurs. A public health focus on prevention has the

potential to diminish the number of sexual offenders in the general population and to diminish sexual victimization in the community.

The public health model strives to prevent harm through identifying and reducing "risk factors" that may contribute to the perpetration of, and victimization by, sexual abuse. It also identifies and enhances the "protective factors" that may prevent the development of sexually abusive behaviors and vulnerability to victimization. Modification and reduction of risk factors for sexually abusive behavior may include addressing individual and parental skills deficits, family dysfunction, negative peer influences, adverse community living conditions, and inappropriate social messages. Enhancing protective factors to increase our ability to prevent victimization and perpetration may include incorporating into school curricula interpersonal skills-building training for boys and young men or the implementation of mass campaigns that target communities with information about the importance of consent in sexual encounters (Finkelhor, 2009), and the laws regarding sexual assault. The utilization of an ecological model for the development of sexual violence prevention strategies is considered ideal: this public health framework takes into consideration the interplay of the individual, relationship, social, political, cultural, and environmental factors that all have a role in promoting and preventing sexual violence (Krug et al., 2002). The ecological model encourages addressing not just individuals' risk factors for perpetration of sexual abuse, but the norms, beliefs, and social and economic systems that may allow for and promote sexual violence (CDC, 2004). Public health challenges society to accept responsibility for stopping sexual abuse by changing norms both within relationships and within communities, and voicing objections to such violence.

17. **Oregon Department of Human Services (2006)** in the report entitled Recommendations to Prevent Sexual Violence in Oregon: A Plan of Action discuss the plan of action for prevention of sexual violence. A multidisciplinary group spent one year meeting and developing "Recommendations to Prevent Sexual Violence in Oregon: A Plan of Action." Resources and materials from around the world were

reviewed in the development of these recommendations; prevention experts in Oregon and the nation were interviewed to develop a comprehensive view of the field. One message seems to be universal: that although sexual violence prevention is deemed a worthy endeavor, prevention efforts to date remain a low priority and receive few resources and little attention.

The high rates of prevalence of sexual violence and its impact on victims are both widely known and recognized due to efforts of the women's movement, governmental entities, universities, and the public health sector over the past thirty years. The current debate focuses on how to prevent sexual violence: how to stop it before it occurs; how to reduce the risk of targeted populations; how to create a climate where sexual violence is unthinkable. how to reduce the risk of targeted populations; how to create a climate where sexual violence is unthinkable. For the first time, as a state, Oregon joins in the international debate and begins its own multidisciplinary work by the development of these recommendations to prevent sexual violence. This plan recognizes the work that has taken place in the past and present in Oregon to address basic gender inequality, to empower women, to support victims, to hold perpetrators accountable, and to reduce the risk of both perpetration and victimization. With that context, firmly in mind, the recommendations focus attention firmly on strategies for prevention.

The recommendations make a clear distinction between "primary prevention" defined as eliminating the root causes of sexual violence and stopping sexual violence before it occurs and "secondary prevention" defined as focusing efforts on specific groups at risk for perpetration or victimization. Primary prevention efforts include addressing basic gender inequalities because of the high correlation it must sexual violence. Prevention efforts will address raising the status of women and girls while focusing on the issue of male violence. Eight prevention strategies are at the core of this Plan of Action. They are carefully chosen as a starting place for Oregon's organized multidisciplinary efforts. The strategies are devised using the "ecological model" adapted from the World Health Organization as a framework for prevention;

the model is based on recognition that individuals, communities, institutions and society have essential roles in the prevention process.

18. **Michael Flood (2010)** in his research series entitled Where do men stand when it comes to violence against women? describes how many men use violence against women, what men think about violence against women, and what role men can and do play in reducing and preventing this violence.

    The report is guided by the fundamental belief that men can play a positive role in preventing men's violence against women. Indeed, without men's involvement, efforts to reduce and prevent violence against women will fail. Most men in Australia do not use violence against women, and most believe such violence to be unacceptable. A silent majority of men disapproves of violence, but does little to prevent it. Of most concern, significant numbers of men excuse or justify violence against women. The silence, and encouragement, of male bystanders allows men's violence against women to continue.

    To stop violence against women, well-meaning men must do more than merely avoid perpetrating the grossest forms of physical or sexual violence themselves. Men must strive for equitable and respectful relationships. They must challenge the violence of other men. And they must work to undermine the social and cultural supports for violence against women evident in communities.

    Violence against women is a men's issue. This violence harms the women and girl's men love, gives all men a bad name, is perpetrated by men we know, and will only stop when most men step up to help create a culture in which it is unthinkable.

    The document recorded various form of efforts taken by man to reduce and prevent violence against women. A growing number of men are joining the effort to end violence against women in Australia. The contemporary White Ribbon Campaign represents the most substantial and significant manifestation of men's involvement in preventing violence against women. Men are increasingly the targets of education and other forms of intervention. A range of initiatives engaging men, at various levels of the 'spectrum of prevention', are under way. Men's involvement in violence

prevention is on the public agenda, receiving endorsement in both state and Federal plans of action regarding violence against women.

The report then examines the inspirations for, and barriers to, men's involvements in violence prevention. First, what prompts men to become involved in this work? Men are 'sensitized' to the issue of violence against women through hearing women's disclosures of violence, their love for and loyalties to women, their political and ethical commitments to justice and equality, and related experiences.

Work with men has demonstrated significant potential in shifting the attitudes and behaviors associated with violence against women. There is some evidence that program and policy interventions can bring about positive change among men.

Men can play vital roles in helping to reduce and prevent men's violence against women. Indeed, some men, both individually and in groups and often in partnership with women, are already making a difference. Preventing men's violence against women will require sustained and systematic efforts in families and relationships, communities, and in society at large. It is time for men to join with women in building a world of non-violence and gender justice.

19. **WHO (N.D)** in is manual entitled Promoting gender equality to prevent violence against women reviews some of the most promising methods of promoting gender equality and their effectiveness in reducing violence towards women.

    The relationship between gender and violence is complex. The different roles and behaviors of females and males, children as well as adults, are shaped and reinforced by gender norms within society. These are social expectations that define appropriate behavior for women and men (e.g. in some societies, being male is associated with taking risks, being tough and aggressive and having multiple sexual partners). Differences in gender roles and behaviors often create inequalities, whereby one gender becomes empowered to the disadvantage of the other. Thus, in many societies, women are viewed as subordinate to men and have a lower social status, allowing men control over, and greater decision-making power than, women. Gender inequalities have a large and wide-ranging impact on society. violence by a family

member, sexual harassment and abuse by authority figures, trafficking for prostitution, child marriages, dowry-related violence, honor killings, sexual violence committed by soldiers during wars and so on (4). Health consequences of such violence range from physical injuries and unwanted pregnancies to sexually transmitted infections (including HIV), emotional problems such as anxiety and depression and (in extreme cases) homicide or suicide.

For decades, therefore, promoting gender equality has been a critical part of violence prevention. This has included interventions that confront the entrenched beliefs and cultural norms from which gender inequalities develop, and efforts to engage all sectors of society in redressing these inequalities, both of which are thought to reduce gender based violence. It highlighted the various methods in promoting gender equality. Firstly, it talks about the School-based interventions. These works with school children before gender attitudes and behaviors are deeply ingrained. The second approach is Community interventions, these try to effect change in individuals and whole communities, by addressing gender norms and attitudes. They can include methods to empower women economically and to enlist men as partners against gender-based violence. Thirdly it highlighted the Media interventions in which Public awareness campaigns use mass media to challenge gender norms and attitudes and try to raise awareness throughout society of violent behavior towards women and how to prevent it. Government interventions to promote gender equality, such as laws and policies (see Box 3), can also play an important role in the primary prevention of violence.

The promotion of gender equality is an essential part of violence prevention. A range of school, community and media interventions aim to promote gender equality and non-violent relationships by addressing gender stereotypes that allow men more power and control over women.

20. **NSVCRC (2004)** In its publication titled Global Perspectives on Sexual Violence: Findings from the World Report on Violence and Health shared major contribution towards the understanding of violence and its impact on societies. It illuminates the

different faces of violence, from the 'invisible' suffering of society's most vulnerable individuals to the all-too visible tragedy of societies in conflict.

In 2002, the World Health Organization (WHO) released the World Report on Violence and Health. This report, the first of its kind, uses a public health approach to examine global youth violence, child abuse and neglect, violence by intimate partners, abuse of the elderly, sexual violence, self-directed violence, and collective violence. It draws from the information, findings, and insight of over 160 experts from approximately 70 countries and from published literature on violence. The Report views violence through an ecological lens and discusses biological, social, cultural, economic, and political factors that influence its occurrence and prevalence. Sexual violence affects millions of people worldwide and represents a serious global public health problem. Risk factors, rooted in social injustices and inequities transcend geographical boundaries and individual differences. The costs of sexual violence are devastating and jeopardize the health of individuals and entire societies.

Sexual violence does not occur in isolation. Risk factors, deeply rooted in social injustices and inequities, connect sexual violence to other forms of violence across the globe. Risk factors transcend boundaries and occur in individual, social, cultural, and economic contexts. When viewing sexual violence through a public health lens, both reducing risk factors and increasing protective factors become paramount. Some of the individual risk factors found to increase men's risk of committing rape include using alcohol and drugs, lacking inhibitions to suppress associations between sex and aggression, holding attitudes and beliefs that are supportive of sexual violence and hostile towards women, associating with sexually aggressive peers, and having experienced sexual abuse as a child.

A public health approach to ending sexual violence requires a collaborative, multi-disciplinary, multi-level, and holistic strategy. The Report discusses many promising approaches to ending sexual violence like The Philippines has developed training on gender violence for nursing and medical students. This training has become a standard component of nursing and medical school curricula. Task Force, Sexual Assault Nurse Examiners (SANE) provide specialized and comprehensive health care

services to victims of sexual violence. SANE programs operate in several countries, including Canada, the United States, and Malaysia, Stepping Stones. South Africa's Institute for Health and Human Development (IHDC) uses the mass media to promote health and prevent violence. Inter-American Coalition for the Prevention of Violence supports the public awareness efforts, research, policy, training, media outreach, collaborative, and preventive efforts of organizations on a national scale by helping to mobilize resources and partners at local levels.

sexual violence is preventable and social change is possible. However, lasting social change requires the commitment and collaboration of advocates, policy-makers, researchers, medical personnel, educators, police officers, prosecutors, and other professionals across the globe. Sexual violence prevention requires rigorous advances in research, including the development and implementation of consistent definitions and methods and the sharing of analyses. Through the commitment of members of society at every level, new programs and policies can emerge to significantly eliminate sexual violence.

21. **Moira Carmody (2009)** entitled Conceptualizing the prevention of sexual assault and the role of education discuss the important role of education in understanding and combating the sexual violence.

    There is no argument about the pervasiveness and impact of sexual violence. The challenge we face is how to prevent it. Australian governments have developed comprehensive multi-level strategies to try and address the needs of victims, to hold perpetrators responsible and to educate the community about how to prevent sexual and other forms of intimate violence. Over this time, it has become clear that the prevention of sexual assault is a complex task that challenges policy makers, victim and perpetrator services, educators, researchers and the communities in which we live.

    Sexual assault prevention has undergone significant conceptual shifts since the 1970s. This has been reflected in all forms of prevention activity but is also evident in sexual assault prevention education. At this point in time there is still much to be done

to ensure our tertiary responses to victims of sexual assault are supportive, effective, timely and flexible to the diverse needs of different population groups who experience sexual assault. We also need to continue to work more effectively to hold perpetrators of sexual violence accountable. Our current understandings recognize the need for multi-sectoral and diverse responses if we are to move more closely to preventing sexual violence. Prevention education is one crucial strategy in government and community responses to sexual violence. If we are to achieve the cultural shift in communities that promote non-violence and deplore the use of violence between intimate partners, we face many challenges. To respond to these challenges, we need to interrogate prevention education rigorously and to develop effective policy to guide its future implementation.

If we are to take seriously the challenge of the primary prevention of sexual violence then we need a skilled and adequately remunerated workforce that not only understand the content of the programs they are delivering, but have a clearly articulated theoretical stance to the work they do and understand why they do it. They need to have opportunities for ethical reflection and to consider the moral-ethicality of prevention work they are doing (Evans, 2008). Without this, there is a strong likelihood that they may unwittingly create resistance to the prevention messages and alienate potential allies.

It is timely to consider how the development of prevention education can be progressed. While there is renewed vigor across the nation in addressing the relationship between gender and violence, there are significant challenges we face in incorporating this into sexual assault prevention education.

22. **Population** council (2016) in the paper Reducing Violence Against Women and Girls in Indi discuss the Do Kadam project of population council for testing strategies to reduce the prevalence and acceptance of intimate partner violence against women and girls.

The Government of India has committed to eliminating violence against women and girls through numerous policies, laws, and programs, yet one in three women aged 15–49 experiences some form of physical or sexual violence during her lifetime.

Through Do Kadam: Barabari ki Ore (In Step: Towards Equality), the Council and its partners are generating a greater understanding of violence against women and girls, developing and evaluating programs to prevent it, and assessing the effectiveness of services provided by a government-run helpline, crisis centers, and shelters for women who have experienced violence. Prior to launching interventions and assessing services for women in distress, the Council and its partners reviewed the global evidence on best practices to prevent violence. Researchers also conducted a qualitative study to better understand the perspectives of husbands who do not subject their wives to violence. The study included focus group discussions with unmarried young women ages 15–24 and married women ages 25–49, a short survey, and in-depth interviews with selected husbands reported to have been violent or nonviolent. Based on insights drawn from these activities, the Council and its partners have developed and are testing and evaluating project interventions, including:

Using women-only economic self-help groups supported by the Women Development Corporation of the Government of Bihar's Department of Social Welfare to empower women, change their inequitable attitudes about women's and men's roles, and build women's confidence to speak out against violence. The groups offer training in financial literacy and livelihoods, and education about women's rights and challenging traditional gender norms. In some villages, husbands of self-help group members participate in parallel sessions where they learn about alcohol misuse, develop a more egalitarian concept of masculinity, discuss their role in preventing violence against women, and commit to reducing violence in their homes and communities. Self-help group members and their husbands then implement programs to educate others at the community level. Working with boys' sports clubs to incorporate lessons about the rights of women and girls into programs established through the Nehru Yuvak Kendra Sangathan programme of the Indian government's Ministry of Youth Affairs and Sports. The curriculum works to

transform inequitable attitudes about gender and gender-based violence among adolescent boys and young men through life-skills education and a cricket-coaching program. Training elected local government representatives to work to reduce the incidence of violence in communities and to become vocal opponents of violence against women and girls and alcohol abuse. Training health workers to look for signs of violence, ask screening questions of women in the community who are pregnant or have children age 6 and younger, and refer those who have experienced or are at risk of experiencing violence to support services. Assessing the perspectives and experiences of women seeking help from and the providers at the government's services for female victims of violence, including helplines, crisis centers, and government-run shelters.

23. **Sida (2015)** Preventing and Responding to Gender-Based Violence: Expressions and Strategies discuss the policy implication of gender based violence and the strategy to address the challenges

    Ending gender-based violence (GBV) and ensuring women's security is a priority for the Swedish government, a priority reflected in central objectives of Swedish policy for development cooperation. Sida defines GBV as any harm or suffering that is perpetrated against a woman or girl, man or boy and that has negative impact on the physical, sexual or psychological health, development or identity of the person. The cause of this violence is founded in gender-based inequalities and discrimination. Entry points in addressing GBV is that gender-based violence is a violation of human rights, and that tackling GBV is crucial for poverty reduction and economic development. GBV is furthermore a key to protect sexual and reproductive health and rights (SRHR), and reverse the spread of HIV. It is also a security concern and a prerequisite for sustainable peace.

    When defining effective strategies to end a priority is to make efforts to prevent GBV. Given that GBV is linked to gender-based power inequalities, key in GBV prevention are efforts to increase gender equality and transformation of gender norms.

Prevention strategies entail a shift from "victims" to "survivors" with a focus on women and girl's empowerment and agency, efforts to increase women's political and economic empowerment and sexual and reproductive rights, and to incorporate men and boys in the work. The strengthening of legal and policy framework is also of outmost importance, as are efforts to bridge the gap between law and practice and to end the impunity for GBV. Response to survivors, which meets their rights to protection and access to services, including shelters and health sector services, is also core. To prevent GBV and to protect and bring justice to survivors, Sida has an interconnected overarching strategy which includes: Preventing violence, strengthening legal and policy frameworks, and improving response services for survivors. Supporting different programs and projects aligned with cooperation partners' priorities on ending GBV is a priority in Sida's development cooperation.

Preventing GBV, to stop it from happening in the first place, is a key priority. Given that GBV is based on gender norms and gender-based power inequalities, GBV prevention strategies are intrinsically linked to efforts to increase gender equality more generally. Hence, rather than disconnecting and treating GBV as a separate and isolated problem, it must be situated in the context of gender inequalities. Sida's prevention strategies therefore entail. A shift in focus from seeing women (and other groups exposed to gender based violence) as victims to seeing them as survivors, actors and agents of change with a strong focus on women and girls' empowerment and agency. Efforts to increase women's political participation and influence in contexts of peace, conflicts and another humanitarian crisis. Women have rights to participate on equal terms with men in political bodies at all levels of the society, including in peace processes. In many countries women's political representation is very low, and women are often excluded from formal peace negotiations. This has devastating consequences for the possibility to reach a sustainable development, peace and human security. Efforts to increase women's economic empowerment that enhance women's bargaining power and ability to leave abusive relationships. This includes strengthening women's entrepreneurship and employment opportunities, improving women's access to land and property rights, promoting equal sharing of

unpaid care work between women and men and encouraging universal access to quality education. While such efforts can contribute to increased violence against women in the short term due to gender ideals linking masculinity to the provider role, increasing women's economic empowerment is still crucial for longer term prevention of GBV. Women's economic empowerment interventions which also address gender norms and reach couples and communities can reduce such risks.

24. **Yugantar education society (2004)** in the research work titled a research study on the nature, incidence, extent and impact of sexual harassment of women at work place in the state of Maharashtra. discuss the finding of work place violence in the state of Maharashtra.

    The study was conducted in the State of Maharashtra. A sample of 600 working women was drawn from the universe of women employed in organized and unorganized sector in four regions of the state giving proper representation to women from urban and rural areas. Out of 35 districts in the State spread over Vidarbha, Marathwada, Konkan and Rest of Maharashtra, 10 district were selected at random. The findings of the study were/ A very large majority of respondents had a very narrows perception of sexual harassment i.e. sexual assault. Thus, when other forms of sexual harassment are used by the perpetrators, these women realize that they were subjected to sexual harassment at a very later stage.

    The incidence and extent of sexual harassment is equally noticed in all establishments irrespective of their nature. Employers, managers, supervisors and co-workers were all found involved in sexual harassment of women at work place in varying degree but co-workers and supervisors are identified as principal perpetrators of sexual harassment in majority of the incidents. large number of cases of sexual harassment of women at work places remain unreported as the victims are afraid of reporting due to possible defamation or threats from the perpetrators. This is evident from the fact that about 35 per cent of the victims covered by the study did not report the incidents to anyone, even to their friends, family members or relatives. Only 41 per cent of the victims complained about the harassment and remaining 59 per cent did not.

Several factors for not lodging a complaint were reported; principal among them were feeling of humiliation, fear of doubting the character and possibilities of difficulties in arranging marriage in cases of unmarried women. The complaints of 22 per cent of the victims were totally neglected and no action was taken against the perpetrators. Only one complaint out of 91 was referred to Complaints Committee for investigation. In about 62 per cent of the complaints only strong warning was given to the perpetrators. It is thus very clear that the employers do not appear to be serious on the problem of sexual harassment of women at work place.

The NGOs and Social Activists suggested several measures for preventing and controlling sexual harassment of women at work place. These included (I) organizing regular awareness programmers and training for employees and employers (69%), providing counselling centers at work places (56%), (iii) Separate law on sexual harassment of women at work place (87%) and (iv) proper security to and safely of women workers at the place of work.

25. **Pamela Jumper, Roe Bubar, et.al (2003)** in its report prevent Violence Against Indian Women is the project report which was initiated to explore the patterns of violence against women in Native communities and to examine the readiness of the communities to address violence prevention in a meaningful way.

    This project addressed both primary prevention of violence against women by developing culturally-appropriate strategies and ideas for materials aimed at changing community norms to intolerance of the behavior and actively trying to prevent it, as well as secondary prevention, by determining, from the data, culturally-appropriate ways in which intervention may occur where intimate violence has already taken place. The project had four components.

    The first was an assessment of each community's level of community readiness to accept and address violence against women as a community problem in Native American communities in the western United States.

The second component addressed issues relevant to violence against women and their children, including prevalence, cultural factors contributing to or sanctioning it, intervention and prevention through focus groups and semi-structured interviews.

The third component utilized the information gained through the first two components to develop suggestions for materials and culturally appropriate methods for prevention intervention. The fourth component explored the potential impact and pitfalls of collaborative partnerships between researchers, practitioners and the Native community on research projects related to violence.

In summary, effective and sustainable community mobilization to combat violence must be based on involvement of multiple systems and utilization of within tribal community resources and strengths. Efforts must consider historical issues, be culturally relevant and be accepted as long term in nature. The Community Readiness Model takes these factors into account and provides a practical tool that communities can use to focus and direct their efforts toward a desired result, maximizing their resources and minimizing discouraging failures. The Community Readiness Model is one that creates vision and vision is sustainable and motivating.

26. **Navsarjan Trust (India), FEDO (Nepal)** and the International Dalit Solidarity Network (2013) in the joint paper entitled THE SITUATION OF DALIT RURAL WOMEN discuss the situation of Dalit women and nature and extent of form of sexual violence they are facing.

    Dalit women are placed at the very bottom of South Asia's caste, class and gender hierarchies. They suffer multiple forms of discrimination – as Dalits, as poor, and as women. The caste system declares Dalit women to be intrinsically impure and 'untouchable ', which sanctions social exclusion and exploitation. The clear majority of Dalit women are impoverished; they are landless wage laborer's; and they lack access to basic resources. They are subjugated by patriarchal structures, both in the general community and within their own family. Violence and inhuman treatment, such as sexual assault, rape, and naked parading, serve as a social mechanism to maintain Dalit women's subordinate position in society.

Dalit women suffer both gender and caste-based violence. The UN Special Rapporteur on violence against women has noted that "Dalit women face targeted violence, even rape and murder, by the state actors and powerful members of the dominant castes used to inflict political lessons and crush dissent within the community." Gender inequality sanctified by religious and cultural norms subordinate's women and reinforces the patriarchal order, allowing for violence against them to be carried out within their own homes and communities as well. Dalit women face verbal, physical and sexual violence in the public and private domain. This includes being verbally and physically attacked for any number of reasons in public, e.g. when trying to access public resources or attempting to seek justice after another incident of violence. In the private domain, Dalit women are assaulted for not being dutiful wives, not bearing children or male children specifically or not bringing enough dowry into the marriage. Dalit women face violence from community members, complicit police personnel, their in-laws and their families. Between norms of female subjugation and cultural norms regarding the "natural" caste hierarchy, women are constantly assaulted and taken advantage of.

Due to their low socio-economic status, Dalit women are often the victims of trafficking and sexual exploitation. Dalit women's sexual and bodily integrity are threatened and violated, even from a young age. Due to the caste hierarchy, dominant caste men have a perceived right over Dalit women's bodies while gender inequality and subordination norms play an important role in the perpetuation of marital rape and in-caste sexual assault. Dalit women are available sexually to any dominant caste man. Additionally, the use of forced temple prostitution and trafficking are major concerns for young Dalit girls. Sexual exploitation of Dalit women is a common occurrence due to their low socio-economic status and dominant caste members take advantage of their power and authority over them. Sixty per cent of Dalit women experience family or other gender-based violence, whether physical, sexual, psychological, social or cultural. Dalit women also face hardship because of child marriage, bigamy and dowry practices that continue to prevail despite having been

officially outlawed. Alcohol abuse and subsequent domestic violence is also a significant problem.

27. **V. K. Madan, R. K. Sinha (2013)** in his article THE DYNAMICS OF RAPE IN MODERN INDIAN SOCIETY discuss the nature and extents of rape in Indian society.

In modern India, the institution of rape has flourished immensely in recent times, and presently it is a national problem. It is a challenge to the contemporary thinking. Gender equality is enshrined in the Indian constitution. In ancient times rape existed in Europe while women in India had divine personification as Shakti and in modern times millions of Indians visit Shakti temples with liberal offerings. Rape is a multidimensional and dynamic phenomenon. Its perception may vary from radical to liberal, and the legal definition keeps evolving. Mathematically it may be modeled as a space-time function. In 2013 the definition of rape was revised both in India and US. It, however, differs. The paper examines recently introduced Indian law to reduce rape incidents. There are various areas which need attention to have insight into the phenomenon of rape and measures to control the incidents. This includes understanding the effect of socioeconomic-demographic predictor variables in reduction of the incidents.

The paper addresses dynamics of rape and models it as a space-time function. The perception and understanding of rape may vary widely. The two extreme views of rape are liberal and radical and the rape is generally perceived in between these extreme views. The judgment of rape may therefore be subjective. The definition of rape keeps evolving and is country specific. In some societies rape is the ultimate taboo for the victim.

The authors have applied statistical analysis using correlation on the Indian rape data punishable under Section 376 IPC with eleven socio-economic-demographic predictor variables. The data taken were for all the 35 regions representing all India. The result of the analysis indicated that out of all the predictor variables chosen, only male and female literacy status in urban population or literacy status as a proxy indicated significant effect on reduction of rape incidents. The future work may

include application of advanced statistical techniques to the analysis of the rape data to get deeper insight into the problem. It may be suggested that more predictor valuables be used for the analysis to unfold their effect on rape incidents. It may be stressed that laws are necessary but not sufficient to contain rape incidents. It is desirable that the rape challenge should be addressed with a fresh look from multidisciplinary perspective besides law and enforcement. The fusion of data, analyses, and ideas including from sociological, cultural, psychological, and religious aspects, and encouraging merging of tools from disciplines, should provide an insightful and sound approach to find solution to the intractable social problem.

28. **Vibhuti Patel (2014)** in the paper entitled Campaign against Rape by Women's Movement in India discuss the efforts of women movement to address the issues of rape.

    The entire public debate arising out of the recent Delhi gang rape incident has centered round the issues of "enacting a strong law" and "prescribing harsher sentence". It has failed to recognize more basic issues – the enormous social obstacles encountered in registering complaints, in the conduct of thorough investigation, in the protection of witnesses, in fast and efficacious prosecution and in unbiased adjudication – in other words, the issues of implementation of the law, and judicial machinery – which necessarily precede sentence. The debate has also largely failed to consider the deeply patriarchal character of our social institutions, and law enforcement machinery which render women vulnerable to violence in the family, in the larger community, in their work places and public places. In this representation, there is a need to focus on the even more serious situation that arises when patriarchal attitudes are reinforced by caste, communal and class inequalities or perpetrated by the state, that is, when sexual violence is inflicted as a part of an assault by a dominant community as in a caste attack or communal riot; or when sexual violence is inflicted on women in custody in a police lock-up or jail or state institution; and when sexual violence is perpetrated by the police, security forces or army.

The existing rape laws do not recognize the unequal power relations between the rape victim and the rapist. The victim is not given a choice to get her voice heard by her own lawyer. She faces sexist biases and hostility at every step- inside the family, within the community, at the police station, at the time of medical examination in the government hospital and in the court-rooms. The criminal justice system expects the victim not only to get over the trauma and be calm and composed at the time of prosecution but also shed all her inhibitions and give a vivid description of the event in the court-room. After the act of rape, if the victim washes herself (but naturally), important evidence will be lost. In this situation, the women's movement and the concerned authorities need to direct their energies to amend the procedures so that the case can be handled speedily and the victim does not face humiliation at the hands of the administration that is known for its inertia, indifference and antipathy towards women. Attitude of the judges in cases of rape is another deplorable area. Some feminist lawyers have put forward a demand of special courts for rape trials to ensure speedy dispensing of justice. Majority of judgements in rape cases are colored by the preoccupation of the judges with 'past sexual history' of the victim and their notions of 'virginity', 'purity' and 'chastity' of women. Gender-sensitization programmers for judges must be given top priority by the state. About redefinition of rape there is a consensus among the women's rights groups that 'rape', 'attempt to rape' and 'violating women's modesty' as they are defined at present must be clubbed together under a heading of 'sexual offence'. It is also suggested that the redefinition of rape must be brought out of the patriarchal confines where 'penetration of penis' only is taken into consideration while defining rape.

29. **Richa Sharma, Susan Bazilli (2014)** in their paper A Reflection on Gang Rape in India: What's Law Got to Do with It? reflect the incidence of Delhi gang rape and the need for using law as a key tool in addressing violence against women in India.

The brutal gang rape of a physiotherapy student in India in December 2012 drew the world's attention to the problem of sexual violence against women in that country. Protests and mass public reaction towards the case pressurized the government to

respond to the crisis by changing the laws on sexual violence. However, these new laws have not led to a decrease in violence against women (VAW). Is this the result of the failure of the rule of law? Or does it highlight the limitations of law in absence of social change?

It is important to bridge the creation of new laws, with an analysis that speaks to the role of hyper masculinity, neoliberalism and culture in VAW. If unaddressed, what may result instead are quick fixes, symbolized by the passing of new laws that act as token gestures rather than ones leading to transformative action.

Although numerous laws related to rape have been passed in India due to feminist groups pressuring the government, these laws have been ineffective through the lack of implementation and, in some cases, have actively worked against the interests of women (Ganguly 2007). Most recently, Indian rape laws have once again been mobilized by civil society movements after the high-profile gang rape cases. While, on the one hand, feminist mobilization has contributed to the successful creation of new laws, on the other hand, as Ganguly notes, 'it is safe to postulate that most feminists have little or no faith in legal solutions to violence.

This was evident in the Indian women's movement as feminists grew increasingly disillusioned by the role of law reform in combating violence against women and because they saw a disconnection between enactment of new laws and their implementation. This disillusionment did cause a shift in how women's organizations chose to engage with law. Instead of focusing on demanding law reform, some organizations focused on taking up individual women's cases in courts, while others focused on the lack of institutional support for women and created women's centers to provide women with legal assistance, health services and counseling (Kapur and Cossman 1996). There is a lack of other viable structural alternatives to address violence against women. Ganguly (2007) argues that while feminists have continued to look at the state with suspicion for their role in perpetuating women's oppression, they nevertheless maintain their engagement with the state for legislative reforms.

We cannot do without law addressing VAW. But without the multi-sectoral approaches as evidenced by the studies of civil society and social movements, law

alone as a strategy to address VAW is doomed to fail. We do not advocate for a withdrawal of engagement with the rule and the role of law. But we must consider the latest research that shows us that it is critical that resourced autonomous feminist civil society organizations are critical to any progressive social policy on VAW that uses law. Further, without applying the lenses of hyper masculinity, neoliberalism, culture and a political economy of VAW, our analysis of its causes and consequences will be sorely limited, and continue to allow for a justification of quick fixes by symbolically passing laws that neither hold men accountable or confront the culture that Merry (2009) exhorts us to transform

30. **Shannan Catalano, Erica Smith, Howard Snyder, Michael Rand (2009)** in a report titled **Female Victims of Violence** highlighted on the finding of two kind of violent crime know as nonfatal and fatal violent. Moreover, it emphasizes on nonfatal intimate partner violence (IPV), fatal IPV, rape and sexual assault, and stalking by estimating the extent of crimes against women and the characteristic of crime and victim. further it highlighted the trends of crime.

    Per Bureau of Justice Statistics, National Crime Victimization Survey during 2008 552,000 incidences of nonfatal violence among the female aged 12 years or older by an intimate partner was reported which include rape, sexual assault, simple assault. Further analysis of data indicates that in the same year the rate of victimization by an intimate partner was 4.3 per thousand females whereas the rate of intimate partner violence against males was 0.8 per 1,000 males age 12 or older. This reflects the severity of the problem with in the society. Among all form of non-fatal violence, the cases of Simple assault are the highest 458,310. Further the trends of the non-fatal violence show that there is a declining trend of intimate violence between 1999 to 2008.

    Fatal intimate partner violence is the act of willful killing of one human being by another. This includes homicide or murder and non-negligent manslaughter.

    According to the available data in US out of homicide case 14% was committed by intimate partner in the year 2007. Out of the total 2,340 intimate partner 1,640 were

females. the shocking information is that, 24% of female homicide victim were killed by husband or ex -husband, 21% killed by boyfriends and 19% were killed by another family members whereas only 10% of the victim were killed by a stranger. This indicate that how safe is women within the close relation or within the known people.

31. **Aashish Gupta (2014)** In his article titled **Reporting and incidence of violence against women in India highlighted** the incidences of violence against women in India based on the from the National Crime Records Bureau and the National Family Health Surveys. This article present the estimation of degree of under-reporting of crimes involving violence against women for India and its states.

    As per the constitutional provision all the crime should be reported and all the individual whose rights has been violated should get justice but the irony of the country is many cases are going unreported and the victim are not able to get the justice.

    According to the report the incidence of sexual violence against women by the husband it quite High. the incidence of sexual violence by husband is forty time higher than the cases of sexual violence by other man in India However despite such high prevalence only less than 1% cases were reported to the police. In the same manner despite high incidences of violence cases only about 1% of incidence of physical violence by other man, 2% of the incidence of physical violence by husband and 5.8% of the incidence of sexual violence is reported to the police. This figure highlights the endemic prevalence of violence against women in India, and disclose the extent of the hindrances face up by the women in reporting violence. The data also highlight that the number of women experience sexual violence is 40 times greater than the cases of sexual violence by the non-intimate persons.

    Incidence of violence in Indian society is common and very high. Per NFHS data every third Indian women with in the age group 15 to 49 years' experience physical and sexual violence. More over one in every ten women reported facing sexual violence by their husbands during their lifetime. As per the India Human Development Survey 2004-5 around 30 - 40% respondents agreed that women beaten up for going out of

home without permission, not bringing the expected dowry, neglecting the house or children, and not cooking properly. this trends is continued from the past and continue.

In the present context, the battles against the women violence has amplified. there is wide attention of media and advocacy group still the problem of violence against women remains endemic. More over the violence of marginalized women from the Dalit, Adivasi and violence of women in conflict zone by the armed force has received insufficient attentions.

It is quite evident that the percentage of underreporting of violence against women is quite high in India. However, it is neither well understood or sufficiently challenged but often tolerated by the society and even the act of violence is justified by man as well as women with in the society. Hence there is as urgent need of societal and legal changes to address the shortcomings.

32. **Emma Livne** (2015) in his article Violence Against Women in India: Origins, Perpetuation and Reform discuss about the cause, nature sources and implication of the violence against women.

    Violence against women is an international concept happening across the world In Indian context violence against women in the form of, sexual assault, physical and verbal abuse is quite common and rooted in India's history and societal norms.

    In Indian social system hierarchy, can be strongly found in the form of patriarchy. This concept of patriarchy provides women subordinate position to male in which the women is dependent, exploited and oppressed both physically and psychologically by the male partner. if forced her to develop a sense of dependency upon the male member.

    The concept of patriarchal hierarchy can be notice throughout the line of history beginning from pre vaidic period to Post independence. However, at the beginning of the civilization gender hierarchy and violence against women was not prominent. Society started becoming more structure and the institution of marriage introduced in which women was expected to be remain in the household, and to birth a son for

family although she was honored as sacred within the Hindu culture. This situation creates a sense of confusion for women. In one hand, she was worshipped as goddesses and on the other hand she was prohibited to perform the rituals of worship. During the Post -vaidic period the concept of sati was introduced and women were forced to sacrifice themselves on fire on the death of their husband. During the Muslim period child marriage introduced. The post-colonial patriarchy influence the women negatively.

The sense of marginalization and inequality developed among the women by the end of British rule and women started organized themselves to protest for their rights. The cultural and historical pressure develop the encourage violence against women in the form of patriarchy, female feticide, dowry, and conditions of poverty.

Patriarchy develop the son preferences among the society which leads to denied of the right of a girl to being born which is clearly seen from the sex ratio of the country. The other Reason of the violence in India is the Dowry system. The implication of dowry is growing rapidly despite Dowry Prohibition Act in 1961. According to the National Crime Records 2011, around 8,618 12 cases of female deaths related to dowry conflict was recorded.

If we consider the Indian culture is the main reason for violence against women then it is impossible to define the Indian culture due to its differences based of religion, language, cultural nuances, socioeconomic level. On the other hand, some argue that the issues of violence against women are not uniquely Indian but has the influence of patriarchal societies internationally. Therefore, to overcome the contradiction it is advisable to think about the issues of women violence in relation to human rights perspectives.

33. **UN Department of Public Information, DPI** (2009) **In the paper Unite to end the violence against women** highlights the type, cost and consequences of violence against women. Violence against women takes place in many different forms i.e. physical, sexual, psychological and economic. All these forms of violence are interconnected with each other and influence the life of a women from her birth to

her old age. The consequences of the violence are very high for a woman and she experience different types of problems including health problems which affect their quality of life. Violence also has the trend to influence the family life and community life.

Violence is universal phenomenon and women are suffering from the different forms of violence across the world and the root cause lies in the continual discrimination against women. It is estimated that almost around 70% of women experience violence in their life time.

Among all type of violence physical violence by the intimate partner is most common and prevalent type of violence across the globe. Study conducted by WHO across the 11 countries found that the sexual violence by the intimate partner ranges between 6% in Japan to 59% in Ethiopia. More over 40 to 70 percent of female murder victim were killed by their intimate partner in Australia, Canada, Israel and the United State. Sexual violence in term of rape also a biggest form of violence throughout the world. As per the World Bank data the risk of rape and domestic violence among the women aged 15 to 44 years are higher than the risk of cancer, car accidents, war and malaria. Sexual violence in conflict is the main strategy adopted by the armed group. Rape has been used as an approach of war. In every conflict zone cases of rape and violence against women reported during and after the conflict situation.

Violence have severe consequences among the women. The growing consequences is HIV/AIDS due to the inability to negotiate with the partner for safer sex the incidences of HIVB/AIDS among the women is increasing. Among the new HIV infection cases worldwide more than 60% are women.

The cost and consequences of violence is very high. The cost is of two type direct cost and indirect cost of violence. The direct cost includes the costs of services to treat and support victim women and their children and to ensure justice to them and the indirect cost include lost employment and productivity, and the costs in human pain and suffering. According to the study in 2004 in United Kingdom total direct and indirect cost of domestic violence is 23 billion pound per year which comes 440 pound per person per year.

34. **Rohini Siva Srinivas** (2015) in the document titled **Comparative Analysis of Rape Cases in India** discuss how the crime of rape is signify in the media and public responses generated and how the feminist movement developed and prompted change in social justice for women in India considering for major land mark cases of India Mathura rape case, Bhanwari Devi rape case, Delhi rape case, and the Badaun case. There are significant changes in law related to violence against women since 1970 but still there is urgent need to consider the preventive measures needed to control the violence faced by women in India.

    The Delhi Gang rape case known as Nirbhaya case is the recent instance in which the public reaction in term of anger and pain was very prominent immediately after the case. Overnight the with the help of print and electronic media including social media Indian youth spread the incidence to every level. Media also played very important role in highlighting the protest against Nirbhaya case across the country which drew the participation of all stake holders including individuals to NGO working in all sectors and even the corporate. This raised a moral question in front of all that why the public showing their anger and frustration collectively who choose to be silent despite experience various forms of violence against women in everyday life and the answer is perhaps the nature of the crime. The protest Just not only shows the solidarity among the people in demanding justice but it also demonstrates to which extent people stand together for justice. This incidence open the pathway for many others women who were the victim of rape to break the culture of silence and speak out for their rights.

    This movement creates a platform for debate on what are women's rights and her freedom, which expose both the negative and positive thinking and ideology that prevailed with in the country. Many controversial statements come from various eminent personality and politician which indicate that despite all still the very little change has been occurred in the mindset of the people. On the other hand, it also helped to opened most of the human rights issues of women violated in the country. Out of this incidence some of the most important amendment that came out is to

rigorous imprisonment for rapists (though not death penalty), *strict punishment to other sexual offences, having a strong and dutiful police force and if complaints and medical examinations are taken down on time then there should be repercussions for them as well, etc.* Two controversies geared up from this issues. death penalty for the rapists and age of consent were two main controversy between the people demanding capital punishment for the culprit and the prominent feminist movement and NGO. The other controversy is geared up immediately after the documentary, *India's Daughter*, by Leslee Udwin in 2015. Following the controversy Govt. of India banned the documentary claiming that it interviewed one of the convicted rapist who places the blame of rape on the victim.

The Delhi Rape Case encouraged all of us to understand the different kind of ideals prevailing within the society and the need of change required to make spaces as equal and safe for women. There is still a long way to go, but the present protest shows that the youth, the future of the country is ready for change.

35. **Sona Drahonovska** (2010) researched and compiled the cases of violence against women in conflict zone in her report **Women Rights in Conflict Zones: A Focus on India.** this piece of report discusses the existing legal framework available for addressing the issues relating to Rights of women in conflict zones. In the present context where the site of conflict is increasing the condition of women in such zone is of immense significance as women are the prime victim of violence in such zone. In this context, the conflict zone not only talking about the war zone but also include areas of internal unrest due to self-determination issues, communal conflicts, Environmental disasters etc.

    In Indian scenario, presently there are three major conflict zones exist which are Jammu and Kashmir, the Northeastern states and the central and eastern India where Maoist rebels operate.

    Women are more vulnerable to conflict due to the intertwine of militarization and masculinity value. in masculinity value of the society which the man enjoy control over women's productive power, reproduction, sexuality and/or mobility as well as

over property and other economic resources. In patriarchal society women are symbol of honors and consider them as the property of man. This symbolic representation of women makes them more vulnerable in the situation of conflict. Rape is generally use as a weapon in the situation of war rather than for sexual satisfaction and that's why women are mainly targeted by the hostile group to dishonor the community they target. Women are also indirectly affected by various act in conflict zone. Their lives are threatened due to the assault of their family members. Being women she is dependent upon husband or father and the death, disappearance or detainment of their male members pause serious consequences upon them. Although the women face various specific issues which is very severe in conflict situation but it is even ignored by the community who always consider women as marginalized. It is therefore necessary to bring more attention to the plight of women in conflict situations and encourage discourse about possible remedies.

Internationally if we see the establishment of the International Criminal Tribunal for the former Yugoslavia (ICTY) and the International Criminal Tribunal for Rwanda (ICTR) is the instrument to address the issues of rape in conflict situation. Several significant rulings concerning sexual violence have been passed by these tribunals. Although not directly connected to situations of conflict number of other decisions have been also made to treating the same issues women in conflicts must face.

In Indian context, the legal protection for women is rather unsatisfactory. Still Indian has not signed or rectified many international human rights instruments. This along with the fact that India does not recognize its conflict zones officially create hurdle for the humanitarian organizations to operate. However, despite of various efforts taken by the parliament for empowerment of women the implementation is lacking and various discriminating laws are still existing.

From the analysis, various suggestion proposed to protect the women from the violence in conflict zone. The prime suggestion is to criminalize all forms of violence against women (custodial, domestic, sexual violence and trafficking) under national laws with strong punitive measures, sensitize law enforcement officials, including judges, police and armed forces, about crimes against women; emphasize the

prohibition of sexual violence in military codes and training manuals of police officers, military and paramilitary groups and peacekeeping forces.

Most importantly, awareness must be raised among them as well as in the society about their rights and their needs.

36. **Aaron Karp, Sonal Marwah, and Rita Manchanda** (2015) in the article titled **Unheard and Uncounted Violence against Women in India b**riefly reviews the state of violence against women in India and the state of research to date.

One of the long-standing theme within the preview of public debate is the reluctance of public authorities in dealing with the cases of violence against women. It has been the part of public policy agenda since the rape case of a minor girl known as Mathura. Forty year later the Nirbhaya case of Delhi the gender violence cased became the center of the debate specially on how the country tackling the issues of violence against women. The exhaustive propaganda of the issues always draw attention of the mass and generate demands for action in India but the public poorly understood the problems of violence against women. For instance, under reporting of violence against women in India is so high that although in 2013, the cases of rape reported was 33,707 and was significantly increased then the previous year case then also it is one of the lowest rate reported worldwide. Rape is probably the most underreported crime of violence against women. In country like UK social science research on rape has become systematic and the data gathered are authentic but in country like India there is limitation in the systematic research and the statistic on rape case is of confidential in nature. Hence poor reporting is the reason behind the poor attention of public towards the crime. In Indian context, the conflict between the traditional mores and traditional transformation making the issues more problematic and unreported. As per the common belief violence against women is an act performed by man who are generally unemployed, uneducated, marginalized, or of low social status but from many research among family with high socio economic status violence against women is prevailing in high percentage.

Other major reason for unreported rape cases is accessibility to the legal system by the women of underprivileged section specially women from lower caste and tribal backgrounds and those living in areas of armed conflict. In the arm conflict zone *women become the direct victims of physical violence, sexual assault, mutilation, abductions, and displacement, and the indirect victims of traumatic loss and impoverishment* but the irony of the country is that it does not have any mechanism for systematic gathering of gender specific data on violence against women in conflict situations. In all the conflict zone of the country including northeast, Jammu & Kashmir and the so called the red belt which is the moist affect district there is evident from various study that women are the victim of the rape from the security personnel which is unreported and if reported then also unpunished.

To address this issues there is need for a multi-faceted approach which address all the aspects of the problem. First, to bring gender equality there is a need to redefine the motion of masculinity and femininity. The current available responses need to be reinforce strictly. More over to reduce the gap of incomplete data, under reporting case the role of civil society emerge which along with the state machinery can play an important role in highlighting cases of sexual violence and other form of violence and generate mass opinion and draw their attention towards the problem.

37. **Dr. Ambika R Nair (2014) in the article Acid attack -Violence against women 'need of the hour** describe the atrocious effects of acid attacks on the victim physically, psychologically and socially. Also, examines the existing laws related to acid attacks on victims and offenders.

    Over the last decade, India is witnessing an alarming growth of acid attack especially on women. Acid attack is the dreadful crime committed against women with the intension of disfigure or kill her to take revenge. According to the recent study about 78% acid attack cases is due to the refusal of marriage proposal or rejection of romance by a girl.

    If we go ponder over the contributing factors for this crime then we can see that various factors are responsible for the same but among them the social weakness of

women in a male-dominated society; and lack of support, and the neglect of the lawmakers are the main reason. Acid are easily available in the market and are less expensive which make the perpetrators to use it for the crime. In certain situation, this crime is bail able. More over the punishment does not create sufficient threats to the offender. Also, the legal and medical systems found very weal in dealing such cases. there is no proper legislation and the medical facilities provided are also not proper. All this factors contribute to acid attack case to be more controversial.

Acid attack incidence found across the world but it is quite high in three country i.e. Bangladesh, Cambodia and India. In India 3,000 acid attack victim were reported since1999. However, the available statistic is un reliable as most of the cases goes unreported in India. More over national crime record bureau (NCRB) doesn't maintain any statistics on acid attack. This shows the attitude of the country that how casual we are towards the crime. All this shortcoming highlights the gaps in the criminal justice system of the country.

The consequences of the Acid attack victim are long term in nature. it has impact on individual's self as she feels worthless due to her disfigure. on the other hand, the society looks those individuals as alien. This affect the acid victim physically, and psychologically. After the Incidence of acid attack the victim became handicapped in every aspect of her life.

The irony of the country is there is no specific or separate legislation to deal with the acid attack case. It is evident that generally inadequate punishment is awarded to the culprit of acid attack. More over there is no any provision of punishment to the culprit of intentional acid attack if the victim is escaped without any injury. As far as the provision of law towards compensation for acid attack victim towards medical treatment is concern it is insufficient. In such uncertainties, the police decide under which act the case should be register and predominantly this decision influenced by gender bias and corruption nature of the registering officer. all this shortcoming make the victim to suffer a lot.

However, there are few land mark judgment came with in the country with give hopes for the justice of acid attack victim.

The Government of India is proposing various positive proposal towards Acid attack victim. However, there is a need to legislate different sections in the I.P.C to deal with acid attacks case and there is a need to establish a Criminal Injuries Compensation Board in India to deal with the acid attack case effectively and help the victim for proper compensation and rehabilitation

38. **DS Bullar** (2014) in the article **Acid Throwing: A Cause of Concern in India** published in Indian Journal of clinical practice discussed about the concern and consequences of the acid attack and highlighted the legal provision available regarding this in the country Acid attack is one form of crime against women found in the country which is growing in the recent period. In the Incidence of acid attacks the prime motto of the perpetrators is to disfigure, injure, torture or kill due to various reason. Therefore, in most of the case it is found that acid thrown in the face of the victim. Acid attack my leads to blindness, scarring of the face which create physical challenges in her life which need long term surgical treatment for her betterment. They also go through various psychological problems like, anxiety, depression, lower self-esteem. the physical deformities forced then to be away from the livelihood generative activities which also create economic hardship for the victim.

    It is found that the incident of acid attack is generally an outcome of the of the anger or fury on a woman who dares to refuse the proposal or order of a man. One of the study shows that 55% of the acid attack case is due to the refusal of marriage proposal by a male partner. In 18% of the case the crime is committed by the husband to abuse his female counterpart. 2 % also reported as deny of sexual or romantic encounter by a female member.

    India is considered as the 4th dangerous country in the world for a woman to live. The incidence of acid attack is growing tremendously. between 2002 January to 2010 October almost 153 cases have been reported in the print media. However according to the scholars, the picture is much higher.

In this scenario if we see the existing legislation of India then we can see that after 2013 case the supreme court come up with the direction that every states and union territories should issue license the retailer who is selling acid. It is also said that shop must keep all the record including the photo identity, address of the buyer and the quantity sold to him. More over sale of acid is completely prohibited unless and until the retailer maintain a log book and maintain it properly. In supreme court order, it is also mention that the acid attack is a non-bail able offence and made provision of compensation of rupees 3,00,000.

Moreover after the Nirbhaya case, parliament approved a bill which talked about strengthening laws on assaults against women. The crime of acid attack was also included in the bill and made it criminal offence with a minimum prison term of ten year.

39. **Lori L. Heise (2012)** in her article titled "Determinants of partner violence in low and middle-income countries: Exploring variation in individual and population-level risk" focused on Conceptualizing and Measuring Partner Violence in the beginning section. It focusses on the various instrument emerged in due course of time to understand the universal concept of domestic violence but how the fundamental question is still the same.

    For the first time in the second World Conference on Human Rights 1993 at Vienna the international community acknowledged that the gender based violence is a violation of women's Human rights. This was the outcome of advocacy initiatives of women's group who actively engaged to draw the attention on issues of women i.e. issues of partner violence, child sexual abuse, and rape.

    During 1970 for the first-time Richard Gelles and Murray Straus based on conflict theory conceptualized the "spouse abuse" and said family members use spouse abuse to resolve disagreements with in the family. This gradually became an instrument and knows as "Conflict Tactics Scale" and widely used globally to study behaviorally specific probes to measure abuse.

The debate over the CTS highlights the differences and division among the scholar and researcher working in the field of violence against women. More over CST encouraged and motivated the scholars concentrate on the physical violence and psychological aggression between couples, directed at children and among siblings. In to this preview the researcher working in the areas of criminal justice perspectives focused and measure various aspect of violence which can be considered as a crime

With due course of time Researcher working from various perspectives on the issues of domestic violence use the CST tools and gradually the tool developed and a revised CST -2 came in to existence. The CST -2 started producing data related to sexual and physical aggression within the close relationship Apart from this various individual who are working with feminist perspective develop other topic specific instruments i.e. “Measure of wife abuse”, Severity of violence against women” which help the researcher to collect behavioral aspect. This instruments shift the focus of researcher from general perspectives to psychological and controlling aspects of abuse. This helped the researcher to shifts their concentration from inquiring about the specific act towards how the women feel who experience violence.

On the other hand, the nonwestern nations concentrate their focus on women's human rights. This put increased pressure to generate more data on violence in the developing world. Numerous initiatives to capture the victimization data takes place which resulted in increased availability of data globally on prevalence, nature, and impact of partner violence and of other forms of violence against women, especially in the developing world.

Despite of tremendous development in the scale and breadth of research, certain fundamental questions have not yet been resolved on the nature of abuse. *For example, does a single incident of aggression constitute "partner violence," or must a pattern of repeated acts be involved? How important is it to include emotional or psychological abuse?*

CHAPTER III

RESEARCH METHODOLOGY

Introduction:

Methodology is the systematic, theoretical analysis of the methods applied to a field of study. It comprises the theoretical analysis of the body of methods and principles associated with a branch of knowledge. Typically, it encompasses concepts such as paradigm, theoretical model, phases and quantitative or qualitative techniques.[2] The present study also been carried out with the help of systematic investigation and scientific method has also been applied. Various methods and techniques has been used to complete presented study. The present chapter deals with the methods and tools used in this research project.

Significance of the study:

The **2012 Delhi gang rape** case involved a rape and fatal physical assault, which occurred on 16th December 2012, in Munirka, in South Delhi. The incident occurred when a 23-year-old girl and physiotherapy intern Jyoti Singh Pandey was beaten and gang raped in a running private bus in which she was travelling with her friend, Awindra Pratap Pandey. Despite treatment in Delhi and in a hospital in Singapore she died from injuries and infections. The incident generated widespread outrage, and was widely condemned, in India and abroad. The national and international coverage in media was received by this heinous act, it also discussed the safety issues, rape case, existing laws and its implementation. In subsequent public protests against the state and central governments for failing to provide adequate security for women in New Delhi, thousands of protesters participated and clashed with security forces. Similar protests took place in major cities throughout the country. As India, does not allow the press to publicize a name of rape victim, the victim was named and quoted as “Nirbhaya”, which means "fearless".

[2]http://www.modares.ac.ir/uploads/Agr.0th.Lib.17.pdf accessed on 07_02_2017

Because of the protests, in December 2012, a judicial committee was set up to study and take public suggestions for the best ways to amend laws to provide quicker investigation and prosecution of sex offenders. After considering about 80,000 suggestions, the committee submitted a report, which indicated that failures on the part of the government and police were the root cause behind crimes against women. In 2013, the Criminal Law (Amendment) Ordinance, 2013 was promulgated by Hon' President Pranab Mukherjee, several new laws were passed, and six new fast-track courts were created to hear rape cases. The "Nirbhaya" case resulted in a tremendous increase in participation of public in protest on women issues, discussions on crimes against women and statistics show that there has been an improvement in the number of women coming forward to file a crime report.

The outpouring of anger and grief following the rape and murder gave rise to hopes for change in India. The government responded with the passage of several new sexual assault laws, including a mandatory minimum sentence of 20 years for gang rape, and six new fast-track courts created solely for rape prosecutions. As an indicator of the scope of the problem of rape prosecution, the "Nirbhaya" case was the only conviction obtained among the 706 rape cases filed in New Delhi in 2012.Between 16 December 2012 and 4 January 2013, Delhi police recorded 501 allegations of harassment and 64 of rape, but only four inquiries were launched. However, it appears that the "Nirbhaya" case has influenced the willingness of rape or molestation victims to report the crime; police records show that during the final nine months of 2013 almost twice as many rape victims filed a police report and four times as many allegations of molestation were made. A recent report released by the National Crime Records Bureau shows that 95 percent of the cases brought to the police were classified as a crime. However, there is a large backlog of cases with fewer than 15 percent of those charged tried in 2012, leaving 85 percent waiting to come to trial.

Following the incident, the government set up the Nirbhaya Fund to address violence against women. The Fund is administered by Department of Economic Affairs, Ministry of Finance, however, as of March 2015, a very small amount of the fund has been spent to ensure women's safety.

Like Nirbhaya Fund, many State governments created the funds to help victims. The funds are used mainly for prevention strategies – Self Defense, and for Rehabilitation of victims. Thus, the proposed research suggests the factual study of the cases filed FIR s with Police of violence against women in general and sexual assault from the period 1 Jan 2013 to 31 Dec 2015. The report will be given on use of support and fund given by the respective governments for their care and rehabilitation to the complainants.

Title of Study:

'Tackling Violence Against Women: A Study of State Intervention Measures (A comparative study of impact of new laws, crime rate and reporting rate, Change in awareness level)'

Aim-

The study aimed at documenting the changes in enrolment of the cases of violence against women after the policy level changes especially before after 2013 and to compare the national scenario related to the violence against women from low and high prevalence areas.

Objectives -

1. To undertake comparative study of the policies framed on State funds/programmers like Nirbhaya Fund for analysis in terms of their implementation- scope and limitations etc.

2. To study the facts in execution and implementation of these policies in High and Low prevalence districts from states selected.

3. To identify the Gaps and to Scale up of the best innovations in the planning and execution of these policies.

4. A comparative study of impact of new laws, crime rate and reporting rate, change in awareness level.

Focus Areas of Study-

1. The study on violence against women has broad understanding. As given in the invitation three areas will be focused: - a) Sexual Violence, b) Communal Violence, c) Sectarian Violence
2. The nature of such incidences is very dubious and vague. The Study will find out number of people registered and FIRs lodged. Generally, the facts are not exposed at first hand but need to apprehend for the course of action. Thus, the stakeholders play major role in such cases, such as – Police Stations, Government Social Cells, Counseling Centers, Voluntary Organizations, Medical and Legal Practitioners. The present role of these agencies in such cases and operational guidelines will be suggested.
3. Study will consider convergence of services in the States for better services and impacts on the women victims.
4. The study will also type of popular solutions to the issue, various services in operation and rehabilitation rates to capture the best practices

Research Design:

The study aimed at comparing the findings from low and high prevalence areas of violence against women. Hence the study is purely comparative in nature. The study also aimed at documenting the transformation after policy changes due to the Nirbhaya incident of Delhi. Study disclosed the effects of the policy level changes and present situation hence it can also be said that this study comes under the one group after only research design. The study also aimed at finding out the present situation of the policy, problems in it and framed the changes hence this study is purely coming under the diagnostic research design. The study was based on survey and it was purely quantitative in nature.

Unit of study:

There are several types of stakeholders of the said policy hence all the stake holders have been considered as unit of study. The various unit of study has been mentioned below:

1. Victim from Public Prosecutor/Police;
2. Police Officers & police Stations;
3. Public Prosecutor;
4. Medical Officers & Medical Practitioners;
5. Nirbhaya Fund Officers;
6. Social Counselors.

Universe of Study:

All the stake holders of the said policy constituted the universe of the study. As there are different types of stake holders hence the universe of the said study has been divided on the ground of below mentioned points.

1. Victim from Public Prosecutor/Police;
2. Police Officers & police Stations;
3. Public Prosecutor;
4. Medical Officers & Medical Practitioners;
5. Nirbhaya Fund Officers;
6. Social Counselors.

Unit selection:

As the universe of this study is situated in large geographical area and scattered hence instead of going for census study the sampling method has been adopted. Based on the nature of the universe of the study the sample has been selected based on multi-phase sampling method. The phases of Sample selection have been mentioned below.

Phase one: On first phase the four states has been selected. Namely Maharashtra, Karla, Uttar Pradesh and Delhi.

Phase two: On second phase, from each of the selected state two districts has been selected based on prevalence of violence against women. These two districts from each state include one highest prevalence district and one lowest prevalence district in concern with violence against women. From each state following district has been selected.

Table 3.1: States and Districts covered

S.No.	State	District	Prevalence
1	Maharashtra	Mumbai	High
2		Gadchiroli	Low
3	Karla,	Trivendrum	High
4		Waynadu	Low
5	Uttar Pradesh	Lucknow	High
6		Mirzapur	Low
7	Delhi	South east	High
8		North	Low

Phase Three: On third phase, all the stake holders in the concern policy has been identified and is has been decided that from each of the selected district these various stake holders will be selected to have participation from all the sectors. The sample from each of the stake holders has been selected using quota sampling of non-probability sampling method.

Phase Four: On fourth phase, actual sample has been drawn with the help of availability sampling method. Hence the study is based on non-probability sampling method. The details of sample have been mentioned below.

Table 3.2: Sample size of each quota

S.No.	Category	State	District	Prevalence	Number of Unit selected	Total
1	Victims & Beneficiaries	Maharashtra	Mumbai	High	35	161
			Gadchiroli	Low	18	
		Kerala	Trivendrum	High	25	
			Waynadu	Low	27	
		Uttar Pradesh	Lucknow	High	21	
			Mirzapur	Low	26	
		Delhi	South east	High	7	
			North	Low	2	
2	Police Officers & police Stations	Maharashtra	Mumbai	High	19	80
			Gadchiroli	Low	2	
		Karla	Trivendrum	High	11	
			Waynadu	Low	8	
		Uttar Pradesh	Lucknow	High	18	
			Mirzapur	Low	6	
		Delhi	South east	High	7	
			North	Low	2	
3	Public Prosecutor	Maharashtra	Mumbai	High	13	68
			Gadchiroli	Low	1	
		Kerala	Trivendrum	High	5	
			Waynadu	Low	2	
		Uttar Pradesh	Lucknow	High	10	
			Mirzapur	Low	21	
		Delhi	South east	High	4	
			North	Low	12	
4	Medical Officers & Medical	Maharashtra	Mumbai	High	7	38
			Gadchiroli	Low	1	
		Kerala	Trivendrum	High	0	
			Waynadu	Low	3	

		Uttar Pradesh	Lucknow	High	12	
			Mirzapur	Low	9	
		Delhi	South east	High	1	
			North	Low	5	
5	**Nirbhaya Fund Officers**	Maharashtra	Mumbai	High	2	4
			Gadchiroli	Low	1	
		Kerala	Trivendrum	High	0	
			Waynadu	Low	0	
		Uttar Pradesh	Lucknow	High	0	
			Mirzapur	Low	1	
		Delhi	South east	High	0	
			North	Low	0	
6	**Social Counselors**	Maharashtra	Mumbai	High	16	48
			Gadchiroli	Low	2	
		Kerala	Trivendrum	High	1	
			Waynadu	Low	7	
		Uttar Pradesh	Lucknow	High	7	
			Mirzapur	Low	3	
		Delhi	South east	High	9	
			North	Low	3	

Geographical area of Study:

As the study, has been conducted in Maharashtra, Kerala, Uttar Pradesh and Delhi hence the geographical area of the study is also same.

Methods & Tolls of data Collection:

This study has been completed with the data from both primary and secondary source. The details of the methods and techniques of data collection for this study has been mentioned below.

Primary Source of Data:

The data from primary source has been collected with the help of interview method. For conducting the interviews of various type of respondents, the six types of structured interview schedules were specially developed.

Table 3.3: various tools of data collection

S.No.	Tool ID	Targeted Audience
1	Tool 1	**Interview Schedule for victim from Public Prosecutor/Police**
2	Tool 2	**Interview Schedule for Police Officers & police Stations**
3	Tool 3	**Interview schedule for Public Prosecutor**
4	Tool 4	**Interview Schedule for Medical Officer in Government Hospital or Private Medical Practitioner**
5	Tool 5	**Interview Schedule for Nirbhaya Fund Officers**
6	Tool 6	**Interview Schedule for Social Counsellors**

Secondary Source of Data:

For collecting the data from the secondary sources a check list was prepared. And the data have been collected from the books, journals, magazines, newspapers, and internet.

Chapter Plan

Chapter I Introduction

Chapter II Review of Literature

Chapter III Research Methodology

Chapter IV Realities of Victims & Beneficiaries

Chapter V Realities from Police Officers & police Stations

Chapter VI Realities from Public Prosecutor

Chapter VII Realities from Medical Officers & Medical Practitioners

Chapter VIII Realities from Nirbhaya Fund Officers

Chapter IX Realities from Social Counsellors

Chapter X Conclusions & Recommendations

Annexure

C. Tools of data Collections
D. Bibliography

Data Processing and Analysis:

As the study was purely quantitative in nature hence the data has been processed using SPSS. The expert professional help has been taken for that. The Editing, Numbering, Classification, Coding, Data definition file preparation, Data Entry and Analysis steps has been followed. To understand the data more in depth the central tendency has also been calculated. As it was non-probability sample based study hence measures of associations and mean differences has not been calculated as it was not applicable.

Limitations of the study:

- ✓ The geographical area of the study is large and the number of sample contributed data is in small number in respect to size of universe hence there is limitations in generalizing the findings to the larger universe.
- ✓ The study has been conducted in four states and only two districts have been covered from each state hence there is no representation from the entire district. The study also has covered only four states hence there is also not the representation from all the states hence here also the findings of the study becomes limited.
- ✓ The data especially in concern with cases has been contributed by the concern respondents. It is not certified data hence it has to assume that there is error in these data. Hence the concern findings also get limited here.
- ✓ The study is based on non-probability sampling method hence there is no proportionate or equal representation from all the district and state covered by this study hence this study also gets limited here.
- ✓ The study is conducted on the violence against women in India. Bhartiya Stree Shakti as a women's organization decided to study the impact / situation of violence against women in India. It was aimed to study the situation, prevalence and lodging the complaints by victims in case of rape, acid attack, molestation etc. Following the incident in 2012, the Govt. set up the NIRBHYA fund. The funds are mainly used for prevention strategies.
- ✓ In 2013, the Criminal Law (Amendment) Ordinance, 2013 was promulgated by Hon. President of India, several new laws were passed and six new fast track courts were created to here rape cases.
- ✓ Like NIRBHYA fund many state government created funds to help victims. The research conducted to understand facts of implementation of the Act and various provisions made by the Central Govt.
- ✓ The study was conducted in high prevalence and low prevalence of crime in the four states. The states were identified as per National Crime Records Bureau.
- ✓ The time for conducting the study was short and the subject was very vast.

- ✓ It was very difficult to make departments understand the importance of the study. They took very long time to provide data.
- ✓ There are different patterns of funding in States, they have developed their own funds for the same.
- ✓ There is no case of acid attack in Gadchiroli and Waynadu. Molestation cases are filed very rarely. So, all most all 80% data is of rape victims.
- ✓ RTI application has been filed for getting data. So, it is dependent on the systems for data collection. It was difficult to get statistics from police station.
- ✓ We did not directly interview the victims as it is confidential in nature.

Advisory Committee:

Table 3.4: Advisory Committee

S.No.	Name	Education	Address	Expert	Experience
1	Dr. K S Jaysree	M. A. Ph. D.	Calicut, Kerala	Women issues	20 years
2	Ms. Nayana Sahasrabuddhe	M.A.	145 South Avenue New Delhi	Gender Issues	28 years
3	Dr. Maneesha Kothekar	MD. Ayurveda	17, Atre Layout, Nagpur	Medicine and Women issue	30 Years
4	Dr. Medha Somaiya	M.Sc. Ph.D.	203, South Avenue	Slum and Urban Poverty Women	40 Years
5	Adv. Pradnya Parande	L.L.B.	Patel Nagar, Delhi	Law and Women	20 Years

Project Director: Dr. Vasanti Deshpande

Assistant Director: Dr. Jyoti Chauthaiwale

CHAPTER IV

REALITIES OF VICTIMS & BENEFICIARIES

Introduction: explanations of tables?

Violence against women remains one of the most pervasive human rights violations of our time, and one of the biggest **global problems.** Violence against women is a violation of fundamental freedoms and rights, such as the right to liberty and security, as mentioned in the Charter of Fundamental Rights of the European Union (EU, 2000). Violence against women can be domestic as well as public, Physical, emotional or mental. Women have fear of violence in their mind which causes the lack of participation in various areas of life. Fear of violence in the women mind has been so deep which cannot be out easily even after complete removal of violence against women in the society.

Around the world at least one woman in every three has been beaten, coerced into sex, or otherwise abused in her lifetime. Every year, violence in the home and the community devastates the lives of millions of women. Violence against women is rooted in a global culture of discrimination which denies women equal rights with men and which legitimizes the appropriation of women's bodies for individual gratification or political ends. The problem has therefore received international attention. Victims can be of any age, sex, race, culture, religion, education, employment or marital status. Although both men and women can be abused, most victims are women. One of the causes of violence against women in India is the male dominance. Women generally face various kinds of crime like dowry death, sexual harassment, cheating, murder, girl child abuse, robbery, etc. Violence against women which counted as crimes under the Indian Penal Code are rape, kidnapping and abduction, physical and mental torture, dowry deaths, wife battering, sexual harassment, molestation, importation of girls, etc. The cases of violence against women are increasing day by day and becoming too broad. According to the National Crime Records Bureau, women in India are unsafe in their marital home. Other types of common violence against women in the society are domestic violence, acid attacks, rape, honor killings, dowry deaths, abduction, and brutal behavior by husbands and in-laws. It is important to understand the opinion and attitude of the women towards the problems and the situation

due to the problem. This chapter deals with the realities of victim and their responses towards the problems.

State wise data:

It is important to understand the state wise variation of the issues from the victim perspective. Keeping this in mind four states has been identified and within the state respondents has been identified from high prevalence and low prevalence area. The four identified states are Maharashtra, Kerala, UP, Delhi. The detail has been reflected in the table 4.1 below.

Table:4.1: State wise data

Responses	Frequency	Percent
Maharashtra	53	32.9
Karla	52	32.3
UP	47	29.2
Delhi	9	5.6
Total	**161**	**100.0**

The Table 4.1 demonstrates the distribution of study area spread across the country. The respondents were from four state including Maharashtra, Kerala, UP and Delhi. 161 respondents were considered for the study among which the majority 32.9 percentage belong to the state of Maharashtra whereas 32.2 percentage belongs to Kerala. Victim respondents from Delhi were very few.

Above data shows that though the rate of crime is high, victims are not willing to talk about it.

District wise data:

To understand the geographical variation of the respondents the study focused on the distribution of the respondents according to the high and low prevalence area which is demonstrated in the table 4.2 below.

Table:4.2: District wise data (give full form once)

Responses	Frequency	Percent
Mumbai (MHP)	35	21.7
Gadchiroli (MLP)	18	11.2
Trivendrum (KHP)	25	15.5
Waynadu (KLP)	27	16.8
Lucknow (UPHP)	21	13.0
Mirzapur (UPLP)	26	16.1
North (DLP)	2	1.2
South east (DHP)	7	4.3
Total	**161**	**100.0**

The table analysis of 4.2 depict that out of the total 161 respondents83 respondents were from high prevalence area whereas 78 belonged to low prevalence area. In the state of Maharashtra maximum respondents i.e. 21.7%percentagebelongs to high prevalence. Whereas in case of Kerala the maximum respondents were from Waynadu which is identified as low prevalence area. In the state of Uttar Pradesh 16.1%percentage belongs to Mirzapur which is low prevalence area whereas 13%percentage of respondents belongs to Lucknow which is high prevalence area. From Delhi 9 respondents were given their responses out of which 7 were from the low prevalence area whereas 2 were from high prevalence area.

From the above table analysis, it is concluded that participation leveling the low prevalence area was quite high as compare to the respondents from the high prevalence area.

Crime reported:

It is very much important that every crime against women should be reported. But many cases did not come in to notice as many victim do not want to share the crime they were victimized. Under Indian Penal code there are various section made under which the crime of violence can be registered per the nature and intensity. To understand the type of case registered under Indian penal code the effort has been made in this study which is reflected in the table 4.3.

Table: 4.3: Crime reported

Section of registration	Frequency	Percent
Multiple	112	71.3
176	1	.6
354	17	10.8
376	26	16.6
509	1	.6
Total	**157**	**100.0**

TIP: 4 Respondents haven't provided the data presented in table

The table 4.3 depicts the crime reported in the study area. Out of 161 respondents four respondents did not shared their view regarding this. Out of the 157 respondents maximum 71.3 percentage of respondents shared that cases were registered under multiple section of Indian Penal Code. Whereas 16.6% respondents shared that their cases were registered under section 376 of Indian Penal Code. More over 10.8 percentage of respondents were shared that their case registered under section of 354 of Indian Penal Code. Only one case has been reported under section 509 of Indian penal code.

From the above table, it can be concluded that many of the crime related to violence of women were falls under multiple section of the Indian Penal Code. Crimes under 176 of

Indian Penal Code and under 509 of Indian Penal Code have lowest number of registered case.

Prevalence wise crime reported:

Table: 4.4: Prevalence wise crime reported (avoid repetition of %, 0 before decimal e.g. 0.6)

Prevalence	Crime reported					Total
	Multiple	176	354	376	509	
High	59	1	16	8	1	85
	69.4%	1.2%	18.8%	9.4%	1.2%	100.0%
Low	53	0	1	18	0	72
	73.6%	.0%	1.4%	25.0%	.0%	100.0%
Total	112	1	17	26	1	157
	71.3%	.6%	10.8%	16.6%	.6%	100.0%

The table 4.4 demonstrates the segregation of the cases prevailed in the study area. Out of the total 157 cases 85 cases belong to High prevalence area whereas 72 cases belong to low prevalence area. Among the cases of high prevalence area maximum number of cases i.e. 64.9 percentage of cases were registered under multiple sections whereas18.8 percentage of cases were registered under section 354 whereas 1.2 percentage of cases each were registered under section 509 and 176. Among the cases registered in the low prevalence area highest, 73.6 percentage of cases were registered under multiple sections whereas 16.6 percentage cases were registered under section 376.

From the above table analysis, it is concluded that the crimes of violence registered in both the high and low prevalence areas are diverse in nature and hence registered in multiple sections.

Age of the Victims:

Age is an important demographic variable, which influences the composition and structure of population. Age is period of human life, measured by years from birth, usually marked by a certain stage or degree of mental or physical development and involving legal responsibility and capacity. Age influences other factors like education, employment, marriage, retirement, occupational composition work force, death rate and certain social and cultural activities of the community. It refers to physical and psychological maturity of a person hence the age of the respondents has been considered in the study.

Table:4.5: Age of the respondents

Responses		**Frequency**	**Percent**
Childhood (till 18 years)		55	35.0
Youth Age (29 to 35)		80	51.0
Adult Age (36 to 59)		18	11.5
Old Age (Above 60 Years)		4	2.5
Total		**157**	**100.0**
Mean	25.1401	**Std. Deviation**	11.8085

TIP: 4 Respondents haven't provided the data presented in table

Table:4.6 Prevalence wise Age of the respondents

Prevalence	Age of the Victim				Total
	Childhood (till 18 years)	Youth Age (29 to 35)	Adult Age (36 to 59)	Old Age (Above 60 Years)	
High	24	47	10	3	84
	28.6%	56.0%	11.9%	3.6%	100.0%
Low	31	33	8	1	73
	42.5%	45.2%	11.0%	1.4%	100.0%
Total	55	80	18	4	157
	35.0%	51.0%	11.5%	2.5%	100.0%

TIP: 4 Respondents haven't provided the data presented in table

Tables 4.5 and 4.6 provide information on percentage distribution of women aged 18-60 interviewed for the of Gender-Based Violence Survey the study area. According the table 4.5 the highest number of respondents that is 51% percentage were from the age group of 29 to 35 which is considered as youth age. The second highest groups of respondents were from the age group child hood which is up to the age group of 18 years.

The table 4.6 further shows the distribution of respondents based on the high and low prevalence area. Out of the 84 respondents from high prevalence area highest, 56 percentage of respondents belongs to the age group of 29 to 35 years of age whereas the second highest groups i.e. 28.6 percentage of respondents belongs to childhood groups. The scenario is almost same in the low prevalence area where a maximum percentage i.e. 45.2 percentage of respondents belongs to the age group of 29 to 35 years of age whereas 42.5 percentage belongs to childhood groups.

The above table analysis concludes that women at their youth age are more prone to be the victim of violence followed by child hood.

Educational level of the victims:

Education is one of the most important characteristics that might affect the person's attitudes and the way of looking and understanding any social phenomena. In a way, the response of an individual is likely to be determined by his educational status and therefore it becomes imperative to know the educational background of the respondents. Hence the variable 'Educational level' was investigated by the researcher and the data pertaining to education is presented in Table 4.7

Table: 4.7: Educational level of the victims

Prevalence	Educational level of the victim								Total
	illiterate	Primary (1 to 4)	Middle (5 to 7)	Secondary (8 to 10)	Higher Secondary	Graduation	Post-Graduation	Pre-Primary	
High	5	9	9	20	12	15	1	0	71
	7.0%	12.7%	12.7%	28.2%	16.9%	21.1%	1.4%	.0%	100.0%
Low	12	9	19	16	9	6	0	1	72
	16.7%	12.5%	26.4%	22.2%	12.5%	8.3%	.0%	1.4%	100.0%
Total	17	18	28	36	21	21	1	1	143
	11.9%	12.6%	19.6%	25.2%	14.7%	14.7%	.7%	.7%	100.0%

TIP: 18 Respondents haven't provided the data presented in table

Table 4.4 shows that about 25.2 percent of the respondents were educated up to secondary school and relatively lesser number of them, 19.6 percent was educated up to middle school level. The number of respondents attaining higher education was very few. Only 0.7 per cent of the respondents were educated up to the post graduates level. A considerable number of respondents were illiterates.

The segregation of the respondents as per the high and low prevalence area shows that In High prevalence area maximum victim were educated up to secondary level.

It can be concluded from the Table above that by and large the respondents were progressive in education but they were still far away from the higher education which is so important today to create a knowledge based society.

Caste Category of the victim:

Table: 4.8: Caste Category of the victim (full form and explanations of SC, ST…)

Prevalence	Caste category of the victim					Total
	NT/DNT	ST	SC	OBC	General	
High	1	4	9	13	20	47
	2.1%	8.5%	19.1%	27.7%	42.6%	100.0%
Low	2	21	15	14	20	72
	2.8%	29.2%	20.8%	19.4%	27.8%	100.0%
Total	3	25	24	27	40	119
	2.5%	21.0%	20.2%	22.7%	33.6%	100.0%

TIP: 42Respondents haven't provided the data presented in table

The table 4.8 demonstrates the case wise distribution of respondents victim in the high and low prevalence area. Out of the total 161 respondents castes of 42 victims are not known. Out of the total 119 respondents47 respondents belong to high prevalence area whereas 72 were from low prevalence area. In the high prevalence area, the maximum numbers of victims such as 42 percentage belongs to General caste category whereas 27.7 percentage belongs to Other Backward class. In Low prevalence area, maximum number of respondents i.e. 27.8 percentage belongs to general caste category followed by 20.8 percentage of respondents belongs to Scheduled caste category.

From the above table analysis, it can be concluded that caste does not matter where violence against women is concern. It is across the caste category.

Religion of the Victims:

Table: 4.9: Religion of the Victims

Prevalence	Religion of the victim				Total
	Hinduism	Christianity	Islam	Buddhism	
High	73	4	10	1	88
	83.0%	4.5%	11.4%	1.1%	100.0%
Low	62	4	6	1	73
	84.9%	5.5%	8.2%	1.4%	100.0%
Total	135	8	16	2	161
	83.9%	5.0%	9.9%	1.2%	100.0%

Table 4.9 demonstrates the segregation of the respondents based on their religion. Maximum of the respondents in both the high and low prevalence area are Hindus. In both the high and low prevalence are maximum victims i.e. 83 percentage in high prevalence area and 84.9 percentage in low prevalence area were belongs to Hindu religion whereas 11.4 percentage of victim from high prevalence area and 8.2 percentage of respondents from low prevalence area belong to Islam religion.

From the above table analysis, it can be concluding that victim of violence found across the religion. As the society is more dominated by the Hindu religion the numbers of Hindu religion show highest.

Place of residence of the victim:

Table: 4.10: Place of residence of the victim

Prevalence	Place of residence of the victim				Total
	Urban – Slum	Urban - Non-Slum	Rural	Tribal	
High	39	28	16	0	83
	47.0%	33.7%	19.3%	.0%	100.0%
Low	13	3	40	17	73
	17.8%	4.1%	54.8%	23.3%	100.0%
Total	52	31	56	17	156
	33.3%	19.9%	35.9%	10.9%	100.0%

TIP: 5 Respondents haven't provided the data presented in table

The table 4.10 depicts the distribution of the respondents based on the place of residence of the victim. Out of the total 161 respondents five respondents did not provided the information. Out of the 151 respondents 83 were from high prevalence area whereas 73 belongs to low prevalence area. In high prevalence area, highest 47 percentage resides in the urban slums whereas 33.7 percentage resides in the urban non-slum area. whereas victims belong to rural area in high prevalence area is 19.3 percentage. In low prevalence area, highest number of victims i.e. 54.8 percentage belongs to rural area whereas 23.3 percentage belongs to tribal area. From the above table analysis, it can be concluding that most of the victims belong to underprivilege section of the society.

Victim's Complaint registered by:

Table: 4.11: Victim's Complaint registered by

Prevalence	Who registered the complaint of the victim?							Total
	Victim	Parents of the Victim	Husband	Friend	Guardian/ Relative	NGO/ Counselor	Both 1& 2	
High	49	31	3	1	1	2	1	88
	55.7%	35.2%	3.4%	1.1%	1.1%	2.3%	1.1%	100.0%
Low	34	31	8	0	0	0	0	73
	46.6%	42.5%	11.0%	.0%	.0%	.0%	.0%	100.0%
Total	83	62	11	1	1	2	1	161
	51.6%	38.5%	6.8%	.6%	.6%	1.2%	.6%	100.0%

The table 4.11 demonstrates the distribution of the respondents based on the person respondents registering the complaint of violence. In both the high and low prevalence area maximum number of case i.e. 55.7 percentage in high prevalence area and 46.6 percentage in low prevalence area, are registered by the victim themselves. Secondly most of the cases in both the areas were registered by parents of the victim. In high prevalence are 35.2 percentage of cases and in low prevalence are 42.5 percentage of cases were registered by the parents.

From the above table analysis, it can be concluded in both the area victims are getting more aware and are strong enough to register the cases which is a positive sign.

Injury while filing case:

Table: 4.12: Injury while filing case

Prevalence	Were victim injured when victim reported the case		Total
	No	Yes	
High	53	35	88
	60.2%	39.8%	100.0%
Low	53	20	73
	72.6%	27.4%	100.0%
Total	106	55	161
	65.8%	34.2%	100.0%

The table 4.12 depicts the number of respondents who are injured at the time of reporting the case of violence at the police station. In high prevalence area, out of 88 respondents 60.2 percentage of respondents was injured whereas in low prevalence area 72.6 percentage of respondents were injured.

From the above table analysis, it can be concluded maximum number of respondents gets physical injuries in the event of violence by the man.

Medical Examination of the victim:

Table: 4.13: Medical Examination of the victim

Prevalence	When were victim medically examined					Total
	Within 24 hours	After 24 hours	Before the FIR filing	After the FIR filing	Never	
High	35	5	4	16	24	84
	41.7%	6.0%	4.8%	19.0%	28.6%	100.0%
Low	5	17	5	43	1	71
	7.0%	23.9%	7.0%	60.6%	1.4%	100.0%
Total	40	22	9	59	25	155
	25.8%	14.2%	5.8%	38.1%	16.1%	100.0%

TIP: 6 Respondents haven't provided the data presented in table

The table 4.13 demonstrates the prevalence of the medical examination of the victims immediately after the event of violence. In this section, six respondents did not share their response. Out of the 155 respondents 84 were from high prevalence area whereas 71belong to low prevalence area. In high prevalence area 41.4 percentage of respondents states that their case was registered within 24 hours of the violence whereas shockingly 28.6 percentage of respondents shared that they never went through the medical examination. In low prevalence area, similarly 25.8 percentage of respondents agreed that they went through the medical examination within 24 hours of the event where 16. 1 percentage of the respondents shared that they never went through the medical examination.

The above table analysis concluded that still in both the high and low prevalence area conducting medical examination immediately after the event is a shortcoming. Many victims were not gone through the medical examination immediately.

Place of Crime:

Table: 4.14: Place of Crime

Prevalence	Where did the crime take place													Total
	At the residence	Near the residence	At the workplace/school/college	Near the workplace/school/college	On the way to the workplace/school/college	Bus/metro	Taxi/Cab	Public place	Secluded pl	Lodge	Other district strange place	At the residence of accused	Forest	
High	28	16	18	7	2	1	0	6	4	2	0	1	2	87
	32.2%	18.4%	20.7%	8.0%	2.3%	1.1%	.0%	6.9%	4.6%	2.3%	.0%	1.1%	2.3%	100.0%
Low	21	23	6	4	6	0	1	1	5	0	2	2	1	72
	29.2%	31.9%	8.3%	5.6%	8.3%	.0%	1.4%	1.4%	6.9%	.0%	2.8%	2.8%	1.4%	100.0%
Total	49	39	24	11	8	1	1	7	9	2	2	3	3	159
	30.8%	24.5%	15.1%	6.9%	5.0%	.6%	.6%	4.4%	5.7%	1.3%	1.3%	1.9%	1.9%	100.0%

TIP: 2 Respondents haven't provided the data presented in table

The table 4.14 demonstrated the nature of the place where the victims were victimized. According to the table 13 different places were identified where the victim were faced violence. Out of the total 161 respondents, 2 did not share their opinion out of them one is from high prevalence area and one is from low prevalence area. In high prevalence area 32.2 percentage of violence took place at the neighborhood whereas 18.4 at the side of residence and 20.7 percentage was at the workplace whereas in the low prevalence area 30.8 percentage of cases were near the neighborhood and 15.1 percentage of cases at the house side and 15.1 percentage of cases took place within the work place.

The above table analysis concludes that most of the violence takes place where the women feel secure because the neighborhood, house side and work place is the place where the victim surrounded by the known person and comes in contact almost every day.

Accompanied victim when the crime took place:

Table: 4.15: Accompanied victim when the crime took place

Prevalence	Who accompanied victim when the crime took place						Total
	Alone	Along with one male	Along with one female	In a group	Children	Male and Female	
High	65	7	4	10	1	1	88
	73.9%	8.0%	4.5%	11.4%	1.1%	1.1%	100.0%
Low	44	20	4	5	0	0	73
	60.3%	27.4%	5.5%	6.8%	.0%	.0%	100.0%
Total	109	27	8	15	1	1	161
	67.7%	16.8%	5.0%	9.3%	.6%	.6%	100.0%

The table 4.15 depicts the response of the victim regarding who was the accompanier while the incidence happens. 73.9 percentage of respondents from the high prevalence area and 60.3 percentage of respondents in low prevalence area were the victims of the violence while they were alone whereas 8 percentage of respondents from high prevalence area and 27.4 percentage of respondents from low prevalence area faced the crime while they were accompanied by one male member.

The above table analysis concluded that most of the crime of violence took place while the victims were alone. Surprisingly crime also took place while victim was in a group. So, women are not safe whether they are alone, accompanied by a person or in a group.

Time of Crime:

Table: 4.16: Time of Crime

Prevalence	When did, the crime take place		Total
	Day (8 am to 7 pm)	Night (8 pm to 7 am)	
High	68	17	85
	80.0%	20.0%	100.0%
Low	44	28	72
	61.1%	38.9%	100.0%
Total	112	45	157
	71.3%	28.7%	100.0%

TIP: 4 Respondents haven't provided the data presented in table

The table 4.16 portray the hours of the day when the victim women face the violence. Out of the total 161 respondents 4 respondents did not shared their response. Out of them three were from the high prevalence area and one was from the low prevalence area. In high prevalence area 80 percentage of the victims responded that they faced the crime in the day time which is similar in case of low prevalence area where 61.1 percentage of the victims reported that they face the violence in the day time.

From the above analysis, it can be concluded that as in the day time women are out of the home for different activities they found alone or accompanied by one or few accompanier and taking the advantages of loneliness the culprit commit violence against the women.

Who was Accused:

Table: 4.17: Who was Accused

Prevalence	Who was the accused						Total
	Stranger	Known to the victim	Neighbor	Family member	Friend	Husband	
High	12	49	9	9	6	1	86
	14.0%	57.0%	10.5%	10.5%	7.0%	1.2%	100.0%
Low	4	45	14	6	3	0	72
	5.6%	62.5%	19.4%	8.3%	4.2%	.0%	100.0%
Total	16	94	23	15	9	1	158
	10.1%	59.5%	14.6%	9.5%	5.7%	.6%	100.0%

TIP: 3 Respondents haven't provided the data presented in table

The table 4.17 represents the response of the victim regarding who commit the crime against them. Out of the total respondents 3 did not share their opinion and out of them two were from the high prevalence area and one was from the low prevalence area. Maximum number of crimes was committed by the person known to victim. In high prevalence area 57 percentage of cases committed by the person who is known to victim whereas 62.5 percentage of cases in low prevalence area are committed by the person known to the victim. Out of the total only 14 percentage of crime in high prevalence area was committed by the stranger whereas 5.6 percentage of crime was committed the stranger.

The above table analysis concluded that in most of the cases of violence, the accused was known person who is from family, neighbor, from other places or friends upon whom the victim have trust and faith.

Age of the accused:

Table: 4.18: Age of the accused

Responses		Frequency	Percent
Childhood (till 18 years)		5	3.9
Youth Age (29 to 35)		87	68.5
Adult Age (36 to 59)		31	24.4
Old Age (Above 60 Years)		4	3.1
Total		**127**	**100.0**
Mean	31.8110	**Std. Deviation**	10.61500

TIP: 34 Respondents Haven't provided the data presented in table

Age of the accused according to Prevalence:

Table: 4.19: Age of the accused according to Prevalence

Prevalence	Age of the accused				Total
	Childhood (till 18 years)	Youth Age (29 to 35)	Adult Age (36 to 59)	Old Age (Above 60 Years)	
High	3	40	17	2	62
	4.8%	64.5%	27.4%	3.2%	100.0%
Low	2	47	14	2	65
	3.1%	72.3%	21.5%	3.1%	100.0%
Total	5	87	31	4	127
	3.9%	68.5%	24.4%	3.1%	100.0%

TIP: 34 Respondents haven't provided the data presented in table

The table 4.18 and 4.19 depict the age wise distribution of the accused. Table 4.18 shows the overall age wise distribution of the accused whereas table 4.19 depict the distribution of the accused according to the age in high and low prevalence area. 34 victims did not the shared the age of the accused. out of them 26 were belongs to the high prevalence area and 8 were from low prevalence areas. Maximum accused from the youth age. 64.5 percentage of

respondents from high prevalence area shared that the accused were youth whereas 72.3 percentage of respondents in low prevalence area were youth. Surprisingly 4.8 percentage of responded in high prevalence area and 3.1 percentage of respondents in low prevalence area claimed that the victims were the age of below 18 years. and 3.2 percentage of respondents in high prevalence area and 3.1 percentage of respondents in low prevalence area claimed that the accused were above 60 years of age.

From the above table analysis, it can be concluded the accused were across the age groups, however the percentage of accused is high from the youth and adult age group

Number of accused:

Table: 4.20: Number of accused

Prevalence	Number of accused						Total
	1	2	3	4	5	7	
High	46	17	17	7	1	0	88
	52.3%	19.3%	19.3%	8.0%	1.1%	.0%	100.0%
Low	41	18	8	4	1	1	73
	56.2%	24.7%	11.0%	5.5%	1.4%	1.4%	100.0%
Total	87	35	25	11	2	1	161
	54.0%	21.7%	15.5%	6.8%	1.2%	.6%	100.0%

The table 4.20 depicts the number of persons involved in the crime of violence according the victim women. In maximum number of cases such that according to 52.3 percentage of victim in high prevalence area one person only engaged in the crime whereas in low prevalence area 56.2 percentage of respondents told that only one person was engaged in the crime. According to 19.3 percentage of victim of high prevalence area two individuals were engaged in the crime whereas in low prevalence area according to 24.7 percentage respondents two accused were involved in the crime. Shockingly in one case each in high and low prevalence area more than five persons were engaged in the crime and in low prevalence area in one incidence 7 accused were engaged in the crime.

The above table analysis concluded that although in both the high and low prevalence area the percentage of crime in which one accused in engaged is quite high but then in quite number of cases, the accused were more than one, which is a serious concern.

Treatment by police:

Table: 4.21: Treatment by police

Prevalence	How were victim treated by the police					Total
	Respectfully	Humiliated	Neglected	Initially neglected but later rape	No FIR	
High	51	20	7	2	0	80
	63.8%	25.0%	8.8%	2.5%	.0%	100.0%
Low	50	19	2	0	1	72
	69.4%	26.4%	2.8%	.0%	1.4%	100.0%
Total	101	39	9	2	1	152
	66.4%	25.7%	5.9%	1.3%	.7%	100.0%

TIP: 9 Respondents haven't provided the data presented in table

Table 4.21 depicts the response of the victim respondents towards the treatment of the police they receive in the process of dealing the case. Out of the total 161 respondents 9 did not share their opinion. Out of the 9 respondents 8 were from high prevalence area and one belongs to low prevalence area. 63.8 percentage of respondents from high prevalence area and 66.4 percentage of respondents from low prevalence area agreed that they were treated by the police respectfully. However,25 percentage of respondents from high prevalence area and 26.4 percentage of respondents from low prevalence area claimed that they were humiliated by the police. One respondent from low prevalence area claimed that his FIR has not been registered by the police.

From the above table analysis, it can be concluded that in maximum cases the police dealt with the victim respectfully but the insensitiveness towards the victims is quite high among the police officers which needs to be addressed.

Counseling:

Table: 4.22: Counseling

Prevalence	Were victim given counseling		Total
	No	Yes	
High	67	21	88
	76.1%	23.9%	100.0%
Low	32	41	73
	43.8%	56.2%	100.0%
Total	99	62	161
	61.5%	38.5%	100.0%

The table 4.22 depicts the responses of the victims regarding whether they were given counseling or not. Surprisingly quite several victims did not receive counseling. 76.1 percentage of victims from high prevalence area and 43.8 percentage of respondents from low prevalence area claimed that they did not receive the counseling service while going through the case. As compared to high prevalence area in low prevalence area the victim claimed that they received the counseling services.

From the above table analysis, it can be concluded that although counseling service is the utmost requirement during the process of dealing of the cases, the services is neglected in both the areas. Although percentage wise it is high in high prevalence area but few are neglected in term of counseling services. It should be considered sensitively.

Availing the free legal aid:

Table: 4.23: Availing the free legal aid

Prevalence	Did victim avail the free legal aid facility		Total
	No	Yes	
High	64	15	79
	81.0%	19.0%	100.0%
Low	29	44	73
	39.7%	60.3%	100.0%
Total	93	59	152
	61.2%	38.8%	100.0%

TIP: 9 Respondents haven't provided the data presented in table

The table 4.23 represents the response of the victims regarding the availing of free legal aid services. Out of the total 161 respondents 9 did not respond. Out of the 9 respondents all were from high prevalence area. In the high prevalence area 81 percentage of respondents claimed that they did not receive the free legal aid services. Whereas in low prevalence area 60.3 percentage of respondents claimed that they have received the free legal aid services.

From the above table analysis, the utilization of free legal aid services is quite good in the low prevalence area. In high prevalence area, the reasons of the non-utilization of services need to be identified.

Status of Victim's Case:

Table: 4.24: Status of Victim's Case

Prevalence	Was victim's case resolved		Total
	No	Yes	
High	48	32	80
	60.0%	40.0%	100.0%
Low	23	50	73
	31.5%	68.5%	100.0%
Total	71	82	153
	46.4%	53.6%	100.0%

TIP: 8 Respondents haven't provided the data presented in table

Table 4.24 demonstrates the overall scenario of the cases whether it pending or resolved based on the response of the victim. Out of the 161 respondents 8 respondents did not share their opinion and all of them belong to high prevalence area. In high prevalence area 60 percentage of the victims told that their cases have not been resolved till now whereas maximum 68.5 percentage of respondents belongs to low prevalence area agreed that their cases has been resolved.

From the above table analysis, it can be concluded that the trends of resolving cases in low prevalence area as compare to high prevalence area is quite positive however quite number of cases still pending.

Benefit from Compensation Fund:

Table: 4.25: Benefit from Compensation Fund

Prevalence	Did victim get any benefit from Compensation Fund or similar Fund		Total
	No	Yes	
High	58	16	74
	78.4%	21.6%	100.0%
Low	47	16	63
	74.6%	25.4%	100.0%
Total	105	32	137
	76.6%	23.4%	100.0%

TIP: 24 Respondents haven't provided the data presented in table

Table 4.25 depicts the responses of the victims in term of their opinion regarding whether they received any compensation fund or similar fund. Out of the total respondents 24 did not share their response out of them 14 was from to high prevalence area whereas 10 belong to low prevalence area. Among the respondents of high prevalence area 78.4 percentage of respondents and 74.6 percentage of respondents from low prevalence area shared that they did not receive compensation fund or similar fund.

The above table analysis concludes that the utilization of the benefits of compensation fund or from similar fund is very limited. The reason need to be identified and people must aware about it.

Amount Allotted in Rupees:

Table: 4.26: Amount Allotted in Rupees

Prevalence	How much fund was allotted				Total
	25000	30000	50000	300000	
High	1	1	5	9	16
	6.3%	6.3%	31.3%	56.3%	100.0%
Low	16	0	0	0	16
	100.0%	.0%	.0%	.0%	100.0%
Total	17	1	5	9	32
	53.1%	3.1%	15.6%	28.1%	100.0%

TIP: 129 Respondents haven't provided the data presented in table

The table 4.25 represents the victims who received the benefit of the compensation fund and the amount they received as financial support. Only 32 respondents received the benefit of the fund. In both the high and low prevalence area maximum number of beneficiaries such as 56.3 percentage in high prevalence area and 28.1 percentage in low prevalence area received the benefits of Rupees 300000 (Rupees three lakhs)

From the above table analysis, it can be concluded that very few victims have received the financial support and out then some have received financial support more than rupees 50 thousand. The reason needs to be studied and the community needs to be aware about the financial support given under this.

Provided help for rehabilitation:

Table: 4.26: Provided help for rehabilitation

Prevalence	Were victim provided help for rehabilitation		Total
	No	Yes	
High	64	8	72
	88.9%	11.1%	100.0%
Low	57	12	69
	82.6%	17.4%	100.0%
Total	121	20	141
	85.8%	14.2%	100.0%

TIP: 20 Respondents haven't provided the data presented in table

The table 4.26 depicts the rehabilitation scenario provided to the victim of violence. According to the table out of 161 respondents, 20 did not share their opinion and out of them 16 were from high prevalence area and four belong to low prevalence area. In high prevalence area 88.9 percentage and in low prevalence area 82.6 percentage of respondents said that they did not receive any rehabilitation support.

From the above table analysis, it can be concluded that in both the high and low prevalence area the rehabilitation support extended to the victim is quite low.

Economic help to the victim to survive:

Table: 4.27: Economic help to the victim to survive

Prevalence	Were victim provided any help to survive economically		Total
	No	Yes	
High	58	4	62
	93.5%	6.5%	100.0%
Low	49	1	50
	98.0%	2.0%	100.0%
Total	107	5	112
	95.5%	4.5%	100.0%

TIP: 49 Respondents haven't provided the data presented in table

The table 4.27 demonstrates the opinion of the respondents regarding the economic support extended to the victim. Out of the total 161 respondents 49 did not share their response among which 26 were belong to high prevalence area and 23 belongs to low prevalence area. 93.5 percentage from high prevalence area and 95.5 percentage of respondents from low prevalence area told that they did not receive any economic support.

Summary:

The chapter highlights the various aspects of the violence according to the response from the victims. The district wise and area wise distribution of the respondents indicate that the victims are across the area. Percentage wise differences are observed but the cases of violence are found across the geographical area and within the high and low prevalence area. Similarly, the socio demographic features of the respondents show that the cases of violence are found across the group of people there is no difference based on religion, caste, education etc. Every age group of women has faced violence in their life.

Most of the cases of violence generally took place during the day in which the women are out of the home for livelihood activities and no family members or friends are around.

Surprisingly in most of the cases the accused are the persons known to the victim or may be a person from the neighborhood or a family member. It shows that how much women are safe among the people they know well. Generally, the misconception is that unfamiliar persons or strangers are big threats for women but the reality is completely opposite. Women are not safe among the people they know well. In today's context, still the women remain alone to face the consequences. from this chapter, it was clear that in many cases the women go alone for registering the case and in many instances, they did not get proper treatment from the concerned police officer. As far as services are concerned, many have received the counseling services but many are deprived of counseling. Many of them have not received the free legal aid and financial support.

For prevention and control of crime the women need to be aware and to be trained for their self-defeating behavior and how to identify and protect themselves from the accused as most of the accused are nearby and in the network of known people. They should be aware about the provision and services meant for the victim of violence like counseling, free legal aid, financial benefit so that they can avail these facilities.

Most importantly the police department and the concerned officers need to be trained to develop sensitivity so that they can deal with the victim with more compassion and care.

CHAPTER V

REALITIES FROM POLICE OFFICERS & POLICE STATIONS

Introduction:

Constitutionally, every crime should be reported, and every woman who faced violence of any form should get justice. The trends of reporting influenced by various socio-cultural factors and the justice systems and the attitude of the person associated with the justice system at various level. In India, the rate of unreported sexual violence is "far higher" than statistics indicate.

Historically, in many States, police responses to violence against women have been typified by uneven service delivery, underreporting by both police and victims, and victim dissatisfaction. In the eyes of victims, and society in general, police officers are one of the main sources of help available to victims in case of violence. Attitude of Police is important in facilitating a sense of safety and comfort in women seeking justice-system support for protection. It also has an important symbolic function. Indeed, police officers attitude and responses towards violence send a clear message to victims, offenders, and the wider community, concerning the level of social disapproval and reprobation, or conversely social tolerance, toward this kind of violence. First, attitude of police may shape victims' perceptions of police responses and helpfulness, determining their future willingness to report incidents and call the police for help (Apsler, Cummins, & Carl, 2003. Second, police attitudes are likely to determine the assessment and responses to incidents (Belknap, 1995; DeJong, Burguess-Proctor, & Elis, 2008; Logan, Shanon, & Walker, 2006; Robinson & Chandek, 2000). Different police attitudes may also directly affect, by facilitating or inhibiting, the entry of cases of partner violence against women into the legal system (Jordan, 2004; Rebovich, 1996; Smeenk & Malsch, 2005).

In this chapter the interview was conducted along with the police officers of the different police station in both the high and low prevalence area to understand the status and their attitude and opinion towards the issues of violence against women and their proactiveness

and initiatives to help the victim of the violence for extending the justice to her. The chapter consist almost twenty-six questions related to the crime scenario in the different area and police officer's opinion about crime, complain procedure, handing of the cases, finalization of the cases, pending cases etc.

State wise distribution:

The crime related to women violence scenario is different state wise and within the state, region wise. In some states the crime of violence against women is quite high. In the same way within the district within some region the cases are high. Therefore, it is important to understand the scenario. To understand the situation four states have been considered including Maharashtra, Kerala, UP and Delhi and within these four states two area has been identified as low and high prevalence area. The study area has been depicting in the table 5.1 below.

Table: 5.1: State wise distribution

Responses	Frequency	Percent
Maharashtra	21	26.3
Karla	19	23.8
UP	24	30.0
Delhi	16	20.0
Total	**80**	**100.0**

The table 5.1 discloses the number of police officers who were the respondents for the study. Exact 30 per cent police officers were from the state of Uttar Pradesh whereas 26.3 per cent respondents were from state of Maharashtra. More over 23.8 per cent police officers were from state of Kerala whereas 20 per respondents were from Delhi. All these findings clearly indicate that the number of police officers is directly related to the geographical size of the study area. The bigger the size of the study area the more is the number of respondents.

District Wise Distribution:

To identify the low prevalence area and high prevalence area in the study district two districts from each state has been considered. In Maharashtra, Mumbai as high prevalence area and Gadchiroli as low prevalence area whereas in Kerala Thiruvananthapuram as high prevalence area and Waynad as low prevalence area. In Uttar Pradesh Lucknow, as high prevalence area and Mirzapur as low prevalence area and in Delhi North Delhi as High prevalence area and South East Delhi as low prevalence area were considered which is depict in the table 5.2

Table: 5.2: District Wise Distribution

Responses	Frequency	Percent
Mumbai (MHP)	19	23.8
Gadchiroli (MLP)	2	2.5
Trivendrum (KHP)	11	13.8
Waynadu (KLP)	8	10.0
Lucknow (UPHP)	18	22.5
Mirzapur (UPLP)	6	7.5
North (DHP)	7	8.8
South east (DLP)	9	11.3
Total	**80**	**100.0**

The table 5.2 depicts the distribution of respondents according to the area of low and high prevalence of case related to violence against women in the five districts. In all the study District, maximum respondents belong to the High prevalence area whereas In Delhi Maximum respondent police officers belongs to the low prevalence area. All this finding clearly indicates that the number of police officers in the High prevalence area is quite high whereas in the low prevalence area the number of police officer's availability is less.

Prevalence:

Table: 5.3: Prevalence

Responses	Frequency	Percent
High	57	71.3
Low	23	28.8
Total	**80**	**100.0**

The table 5.3 illustrates the overall distribution of respondent police officers based on the high and low prevalence area. Out of the total 80 police officers 57(71.3%) belongs to the high prevalence area whereas only 28.8 per cent belongs to the low prevalence area. The above findings clearly indicate that the concentration of number of police officers in the high prevalence area is quite high then the concentration of number of police officers in the low prevalence area.

Cases registered in police Station as FIR:

FIR is a very important document as it sets the process of criminal justice in motion. It is only after the FIR is registered in the police station that the police take up investigation of the case therefore It is important to register a complaint with the police regarding the incidence of violence. But in Indian context the scenario is quite different and many women who face the violence never report to any one due to the social stigma associated with it. Hence it is important to study the trends of reporting of case related to violence against women in the study area. Therefore, the efforts have been made to study the frequency of cases reported to police for further legal action which is demonstrated in the table 5.4 below.

Table: 5.4: Cases registered in police Station as FIR

Year	Prevalence	Rape	Acid Attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction	Total
2011	High	104 19.9	0 0.0	305 58.45	77 14.7	36 6.9	522 100.0
	Low	70 42.7	0 0.0	59 35.9	30 18.3	5 3.1	164 100.0
2012	High	85 15.7	1 0.2	249 45.8	159 29.2	50 9.1	544 100.0
	Low	38 25.5	0 0.0	60 40.4	37 24.8	14 9.3	149 100.0
2013	High	146 16.2	1 0.1	453 50.4	225 25.1	73 8.2	898 100.0
	Low	78 33.6	0 0.0	80 34.5	61 26.3	13 5.6	232 100.0
2014	High	183 17.3	0 0.0	576 53.9	181 16.9	128 11.9	1068 100.0
	Low	66 31.1	4 1.9	85 40.1	46 21.7	11 5.2	212 100.0
2015	High	200 13.8	0 0.0	662 45.7	306 21.2	279 19.3	1447 100.0
	Low	106	3	98	76	22	305

		34.6	0.9	32.3	24.9	7.3	100.0
Total		1076 19.4	9 0.2	2627 47.4	1198 21.6	631 11.4	5541 100.0

The table 5.4 illustrates the level of difference of cases reported in the low prevalence and high prevalence area between the year 2011 to 2015. Five different crimes have been considered in this table to understand the nature of crime. It is noticeable that as far as cases of rape is concerned after 2013 the cases are in increasing trends in the high prevalence area whereas in low prevalence area the trends are fluctuating as there is low incidence of rape cases in the year 2014 as compare to the cases of 2013 and then again in 2015 the numbers are 106, which is quite high.

The incidence of acid attack case is quite low as compare to other form of crime against women. The cases are very low before 2013. It is noticed that before 2013 in the year 2012 there is only once case of acid attack was reported in the study area and same in the year 2013. However, the cases of acid attack showed slightly increasing trends after 2013. There are seven cases reported in the study area within two year and out of this seven, four incidences happened in the year 2014 and three cases in the year 2015.

Assault on women with intent to outrage her Modesty was the single largest reported case among all the cases of violence against women. In both the high prevalence and low prevalence area the trends of cases are in increasing order.

As far as cases of insult to modesty of women are concerned the cases are in increasing trends in both the study area. The cases of kidnapping & abduction are also showed increasing trends in a rapid manner. In both the high prevalence and low prevalence area the reported cases are increasing very rapidly.

Based on the findings of the table 6.3 it can be concluded reporting of all the case of violence against women are in increasing trends both in the high prevalence area and low prevalence area. Reporting of the cases is increased very rapid after 2013. Although the reported cases are quite low in the low prevalence area as compare to its counterpart but the reporting of cases is in increasing trends as compare to previous years.

Presence of Women constable while recording statement:

To address the cases of violence effectively according to law the female constable must write the statement narrated by the victim (the constable should not ask victim to write statement as there are high % of victim women who does not know how to write))and the interview should be recorded so that the constable does not distort the facts written as told by victim and then the victim statement should be signed by victim or any relative present during that time if victim is not in a position to read and write or sign. To understand the reality in the study area the aspect has considered in the study and reflected in the table 5.5.

Table: 5.5: Presence of Women constable while recording statement

Prevalence	Is woman constable present at the time of recording the statement?		Total
	No	Yes	
High	1	56	57
	1.8%	98.2%	100.0%
Low	1	21	22
	4.5%	95.5%	100.0%
Total	2	77	79
	2.5%	97.5%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table 5.5 depicts the distribution of the respondents as per the view of the respondents towards the presence of women constable at the time of recording the statement. In both the area the scenario is same. Only one respondent from both the area shared that there is occasion in which the female constable was absent during the time of recording of the case. Whereas 98.2 per cent responds from high prevalence area and 95.5% respondents from low prevalence area agreed that there was female constable during the recording of the case.

Based on the above findings it can be concluded that in both the places the basic requirement is fulfilled according to the law however there are few incidences where the complaints were recorded in absence of women constable which should be taken in to consideration seriously by the department.

Others' Presence while recording the statement:

The Women victims should be dealt with utmost sympathy and sensitivity. Behavior towards the victim should be extremely courteous. In state of going alone for recording the case may create lot of fear and humiliation. In such situation if some other person accompanies the victim it will be a support system for them. Therefore, the victim should be accompanied by the family members and may be also by the professional group for their support and comfort during her time of crisis. To understand the circumstances the aspect of accompaniment of the victim by other support systems for lodging FIR in the study area has been considered and reflected in the table 5.6.

Table: 5.6: Others' Presence while recording the statement

Prevalence	Who else is present while recording the statement						Total
	Nobody	Parents	Social Counsellor	relatives	friends	women constable	
High	13	33	1	5	1	3	56
	23.2%	58.9%	1.8%	8.9%	1.8%	5.4%	100.0%
Low	7	5	1	5	1	2	21
	33.3%	23.8%	4.8%	23.8%	4.8%	9.5%	100.0%
Total	20	38	2	10	2	5	77
	26.0%	49.4%	2.6%	13.0%	2.6%	6.5%	100.0%

TIP: 3 Respondents haven't provided the data presented in table

The table 5.6 indicates the response of the police officers regarding the person accompanied and presented during the recording of the statement by the women victims. According to the table 58.9 percentage in high prevalence area and 23.8 percentage in low prevalence areas parents were accompanied to the victim during recording of the statement. Surprisingly the second highest opinion says that the victim did not accompanied by any individual but came to record the statement alone. In High prevalence area in case of 23.2 percentage of cases the women victim came to record the case alone where in low prevalence area it is 33.3 percentage. In both the low and high prevalence area in few instances i.e. 8.9 percentage cases in high prevalence area and 23.8 percentage in low prevalence area the victims were escorted by the relatives to record their statements.

Based on the data available it can be concluded that still women preferred not to disclose the incidence to other and try to handle the problem themselves. Moreover, it is obvious that still the willingness to take professional support by the victims is very low. In violence situation if the women want to take support then instate of professional support or outsider support they take support of family.

Place of recording statement:

A victim need not come to the police station to lodge the FIR. Instead of a victim going to a police station, women cops can now go to the doorstep of the victim to register her complaint, particularly in cases related to physical or sexual harassment. Police departments of various states and women organizations have made the complaint registration process easier and now the complaints can even be registered through e-mail, post or on the websites of the concerned department. Hence it is necessary to understand the scenario related to place of recording statement in the study area which is reflected in the table 5.7.

Table: 5.7: Place of recording statement

Prevalence	Where is, the statement recorded				Total
	Police Station	Residence of victim	Hospital/ clinic	Place of acutance	
High	38	6	1	8	53
	71.7%	11.3%	1.9%	15.1%	100.0%
Low	12	4	3	2	21
	57.1%	19.0%	14.3%	9.5%	100.0%
Total	50	10	4	10	74
	67.6%	13.5%	5.4%	13.5%	100.0%

TIP: 6 Respondents haven't provided the data presented in table

The Table 5.7 reflected that there are various settings where the statement of the victim has been recorded. Maximum number cases had been recorded at the police station. Majority 71.7 percentage of cases in High prevalence area and 57.1 percentage of cases in low prevalence area had been recorded at the police station which is highest among all place of recording a case. The second setting of recording of case is different in both the low and high prevalence area. In high prevalence area around 15.1 percentage of cases recorded at place of acutance whereas 19 percentage of cases was recorded at the house of victim. Total 10 respondents agreed that case has been recorded in the house of victim. Out of them 11.3 percent of respondents belongs to high prevalence area whereas 19 percentage respondents belong to low prevalence area.

From the above data, it can be concluded that still many cases are being lodged in the police station. Despite provision of recording the case at victim place many are still not able to take the benefit of the provision and maximum cases are recorded at the police station.

Recording statement in Camera:

In some cases, if the police believe you to be 'vulnerable' or 'intimidated' as defined by law, you can make a video recorded statement instead of a written statement.

Video recording is mostly used if you are under the age of 17 (soon to be 18) or are the victim in a sensitive case, for example a sex crime. You will usually be asked to go to a specially equipped video suite, which is situated in certain police stations. In some cases, the police may bring recording equipment to your home or other venue that you have agreed. to understand the situation related to recoding statement in camera the aspect has been studied in this research which is depict in the table 5.8

Table: 5.8: Recording statement in Camera

Prevalence	Is it recorded in-camera		Total
	No	Yes	
High	18	38	56
	32.1%	67.9%	100.0%
Low	6	15	21
	28.6%	71.4%	100.0%
Total	24	53	77
	31.2%	68.8%	100.0%

TIP: 3 Respondents haven't provided the data presented in table

The table 5.8 depicts the number of respondents who indicate the number of cases recorded in the camera. Out of the total respondents 3 respondents did not respond to the question. Out of the total 77 respondents 56 were from high prevalence area and 21 belong to low prevalence area. Among the respondents of high prevalence area 67.9 percentage of respondents were agreed that the statements were recorded in camera whereas 32.1 agreed that the statements are not recorded in the camera. From low prevalence area 71.4 percentage of respondents agreed that the complaints are recorded in camera.

From the information of above table, it can be concluded that in both high and low prevalence area, cases are recorded in camera but still the percentage of cases which is not recorded in camera are quite high in both the area.

Reasons behind not recording statement in camera:

Table: 5.9: Reasons behind not recording statement in camera

Prevalence	If no, what is the reason		Total
	N/A	Considered as a matter of privacy	
High	51	4	55
	92.7%	7.3%	100.0%
Low	22	0	22
	100.0%	.0%	100.0%
Total	73	4	77
	94.8%	5.2%	100.0%

TIP: 3 Respondents haven't provided the data presented in table

The table 5.9 depicts the opinion of the respondents towards non-recording of cases in camera. Out of the total 80 respondents 3 respondents have not provided their opinion regarding this. Out of the total 77 respondents 56 were from high prevalence area and 21 belong to low prevalence area. Among the respondents of high prevalence area 92.7 percentage of respondents did not share the reason whereas 7.3 percentage opinioned that this is because of privacy matter. In low prevalence area, all the respondents did not share their views regarding not recording of cases in camera.

From the data depict above it can be conclude that many of the respondents could not share the valid reason of not recording the cases in camera where few of them shared which should not be the valid reason of not recording the cases in camera.

Pre-statement Counseling:

Counselling efforts should be provided the victim and to the family members and supporters of the accused people so that they can be convinced to offer arrests or surrender of accused persons before the Court. In many cases, due to fear the victim do not revealed the incidence in detail. If a victim will counsel before the recording the case, then she will be mentally and emotionally strong enough to narrate the incidence more firmly and boldly. Hence it is necessary to understand the scenario of counselling of victims before recording her case. It is represented in the table 5.10

Table: 5.10: Pre-statement Counseling

Prevalence	Is victim given counselling to make her comfortable and safe before recording the statement		Total
	No	Yes	
High	6	51	57
	10.5%	89.5%	100.0%
Low	5	17	22
	22.7%	77.3%	100.0%
Total	11	68	79
	13.9%	86.1%	100.0%

TIP: 1Respondents haven't provided the data presented in table

The table 5.10 demonstrates the opinion of the police officers who respond to the question whether the victim given counseling before recording the statement. In both the high and low prevalence area, maximum respondents were opinioned that counseling is being given to the victim women before recording the case. In high prevalence area 89.5 percentage of respondents and in low prevalence area 77.3 percentage of women shared the same view. 10.6 percentage of respondents from high prevalence area and 22.7 percentage of respondents in low prevalence area opinioned that that counseling services are not provided to the victim women before recording the case.

From the above analysis, it can be concluded that although many victims are given prerecording counseling before recording of their cases but still the number is high in which the victims are not given prerecording counseling services which is a matter of which should be look in to very seriously.

Counseling at police station:

Counseling services should be providing to the women victim at the police station. Although many NGOs are providing the same services in country there is an urgent need of extending counseling service at the police station. To examine the availability of the counseling services provided at the police station the opinion of the respondent police officer drew which is demonstrated in the table 5.11

Table: 5.11: Counseling at police station

Prevalence	Does counselling is given in the police station to the victim before recording the statement		Total
	No	Yes	
High	14	41	55
	25.5%	74.5%	100.0%
Low	9	13	22
	40.9%	59.1%	100.0%
Total	23	54	77
	29.9%	70.1%	100.0%

TIP: 3 Respondents haven't provided the data presented in table

The table 5.11 indicates the opinion of the respondents, police officer regarding counseling services at the police station. From high prevalence area 74.5 percentage of police officers agreed that counselling is given in the police station to the victim before recording the statement whereas in low prevalence area the percentage is 59.1 whereas 40.9 percentage agreed that such services are not available in low prevalence area whereas 25.5 percentage agreed that such services are not available in the high prevalence area. As compare to low

prevalence area high prevalence area have more counselling services facilities available at the police station.

From the above table analysis, it can be concluded that although the percentage of counselling services in high prevalence areas as compare to low prevalence area is more there is an urgent need to set more and more counselling services in both the areas for support and help of women victims of violence.

Counseling other than police station:

First, the counseling services should be provided at the police station and if the service is not available due to some unavoidable circumstances the service should be provided to the victims with the help of other available services. To understand the scenario of alternative counseling services considered by the different police station in both high and low prevalence area this opinion of the police officer respondents has been considered which is demonstrated in the table 5.12 below.

Table: 5.12: Counseling other than police station

Prevalence	If not given in police station, do you send the victim for any of the below					Total
	N/A	NGO	Family counseling center	Private psychologist	Women's cell	
HP	34	10	5	0	5	54
	63.0%	18.5%	9.3%	.0%	9.3%	100.0%
LP	11	6	4	2	0	23
	47.8%	26.1%	17.4%	8.7%	.0%	100.0%
Total	45	16	9	2	5	77
	58.4%	20.8%	11.7%	2.6%	6.5%	100.0%

TIP: 3 Respondents haven't provided the data presented in table

Table 5.12 indicate the different agency of counseling the police department take for counseling of women victim in case of absence of counseling services at the police station. Out of 54 respondents from high prevalence area 18.5 percentage of police officer opinioned that help is being taken by NGO for counseling services whereas 9.3 percentage opinioned that help is taken from family counseling services whereas 9.3 percentage shared that they take help of women's cell. More over in low prevalence area 26.1 percentage of respondents shared that help is being taken by NGO whereas 17.4 respondents agreed that counseling support has been taken from family counseling services. As far as counseling service from private psychologist is concern 8,7 percentage of respondents from low prevalence area agreed of taking help whereas none of the respondents shared that help is being taken by the private psychologist. As far as women cell is concern in high prevalence area 9.3 percent respondents agreed that they take help whereas in low prevalence area no support services have been drawn from women cell.

From above table analysis, it can be concluded that the support service for counseling in both high and low prevalence area are existing but it draws the attention about drawing more counseling support services in both the area for better counseling services.

Time involved in recording statement:

Time is an important factor which indicates the sensitiveness and pro activeness of the concern police officers in addressing the issues of the victim. It is important for the police officers to record the case of the victim immediately after she reaches to the police station for register the complaint as the same time they should listen very carefully and give much time to the victim to explain the situation. Hence it is important to consider the time factor in the study which is depicting in the table 5.13 below.

Table: 5.13: Time involved in recording statement

Prevalence	How much time does it take to record the statement						Total
	.00	1.00	2.00	3.00	4.00	5.00	
High	2	20	16	6	3	0	47
	4.3%	42.6%	34.0%	12.8%	6.4%	.0%	100.0%
Low	2	7	2	1	0	1	13
	15.4%	53.8%	15.4%	7.7%	.0%	7.7%	100.0%
Total	4	27	18	7	3	1	60
	6.7%	45.0%	30.0%	11.7%	5.0%	1.7%	100.0%

TIP: 20 Respondents haven't provided the data presented in table

The table 5.13 portrays the time associated with recording the statement of the women victim. According to the table out of the 80 respondents 20 respondents did not respond to this question. Out of the twenty respondents 10 each from both high prevalence area and low prevalence area did not respond. From the prevalence area, maximum respondents i.e., 42.6 percentage respondents from high prevalence area and 53.8 percentage from low prevalence area opinioned that it just takes one minute to record the case. One respondent that is 7.7% from the low prevalence area shared that it takes almost 5 minutes to register

the complaint. More over 4.3 percentage respondents from high prevalence area and 15.4 percentage respondents from low prevalence area shared that it not even takes one minute to record the case of women victim of violence.

From the data, it can be concluded that the recording of the cases just take between below one minute up to maximum 5 minutes. Further it shows the sensitiveness and seriousness of the police officers towards registering the case. The concern officer should immediately respond to the victim but spend quality of time in registering the case as much as possible.

Times of narrating incident by Victim:

Victim of violence is scared and disturb in her emotion and mental status and it is not very easy to explain the incidence in detail to someone. When a victim comes to the police station to lodge a complaint or to record the statement she is more scared and not very open to narrate her incidence. It is the responsibility of the concern police officer to deal the case with sensitive and with much care by devotes some quality of time so that the victim may feel comfortable and narrate the incidence. To understand the sensitivity of police officer in handling the victim during the time of recording her complain the time given to the victim in narrating her complain has been considered in the study and depict in the table 5.14.

Table: 5.14: Times of narrating incident by Victim

Prevalence	How many times does the victim narrate incident generally?					Total
	.00	1.00	2.00	3.00	4.00	
High	9	26	12	3	3	53
	17.0%	49.1%	22.6%	5.7%	5.7%	100.0%
Low	6	1	4	1	1	13
	46.2%	7.7%	30.8%	7.7%	7.7%	100.0%
Total	15	27	16	4	4	66
	22.7%	40.9%	24.2%	6.1%	6.1%	100.0%

TIP: 14 Respondents haven't provided the data presented in table

The table 5.14 reflect the responses of the police officers with regards to the amount of time they provide the victim to narrate her incidence. According to the data of the table shockingly 14 respondents, out of which 4 are from high prevalence area and 10 from low prevalence area did not responded. Out of the 53 respondents from the high prevalence area, 49.1 percentage of the respondents shared that maximum one minute the victim take to narrate the incidence whereas 17 percentage agreed that they just need below one minute to narrate the incidence and only 5.7 percentage respondents agreed that they need 5 minute to narrate the incidence of the victim. In the low prevalence area, out of the 13 respondents maximum 7.7 said it just required one minutes whereas 46.2 percentage of respondents said it just required below one minutes and only 6.1 percentage agreed that it required four minutes to narrate the case.

From the data given in the table it can be conclude that many police officer provides less time for the victim to narrate her incidence which is difficult for the victim to narrate in detail immediately whereas only few opinioned that more time is required to narrate the case. The victim should be given sufficient time to come up from the shock and narrate her incidence in detail and the police officers should patiently and sensitively listen to the victim and address.

Insisting sending victim for medical examination before filing the FIR:

If the victim approaches the police first, it is their responsibility to take her to a hospital. If the victim goes to the hospital first and indicates her wish to file a complaint, it is the responsibility of the hospital to inform the police. The biggest step to make rape victim's life less traumatic is that now she can straightaway approach a doctor for medical examination without filing a first information report. Thus, it is important to understand the view of the police officers and their perseverance regarding insisting the victim to go for medical examination before filing the FIR which is demonstrate in the table 5. 15.

Table: 5.15: Insisting sending victim for medical examination before filing the FIR

Prevalence	Do you insist on sending victim for medical examination before filing the FIR			Total
	.00	No	Yes	
High	2	33	20	55
	3.6%	60.0%	36.4%	100.0%
Low	2	9	12	23
	8.7%	39.1%	52.2%	100.0%
Total	4	42	32	78
	5.1%	53.8%	41.0%	100.0%

TIP: 2 Respondents haven't provided the data presented in table

The table 5.15 reveal that out of the total 80 respondents 2 were did not shared their view regarding this question and both the police officers are from the high prevalence area. In the high prevalence area maximum of the respondents which is about 60 percentage shared that they did not insist on sending the victim for medical examination before filing the FIR whereas the scenario is opposite in the low prevalence area. More than half 52.2 percent of the respondents' opinioned that they do insist on sending victim for medical examination before filing the FIR.

From the above table analysis, it is concluded that in the low prevalence area the respondents police officers give importance towards the medical examination whereas in high prevalence area the realization of importance of medical examination need to enhance.

Reasons for not insisting sending victim for medical examination before filing the FIR:

Quite number of police officer specially in the high prevalence area opinioned that they don't insist the victim to go for medical examination before registering the case. To find out and understand the underlying reason effort has been made in this study which is depict in the table 5. 16

Table: 5.16: Reasons for not insisting sending victim for medical examination before filing the FIR

Prevalence	If yes, what is reason		Total
	N/A	If injured not in condition to give statement	
High	46	10	56
	82.1%	17.9%	100.0%
Low	18	5	23
	78.3%	21.7%	100.0%
Total	64	15	79
	81.0%	19.0%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table 5.16 demonstrates the responses of the police officers related to the various reasons why they do not insist the victim to go for medical checkup. One respondents did note provided his responses and he is from high prevalence area. Out of the total respondents in 82.1 percentage of respondents from high prevalence area did not cited any special reason why it is not necessary for medical examination before giving statement whereas 17.9 percentage claims that if the victim is injured then she is not being a condition to give statement. Similarly, in the low prevalence area 78.3 percentage of respondents have do not have any valid reason to cite whereas 21. 7 percentage shared the same statement that if the victim is injured then she is not being a condition to give statement.

From the above table analysis, it can be concluded that the misconception regarding the medical examination is very high among the respondents and the sensitivity towards medical examination of the victim is low among the respondents which need a special and immediate attention.

Encouraging victim to file complaint:

In many instance despite the victimization many women did not want to file complain against the culprit out of stigma or fear. sometime the victim come to the police station to lodge a complaint but out of fear she withdraws the complaint on never record a complain.

In such circumstances, it is also the responsibility of the police officer in charge to motivate the victim to record or file her complains. To understand the circumstances and effort of the police officer to encourage the victim to lodge a complaint the study tried to find out their opinion. This has been depicting in the table 5. 17 below.

Table: 5.17: Encouraging victim to file complaint

Prevalence	Have you encouraged any victim to file her complaint		Total
	No	Yes	
HP	14	35	49
	28.6%	71.4%	100.0%
LP	1	18	19
	5.3%	94.7%	100.0%
Total	15	53	68
	22.1%	77.9%	100.0%

TIP: 12 Respondents haven't provided the data presented in table

The table 5.17 demonstrates the response of the concern police officers regarding their effort to encourage the women victim to lodge or file a complaint. out of the total 80 respondents did not responded to this question out of them 8 were from high prevalence area whereas 4 were from low prevalence area. out of the 49 respondents from high prevalence area maximum 71.4 percentage respondents shared that they encourage the victim to lodge complain whereas 28.6 percentage shared that they have not encourage the victim to lodge the complaint. The scenario is almost same in the low prevalence area out of the total 19 respondents 94.7 percentage shared that yes, they have encouraged the victim to lodge the complaint whereas 5.3 percentage have not encouraged the victim to lodge the complaint.

From the above table analysis, it can be concluding that although the sensitiveness and concern of the police officers towards the victim is there but it is not cent percent. All the police officers should have that concern so that they motivate the victims to lodge the complaint.

Circumstances in which victim get hesitated to file the complaint:

Hesitation by the victim to lodge a complaint is the biggest challenges faced in India. There are several factors related to social condition in India responsible for this. It is very much important to understand the underlying factors. Moreover, it is very much important to understand what the protector of the law think is the main hurdle towards the hesitation of the victim with regards to lodging the complaint. This has been considered in this study and demonstrated in the table 5.18

Table: 5.18: Circumstances in which victim get hesitated to file the complaint

Prevalence	Under which circumstances the victim gets hesitated to file the complaint				Total
	Family Pressure	Caste pressure	Future social stigma	Fear of insult of family	
HP	18	4	11	2	35
	51.4%	11.4%	31.4%	5.7%	100.0%
LP	7	1	4	0	12
	58.3%	8.3%	33.3%	.0%	100.0%
Total	25	5	15	2	47
	53.2%	10.6%	31.9%	4.3%	100.0%

TIP: 33 Respondents haven't provided the data presented in table

The table 5.18 represent the outlook of the respondent police officers the various underlying casus towards the hesitation of the respondents for not lodging the complaint. Four factors

have been identified which is family pressure, caste pressure, future social stigma and fear of insult of family. Out of the total 80 respondents shockingly 33 did not shared their view regarding the underlying cause. out of the 33 respondents 21 were from high prevalence area and 11 were from low prevalence area. In high prevalence area, out of the 35 respondents highest number of respondents, 51.4 percentage consider family pressure was the single major hurdle followed by future social stigma which is shared by 31.4 percentage of respondents. In the same way in low prevalence area out of the 12 respondents 58.3 percentage consider the family pressure is the major hurdle whereas 33.3 percentage believed that future social stigma is the major hurdle.

From the above table analysis, it can be considered that realization of the major hurdle in term of lodging the complaint is very poor among the police officers whereas the social factor associate with the stigma and fear are the major hurdle existing within the community. This needs a special attention to change the outlooks of the concern respondents towards the problems so that the outlooks of the police officer might change positively.

Informing victim about the availability of free legal aid:

Legal Aid which means giving free legal services to the poor and needy who are unable to afford the services of an advocate for the conduct of a case or a legal proceeding in any court, tribunal or before a Judicial authority. The preamble of the Indian constitution basically aims to secure to the people of India justice – socio economic and political. In case of a women victim who is poor and needy she is eligible for entitlement of the legal aid services. In some situation, due to lack of resources and support many victims became silent despite the violence. In such situation, it is the responsibility of the police officers to inform and aware the victim about the free legal aid services available at different sources. To understand the effort of the police officers to inform the victims about such incidences the studies tied to understand the responses of the police officer whether they inform the victims about the availability of free legal aid services.

Table: 5.19: Informing victim about the availability of free legal aid

Prevalence	Do you inform the victim about the availability of free legal aid		Total
	No	Yes	
HP	11	44	55
	20.0%	80.0%	100.0%
LP	1	19	20
	5.0%	95.0%	100.0%
Total	12	63	75
	16.0%	84.0%	100.0%

TIP: 5 Respondents haven't provided the data presented in table

The table 5.19 represents the view of the respondent police officers about whether they inform the victim about the availability of free legal aid services. It shows that out of the total 80 respondents 5 did not respond to the question out of which 2 were from high prevalence area and three were from low prevalence area. Out of the 55 respondents from high prevalence area 80 percentage shared that they inform the victim about the free legal aid services whereas 95 percentage respondents out of 20 respondents from low prevalence area do inform the victim about the free legal aid services.

From the above table analysis, it can be concluded that more police officer has a concern towards the poor a marginalized woman a want to help through the free legal aid services still there is a need of raising sensitivity among the all police officers so that they will be more sensitive and every one take responsibility to inform about the free legal aid services to the needy and marginalized victims.

Sealing and submitting evidentiary property of the victim and culprit to the court:

Evidence plays important role in the proceeding in the legal matter. In many cases the interruption of the evidence by the culprit or mishandling of the evidence by the officers mislead the case and the victim is unable to get the justice. Hence it is very much important to handling the evident carefully and submitting it by sealing to the court. To understand

their attitude and to understand their role in handling the evidence it was considered in the study which is depict in the table 5.20

Table: 5.20: Sealing and submitting evidentiary property of the victim and culprit to the court

Prevalence	Is an evidentiary property of the victim and culprit, sealed and submitted to the court		Total
	No	Yes	
HP	11	44	55
	20.0%	80.0%	100.0%
LP	2	19	21
	9.5%	90.5%	100.0%
Total	13	63	76
	17.1%	82.9%	100.0%

TIP: 4 Respondents haven't provided the data presented in table

The table analysis in the table 5.20, reflect the responses of the respondent police officers about their initiatives towards handling the evident carefully and submitting the property of the victim and culprit, sealed to the court. According to the date revealed out of the total 80 respondents 4 did not respondents to this question out of which two were from high prevalence area two were from low prevalence area. The scenario is same in both the high and low prevalence area out of the 55 respondents from high prevalence area 80 percentage agreed that the evidentiary property of the victim and culprit, sealed and submitted to the court. In the same way, out of the 21 respondents from low prevalence area 19 agreed that the evidentiary property of the victim and culprit, sealed and submitted to the court.

However, it is shocking that quite number of respondents shared that they did not handled the evident carefully and the evidentiary property of the victim and culprit, is not sealed and submitted to the court. This need to be addressed seriously. Every officer should be handled the evident property carefully and according to the procedure.

Cases proved, and accused was punished as per your police station record:

Once the victim registered a case it is expected that the culprit should be punished if he is accused. But in India due to lack of strong and fair legal procedure in many case the accused in not punished and set free due to lack of strong legal support for the victim. It is very much important to understand in the study area what is the situation of confirmation of the case and the rate of punishment awarded to the culprit. In this section of the study effort has been made to understand the scenario in both the high prevalence and low prevalence area which has been depicting in the table 5.21.

The table 5.21 demonstrate the time line with number of cases related to violence against women in which the case is proved and the culprit is awarded punishment in both the high and low prevalence area. it indicates the number of cases from 2011 to 2015 and the number of cases proven and number of cases pending during the same duration. It is obvious from the table that there is an increasing trend of reporting of the case between the periods in the high prevalence area whereas in the low prevalence area the trends are fluctuating. However as far as number of cases proven there is a fluctuating trend before 2013 and then it shows an increasing trend whereas in the low prevalence area the trends are fluctuating it was quite low which is 22 percentage in 2014 as compare to 28.2 percentage in 2011.

The trends of the pending cases between 2011 to 2015 is shows a steadily increased.

From above table analysis, it can be concluded that the number of the crime against women coming in to lime light in an increasing manner however conviction of the case is not appropriate with the reporting case and the pending cases is tremendously increasing. This needs a special attention.

Table: 5.21: Cases proved, and accused was punished as per your police station record

Year	Prevalence	No of cases registered	No of cases proven	No of cases pending	Total
2011	**High**	484	264	188	936
		51.7	28.2	20.1	100.0
	Low	135	86	42	263
		51.4	32.7	15.9	100.0
2012	**High**	541	257	216	1014
		53.4	25.3	21.3	100.0
	Low	111	73	37	221
		50.2	33.1	16.7	100.0
2013	**High**	794	342	379	1515
		52.4	22.5	25.1	100.0
	Low	171	96	64	331
		51.7	29.1	19.2	100.0
2014	**High**	887	380	398	1665
		53.3	22.8	23.9	100.0
	Low	168	92	73	333
		50.5	27.6	21.9	100.0
2015	**High**	1206	559	521	2286
		52.7	24.5	22.8	100.0
	Low	242	145	113	500
		48.4	29.0	22.6	100.0

Total	4739	2294	2031	9064
	52.3	25.3	22.4	100.0

Sending victim to any Trauma treating center:

Victim of violence generally traumatized due to the negative psychological experience. When a victim is in trauma there is a threat to her life in term of physical and mental condition. If the Individual is in trauma she need the traumatic treatment as soon as possible and it is the responsibility of the police officers also to make immediate arrangement for her to access the service of traumatic treatment. In this study the effort has been made to understand the outlook of the respondent police officers about sending the victim for any trauma treating center of treatment which has been depict in the table 5.21.

Table: 5.21: Sending victim to any Trauma treating center

Prevalence	**Do you send victim to any Trauma treating center**		**Total**
	No	**Yes**	
High	29	22	51
	56.9%	43.1%	100.0%
Low	5	16	21
	23.8%	76.2%	100.0%
Total	34	38	72
	47.2%	52.8%	100.0%

TIP: 8 Respondents haven't provided the data presented in table

The table 5.21 analysis shows the initiatives of the police officer regarding sending the victim of violence to trauma center for treatment and support. It shows that 8 respondents did not respondents to the questions out of which 6 were from high prevalence area whereas two were from the low prevalence area. In high prevalence area 43.1 percentage of respondents agreed that they send the victim to the trauma center for the treatment whereas 76.2

percentage of respondents in low prevalence area send the victim to the trauma center for the treatment.

From the above table analysis, it can be concluding that although all the police officer should send the victim to the trauma center for treatment many did not send them. The reason may be there is lack of trauma center or may be victim did not need the traumatic treatment of may be police officer does not want to take the special effort. the reason need to be find out and address seriously for better psychological support of the victim.

Informing victim about Victim Compensation and similar funds:

Crime victim compensation programs across the country offer crucial financial assistance to victims of violence. Victims of violent crime may suffer financial stress as devastating as their physical injuries and emotional trauma. Recovering from violence or abuse is difficult enough without having to worry about how to pay for the costs of medical care and counselling, or about how to replace lost income due to disability or death. The good news is that every state has a crime victim compensation program that can provide substantial financial assistance to crime victims and their families. And while no amount of money can erase the trauma and grief victims suffer, this aid can be crucial in the aftermath of crime. But the situation is many of the people do not know about the compensation. If such victim comes to the police station it is the responsibility of the police officer to aware or inform the victim about the fund so that the victims can get the benefits of the schemes. To understand how is the scenario related to the role of police in informing the victim about the fund the question was asked to the respondents in this table 5.22.

Table: 5.22: Informing victim about Victim Compensation and similar funds

Prevalence	Do you inform the victim about Victim Compensation and similar funds		Total
	No	Yes	
High	14	40	54
	25.9%	74.1%	100.0%
Low	2	18	20
	10.0%	90.0%	100.0%
Total	16	58	74
	21.6%	78.4%	100.0%

TIP: 6 Respondents haven't provided the data presented in table

The table 5.22 depicts the variation of the role of police officer in informing the victim about the compensation and similar funds. It shows that out of the total respondents 5 did not respondents out of which three were from high prevalence area and three were from low prevalence area. 74.1 percentage respondents from 54 in high prevalence area shared that they inform the victim about Victim Compensation and similar funds whereas 90 percentage in the low prevalence area shared that they inform the victim about Victim Compensation and similar funds.

From the analysis, it can be concluded that although higher percentage of the police officer respondents inform the victim about the fund but still there are some officer who does not inform about the schemes and it should be ensured by the police department that all the officers should inform the victim about the funds available.

Change in lodging complaint by the victim:

Changing of lodging complains is quite common especially among the marginalized section. Out of the fear and pressure from the powerful and rich people. it is very much important to understand such trends. Hence effort has been made in this study the look in the matter of trends of change in lodging complain by the victim which is depict in the table 5.23

Table: 5.23: Change in lodging complaint by the victim

Prevalence	Lodging complaint by the victim			Total
	Can't say/ No Response	Negative	Positive	
High	9	2	45	56
	16.1%	3.6%	80.4%	100.0%
Low	8	1	14	23
	34.8%	4.3%	60.9%	100.0%
Total	17	3	59	79
	21.5%	3.8%	74.7%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table 5.23 shows the number of complain changed by the victim after lodging complain by the victim. It shows that only one respondents did not respond to the questions who is belongs to the high prevalence area. In high prevalence area 3.6 percentage cases were found in which the victim changed the lodging complain whereas 9 percent respondents said were unsure about it. In the same way 4.3 percentage respondents in high prevalence area have changed the complaint whereas 34.8 percentage shared they are not sure about the status.

From the above table analysis, it can be concluding that although many cases were not changed but still few cases were changed after lodging the complaint which need a special attention and the reason need to be study in dept.

Change in Complaint mechanism:

To understand the nature of change in complains mechanism attempt has been made to study the opinion of the police officer which is demonstrated in the table 5.24 below.

Table: 5.24: Change in Complaint mechanism

Prevalence	Complaint mechanism			Total
	Can't say/ No Response	Negative	Positive	
High	7	6	43	56
	12.5%	10.7%	76.8%	100.0%
Low	8	0	15	23
	34.8%	.0%	65.2%	100.0%
Total	15	6	58	79
	19.0%	7.6%	73.4%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table analysis in table 5.24 replicate the responses of the police officer regarding the change in mechanism of complain. Out of the total respondents one respondents belongs to high prevalence area did not responded whereas 76.8 percentage of respondents provided positive feedback whereas 65.2 percentage of respondents from low prevalence area given the positive statement whereas 12.5 percentage of respondents from high prevalence area and 34.8 percentage of respondents from low prevalence area shared that they are unable to share their feedback regarding this.

From the table analysis, it can be concluded that despite high positive response in both the high and low prevalence area still the uncertain response among the police officers is high and still negative feedback are received which need to be consider for further strengthening of the system and developing the sensitivity of the police officers towards it.

Change in Awareness about Law:

Awareness aspect is the powerful aspect in proper function of the law and specially in execution and demanding of proper implementation of the law. If the peoples are aware about the law, then they can take proper legal steps. In our country, especially among the marginalized groups people are unaware about the law which leads to lack of demand to its

implementation. The laws and provision related to violence against women need to be communicate to the marginalized group and public for their knowledge and action. Here the endeavor was made to understand about the level of awareness related to the law in the table 5.24.

Table: 5.24: Change in Awareness about Law

Prevalence	Awareness about Law			Total
	Can't say/ No Response	Negative	Positive	
High	8	4	44	56
	14.3%	7.1%	78.6%	100.0%
Low	8	1	14	23
	34.8%	4.3%	60.9%	100.0%
Total	16	5	58	79
	20.3%	6.3%	73.4%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table analysis of 5.24 demonstrates the level of awareness about the law in low and high prevalence area. One respondents belong to high prevalence area did not respond to the question whereas 14.3 respondents from high prevalence area and 34.8 percentage from low prevalence are could not share their view. As far as positive view is concern 78.6 percentage of respondents from high prevalence area and 60.9 percentage of respondents from low prevalence area were positive towards their responses.

From the above table analysis, it can be concluded that although highest percentage of respondents were aware about the change in law but still many respondents were uncertain about the situation and still quite number were negative opining that means the awareness is not among all the victims.

Change in Facilities to victims:

It is important to understand what is the facilities extended to the victim and whether is there any change took place in extending the facilities to the victim. The opinion of the respondents towards the change in facilities extended to victim were tired to find out and demonstrated in the table 5.25.

Table: 5.25: Change in Facilities to victims

Prevalence	Facilities to victims			Total
	Can't say/ No Response	Negative	Positive	
High	11	3	42	56
	19.6%	5.4%	75.0%	100.0%
Low	9	0	14	23
	39.1%	.0%	60.9%	100.0%
Total	20	3	56	79
	25.3%	3.8%	70.9%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table analysis of table 5.25 shows that one respondents from the high prevalence area did not shared his opinion whereas 75 percentage respondents from high prevalence area and 60.9 percentage of the respondents from low prevalence area provided positive opinion.

From the above table analysis, it can be concluded that although highest percentage of the respondents were positive but still the uncertainty among the respondents prevailed and few have the negative opinion which need to be understand clearly.

Any Other changes observed in these three years:

As the trends of the crime is rapidly coming in to lime light because of the people's awareness and breaking the boundaries. it is important to understand the trends and changes taking place regarding to the crime in the study area which has been tried and demonstrated in the table 5.26.

Table: 5.26: Any Other changes observed in these three years

Prevalence	If any Other changes do you observed in these three years	Total
	No of crimes reported increased	
High	6	6
	100.0%	100.0%
Low	2	2
	100.0%	100.0%
Total	8	8
	100.0%	100.0%

TIP: 72 Respondents haven't provided the data presented in table

The above table analysis indicates that out of the total respondents 72 respondents were not agreed to share their responses. Among them 61 respondents were from the high prevalence area and 21 were from the low prevalence area. Out of the 8 respondents 6 from high prevalence area agreed that there is an increase of reported crime in the area whereas 2 from the low prevalence area shared the same.

From the above table analysis, it is concluded that eagerness to share the realities and the concern towards the issues is quite low among the police officer in both the area which need to be enhance.

Summary:

This chapter attempted to explore the Realities from Police Officers & police Stations and the prominent findings of the chapter are mentioned below:

- Exact 30 per cent police officers were from the state of Uttar Pradesh;
- More than one fifth 22.5 per cent of the respondents belongs to Lucknow;
- Out of the total 80 police officers 57(71.3%) belongs to the high prevalence area whereas only 28.8 per cent belongs to the low prevalence area;

- Reporting of the cases are increased very rapid after 2013;
- 98.2 per cent responds from high prevalence area and 95.5% respondents from low prevalence area agreed that there was female constable during the recording of the case.;
- Still women preferred not to disclose the incidence to other and try to handle the problem themselves;
- Majority 71.7 percentage of cases in High prevalence area and 57.1 percentage of cases in low prevalence area had been recorded at the police station which is highest among all place of recording a case;
- From low prevalence area 71.4 percentage of respondents agreed that the complaints are recorded in camera;
- Among the respondents of high prevalence area 92.7 percentage of respondents did not shared the reason whereas 7.3 percentage opinioned that this is because of privacy matter;
- In high prevalence area 89.5 percentage of respondents and in low prevalence area 77.3 percentage of women shared the same view;
- From high prevalence area 74.5 percentage of police officers agreed that counseling is given in the police station to the victim before recording the statement;
- Out of 54 respondents from high prevalence area 18.5 percentage of police officer opinioned that help is being taken by NGO for counseling services;
- From the prevalence area, maximum respondents i.e., 42.6 percentage respondents from high prevalence area and 53.8 percentage from low prevalence area opinioned that it just takes one minute to record the case;
- Out of the 53 respondents from the high prevalence area, 49.1 percentage of the respondents shared that maximum one minute the victim take to narrate the incidence;
- In the high prevalence area maximum of the respondents which is about 60 percentage shared that they did not insist on sending the victim for medical examination before filing the FIR;

- Out of the total respondents in 82.1 percentage of respondents from high prevalence area did not cited any special reason why it is not necessary for medical examination before giving statement;
- Out of the 49 respondents from high prevalence area maximum 71.4 percentage respondents shared that they encourage the victim to lodge complain;
- Out of the total 80 respondents shockingly 33 did not shared their view regarding the underlying cause;
- Out of the 55 respondents from high prevalence area 80 percentage shared that they inform the victim about the free legal aid services;
- The scenario is same in both the high and low prevalence area out of the 55 respondents from high prevalence area 80 percentage agreed that the evidentiary property of the victim and culprit, sealed and submitted to the court;
- Number of the crime against women coming in to lime light in an increasing manner however conviction of the case is not appropriate with the reporting case and the pending cases is tremendously increasing;
- high prevalence area 43.1 percentage of respondents agreed that they send the victim to the trauma center for the treatment whereas 76.2 percentage of respondents in low prevalence area send the victim to the trauma center for the treatment;
- 74.1 percentage respondents from 54 in high prevalence area shared that they inform the victim about Victim Compensation and similar funds whereas 90 percentage in the low prevalence area shared that they inform the victim about Victim Compensation and similar funds;
- In high prevalence area 3.6 percentage cases were found in which the victim changed the lodging complain whereas 9 percent respondents said were unsure about it. In the same way 4.3 percentage respondents in high prevalence area have changed the complaint whereas 34.8 percentage shared they are not sure about the status;
- Out of the total respondents one respondents belongs to high prevalence area did not responded whereas 76.8 percentage of respondents provided positive feedback;

- As far as positive view is concern 78.6 percentage of respondents from high prevalence area and 60.9 percentage of respondents from low prevalence area were positive towards their responses;
- From the high prevalence area, did not shared his opinion whereas 75 percentage respondents from high prevalence area and 60.9 percentage of the respondents from low prevalence area provided positive opinion; and
- Out of the 8 respondents 6 from high prevalence area agreed that there is an increase of reported crime in the area whereas 2 from the low prevalence area shared the same.

Conclusion:

This chapter focused the opinion and attitude of police officers who have dealt with the violence victim in the different parts of the selected study area. This chapter gives us a clear-cut understanding about the opinion of the police officers towards the problems and the experience they gain while handling the case. The trends of the reported cases are increasing people started coming up and reporting the cases. although the police officers are trying to fulfil their duties the sensitiveness towards the victim found not very strong. There is a need of building awareness and sensitiveness among the police to deal with the victim more patiently. Along with their duty they must play important role of a guide comforter and counsellor. If they will be more sensitive than many victim will be feel free to come to the police station to report the case and hidden incidence will be come in to lime light for legal action. Hence police have a very crucial role in preventing the crime and helping the victim to take a stand for legal action against the accused.

CHAPTER VI

REALITIES FROM PUBLIC PROSECUTOR

Introduction:

The role of the Public Prosecutor begins once the police has conducted the investigation and filed the charge sheet in the court. He represents the interests of the State and conduct the prosecution on behalf of the State. The Public Prosecutor is not involved in the investigation that is conducted by the police. The role of the Prosecutor is not to single-mindedly seek a conviction regardless of the evidence but his/her fundamental duty is to ensure that justice is delivered. A Public Prosecutor is an independent entity from police and police cannot order her/him to conduct prosecution in a way. Police, politicians or any other extraneous party cannot influence her/his actions, including her/his discretion to decide withdrawal of a case. The Public Prosecutor represents the State but not the police and can only be influenced by public interest. There for it is very much important to understand the opinion of the public prosecutors towards the crime of violence and their opinion about their roles and responsibilities towards the victims while handling the case of violence.

Keeping the need and importance in mind this structures was designed to understand their opinion towards the crime and the role and responsibilities, the difficulties they face while dealing the cases and the effort they make to help the victim in every possible way. which is discussed and highlighted in the table 6.1 to 6.21 based on the various aspects.

State wise distribution:

Table: 6.1: State wise Distribution

State	Frequency	Percent
Maharashtra	14	20.6
Kerala	7	10.3
UP	31	45.6
Delhi	16	23.5
Total	68	100.0

The table 6.1 represent the state wise distribution of the respondent public prosecutor who contributed in the study. According to the table total 68 public prosecutors have contributed by sharing their opinion on various question. Out of the total 68 respondents' maximum 45.6 percentage of respondents were belongs to the state of UP. the second highest groups of respondents belong to the state of Delhi. Lowest 10.3 percentage of the public prosecutors are from the state of Kerala.

From above table analysis, it can be concluded that participation from the public prosecutors are ensured in almost all the study state however Public prosecutors belongs to UP and Delhi shows the maximum participation.

District wise Distribution:

Table: 6.2: District wise Distribution

District	Frequency	Percent
Mumbai (MHP)	13	19.1
Gadchiroli (MLP)	1	1.5
Trivendrum (KHP)	5	7.4
Waynadu (KLP)	2	2.9
Lucknow (UPHP)	10	14.7
Mirzapur (UPLP)	21	30.9
North (DLP)	12	17.6
South east (DHP)	4	5.9
Total	68	100.0

The table 6.2 demonstrate the distribution of the respondent public prosecutors based on the prevalence area. Out of the total 68 public prosecutors 32 belongs to the high prevalence area whereas 36 belongs to the low prevalence area. Out of the 32 public prosecutors from high prevalence area highest 19.1 percentage of respondents belongs to Mumbai high prevalence area followed by Lucknow which is high prevalence area of Uttar Pradesh. Out of

the total 36 respondents from low prevalence area Maximum 30.9 percentage of respondents belongs to Mirzapur which is the low prevalence area of Uttar Pradesh.

The above table analysis concluded that from all the state and within the state from all the high and low prevalence area the public prosecutors participated and contributed in the study. However highest number of contribution achieved from UP and Maharashtra and Delhi

Prevalence wise Distribution:

Table: 6.3: Prevalence wise Distribution

Prevalence	Frequency	Percent
High	32	47.1
Low	36	52.9
Total	68	100.0

The table 6.3 demonstrate the segregation of the respondents based on the high and low prevalence area. It is clear from the table that 47.1 percentage of respondents were belongs to high prevalence area whereas 52.9 percentage of respondents were belonging to low prevalence area.

From the above table analysis, it can be concluded that maximum participation of the public prosecutors was drawn from the low prevalence area.

Cases of violation against women in court:

Table: 6.4: Cases of violation against women in court

Year	Prevalence	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction	Total
2011	High	25 26.9	0 0.0	26 27.9	27 29.1	15 16.7	93 100.0
	Low	20 83.3	0 0.0	0 0.0	0 0.0	4 16.7	24 100.0
2012	High	42 42.9	0 0.0	35 35.7	17 17.3	4 4.1	98 100.0
	Low	14 63.6	0 0.0	0 0.0	0 0.0	8 36.4	22 100.0
2013	High	26 18.4	0 0.0	62 43.9	47 33.3	6 4.4	141 100.0
	Low	32 82.1	0 0.0	0 0.0	0 0.0	7 17.9	39 100.0
2014	High	47 30.1	0 0.0	63 40.4	39 25.0	7 4.5	156 100.0
	Low	25 22.1	3 2.7	78 69.1	0 0.0	7 6.1	113 100.0
2015	High	133 19.6	31 4.5	172 25.3	253 37.2	91 13.4	680 100.0
	Low	46 33.3	4 2.9	70 50.7	0 0.0	18 13.1	138 100.0

Total	410 27.3	38 2.5	506 33.6	383 25.5	167 11.1	1504 100.0

The table 6.4 depicts the number of cases of violence against women handled by the public prosecutors in the court. This table also provides the trend for five year of different case dealt by the different public prosecutors. Five different type of cases has been reflected here including rape, Acid attack, Assault on women with intent to outrage her Modesty, Insult to modesty of women and kidnapping and abduction. As far as case of rape in high prevalence area is concern it shows fluctuating trends but in an increasing order. In the year 2015 it shows sudden increase of reported cases dealt by the public prosecutors. In low prevalence area, the reported cases of rape show the fluctuating trends. As far as cases related to Acid attack is concerned after 2014 the public prosecutors have dealt the cases. In the year 2014 3 cases were dealt by the public prosecutors in low prevalence area whereas in the year 2015 31 cases in high prevalence area and 4 cases in low prevalence cases was handled by the public prosecutors. As far as cases related to Assault on women with intent to outrage her Modesty is concerned till 2013 there was no cases dealt by the public prosecutors in the low prevalence area and after that it shows increasing trends. whereas the same case in the high prevalence areas show the increasing trends.

The above table analysis concludes that in all the type of cases there is increasing trends. many people taking the legal help and coming to the public prosecutors for legal proceedings.

Time involved in deciding cases:

Table: 6.5: Time involved in deciding cases

Prevalence	Within how much time generally cases are decided?								Total
	1.00	1.50	1.60	2.00	3.00	4.00	5.00	6.00	
High	8	1	1	7	2	0	0	1	20
	40.0%	5.0%	5.0%	35.0%	10.0%	.0%	.0%	5.0%	100.0%
Low	1	0	0	0	4	4	13	6	28
	3.6%	.0%	.0%	.0%	14.3%	14.3%	46.4%	21.4%	100.0%
Total	9	1	1	7	6	4	13	7	48
	18.8%	2.1%	2.1%	14.6%	12.5%	8.3%	27.1%	14.6%	100.0%

TIP: 20Respondents haven't provided the data presented in table

The table 6.5demonstrate the opinion of the public prosecutors about the time needed for deciding the cases. the time here described in term of hour. Out of the total 68 respondents 20 did not respondents to this question. Among them 12 were from the high prevalence area and 8 were from the low prevalence area. Out of the 20 respondents from high prevalence area Maximum public prosecutors shared that they took one-hour time to decide the case whereas 35 percentage of respondents claimed that it took two hours to decide the case. Among the 28 public prosecutors from the low prevalence area 46.4 percentage of respondents claimed that it took five hours' time to decide the case whereas 21.4 percentage of public prosecutors shared that it took them 6 hours to do the same.

From the above table analysis, it is concluded that generally the time required to decide the case is between one hour to 6 hours which is depends upon the situations.

Timelines given in the existing laws feasible:

Table: 6.6: Timelines given in the existing laws feasible

Prevalence	Do you find the timelines given in the existing laws feasible		Total
	No	Yes	
High	8	14	22
	36.4%	63.6%	100.0%
Low	19	7	26
	73.1%	26.9%	100.0%
Total	27	21	48
	56.3%	43.8%	100.0%

TIP: 20 Respondents haven't provided the data presented in table

The table 6.6 depict the opinion of the public prosecutors about the feasibility of timeline given in the existing law for the case. Out of the 68 respondents 20 did not responded to this question. Out of these 20 respondents 10 were from the high prevalence area and 10 were from the low prevalence area. Out of the 22 respondents from the high prevalence area 63.6 percentage of respondents have positive opinion whereas the scenario is completely opposite in the low prevalence area. Maximum respondents i.e. 73.1 percentage in low prevalence area have negative opinion about the feasibility of the law

From the above table analysis, it is concluded that the opinion of the public prosecutors towards the feasibility of the law is mixed.

Cases in accused are punished:

Table: 6.7: Cases in accused are punished

Year	Prevalence	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction	Total
2011	High	1 100.0	0 0.0	0 0.0	0 0.0	0 0.0	1 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2012	High	2 22.2	0 0.0	6 66.7	1 11.1	0 0.0	9 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2013	High	2 16.7	0 0.0	7 58.3	2 16.7	1 8.3	12 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2014	High	1 5.6	0 0.0	9 50.0	6 33.3	2 11.1	18 100.0
	Low	2 2.6	2 2.6	74 94.8	0 0.0	0 0.0	78 100.0
2015	High	46 16.1	30 10.4	79 27.5	79 27.5	53 18.5	287 100.0
	Low	2	2	70	0	0	74

		2.7	2.7	94.6	0.0	0.0	100.0
Total		56 11.7	34 7.1	245 51.1	88 18.4	56 11.7	479 100.0

Table 6.7 demonstrated the opinion of the public prosecutors related to cases in which the accused were punished between the year 2011 to 2015. Over all award of punishment is concern it has increasing trends. In the year 2011 only one was punished whereas in 2012 9 and 2013 12 punishments was awarded. between 2011 to 2015 total 479 convictions has made by the public prosecutors. maximum cases were punished related to Assault on women with intent to outrage her Modesty followed by Rape and Kidnapping & Abduction.

From the above table analysis, it is concluded that conviction in various case steadily increasing but percentage wise it shows very low percentage of convict are punished.

Conducting cases in camera:

Table: 6.8: Conducting cases in camera

Prevalence	**Whether these cases are conducted in-camera**		**Total**
	No	**Yes**	
High	2	27	29
	6.9%	93.1%	100.0%
Low	6	29	35
	17.1%	82.9%	100.0%
Total	8	56	64
	12.5%	87.5%	100.0%

TIP: 4 Respondents haven't provided the data presented in table

The table 6.8 depict the opinion of the public prosecutors about conducting the cases in camera. Out of the total 68 public prosecutor's respondents 4 did not respondents. Out of the four three were from the high prevalence area and one was from the low prevalence area. out of the 29 public prosecutors from the high prevalence area claimed that 93.1 percentage

of cases are conducted in camera whereas in low prevalence area 82.9 percentage of public prosecutors claimed that the cases has been conducted in camera.

From the above table analysis, it is concluded that using of the camera in conducting the cases is widely used by the public prosecutors for better evident for the case.

Asking questions to victim related to her past sexual experience or character in the cross examination:

Table: 6.9: Asking questions to victim related to her past sexual experience or character in the cross examination

Prevalence	Is the victim asked the questions related to her past sexual experience or character in the cross examination		Total
	No	Yes	
High	15	12	27
	55.6%	44.4%	100.0%
Low	14	21	35
	40.0%	60.0%	100.0%
Total	29	33	62
	46.8%	53.2%	100.0%

TIP: 6 Respondents haven't provided the data presented in table

Table 6.9 reflect the distribution of the respondents according to their opinion about whether they ask to the victim about their past sexual experience. out of the 62 respondents 6 did not respond. Out of the six respondents 5 were from the high prevalence area whereas one is from the low prevalence area. Out of the 27 respondents from the high prevalence area 55.6 percentage of public prosecutors did not asked the victim about their past sexual experience whereas only 44.4 percentage of the public prosecutors do ask about the history. In low prevalence area, out of the 35 respondents 40 percentage did not asked about the past sexual experience to the victim whereas just 60 percentage asked about that.

The above table analysis concluded that Many public prosecutors specially in the high prevalence area did not realized the importance of taking the history which is very much important to know. there is a need of sensitization of the public prosecutors regarding this aspect.

Getting enough evidences to strengthen the case:

Table: 6.10: Getting enough evidences to strengthen the case

Prevalence	Do you get enough evidences to strengthen the case		Total
	No	Yes	
High	8	20	28
	28.6%	71.4%	100.0%
Low	6	29	35
	17.1%	82.9%	100.0%
Total	14	49	63
	22.2%	77.8%	100.0%

TIP:5 Respondents haven't provided the data presented in table

Table 6.10 represent the opinion of the public prosecutors regarding getting enough evidences to strengthen the case. Out of the 68 respondents 5 public prosecutors did not respond. Among them four were from the high prevalence area and one was from the low prevalence area. Out of 28 respondents from high prevalence area 71.4 percentage of public prosecutors agreed that they are getting enough evidence to strengthen the case. In the same way in low prevalence area 82.9 percentage of public prosecutors agreed that they are getting enough cases for strengthening the case.

From the above table analysis, it is concluded that enough evident are produced by the victim in front of the public prosecutors while applying for legal proceeding of the case.

Informing the victim about Victim Compensation and similar funds:

Table: 6.11: Informing the victim about Victim Compensation and similar funds

Prevalence	Do you inform the victim about Victim Compensation and similar funds		Total
	No	Yes	
High	3	23	26
	11.5%	88.5%	100.0%
Low	0	35	35
	.0%	100.0%	100.0%
Total	3	58	61
	4.9%	95.1%	100.0%

TIP: 7 Respondents haven't provided the data presented in table

The table 6.11 depict the initiatives of the public prosecutors in term of informing the victim about the victim compensation fund and similar kind of funds. It is obvious from the table that out of the 68 respondents seven public prosecutors did not responded. Among them 6 were belongs to high prevalence area and one belongs to low prevalence area. out of the 26 respondents from high prevalence area only 23 (88.5%) respondents took initiatives in term of giving information about the victim compensation fund and similar kind of fund whereas in low prevalence area out of 35 public prosecutors 100 percentage public prosecutors took initiatives to inform the victim about the fund.

From the Above table analysis, it can be concluded may be due to the ignorance of the facilities many public prosecutors shared the victims about the welfare funds available. However, initiatives should be taken by all the public prosecutors in term of giving information to the victim for available facilities.

Experience in getting evidence from Police:

Table: 6.12: Experience in getting evidence from Police

Prevalence	What is your experience in getting evidence from Police				Total
	Difficult	Cooperative	Non-Cooperative	No Comment	
High	5	10	4	9	28
	17.9%	35.7%	14.3%	32.1%	100.0%
Low	7	22	3	4	36
	19.4%	61.1%	8.3%	11.1%	100.0%
Total	12	32	7	13	64
	18.8%	50.0%	10.9%	20.3%	100.0%

TIP: 4 Respondents Haven't provided the data presented in table

The table 6.12 depict opinion of the public prosecutors in term of experience in getting evidence from police. Out of the total 68 respondents 4 respondents did not respond and all of them are from the high prevalence area. Out of the 28 respondents from high prevalence area who respondents highest number of respondents such as 35.7 percentage states that that receive full cooperation from the police in the process of getting evidence. More over 32.1 percentage of respondents said no comment on this matter. however, 14.3 public prosecutors shared that they find noncooperation and 17.9 shared it is difficult to get cooperation from the police. Among the public prosecutors from low prevalence area 61.1 percentage shared that they receive full cooperation from the police however 19.4 percentage of respondents shared that they find difficulties in getting support from the police

From the above table analysis, it is concluded that the cooperation from the police officer to public prosecutors is satisfactory, however still some noncooperation is there from the police which need to be address.

Video-graphing the statement of the victim:

Table: 6.13: Video graphing the statement of the victim

Prevalence	Is the statement of the victim videographer		Total
	No	Yes	
High	14	14	28
	50.0%	50.0%	100.0%
Low	7	27	34
	20.6%	79.4%	100.0%
Total	21	41	62
	33.9%	66.1%	100.0%

TIP: 6 Respondents haven't provided the data presented in table

The table 6.13 demonstrated the opinion of the police officers about recording the statement of the victim in video. Out of the total 68 respondents 86 did not respondents to this question. Out of them 4 were from the high prevalence area and 2 were from the low prevalence area.

Out of the 28 public persecutors from the high prevalence area fifty percentage agreed that the statement of the victim is video graphs whereas 79.4 percentage of the respondents from the low prevalence area agreed with the same.

From the above table analysis, it is concluded that the statements of the victim are video graphs but not all the cases.

Receiving the statement in CD:

Table: 6.14: Receiving the statement in CD

Prevalence	If yes, is CD of the statement provided to you?			Total
	N/A	No	Yes	
High	13	1	12	26
	50.0%	3.8%	46.2%	100.0%
Low	7	6	14	27
	25.9%	22.2%	51.9%	100.0%
Total	20	7	26	53
	37.7%	13.2%	49.1%	100.0%

TIP: 15 Respondents haven't provided the data presented in table

The table 6.14demonstrate the opinion of the public persecutors regarding whether they receive the statement of the victim in CD. According to the table out of the 68 respondents 15 did not shared their opinion. Among them 6 were from the high prevalence area and 9 were from the low prevalence area. Out of the 26 public persecutors from high prevalence area 46.2 percentage have positive opinion and in the same way in low prevalence area out of 27 respondents 51.9 percentage have positive opinion.

the above table analysis concluded that the statement of the victim is presented to the public persecutors in the CD form in few cases.

Medical examination report as conclusive proof:

Table: 6.15: Medical examination report as conclusive proof

Prevalence	Does medical examination report a conclusive proof		Total
	No	Yes	
High	13	16	29
	44.8%	55.2%	100.0%
Low	12	18	30
	40.0%	60.0%	100.0%
Total	25	34	59
	42.4%	57.6%	100.0%

TIP: 9 Respondents haven't provided the data presented in table

The table 6.15 represent the opinion of the public persecutors whether they consider the medical report as conclusive proof. Out of the total 68 public persecutors 9 did not responded. Out of them 3 were from the high prevalence area and 6 were from the low prevalence area. Out of the 29 respondents from the high prevalence area 55.2 percentage of respondents agreed that they consider the medical examination report as conclusive proof. In low prevalence area, out of the 30 respondents 60 percentage of respondents agreed that they consider the medical examination report as conclusive proof

From the above table analysis, it can be concluded that the medical examination report is consider by the public persecutors as conclusive proof.

Accompaniment with the victim:

Table: 6.16: Accompaniment with the victim

Prevalence	Who accompanies with the victim					Total
	Parents	Husband	Friend	Guardian/ Relatives	NGO/ Counsellor	
High	14	1	0	7	6	28
	50.0%	3.6%	.0%	25.0%	21.4%	100.0%
Low	22	6	1	4	3	36
	61.1%	16.7%	2.8%	11.1%	8.4%	100.0%
Total	36	7	1	11	9	64
	56.3%	10.9%	1.6%	17.2%	14.1%	100.0%

TIP: 4 Respondents haven't provided the data presented in table

The table 6.16 demonstrated the number of victim accompanied by whom to the public prosecutors for proceedings. Out of the total 68 respondents four public prosecutors did not responded to this question. All of them belongs to the high prevalence area. Per the public prosecutors both in high and low prevalence area the victim accompanied for legal proceedings with their parents. 50 percentage of the public prosecutors in high prevalence area and 61.1 percentage of respondents in low prevalence area opinion that. The second highest number of cases accompanied for legal proceedings is guardian or relatives followed by NGO or counsellor.

From the above table analysis, it can be concluded that while going for legal proceedings family support systems plays important role in accompanying and providing the mental support.

Challenges faced while handling such cases:

Table: 6.17: Challenges faced while handling such cases

Prevalence	What challenges do you have while handling such cases		Total
	No Challenges	Cases doesn't Open	
High	14	1	15
	93.3%	6.7%	100.0%
Low	23	4	27
	85.2%	14.8%	100.0%
Total	37	5	42
	88.1%	11.9%	100.0%

TIP: 26 Respondents haven't provided the data presented in table

The table 6.17 represent the opinion of the medical practitioner regarding the problems faced by them while handling the cases of violence. According to the table 26 public prosecutors did not responded out of them 17 were from the high prevalence area and 9 were from the low prevalence area. Out of the 15 public prosecutors 93.3 percentage of respondents shared that they did not face any challenges while handling the case while only 6.7 percentage of respondents shared that the biggest challenges for them is that the victim does not open. In the same way 85/2 percentage from the low prevalence area claimed that they did not face any problems while 14.8 percentage face problems because the victim do not open while interacting.

From the above table analysis, it can be concluded that in many instances the victim does not open which may mislead the report hence proper counseling should be provided to the victim by the public prosecutors.

Changes in lodging complaint by the victim:

Table: 6.18: Changes in lodging complaint by the victim

Prevalence	Lodging complaint by the victim			Total
	Can't say/ No Response	Negative	Positive	
High	7	4	20	31
	22.6%	12.9%	64.5%	100.0%
Low	4	1	30	35
	11.4%	2.9%	85.7%	100.0%
Total	11	5	50	66
	16.7%	7.6%	75.8%	100.0%

TIP: 2 Respondents haven't provided the data presented in table

The table 6.18 demonstrate the opinion of the respondents regarding the change in the lodging complaint by the victim. According to the table two respondents did not respondents to the question. one among the respondents belongs to the high prevalence area and another belongs to the low prevalence area. out of the 31 respondents belongs to high prevalence area 64.5 percentage respondents have positive opinion whereas 12.9 percentage have negative opinion. and 22.6 percentage respondents have uncertain response. Moreover, out of the 35 respondents from low prevalence area 85.7 percentage have positive opinion and 2.9 percentage have negative responses. and 11.4 respondents have uncertain responses.
The above table analysis concluded that many respondents have the positive opinion about the changes in lodging complain related to violence for violence. still many are un sure to take a stand hence there is a need of sensitization of the public prosecutors regarding this.

Changes in Complaint mechanism:

Table: 6.19: Changes in Complaint mechanism

Prevalence	Complaint mechanism			Total
	Can't say/ No Response	Negative	Positive	
High	7	4	20	31
	22.6%	12.9%	64.5%	100.0%
Low	3	0	30	33
	9.1%	.0%	90.9%	100.0%
Total	10	4	50	64
	15.6%	6.3%	78.1%	100.0%

TIP: 4 Respondents Haven't provided the data presented in table

The table 6.19 demonstrate the opinion of the medical practitioner about the changes in complain mechanism. Out of the total 64 respondents 4 respondents did not respond. Out of the four respondents 1 was from the high prevalence area and 3 were from the low prevalence area. out of the 31 respondents in high prevalence area 64.5 percentage of respondents shared positive opinion whereas 12.9 percentage have negative opinion and 227 percentage respondents have uncertain responses. Out of the 33 respondents from the low prevalence area 90.9 percentage shared positive opinion and 4 (6.3%) of respondents shared that it is negative while 15.6 have uncertain opinion.

From the above table analysis, it can be concluded that many respondents have the positive opinion about the changes in the reporting systems for violence.

Changes in awareness about Law:

Table: 6.20: Changes in awareness about Law

Prevalence	Awareness about Law			Total
	Can't say/ No Response	Negative	Positive	
High	6	5	20	31
	19.4%	16.1%	64.5%	100.0%
Low	4	0	29	33
	12.1%	.0%	87.9%	100.0%
Total	10	5	49	64
	15.6%	7.8%	76.6%	100.0%

TIP: 4 Respondents haven't provided the data presented in table

The table analysis of 6.20 demonstrate the opinion towards the changes in the awareness about the law. Out of the total 64 respondents four did not respondents and out of them 1 belongs to high prevalence area and 3 belongs to low prevalence area. Out of the 31 respondents from high prevalence area 64.5 percentage of respondents have positive opinion in term of level of awareness about the law whereas 16.1 percentage respondents have negative opinion and 19.1percentage of respondents have uncertain response. Among the 33 respondents from the low prevalence area 87.9 percentage of respondents have positive opinion whereas 12.1 percent ages of respondents have uncertain response.

From the above table analysis, it can be concluded that many medical practitioner have positive opinion regarding the awareness of the law however still the negative and uncertain response still prevailed among the public prosecutors which need to be enhanced and transferred in to positive response. so, that all the public prosecutors will have better response.

Changes in facilities to victims:

Table: 6.21: Changes in facilities to victims

Prevalence	Facilities to victims			Total
	Can't say/ No Response	Negative	Positive	
High	9	3	18	30
	30.0%	10.0%	60.0%	100.0%
Low	6	1	29	36
	16.7%	2.8%	80.6%	100.0%
Total	15	4	47	66
	22.7%	6.1%	71.2%	100.0%

TIP: 2 Respondents haven't provided the data presented in table

The table 6.21 demonstrate the opinion of the respondents on changes in the facilities to victims. Out of the total 68 respondents two did not respondents and two of them were belongs to high prevalence area. Out of the 30 respondents from high prevalence area 18(60%) have the positive opinion regarding the facilities to victims whereas 30 percentage respondents have uncontained responses. Out of the 36 respondents from low prevalence area 80.6 percentage respondents have positive responses whereas 16.7 percentage have uncertain responses

From the above table analysis, it is concluded Maximum public prosecutors have the positive opinion. However, some have them uncertain responses and few of them have negative opinion which need to be converted in to positive responses. here there is a need of proper sensitization of the public prosecutors.

Summary:

This chapters discussed the opinion of the public prosecutors who plays an important role in the conviction of the accused. participation of the public prosecutors in this study is positive aspect. According to the public prosecutor's various forms of violence are reported in the country and maximum conviction made in the case of Assault on women with intent

to outrage her Modesty followed by Rape and Kidnapping & Abduction. Public prosecutor's claims that the support and help from the other systems like from the police and the medical officers is quite positive but still in some cases the participation and supports are not ensured which create some difficulties in proceedings of the case. While proceedings the case various challenges faced by the public prosecutors. Some of the public prosecutors plays important role in informing the victim about the victim welfare fund and other fund and help the victim. From this chapter, it is very much clear that the public prosecutors have very important roles to play in helping the victim to access the justice. Most of them are playing their role very effectively however in some instances the sensitiveness and supportiveness is missing which need to be address by the public prosecutors.

CHAPTER VII

REALITIES FROM MEDICAL OFFICERS & MEDICAL PRACTITIONERS

Introduction:

Healthcare professionals have a unique opportunity to address violence by identifying victims, offering support and referrals to community agencies and can play an important role in addressing the issue more sensitively. Since healthcare professionals are often "the first-line response" for many people who experience domestic violence, it is important for the medical practitioner to have awareness and sensitivity toward the issues, also towards the law policies and provision so that they can identify, record and assist victims with getting the services and support they need.

Unfortunately, healthcare professionals face personal barriers, job-related barriers and patient-related barriers that may hinder their ability to effectively identify and assist victims of violence.

Healthcare professionals often have personal barriers such as: attitudes and perceptions that violence is a private issue, fear of offending their patient, fear of the patients' abuser, a lack of understanding of abuse, lack of confidence or lack of training on screening techniques. This Personal barrier can play a huge role in determining whether healthcare providers screen patients for violence. Interpersonal barriers are the barriers that healthcare providers experience when they are interacting with their patients. These barriers are significant—particularly language and cultural barriers, misunderstanding about reasons that victims choose to stay with their abuser, and sometimes the perception that patients are difficult to screen when they are experiencing psychological difficulties.

Studies have shown that time constraints, inadequate resources and support, lack of referral sources and lack of adequate procedures for screening are all additional barriers healthcare professionals may face.

All this barrier create hurdle for the medical practitioner to address the issues of victim more sensitively and they became reluctant to offer best care while conducting the medical examination and treating the victim. In such situation, the evident could not be collected properly which is very important for the legal procedures.

It is therefore very much important to understand the view of the medical practitioners towards the problems and their care and support services they extended their opinion and level of awareness about the act and various provision which is meant for the victim of the domestic violence.

Keeping this in mind the study tried to reach out to the medical practitioner and tried to understand number of cases they handled and the procedure they followed while handling the case, awareness about the provision and laws and finally their opinion about the law and provisions. which is discussed through table of 7.1 to 7.25 in this chapter.

State wise Distribution:

Table: 7.1: State wise Distribution

State	Frequency	Percent
Maharashtra	9	23.7
Kerala	3	7.9
UP	21	55.3
Delhi	5	13.2
Total	38	100.0

The table 7.1 represents the distribution of the respondent medical officers who contributed in the study. According to the table Maximum number of medical practitioner i.e. 55.3 percentage ere belongs to the state of Uttar Pradesh whereas second highest number of

medical practitioner belongs to the state of Maharashtra which 23.7 percentage of total respondents. About 7.9 percentage and 13.2 percentage of respondents belongs to the state of Kerala and Delhi.

The above table analysis concluded that maximum medical practitioner from the state of Uttar Pradesh were cooperative towards the study and contributed in term of sharing the information out of their experience.

District wise Distribution:

Table: 7.2: District wise Distribution

District	Frequency	Percent
Mumbai (MHP)	7	18.4
Gadchiroli (MLP)	1	2.6
Waynadu (KLP)	3	7.9
Lucknow (UPHP)	12	31.6
Mirzapur (UPLP)	9	23.7
North (DLP)	5	13.2
South east (DHP)	1	2.6
Total	38	100.0

The table 7.2 depicts the distribution of the respondents within the high and low prevalence area. Out of the total 38 respondents 52.6 percentage belongs to high prevalence area. Surprisingly no respondents were contributed from the high prevalence area of Kerala state. Among the respondents of high prevalence area 31.6 were from the district of Lucknow which is considered as the high prevalence study area in the state of Uttar Pradesh. In the same way responses from the low prevalence area UP stand at the first position. around 23.7 percentage of respondents were belonging to Mirzapur which is the low prevalence area in the state of Uttar Pradesh. From Kerala, only three respondents contributed in the study who were belongs to the low prevalence area.

The above table analysis concluded in the state of UP both from high prevalence and low prevalence area respondents contributed effectively.

Prevalence wise distribution:

Table: 7.3: Prevalence wise distribution

Prevalence	Frequency	Percent
High	20	52.6
Low	18	47.4
Total	38	100.0

The table 7.3 represent the distribution of the respondents belongs to high and low prevalence area. Out of the total 38 respondents, 52.6 percentage of respondents were belonging to the high prevalence area whereas 47.4 percentage of respondents were belonging to the low prevalence area.

From the above table analysis, it is concluded that maximum participation from the medical practitioner who deals with the cases of violence drawn from the high prevalence area.

Cases handled:

Table: 7.4: Cases handled

Year	Prevalence	Rape	Acid attack	Kidnapping & Abduction	Total
2011	**High**	320 100.0	0 0.0	0 0.0	320 100.0
	Low	62 96.9	0 0.0	2 3.1	64 100.0
2012	**High**	354 100.0	0 0.0	0 0.0	354 100.0
	Low	103 94.5	1 0.9	5 4.6	109 100.0

2013	**High**	452 98.7	6 1.3	0 0.0	458 100.0
	Low	134 96.4	1 0.7	4 2.9	139 100.0
2014	**High**	371 96.4	14 3.6	0 0.0	385 100.0
	Low	124 93.2	3 2.3	6 4.5	133 100.0
2015	**High**	346 95.6	16 4.4	0 0.0	362 100.0
	Low	195 93.3	4 1.9	10 4.8	209 100.0
Total		2461 97.1	45 1.8	27 1.1	**2533** **100.0**

Table 7.4 depict the number of the cases handled by the medical practitioner in both the high and low prevalence area. It also shows the trends of the cases handle during the period of five year starting from 2011 to 2015. It generally shows three different kind of crimes handled by the medical practitioner that is rape, acid attack, kidnap and abductions. As far as the treated case of rape by the medical practitioner is concerned there is an increasing trend from 2011 to 2013 but there is less number of rape cases treated during 2014 and 2015 s compare to cases before 2013. although in term of number it is not very less. Cases of Acid attack victim treated by the medical practitioner was nil during 2011 however there was one case treated by the medical practitioner in the low prevalence area in the year 2012. Year 2013 onwards there is increasing trends of acid attack cases treated by the medical practitioner. in High prevalence area during 2013, 6 cases were treated which is increased to 14 in 2014 and 16 in 2015. In low prevalence area, also it witnessed the increasing trends but as compare thigh prevalence area it is less. As far as victim of Kidnapped and abduction

cases is concerned no cases has been treated by the medical practitioner in high prevalence is concern however in the low prevalence areas it shows increasing trends.

From the above table analysis, it can be concluded that gradually the number of victim of violence undergoing medical examination which is a positive sign however the number is still less and people should be aware and encourage to consider medical treatment in case of violence for better prosecution

Place of medical examination conducted:

Table: 7.5: Place of Medical examination conducted

Prevalence	Medical examination conducted at			Total
	Government Hospital	Private Hospital/clinic	Municipal Hospital	
High	9	6	4	19
	47.4%	31.6%	21.1%	100.0%
Low	14	4	0	18
	77.8%	22.2%	.0%	100.0%
Total	23	10	4	37
	62.2%	27.0%	10.8%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

Table 7.4 represent the place of medical examination conducted by the medical practitioner in the low and high prevalence study area. Nineteen medical practitioners who conducted the medical examination for the victim of violence is belong to high prevalence area whereas 18 medical practitioners who conducted medical examination for the victim are belongs to the low prevalence area. Out of the medical practitioner conducted medical examination in high prevalence area highest 47.4 percentage respondents conducted the examination in Government hospital whereas 31.6 medical practitioner examined the victim in the private hospital and clinic and 21. 1 percentage of medical officer conducted the examination in the municipality hospital. As far as conducting examination in the low prevalence area is

concerned highest, 77.8 of the medical officer conducted the examination in the Government hospital and 27 percentage of doctors conducted the examination on private hospital and clinic.

The above table analysis concluded that maximum medical officers conducted the medical examination in the government hospital however quite number of cases were examined in the private hospital/clinics. This is the positive sign.

Accompaniment the victim:

Table: 7.6: Accompaniment the victim

Prevalence	Who accompanies the victim generally?			Total
	Female Constable	Parents	Relatives	
High	3	14	2	19
	15.8%	73.7%	10.5%	100.0%
Low	5	12	1	18
	27.8%	66.7%	5.6%	100.0%
Total	8	26	3	37
	21.6%	70.3%	8.1%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table 7.6 demonstrated the number of victim accompanied by whom to the hospital. clinics for medical examination per the medical officer's opinion. out of the total 38 respondents one medical officer did not responded to this question who is belongs to the high prevalence area. Per the medical practitioner both in high and low prevalence area the victim accompanied for medical examination with their parents. 73.7 percentage of the medical practitioner in high prevalence area and 66.7 percentage of respondents in low prevalence area opinion that. The second highest number of cases accompanied for medical

examination is the female constable. 15.8 percentage of medical practitioner in high prevalence area and 27.8 percentage of respondents from low prevalence area shared that the victim was accompanied with the female constable for medical examination.

From the above table analysis, it can be concluded that while going for medical examination family support systems plays important role in accompanying and providing the mental support. The accompaniment services by the police is not very strongly visible in the study area.

Examines the victims:

Table: 7.7: Examines the victims

Prevalence	Who examines the victims		Total
	General physician	Gynecologist	
High	4	16	20
	20.0%	80.0%	100.0%
Low	0	18	18
	.0%	100.0%	100.0%
Total	4	34	38
	10.5%	89.5%	100.0%

The table 7.7 represents the stream of medical officer engaged in the medical examination of the cases. In high prevalence area, out of the 20-medical practitioner 80 percentage were gynecologist whereas 20 percentage were general physician whereas in low prevalence area out of the 18-medical practitioner, all the 18 medical practitioners were Gynecologist.

The table analysis concluded that in maximum cases it was found that the victims were examined by the gynecologist which is a good indicator.

Awareness about the amendments made in the criminal law act 2013:

Table: 7.8: Awareness about the amendments made in the criminal law act 2013

Prevalence	Are you aware about the amendments made in the criminal law act 2013?		Total
	No	Yes	
High	11	9	20
	55.0%	45.0%	100.0%
Low	6	10	16
	37.5%	62.5%	100.0%
Total	17	19	36
	47.2%	52.8%	100.0%

TIP: 2 Respondents haven't provided the data presented in table

The table 7.8 analyses represent the distribution of medical practitioner per the level of awareness about the amendments made in the criminal law act 2013. According to the data available 2 respondents out of 36 did not respondents to this questions and they were belonging to low prevalence area. out of the 20 respondents from high prevalence area 11 were not aware about the amendment provision in the act whereas in the low prevalence are out of the 16 respondents 37.5 were not knowing about the provision but 52.8 percentage of the respondents were aware about the provision.

The table analysis concluded the level of awareness regarding the amendment of provision in the criminal law act 2013 is very low and limited and there is an urgent need to address the issues for the better understanding among the medical practitioner.

Asking details about past sexual experience:

Table: 7.9: Asking details about past sexual experience

Prevalence	Do you ask details about past sexual experience		Total
	No	Yes	
High	11	7	18
	61.1%	38.9%	100.0%
Low	11	6	17
	64.7%	35.3%	100.0%
Total	22	13	35
	62.9%	37.1%	100.0%

TIP: 3 Respondents haven't provided the data presented in table

Table 7.9 reflects the distribution of the respondents according to their opinion about whether they ask to the victim about their past sexual experience. out of the 38 respondents 3 did not respondents. Out of the tree respondents 2 were from the high prevalence area whereas one is from the low prevalence area. Out of the 18 respondents from the high prevalence area 61.1 percentage of medical officer did not asked the victim about their past sexual experience whereas only 38 percentage of the medical officers do ask about the history. In low prevalence area, out of the 17 respondents 64.7 percentage did not asked about the past sexual experience to the victim whereas just 37.1 percentage asked about that.

The above table analysis concluded that Many medical officers did not realized the importance of taking the history which is very much important to know. There is a need of sensitization of the medical practitioner regarding these aspects.

Which tests do you conduct?

While examining the victims of violence various test need to be conducted for the confirmation of the crime. among them Sidle Test, Vaginal Fluid test, pregnancy Test if

missed period, clinical examination, as per history, genital, body evidence, microbiology, wet movement, Age determination, inspection examination of various body, sample collection (hair, Nail, Blood) etc. were conducted by the medical practitioner.

Charging fees for examining the victim:

Table: 7.10: Charging fees for examining the victim

Prevalence	Do you charge fee for examining the victim		Total
	No	Yes	
High	17	2	19
	89.5%	10.5%	100.0%
Low	15	2	17
	88.2%	11.8%	100.0%
Total	32	4	36
	88.9%	11.1%	100.0%

TIP: 2 Respondents haven't provided the data presented in table

The table 7.10 represents the opinion of the medical practitioners in term of charging the victims for medical examination. Out of the total 38 respondents two did not respondents to the question. out of the two respondents one each are belongs to high and low prevalence area each. out of the 19-medical practitioner in the high prevalence area 89.5 percentage of respondents shared that they do not charges for the examination whereas only 10.5 percentage do charges for the medical examination. Out of the 17 respondents 15 medical practitioners shared that they do not charges the victim for the medical examination.

The above table analysis concluded that although maximum of the medical practitioner did not charge the victim for conducting medical examination still few of them do charges.

Time of examination of the victim:

Table: 7.11: Time of examination of the victim

Prevalence	When do you examine the victim		Total
	Before FIR is filed	After FIR is filed	
High	3	15	18
	16.7%	83.3%	100.0%
Low	8	9	17
	47.1%	52.9%	100.0%
Total	11	24	35
	31.4%	68.6%	100.0%

TIP: 3 Respondents haven't provided the data presented in table

The table 7.11 distributes the respondent medical practitioner based on their opinion regarding treating the victim women before FIR field or after FIR filed. Out of the total 38 respondents three did not respondents out of them two were from the high prevalence area and one was from the low prevalence area. Out of the 18-respondent's medical practitioner 16.7 percentage of respondents from the high prevalence officer admitted that that conduct the medical examination after FIR registered. In the same way in the low prevalence area 52.9 percentage of the respondents admitted that they conducted the medical examination after FIR has been registered.

From the above table analysis, it is concluded that maximum number of cases were examined medically only after a FIR has been registered whether medical examination can be conducted before the FIR registered.

Initiating medical treatment:

Table: 7.12: Initiating medical treatment

Prevalence	When do you start medical treatment after examination		Total
	Immediately	After police report	
High	12	8	20
	60.0%	40.0%	100.0%
Low	14	4	18
	77.8%	22.2%	100.0%
Total	26	12	38
	68.4%	31.6%	100.0%

The table 7.12 depicts the Reponses of the medical practitioner regarding extending medical treatment immediately after medical examination of the victim. out of total 38 respondents 68.4 agreed that they extend medical treatment immediately after the treatment. More over area wise distribution of the respondents indicated that out of the total 20 medical practitioners in the high prevalence area 60 percentage extended medical treatment immediately after the examination whereas in low prevalence area the percentage in 77.8.

From the above table analysis, it can be concluded that although maximum percentage of medical practitioner in both the high and low prevalence area showed sensitiveness towards the victim of violence still few medial practitioner wait till the police report come which is an issue of concern. Medical practitioner need to be encouraged to be more sensitive towards the victim of the violence.

On an average time for treatment of victim (in hours):

Table: 7.13: On an average time for treatment of victim (in hours)

Prevalence	On an average time for treatment of victim			Total
	1.00	**2.00**	**7.00**	
High	0	1	2	3
	.0%	33.3%	66.7%	100.0%
Low	2	0	0	2
	100.0%	.0%	.0%	100.0%
Total	2	1	2	5
	40.0%	20.0%	40.0%	100.0%

TIP: 33 Respondents haven't provided the data presented in table

Table 7.13 depicts the distribution of the medical practitioner based on their opinion regarding average time they took for treatment of the victim. out of the 38 respondents 33 medical practitioners did not respondents which is quite surprising. out of the five medical respondents who respondents three were from the high prevalence area and two were from the low prevalence area. out of the 3 respondents from high prevalence area 1 takes two hours whereas two other respondents shared that they took 7 hours in treating the victim. Out of the two respondents from low prevalence area two of them just took one hour in treating the victim of violence.

From the above table analysis, it can be concluded that it is quite surprising that many does not wanted to share their view. Secondly many medical practitioners try to spend one or two hours for treating the victim of the violence.

Evidence collected in this hospital admissible in the Police:

Table: 7.14: Evidence collected in this hospital admissible in the Police

Year	Prevalence	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Kidnapping & Abduction	Total
2011	**High**	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
	Low	28 93.3	0 0.0	0 0.0	2 6.7	30 100.0
2012	**High**	1 100.0	0 0.0	0 0.0	0 0.0	1 100.0
	Low	47 88.7	1 1.9	0 0.0	5 9.4	53 100.0
2013	**High**	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
	Low	64 86.5	1 1.4	5 6.7	4 5.4	74 100.0
2014	**High**	8 28.6	3 10.7	17 60.7	0 0.0	28 100.0
	Low	80 76.9	2 1.9	16 15.4	6 5.8	104 100.0
2015	**High**	6 22.2	7 25.9	14 51.9	0 0.0	27 100.0
	Low	90 79.6	3 2.6	10 8.9	10 8.9	113 100.0
Total		324 75.3	17 3.9	62 14.4	27 6.4	430 100.0

The table 7.14 illustrates the distribution of the medical practitioner based on their opinion related to Evidence collected in this hospital admissible in the Police. It indicates the trends between the year of 2011 and 2015. In the high prevalence area, the trends are fluctuating. As far as cases of rape is concern in the year 2011, and 2013 none of the evidence was collected in this hospital admissible in the Police which is just one in the year 2012 and 8 in 2014 more over 6 in 2016. In case of low prevalence area, the collection of evidence is in increasing order. Before the year 2013 maximum in 64 case evidence has been collected whereas in 90 (97.6%) of cases evidence has been collected. As far as collected evidence in the case of acid attack is concerned before 2013 in one case in each area the evidence has been collected but after 2013 especially in the year 2015 in the case of 7 incidence evidence has been collected whereas in low prevalence area in case of three incidences the evidence has been collected. In case of Assault on women with intent to outrage her Modesty before 2013 in none of the cases in high prevalence area evidence have been collected. where during 2014 and 2015 in few cases the evidence have been collected by the medical practitioners.

From the above table analysis, it is concluded that although the medical examination the prime objectives also to collect evidence still many of the medical practitioner did not give preference to that. Before the 2013 the sensitiveness of the medical practitioner in term of collecting evidence was very low which is now increasing still there is an urgent need of sensitizing the medical practitioners to collect evidence while conducting the medical examinations.

Availability of Sexual Assault Kit in hospital:

Table: 7.15: Availability of Sexual Assault Kit in hospital

Prevalence	Do you have Sexual Assault Kit in your hospital		Total
	No	Yes	
High	14	4	18
	77.8%	22.2%	100.0%
Low	13	2	15
	86.7%	13.3%	100.0%
Total	27	6	33
	81.8%	18.2%	100.0%

TIP: 5 Respondents haven't provided the data presented in table

The table 7.15 depicts the availability of the sexual assault kit in the hospital generally the victims undergone medical examination. According this table 5 respondent medical practitioner did not responded out of which 2 were from the high prevalence area and 3 were from the low prevalence area. Out of the 18-medical practitioner 14 agreed that there were no sexual assault kits at the hospital whereas in the low prevalence area in the same manner 86.7 percentage of medical practitioner agreed that there was no sexual assault medical kit in the hospital readily available.

The above table analysis concluded that many hospital does not realize the importance of keeping the sexual assault kit in the hospital which should be radially available in every hospital.

Availability of Forensic Lab for testing of vaginal fluid sample:

Table: 7.16: Availability of Forensic Lab for testing of vaginal fluid sample

Prevalence	Do you have the facility of Forensic Lab for testing of vaginal fluid sample		Total
	No	Yes	
High	15	4	19
	78.9%	21.1%	100.0%
Low	17	1	18
	94.4%	5.6%	100.0%
Total	32	5	37
	86.5%	13.5%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table analysis of 7.16 represent the distribution of the opinion of the respondents based on their opinion regarding Availability of Forensic Lab for testing of vaginal fluid sample. Out of the total 38 respondents one respondents did not shared his view and he is belonging to the high prevalence area. out of the 19-medical practitioner from the high prevalence area 15 shared that no forensic lab facilities available for testing the vaginal fluid and in the absence of Forensic Lab most of them send the sample to the pathologists. In low prevalence area 94.4 percentage of the medical practitioner shared the same.

The above table analysis concluded that in absence of availability of the forensic lab for testing alternative methods adopted for testing which is good but then sample should also be collected for forensic test and send to the centers where the facilities are available.

Time involved in getting the report:

Table: 7.17: Time involved in getting the report

Prevalence	How much time does it take to get the report?					Total
	1.00	2.00	3.00	4.00	15.00	
High	1	1	0	1	0	3
	33.3%	33.3%	.0%	33.3%	.0%	100.0%
Low	0	0	1	0	1	2
	.0%	.0%	50.0%	.0%	50.0%	100.0%
Total	1	1	1	1	1	5
	20.0%	20.0%	20.0%	20.0%	20.0%	100.0%

TIP: 33 Respondents haven't provided the data presented in table

The table 7.17 represents the opinion of the medical practitioners in term of time involved in the getting medical report of the women victim. According to the data given in the table 33 medical practitioners did not respondents. Out of them 17 were from the high prevalence area whereas 16 were from the low prevalence area. Out of the three respondents in high prevalence area shared one shared it takes 1 hr. to get the report where another respondent shared it takes two hour to get the report whereas one more respondents shared that it generally takes four hour to get the result. Out of the two respondents from the low prevalence area one shared it takes more than three hours and another shared five hours to get the report of the medical test.

The above table analysis concluded that the reports of the medical examination take generally from one hour to five hours to access.

Having special counseling facility for victims:

Table: 7.18: Having special counseling facility for victims

Prevalence	Is this hospital having any special counseling facility for victims		Total
	No	Yes	
High	12	7	19
	63.2%	36.8%	100.0%
Low	12	6	18
	66.7%	33.3%	100.0%
Total	24	13	37
	64.9%	35.1%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table 7.18 illustrates the opinion of the medical practitioner regarding the special counseling facility available for the victim in the hospital. It shows that out of the 38 respondents medical practitioners one did not responded to the question who is belongs to the high prevalence area. out of the 19 respondents belongs to high prevalence area only 7 (36.8 %) respondents agreed that there are special counseling services available in the area whereas 33.3 parentages of the respondents out of 18 belongs to the low prevalence area shared that special counseling services are available in the study area.

Fromm the above table analysis it can be concluded that there is lack of counseling services available in the hospital where the women victim goes for medical checkup and treatment.

Referring for trauma management:

Table: 7.19: Referring for trauma management

Prevalence	Where do you refer for trauma management?								Total
	Short stay homes	One-stop Centre	NGO accommodation	Hospital	Manage to all this LM	Child Welfare Board	Big Hospital	AIIMS	
High	1	0	1	1	1	1	2	1	8
	12.5%	.0%	12.5%	12.5%	12.5%	12.5%	25.0%	12.5%	100.0%
Low	1	3	3	0	0	0	0	0	7
	14.3%	42.9%	42.9%	.0%	.0%	.0%	.0%	.0%	100.0%
Total	2	3	4	1	1	1	2	1	15
	13.3%	20.0%	26.7%	6.7%	6.7%	6.7%	13.3%	6.7%	100.0%

TIP: 23 Respondents haven't provided the data presented in table

The table 7.19 represents the opinion of the respondent medical practitioner towards whether they refer the violence victim for trauma management. out of the 38 respondents 23 did not responded to the question. Among them 12 were from the high prevalence area and 11 were from the low prevalence area. out of the respondents belong to high prevalence area few of them shared that they refer the victim to short stay home, NGO accommodation, child welfare board or AIIMS. Respondents from low prevalence area shared they refer the client to one stop center or NGO accommodation for the trauma management.

The above table analysis concluded that there are various forms of institution and establishment available for the trauma management of women violence victims. The benefit of such institution should be made available for all the victims.

Challenges faced while handing such cases:

Table: 7.20: Challenges faced while handing such cases

Prevalence	What challenges do you face while handing such cases		Total
	No Challenges	patient doesn't open	
High	13	3	16
	81.3%	18.8%	100.0%
Low	12	4	16
	75.0%	25.0%	100.0%
Total	25	7	32
	78.1%	21.9%	100.0%

TIP: 6 Respondents haven't provided the data presented in table

The table 7.20 represent the opinion of the medical practitioner regarding the problems faced by them while handling the cases of violence. Per the table 6 medical practitioners did not responded out of them four were from the high prevalence area and two were from the low prevalence area. Out of the 16-medical practitioner 81.3 percentage of respondents shared that they did not face any challenges while handling the case while only 18.8 percentage of respondents shared that the biggest challenges for them is that the victim does not open. In the same way 75 percentage from the low prevalence area claimed that they did not face any problems while 21.9 percentage face problems because the victim do not open while interacting.

From the above table analysis, it can be concluded that in many instances the victim does not open which may mislead the report hence proper counseling should be provided to the victim and need to be behave sensitively so that they will feel comfortable to share the experience clearly.

Suggestions to improve the concerned services:

Hospitals need more infrastructure and facilities at district level there should be forensic lab, don't have lady gynecologist, awareness, as patient arrives late due to local issues the evidence collection becomes difficult, more frequent meeting of various departments to complaint should as early as incident, proper counselling support & rehabilitation to be done, MLC should be compulsory, It should not be time consuming, MSSO should be involved in the process, counselling and follow up, shelter homes should be there, need of dedicated staff and counsellor should be there.

Informing victim about victim Compensation Fund and similar funds:

Table: 7.21: Informing victim about victim Compensation Fund and similar funds

Prevalence	Do you inform the victim about victim Compensation Fund and similar funds		Total
	No	Yes	
High	14	6	20
	70.0%	30.0%	100.0%
Low	13	4	17
	76.5%	23.5%	100.0%
Total	27	10	37
	73.0%	27.0%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table 7.21 depicts the initiatives of the medical practitioner in term of informing the victim about the victim compensation fund and similar kind of funds. It is obvious from the table that out of the 38 respondents one medical practitioner did not responded and he is belongs to low prevalence area. out of the 20 respondents from high prevalence area only 6 (30%) respondents took initiatives in term of giving information about the victim compensation fund and similar kind of fund whereas in low prevalence area out of 17

medical practitioners only 23.5 percentage of respondents were taking initiatives to inform the victim about the fund.

From the Above table analysis, it can be concluded may be due to the ignorance of the facilities many medical practitioners did not shared the victims about the welfare funds available. hence special initiatives should be made to aware the medical practitioner about the provision and sensitiveness should be developed so that can inform such victim if they come to them for medical checkup and treatment.

Changes in lodging complaint by the victim:

Table: 7.22: Changes in lodging complaint by the victim

Prevalence	Lodging complaint by the victim		Total
	Can't say/ No Response	Positive	
High	2	13	15
	13.3%	86.7%	100.0%
Low	4	14	18
	22.2%	77.8%	100.0%
Total	6	27	33
	18.2%	81.8%	100.0%

TIP: 5 Respondents haven't provided the data presented in table

Changes in Complaint mechanism:

Table: 7.23: Changes in Complaint mechanism

Prevalence	Complaint mechanism			Total
	Can't say/ No Response	Negative	Positive	
High	2	0	13	15
	13.3%	.0%	86.7%	100.0%
Low	2	2	14	18
	11.1%	11.1%	77.8%	100.0%
Total	4	2	27	33
	12.1%	6.1%	81.8%	100.0%

TIP: 5 Respondents haven't provided the data presented in table

The table 7.23 demonstrate the opinion of the medical practitioner about the changes in complain mechanism. Out of the total 38 respondents 5 respondents did not respond. Out of the five respondents 5 were from the high prevalence area. out of the 15 respondents in high prevalence area 86.7 percentage of respondents shared positive opinion whereas 2 (13.3%) responded shared that they cannot comment on that. Out of the 18 respondents from the low prevalence area 77.8 percentage shared positive opinion and 2 (6.1%) of respondents shared that it is negative.

From the above table analysis, it can be concluded that many respondents have the positive opinion about the changes in the reporting systems for violence. still many are un sure to take a stand hence there is a need of sensitization of the medical practitioner to make them understand about the importance and need of the law.

Changes in Awareness about Law:

Table: 7.24: Changes in Awareness about Law

Prevalence	Awareness about Law			Total
	Can't say/ No Response	Negative	Positive	
High	1	3	12	16
	6.3%	18.8%	75.0%	100.0%
Low	2	0	16	18
	11.1%	.0%	88.9%	100.0%
Total	3	3	28	34
	8.8%	8.8%	82.4%	100.0%

TIP: 4 Respondents haven't provided the data presented in table

The table analysis of 7.24 demonstrates the opinion towards the changes in the awareness about the law. Out of the total 38 respondents four did not respondents and all four are belongs to high prevalence area. out of the 16 respondents from high prevalence area 12 have positive opinion in term of level of awareness about the law whereas 18.8 percentage respondents have negative opinion and 6.3 percentage of respondents have uncertain response. Among the 18 respondents from the low prevalence area 88.9 percentage of respondents have positive opinion whereas 8.8 percentage have negative opinion and 8.8 percent have uncertain response.

From the above table analysis, it can be concluded that many medical practitioner have positive opinion regarding the awareness of the law however still the negative and uncertain response still prevailed among the medical practitioner which need to be enhanced and transferred in to positive response. so, that all the medical practitioner will be aware about it. for better response.

Changes in Facilities to Victim:

Table: 7.25: Changes in Facilities to Victim

Prevalence	Facilities to Victim			Total
	Can't say/ No Response	Negative	Positive	
High	1	2	13	16
	6.3%	12.5%	81.3%	100.0%
Low	3	1	13	17
	17.6%	5.9%	76.5%	100.0%
Total	4	3	26	33
	12.1%	9.1%	78.8%	100.0%

TIP: 5 Respondents haven't provided the data presented in table

The table 7.25 illustrates the opinion of the medical practitioner regarding the changes in facilities provided to the victim. Out of the total 38 respondents 5 did not responded. Among them four are from high prevalence area and one was from low prevalence area. Among the 16 respondents from high prevalence area 13(81.3%) have positive responses whereas 76.5 percentage respondents from low prevalence area have positive responses.

From the above table analysis, it can be concluded that maximum number of medical practitioner have positive opinion regarding the changes in facilities to victim. Still there is a need of sensitization so that the entire practitioner will developed positive opinion towards this.

Any other changes observed in these three years:

More false cases interested living in relationship for years end in fight case and cases have increased.

Summary:

To address and reduce the presence of above barriers, it is important to educate and train professionals about the dynamics of abuse, how to effectively and sensitively identify victims, how to develop cultural competency, how to screen and refer patients for help and how to develop comprehensive policies and procedures within their practice settings. if the medical practitioner will be well sensitized and trained then they will deal the patients very sensitively with the other support service for collecting the correct and relevant facts and proof which is needed for the legal procedures.

CHAPTER VIII

REALITIES FROM NIRBHAYA FUND OFFICERS

Introduction:

Nirbhaya Fund is an Indian rupee 10 billion corpus announced by Government of India in its 2013 Union Budget. According to the then Finance Minister P. Chidambaram, this fund is expected to support initiatives by the government and NGOs working towards protecting the dignity and ensuring safety of women in India. Nirbhaya (fearless) was the pseudonym given to the 2012 Delhi gang rape victim to hide her actual identity. The Ministry of Women and Child Development, along with several other concerned ministries, will work out details of the structure, scope and the application of this fund.

History:

Nirbhaya Fund was announced by the Finance Minister in his 2013 budget speech, with Government contribution of Rs. 1000 Crores for empowerment, safety and security of women and girl children.[1] The Fund is administered by Department of Economic Affairs of the finance ministry.

Utilization of Funds:

Various ministries have proposed projects to utilize this fund with a view to enhance the safety and security of women in the country. Some of the ministries which have submitted such proposals are the Ministry of Information Technology, the Ministry of Road Transport and Highways and Ministry of Railways.[3]

In November 2013, the Ministry of Urban Development asked states to propose and implement new plans that can be financed through the Nirbhaya Fund. The ministry has also notified States and Union Territories who would not get their quotas of new buses under

the Jawahar Nehru National Urban Renewable Mission if they fail to put in place steps to make public transport system safe for women.[3]

Clarification regarding Utilization of Nirbhaya Fund

Some reports have appeared in a section of the press stating that the Nirbhaya Fund is underutilized. The correct position regarding the utilization of the Nirbhaya Fund is given below.

The Ministry of Finance, Government of India had set up a dedicated fund called Nirbhaya Fund in 2013, for implementation of initiatives aimed at enhancing the safety and security for women in the country. It is a non-lapsable corpus fund.

Recognizing the need to strengthen the mechanism for scrutiny and sanction of the proposals under Nirbhaya Fund, Ministry of Finance (DEA) has issued guidelines from time to time for administration and operationalization of the Fund. As per the guidelines issued by Ministry of Finance dated 25.03.2015, Ministry of Women and Child Development is the nodal Ministry to appraise schemes under Nirbhaya Fund and to review and monitor the progress of sanctioned Schemes in conjunction with the line Ministries/Departments. Ministry of Finance (DEA) has issued guidelines on 26.10.2015 by which an Empowered Committee of Officers was constituted under the Chairmanship of Secretary, WCD for appraising and approving various schemes/projects proposed by the Ministries/Departments to be funded from the Nirbhaya Fund.

The Empowered Committee of Officers, which is an inter-ministerial committee appraises and recommends various proposals/projects proposed by different Ministries/Departments/States. This Committee regularly reviews the implementation of projects from time to time. So far, the Empowered Committee has met seven times i.e. on 26.11.15, 06.01.16, 18.2.16, 27.4.16, 19.7.16, 30.9.16 and 20.12.16.

[3]https://en.wikipedia.org/wiki/Nirbhaya_Fund accessed on 22_2_2017

Under Nirbhaya fund, 18 proposals amounting to Rs.2195.97 Crores have been received so far, out of which 16 proposals amounting to Rs. 2187.47 Crores have been appraised and recommended by the Empowered Committee.

Schemes of Ministry of Women and Child Development under Nirbhaya Fund Keeping in mind the need to have schematic interventions and proper mechanism for handholding of women in distress, 3 schemes i.e. 'One Stop Centre', 'Universalization of Women Helpline' and 'Mahila Police Volunteer' were initiated by the Ministry of Women and Child Development from the Nirbhaya Fund as follows:

i. Popularly known as Sakhi Centres, the One Stop Centre Scheme is being implemented across the country since 1st April 2015. It aims at establishing Centres to facilitate women affected by violence. It provides First aid, Medical aid, Police assistance, Legal aid and counselling support. 186 OSCs are approved to be set up in the country. So far, 79 One Stop Centres have become operational. All the 186 centres are expected to be operational by July, 2017.

ii. Helpline specifically for women with a common number across the country will link the One Stop Centres being established by the Ministry of Women & Child Development. The Department of Telecommunication has allocated the number 181 to all States/UTs for Women Helpline. So far, Women Helplines are already operational in 18 States/UTs although funds have been released by Govt. of India to 33 States/UTs.

iii. Mahila Police Volunteers (MPVs) will act as a link between police and community and help women in distress. Haryana has become the first state to start the Mahila Police Volunteer scheme. It was launched at Karnal on 14th December, 2016 for the districts of Karnal and Mahendragarh in Haryana. Other States are expected to implement the scheme soon.

Schemes of other Ministries/Departments under Nirbhaya Fund

i) Ministry of Home Affairs:

a) Emergency Response Support System- For creation of an Emergency Response Support System (ERSS) with a total cost of Rs.321.69 crores which aims to integrate all emergency numbers to 112 with state of art technology. ERSS envisages an integrated computer aided emergency response platform to respond to distress calls and ensure speedy assistance to the distressed persons.

b) Central Victim Compensation Fund -A Corpus Fund of Rs.200 crores to be disbursed to States/UT for Central Victim Compensation Scheme (CVCF) framed under section 357A CrPC. This will support States/UTs in providing fund towards compensation to the victim or her dependents who have suffered loss or injury because of the crimes (including survivors of rape and acid attack).

ii) Ministry of Railways: Integrated Emergency Response Management System: This project of Railways at a cost of Rs.500 crores have been approved to provide around the clock security to women passengers in 983 Railway Stations by strengthening of Security Control Rooms of Railways with 182 Security Helpline, Medical Facilities, RPF and police, installation of CCTV cameras, etc.

iii) Abhaya Project Proposal (Andhra Pradesh): This proposal is for ensuring the safety of Women and Girl child during the transport (auto rickshaw) has been proposed by Andhra Pradesh with a cost of Rs. 138.49 Crores.

iv) CHIRALI: Friends Forever (Rajasthan) is a scheme to constitute Community Action Groups in 7 districts of Rajasthan covering a total of 2071 Gram Panchayats for a period of three years i.e. from 2016-17 to 2018-19 with an objective to create an enabling environment that would support girls and women to move freely and make use of choices, spaces and opportunities for their overall wellbeing. The cost of the Project is Rs. 10.20 Crores.

The amount allocated to different projects is approximately Rs.1530 Crores so far and the expenditure incurred is approximately Rs.400 Crores (as per the information available in the Ministry of Women and Child Development). [4]

[4] http://pib.nic.in/newsite/PrintRelease.aspx?relid=157727 accessed on 22_2_2017

The presented chapter deals with the Realities from Nirbhaya Fund Officers.

Sate wise Distribution:

Table: 8.1: Sate wise Distribution

State	Frequency	Percent
Maharashtra	3	75.0
UP	1	25.0
Total	**4**	**100.0**

The table 8.1 represent the state wise distribution of the Nirbhaya Fund officers who contributed in the study. According to the table total 4 Nirbhaya Fund officers have contributed by sharing their opinion on various question. Out of the total 4respondents maximum 75 percentage of respondents were belongs to the state of Maharashtra. The second state from where the Nirbhaya Fund officers contributed towards the study is UP. From Uttar Pradesh 25 percentage of responded contributed.

From above table analysis, it can be concluded that participation from the Nirbhaya Fund officers are ensured only from the state of Maharashtra and Uttar Pradesh.

District wise Distribution:

Table: 8.2: District wise Distribution

District	Frequency	Percent
Mumbai (MHP)	2	50.0
Gadchiroli (MLP)	1	25.0
Mirzapur (UPLP)	1	25.0
Total	**4**	**100.0**

The table 8.2 demonstrate the distribution of the respondents Nirbhaya Fund officers based on the prevalence area. Out of the total 4 Nirbhaya Fund officers 2 belongs to the high

prevalence area whereas another 2 belongs to the low prevalence area. Out of the 2 Nirbhaya Fund officers from high prevalence area both are belongs to Mumbai which is consider as the high prevalence area of Maharashtra. Out of the two respondents from the low prevalence area one belongs to Gadchiroli which is the low prevalence area of Maharashtra and another belongs to Mirzapur which is the low prevalence area of Uttar Pradesh.

The above table analysis concluded that only from Maharashtra both high and low prevalence area and from low prevalence area of Uttar Pradesh Nirbhaya Fund officers contributed in the study.

Prevalence wise Distribution:

Table: 8.3: Prevalence wise Distribution

Prevalence	Frequency	Percent
High	2	50.0
Low	2	50.0
Total	**4**	**100.0**

The table 8.3 demonstrate the segregation of the respondents based on the high and low prevalence area. It is clear from the table that 50 percentage of respondents were belongs to high prevalence area whereas another 50 percentage of respondents were belonging to low prevalence area.

From the above table analysis, it can be concluded that from the both high and low prevalence area equal participation of the Nirbhaya fund officer was ensured.

Other responsibility share by the fund officers:

Table: 8.4: Other responsibility share by the fund officers

Responses	Frequency	Percent
No other responsibility	2	50.0
other schemes	1	25.0
women & child development	1	25.0
Total	4	100.0

Table 8.4 depict the opinion of the Nirbhaya Fund officers about the types of responsibility shared by them. According to the table out of the four respondents 50 percentage shared that they don't share any other responsibility whereas 25 percentage of respondents shared that they do share responsibility in other schemes. Out of them 25 percentage of the respondents shared that specifically they shared the responsibility in women and child development program.

From the above table analysis, it is concluded that some of the fund officer actively shared other responsibilities whereas some of them only focus on the activities related to Nirbhaya fund.

Applications came under scheme:

Table: 8.5: Applications came under scheme

Year	Prevalence	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction	Total
2011	High	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2012	High	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2013	High	2 100.0	0 0.0	0 0.0	0 0.0	0 0.0	2 100.0
	Low	5 50.0	0 0.0	0 0.0	5 50.0	0 0.0	10 100.0
2014	High	31 96.9	1 3.1	0 0.0	0 0.0	0 0.0	32 100.0
	Low	11 45.8	0 0.0	0 0.0	13 54.2	00 0.0	24 100.0
2015	High	14	0	0	0	0	14

		100.0	0.0	0.0	0.0	0.0	100.0
	Low	22 51.2	0 0.0	0 0.0	21 48.8	0 0.0	43 100.0
Total		85 68.0	1 0.8	0 0.0	39 31.2	0 0.0	125 100.0

The table 8.5 highlights the number of applications came for the benefit of the schemes and the nature of the victim. Between 2011 to 2015 total 125 victims applied for the benefit of the funds. out of them 68 percentage application came from the victim of rape whereas only one application came from the victim of acid attack more over 31.2 percentage of application came from the victim of Insult to modesty of Women. Before 2013 no application had received by the fund officers which means after 2013 people from both low and high preference area started applying for the benefit under the programme.

From the above table analysis, it is concluded that till 2015 very few people have applied for the benefit of the schemes.

Victims got benefit:

Table: 8.6: Victims got benefit

Year	Prevalence	Rape	Acid attack	Assault on women with intent to outrage her	Insult to modesty of Women	Kidnapping & Abduction	Total
2011	**High**	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0

							0.0
2012	**High**	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2013	**High**	2 100.0	0 0.0	0 0.0	0 0.0	0 0.0	2 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2014	**High**	15 93.7	1 6.3	0 0.0	0 0.0	0 0.0	16 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2015	**High**	1 100.0	0 0.0	0 0.0	0 0.0	0 0.0	1 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
Total		18 94.7	1 5.3	0 0.0	0 0.0	0 0.0	19 100.0

The table 8.6 highlights the number of beneficiaries benefitted under the schemes and the nature of the victim. Between 2011 to 2015 only 19 applicants have got benefit of the schemes. out of the beneficiaries 94.7 percentage beneficiaries were victim of rape whereas only one beneficiaries were the victim of acid attack

In the year 2013 only 2 beneficiaries got benefit of the schemes whereas maximum beneficiaries were benefitted in the year 2015 and in 2015 only one applicant was benefited under the fund.

From the above table analysis, it is concluded that till 2015 the percentage of the beneficiaries of the schemes was very low. only 15 .2 percentage of the victim applied for the fund were benefitted which is very low.

Amount/Fund allocated:

Table: 8.7: Amount/Fund allocated

Year	Prevalence	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction	Total
2011	High	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2012	High	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2013	High	400000 100.0	0 0.0	0 0.0	0 0.0	0 0.0	400000 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2014	High	3500000 92.1	300000 7.9	0 0.0	0 0.0	0 0.0	3800000 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2015	High	200000 100.0	0 0.0	0 0.0	0 0.0	0 0.0	200000 100.0
	Low	0	0	0	0	0	0

		0.0	0.0	0.0	0.0	0.0	0.0
Total		4100000 93.2	300000 6.8	0 0.0	0 0.0	0 0.0	4400000 100.0

The table 8.7 depict the amount of financial benefit allotted to the applicant victim under the Nirbhaya Fund. Per the information around 4400000 rupees was allotted to the beneficiaries. Out of them Rupees 4100000 was for the rape victim and Rupees 300000 for the victim of acid attack. Till 2012 no financial benefit was benefited whereas in the year 2013 rupees 400000 was distributed whereas highest amount of fund i.e. rupees 3800000 was distributed in the year 2014.

From the above table analysis, it is concluded that out of the amount distributed as a Nirbhaya fund benefit the highest beneficiaries belongs to the victim of rape.

What is the procedure of fund delivery?

Q 5 1. FIR is uploaded on website of the scheme

2. it is automatically uploaded in CMO's mail box
3. then medico legal case report is uploaded on site
4. DPO Inbox
5. it is then analyzed
6. Forward to district selection committee
7. After decision of district selection committee fund is released
8. if amount is more than 10 lack state select

Time for releasing fund:

Table: 8.8: Time for releasing fund

Responses	Frequency	Percent
Six Months	2	50.0
One Year	1	25.0
More than a year	1	25.0
Total	4	100.0

Table 8.8 demonstrate the distribution of the respondents Nirbhaya fund officers based on their opinion on time duration needed for releasing the fund. per the table out of the four NIRBHAYA fund officer 50 percentage agreed that it take maximum six month to release the fund whereas 25 percentage of the respondents agreed that it almost one year for release the fund. More over twenty-five percentage of the respondents believed that it takes more than one month.

From the above table analysis, it is concluded that there is a difference of opinion of the respondents regarding releasing of the fund. however, it generally takes almost on year to receive that fund.

Restricting allocation of funds to the same financial year:

Table: 8.9: Restricting allocation of funds to the same financial year

Responses	Frequency	Percent
Yes	1	25.0
No, it carries to next financial year	3	75.0
Total	4	100.0

The table 8.9 depict the opinion of the respondent fund officers regarding restriction of the allocation of fund to the same financial year or not. out of the four respondents 25 percentage shared that yes there is restriction of allocating the fund with in the same financial year whereas 75 percentage of the respondents shared that there is no such restriction and it can be carrels to the next financial years.

From the above table analysis, it is concluded that as far as dispersion of the fund to the victim is concern there is no specific restriction of the financial years.

Having committee to decide benefits to victims to release funds:

All the respondents having committee to decide benefits to victims to release funds and the structure of it mentioned below:

1. District Officer
2. SP
3. Legal authority
4. NGO

Committee is headed by a district collector member secretary of this committee is DWCD officer while other member is DCP, CAW, Crime branch Dist. Govt plaid from dist. session court NGO member & Dean of civil hospital CJ J hospital per GR Instead of dean member consist of Gynecologist & forensic science expert from J.J Hospital.

Conclusion:

This chapter discussed the opinion and roles and responsibilities and the opinion of the Nirrbhaya fund officers. first, very few Nirbhaya fund officers participated in the study. As far as application of the victim to access the benefit of the fund is concern very few applications has received by the department as compared to the cases. More over in case of very limited cases the fund has been allotted to the victim. There is an urgent need to

sensitize the Nirbhaya fund officers to be more sensitive to wards the victims and taking special initiatives to aware the people about the benefits.

CHAPTER IX

REALITIES FROM SOCIAL COUNSELLORS

Introduction:

When we talk about violence, it is easy to focus on the physical effects. The injuries that can come about can be life-changing and can even result in death. It is important however to also consider the impact this behavior can have on victim's mental health. Depression, anxiety and low self-esteem are typical by-products of a violent experience. These psychological effects can be incredibly destructive. Many victims report feeling suicidal. This psychological effect completely change the personality of the victim. Hence it is important to extend the psychological support to the victim. This support is well extended to the victim through the process of counseling. When we say counseling, it is the provision of professional assistance and guidance in resolving personal or psychological problems. It affects their ability to function normally in the workplace and develop healthy relationships. Hence the role of the counselor in the life of domestic violence victim is considered very important.

In this chapter the opinion, experience and difficulties faced by the counsellor during the process of counselling of a violence victim is discussed in detail. this chapter also focused on the initiatives taken by the counsellor and their level of awareness related to various legal aspect related to the welfare of the violence victims. All the aspects are discussed in the table 9.1 to 9.45. The analysis and discussion of the table gives a clear understanding of the counsellor role importance and initiatives taken by the counsellor.

State wise distribution:

Table: 9.1: State wise distribution

State	Frequency	Percent
Maharashtra	18	37.5
Kerala	8	16.7
UP	10	20.8
Delhi	12	25.0
Total	**48**	**100.0**

The table 9.1 represent the state wise distribution of the respondent public prosecutor who contributed in the study. Per the table total 48 social counsellors have contributed by sharing their opinion on various question. Out of the total 48 respondents maximum 37.5 percentage of respondents were belongs to the state of Maharashtra. The second highest groups of respondents belong to the state of Delhi. Lowest 16.7 percentage of the social counsellor are from the state of Kerala.

From above table analysis, it can be concluded that participation from the social counsellor are ensured in almost all the study state however Social counsellor belongs to Maharashtra and Delhi shows the maximum participation.

District wise distribution:

Table: 9.2: District wise distribution

District	Frequency	Percent
Mumbai (MHP)	16	33.3
Gadchiroli (MLP)	2	4.2
Trivendrum (KHP)	1	2.1
Waynadu (KLP)	7	14.6
Lucknow (UPHP)	7	14.6
Mirzapur (UPLP)	3	6.3
North (DLP)	3	6.3
South east (DHP)	9	18.8
Total	**48**	**100.0**

The table 9.2 demonstrate the distribution of the respondent social counsellor based on the prevalence area. Out of the total 100 social counsellors 33 belongs to the high prevalence area whereas 15 belongs to the low prevalence area. Out of the 33-social counsellor from high prevalence area highest 33.3 percentage of respondents belongs to Mumbai high prevalence area followed by South Delhi which is high prevalence area of Delhi. Out of the total 15 respondents from low prevalence area Maximum 14.6 percentage of respondents belongs to Waynadu which is the low prevalence area of Kerala.

The above table analysis concluded that from all the state and within the state, from all the high and low prevalence area the social counsellor participated and contributed in the study. However highest number of contribution achieved from Maharashtra and Delhi, Kerala.

Prevalence wise distribution:

Table:9.3: Prevalence wise distribution

Prevalence	Frequency	Percent
High	33	68.8
Low	15	31.3
Total	**48**	**100.0**

The table 9.3 demonstrate the segregation of the respondents based on the high and low prevalence area. It is clear from the table that 68.8 percentage of respondents were belongs to high prevalence area whereas 31.3 percentage of respondents were belonging to low prevalence area.

From the above table analysis, it can be concluded that maximum participation of the social counsellor was drawn from the high prevalence area.

How do the cases of violence against women reach to the counsellor? ***Victim approaches*****:**

Table: 9.4: Process of the cases of violence against women reach to the counsellor, Victim approaches

Prevalence	Victim approaches		Total
	No	Yes	
High	19	14	33
	57.6%	42.4%	100.0%
Low	1	14	15
	6.7%	93.3%	100.0%
Total	20	28	48
	41.7%	58.3%	100.0%

Table 9.4 depict the opinion of the respondents regarding the medium by which the victim approach directly to the social counsellor. According to the table in high prevalence area 42.4 percentage of respondents shared that the victim does not approach them directly whereas 93.3 percentage of the respondents from the low prevalence area said that the victims directly approach to the social counsellor.

From the above table, it is concluded that the percentage of the victim approaching directly to the counsellor is less in high prevalence area.

How do the cases of violence against women reach to the counsellor? ***Referred by police*****:**

Table: 9.5: How do the cases of violence against women reach to the counsellor? Referred by police

Prevalence	Referred by police		Total
	No	Yes	
High	14	19	33
	42.4%	57.6%	100.0%
Low	2	13	15
	13.3%	86.7%	100.0%
Total	16	32	48
	33.3%	66.7%	100.0%

Table 9.5 demonstrate the opinion of the respondents whether the victim approach to the social counsellor through Police. According to the table in high prevalence area 57.6 percentage of respondents shared that the victim approach them through the police. whereas 86.7 percentage of the respondents from the low prevalence area said that the victims approach to the social counsellor through the police.

From the above table, it is concluded that the percentage of the victim approaching to the counsellor through police is high in both the high and low prevalence area.

How do the cases of violence against women reach to the counsellor? ***Relatives of the victim*****:**

Table: 9.6: How do the cases of violence against women reach to the counsellor? Relatives of the victim

Prevalence	Relatives of the victim		Total
	No	Yes	
High	19	14	33
	57.6%	42.4%	100.0%
Low	5	10	15
	33.3%	66.7%	100.0%
Total	24	24	48
	50.0%	50.0%	100.0%

Table 9.6 demonstrate the opinion of the respondents whether the victim reach to the social counsellor through relatives. According to the table in high prevalence area 42.4 percentage of respondents shared that the victim reach them through the relatives. whereas 66.7 percentage of the respondents from the low prevalence area said that the victims reach to the social counsellor through the relatives.

From the above table, it is concluded that the percentage of the victim reach to the counsellor through relatives is high in both the high and low prevalence area.

How do the cases of violence against women reach to the counsellor? *Hospital*:

Table:9: 7: How do the cases of violence against women reach to the counsellor? Hospital

Prevalence	Hospital		Total
	No	Yes	
High	26	7	33
	78.8%	21.2%	100.0%
Low	8	7	15
	53.3%	46.7%	100.0%
Total	34	14	48
	70.8%	29.2%	100.0%

Table 9.7 demonstrate the opinion of the respondents whether the victim reach to the social counsellor through hospital. According to the table in high prevalence area 21.2 percentage of respondents shared that the victim reach them through the Hospital. whereas 46.7 percentage of the respondents from the low prevalence area said that the victims reach to the social counsellor through the hospital.

From the above table, it is concluded that the percentage of the victim reach to the counsellor through hospital is quite low in both the high and low prevalence area.

How do the cases of violence against women reach to the counsellor? *NGOs*:

Table: 9.8: How do the cases of violence against women reach to the counsellor? NGOs

Prevalence	NGOs		Total
	No	Yes	
High	22	11	33
	66.7%	33.3%	100.0%
Low	12	3	15
	80.0%	20.0%	100.0%
Total	34	14	48
	70.8%	29.2%	100.0%

Table 9.8 demonstrate the opinion of the respondents whether the victim reach to the social counsellor through NGO. According to the table in high prevalence area 33.3 percentage of respondents shared that the victim reach them through the NGO. whereas only 20percentage of the respondents from the low prevalence area said that the victims reach to the social counsellor through the hospital.

From the above table, it is concluded that the percentage of the victim reach to the counsellor through NGO is quite low in both the high and low prevalence area.

How do the cases of violence against women reach to the counsellor? ***Proactive initiative by the counsellor herself/himself*****:**

Table: 9.9: How do the cases of violence against women reach to the counsellor? Proactive initiative by the counsellor herself/himself

Prevalence	Proactive initiative by the counsellor herself/himself		Total
	No	Yes	
High	31	2	33
	93.9%	6.1%	100.0%
Low	14	1	15
	93.3%	6.7%	100.0%
Total	45	3	48
	93.8%	6.3%	100.0%

Table 9.7 demonstrate the opinion of the respondents whether the victim reach to the social counsellor through his or her initiatives. According to the table in high prevalence area only 6.1 percentage of respondents shared that the victim reach to them by their own initiatives. whereas 6.7 percentage of the respondents from the low prevalence area said that the victims reach to the social counsellor through their efforts.

From the above table, it is concluded that the percentage of the victim reach to the counsellor through their initiatives is quite low in both the high and low prevalence area.

Any other sources cases of violence against women reach to the counsellor:

1. Social Activists.
2. Reference from another victim.
3. Through social networking sites like face hood another victim refer
4. Delhi commission for women
5. CDS

6. Child line
7. Ex client advocates
8. Ex- client Mahilamandal.

Who accompanies with the victim or *Victim alone*:

Table: 9.10: Who accompanies with the victim or Victim alone

Prevalence	Victim alone		Total
	No	Yes	
High	20	13	33
	60.6%	39.4%	100.0%
Low	6	9	15
	40.0%	60.0%	100.0%
Total	26	22	48
	54.2%	45.8%	100.0%

The table 9.10 demonstrated the number of victim accompanied by whom to the counsellor for counselling according to the counsellor opinion. out of the total 48 respondent's counsellor 33 were from the high prevalence area and 15 were from the low prevalence area. 39.4 percentage of counsellor from the high prevalence area shared that the victim come alone for the counselling. whereas 60 percentage of the counsellor from low prevalence area claimed that the victim come alone for counseling.

From the above table analysis, it can be concluded that while going for counselling victim not prefer very much to go alone. The accompaniment services by the family members is very strongly visible in the study area.

Who accompanies with the victim, *Parents*:

Table: 9.11: Who accompanies with the victim, Parents

Prevalence	Parents		Total
	No	Yes	
High	4	29	33
	12.1%	87.9%	100.0%
Low	6	9	15
	40.0%	60.0%	100.0%
Total	10	38	48
	20.8%	79.2%	100.0%

The table 9.11 demonstrated the opinion of the counsellor whether the victim come to the counsellor for counselling with the family members. out of the total 48 respondent counsellors 33 were from the high prevalence area and 15 were from the low prevalence area. 87.9percentage of counsellor from the high prevalence area shared that the victim come along with the family member for the counselling. whereas 60 percentage of the counsellor from low prevalence area claimed that the victim come along with the family member for counselling.

From the above table analysis, it can be concluded that while going for counselling victim not prefer very much to go alone. The accompaniment services by the family members is very strongly visible in the study area.

Who accompanies with the victim, *Husband*:

Table: 9.12: Who accompanies with the victim, Husband

Prevalence	Husband		Total
	No	Yes	
High	26	7	33
	78.8%	21.2%	100.0%
Low	11	4	15
	73.3%	26.7%	100.0%
Total	37	11	48
	77.1%	22.9%	100.0%

The table 9.12 demonstrated the opinion of the counsellor whether the victim come to the counsellor for counselling with the husband. out of the total 48 respondent counsellors 33 were from the high prevalence area and 15 were from the low prevalence area. 78.8 percentage of counsellor from the high prevalence area shared that the victim does not come along with the husband for the counselling. whereas 73.3 percentage of the counsellor from low prevalence area claimed the same

From the above table analysis, it can be concluded that while going for counselling victim does not prefer very much to go along with the husband.

Who accompanies with the victim? *Friend*:

Table: 9.13: Who accompanies with the victim, Friend

Prevalence	Friend		Total
	No	Yes	
High	19	14	33
	57.6%	42.4%	100.0%
Low	10	5	15
	66.7%	33.3%	100.0%
Total	29	19	48
	60.4%	39.6%	100.0%

The table 9.13 demonstrated the opinion of the counsellor whether the victim come to the counsellor for counselling with their friend. out of the total 48 respondent counsellors 33 were from the high prevalence area and 15 were from the low prevalence area. Only 42.4 percentage of counsellor from the high prevalence area shared that the victim come along with the friends for the counselling. whereas 66.7 percentage of the counsellor from low prevalence area claimed that the victim was not accompanied by their friends while coming for counselling.

From the above table analysis, it can be concluded that while going for counselling, most of the victim does not prefer to accompany by their friends.

Who accompanies with the victim, *Guardian/Relatives*:

Table: 9.14: Who accompanies with the victim, Guardian/Relatives

Prevalence	Guardian/Relatives		Total
	No	Yes	
High	12	21	33
	36.4%	63.6%	100.0%
Low	4	11	15
	26.7%	73.3%	100.0%
Total	16	32	48
	33.3%	66.7%	100.0%

The table 9.14 demonstrated the opinion of the counsellor whether the victim come to the counsellor for counselling with their guardian or relatives. out of the total 48 respondent counsellors 33 were from the high prevalence area and 15 were from the low prevalence area. Only 63.6 percentage of counsellor from the high prevalence area shared that the victim come along with the guardian or relatives for the counselling. whereas 73.3 percentage of the counsellor from low prevalence area claimed that the victim was not accompanied by their friends while coming for counselling.

From the above table analysis, it can be concluded that while going for counselling, most of the victim prefer to accompany by their guardian or relatives.

Who accompanies with the victim, *NGO/Counselling Centre*:

Table*:* 9.15: Who accompanies with the victim, *NGO/Counselling Centre*

Prevalence	NGO/Counselling Centre		Total
	No	Yes	
High	21	12	33
	63.6%	36.4%	100.0%
Low	11	4	15
	73.3%	26.7%	100.0%
Total	32	16	48
	66.7%	33.3%	100.0%

The table 9.15 demonstrated the opinion of the counsellor whether the victim come to the counsellors for counselling with NGO representatives. out of the total 48 respondent counsellor 33 were from the high prevalence area and 15 were from the low prevalence area. Only 36.4 percentage of counsellor from the high prevalence area shared that the victim come along with the NGO representatives for the counselling. whereas 26.7 percentage of the counsellor from low prevalence area claimed that the victim was not accompanied by NGO representatives while coming for counselling.

From the above table analysis, it can be concluded that while going for counselling, most of the victim does not prefer to accompany by NGO representatives.

Number of victims approached:

Table: 9.16: Number of victims approached

Year	Prevalence	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction	Total
2011	High	4 57.1	0 0.0	3 42.9	0 0.0	0 0.0	7 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2012	High	2 50.0	0 0.0	2 50.0	0 0.0	0 0.0	4 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2013	High	1 16.7	1 16.7	3 50.0	1 16.6	0 0.0	6 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2014	High	8 22.2	7 19.4	19 52.8	2 5.6	0 0.0	36 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2015	High	63 58.3	10 9.3	15 13.9	7 6.4	13 12.1	108 100.0
	Low	0	0	0	0	0	0

		0.0	0.0	0.0	0.0	0.0	0.0
Total		78 48.4	18 11.2	42 26.1	10 6.2	13 8.1	161 100.0

Table 9.16 depict the number of the victim approached to the counsellor for counselling in both the high and low prevalence area. It also depicts the trends of victim approached to the counsellor for counselling during the period of five year starting from 2011 to 2015. It generally shows five different kind of violence affected victim coming to the counsellor for the counselling which area rape, acid attack, Assault on women with intent to outrage her Modesty, Insult to modesty of Women and kidnap and abductions. As far as the victim of rape who come for the counselling is concerned there is a fluctuating trend towards lower side from 2011 to 2014. very few people have visited counsellor for the counselling. but in 2015 there is a student increase in the number of victim visit to the counsellor for counselling. In 2011 only 4 victims of violence visited for counselling whereas in 2015 63 victims visited counsellor for counselling support. In low prevalence area between 2011 to 2015 none of the victim visited for counselling services. As far as victim of acid attacks who comes for counselling is concerned between 2011 to 2015 only 18 victims visited. among them after 2013 17 victims visited for counselling services. In the same way for other cases also very few victims approached the counsellor for the counselling services. 42 victim of Assault on women with intent to outrage her Modesty, 10 victims of Insult to modesty of Women and 13 victims of kidnap and abductions were visited the counsellor for the counselling services.

From the above table analysis, it can be concluded that gradually the number of victim of violence preferring to undergoes counselling services which is a good progress but still the number is very less which need to be seriously considered while dealing a case of violence.

Role in the procedure 'from the victim approach you till filing the complaint:

Table: 9.17: Role in the procedure till filing the complaint

Prevalence	What is your role in the procedure 'from the victim approach you till filing of the complaint			Total
	No Role	Counselling	legal help	
High	7	5	1	13
	53.8%	38.5%	7.7%	100.0%
Low	2	1	1	4
	50.0%	25.0%	25.0%	100.0%
Total	9	6	2	17
	52.9%	35.3%	11.8%	100.0%

TIP: 31 Respondents haven't provided the data presented in table

the table 9.17 depict the role of the counsellor with the victim till she files a complaint. To this question 31 counsellors out of 48 did not respondents. Among them 20 were from the high prevalence area 11 were from the low prevalence area. Out of 13 respondents from high prevalence area 53.8 percentage of counsellor shared that they don't have any role during the period whereas 38,5 percentage of the respondents claimed that they have counselling role during that period too and 7.7 percentage of respondents claimed that they also extend legal support to the victim during the period. Out of the 4 respondents from the low prevalence area 50 percentage respondents claimed that they do not have any role during that period whereas only 35.5 percentage shared that they do have counselling role during that time and 25 percentage respondents claimed that they extend the legal support during that period. Some Details of the role played are Psychological, Counselling help & legal process, in case FIR is not lodged or copy not given we talking with police authorities talk to police officials over telephone, Legal aid legal awareness, Victim approaches after filing the complaint, Support system, Facilitate the process if help is seared by the women survives,

Marking the victim comfortable, counselling emotional support rehabilitation medical supports.

From the above table analysis, it is concluded that the counselling services in not yet fully given importance by the victims. more over counsellor also not very clear about their role during the process of legal proceedings. hence there is a need to develop the sensitiveness among the counsellor to extend the counselling services if they can during the process.

Role in the procedure 'from filing FIR till the final judgement:

Table :9.18: Role in the procedure 'from filing FIR till the final judgement

Prevalence	What is your role in the procedure 'from filing FIR till the final judgement'					Total
	No Role	Moral support to victim	Moral support to family	Financial support for procedure	Financial support for rehabilitation	
High	1	3	14	4	10	32
	3.1%	9.4%	43.8%	12.5%	31.3%	100.0%
Low	1	4	5	2	3	15
	6.7%	26.7%	33.3%	13.3%	20.0%	100.0%
Total	2	7	19	6	13	47
	4.3%	14.9%	40.4%	12.8%	27.7%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

Some initiatives:

- It's an old case already in sub-judies status but due to lack of follow up it is still pending must collect certificate copy of the Process ding from barely and expedite judgement procedure
- Raised fund in Asiana gang rape case.
- Shelter Home
- home investigation contact family. Victim compensation, DLSA follow up.
- accompany survivors in hospital

What are the difficulties you face while tackling such cases? *Don't face any of the difficulty*:

Table: 9.19: difficulties faced while tackling such cases?

Prevalence	Don't face any of the difficulty		Total
	No	Yes	
High	29	4	33
	87.9%	12.1%	100.0%
Low	13	1	14
	92.9%	7.1%	100.0%
Total	42	5	47
	89.4%	10.6%	100.0%

TIP: 1 Respondents haven't provided the data presented in table

The table 9.19 depict the opinion of the counsellor regarding their difficulties faced during the process of counselling. Out of the 48 respondents one who belongs to high prevalence area did not responded. Out of the 33 respondents from high prevalence area 87.9 percentage of respondents claimed that they do not face any difficulties while 12.1 percentage of respondents said that they face problem. In the same manner 92.9 percentage of the respondents shared that they did not face any problem during the process of

counselling. From the above table analysis, it can be concluding that counsellor does not face any major difficulties in the process of counselling.

What are the difficulties you face while tackling such cases, *Non-cooperation of Police*?

Table: 9.20: difficulties in term of non-cooperation faced while tackling such cases

Prevalence	Non-cooperation of Police		Total
	No	Yes	
High	16	17	33
	48.5%	51.5%	100.0%
Low	11	4	15
	73.3%	26.7%	100.0%
Total	27	21	48
	56.3%	43.8%	100.0%

The table 9.20 depict the opinion of the counsellor regarding their difficulties in term of non-cooperation faced during the process of counselling. Out of the 33 respondents from high prevalence area 51.5 percentage of respondents claimed that they do face difficulties in term of non-cooperation from the victim while 73.3 percentage of respondents from the low prevalence area shared that they face problem in the form of non-cooperation during the process of counselling.

From the above table analysis, it can be concluding that non-cooperation from the victim is a biggest challenge for the counsellor during the process of counselling.

What are the difficulties you face while tackling such cases, *Non-cooperation of family members*?

Table :9.21: difficulties of Non-cooperation from family members face while tackling cases

Prevalence	Non-cooperation of family members		Total
	No	Yes	
High	10	23	33
	30.3%	69.7%	100.0%
Low	9	6	15
	60.0%	40.0%	100.0%
Total	19	29	48
	39.6%	60.4%	100.0%

The table 9.21 depict the opinion of the counsellor regarding their difficulties in term of non-cooperation from family members faced during the process of counselling. Out of the 33 respondents from high prevalence area 69.7 percentage of respondents claimed that they do face difficulties in term of non-cooperation from the family members while 60 percentage of respondents from the low prevalence area shared that they do not face problem in the form of non-cooperation from the family members of the victims during the process of counselling.

From the above table analysis, it can be concluding that non-cooperation from the family members is also a biggest challenge for the counsellor during the process of counselling.

Difficulties of pressure from politician face while tackling cases:

Table: 9.22: Difficulties of pressure from politician face while tackling cases

Prevalence	Pressure from politicians		Total
	No	Yes	
High	31	2	33
	93.9%	6.1%	100.0%
Low	13	2	15
	86.7%	13.3%	100.0%
Total	44	4	48
	91.7%	8.3%	100.0%

The table 9.22 depict the opinion of the counsellor regarding their difficulties in term of political pressures from politicians faced during the process of counselling. Out of the 33 respondents from high prevalence area 93.9 percentage of respondents claimed that they do not face political pressures from politicians during the process of counselling while 86.7 percentage of respondents from the low prevalence area shared that they do not face political pressures from politicians during the process of counselling.

From the above table analysis, it can be concluding that for a counsellor during the process of counselling political pressures from politicians is not a biggest challenge however in few incidences the counsellor faced pressure from the politician.

Difficulties of pressure from opposite party face while tackling cases:

Table :9.23: Difficulties of pressure from opposite party face while tackling cases

Prevalence	Pressure from opposite party		Total
	No	Yes	
High	25	8	33
	75.8%	24.2%	100.0%
Low	12	3	15
	80.0%	20.0%	100.0%
Total	37	11	48
	77.1%	22.9%	100.0%

The table 9.23 depict the opinion of the counsellor regarding their difficulties in term of pressures from the opposite party faced during the process of counselling. Out of the 33 respondents from high prevalence area 75.8 percentage of respondents claimed that they do not face pressures from the opposite party during the process of counselling while 8o percentage of respondents from the low prevalence area shared that they do not face pressures from opposite party during the process of counselling.

From the above table analysis, it can be concluding that for a counsellor during the process of counselling pressures from opposite party is not a biggest challenge however in few incidences the counsellor faced pressure from the opposite party.

Some Other difficulties faced while taking such cases:

1. Police don't co-operate with poor people poor people are pressurized by police.
2. Medical and legal difficulties.
3. Lack of awareness
4. Resistance from community.
5. Number of false cases.

6. Insensitivity of public prosecutor and hospital
7. Delay in taking action from court and police station.
8. Sometimes pressures from local social worker

Cooperation from Victim's Relatives:

Table: 9.24: Cooperation from Victim's Relatives

Prevalence	Victim's Relatives			Total
	Never	Sometimes	Always	
High	1	21	11	33
	3.0%	63.6%	33.3%	100.0%
Low	1	6	8	15
	6.7%	40.0%	53.3%	100.0%
Total	2	27	19	48
	4.2%	56.3%	39.6%	100.0%

The table 9.24 depict the opinion the counsellor regarding the cooperation they received from the victim relatives during the process of counselling. Out of the 48 counsellors 33 were belongs to the high prevalence area and 15 were belongs to the low prevalence area. Out of the 33 from the high prevalence area 33.3 percentage claimed that they all ways receive the cooperation from the victim families whereas 63.6 percentage of respondents claimed that they sometimes receive the cooperation from the victim family. In the low prevalence area, out of the 15 respondents 53.3 claimed that they always receive cooperation from the victim family whereas 40 percentage respondents claimed that they sometimes only receive the cooperation from the victim family.

From the above table analysis, it is concluding that the counsellor receives good cooperation from the victim family. Only in few incidences they face the non-cooperation.

Cooperation from Police Officer:

Table: 9.25: Cooperation from Police officers

Prevalence	Police Officer			Total
	Never	Sometimes	Always	
High	4	22	7	33
	12.1%	66.7%	21.2%	100.0%
Low	0	9	6	15
	.0%	60.0%	40.0%	100.0%
Total	4	31	13	48
	8.3%	64.6%	27.1%	100.0%

The table 9.25 depict the opinion the counsellor regarding the cooperation they received from the police officers during the process of counselling. Out of the 48 counsellors 33 were belongs to the high prevalence area and 15 were belongs to the low prevalence area. Out of the 33 from the high prevalence area 21.2 percentage claimed that they all ways receive the cooperation from the police officers whereas 66.7 percentage of respondents claimed that they sometimes receive the cooperation from the police officers. In the low prevalence area, out of the 15 respondents 40 claimed that they always receive cooperation from the police officers whereas 60 percentage respondents claimed that they sometimes only receive the cooperation from the police officers.

From the above table analysis, it is concluded that the cooperation from the police department to the counsellor is not very satisfactory. the gap between the two group of support system need to be taken care so that appropriate measures can be taken for the benefits of the victims.

Cooperation from Medical Officer:

Table: 9.26: Cooperation from Medical Officers

Prevalence	Medical Officer			Total
	Never	Sometimes	Always	
High	2	17	14	33
	6.1%	51.5%	42.4%	100.0%
Low	2	3	10	15
	13.3%	20.0%	66.7%	100.0%
Total	4	20	24	48
	8.3%	41.7%	50.0%	100.0%

The table 9.26 depict the opinion the counsellor regarding the cooperation they received from the Medical officers during the process of counselling. Out of the 48 counsellors 33 were belongs to the high prevalence area and 15 were belongs to the low prevalence area. Out of the 33 from the high prevalence area 42.4 percentage claimed that they all ways receive the cooperation from the medical officers whereas 51.5 percentage of respondents claimed that they sometimes receive the cooperation from the medical officers. In the low prevalence area, out of the 15 respondents 66.7 claimed that they always receive cooperation from the medical officers whereas 20 percentage respondents claimed that they sometimes only receive the cooperation from the Medical officers.

From the above table analysis, it is concluding that the cooperation from the, Medical officers to the counsellor is not very satisfactory. the gap between the two group of support system need to be taken care so that appropriate measures can be taken for the benefits of the victims.

Cooperation from Government official:

Table: 9.27: Cooperation from Government officials

Prevalence	Government official			Total
	Never	Sometimes	Always	
High	4	20	9	33
	12.1%	60.6%	27.3%	100.0%
Low	0	8	7	15
	.0%	53.3%	46.7%	100.0%
Total	4	28	16	48
	8.3%	58.3%	33.3%	100.0%

The table 9.27 depict the opinion the counsellor regarding the cooperation they received from the Government officers during the process of counselling. Out of the 48 counsellors 33 were belongs to the high prevalence area and 15 were belongs to the low prevalence area. Out of the 33 from the high prevalence area only 27.3 percentage claimed that they all ways receive the cooperation from the Government officers whereas 60.6 percentage of respondents claimed that they sometimes receive the cooperation from the Government officers. In the low prevalence area, out of the 15 respondents 46.7 claimed that they always receive cooperation from the medical officers whereas 53.3 percentage respondents claimed that they sometimes only receive the cooperation from the Government officers.

From the above table analysis, it is concluding that the cooperation from the Government officers to the counsellor is not very satisfactory. the gap between the two group of support system need to be taken care so that appropriate measures can be taken for the benefits of the victims.

Cooperation from Public Prosecutor:

Table: 9.28: Cooperation from Public Prosecutor

Prevalence	Public Prosecutor			Total
	Never	Sometimes	Always	
High	12	16	5	33
	36.4%	48.5%	15.2%	100.0%
Low	3	5	6	14
	21.4%	35.7%	42.9%	100.0%
Total	15	21	11	47
	31.9%	44.7%	23.4%	100.0%

The table 9.28 depict the opinion the counsellor regarding the cooperation they received from the Public prosecutors during the process of counselling. Out of the 48 counsellors 33 were belongs to the high prevalence area and 15 were belongs to the low prevalence area. Out of the 33 from the high prevalence area only 15.2 percentage claimed that they all ways receive the cooperation from the Public prosecutors whereas 48.5 percentage of respondents claimed that they sometimes receive the cooperation from the Public prosecutors. More over 36.4 percentage of the counsellor claimed that they never receive cooperation from the Public prosecutors. In the low prevalence area, out of the 15 respondents 42.9 claimed that they always receive cooperation from the Public prosecutors whereas 35.7 percentage respondents claimed that they sometimes only receive the cooperation from the Public prosecutors

From the above table analysis, it is concluding that the cooperation from the Public prosecutors to the counsellor is not very satisfactory. the gap between the two group of support system need to be taken care so that appropriate measures can be taken for the benefits of the victims.

Other comments given in concern with cooperation with the following support system:

Victim's Relatives

1. More compensation & moral support is required from relatives.

Police Officer:

1. Police hesitate to register FIR
2. High quality level & probative engagement
3. in front of counsellors only.

Medical Officer

They don't allow us to be present with survivor while examination.

Government official

1. Principal sect has personally taken interest also shared her personal mobile number and call her for any kind of support.
2. In asiyana gang rape case member of stated women commission pressurized victim.
3. Medical help

Public Prosecutor

1. Justice Mr. Srivastava secty. To legal aid cell up also accused any kind of legal aid for victim.
2. They are reluctant as they don't get enough money.
3. Most of the social counsellor are not co-operative and sensitive. They resent ally fight case they advices victim to completion or with re the case.
4. More engagement &

Invitation from the police to the counsellor while recording statement:

Table: 9. 29: Invitation from the police to the counsellor while recording statement

Prevalence	Do the police invite the counsellor while the statement is being recorded		Total
	No	Yes	
High	11	21	32
	34.4%	65.6%	100.0%
Low	1	11	12
	8.3%	91.7%	100.0%
Total	12	32	44
	27.3%	72.7%	100.0%

The table 9.29 depict the opinion of the respondent counsellors about whether they get invitation or intimation from police while recording the case. According to the table out the 32 respondents from the high prevalence area 6.6 percentage of the respondents agreed that they receive invitation from the police department whereas 34.4 percent claimed that they did not received such invitation. In case of low prevalence area out of the 12 respondents 11 (91.7%) respondents state that they do get invitation from the police during the process of recording of the case.

From the above table analysis, it is concluded that in majority cases the counsellor gets invitation from the police during the process of recording of the case. however, it is a serious concern that some of the counsellor were neglected and not invited by the police for the police officers during the process of recording the case. This issues need to be address immediately.

Ensuring the presence of woman constable while recording the statement:

Table: 9.30: Ensuring the presence of woman constable while recording the statement

Prevalence	Do you ensure that the woman constable is present while recording the statement		Total
	No	Yes	
High	6	24	30
	20.0%	80.0%	100.0%
Low	0	15	15
	.0%	100.0%	100.0%
Total	6	39	45
	13.3%	86.7%	100.0%

The table 9.30 depict the opinion of the respondent counsellors about the accompaniment of the female constables to the women victim while recording the statements. Out of the 30 respondents from the high prevalence area 80 percentage of respondents were agreed that that the women victim accompanied by the women constables. In the low prevalence area, out of the 15 respondents 100 percentage respondents agreed that the women victims were accompanied by the women constables.

From the above table analysis, it is concluded that in maximum number of cases the women constables are accompanying the women victim during the process of recording the statement however in high prevalence area in few cases the women constable were not present.

Awareness of new definition of "Rape", per criminal law amendment, 2013:

Table: 9.31: Awareness of new definition of "Rape", according to criminal law amendment, 2013

Prevalence	Are you aware of new definition of "Rape", according to criminal law amendment, 2013		Total
	No	Yes	
High	5	25	30
	16.7%	83.3%	100.0%
Low	1	12	13
	7.7%	92.3%	100.0%
Total	6	37	43
	14.0%	86.0%	100.0%

The table 9.31 shows the opinion of the respondent counsellors about the awareness of the new definition of Rape. Out of the 30 counsellors from the high prevalence area 83.5 percentage of the respondents claimed that they all aware about the new definition whereas out of 13 respondents from the low prevalence area 923 percentage of the respondents shared that they were aware about the new definition of rape in the criminal law.

From the above table analysis, it is concluding that maximum respondent counsellor is aware about the new definition of the rape. however, few of them are not aware and there is an urgent need to aware all the counsellor regarding this definition.

Helping by treatment in the process of rehabilitation:

Table: 9.32: Helping in the process of rehabilitation

Prevalence	Treatment		Total
	No	Yes	
High	9	24	33
	27.3%	72.7%	100.0%
Low	5	10	15
	33.3%	66.7%	100.0%
Total	14	34	48
	29.2%	70.8%	100.0%

The table 9.32 demonstrate the opinion of the respondent counsellor about their role in helping the victim in the process of rehabilitation. Out of the 33 respondents from the high prevalence area 72.7 percentage of the respondents have extended their helping hand in the process of rehabilitation of the victim whereas in the same manner 66.7 in the low prevalence area out of 15 respondents extended their help and support in the process of rehabilitation.

From the above table analysis, it is concluded that the social counsellors also playing wider role in the rehabilitation of the victim.

Helping by Psychological support in the process of rehabilitation:

Table: 9.33: Helping by Psychological support in the process of rehabilitation

Prevalence	Psychological support		Total
	No	Yes	
High	4	29	33
	12.1%	87.9%	100.0%
Low	2	13	15
	13.3%	86.7%	100.0%
Total	6	42	48
	12.5%	87.5%	100.0%

The table 9.33 demonstrate the opinion of the respondent counsellor about their role in helping the victim by extending psychological support in the process of rehabilitation. Out of the 33 respondents from the high prevalence area 87.9 percentage of the respondents have extended their helping hand by giving psychological support in the process of rehabilitation of the victim whereas in the same manner 86.7 in the low prevalence area out of 15 respondents extended their help and support in the process of rehabilitation through psychological support.

From the above table analysis, it is concluded that the social counsellors playing wider role in the rehabilitation of the victim specially through the psychological support.

Helping in the process of rehabilitation by shifting in short stay home:

Table: 9.34: Helping in the process of rehabilitation by shifting in short stay home

Prevalence	To send her in short stay home		Total
	No	Yes	
High	12	21	33
	36.4%	63.6%	100.0%
Low	8	7	15
	53.3%	46.7%	100.0%
Total	20	28	48
	41.7%	58.3%	100.0%

The table 9.34 demonstrate the opinion of the respondent counsellor about their role in helping the victim by shifting them to the short stay home Out of the 33 respondents from the high prevalence area 63.6 percentage of the respondents have extended their helping hand by shifting them to the short stay home. Whereas in the same manner 46.7 in the low prevalence area out of 15 respondents extended their help and support in the process of rehabilitation by shifting them to the short stay homes.

From the above table analysis, it is concluded that all though many of the social worker specially in the low prevalence area are not involve in shifting the victim to the short stay home but still their role is existing in shifting them in to short stay home hence they play wider role.

Helping by Skill development/ education in the process of rehabilitation:

Table: 9:35: Helping by Skill development/ education in the process of rehabilitation

Prevalence	Skill development/ education		Total
	No	Yes	
High	11	22	33
	33.3%	66.7%	100.0%
Low	10	5	15
	66.7%	33.3%	100.0%
Total	21	27	48
	43.8%	56.3%	100.0%

The table 9.35 demonstrate the opinion of the respondent counsellor about their role in helping the victim through skill development and education. Out of the 33 respondents from the high prevalence area 66.7percentage of the respondents have extended their helping hand through skill enhancement and education. Whereas in the same manner 33.3 in the low prevalence area out of 15 respondents extended their help and support in the process of rehabilitation through skills building and education.

From the above table analysis, it is concluded that all though many of the social worker specially in the low prevalence area are not involve in skill enhancement and education of the victim but still their role is very much important in the process of awareness building and education.

Helping in the process of rehabilitation by assisting in getting job:

Table: 9.36: Helping in the process of rehabilitation by assisting in getting job

Prevalence	To get the job		Total
	No	Yes	
High	13	20	33
	39.4%	60.6%	100.0%
Low	12	3	15
	80.0%	20.0%	100.0%
Total	25	23	48
	52.1%	47.9%	100.0%

The table 9.36 demonstrate the opinion of the respondent counsellor about their role in helping the victim in getting a job. Out of the 33 respondents from the high prevalence area 60.6 percentage of the respondents have extended their helping hand by getting a job for the victim. Whereas only 20 percentage in the low prevalence area out of 15 respondents extended their help and in getting a job for the victim

From the above table analysis, it is concluded that all though many of the social worker specially in the low prevalence area does not get involved in helping the victim a job but still their role is strongly visible in many cases

Any other help in the process of rehabilitation:

1. Getting compensation from govt.
2. Compensation legal aid
3. We help the women by empowering the provide driving & also help them to become professional livery.

Assisting victim to avail Victim Compensation Fund or any other equivalent scheme by providing Information:

Table: 9.37: Assisting victim to avail Victim Compensation Fund or any other equivalent scheme by providing Information

Prevalence	Information		Total
	No	Yes	
High	7	26	33
	21.2%	78.8%	100.0%
Low	4	11	15
	26.7%	73.3%	100.0%
Total	11	37	48
	22.9%	77.1%	100.0%

The table 9.37 demonstrate the opinion of the respondent counsellor about their role in helping the victim in getting the benefit of the victim compensation fund through building awareness among them. Out of the 33 respondents from the high prevalence area 78.8 percentage of the respondents were agreed that they helped the victim through building awareness to access the benefit of the victim welfare fund. Whereas 73.3 percentage in the low prevalence area out of 15 respondents were agreed that they helped the victim through building awareness to access the benefit of the victim welfare fund.

From the above table analysis, it is concluded that the counsellor playing important role building awareness among the victim to access the benefit of the victim welfare fund.

Assisting victim to avail Victim Compensation Fund or any other equivalent scheme by helping in application:

Table: 9.38: Assisting victim to avail Victim Compensation Fund by helping in application

Prevalence	Application		Total
	No	Yes	
High	18	15	33
	54.5%	45.5%	100.0%
Low	7	8	15
	46.7%	53.3%	100.0%
Total	25	23	48
	52.1%	47.9%	100.0%

The table 9.38 demonstrate the opinion of the respondent counsellor about their role in helping the victim in getting the benefit of the victim compensation fund through helping them in writing application. Out of the 33 respondents from the high prevalence area only 45 .5 percentage of the respondents were agreed that they helped the victim through writing application to access the benefit of the victim welfare fund. Whereas 53.3 percentage in the low prevalence area out of 15 respondents were agreed that they helped the victim through writing the application on behalf of victim to access the benefit of the victim welfare fund.

From the above table analysis, it is concluded that the counsellor playing important role in drafting the application for the victim to access the benefit of the victim welfare fund.

Assisting victim to avail Victim Compensation Fund or any other equivalent scheme by helping in collecting concern documents:

Table: 9.39: Assisting victim to avail Victim Compensation Fund by helping in collecting concern documents

Prevalence	Collect documents		Total
	No	Yes	
High	22	11	33
	66.7%	33.3%	100.0%
Low	8	7	15
	53.3%	46.7%	100.0%
Total	30	18	48
	62.5%	37.5%	100.0%

The table 9.39 demonstrate the opinion of the respondent counsellor about their role in helping the victim in getting the benefit of the victim compensation fund through helping them in collecting the relevant document. Out of the 33 respondents from the high prevalence area only 33.3 percentage of the respondents were agreed that they helped the victim through collecting relevant document to access the benefit of the victim welfare fund. Whereas 53.3 percentage in the low prevalence area out of 15 respondents were agreed that they helped the victim through documentation process to access the benefit of the victim welfare fund.

From the above table analysis, it is concluded that the counsellor playing important role in documentation process on behalf of victim to access the benefit of the victim welfare fund.

Assisting victim to avail Victim Compensation Fund or any other equivalent scheme by approaching fund officials:

Table: 9.40: Assisting victim to avail Victim Compensation Fund by approaching fund officials

Prevalence	Approaching fund officials		Total
	No	Yes	
High	22	11	33
	66.7%	33.3%	100.0%
Low	7	8	15
	46.7%	53.3%	100.0%
Total	29	19	48
	60.4%	39.6%	100.0%

The table 9.40 demonstrate the opinion of the respondent counsellor about their role in helping the victim in getting the benefit of the victim compensation fund through Approaching the fund officers. Out of the 33 respondents from the high prevalence area only 33.3 percentage of the respondents were agreed that they helped the victim through approaching the fund officers to access the benefit of the victim welfare fund. Whereas 53.3 percentage in the low prevalence area out of 15 respondents were agreed that they helped the victim through approaching the fund to access the benefit of the victim welfare fund.

From the above table analysis, it is concluded that the counsellor playing important role in approaching the fund officers on behalf of victim to access the benefit of the victim welfare fund.

Assisting victim to avail Victim Compensation Fund or any other equivalent scheme by follow up till the end:

Table :9.41: Assisting victim to avail Victim Compensation Fund or any other equivalent scheme by follow up till the end

Prevalence	Follow up till end		Total
	No	Yes	
High	16	17	33
	48.5%	51.5%	100.0%
Low	8	7	15
	53.3%	46.7%	100.0%
Total	24	24	48
	50.0%	50.0%	100.0%

The table 9.41 demonstrate the opinion of the respondent counsellor about their role in helping the victim in getting the benefit of the victim compensation fund through following the case till the end. Out of the 33 respondents from the high prevalence area 51.5 percentage of the respondents were agreed that they follow up the case till the end and ensure that they access the benefit of the victim welfare fund. Whereas 46.7 percentage in the low prevalence area out of 15 respondents were agreed that they follow up the case till the end and ensure that they access the benefit of the victim welfare fund.

From the above table analysis, it is concluded that the counsellor follow up the case till the end and ensure that the victim access the benefit of the victim welfare fund.

Suggestions to improve the following procedures:

Filing the complaint:

- FIR should be registered immediately.
- Proactive stance.
- the police constable & officer should be sanitized & Should
- Procedure should staff immediately.
- Centralized complaint registration should be encouraged.
- more women officers should be encouraged at higher levels
- Sometime not clarity in the complaint.
- if is important that there must be a comfortable environment and sufficient resources while recording the statement also victim blaming needs to be stopped

Medical Help:

- Treatment should be done properly.
- Reports of victim should be given in time limit.
- Proper channels to deliver the circular released by the courts.
- The procedure for awaiting free treatment from private hospitals no clear.
- Immediate medical help should be product the deployment should be properly provided.
- Special desks should be there to handle such cases facilities should be provided immediate.
- Medical officials/ worker need to sensitized

Collection of evidence:

- Should be more effective because of false cases.
- It is always delayed immediate action needs to be taken.

Trauma management:

- Long and regular Psychological support.

- Not much facility is available this need to be included in treatment protocol.
- Number of centers should be more
- Psychologist should be there with us.
- Follow up should be there even psychological help is ceased.
- Long term intervention with proper follow up is required

Availing Nirbhaya/equivalent fund:

- Proper information to deliver fund regular follow up.
- The process for claiming compensation is not specified there is lack of clarity.
- Require financial support as per help need.
- Such funds for victim in Kerala.
- Special consideration needs to give the victim

Rehabilitation:

- Job security.
- There is no scheme needs to be built into the systems.
- Life skill traipse livelihood
- There should be rules and regulation for rehabilitation
- Funds are not sufficient funds should be increased.
- Rehabilitation be including more livelihood as well as employment prospectus.
- Long term rehabilitation is required long term follow up is required.
- Needs more funds from govt.
- Within their limits fund would be helpful follow up is needed.
- Awareness of funds schemes providing funds would be better.

No of cases in which Victim Compensation Fund was sanctioned:

Table: 9.42: No of cases in which Victim Compensation Fund was sanctioned

Year	Prevalence	Rape	Acid attack	Assault on women with intent to outrage her	Insult to modesty of	Kidnapping & Abduction	Total
2011	High	2	0 0.0	0 0.0	0 0.0	0 0.0	2 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2012	High	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2013	High	2 100.0	0 0.0	0 0.0	0 0.0	0 0.0	2 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2014	High	1 100.0	0 0.0	0 0.0	0 0.0	0 0.0	1 100.0
	Low	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0	0 0.0
2015	High	3 100.0	0 0.0	0 0.0	0 0.0	0 0.0	3 100.0
	Low	0	0	0	0	0	0

		0.0	0.0	0.0	0.0	0.0	0.0
Total		8 100.0	0 0.0	0 0.0	0 0.0	0 0.0	8 100.0

The table 9.42 demonstrate the opinion of the respondent counsellor about sanctioned of Victim Compensation Fund. This table also represent the trends of the same aspect between the year 2011 and 2015. It shows that according to 8 respondents the victim compensation fund has allotted. Among them two each were allotted in 2011 and 2012, and one was allotted in 2014 and maximum 3 victims were allotted the benefit of fun in 2015.

From the above table analysis, it is concluded that very few victim have allotted the benefit of the violence compensation fund within five year.

Changes in past three years in concern with lodging complaint by the victim:

Table: 9.43: Changes in past three years in concern with lodging complaint by the victim

Prevalence	**Lodging complaint by the victim**			**Total**
	Can't say/ No Response	**Negative**	**Positive**	
High	0	1	31	32
	.0%	3.1%	96.9%	100.0%
Low	2	0	13	15
	13.3%	.0%	86.7%	100.0%
Total	2	1	44	47
	4.3%	2.1%	93.6%	100.0%

The table 9.43 demonstrate the opinion of the social counselor about the Lodging complaint by the victim. Out of the total 47 respondents 32 were from the high prevalence area whereas 15 were from low prevalence area. Out of the 32 respondents in high prevalence area 96.9 percentage of respondents shared positive opinion whereas out of the 15 respondents from the low prevalence area 86.7 percentage shared positive opinion.

From the above table analysis, it can be concluded that many respondents have the positive opinion about the lodging complaint by the victim.

Changes in past three years in concern with Complaint mechanism:

Table :9.44: Changes in past three years in concern with Complaint mechanism

Prevalence	Complaint mechanism			Total
	Can't say/ No Response	Negative	Positive	
High	10	5	17	32
	31.3%	15.6%	53.1%	100.0%
Low	3	0	12	15
	20.0%	.0%	80.0%	100.0%
Total	13	5	29	47
	27.7%	10.6%	61.7%	100.0%

The table 9.44 demonstrate the opinion of the social counselor about the changes in complain mechanism. Out of the total 47 respondents 32 were from the high prevalence area whereas 15 were from low prevalence area. out of the 32 respondents in high prevalence area 53.1 percentage of respondents shared positive opinion whereas 10 (31.3%) responded shared that they cannot comment on that. Out of the 15 respondents from the low prevalence area 80 percentage shared positive opinion and 2 (27.7%) of respondents shared that they cannot comment on that.

From the above table analysis, it can be concluded that many respondents have the positive opinion about the changes in the reporting systems for violence. still many are un sure to take a stand hence there is a need of sensitization of the counselor to make them understand about the importance and need of the law.

Changes in past three years in concern with Awareness about Law:

Table: 9.45: Changes in past three years in concern with Awareness about Law

Prevalence	Awareness about Law			Total
	Can't say/ No Response	Negative	Positive	
High	1	4	27	32
	3.1%	12.5%	84.4%	100.0%
Low	2	1	12	15
	13.3%	6.7%	80.0%	100.0%
Total	3	5	39	47
	6.4%	10.6%	83.0%	100.0%

The table analysis of 9.45 demonstrate the opinion towards the changes in the awareness about the law. Out of the total 47 respondents 32 were from the high prevalence area and 15 were from the low prevalence area. Out of the 32 respondents from high prevalence area 84.4 percentage of respondents have positive opinion in term of level of awareness about the law whereas 12.5 percentage respondents have negative opinion and 3.1 percentage of respondents have uncertain response. Among the 15 respondents from the low prevalence area 80 percentage of respondents have positive opinion whereas 6.7 percentage have negative opinion and 13.3 percent have uncertain response.

From the above table analysis, it can be concluding that many social counselor have positive opinion regarding the awareness of the law however still the negative and uncertain response still prevailed among the counselor which need to be enhanced and transferred in to positive response. so, that all the medical practitioner will be aware about it. for better response.

Changes in past three years in concern with Facilities to victims:

Table: 9. 46: Changes in past three years in concern with Facilities to victims

Prevalence	Facilities to victims			Total
	Can't say/ No Response	Negative	Positive	
High	10	8	14	32
	31.3%	25.0%	43.8%	100.0%
Low	3	0	12	15
	20.0%	.0%	80.0%	100.0%
Total	13	8	26	47
	27.7%	17.0%	55.3%	100.0%

The table 9.46 illustrate the opinion of the counsellor regarding the changes in facilities provided to the victim. Among the 14 respondents from high prevalence area 14(43.8%) have positive responses whereas 25 percentage have the negative opinion whereas 31.3 percentage have uncertain responses. Out of the 15 respondents from low prevalence area 80 percentage have the positive response and 20 have the uncertain response.

From the above table analysis, it can be concluded that maximum number of counselor have positive opinion regarding the changes in facilities to victim. Still there is a need of sensitization so that all the practitioner will developed positive opinion towards this.

Any other changes observed in these three years:

1 No of cases filed increased

2 Misuse of law

3 Empowerment of women needed

Summary:

The chapter gives the clear understanding of the various role and responsibilities of the counsellor and various difficulties faced by the counsellor during the process of counselling.

counsellor is a crucial person who have very important role to play in the process of dealing the case of domestic violence. In every step of the proceeding of dealing with the victim of violence counsellor have very crucial role. Despite having crucial role counsellor face many hurdle in paying his role effectively. It also prevents the counsellor to take special initiatives to help the victim. Therefore, it is necessary to give importance to the role of counsellor in the process of dealing with the victim. The prosecutors, the police the medical officer all need to have extend their cooperation and provide opportunity for effective functioning so that the psychological aspect of the victim can be taken care properly for recovery from the shock and for strengthening the victim to go through the legal process fearlessly and face the challenges and trauma positively and with full confidence.

CHAPTER X

CONCLUSION & RECOMMENDATIONS

Introduction:

Conclusions and recommendations usually form an important part of a project debriefs and of any report or documentation, and are a key part of the value offered to clients by professional research.[5]

The interpretations given by the researcher of the significance of the findings of a research project for the violence against women, along with recommendations for action. These recommendations are based on the preliminary investigation and on any other relevant information available, including expert's opinion. Given chapter is divided in to the three sections namely A: Summery of Research methodology; B: Conclusion & D: recommendations.

A: SUMMARY OF RESEARCH METHODOLOGY:

The title of the present study was 'Tackling Violence Against Women: A Study of State Intervention Measures (A comparative study of impact of new laws, crime rate and reporting rate, change in awareness level)' the study has been conducted in the four states namely 1: Maharashtra; 2: Kerala; 3: UP; & 4: Delhi. Hence the geographical area of the study stands same as mentioned above.

Study is purely comparative in nature, this study comes under the one group after only research design, and it was purely quantitative in nature. There are several types of stakeholders of the said policy hence all the stake holders have been considered as unit of study. The various unit of study has been mentioned below:

1. Victim from Public Prosecutor/Police;

[5] https://www.aqr.org.uk/glossary/conclusions-and-recommendations accessed on 27_2_2017

2. Police Officers & police Stations;
3. Public Prosecutor;
4. Medical Officers & Medical Practitioners;
5. Nirbhaya Fund Officers;
6. Social Counselors.

All the stake holders of the said policy constituted the universe of the study. As there are different types of stake holders hence the universe of the said study has been divided on the ground of above mentioned points.

The sample for this study has been selected based on multi-phase sampling method. The phases of Sample selection have been mentioned below.

Phase one: On first phase the four states has been selected. Namely Maharashtra, Karla, Uttar Pradesh and Delhi.

Phase two: On second phase, from each of the selected state two districts has been selected based on prevalence of violence against women. These two districts from each state include one highest prevalence district and one lowest prevalence district in concern with violence against women. From each state following district has been selected.

Table 10.1: States and Districts covered

S.No.	State	Distract	Prevalence
1	Maharashtra	Mumbai	High
2		Gadchiroli	Low
3	Karla,	Trivendrum	High
4		Waynadu	Low
5	Uttar Pradesh	Lucknow	High
6		Mirzapur	Low
7	Delhi	South east	High
8		North	Low

Phase Three: On third phase, all the stake holders in the concern policy has been identifies and is has been decided that from each of the selected district these various stake holders will be selected to have participation from all the sectors. The sample from each of the stake holders has been selected using quota sampling of non-probability sampling method.

Phase Four: On fourth phase, actual sample has been drawn with the help of availability sampling method. Hence the study is based on non-probability sampling method. The details of sample have been mentioned below.

The data from primary source has been collected with the help of interview method. For conducting the interviews various type of respondents, the six types of structured interview schedules were specially developed. For collecting the data from the secondary sources a check list was prepared. And the data have been collected from the books, journals, magazines, newspapers, and internet.

B: CONCLUSION

Violence against women is a problem across the World. It affects women of all races, ethnic groups, classes and nationalities. It is a life-threatening problem for individual women and a serious problem for societies. Violence affects the lives of millions of women worldwide in all socio-economic and educational classes. It cuts across cultural and religious barriers, impeding the right of women to participate fully in society. Violence against women takes a dismaying variety of forms, from domestic abuse to rape, to child marriages and to female circumcision. All of them are violations of the most fundamental human rights.

The problem of crime against women is not new in India. Women in Indian society have been victims of ill-treatment, humiliation, torture, and exploitation for if written records of social organization and family life are available. These records are repeated with incidents of abduction, rape, murder and torture of women. Nevertheless, regretfully, female victims of violence have not been given much attention in the literature on social problems or in the literature on criminal violence. Nor has any attempt been made to explain why both the public and the academicians alike have ignored for so long the fact that women have continuously been ruthlessly exploited in our society.

In terms of sufferings, which it brings upon the victims and their families, it is, perhaps, the most severe punishment, which can be inflicted upon them. The victim woman is haunted for life by one single monstrosity committed against her and it puts her to embarrassment at almost every step; be it among friends, be it in marriage, if, at all that is possible, or be it the rest of her life in any shape. For all purposes, she becomes an outcaste. It marks a drastic change in her future existence and there is no wonder that most of the victims of this crime commit suicide. The worst aspect of this crime is that the woman concerned is to suffer for what is forced upon her without her being in anyway responsible. It is not only the physical violation of the body of the victim but an intrusion upon her mental, psychological and emotional sensitivities. It is the destruction of her sense of pride, sense of security, sense of purity, and quake-like shock to the future hopes, aspirations and dreams of a happy married life.

So far as Indian scene is concerned, in the past few decades, with increasing evidence regarding the phenomenon, crime against women has drawn the attention of several concerned feminists, human rights groups, social scientists and social work practitioners.

In a large and complex country like India, the dimensions and problems of violence against women do not yield easy solutions. Setting standards is a first step, and while it is an important and necessary one, it is not enough. There must be effective implementation at the national, regional and international levels. The rule of law and recourse to legal remedies for violation of rights and entitlements must be observed.

The Indian constitution which is the fundamental law of the land contains numbers of provisions for the benefit and protection of the women. The concept of equality and non-discrimination finds its due place in Indian constitution. Besides, it also enables the state to adopt measures of affirmative discrimination in favor of women. Apart from fundamental rights, some specific provisions to ensure the rights of women have also been incorporated in Directive Principles of State Policy. However, despite constitutional protection and several legislations, gender discrimination and injustices continue to occur. This is mainly because those who enforce the laws or interpret them do not always fully share the philosophy of gender justice concept.

Indian women are, by and large, handicapped in respect to all the prerequisites essential for access to justice. The widespread illiteracy, the cultural barriers and subordination they suffer from, and unfriendly process of law have kept most women, who have problems, away from the law and courts. Victimized women have various experiences with the national criminal justice systems. They cannot always depend on the criminal justice system for protection. In terms of combating violence against women, there often exist gaps and ambiguities in the laws criminalizing violence. Laws tend to be piecemeal, focusing on specific forms of violence rather than dealing comprehensively with all forms of violence against women. When the law is in place, there is often weak law enforcement. This leads to victim's apathy and distrust and avoidance of the system. In certain situations, such as the cruelty and dowry deaths, corruption among police and other enforcement officials works as a major obstacle.

Apart from various Articles of Indian Constitution and provisions in criminal law i.e. Indian Penal Code 1860, Indian Evidence Act 1872, Criminal Procedure Code 1973, many legislative enactments pertaining to the crimes committed against women have been passed by Indian Parliament from time to time to prevent such crime in the Indian society. Followings are some of those important enactments.

1. The Immoral Traffic Act, 1956
2. The Dowry Prohibition Act, 1961
3. The Medical Termination of Pregnancy Act, 1971 398
4. The Indecent Representation of Women (Prohibition) Act, 1986
5. The Commission of Sati (Prevention) Act, 1987
6. The National Commission for Women Act, 1990
7. The Pre-conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994
8. The Protection of Women from Domestic Violence Act, 2005.

The Law Commission of India, through its recommendations, has made various changes in IPC, Cr.P.C. and Evidence law and has tried to solve many problems of the victims of rape, but these recommendations are not enough until now. The educated class of the society should come forward to support the victims of rape and report the matter to the police authorities immediately. The law alone cannot solve all the social problems. The Governmental authorities, social organizations, women's organizations, voluntary groups, NGO's etc. should come forward to serve the cause of rape victims. There is an urgent need to bring a change in the attitude of the police authorities in the matters of rape cases. They should have a sympathetic attitude towards the victims of rape and the necessary support should be provided to the victims.

The law-enforcement agencies i.e., the police and the judiciary can play an important role in the control of crime against women and particularly rape. The law-enforcement is a continuous process from the time a crime is reported till the criminal is prosecuted and punished. This is a long process involving various stages such as, investigation, prosecution, trial and judicial decision. The victim needs to be facilitated at all these stages. Never-ending trials have also led to a scenario where the complainant is forced to compromise with the

victim outside the court secretly due to the social pressure, thereby frustrating the whole purpose of law. What is the use of increasing the punishment when the chance of conviction itself is a rarity?

Another reason for increase in rape cases is the problem caused in investigation due to the delay in filing of F.I.R. Delay in filing of F.I.R. may be due to various reasons. Since it is a sexual offence, there might be an initial hesitation in the mind of the victim to report the matter to the police as she might fear that the same might affect her and her family's reputation. The hesitation may also be that by disclosing it a stigma may be marked on her for rest of her life. The problem faced by investigation authorities in cases of delay is that it becomes difficult for them to procure expert evidence against the accused. Since it is an offence against body, medical evidence plays an important role. With the passing time, physical injuries get healed up, destroying evidence and resulting in acquittal.

To design and implement an adequate response to this problem, it is necessary first to understand it, for which we need reliable and consistent data and other information about the prevalence, the causes, the nature and the consequences of violence against women. Second, institutional, national and global information and knowledge on violence against women must be translated into effective and integrated action. Third, responses to violence against women should be broadened to include the participation of multiple sectors and social groups: the police, judicial officials, the health sector, community groups, men's groups, and above all women themselves. Finally, to effect a change in both consciousness and behavior, responses to violence against women must be implemented at the community, municipal, national and international levels, so that a "community-based response" involves not just local, but regional and international communities as well.

Changing people's attitude and mentality towards women will take a long time, at least a generation, many believe, and perhaps longer. Nevertheless, raising awareness of the issue of violence against women, and educating boys and men to view women as valuable partners in life, in the development of a society and in the attainment of peace are just as important as taking legal steps to protect women's human rights. It is also important to prevent violence that non-violent means be used to resolve conflict between all members of society. Breaking the cycle of abuse will require concerted collaboration and action between

governmental and non-governmental actors, including educators, health-care authorities, legislators, the judiciary and the mass media. Education of both men and women will lead to change in attitudes and perceptions. It is not easy to eradicate deep seated cultural value or alter tradition that perpetuates discrimination. In the final analysis, we come to a perspective that gender violence is a violation of human rights that needs to be combated by both men and women who believe in justice for all citizens irrespective of their class, caste, racial, religious and ethnic backgrounds.

D: RECOMMENDATIONS.

Suggestions are proposed by the researcher to bring about changes in the policies, procedures and practices of the entire socio-legal system. The basic objective of this study is to impart needed services for the women victims of domestic violence. If necessary changes are brought about in the socio-legal support systems, it will strengthen locally active social support system and networks.

1. Complainants of sexual assaults should be provided with legal representation. The victim's advocate should not only assist her in filing the complaint but also guide her in getting other kinds of assistance like psychiatric, medical, & financial too;
2. Legal assistance would have to be provided at the police station as well as in view of the distressed state of mind of the victim;
3. Police should be under a duty to inform the victim of the right to get representation before asking her questions and the police report should state that she was so informed;
4. A list of advocates should be prepared who were willing to act in these cases,
5. Such advocates should be appointed by the Court, but to avoid delay advocates might be authorized to act in police station before permission from the court had been obtained,
6. A criminal injuries compensation board should be set up, Compensation for the victim should be awarded by the court on the conviction of the offender and by the criminal injuries compensation board whether a conviction had taken place;

7. All the suggested reformatory measures will not prove fruitful unless the political institutions become sensitive to the plight of victims of sexual assaults;
8. The low conviction rate in rape cases can be attributed to the lack of coordination between the investigating officers and the public prosecutors. Hence, appropriate training programmers should be conducted for the public prosecutors and the police officers who investigate rape cases, so that through proper coordination between them helps in receiving justice for the victim;
9. The modern investigating technique should be adopted in crime investigation which would be of great help in determining the cases of sexual violence against women;
10. To rule out gender bias attitudes against rape victims, there should be training programmers for members of Judiciary and the Bar to build awareness regarding the women's plight in rape cases. It will help in the formation of attitudes conducive to the effective interpretation and implementation of law;
11. Setting up of special courts for hearing the cases of sexual assault is strongly recommended. In these special courts, women judges should be there so that the victim feels comfortable in narrating the details of the sexual assault perpetrated on her;
12. Special investigation units comprising predominantly women police officers may be created. Investigating officers need to be trained and sensitized about the needs and sensibilities of victims. Police officers and doctors need to be trained in interview techniques which should be conducted as far as possible, in the victim's home. Doctors simply go by the rule book. They look for tangible physical evidences that have been listed out. If there is no physical injury, they simply pronounce the girl as not having been assaulted. This narrow legalistic interpretation needs to be substituted by a new humane perspective;
13. The police officers must be given special training to deal with the victims of sexual abuse. Gender sensitization programmers will help the officers to have the required considerate approach for rape victims. Preferably there should be women officers in every police station to attend to such females;

14. The court dealing with rape cases should be sensitive towards the conditions of rape victims and award punishments to rapists with great seriousness towards women conditions in the Indian society;
15. Rape Crisis Centres are set up in countries like Australia, Canada, America, United Kingdom, etc. These centres provide their help through their telephonic help lines also. These centres provide the rape victims with medical help, counseling, and financial help by way of providing job opportunities etc. Such centres should be set up in India to provide for medical aid and counseling to the rape victims;
16. Another very important aspect is to provide counseling for the family members of the victim. In times of distress and emotional trauma, best support can be provided by the family members;
17. Indiscrimination use of judicial discretion can be regulated by enacting a legal provision whereby the award of lower sentence;
18. The need of the hour is the creation of state sponsored victim compensatory fund particularly for heinous offences including rape. This award should have a victim's need based procedure and should be totally free from the result of the prosecution that is conviction or acquittal and should come into action the moment FIR is registered or cognizance is taken of a complaint;
19. The media must be sensitive to the plight of the rape victim and must not highlight the name or any inference leading to the identification of the victim, as it will be counterproductive. The media must not highlight the case where the offender has been acquitted but must invariably highlight those cases where the offender has been convicted, as it will infuse the feeling of deterrence among the people;
20. State government should encourage at least one women group in each district for taking up various programmers for the care and protection of victims of violence. The government should not interfere in the autonomy and functioning of the NGOs in lieu of their patronage, support and cooperation excepting periodical evaluation of the performance of these 419 organizations by non-official experts who may be appointed by the competent authority;

Annexure: A: Tools of data Collections

Tool 1: Interview Schedule for victim from Public Prosecutor/Police

Schedule Code			

Tackling Violence against Women: A Study of State Intervention Measures

(A comparative study of impact of new laws, crime rate and reporting rate, change in awareness level)

Tool 1: Interview Schedule for victim from Public Prosecutor/Police

A: Official Data

Name of the Public Prosecutor/Police:		_____	
Name of the Victim (If revealed)		_____	
Date:		District:	

B: Research Data

Q. Code	Questions	Responses	R. Code
1.	Crime reported	_____ _____	
2.	Age of the Victim	_____**Years**	
3.	Educational level of the victim	1) illiterate 2) Primary (1 to 4) 3) Middle (5 to 7) 4) Secondary (8 to 10) 5) Higher Secondary 6) Graduation 7) Post Graduation 8) M. Phil / PhD	

4.	Caste category of the victim	1) NT/DNT 2) ST 3) SC 4) SBC 5) OBC 6) General	
5.	Religion of the victim	1) Hinduism 2) Christianity 3) Islam 4) Buddhism 5) Jainism 6) Sikhism Any other specify: _____	
6.	Place of residence of the victim	1) Urban – Slum 2) Urban - Non-Slum 3) Rural 4) Tribal	
7.	Who registered the complaint of the victim?	1) Victim 2) Parents of the Victim 3) Husband 4) Friend 5) Guardian/Relative 6) NGO/ Counselor Any other specify: _____	
8.	Were victim injured when victim reported the case?	1) No 2) Yes	
9.	When were victim medically examined?	1) Within 24 hours 2) After 24 hours 3) Before the FIR filing 4) After the FIR filing 5) Never	
10.	Where did the crime take place?	1) At the residence 2) Near the residence 3) At the workplace/school/college 4) Near the workplace/school/college 5) On the way to the workplace/school/college 6) Bus/metro 7) Taxi/Cab 8) Public place 9) Secluded pl Any other specify: _____	

11.	Who accompanied victim when the crime took place?	1) Alone 2) Along with one male 3) Along with one female 4) In a group Any other specify: _____	
12.	Nearest police station from the place of crime?	_____ _____	
13.	When did, the crime take place?	1) Day (8 am to 7 pm) 2) Night (8 pm to 7 am)	
14.	Who was the accused?	1) Stranger 2) Known to the victim 3) Neighbor 4) Family member 5) Friend Any other specify: _____	
15.	Age of the accused	_____Years	
16.	Number of accused?	_____People	
17.	How were victim treated by the police?	1) Respectfully 2) Humiliated 3) Neglected Any other specify: _____	
18.	Were victim given counseling?	1) No 2) Yes	
19.	Did victim avail the free legal aid facility?	1) No 2) Yes	
20.	Was victim's case resolved?	1) No 2) Yes	
21.	If No, why?	0) N/A 1) Pending 2) Withdrawn 3) Lack of evidence Any other specify: _____	

22.	Who gave you information about Victim Compensation Fund?	_____ _____	
23.	Did victim get any benefit from Compensation Fund or similar Fund?	1) No 2) Yes	
24.	How much fund was allotted?	Rs_____/-	
25.	On what grounds?	_____ _____	
26.	After how many days was the fund allocated after filing the application?	0) N/A _____Days	
27.	Who helped you to avail this fund?	0) N/A specify: _____	
28.	Were victim provided help for rehabilitation?	1) No 2) Yes	
29.	Were victim provided any help to survive economically?	1) No 2) Yes	
30.	If Yes, How Much How?	0) N/A Rs_____/-	
What do you suggest to improve the following?			
31.	Filing the complaint	_____ _____	
32.	Treatment	_____ _____	
33.	Collection of evidence	_____ _____	

34.	Trauma management	_____ _____	
35.	Rehabilitation	_____ _____	

Name & signature of surveyor	Respondents name & designation	Name & signature of Investigator

Date:	Time:

Tool 2: Interview Schedule for Police Officers & police Stations

Schedule Code			

Tackling Violence against Women: A Study of State Intervention Measures

(A comparative study of impact of new laws, crime rate and reporting rate, change in awareness level)

Tool 2: Interview schedule for Police Officer/Station

A: Official Data

Name of the Police Station:	_____
Address:	_____ _____
Designation of the respondents:	_____

Date:		District:	

B: Research Data

Q. Code	Questions	Responses	R. Code
1.	How many cases registered in your police Station as FIR related to given issues?		

Year	Rape	Acid Attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction
2011					
2012					
2013					
2014					
2015					

2.	Is woman constable present at the time of recording the statement?	1) No 2) Yes	
3.	If No, what is the reason?	0) N/A Specify: _____ _____	
4.	Who else is present while recording the statement?	1) Nobody 2) Parents 3) Social Counsellor 4) relatives 5) friends Any other specify: _____	
5.	Where is, the statement recorded?	1) Police Station 2) Residence of victim 3) Hospital/clinic Any other specify: _____	
6.	Is it recorded in-camera?	1) No 2) Yes	
7.	If no, what is the reason?	0) N/A Specify: _____ _____	
8.	Is victim given counselling to make her comfortable and safe before recording the statement?	1) No 2) Yes	
9.	Does counselling is given in the police station to the victim before recording the statement?	1) No 2) Yes	
10.	If not given in police station, do you send the victim for any of the below?	0) N/A 1) NGO 3) Family counselling centre 4) Private psychologist Any other specify: _____	

11.	How much time does it take to record the statement?	_____Hours	
12.	How many times does the victim narrate incident generally?	_____Times	
13.	Do you insist on sending victim for medical examination before filing the FIR?	1) No 2) Yes	
14.	If yes, what is reason?	0) N/A Specify: _____ _____	
15.	Have you encouraged any victim to file her complaint?	1) No 2) Yes	
16.	Under which circumstances the victim gets hesitated to file the complaint?	1) Family Pressure 2) Caste pressure 3) Future social stigma Any other specify: _____	
17.	Do you inform the victim about the availability of free legal aid?	1) No 2) Yes	
18.	Is an evidentiary property of the victim and culprit, sealed and submitted to the court?	1) No 2) Yes	
19.	How many cases proved, and accused was punished as per your police station record?		

	No of cases registered	No of cases proven	No of cases pending
2011			
2012			
2013			
2014			
2015			

20.	Do you send victim to any Trauma treating centre?	1) No 2) Yes	
21.	Do you inform the victim about Victim Compensation and similar funds?	1) No 2) Yes	
22.	Please inform us that which rehabilitation centres belong to your area?	_____ _____ _____	

What change do you see in the past three years?

Answer per options given below (mention code given to options in code box)

0) Can't say/ No Response	1) Negative	2) Positive

23.	Lodging complaint by the victim		
24.	Complaint mechanism		
25.	Awareness about Law		
26.	Facilities to victims		
27.	If any Other changes do you observed in these three years? (Except above mentioned changes)	0) N/R Specify: _____ _____	

Respondents name & designation	Name & signature of Investigator
Date:	Time:

Tool 3: Interview schedule for Public Prosecutor

Schedule Code			

Tackling Violence against Women: A Study of State Intervention Measures

(A comparative study of impact of new laws, crime rate and reporting rate, change in awareness level)

Tool 3: Interview schedule for Public Prosecutor

A: Official Data

Name of the respondents:	_____
Address:	_____ _____
Designation of the respondents:	_____
Contact No:	

Date:		District:	

B: Research Data

Q. Code	**Questions**	**Responses**	**R. Code**
1.	How many cases of violation against women related to below mentioned issues come to court in a year?		

Year	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction
2011					
2012					

	2013					
	2014					
	2015					

2.	Within how much time generally cases are decided?	_____Months & _____Year	
3.	Do you find the timelines given in the existing laws feasible?	1) No 2) Yes	

4.	In how many cases accused is punished?					
	Year	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction
	2011					
	2012					
	2013					
	2014					
	2015					

5.	What is the acquittal ratio?	_____ _____	
6.	Whether these cases are conducted in-camera?	1) No 2) Yes	
7.	Is the victim asked the questions related to her past sexual experience or character in the cross examination?	1) No 2) Yes	

8.	Do you get enough evidences to strengthen the case?	1) No 2) Yes	
9.	Do you inform the victim about Victim Compensation and similar funds?	1) No 2) Yes	
10.	What is your experience in getting evidence from Police?	1) Difficult 2) Cooperative 3) Non-Cooperative 4) No Comment	
11.	Is the statement of the victim videographer?	1) No 2) Yes	
12.	If no, what is the reason?	0) N/A Specify: _____ _____	
13.	If yes, is CD of the statement provided to you?	0) N/A 1) No 2) Yes	
14.	Does medical examination report a conclusive proof?	1) No 2) Yes	
15.	Who accompanies with the victim?	1) Parents 2) Husband 3) Friend 4) Guardian/Relatives 5) NGO/Counsellor Any other specify: _____	
16.	What challenges do you have while handling such cases?	0) No Challenges Specify: _____ _____	
What do you suggest to improve the following?			

17.	Filing the complaint	_____ _____	
18.	Treatment	_____ _____	
19.	Collection of evidence	_____ _____	
20.	Trauma management	_____ _____	
21.	Rehabilitation	_____ _____	

What change do you see in the past three years?

Answer according to options given below (mention code given to options in code box)

0) Can't say/ No Response	1) Negative	2) Positive

22.	Lodging complaint by the victim		
23.	Complaint mechanism		
24.	Awareness about Law		
25.	Facilities to victims		
26.	If any Other changes do you observed in these three years? (Except above mentioned changes)	0) N/R Specify: _____ _____	

Respondents name & designation	Name & signature of Investigator
Date:	Time:

Tool 4: Interview Schedule for Medical Officer in Government Hospital or Private Medical Practitioner

Schedule Code			

Tackling Violence against Women: A Study of State Intervention Measures

(A comparative study of impact of new laws, crime rate and reporting rate, change in awareness level)

Tool 4: Interview Schedule for Medical Officer in Government Hospital or Private Medical Practitioner

A: Official Data

Name of the Respondents:	_____
Name of the hospital:	_____
Designation of the respondents:	_____

Date:		District:	

B: Research Data

Q. Code	Questions	Responses	R. Code
1.	How many cases did you handle in these years?		

Year	Rape	Acid attack	Kidnapping & Abduction
2011			
2012			

	2013				
	2014				
	2015				
2.	Medical examination conducted at?	1) Government Hospital 2) Private Hospital/clinic Any other specify: _____			
3.	Who accompanies the victim generally?	1) Female Constable 2) Parents 3) Counsellor/Social Worker 4) Relatives Any other specify: _____			
4.	Who examines the victims?	1) General physician 2) Gynaecologist 3) Nurse Any other specify: _____			
5.	Are you aware about the amendments made in the criminal law act 2013?	1) No 2) Yes			
6.	Do you ask details about past sexual experience?	1) No 2) Yes			
7.	Which tests do you conduct?	0) Don't Conduct 1) _____ 2) _____ 3) _____ 4)_____			
8.	The time difference between examination and incidence?	_____Days			

9.	Do you charge fee for examining the victim?	1) No 2) Yes	
10.	When do you examine the victim?	1) Before FIR is filed 2) After FIR is filed	
11.	When do you start medical treatment after examination?	1) Immediately 2) After police report	
12.	On an average time for treatment of victim.	_____Days	

13. In how many cases was the evidence collected in this hospital admissible in the Police?

Year	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Kidnapping & Abduction
2011				
2012				
2013				
2014				
2015				

14.	Do you have Sexual Assault Kit in your hospital?	1) No 2) Yes	
15.	Do you have the facility of Forensic Lab for testing of vaginal fluid sample?	1) No 2) Yes	
16.	If No, where do you send the sample for testing?	0) N/A Specify: _____ _____	
17.	How much time does it take to get the report?	_____Days	

18.	Is this hospital having any special counselling facility for victims?	1) No 2) Yes	
19.	If yes, for how long is the psychological help provided in your centre?	_____Years	
20.	Where do you refer for trauma management?	1) Short stay homes 2) One-stop Centre 3) NGO accommodation 4) Day Care Centre 5) Children Home Any other specify: _____	
21.	What challenges do you face while handling such cases?	0) No Challenges Specify: _____ _____	
	What do you suggest to improve the following?		
22.	Filing the complaint	_____ _____	
23.	Examination	_____ _____	
24.	Collection of evidence	_____ _____	
25.	Treatment	_____ _____	
26.	Trauma management	_____ _____	
27.	Rehabilitation	_____ _____	

28.	Do you inform the victim about Victim Compensation Fund and similar funds?	1) No 2) Yes	

What change do you see in the past three years?

Answer per options given below (mention code given to options in code box)

0) Can't say/ No Response	1) Negative	2) Positive

29.	Lodging complaint by the victim		
30.	Complaint mechanism		
31.	Awareness about Law		
32.	Facilities to victims		
33.	If any Other changes do you observed in these three years? (Except above mentioned changes)	0) N/R Specify: _____ _____	

Respondents name & designation	Name & signature of Investigator
Date:	Time:

Tool 5: Interview Schedule for Nirbhaya Fund Officers

Schedule Code

Tackling Violence against Women: A Study of State Intervention Measures

(A comparative study of impact of new laws, crime rate and reporting rate, change in awareness level)

Tool 5: Interview Schedule for Nirbhaya Fund Officers

A: Official Data

Name of the Respondents: _____

Contact Number: _____

Date: District:

B: Research Data

Q. Code	Questions	Responses	R. Code
1.	Any other responsibility share by you other than fund officer?	0) No other responsibility _____ _____	
2.	How many applications came under this scheme?		

Year	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction
2011					
2012					
2013					
2014					
2015					

How many victims got benefit in these years?

3.

Year	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction
2011					
2012					
2013					
2014					
2015					

How much amount was allocated (This can be asked in RTI)

4.

Year	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction
2011					
2012					
2013					
2014					
2015					

5. What is the procedure of fund delivery?

0) N/R _____
_____
_____
_____
_____

6. How much time generally taken to release funds?

1) Six Months 2) One Year
3) More than a year

7. Is the allocation of funds restricted to the same financial year?

1) Yes
2) No, it carries to next financial year

8. Do you have any committee to decide benefits to victims to release funds? 1)No 2) Yes

0) N/A

9. If yes, then Structure of the committee?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Who accompanies with the victim? (I found this question irrelevant as this schedule if for fund officer in general sense and not in specific with victim)

10.

Victim self	0) No	1) Yes
Parents	0) No	1) Yes
Husband	0) No	1) Yes
Friend	0) No	1) Yes
Guardian/Relatives	0) No	1) Yes
NGO/Counselling Centre	0) No	1) Yes

0) N/R _____

Any other mention _____
_____

11. Is there inherent mechanism of sensitization committee members/officials? 1) No

2) Yes

0) N/A _____

12. If yes, please provide details

_____

_____

0) N/A _____

13. How do you support the victims, proactively?

_____

_____

0) N/R 1) No Challenges

14. What challenges do you have while handling such cases?

_____

_____

_____

_____

_____

What do you suggest to improve the following?

0) N/S _____

Filing the complaint

_____

_____

_____

_____

15.

0) N/S _____

Treatment

_____

_____

_____

_____

0) N/S _____

Collection of evidence

_____

_____

_____

_____

0) N/S _____

Trauma management

_____

_____

_____

_____

0) N/S _____

Rehabilitation

_____

_____

_____

_____

What change do you see in the past three years?

Answer according to options given below

(mention code given to options in code box)

0) Can't say/ No Opinion 1) Negative 2) Positive

16. Lodging complaint by the victim

Complaint mechanism

Awareness about Law

Facilities to victims

Please mention any other change if you have observed?

0) No

17.

_____

_____

Respondents name & designation

Name & signature of Investigator

Date:

Time:

Tool 6: Interview Schedule for Social Counsellors

Schedule Code

Tackling Violence against Women: A Study of State Intervention Measures

(A comparative study of impact of new laws, crime rate and reporting rate, change in awareness level)

Tool 6: Interview Schedule for Social Counsellors

A: Official Data

Name of the Respondents: _____

Contact Number: _____

Name of the organization: _____

Date: District:

B: Research Data

Q. Code	Questions	Responses	R. Code
1.	Qualification of the respondents?	1) MSW 2) MA (Psychology) Any other specify _____ _____	
2.	How do the cases of violence against women reach you, mostly?		
	Victim approaches	0) No 1) Yes	
	Referred by police	0) No 1) Yes	
	Relatives of the victim	0) No 1) Yes	
	Hospital	0) No 1) Yes	
	Relatives of the victim	0) No 1) Yes	
	NGOs	0) No 1) Yes	

Proactive initiative by the counsellor herself/himself 0) No 1) Yes

Any other specify 0) N/R _____

Who accompanies with the victim?

3.

Victim alone	0) No	1) Yes
Parents	0) No	1) Yes
Husband	0) No	1) Yes
Friend	0) No	1) Yes
Guardian/Relatives	0) No	1) Yes
NGO/Counseling Centre	0) No	1) Yes

Any other specify 0) N/R _____

Number of victims approached you?

4.

Year	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction
2011					
2012					
2013					
2014					
2015					

5. What is your role in the procedure 'from the victim approach you till filing of the complaint?

0) No Role
Specify: _____
_____

6. What is your role in the procedure 'from filing FIR till the final judgement'?

0) No Role
1) Accompany victim to police station
2) Accompany victim to court

3) Accompany victim to public prosecutor

4) Moral support to victim

5) Moral support to family

6) Financial support for procedure

7) Financial support for rehabilitation

Any other Specify: _____

_____

_____

What are the difficulties you face while tackling such cases?

7.

Don't face any of the difficulty	0) No	1) Yes
Non-cooperation of Police	0) No	1) Yes
Non-cooperation of family members	0) No	1) Yes
Pressure from politicians	0) No	1) Yes
Pressure from opposite party	0) No	1) Yes
Any other specify	0) N/R _____	

What is your experience in context of cooperation with the following support system?

Answer according to options given below

(mention code given to options in code box)

0) Never 1) Sometimes 2) Always

8. Victim's Relatives

9. Police Officer

10. Medical Officer

11. Government official

12. Public Prosecutor

Any other comment would you like to give in concern with cooperation with the following support system?

13.	Victim's Relatives	0) N/C _____ _____ _____
14.	Police Officer	0) N/C _____ _____ _____
15.	Medical Officer	0) N/C _____ _____ _____
16.	Government official	0) N/C _____ _____ _____
17.	Public Prosecutor	0) N/C _____ _____ _____

18.	Do the police invite the counsellor while the statement is being recorded?	1) No	2) Yes
19.	Do you ensure that the woman constable is present while recording the statement?	1) No	2) Yes
20.	Are you aware of new definition of "Rape", according to criminal law amendment, 2013?	1) No	2) Yes

21. How do you help the victim in the process of rehabilitation?

Treatment	0) No	1) Yes
Psychological support	0) No	1) Yes
To send her in short stay home	0) No	1) Yes
Skill development/ education	0) No	1) Yes
To get the job	0) No	1) Yes

Any other specify 0) N/R _____

_____

How do you assist the victim to avail Victim Compensation Fund or any other equivalent scheme?

Information	0) No	1) Yes
Application	0) No	1) Yes
22. Collect documents	0) No	1) Yes
Approaching fund officials	0) No	1) Yes
Follow up till end	0) No	1) Yes

Any other specify 0) N/R _____

_____

What do you suggest to improve the following procedures?

Filing the complaint 0) N/S_____

_____

_____

_____

_____

Medical Help 0) N/S_____

_____

_____

_____

_____

23. Collection of evidence 0) N/S_____

_____

_____

_____

_____

Trauma management 0) N/S_____

_____

_____

_____

_____

Availing Nirbhaya/equivalent fund	0) N/S_____ _____ _____ _____
Rehabilitation	0) N/S_____ _____ _____ _____

No of cases in which Victim Compensation Fund was sanctioned

Year	Rape	Acid attack	Assault on women with intent to outrage her Modesty	Insult to modesty of Women	Kidnapping & Abduction
2011					
2012					
2013					
2014					
2015					

24.

What change do you see in the past three years?

Answer according to options given below (mention code given to options in code box)

0) Can't say/ No Response 1) Negative 2) Positive

25. Lodging complaint by the victim

26. Complaint mechanism

27. Awareness about Law

28. Facilities to victims

29. If any Other changes do you observed in these three years? (Except above mentioned changes)

0) N/R

Specify: _____

_____

Respondents name & designation

Name & signature of Investigator

Date:

Time:

Annexure: B: Bibliography

Bibliography

BUREAU, NATIONAL CRIME RECORD. 2012,2013,2014,2015,2016.*CRIME IN INDIA.* 2012,2013,2014,2015,2016.

Gov of India, Ministry of Women and Child Development. 2015. Press Information Bureau. [Online] december 18, 2015. [Cited: september 25, 2016.] http://pib.nic.in/newsite/mbErel.aspx?relid=133564.

Gov, Uttar Pradesh. U.P. Rani Laxmi Bai Mahila Evam Bal Samman Kosh. [Online] [Cited: july 7, 2016.] http://mahilakalyan.up.nic.in/msk/.

Government of India, Ministry of Women and Child Development. 2015. Press Information Bureau . [Online] April 24, 2015. [Cited: August 14, 2016.] http://pib.nic.in/newsite/PrintRelease.aspx?relid=118661.

2012. http://www.keralawomen.gov.in. [Online] august 2012. http://www.keralawomen.gov.in/index.php/headlines/86-nirbhaya-scheme-for-women-children-launched-in-kerala.

India, Gov of. Data.gov.in. [Online] [Cited: september 7, 2016.] https://data.gov.in/catalog/crime-against-women.

India, Government of. 2013. Press Information Bureau. [Online] february 21, 2013. [Cited: june 20, 2016.] http://pib.nic.in/newsite/PrintRelease.aspx?relid=92351.

—. 2015. Press Information Bureau . [Online] april 1, 2015. [Cited: june 20, 2016.] http://pib.nic.in/newsite/PrintRelease.aspx?relid=117914.

Indian Law Watch. [Online] http://indianlawwatch.com/practice/law-relating-to-victim-compensation/#.

Justice, Ministry Of Law and. 2013. India Code, Criminal Law Amendment act 2013. [Online] Febraury 2013. [Cited: July 10, 2016.] http://indiacode.nic.in/acts-in-pdf/132013.pdf.

Ministry of women and child development. [Online] [Cited: september 25, 2016.] http://www.wcd.nic.in/schemes/ujjawala-comprehensive-scheme-prevention-trafficking-and-resue-rehabilitation-and-re.

Ministry of Women and Child Development. [Online] [Cited: november 10, 2016.] http://www.wcd.nic.in/schemes/women-helpline-scheme-2.

Ministry of women and child development . [Online] [Cited: september 25, 2016.] http://www.wcd.nic.in/schemes/one-stop-centre-scheme-1.

Philipose, Pamela. 2014. India Together. [Online] january 10, 2014. [Cited: june 22, 2016.] http://www.indiatogether.org/rapelaws-women.

Pradesh, Government of Uttar. 2012. Home department,Government of Uttar Pradesh. [Online] November 15, 2012. [Cited: July 7, 2016.] http://uphome.gov.in/women-power-line-1090.htm.

2013. Press Information Bureau. [Online] February 21, 2013. [Cited: june 20, 2016.] http://pib.nic.in/newsite/PrintRelease.aspx?relid=92351.

Singh, Manjari. 2016. India Together. [Online] February 19, 2016. http://www.indiatogether.org/for-rape-survivors-and-families-the-nightmare-continues-women.

Verma, Justice. 2013. PRS Legislative Report. [Online] January 18, 2013. [Cited: July 6, 2016.] http://www.prsindia.org/uploads/media/Justice%20verma%20committee/js%20verma%20committe%20report.pdf.

WOMEN, NATIONAL COMMISION FOR. 2011-15.*ANNUAL REPORT .* 2011-15.