NARCHI BULLETIN

MAMC, Issue 1, February 2021

Violence Against Women: A global emergency

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From The President's Pen

Dear Friends,

Greetings to all

Here's wishing all NARCHI members a new year filled with cheer, optimism and good health. I thank all NARCHI members for entrusting me with the responsibility of being President for the tenure 20-22 and along with my efficient team would like to ensure that the Association reaches new heights during our tenure.

We are all still fighting a long battle against COVID-19. I sincerely want to thank all health care workers for their tireless efforts and selfless sacrifices to bring down this pandemic. Now, there appears to be light at the end of the tunnel and we are blessed with a vaccine against COVID-19. In the New Year, with this ray of hope, I am convinced that normalcy will be restored in the near future and we will all be able to meet at the World Congress of NARCHI physically.

As the theme of NARCHI this year is **'Empowered Women, Enriched Society'** our team is completely dedicated to achieve this goal. We are all aware that during the pandemic, cases of *violence against women* have drastically increased to the extent that it has loomed as a shadow pandemic amidst the COVID-19 crises. Our first bulletin is dedicated to this social issue, highlighting the problems faced by women and girls all over the world and the global efforts to be undertaken to deal with them.

With the support of our efficient outreach team, we have also planned various outreach activities like webinars, health camps, health talks in schools etc. to educate adolescent girls and women.

Being a part of the NARCHI family, I will be glad to have active participation from all of you, in our activities, to accomplish our goal of empowering women so as to enrich our society. Suggestions are welcome.

'This new day is too dear, with its hopes and invitations, to waste a moment on the yesterdays."
***-** Ralph Waldo Emerson*

Long Live NARCHI.

Dr Asmita M Rathore

From The Secretary's Desk

Greetings from NARCHI

The New Year has come with blessings and new responsibilities.

A breather from the Covid pandemic with the greatest fall in the number of cases witnessed so far. Additionally, the launch of the immunization programme against Covid-19 has probably been the most precious New Year gift, especially for healthcare workers, who have served relentlessly during this pandemic.

NARCHI aims at actively promoting and supporting Reproductive and Child Health Care through training, promoting research and information broadcast through conferences. Maternal, child and adolescent health are the core objectives of NARCHI and have remained a major challenge during this pandemic. A lot has already been achieved by conducting various outreach programmes in the last three months not only among healthcare workers but also in the community.

In coherence to our theme, '***Empowered Women, Enriched Society'*** we are devoting the first bulletin to a very important issue for our society 'Violence against Women'. This has been an area of grave concern for decades all over the world. The bulletin envisages deliberations on the various aspects of this quagmire. These are written by the best of minds and by the experts in the fields.

We will continue working online during this pandemic and bring to you webinars and virtual CMEs. Hope all of you remain in the pink of health.

We welcome all members to participate in NARCHI activities. Your support and suggestions are most valued in taking forward the goals of NARCHI.

Best wishes

Dr Sangeeta Gupta **Dr Niharika Dhiman** **Dr Chetna Arvind Sethi**

From The Editorial Board

Warm Greetings from the editorial team!

As we embark upon this journey of NARCHI outreach activities, events and academic bulletins we wish all our readers a Happy and Safe 2021.

To begin with, we would like to express our gratitude to our President Dr Asmita M. Rathore for having had faith in us to entrust us with the responsibility of the editorship of the bulletin. It will be our sincere endeavour to do justice to this.

In keeping with the present NARCHI theme **'Empowered Women, Enriched Society',** our inaugural issue is on 'Violence against Women' (VAW). What better way to empower a woman than to provide her with a safe world free of violence where no one can stop her from spreading her wings and soaring high.

Much discussion has gone into the selection of the topics in the bulletin and we are thankful to all our renowned authors for their commendable contributions. We begin with the burning topic of Sexual violence which has been discussed in exhaustive detail by Dr Krishna Agarwal. This is followed by Dr Bidhisha's very lucid and practical description of Child abuse. Dr Meerambika Mahapatro, a social epidemiologist, has elaborated beautifully on Domestic Violence, a topic close to her heart. Apart from these major forms, there is a plethora of other lesser known forms of violence experienced by women…..the hidden part of the iceberg and Dr Jyoti Sachdeva has painstakingly revealed the unseen and unknown.

It is pointless highlighting a problem if we do not talk about solutions. So, we have Dr Vibha Sharma, a psychologist, telling us about the psychological aspect of VAW and Dr Satyajit Kumar and Mr Varun Bansal giving us a detailed account of the initiatives taken by the government and the help provided to the wronged women by the police, the law and judiciary the non-government sector and civil society. Last, but not the least, Prof. Kavita Dhull gives us an insight into the legal provisions available for fighting against the perpetrators of violence.

We have included a small segment on Pathbreaker women – a tribute to those strong women who have worked tirelessly to end VAW. A peek into the foreseeable future and a brain teazer quiz are added features..

VAW is one of the most pervasive violations of human rights, yet one of the least spoken about and one of the least prosecuted crimes. But, our girls and women must realize that they need to speak up…the time for complacency has gone, …the silence needs to be broken …for, when girls are supported and empowered, they grow into women who build healthy and strong families essential to the progress of the global community.

'It is her right, It is her choice…
It is for her to decide, whether or not to give….
She should not be forced'.

John Oyadougha

Wishing you all a thoughtful read…..

Editorial Team

Dr Sangeeta Bhasin **Dr Shakun Tyagi** **Dr Poonam Kashyap** **Dr Reena Rani**

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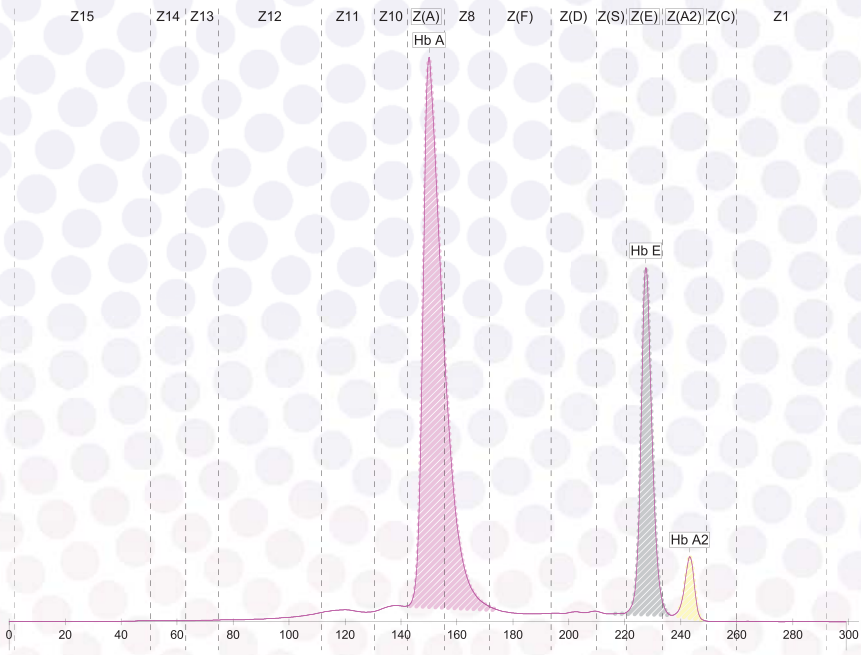

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Sexual Violence - Risk Factors, Prevention and Management

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Introduction

Sexual violence (SV) is a serious social and public health problem in India and a human right violation.

According to the World Health Organization, Sexual Violence is defined as 'Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances or acts to traffic women's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work'.

According to section 375 of Indian Penal Code, a man is said to commit "Rape" if he

a. Penetrates his penis, to any extent, into the vagina, mouth, urethra, or anus of a woman or makes her to do so with him or any other person; or
b. Inserts, to any extent, any object or a part of the body, not being penis, into vagina, urethra or anus of a woman or makes her to do so with him or any other person; or
c. Manipulates any part of the body of a woman so as to cause penetration into vagina, urethra, anus or any part of the body of such woman or makes her to do so with him or any other person; or
d. Applies his mouth to the vagina, anus, urethra of a woman or makes her to do so with him or any other person, under the circumstances falling under any of the following seven descriptions
   - Against her will
   - Without her consent
   - With her consent, when her consent has been obtained by putting her or any person in whom she is interested, in fear of death or hurt.
   - With her consent, when the man knows that he is not her husband and that her consent is given because she believes that he is another man to whom she is or believes herself to be lawfully married.
   - With her consent, when at the time of giving such consent, by reason of unsoundness of mind or intoxication or the administration by him personally or through another of any stupefying or unwholesome substance, she is unable to understand the nature and consequences of that to which she gives consent.
   - With or without her consent, when she is under 18 years of age.
   - When she is unable to communicate consent

However, an exception to this definition is that sexual intercourse by a man with his own wife without her consent, the wife being not under 18 years of age, is not considered as rape in Indian Penal Code and is still not criminalized in India. Forced sex within marriage remains exempted from being categorized as rape because of social stigma and legal constraints.

The Criminal Amendment Act 2013 has expanded the definition of rape to include all forms of Sexual Violence - Penetrative (oral, anal, vaginal), including by objects/ weapons/fingers and Non penetrative (touching, fondling, stalking, etc.). It recognizes the 'right to treatment' of the survivor of sexual violence by public and private healthcare facilities and failure to treat is now an offence under law. The law further disallows any reference to past sexual practices of the survivor.

Extent of the Problem

Sexual Violence is highly under reported in our country due to lack of awareness and the social stigma associated with it and only 40 percent women and girls report violence. According to National Crime Records Bureau (NCRB), 1,53,894 cases of sexual violence were reported in India in 2019. Centre for Disease Control and Prevention (CDC) reported that 1 in 5 women experience SV involving physical contact during their lifetime. Almost 31 % of Indian women have experienced SV at some point in their marital life.

Chhabra et al in 2008 found that the prevalence of SV by the intimate partner during pregnancy may be as high as 30.7%. This type of SV takes place irrespective of socioeconomic and education status.

Consequences of SV

These women may present with vaginal bleeding and

discharge, bruises and lacerations, sometimes vaginal fornix rupture, injury to abdominal viscera, peritonitis and shock in severe cases, postnatal infection of perineal sutures and delayed healing. They are also more prone to develop sexually transmitted infections.

Sexually violent acts can have a profound psychological impact on the survivor's life. Apart from physical injuries, it can lead to depression, anxiety, post-traumatic stress disorder, panic attacks, self- harming, suicidal ideation, substance abuse, sexual dysfunction, somatic complaints, sleep disturbances, personality and attachment issues and even unplanned pregnancy following rape. Death following sexual violence can occur due to suicide, murder or infection.

Sexual Violence During COVID-19 Pandemic

All types of violence against women including domestic, sexual and physical violence has intensified during the COVID pandemic. This shadow pandemic (pandemic within a pandemic), growing amidst the COVID crisis has made existing gender inequalities for women and girls worse and should be addressed on a priority basis. Exacerbating factors could include deserted public places, movement restrictions, isolation with abusers, cramped living conditions, strain on health services and essential services like shelter homes and helplines due to increasing cases, limited access to available support services and limited legal actions.

According to FIGO Committee for Human Rights, Refugees and Violence Against Women, "during the last 12 months, 243 million women and girls globally, aged 15-49 have been subjected to physical and sexual violence perpetrated by intimate partner." The National Commission for Women, India has also received an increased number of complaints during the lockdown period.

Risk Factors

Factors which make a person more susceptible to SV

- Age
- Poverty
- Consumption of alcohol or drugs
- Raped or sexually abused previously
- Multiple sexual partners
- Broken homes, single parent homes
- Social isolation
- Physically or mentally disabled individuals

Factors which increase perpetrator's risk of committing SV:

A. Individual factors

- Alcohol and drug abuse, Delinquency
- Hypermasculinity and Aggressiveness
- Impulsive and antisocial behavior
- Coercive sexual fantasies
- Exposure to sexually explicit media
- Prior sexual victimization
- Witnessed family violence as a child

B. Community factors

- Lack of employment opportunities
- Lack of institutional support from police and judicial system
- General tolerance of sexual violence within the community
- Poor socioeconomic status

D. Societal factors

- Societal norms that support men's superiority and women's inferiority and sexual submissiveness
- Weak laws and policies related to sexual violence

E. Relational factors

- Emotionally unsupportive family environment
- Childhood history of physical, sexual or emotional abuse
- Poor child parent relationship
- Involvement in a violent or abusive intimate relationship
- Family environment of physical violence and conflict

Protective Factors

Factors which may lessen the likelihood of sexual violence perpetration and victimization

- Parental reasoning to resolve family conflict
- Academic achievement
- Empathy towards others
- Emotional health and connectedness.

Prevention of Sexual Violence

The best way to prevent sexual violence is by primary prevention which means eradicating all risk factors for

sexual violence and stopping it before it occurs.

Preventing sexual violence requires interventions at all levels including **individual, relational**, **community and national levels**.

Individual level interventions include education and life skill training that support equality and respect.

Relational level interventions include mentoring, peer programs and training for parents that promote healthy relationships.

Community level interventions include social norms and social marketing campaigns that foster community characteristics which discourage sexual violence.

National level interventions would include formation of policies and laws based on evidences and their implementation and a strong legal system

STOP SV Technical Package (Table 1)

This is a systematic technical package formulated by CDC to stop sexual violence. It provides five strategies and the corresponding approaches to implement these strategies and is based on so far best available evidences. This package can be adopted and tailored according to our population and used by the policy makers for formulating guidelines. For the effectiveness of programs, a multipronged approach which is evaluated from time to time is the need of the hour.

Management

A health care professional is likely to be the first professional contact for survivors of sexual violence and an empathetic and gentle approach should be followed to manage such cases efficiently.

The Ministry of Women and Child Development, Government of India in 2017, provided guidelines for the construction of One Stop Centers (OSCs) to provide support to women affected by any sort of violence under one roof. These OSCs have been constructed at district level and the plan is to increase the numbers and provide a broader coverage. However, the woman should be given treatment at the first medical facility that she approaches

The Goals of Management are

- Clinical assessment and Documentation, Treatment of injuries, Prevention of pregnancy & Sexually Transmitted Diseases (STD).
- Collection of Forensic Evidence.
- Providing psychological support.

A systematic and stepwise approach to management should Include the following

Step 1: Awareness and recognition

Increase awareness and recognition through training and education

Develop guidelines for identifying and supporting women victimized by sexual violence.

Step 2: Provision of a safe environment

Victim should be assured about safety and confidentiality and seen without any delay preferably by a female doctor. Adopt a supportive, empathetic and nonjudgmental attitude. Ensure privacy.

Table 1: CDC's systematic Technical Package to stop sexual violence

STOP SV		
	Strategy	**Approach**
S	Promote **SOCIAL NORMS** that protect against violence	• Bystander approach • Mobilizing men and boys as allies
T	**TEACH** skills to prevent sexual violence	• Social emotional learning approaches • Teaching healthy, safe dating skills to adolescents • Promoting healthy sexuality • Empowerment based training for women like self defence
O	Provide **OPPORTUNITIES** to empower and support girls and women	• Strengthening economic support for women & families • Strengthening leadership & opportunities for girls
P	Create **PROTECTIVE** environment	• Improving safety and monitoring in schools • Establishing and applying workplace policies • Addressing community level risks through environmental approaches
SV	**SUPPORT VICTIMS/SURVIVORS** to lessen harm	• Victim centered services • Treatment for victims of SV • Treatment of at risk children and families

Step 3: History, examination and documentation
Relevant history should be elicited and physical examination conducted (without the presence of the partner or family) after taking a written informed consent in the victim's native language. The patient and her relatives should be informed about the procedure of examination and the various samples required to be taken.

History

- A detailed history of the event with respect to date, time, place, number of assailants, name of assailant if known, use of alcohol or drugs, use of objects or instruments, any injury inflicted on the assailant, details of clothing, details of injury, act of bathing or changing clothes after the event.
- Menstrual history with date of last menstrual period.

Examination

- Injury marks on the body are described and documented clearly by drawing on body charts.
- Debris from different sites is collected in separate envelopes, labeled and sealed. Loose debris from fingernails and scrapings are collected in an envelope, sealed and marked.
- Any suspected stains on the body are collected by moistening with distilled water, rolling the swab stick over it and then placing the stick in an envelope.
- Examine oral cavity, take swabs from sides of molar teeth, prepare slide and put swabs in the tubes.
- Comb the patient's pubic hair after a paper is placed under her buttocks, collect loose hair in the same paper and seal it. Any matted pubic hair should be cut and sealed in another envelope.
- Examine vulva for signs of injury and note down the findings.
- **Per Speculum and per vaginal examination is only performed if necessary** like in case of vaginal bleeding with suspected injury, otherwise the vaginal swab is collected with swab stick, which is gently introduced in vagina, rolled and taken out.
- Proctoscopy for rectal examination is performed only when any injury is suspected, swab is collected and put in a tube.

Body Fluids Sample Collection and Radiological Examination

- Blood: for ABO grouping and Rh typing, HIV, Hepatitis, Syphilis
- Urine: for alcohol intoxication and pregnancy test.
- X Ray: wrist, pelvis, shoulder and knee for confirmation of age.
- Sample for gonorrhea is taken on chocolate agar plate.

Treatment

- Treatment for bruises and lacerations
- Inj Tetanus Toxoid
- Prophylactic treatment
  - Gonorrhoe - Tab Azithromycin 1 gm single dose/ Tab Cefixime 400mg single dose
  - Chlamydia - Tab Azithromycin 1 gm single dose / Tab Doxycline 100 mg BD for 7 days
  - HIV - ART should be started within 4 hours for best results

    Basic Regime: Tab Zidavudine 300 mg bd plus Tab Lamivudine 150 mg BD for 4 weeks

    Expanded Regime: To be used if risk of transmission is high

    Basic Regime plus Tab Indinavir 800 mg /Tab Nelfinavir 750 mg TDS for 4 weeks
  - Emergency Contraception - Tab Levonorgestrol 150 microgm single dose or 75 microgm 12 hourly 2 doses within 72 hours
  - Hepatitis B immunoglobulin

Step 4: Safety assessment, information giving, and ongoing support
Assess the immediate safety of the woman and children. Also, provide ongoing support and monitoring at subsequent appointments, ensuring continuity of care where possible.

Offer referral information about organizations that provide immediate and long-term support to women and children affected by sexual violence.

Display and disseminate information about National Organizations working for violence against women like National Commission for Women India, Women Helplines and Non-Government Organizations like Guria India, Prajnya Trust which are dedicated to support sexual violence victims.

Conclusion

Sexual violence is a complex social issue and health care professionals should ensure they are aware of the local safeguarding and specialist services to safely offer women support and intervention.

Suggested Reading

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Child Sexual Abuse: The POCSO Act

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Introduction

The dynamics of child sexual abuse are often very different from that of adult sexual abuse. Some characteristic features of child sexual abuse are:

- Physical force/violence is rarely used; in fact, the perpetrator tries to manipulate the child's trust and hide the abuse.
- The perpetrator is usually known to and trusted by the child.
- Child sexual abuse may occur over many weeks or even years and may frequently occur as repeated episodes that become more invasive with time. The perpetrator usually engages the child in a gradual process of sexualizing the relationship over time (grooming)
- Incest/Intrafamilial abuse may be seen in one third of all child sexual abuse cases.

Individuals who prefer sexual contact with children rather than adults are referred to as Paedophiles. They are usually skilled at planning and executing strategies to involve themselves with children

The **Definition of Rape** as per the Criminal Law Amendment Act 2013

- May be Penetrative or Non-penetrative.
- Penetrative sexual violence is penetration of vagina, anus, urethra or mouth to any extent by penis/any object/any part of the body or manipulates any part of body to cause penetration or applies his mouth to the penis/vagina/anus/urethra
- Non-penetrative sexual violence includes touching, fondling, stalking etc.
- A sexual act need not be a complete penetration but also includes a minimal passage of glans between the vulva with or without rupture of hymen or with or without emission of semen.

Extent of the Problem

Numerous studies, done both globally and in India reveal a high prevalence of sexual violence among children. A National study conducted on child abuse by the Ministry of Child Development (2007) showed that across 13 states, 53% children had faced some form of sexual abuse, 22% had been subjected to severe sexual abuse. Andhra Pradesh, Assam, Bihar and Delhi showed the highest number of child sexual abuse cases. Most of the perpetrators are well known to the child rather than being strangers.

The actual prevalence of this crime may be higher due to non-disclosure of abuse. In majority of the cases, the child does not disclose abuse immediately after the event. This reluctance to disclose abuse could be due to following reasons:

- A fear of the perpetrator who might have made intimidating threats of harming the child or someone in his family.
- The child may feel helpless and guilty and fear that no one will believe his disclosure of abuse. This might lead to an accommodative behaviour on her part.
- Many a times, when the child does disclose, the family and professionals fail to protect and support the child adequately. This may increase the child's distress and lead to retraction of the disclosure.
- Child sexual abuse disclosures are usually a process rather than a single event. The disclosure is ultimately made to the mother in most of the cases. However, the mother may also be the victim of abusive behaviour by the same perpetrator.

Health professionals play an important role in responding to survivors, providing medical treatment and psychological support as well as collecting evidence and compiling data.

Indicators of Child Sexual Abuse

Health care professionals usually rely on certain physical and behavioural indicators to assist in the detection of cases of child sexual abuse, especially in children who are nonverbal. However, these indicators have to be interpreted carefully, especially in the absence of a disclosure or a diagnostic physical finding.

Physical

- Pain on urination and /or defecation
- Abdominal pain/generalized body ache
- Vaginal discharge
- Unexplained genital injury/Urinary tract infection

- Bed wetting and Fecal Soiling
- Enlarged hymenal ring

Behavioural

- Regression in behaviour, school performance or attaining developmental milestones
- Acute traumatic response such as clingy behaviour
- Inability to sleep, depression
- Sudden withdrawal from peers / adults
- Feelings of anxiety, nervousness, helplessness, poor self esteem
- Weight loss
- Inappropriate sexualized behaviour

Protection of Children From Sexual Offences Act (The POCSO ACT)

The POCSO Act and Rules is a special comprehensive Law which came into effect from 14th November, 2012. The POCSO Act was amended in 2019 and the POCSO Rules in 2020.

Provisions of the Act

- Protects children from sexual assault, sexual harassment and pornography. The act also strengthens legal provision and provision of special courts as well as integrates child friendly procedures for reporting, recording and investigations.
- Any person below the age of eighteen years is considered a child
- Any form of sexual offence is punishable by law.
- Any sexual offence committed by a person of authority or in a position of trust e.g. army personnel, teacher, police officer, doctor or any staff of hospital etc. is considered as "Aggravated sexual assault".
- Reporting of any sexual offence is mandatory; failure to do so is a punishable offence. (imprisonment for six months and/or fine)
- Medical examination of a female child should be conducted by a female doctor, in the presence of a parent/guardian/any person whom the child trusts. In the absence of such a person, another female has to be appointed by the hospital.
- Any Registered medical practitioner (government or private sector) can examine a survivor (gynaecologist not mandatory). A male doctor can also examine the survivor in the presence of a female attendant.
- Emergency medical care should be provided free of cost (both in government and private hospitals) even if no police/legal requisition for examination is there. Denial of treatment is an offence under law (imprisonment of one year/fine/both).

Management of Survivor at The Health Facility (Flow Chart 1)

- A survivor can come directly to a health facility and should be attended to within 15 minutes of arrival as it is a medico-legal case. (Supreme Court Directive, 2000)
- Health provider should be non-judgemental, empathetic and establish rapport with the survivor and should explain to the survivor, in a simple manner, the procedure and details of the process of reporting, medical examination and forensic evidence collection.
- Informing the police and making an MLC (medico-legal case) is mandatory. If the survivor refuses police information, it should be explained that the hospital is bound by law to report it.
- Informed consent should be recorded before proceeding for any examination.

Informed Consent

- Minimum age for giving consent for examination is 12 years (section 89 & 90 of IPC) below which parents/guardians consent is taken.
- If parents are not available or there is a suspicion of incest and parents are not giving consent, then consent from a panel of doctors of the institution is to be taken in the best interest of the survivor.
- In case the survivor is mentally challenged, consent should be taken from parents/ guardians. In the absence of parents/guardians, consent can be taken from a panel of doctors from the hospital/Child Welfare Committee.
- In life threatening situations, doctors can initiate treatment even without consent.
- Consent form should be signed by examining doctor, survivor, parents/guardian and witness (major, disinterested person.)
- Informed Consent / Refusal should be taken before:
  - Medical examination that is required for treatment.
  - Medico-legal examination (involving examination of mouth, breast, vagina, anus and rectum).
  - Sample collection for treatment and forensic evidence collection.
  - Informing the police.

- Refusal for any of the above should be documented. Survivor can refuse at any step and her decision is to be respected.

History

- Detailed history taking is important. History should be recorded verbatim and the name of the narrator should be recorded. In children, history can be elicited with the help of dolls / body charts
- Sexual violence history should be taken in detail
  - Date/Time/Place.
  - Number of assailants.
  - Name of the perpetrator, if revealed, should be countersigned by the informant.
  - History of any physical violence suffered and in which part of body. History of any verbal threats/ use of any objects or weapons/any restraints/use of drugs or alcohol. In case of use of any objects, history of use of any lubricant to be elicited.
  - Any injury marks left on the assailant's body.
  - History regarding attempted/complete penetration of vagina, anus, mouth by penis/ objects/fingers to be recorded.
  - History regarding other sexual acts.
  - History regarding emission of semen and on which part of the body.
  - History of post assault activities like bathing, douching, changing clothes etc.
  - Details of clothing worn at the time of sexual violence should be enquired and noted.
- Menstrual history - Date of last menstrual period (LMP) to be recorded. If the survivor was menstruating at the time of assault it should be documented. (If yes, second examination is to be done later)
- Previous significant medical or surgical history.

Examination of the Survivor

- Before examination, allay the child's fears, explain each step, protect privacy. Make the child comfortable e.g. a small child may be examined on the mother's lap or with the mother lying alongside on the couch
- Physical examination should be gentle and not cause any trauma. The child should not be held or restrained during examination (except infants or very young toddlers) Speculum examination, if indicated, should be done under General Anaesthesia (GA) especially in pre-pubertal girls. Examination should not be forced if there are no reported symptoms or injuries
- Conscious sedation or GA may be considered if the child is not able to co-operate and refuses examination but the examination is necessary for treatment and evidence collection e.g. in the presence of vaginal bleeding or suspected foreign body. Sometimes, examination may need to be postponed or deferred
- General physical examination especially with respect to any signs and symptoms of any intoxication, state of pupils, condition of the clothes worn.
- Head to Toe examination for any injuries or stains on the body. All injuries (contusions, lacerations, abrasions) should be marked on body charts and described in detail e.g. site, shape, dimensions, colour
- Local examination of external genitalia for any stains, injuries. If pubic hair has been removed, it should be mentioned. Old injuries of hymen need not be documented. Only recent findings should be documented (e.g. bruise, bleeding tear etc.)

  Per speculum and Per vaginum examination should be done only if indicated like in the presence of bleeding per vaginum. Speculum is to be lubricated with sterile warm water.
- Local examination of anus/ rectum/ oral cavity for any stains, injuries, bleeding, discharge and tenderness
- Systemic examination

Medical Evidence Collected During Examination

- Evidence collection depends on the type of assault, post assault activities and the time when the survivor is examined after the assault.
- After 96 hours of assault, forensic evidence is unlikely to be found, so swabs should be taken accordingly. Evidence on clothing can be collected even after 96 hours.
- Careful documentation of any tear/stain, if present, in the clothing to be mentioned. Clothes should be packed in such a manner that the stained part does not come in contact with the unstained part. All clothes are packed separately in paper bags.
- Nail clippings and nail scrapings should be taken if there is history of struggle or if the survivor gives history of scratching the assailant.
- Scalp hair to be combed and debris collected when there is a history of struggle.
- Any debris found on the body should be collected.

- Oral swab to be collected from behind the last molars, if history suggestive of oral penetration.
- In presence of matted pubic hair, it should be cut/ removed and packed after drying.
- While taking swabs from dried stains, the swab should be just moistened with distilled water and properly **air dried** before packing. Only relevant swabs should be taken eg. vaginal swab should not be collected when only history of oral penetration is given. Number of swabs collected, from which site and for what evidence they are collected should be mentioned. Numbers written on the envelope should be in accordance with the numbers written in forensic lab form.
- Blood and urine samples should be taken in case of history of unconsciousness, drug/ alcohol intoxication, presence of any signs/symptoms of intoxication.

Provisional Opinion and Final Opinion

- Provisional opinion is formed immediately after detailed medical examination of the survivor on the basis of history and examination findings. It should also be mentioned after how much time the survivor has reported for examination and any history of post assault activities.
- Final opinion is given after collection of the reports of forensic analysis/laboratory investigations.
- According to the World Health Organization, injuries are found in only 33% cases of sexual violence. It should be always borne in mind that absence of findings does not disprove or prove forceful penetrative intercourse. Probable reasons for absence of findings should be documented. The number and type of samples collected for forensic evidence should also be mentioned. Whenever there is a history of sexual violence and even if no trace of evidence/injuries are detected during examination, it should always be mentioned that 'sexual violence cannot be ruled out'.

Treatment Guidelines

- First and foremost **First Aid** has to be provided, following which the **required specific treatment** should be given to the survivor.
- **Emergency contraception:** It should preferably be given within 72 hrs, can be given up to 5 days. It should also be considered in girls who are in the early stages of puberty (Tanner stage 2 & 3) pre-menarche.
- **Sexually Transmitted Infection (STI) :** If clinical signs are suggestive of STI, collect swabs and start treatment with Azithromycin/Doxycycline and Metronidazole.
- **Hepatitis B:** As per WHO recommendations, Hepatitis B vaccination without Hepatitis B immunoglobulin should be offered immediately. If the perpetrator is a known case of Hepatitis B, administer 0.06 ml/kg Hepatitis B immunoglobulin within 72 hours.
- **Post Exposure Prophylaxis for HIV:** Should be given within 72 hrs after assessing HIV risk and proper counselling of risks/benefits/side effects of the drugs and after taking consent.
- Any **Laceration: C**lean wound/Tetanus toxoid/ surgical treatment if required.
- **Psychological care:** First line support should be provided to all survivors

Guidelines for Follow Up

Follow up of the survivors is of utmost importance.

- Re-examination after 2 days to note any development of bruises or other injuries, thereafter 3 and 6 weeks later.
- Test for pregnancy to be done in case periods overdue.
- Repeat Test for STI to be done after the incubation period.
- To assess for psychological sequelae and send for psychological support.

Pregnancy in a Survivor of Child Abuse

- Pregnancy may be terminated as per Medical Termination of Pregnancy Rules.
- Consent of the mother should be taken as it is an invasive procedure. In case her mother is not available, consent can be taken from a panel of doctors of the hospital/Child Welfare Committee (CWC).
- The police has to be informed, as the Products of Conception have to be collected and sent to forensic lab as evidence.
- Products of conception are only to be rinsed in normal saline (and not to be completely soaked in saline) and the sealed sample immediately handed over to the police along with the DNA kit.
- Sample should be transported by the police in an ice-box with temperature maintained at around 4 degree centigrade (2 to 8 degrees).
- In case the police fails to collect the sample, written

intimation should be sent to the police station in-charge as there could be degradation of the sample leading to loss of evidence.

Date Rape Drugs

Date Rape Drugs/Predator drugs are drugs used to incapacitate the victims with the intention of Rape/ sexual assault. The young girl is usually brought to the hospital in a drowsy state with a complaint of some discomfort in the genital area. A history suggestive of a soft drink being spiked is invariably present. These drugs are odourless, colourless and tasteless. Commonly used drugs are Rohypnol, Gamma Hydroxybutyric Acid, Ketamine, which makes the victim confused, physically helpless, causes antegrade amnesia and are fast metabolized in the body. For detection of these drugs, blood and urine samples should be tested within 72 hours of intake.

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International Day for The Elimination of Violence against Women: (25th November) and Orange Day Campaign

This day marks the start of the Orange day campaign that includes 16 days of activism. It culminates with the 'International Human Rights Day' on 10th of October. During this time several public events and campaigns are organized to increase awareness against gender based violence. Since 2014, the official color of the campaign is orange which symbolizes a better future and a fairer world, free from violence against women and girls.

The theme for the International Day for the Elimination of Violence against Women for the year 2020 was "Orange the World: Fund, Respond, Prevent, Collect!".

Domestic Violence- A Truism

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Domestic violence (DV) is widely present across the world, and is one of the most common forms of violence against women. It is violence that takes place within a household and can be between any two people within that household, between spouses, live-in relationships, parent and child or siblings. It encompasses any violent behavior within a domestic relationship that causes physical, psychological, verbal, sexual or economic abuse or by any means tries and puts down or controls the other. The definition also covers harassment caused to a woman or her relatives by unlawful dowry demands and marital rape. The severity of domestic violence varies. However, there is one constant component, that of one partner's consistent efforts to maintain power and control over the other.

Intimate Partner Violence (IPV) occurs between partners in an intimate relationship who may or may not be living together in the same household. The term **Intimate Partner Domestic Violence**(IPDV), more specifically, refers to the abusive behaviour of residents of one single location who are in an intimate relationship with each other, thus excluding family members or other residents living within the household who would fall under the broader term of Domestic Violence. Stalking and Cyber-stalking are also forms of IPV.

Extent of the Problem

Domestic violence is, sadly, a reality, a truism that exists across the world irrespective of ethnicity, race, economy, religion, gender, age, educational status, employment status, class groups and location. The prevalence of DV in India is 37 percent with considerable variation across the states. However, the magnitude, extent and burden of the problem in the country has not been accounted well, as the reporting of the problem is still inadequate. In the Indian patriarchal society, it is the most common cause of non-fatal injury to women, who suffer, blame themselves and choose not to report it. In fact, they often rationalize, internalize the abuse and justify accepting it as their fate and continue living with it.

Types of Domestic Violence

Domestic Violence covers a wide range of acts and behaviors, often combining physical, psychological, sexual and financial abuses. Broadly, DV is categorized into three types:

Physical violence which is manifested as physical assault and the use of physical force or bodily harm against a victim to intimidate or injure.

Psychological violence refers to the behavioural aspects that induce psychological harm to a woman by an intimate partner. It means demeaning a person through criticism, humiliation, name-calling, blame or threats. It also includes:

- Poor behavioral control, lack of emotional bonding and support, isolation, denial of basic minimum personal needs, non-involvement in decision making, verbal abuse, threatening gestures
- Shaming or embarrassing in public or private
- Stalking and Controlling the victims activity
- Economic deprivation

Sexual violence involves a woman's loss of control over sexual activity. It occurs when an abuser coerces or forces a victim to engage in sexual behaviour they did not consent to. Sexual abuse often occurs in tandem with physical abuse and can include:

- Forcing sex with multiple partners, photographing/ video-graphing, forcing sex with family members as a custom or for progeny, enforced pornography, partner swapping for sex and physical pleasure.
- Rape, including marital rape
- Withholding intimacy as a means to control
- Withholding birth control or condoms
- Incest

Causes and Risk Factors for Domestic Violence

DV and IPV have widely been studied using the Ecological model, which proposes that violence is a result of factors operating at four levels: Individual, Relational, Community and Societal.

Individual factors: These include

- Young age and a low level of education
- Witnessing or experiencing violence as a child
- Harmful use of alcohol and drugs
- Personality disorders, acceptance of violence (e.g. feeling it is acceptable for a man to beat his partner)
- Past history of abusing partners.

Relational Factors

- Marital conflict or Marital instability
- Jealousy, possessiveness and negative emotions within an intimate relationship
- Dominance and control of the relationship by one partner over the other
- Economic stress
- Unhealthy family relationships and interactions
- Association with antisocial and aggressive peers
- Parents with less than a high-school education
- Having few friends and being isolated from other people
- Witnessing IPV between parents as a child
- History of experiencing poor parenting/physical discipline as a child
- Disparity in educational attainment i.e. where a woman has a higher level of education than her male partner.

Community Factors

- Poverty and associated factors (for example, overcrowding, high unemployment rates)
- Low social capital like lack of institutions, relationships and norms that shape a community's social interactions
- Poor neighbourhood support and cohesion
- Weak community sanctions against IPV (for example, unwillingness of neighbours to intervene in situations where they witness violence)
- High density of places that sell alcohol

Societal Factors

- Traditional gender norms and gender inequality (for example, norms like the women should stay at home, not enter the workforce and be submissive; men should support the family and make the decisions)
- Cultural norms that support aggression toward others
- Societal income inequality
- Weak health, educational, economic and social policies/laws

Prevention of Domestic Violence / Intimate Partner Violence

A wide range of prevention strategies are available to help reduce the risk factors that lead to Domestic Violence and increase the protective factors that decrease it by promoting healthy, respectful, nonviolent relationships. Healthy relationships can be promoted by addressing change at all levels of the social ecology eg. by:

- Teaching safe and healthy relationship skills
- Engaging influential adults and peers to disseminate information
- Disrupting the developmental pathways toward partner violence
- Creating protective environments
- Strengthening economic supports for families
- Supporting survivors

Dealing with Domestic Violence

Domestic Violence has emerged as one of the most significant health care threats for women. There is a close association between DV and women's health including mental and physical health.

Domestic Violence makes her susceptible to various infections, poor nutritive condition and a vulnerable state of mind further deteriorating her health. This further increases her dependence on her family and creates a vicious cycle of dependency, subordination and exploitation. It also involves serious risks to the physical and mental health of the cohabitants, especially the children, who often suffer not only the direct consequences of abuse, but also sometimes perpetrate violent behavior. Studies have shown that DV contributes to several chronic health problems, physical disability, reproductive health issues and mental health sequelae like depression, suicide gestures or attempts, death, substance abuse and post-traumatic stress disorder.

The intangible nature of psychological abuse makes it tougher to report and leaves the woman in a situation where she is often made to feel mentally powerless. In the Indian socio-cultural context, the abused women accept and reconcile being in the victims' role not recognizing the silent damage to the self by not proactively reporting and seeking intervention. This can consequently lead to mental illness. Therefore, it is important to intervene early.

1. Institutional Response and Capacity Building of

Health Care Providers

The public health system is an important platform and often the first contact for victims and survivors who approach health care providers for treatment of the post-violence trauma. The Protection of Women from Domestic Violence Act, 2005 (PWDVA) identified health care providers as a key player in the implementation of the Act. The Plan and policy have asserted that violence is a public health issue and it called for the training of medical personnel to recognize and report such cases. Therefore, the medical approach has to go beyond the individual 'treatment provided'. This calls for training and consciousness-raising of the Healthcare Providers (HCPs) to screen and deal with such cases.

In this context, psychotherapeutic counseling sessions by HCPs to deal with mental health agonies caused by DV is an important approach. Psychotherapy to the abused women can be given in a structured manner by- Listening actively, Responding with empathy, Internalizing the problem and Problem-solving.

2. **Legal support for victims of DV**

The laws in India that deal directly with domestic violence are:

- Section 498A of the Indian Penal Code
- The Dowry Prohibition Act, 1961
- The Protection of Women from Domestic Violence Act, 2005: (PWDVA)

The Domestic Violence Act is an act which provides for effective protection of the rights of women, guaranteed under the constitution, who are victims of any sort of violence within the family and matters connected therewith. In many parts of India, due to the Patriarchal setup, abusing women is an acceptable norm. The PWDVA, therefore came as a commendable legislation. Prior to this Act, all different situations of domestic violence inside the family had to be dealt with under the offences that the respective acts of violence constituted under the IPC.

3. **Government support systems:** It is important to spread awareness about government support systems that are available and also make them easily accessible to the victims of DV.

- **Crises intervention centers** are centers addressing DV run under government and non-governmental organizations.
- **Shelter programmes** have become institutionalized with a specific service mandate. A shelter programme provides a safe location to the abused women and their children away from their abusive partners.
- **Family Counseling Centre (FCC)**– It is a collaborative model to address violence at its roots.
- **One stop centers:** are hospital based centers and provide services to survivors of domestic and sexual violence. These centers are supposed to provide support and necessary services for justice to the victims.
- **Helplines** are available which can be approached 24x7 in case of emergency.

  Police helpline: 1091/1291

  The National Commission for Women's WhatsApp helpline: 72177-35372

  Helpline for Shakti Shalini, a Delhi-based NGO: 10920

  Crisis helpline for Sneha, a Mumbai-based NGO: 98330-52684 / 91675-35765

Conclusion

Domestic Violence is a public health and human rights concern. It is one of the major fallbacks of unequal power relationships between women and men and the most difficult to deal with. DV takes place at all socioeconomic levels, irrespective of area, age, marital status, religion, education, income and geographic locations. Women experiencing DV are neglected and health care is deprioritized. HCPs are the first point of contact for many women-victims where they can disclose their problems. Therefore, an integrated approach including capacity building of HCPs in psychotherapeutic counseling skills to deal with women-victims is an important step towards achieving the goal. In this context, they need to be trained thoroughly and repeatedly to acquire the necessary set of counseling skills. Routine screening can provide the opportunity to HCPs to compassionately connect to women-victims and improve the nature of the doctor-patient relationship for effective intervention.

Procedure of Filing Complaint of DV and The Court's Duty
1. The court takes cognizance of the complaint and institutes a hearing within three days of the complaint being filed.
2. A notice of the date of hearing is sent to the Protection Officer by the Magistrate, to be served on the Respondent, within a maximum period of 2 days.
3. The court is required to dispose of the case within 60 days of the first hearing.
4. The court, to establish the offence by the Respondent can use the sole testimony of the aggrieved person.
5. Upon finding the complaint genuine, the court can pass a Protection Order, which shall remain in force till the aggrieved person applies for discharge. If upon receipt of an application from the aggrieved person, the Magistrate is satisfied that the circumstances so require, he may alter, modify or revoke an order after recording the reasons in writing.
6. A complaint can also be filed under Section 498 A of the Indian Penal Code, which defines the offence of matrimonial cruelty and prescribes the punishment for the husband of a woman or his relative who subjects her to cruelty.
7. The aggrieved person or any other witness of the offence on her behalf can approach a Police Officer, Protection Officer or can directly file a complaint with a Magistrate for obtaining orders or reliefs under the Act.

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The Violence Does Not End Here….. Other Forms

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Introduction

The violence does not end here. The phrase implies that rape, assault, child abuse and even intimate partner abuse fails to cover the entire gamut of gender-biased violence. An unimaginable array of conducts by a male in different capacities or relation with the victim can fit into this miscellaneous category of female discrimination and abuse. Sexually demeaning attitude, bullying, verbal or written communication of sexual nature, creating intimidating or humiliating work environment, repeated requests for dates, inappropriate or unnecessary touching, display of offensive or suggestive pictures, sexual jokes, pervasive comments about race or religion, stalking etc. are some of these. To add to this list are some **subtle and less easily recognizable** situations, for instance, favourable or unfavourable remark on looks or dress, calling names or nicknaming, staring, arousing sympathy to gain sexual favours, unwelcome or late-night mails or messages. Disabled, poor and prisoner women are some especially vulnerable groups. Another rare but threatening to increase in incidence type of sexual abuse is that of the elder (than perpetrator) women. On the other extreme are crimes like feticide, infanticide and femicide. These may not be directly labelled as sexual violence but point to a society unfairly biased against the female sex. Also, there is the long distance harassment scenario. However, even all these put together are just the **tip of the iceberg**. This article attempts to uncover the hidden portion of this iceberg.

Extent of the Problem

In terms of prevalence, research and data available on sexual discrimination and violence other than rapes/ assaults is limited. Reasons may be non-realisation of the subtle forms on the part of the victim, non-reporting due to fear of retaliation or blame or not being believed by others or social ostracization, inadequate support system e.g. denial to record and many more. The problem is therefore ubiquitous and across all ages.

According to a study among **primary school girls** in Machingo district of Malawi, 7.8% girls reported facing sexual comments and 13.5% reported sexual touch. Various countries have reported forced sex in one in three teenagers. According to one such research based on a National survey of 6000 youth between 10-17 years, over a period of 6 years (2008-2014) by David Finkelhor and Ateret Gewirtz-Meydan of University of New Hampshire on **sexual assault among adolescents**, assaults among teenage peer are common. Eighteen percent of girls and 3 percent of boys say that by age 17, they have been victims of a sexual assault at the hands of another adolescent.

Surveys in the European Union have reported unwanted sexual behaviour at workplace in 40-50% of women.

There are **facts and figures which point that gender** discrimination begins very early on and has an impact on the demography. The Sex Ratio at Birth in India and Delhi as per National Family Health Survey-IV (NFHS-IV) is 919 and 812 respectively. As such, India leads among all world countries in infanticide rates. Finally, the CRS (2019) data shows 1087 Males against 1000 female which also reflects man-made imbalance in total population sex ratio with roots in sexual discrimination.

Regarding distant harassment, National Crime Records Bureau had published that 6030 cybercrimes were reported by women in the year 2018. Unfortunately, the 'lockdown' and 'work from home' has increased the incidence of cyber abuse during 2020.

The "Other" Forms of Sexual Harassment

Let us discuss the different other forms of sexual harassment that the females face at various platforms and during different stages of life. The magnitude and impact of each of these can vary from a mild pernicious harm to being obnoxiously devastating.

A. Sexual aggression or assault among teenagers

Peer sexual harassment among teenagers is the next risk in a females life if she has been lucky to escape child abuse. Although the perpetrator and victim of teenage sexual harassment can be a boy or a girl, adolescent girls fall victim to aggression and immoral behaviour of boys much more often. The available literature on this phenomenon reveals that a considerable percentage of secondary

students have, at some point, been at the receiving end of unwelcome behaviour that could be viewed as peer sexual harassment. The different forms include forced kissing, flying kisses, inappropriate touching, staring and written or verbal advances. Sexual narcissism i.e. reaction when sex is refused, is also at its peak during this age. Often, girls start perceiving school as an unsafe and intimidating place.

This form of sexual harassment is much underestimated and unexplored and warrants not only a keen eye on the part of parents, care takers, teachers or other relatives but also requires special focus and professional management by counsellors or social workers. Moreover, teenagers must be educated that any unwelcome or forced sexual behaviour amounts to sexual assault and is liable for punishment under various acts, as applicable to different countries or states.

B. Sexual harassment against women at educational institutions (School time or academic life sexual harassment)

Gender based discrimination with respect to providing equal opportunities, allocation of responsibilities etc. all amount to sexual harassment and makes the offender liable to being held for acts of sexual harassment.

It can occur in any of the following situations:

a. Male teacher and female student
b. Male student and women teachers
c. Senior and junior teachers

Again, alertness to identify and boldness to restrict or report, are the keys to save oneself from victimization of this nature.

C. Workplace abuse

While women have got suitably empowered to face the competition head on, the challenging entity of sexual abuse prevails abundantly at workplace, both in explicit and implicit ways. Their comfort and dignity at work is compromised by the behaviour of colleagues, superiors or subordinates in several manners.

Equal employment opportunity commission (EEOC) defines two categories of sexual subordinate harassment at workplace:

a. "Quid pro quo" or "This for that":

This type is perpetrated by someone who is in authority over the victim and includes offering advancement, promotion or other work benefits in return for sexual favours or threatening to take retaliatory action e.g., demotion/writing adverse performance report/issuing memos or even dismissal of the subordinate employee for refusing such favours.

b. **Hostile work environment harassment**

This type can be perpetrated by anyone in the workplace including peer, subordinate, customer or contractor. Any overt or covert, direct or subtle, unwelcome action which may not exist if the employee was a man, amounts to sexual harassment. Sexually charged comments during official meetings, or invitations to meetings that somehow turn into dates are some situations specific to workplace. Work related sexual harassment is just as likely to happen through SMS, emails or social media.

According to a 2016 study by the Equal Employment Opportunity Commission, U.S. (EEOC), around 75% of people who experience workplace harassment fail to bring it up with the manager, supervisor, or union representative. One major reason is that employees fear retaliation at work. However, another possible reason for underreporting could be that employees who are subjected to inappropriate behaviour aren't clear as to when it crosses the line and falls into the definition of legally unacceptable behaviour.

The Vishakha guidelines, which were formulated consequent upon the first harassment appeal in the Honourable Supreme Court of India, was a landmark development in this direction and paved the way to the "Sexual Harassment of women at workplace (Prevention, Prohibition and Redressal)" Act, 2013. All concerned including potential perpetrators and victims must be aware of the Act. It covers information for employees, employers, institutions and complaint resolving committees along with examples of behaviours and scenarios that constitute sexual harassment.

D. Doctor-patient safety

Though medical & paramedical professionals are approached with trust, incidences of breech of this trust are known to happen and include inappropriate touch during examination, unnecessary internal examination, examining private parts without gloves, demand for unnecessary undressing, asking implicit questions, etc.

Such behaviour adversely affects the Doctor-Patient relationship and leads to anxiety and hesitation among women for approaching male doctors.

Not surprisingly, cases of sexual harassment of female doctors and other health care workers by male patients are also reported.

E. Female Feticide and Infanticide

The female gender faces a survival challenge while still in the womb. From eternity, incidences of female feticide and infanticide, frank brutality against the girl child and deprivation of educational and nutritional opportunities have been an integral part of many communities. Social reforms and the Pre Conception and Prenatal Diagnostic Techniques (Prohibition of Sex Selection) Act 1994 (Amended in 2003) (PC & PNDT Act) which prohibits sex selection or disclosure of sex of the foetus has helped stabilize this trend to some extent. Distorted sex ratios at birth (SRB), however, speak of inadequate enforcement of the PC & PNDT Act.

F. Femicide

Some brutal forms of violence against women which altogether violate human rights and hence the Constitution of India include honour killing, dowry killing, social femicide, intimate partner femicide, etc. These may also be contributory to the adverse figures of sex ratio in the total population.

Further, genital mutilation, intentional spread of HIV/AIDS, forcing criminal abortion leading to severe morbidity/death of pregnant women are other examples of violence against women and a strong case for action by the Human Rights Counsel.

G. Cyber-crimes against women:

Women are soft targets for all kinds of cyber-crime which occur in various forms e.g. messages, calls, sharing videos, photo morphing, profile hacking, dating scams, cyber bullying, cyber stalking, etc.

In fact, any non-consensual interaction through apps or social media can be categorized as online sexual abuse. Though no physical harm comes through the internet, emotional distress can be immense.

H. Public sexual harassment or eve teasing

Often women in public places face obscene gestures, remarks, songs or recitation by men. Despite the act being punishable under Indian Law, it goes on targeting women of all age groups and contributes to mental agony of women.

I. Skewed opportunities to girls and women

Women are deprived of several opportunities which according to Constitution of India and several other countries are violations under "Equal rights to all". However, such injustice are ingrained in communities and societies across the world, India and China showing particularly high incidence. Male children are conventionally given more care and priority for food, comfort, clothing, emotional support, parental pampering, etc. and female children are often neglected.

Higher incidences of girls not being enrolled in schools or dropping out very early from school also qualifies as discrimination endowed upon the female gender.

J. Trafficking

Force, fraud, coercion and exploitation of girls and women may also be seen as Human Trafficking. Again reasons for trafficking are understandably more diverse than those for boys/men.

Clinico-Social Manifestations and Other Impacts

The effects of sexual abuse in all these situations are often underestimated. In the moment, they make a woman feel belittled, humiliated and submissive. If continued or un-addressed for long, sexual violence leads to high rates of post-traumatic stress disorder and suicidal ideation

Scars can often be visible or invisible, serious and long lasting. Loss of interest, poor award or admission opportunities, achievement not up to individual's potential, missing job opportunities, falling hygiene and standard of life are some adverse sequele. Sexual harassment experience has also been identified as a potential mental health issue. Besides all these immediate and long-term adverse effects on victims, there is an understandable impact on the victim's family and also on society and the economy.

It is also important to realize that even among those who have escaped being overtly or covertly abused, the concern about possibility of sexual abuse also affects the daily life of the entire female cohort. To elaborate on this concern, it is the perceived danger in the minds of parents and society drilled into the minds of girls that often forces them to think critically about what they talk, how they dress, where they go and what time they return home. This also makes an important impact on the mental makeup of an individual.

Detection and Management

It is obvious that sexual violence is a complex issue with roots in socio-cultural, educational, health, religious and many other sectors. Obviously, the solutions also lie at various levels.

Role of the Government

Multiple and diverse sectors of the Government need to work in harmony to fight against sexual abuse in women**.** Protecting the potential victim and treating the victim are the two major areas of work. As with any public health problem, **prevention is the best tool to control the situation**. Education is supposedly the most important tool and has probably contributed to reduction in incidence and re-offence rates in adolescents.

Educational programs should include lessons about consent, good decision making, refusal skills and the empowerment of bystanders to intervene. Reporting to parents must also be encouraged.

Inculcating positive virtues among boys from childhood (social change), communicating to employers or other harassers that such behaviour will not be tolerated (employers and victim's responsibility), sensitizing everyone about etiquettes and appraising regarding legal provisions can help reduce incidence of sexual violence and harassment. Reporting of cyber-crimes can be done on toll free number 112, dedicated web portal and Disha police stations.

Also, all should be on the lookout for occurrence in and around.

The formulation and strict implementation of already existing laws and acts can also go a long way in reducing the incidence of sexual and non-sexual injustice against women and equip women through economic and social empowerment.

Role of Organizations

According to recommendations of the Raghavan committee, relevant Government and private institutions are required to have in place a Sexual Harassment Committee. Complaints should be handled sensitively and empathetically lest they do more harm than good. Also, the employers must keep an open eye and be on the look-out for the manifestations mentioned below. Here, it is pertinent to say that unintentional or misinterpreted behaviour is also a possibility but the situation needs to be addressed either ways.

Role of Medical Professionals

A multi-speciality approach with help of social worker, psychotherapist and trained counsellors is required. Needless to say, one needs to be compassionate and not judgemental so as not to aggravate symptoms like self-blame, denial or non-sharing. New entrants into the profession need to be trained and sensitized through structured and dedicated trainings for handling this important problem so that they are able to spot cases with signs of victimization and manage them with efficiency by avoiding harsh cross-questioning or traumatic medical examinations.

Obstetricians and Gynaecologists and other health care providers dealing with women should screen all women for a history of sexual assault and treat or refer accordingly.

As already stated, victims seldom directly report their woes. A variety of manifestations maybe a pointer of such suffering and hence students, employees, hostel inmates and other women presenting with any of the following non-specific symptoms need to be worked up in detail to arrive at a valid conclusion and managed accordingly.

- Absenteeism and Truancy
- Tardiness in job performance
- Not socializing
- Significant stress, depression, anxiety or sleep disturbance
- Feeling physically low, non-specific symptoms like headache
- Changes in weight and appetite
- Loss of self-esteem (Feeling normally and emotionally low)
- A teenage victim may present with low threshold for anger and distress and often they are not able to understand and share what they feel.

Sensitive and implicit questioning may help arrive at a diagnosis. Service providers must help them realize that it is not their fault, counsel to help them deal with feelings of guilt e.g. about wearing a particular dress or accepting a drink, etc.

Role of Society

There is little doubt that social change is the key to target this deep rooted problem. Social Media and Non-Government Organisations have played a significant role in attempting to bring about a change. The recent 'Me too' movement is testimony to such a positive development and offers hope for women.

Role of the Individual

The potential victim must be able to identify the crossover of the line and be bold enough to stop the intruder. "This is not acceptable" or "Never repeat this" or "This can't be tolerated at any cost" are some phrases that may help. If need arises, the matter must be reported to authorities or seniors in the family, as the case may be. Day to day violence at individual level can be managed by inculcating attributes of self-safety, avoidance and empowerment.

Conclusion

To summarise, any unwelcome advance with a sexual tinge or anything that makes a woman feel degraded or humiliated fits into sexual abuse. All women and girls irrespective of marital/occupational/ economic or educational status are vulnerable to sexual violence. The situation is a major public health as well as human rights issue. Much attention is required to address female discrimination from multiple perspectives including health, education, social welfare and criminal justice.

Suggested Reading

1. Columbia RH, Kadzamira E, Moleni C (2007). The safe schools program: students and teacher baseline report on school related gender based violence in Machinga district, Malawi, Washington, D.C, United State Agency for International Development (USAID), 2007. Available at https://inee.org/es/node/5234.
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Mirza F, et al, Dydrogesterone use in early pregnancy, Gynecol Endocrinol. 2016;32(2):97-106. † Schindler AE. Progestational effects of dydrogesterone in vitro, in vivo and on human endometrium, Maturitas. 2009;65(1):S3–S11.
^ Novel-Estradiol hemihydrate first time in India. +Safer-As compared to conjugated equine estrogens, Smith NL et al Lower risk of cardiovascular events in postmenopausal women taking oral estradiol compared with oral conjugated equine estrogens. JAMA Intern MED. 2014; 174(1):25-31. * As Prescribing Information of Solfe, version 1; Dated: 25th July 2013

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IND2177598 16 Feb 2021

Women Pathbreakers

Poonam Kashyap
Assistant Professor, Department of Obstetrics and Gynecology, Maulana Azad Medical College and Lok Nayak Hospital, Delhi

As International Womans Day approaches on the 8th of March, we pay tribute to these women who paved the way for women to live a more dignified life and make the world a more equitable place for women to live in…

Dr V Rukmini Rao - *Rescuing infants to empowering women*

A PhD in psychology, Dr V Rukmini Rao is a social and rural development activist and has been fighting for women's rights for over four decades. Her unparalleled efforts led to the implementation of Section 498A of the Indian Penal Code, recognizing Domestic Violence as a distinct entity for the first time and which, for years was the only viable recourse battered wives had against abusive husbands till the 'Protection of women from domestic violence' Act came into force in 2005. She is the co-founder of '**Saheli** Resource Centre' in Delhi which helped change many legislations including those related to domestic violence, the PC & PNDT Act and the law against pornographic display of women. She also co-founded '**Gramya** Resource Centre' in Hyderabad and worked towards land rights of women farmers. She has worked immensely for strengthening the Indian rape law. She unearthed many baby selling rackets and worked aggressively and tirelessly towards the cause of female foeticide and infanticide. She also promoted education in backward caste girls in Lambada by setting up bridge schools. She was awarded the 'Woman of the Year' award in 2014 and the 'Femina Award' in 2015 for Social Impact.

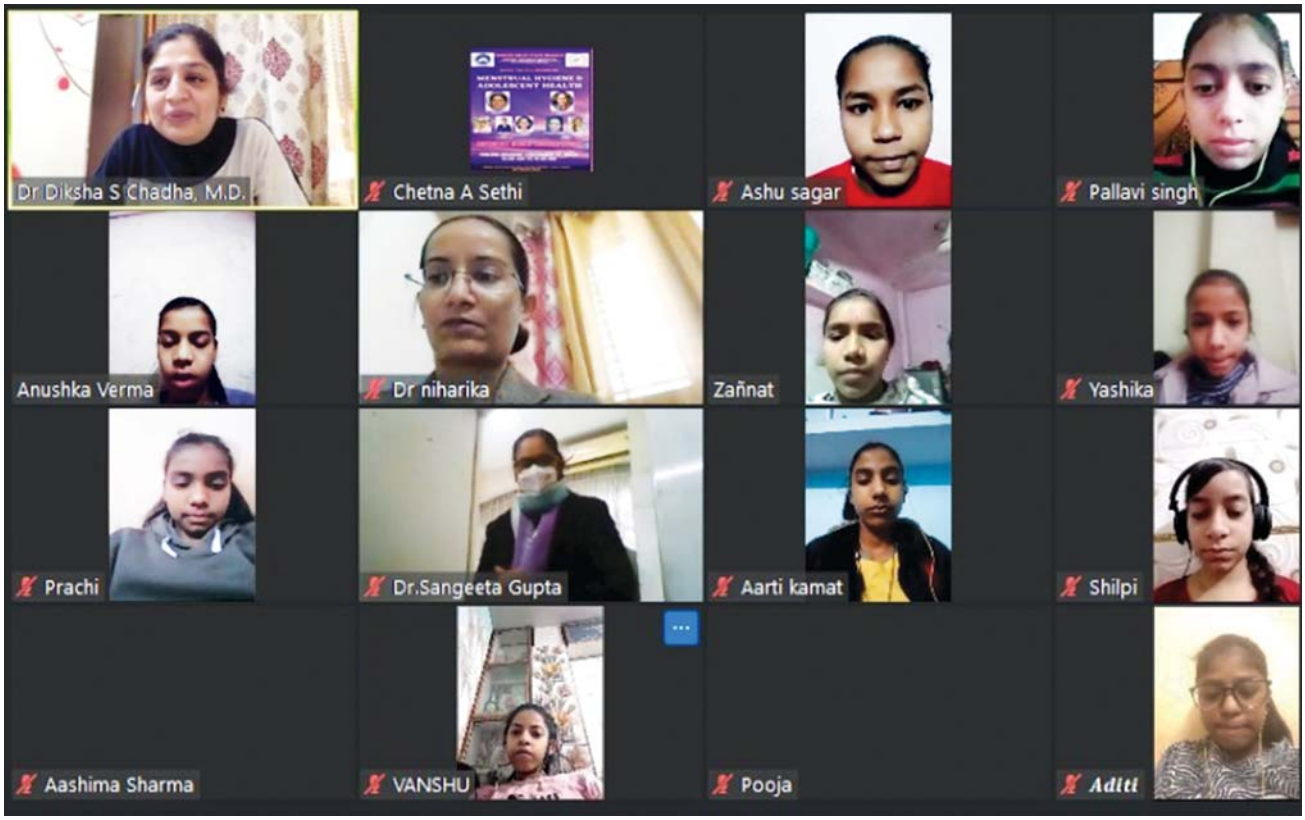
Laxmi Agarwal- *An epitome of courage*

An acid attack survivor, a campaigner for rights of acid attack victims and a TV hos, Laxmi Agarwal, at the age of 15 was attacked by a person named Naeem Khan in Delhi in 2005, after she rejected his romantic advances. Showing exemplary courage, she has been tirelessly fighting for the rights of acid attack survivors since then. In a campaign to curb the sale of acid, she gathered 27,0000 signatures and filed a petition in the Supreme Court of India which then ordered the Central and State governments to regulate the sale of acid and to prosecute the perpetrators of these acid attacks. She is the former Director of 'Chhanv' foundation, a NGO dedicated to support acid attack survivors in India. In 2014, she received the 'International Woman of Courage' award by First Lady Michelle Obama and was also selected as NDTV Indian of the year. She was honoured with the 'International Women Empowerment Award' by the Ministry of Women and Child Development, the Ministry of Drinking Water and Sanitation and UNICEF for her campaign of 'Stop Acid sale' in 2019. She is also the face of VIVA and DIVA, promoting all girls to reflect on their inner beauty rather than external appearance.

NARCHI Activities in the Month of December, January and February 2020-2021

Date	Event	Organizer	Activity
17.12.20	Menstrual hygiene and adolescent health	Department of Obstetrics & Gynecology, MAMC & Lok Nayak Hospital, NARCHI Delhi	Outreach activity - Govt School Student 7th - 8th Class
21.12.20	Common adolescent health issues	Department of Obstetrics & Gynecology, MAMC & Lok Nayak Hospital, NARCHI Delhi	Outreach activity- Govt School Student - 11th-12th Class
26.12.20	11-14 weeks Aneuploidy Screening	FOGsd..with FOGSI, AOGD, NARCHI DELHI & SONO SCHOOL	Webinar
06.01.21	Critical Nutrition in pregnancy & Pearls of wisdom: How to stay happy and healthy in the year 2021	FOGsd, under the aegis of AOGD, NARCHI DELHI & ISCCP	Webinar
07.01.21	Cervical cancer screening camp	BJRM hospital under aegis of NARCHI Delhi & ISCCP	Outreach Activity-camp
15.01.21	Narchi Virtual CME "**Adolescent health issues"**	Department of Obstetrics & Gynecology, Deen Dayal Upadhyay Hospital, New Delhi & NARCHI Delhi	Narchi Virtual CME
25.01.21	-Breast cancer awareness, prevention & screening. -Prevention of cervical cancer	Rajeev Gandhi cancer institute & Research Centre in association with FOGsD under aegis of AOGD, NARCHI Delhi, FOGSI, ISCCP, Onco-committee of AOGD	Webinar
27.01.21	Empowering the young-creating Awareness about common gynecological issues in Young women	Department of Obstetrics & Gynecology, MAMC & Lok Nayak Hospital, NARCHI Delhi in association with Women Development Cell of Lakshmi Bai College, Ashok Vihar new Delhi	Outreach
03.02.21	Education Series on Fetal Growth Restriction and dealt with " Screening and Diagnosis of FGR"	Department of Obstetrics & Gynecological,Kasturba Hospital, Under NARCHI Delhi, Subcommittee -safe motherhood and Fetal Medicine	Post graduate Training
11.02.21	Asha Training Program - Series 1	Department of Obstetrics & Gynaecology, MAMC & Lok Nayak Hospital, New Delhi in association with NARCHI Delhi, IDHS, New Delhi & DFW.	Training Program
13.02.21	Updates on Threatened Abortion	Fogsd, under the aegis of AOGD, NARCHI & ISCCP	Webinar
17.02.21	Fetal Autopsy - Unravelling The mystery	Department of OBG and Anatomy. Maulana Azad Medical Medical College, New Delhi. Under aegis of NARCHI Delhi & Fetal Medicine Subcommittee of AOGD	Virtual Workshop
21.02.21	'Emergencies in Clinical Obstetrics'	Department of Obstetrics and Gynaecology, ESI-PGIMSR, Basaidarapur. Under Aegis of Safemotherhood committee AOGD & NARCHI Delhi	CME

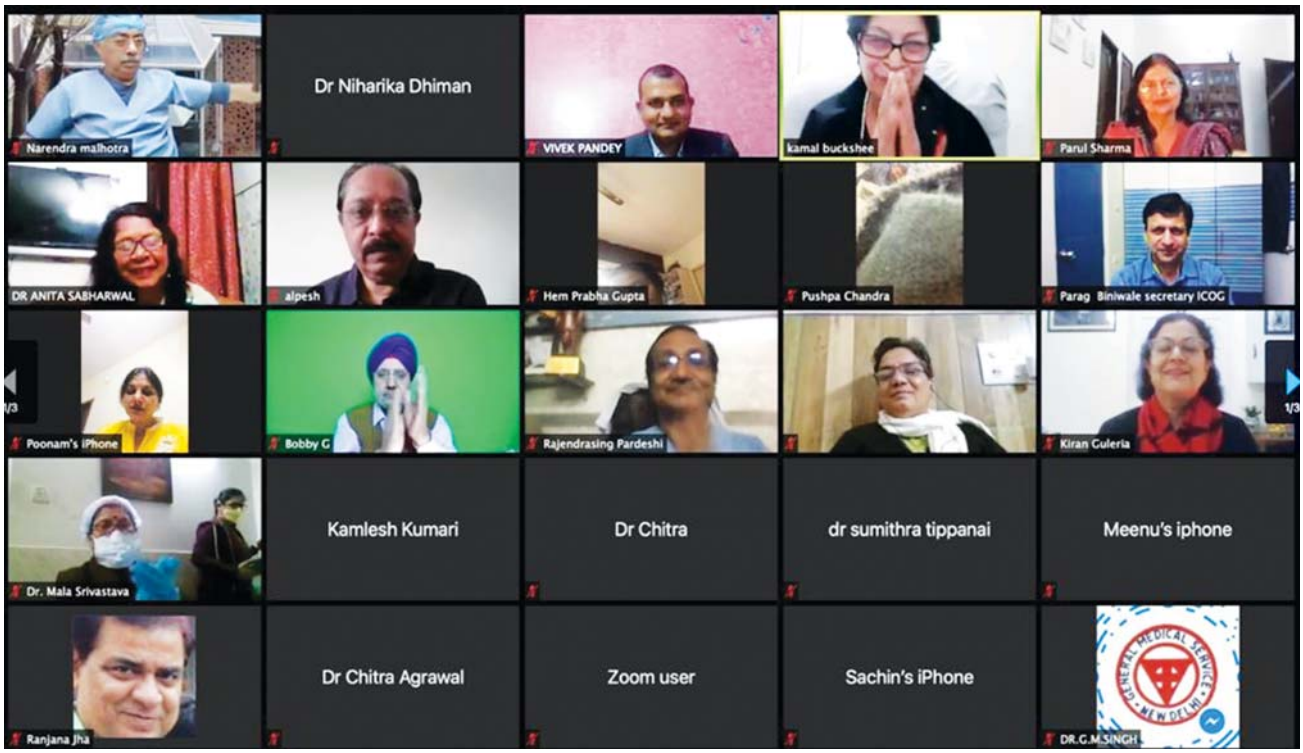
Activities



Outreach Activity: 17/12/20 Government School Students 7th-8th Class, Menstrual Hygiene and Adolescent Health by department of obg, MAMC

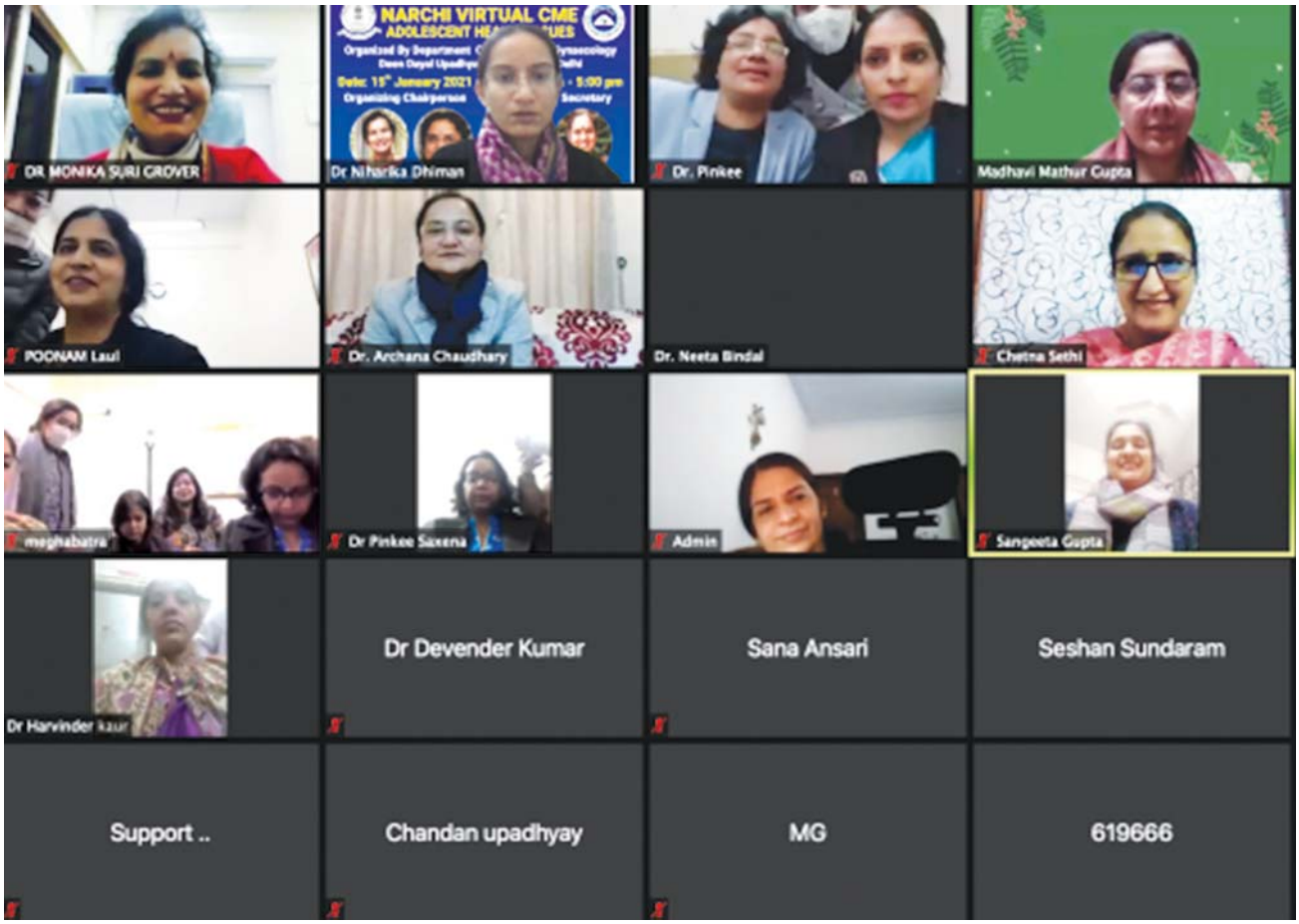
Outreach Activity: 21/12/20 Government School Students 11th-12th Class, Common Adolescent Health Issues by Department of obg, MAMC

Outreach Activity: Webinar 26/12/20, 11th-14th Weeks Aneuplody Screening
Organised by FOGsd.. with FOGSI, AOGD, NARCHI Delhi & Sono School



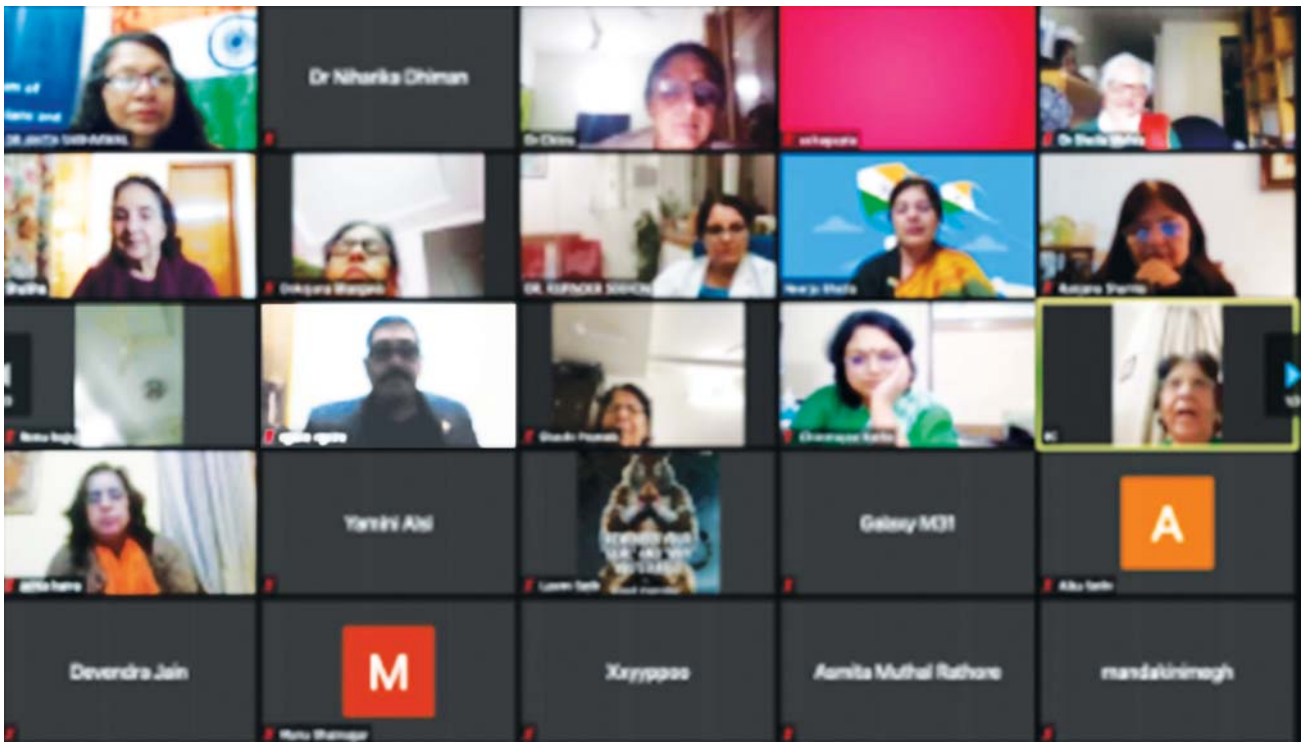
Outreach Activity: 06/01/2021, Webinar on Critical Nutrition in Pregnancy and Pearls of Wisdom (by FOGsd under aegis of NARCHI, AOGD & ISCCP)

Outreach Activity: 07/01/2021, Cervical Cancer Screening Camp at BJRM Hospital under aegis of NARCHI & ISCCP



Outreach Activity: 15/01/2021, Narchi Virtual CME on Adolescent Health Issues, Deen Dayal Upadhyay Hospital under aegis of NARCHI Delhi

Outreach Activity: 15/01/2021, Narchi Virtual CME on Adolescent Health Issues, Deen Dayal Upadhyay Hospital under aegis of NARCHI Delhi



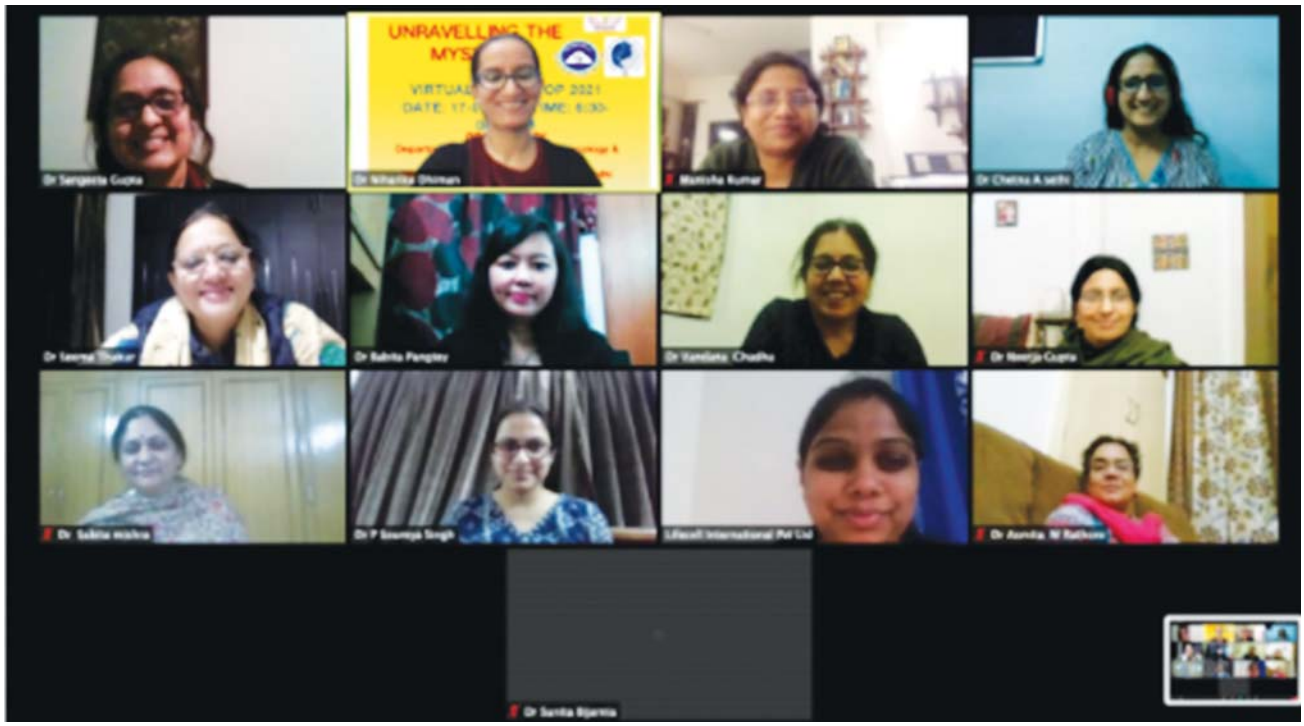
Outreach Activity: 25/01/21, Webinar- Cervical & Breast Cancer Awareness, Prevention & Screening (by Rajiv Gandhi Cancer Institute & Research Centre)

Outreach Activity: The 4th Outreach Activity **"Empowering the Young - Creating Awareness about Common Gynecological Issues in Young Women"** on 27th January, 2021 (by Dept. obg, MAMC, NARCHI Delhi with Women Development Cell of Laxmibai College, New Delhi)

Outreach Activity: Virtual PG Training Programme, 3rd February, 2021 Education series on Fetal Growth Restriction and screaming and diagnosis of FGR by Dept. of obg, Kasturba Hospital under aegis of NARCHI Delhi

Outreach Activity: ASHA Training programme by NARCHI Delhi in the Department of obg, MAMC with IDHS and DFW

Outreach Activity: 17/02/21, Fetal Autopsy - Unravelling The Mystery- Virtual Workshop Department of obg, MAMC & NARCHI Delhi



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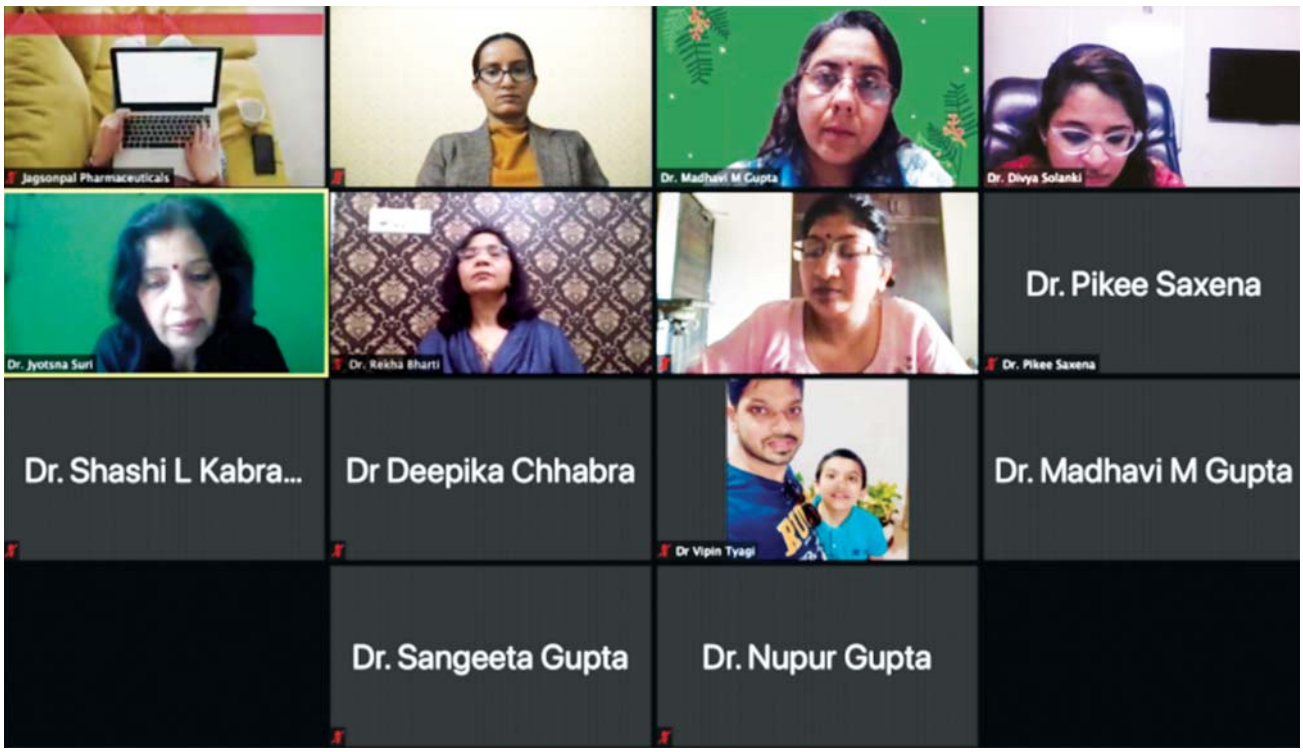

Outreach Activity: 21/02/21, CME - 'Emergencies in Clinical Obstetrics' by Department of Obstetrics and Gynaecology, ESI-PGIMSR, Basaidarapur, New Delhi, Under Aegis of NARCHI Delhi & Safemotherhood committee AOGD

IN THE FUTURE…..

The Medical Termination of Pregnancy (Amendment) Bill, 2020

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A plethora of court petitions seeking permission for aborting pregnancies at a gestational age beyond the present permissible limit, on grounds of fetal abnormalities or pregnancies due to sexual violence paved the way for the proposed Medical Termination of Pregnancy (Amendment) Bill, 2020 to amend the Medical Termination of Pregnancy Act, 1971. The bill has been approved by the Union Cabinet and passed by the Lok Sabha on 17th march 2020.

Salient features of the proposed Bill are:

Opinion of one registered medical practitioner is required for termination of pregnancy up to 20 weeks of gestation and opinion of two practitioners is required for termination of pregnancy between 20 and 24 weeks of gestation.

The upper limit of gestation for termination has been enhanced from 20 to 24 weeks for special categories of women which will be defined in the amendments to the MTP Rules and would include 'vulnerable women including survivors of rape, victims of incest and other vulnerable women (like differently-abled women, Minors) etc.

Upper gestation limit does not to apply to cases of substantial fetal abnormalities diagnosed by the State Medical Board. The Bill further states that all State and Union Territory governments will constitute a Medical Board which will decide whether a pregnancy may be terminated after 24 weeks due to substantial fetal abnormalities or not.

The Medical Board will have a gynecologist, pediatrician, radiologist/sonologist, and other members notified by the state government.

The Bill, therefore, allows abortion after 24 weeks only in cases where a Medical Board diagnoses substantial fetal abnormalities implying that for a case requiring abortion due to rape, that exceeds 24-weeks, the only recourse is through a Writ Petition.

Name and other particulars of a woman whose pregnancy has been terminated shall not be revealed except to a person authorized by law. Violation is punishable with imprisonment up to an year, or fine, or both.

The Bill also applies to unmarried women, giving them the right to ask for medical termination of pregnancy without infringing on their identity.

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Violence Against Women: Psychological Issues and Interventions

Vibha Sharma
Associate Professor, Department of Clinical Psychology, Institute of Human Behaviour & Allied Sciences (IHBAS), Delhi

Introduction

All kinds of violence against women (VAW), especially sexual violence, have serious and multiple effects on their mental health. Psychologically, it radically changes the image that the victim has of herself, her relations with her immediate social circle and beyond. It changes the way in which the victim sees the past, present and future and it has a lasting negative impact on her perception of herself, of events and of others. At the community level, it stigmatizes the victim, stripping her of any social status or intrinsic value as a person and thereby modifies relationships within the community with an overall deleterious effect. This article discusses the consequences of violence on the mental health of these women and the available interventions.

Violence and Mental Health: A two way relation

Besides physical injuries and illnesses, violence against women may leave deep scars on their psyche. Woman who experience a physical or sexual assault may feel many emotions - fear, confusion, anger and even numbness. She may feel guilt or shame over being assaulted. To cope with the effects of the violence, some women start misusing alcohol or drugs or engage in risky behavior such as having unprotected sex. Sexual violence can also affect her perception of her own body leading to unhealthy eating patterns or eating disorders. Some women try to minimize the abuse or hide it by covering bruises and making excuses for the abuser. However, support and assurance for protection from assault or abuse can help prevent long-term mental health effects and other health problems.

Violence against women has been seen as one of the major factors linked with mental health problems in Indian women. Such violence creates a vicious cycle in a woman's life. It may act as a causative factor, resulting in the onset of a mental health problem/illness or Intellectual disability. The type of violence and the degree of its severity plays an important role in the development of a particular type of mental health problem.

On the other hand, women suffering from mental illness or intellectual disability are very often subjected to violence and neglect as commonly seen in Indian society. Married or single, they are easy prey for family members and society, may be because these mentally ill women cannot take proper care of themselves nor are they able to fulfill their expected duties. Violence is generally reported when force is applied to restrain them from causing harm to themselves or others. It may even happen when long and exhausting care giving takes a huge toll on the care givers. Even the near ones themselves are either involved in perpetrating violence or keep silent when others do it.

Violence and mental illness, therefore, have a two way relationship.

Psychological Impact of Violence on Women: Immediate and Longterm

All kinds of violence, be it physical violence, verbal abuse, social humiliation, emotional or psychological trauma have a tremendous impact on the mental health of women. The many **psychological issues** that can arise are:

- Low self-esteem, emotional distress
- Self-blame, mistrust
- Feeling of lack of control over self and environment
- Nightmares, death wishes
- Crying spells, Poor self-care
- Lack of interest in surroundings, etc.

These mental health problems, sometimes, may convert into **serious mental health illnesses** like:

- Anxiety (Chronic Anxiety issues)/Depression (Chronic Depression in some cases)
- Post-Traumatic Stress, Panic attacks
- Dissociative and Conversion reactions/disorders
- Chronic pains and aches, Headaches
- Sleep problems
- Repeated injuries
- Self-neglect, self- harm behaviour, Suicide attempts

- Drug and Alcohol Dependence
- Sexual dysfunction

Besides these, the affected women may also face the following **adverse outcomes**

- Malnutrition
- Strained family relations
- Poor care or neglect of children
- Death

Impact of Childhood Sexual abuse

Impact of childhood sexual abuse is very serious. Sexual violence, particularly during childhood, can lead to increased smoking, alcohol and drug abuse and risky sexual behavior in later life. It is also associated with being a perpetrator of violence (in males) or being vulnerable as a victim of violence during adulthood (in females).

Interventions and Strategies to Reduce Mental Health Consequences of VAW

In order to reduce the mental health consequences of VAW, a proactive approach needs to be followed at the governmental and non-governmental level along with maximum community participation. These interventions can be **Preventive or Curative.**

Preventive Interventions

The aim is to create an environment which is free from violence and includes:

- Training of mental health professionals, practitioners and social workers to identify children and women living in violent homes so that they can be helped and assisted.
- The creation of Crisis centres, Hotline services, Counselling centres for intake of VAW cases and providing referral services.
- Provision of medical services for women in-need, availability of legal consultation before taking legal action against the offenders, creation of short stay homes for women who are unable to stay in the violence affected home.
- Creating awareness through educational campaigns and mass media, of resources available and setting public norms of what is and is not acceptable. Socialization of boys and girls since childhood and throughout adolescence on values of gender equality and non-violence at home, in schools and in their communities. Promoting communication and relationship skills within couples and communities
- Providing vocational skills training, job reservations and easily available loans for starting entrepreneurship programmes as rehabilitative measures, to ensure that she is able to earn for herself and her children.
- Establishing women helplines to provide immediate relief and services to women in distress and in need of care and protection.
- **Policy recommendations:** Based on a review of studies and discussions, the World Health Organization has suggested some policy interventions to help in stopping mental health consequences of violence against women.
  - Recognizing VAW as a serious public mental health issue and a global emergency requiring universal access to emergency and basic services, including psychological support.
  - Integrating Violence against women and Gender studies into medical and nursing education curricula and training.
  - Implementing domestic violence protocols such as intimate partner violence assessment and interventions in treatment for depression and substance abuse.
  - Ensuring medical examination of sexual assault victims by female physicians.
  - Developing coalitions for public mental health research and advocacy for policy reforms and an appropriate allocation of resources. Relevant questions on VAW should also be integrated into national mental health surveys.
  - Training of mental health care providers so that they can recognize, discuss, and provide support for women experiencing violence. Although, reform in the mental health sector alone cannot resolve the problem, it would go a long way towards bringing a change related to attitudes, beliefs and social responses to a considerable degree.

Curative Interventions include

- Providing support services to the women victims such as Legal services and Counselling services to help her regain her lost self-esteem.
- Shelter homes, Rehabilitative services and Mainstreaming efforts
- Providing medical and psychological care.

Psychological Interventions

While considering psychological interventions for women victims of violence, it must be recognized that women experiencing violence often have little or no control over their perpetrator's behavior. Furthermore, there may be limited insight into and labeling of the abuse. This is particularly relevant among women with poor self-esteem and social isolation, both of which are commonly associated with abusive relationships and contribute to the difficult process of decision making about accessing help and/or escaping the violence. In this complicated setting, the psychologist can play a major role, whose interventions have the potential to change beliefs and behaviours. These include:

- Formal Cognitive Behavioural Therapy (CBT): Trauma-focused CBT (TF-CBT) and CBT-based techniques
- Third wave CBTs eg. Acceptance and Commitment Therapy, Mindfulness etc.
- Behaviour Therapies eg. Eye Movement Desensitization Reprocessing (EMDR) and Relaxation techniques, many of which are based upon Cognitive Behavioural Processes
- Integrative therapies including Motivational Interviewing
- Humanistic therapies e.g Supportive and Non Directive therapies
- Other psychologically oriented interventions e.g. Art Therapy, Meditation, Narrative therapy
- Brief psychodynamic therapies

How the Interventions Work

It is important to understand how CBT-based interventions, Integrative therapies, Humanistic therapies and other psychologically oriented interventions might impact on a woman experiencing violence.

Cognitive Behavioural Interventions (e.g. formal CBT, CBT based techniques, TF-CBT, third wave, behavioural) are based on the preposition that behaviours are often cognitively mediated. Mental health and social problems may be influenced by underlying cognitions and resulting behaviours. Because cognitive activity can be altered, behaviours may be changed through cognitive changes. Therefore, addressing certain thinking patterns and beliefs may result in positive changes in symptoms, problems and behaviours that may reduce some of the negative consequences of exposure to violence. It is important to recognize that women experiencing violence often make significant efforts to minimize harm and certain behaviours and cognitions (such as safety planning) have been associated with harm reduction. These positive cognitions and behaviours provide a good example of important potential targets for psychological interventions. Third wave CBTs e.g. Acceptance and Commitment Therapy and Mindfulness CBT act on changing the function of psychological events and the individual's relationship to them through acceptance and committed action. Eye Movement Desensitization and Reprocessing (EMDR) is thought to work for patients who have been traumatised by the fact that eye movements can reduce the intensity of disturbing thoughts, under certain conditions.

Psychosocial Readiness Model describes the process of change for victims of partner abuse. It encompasses external as well as internal factors: awareness that the partner's behaviour is abusive and perceived support from others and self.

Humanistic therapies: Supportive and Non Directive therapy may be helpful for women exposed to IPV. For women who have decided that the abuse must end, but whose intentions are not translated into action due to perceived external barriers, then supportive interventions and problem-solving techniques may be helpful. Problem-solving techniques help patients to efficiently identify problem areas, and generate and implement solutions.

Other psychologically oriented interventions e.g. art therapy, music therapy, meditation, narrative therapy may be helpful for women who have left the relationship, to assist them in managing ongoing trauma symptoms.

Pharmacotherapy

Dysregulation of the Hypothalamic- Pituitary-Adrenal (HPA) axis is the fundamental cause of the structural and functional abnormalities contributing to symptoms of Post-Traumatic Stress Disorder (PTSD) in survivors of sexual assault. Pharmacotherapies are available to treat PTSD but are often inadequate or unwanted. There are four main goals for treating PTSD with medications. These include a reduction of the core symptoms such as anxiety and flashbacks, an improvement in stress resilience, an improvement in the quality of life, and a reduction in disability and comorbidity. Selective Serotonin Reuptake Inhibitors (SSRIs) such as Fluvoxamine, Benzodiazepine inhibitors such as Flumazenil and Monoamine oxidase inhibitors are the common drugs used successfully to treat symptoms of anxiety, depression and flashbacks.

Conclusion

Psychological interventions and counselling should be an integral part of management plan when dealing with problems of violence in women. Interventions at various levels aiming at both individual women and women as a large section of the society are essential. These should be implemented at primary care delivery as well as on legal and judicial fronts. The primary health care providers must be aware of the major psycho social and cultural issues like domestic violence and related physical and mental health problems affecting women. They should routinely enquire about common factors and common physical and mental health problems while dealing with women and should provide the most appropriate intervention and support. They should provide education to the community on issues related to women. Women are increasingly joining the workforce, and there is great potential to intervene at this level too. Besides this, for prevention, it is essential to recognise how the sociocultural, economic, legal, infrastructural, and environmental factors that are responsible for violence against women are configured in the given community setting and affect women's mental health significantly. Hence, awareness, education, training, and interventions targeting the social and physical environment are crucial for addressing violence against women and women's mental health.

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Forthcoming Events

S. No.	Date	Event	Organiser
1	20/3/21	Virtual Urogynae CME	UCMS & GTB Hospital under Aegis of NARCHI Delhi
2	15/3/21	Third in Education Series FGR	Kasturba Hospital supported by NARCHI Delhi, Safe Motherhood and Fetal Medicine Subcommittee of AOGD
3	9/3-10/3/21	Thalassemia Awareness and Screening Camp Among College Students	NARCHI Delhi in Association with Acharya Narendra Dev College Govindpuri Kalkaji, New Delhi
4	April and May 2021	Awareness and Sensitization Programmes will be Conducted in Various Public Sector Hospitals of Delhi regarding Antenatal and Newborn Screening of Thalassemia as a Part of Mission NEEV	Department of Paediatrics and Department of Obstetrics and Gynaecology, MAMC and Lok Nayak Hospital under aegis of NARCHI Delhi
5	29/5/21	CME on "Conversation on Menstruation"	BJRM Hospital under the aegis of NARCHI Delhi

The Silver Lining……..Help at Hand (1)

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Ending Violence Against Women (VAW) requires a comprehensive and all-inclusive approach with the need to prevent and protect. It should be geared towards preventing violence, assisting victims and making sure that they are protected in the future. It should criminalize violence against women, strive to identify the perpetrators and bring them to justice.

Putting an end to VAW is not the responsibility of one person nor is there a single solution. It requires a collective response, in which all stakeholders have a role to play – the government, the judiciary, law enforcement agents, civil society, the non-governmental private sector and international organizations. This article tries to bring to light the policies and laws enacted by the government as also the contributions of health workers, civil society and community health workers in preventing and addressing the issue of violence against women.

Government Initiatives to Protect Women from Violence

A. National plans and policies

1. National Policy on Empowerment of Women

The National Policy on Empowerment of Women, adopted in 2001, laid down a comprehensive progressive policy to eliminate all forms of violence against women, physical and mental, whether at domestic or societal levels, and including those arising from customs, traditions or accepted practices.

National Policy for Women was drafted in 2016 to reinforce the 'rights-based approach' and create a society in which women attain their full potential and are able to participate as equal partners in all spheres of life and influence the process of social change by developing policies, programmes and practices which will ensure equal rights and opportunities for women in the family, community, workplace and in governance.

2. One Stop Centre Scheme

One Stop Centre (OSC) scheme is a centrally sponsored scheme of Ministry of Women and Child Development (MWCD) for providing integrated support and assistance under one roof to women affected by violence, both in private and public spaces. It is funded through the Nirbhaya Fund. Women facing any kind of violence, be it physical, sexual, emotional, psychological, economic, domestic violence, trafficking, honour related crimes or acid attacks are provided with specialized services at the OSC.

A woman affected by violence can access the OSC by herself, through any other person, NGO, volunteer, etc. or through Women Helplines integrated with the police, ambulance and other emergency response helplines.

As soon as the complaint is registered, a text message (SMS/Internet) is sent to the concerned police officials, Divisional Magistrate, Chief Medical Officer of the district/area. The case details are fed into the system as per the prescribed format and a Unique ID Number is generated.

The services available at the OSC are:

a. **Emergency Response and Rescue Services:** For this, linkages have been developed with services such as National Health Mission (NHM), 108 service, police (PCR Van) so that the woman affected by violence can be rescued from the location and referred to the nearest medical facility (Public/Private) or shelter home.

b. **Medical assistance:** Women affected by violence are referred to the nearest Hospital for medical aid/examination which would be undertaken as per the guidelines and protocols developed by the Ministry of Health and Family Welfare.

c. **Assistance to women in lodging FIR:** The OSC will facilitate the lodging of FIR.

d. **Psycho-social support/Legal aid and counselling** are provided at OSC through empanelled lawyers or National/State/District Legal Service Authority.

e. **Providing Shelter:** The OSC provides temporary shelter facility to aggrieved women. For long term shelter requirements, arrangements are made with Swadhar Greh/ Short Stay Homes (managed/affiliated with government/NGO). Women affected by violence along with their children (girls of all ages and boys up till 8 years of age) can avail temporary shelter at the OSC for a maximum period of 5 days. The admissibility of any woman to the temporary shelter would be at the discretion of Centre Administrator

f. **Video Conferencing Facility:** To facilitate speedy and hassle free police and court proceedings, the OSC provides video conferencing facility (through Skype, Google Conferencing etc.) through which, if the aggrieved woman wants, she can record her statement for police/courts from OSC itself using audio-video electronic means. This facility will be provided only after consultations among Superintendent of Police, District and Sessions Judge of the concerned area.

Nirbhaya Fund

Violence against women is frequent in public transport and in other public places. Such occurrences restrict women's right to mobility and limit their access to essential services. In this context, and following the tragedy of December 2012, the Government has set up a dedicated fund – Nirbhaya Fund – which can be utilized for projects specifically designed to improve the safety and security of women. It is a non-lapsable corpus fund, being administered by Department of Economic Affairs, Ministry of Finance. The Ministry of Women and Child Development (MWCD) is the nodal Ministry to appraise/recommend proposals and schemes to be funded under Nirbhaya Fund.

3. **Beti Bachao Beti Padhao Scheme:** An ambitious campaign of the Government of India to generate awareness about declining child sex ratio (CSR), it is a national initiative jointly run by the Ministry of Women and Child Development, the Ministry of Health and Family Welfare and the Ministry of Education.

4. **Scheme for Working Women Hostel**.

   The objective of the scheme is to promote availability of safe and conveniently located accommodation for working women, with day care facility for their children, wherever possible, in urban, semi urban, or even rural areas where employment opportunities for women exist.

5. **Ujjawala Scheme**

   A comprehensive Scheme for Prevention of Trafficking and Rescue, Rehabilitation, Re-integration and Repatriation of Victims of Trafficking for Commercial Sexual Exploitation.

6. **Nari Shakti Puruskars**

   National Award for Women: The Ministry of Women & Child Development celebrates International Women's Day every year on 8th March to acknowledge the achievements of women and recognize their contributions to society. The Ministry confers 'Nari Shakti Puruskars' to eminent women, especially belonging to the vulnerable and marginalized sections of society, and institutions in recognition of their service towards the cause of women empowerment

7. **National Plan of Action exclusively for the girl child**

   Formulated in 1992 for the Survival, Protection and Development of the Girl Child, the Plan recognized the rights of the girl child to equal opportunity, to be free from hunger, illiteracy, ignorance and exploitation.

B. Legislative measures - Gender based laws

S. No.	Laws	Descriptions
1.	The Dowry Prohibition Act 1961	If any person, (after the commencement of this Act), gives or takes or abets the giving or taking of dowry, he shall be punishable with imprisonment for a term not less than five years, and with a fine not less than fifteen thousand rupees or the amount of the value of such dowry.
2.	The Immoral Traffic (Prevention) Act, 1956	The act was made to suppress immoral traffic in women and children as India signed the United Nations International Convention for the "Suppression of Women in Traffic in Persons and of the Exploitation in Others" in New York on 9th May 1950.
3.	The Medical Termination of Pregnancy Act, 1971 (Act No. 34 of 1971)	MTP Act was introduced to regulate unsafe abortions which is a leading cause of maternal deaths. This act legalizes abortion under certain circumstances.

S. No.	Laws	Descriptions
4.	The Indecent Representation of Women (Prohibition) Act, 1986	An Act to prohibit indecent representation of women through advertisements or in publications, writings, paintings, figures or in any other manner and for matters connected therewith or incidental thereto.
5.	Protection of Women from Domestic Violence Act, 2005	This is an Act of the Parliament of India enacted to protect women from domestic violence. It was brought into force by the Indian government on 26 October 2006. The Act provides for the first time in Indian law a definition of «domestic violence. The definition is broad and includes not only physical violence, but also other forms of violence such as emotional/verbal, sexual, and economic abuse. It is a civil law meant primarily for protection orders and not meant to be enforced criminally.
6.	The Pre-Conceptional and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection Act),1994	An Act of the Parliament of India enacted to stop female feticides and arrest the declining sex ratio in India. The act banned prenatal sex determination. Every genetic counselling centre, genetic laboratory or genetic clinic engaged in counselling or conducting pre-natal diagnostics techniques, like in vitro fertilisation (IVF) with the potential of sex selection (Preimplantation genetic diagnosis) before and after conception comes under preview of the PCPNDT Act.
7.	The Juvenile Justice (Care and Protection of Children) Amendment Act, 2006	The act provides for a special approach towards the prevention and treatment of juvenile delinquency and provides a framework for the protection, treatment and rehabilitation of children in the purview of the juvenile justice system.
8.	The Protection of Children from Sexual Offences Act, 2012	An Act to protect children from offences of sexual assault, sexual harassment and pornography and provide for establishment of Special Courts for trial of such offences and for matters connected therewith or incidental thereto.
9.	The Prohibition of Child Marriage Act , 2006	The objective of the Act is to prohibit solemnization of child marriage and connected and incidental matters. To ensure that child marriage is eradicated from within the society, the Government of India enacted Prevention of Child marriage Act 2006 by replacing the earlier legislation of Child Marriage Restraint Act 1929.

Role of the Community Health Worker/ Accredited Social Health Activist

Violence against women is a reflection of deep rooted socio-cultural biases, and needs sustained, long term awareness raising and mobilisation within the community. It is difficult for an individual alone to address this issue and requires building partnerships with other community based groups; here-in lies the role of the **Accredited Social Health Activists (ASHA)** in preventing and addressing violence against women. ASHAs working in the same area come together to generate support for taking action on violence. To enable this, ASHA uses the forum of monthly review meetings at the primary health centres for holding discussions and building solidarity.

Preventing Violence: One of ASHA's core activities is to build awareness and mobilize the community to prevent violence against women. They do this by-

- Dispelling beliefs such as- "beating is a form of expressing love; being abused is alright for me; a woman cannot live without her partner even if he abuses her; it's a woman's fault that she faced rape or a girl a should be married off early as it prevents her from getting sexually abused."
- Educating adolescent girls and women, during their monthly meetings, on violence issues and enabling them to share their experience so that action can be taken.
- Raising awareness on various legal provisions or Acts that prohibit domestic violence, sexual harassment etc.
- Organizing campaigns against dowry related abuse, female foeticide, girl child infanticide, early childhood marriages, giving inheritance to girls, honour killings, trafficking of girls and girl child discrimination.
- Disseminating information to the community members on various welfare schemes of the government to promote social and economic empowerment of girls and women. Some of these are - schemes providing education and financial assistance for girl children, SABLA scheme, Mahila Samakhya, pension for widows, unmarried and destitute women etc.

Addressing violence: Another core activity of ASHA is attending to the individual women who have suffered from violence by co-ordinating with groups who come together to provide an informal support and shelter for these women. These groups can also dialogue on a

broader platform to address the key problem that has led to violence and resolve these issues at the village level meetings.

Role of Civil Society

The role of civil society in preventing and addressing violence against women cannot be undermined.

- A major role is to ensure that government legislation is enforced and that the perpetrators of violence are apprehended. It is important that governments are held accountable to enforce their laws, policies and interventions in prohibiting all forms of violence. Also, National legislation should meet the requirements of international agreements that aim to put an end to violence against women such as the agreements drafted by the United Nations Commission on the Status of Women.
- Civil society organizations should ensure that timely, adequate and high-quality multi-sectoral services and support is provided to survivors. Delayed services delay justice and render survivors of violence vulnerable to hopelessness. In instances where such services are not accessible, government officials entrusted with this task must ensure that they are made available.
- Education of women, girls, and children about their rights. These capacity building initiatives must include boys and men also to ensure that cultural norms that perpetrate discrimination are addressed. Awareness raising campaigns and institutional and legal reforms by governments around the world can also promote a culture of equality.
- Civil society organizations should also ensure that accurate and reliable data on violence against women, girls and children is collected timely and promptly so that data collection, analysis, dissemination and utilization of synthesized data is enhanced.
- Partnerships with local, national and international agencies are crucial to interpret trends across global regions. Thus, global strategies would be formed by experiences and actions across the world.
- Lastly, civil society should ensure that priority is given to the economic emancipation of women by the government. It is important that women are supported and provided equal access to opportunities and resources, as well as to opportunities for societal leadership and participation.

Role of Health Care Providors

Health workers are in a unique position to help survivors of gender-based violence against women. While providing treatment to these women for various ailments for which they seek attention, they have the opportunity to be advocates and listen to their problems with compassion and empathy. They can use this opportunity to help and counsel survivors of gender-based violence, to speak out and seek help if needed. This can also help in removing the taboo around talking about violence. Some of the ways through which health care workers could help women are:

- Enquire if they are safe in their intimate and family relationship and listen to them with compassion and respect.
- Treat the injuries and illnesses of violence survivors and inform legal agencies.
- Document injuries and give evidence in court if asked.
- Help women to develop a safety plan that includes ways to protect themselves from immediate risks to their safety and the safety of their children.
- Help women to understand and protect themselves from health risks associated with violence, including HIV, sexually transmitted infections, and unintended pregnancies.
- Learn about the health and community services available to survivors of violence in their communities, and immediately refer victims to the right places for help.
- Build collaborative relationships with social service workers to help survivors access psychosocial, economic, and legal services.
- Talk with the local police about ways to increase the safety of survivors of violence.
- Talk to pregnant women, their partners, and families about the importance of receiving adequate antenatal, intrapartum and postpartum care. Many women are denied access to health care during pregnancy due to cost, traditions around childbirth, or distance to the health centre.
- Become family planning champions and provide all women with information about their full range of contraceptive options. This helps clients protect themselves against unwanted pregnancies and empowers women at the same time.
- Offer patients counselling and testing services for HIV and sexually transmitted infections.
- Stand up for the right of pregnant and labouring women to be free from violence and disrespect during childbirth.

Social workers and Non-Governmental Organisations could be of great help along with healthcare workers to curb this problem by becoming a connecting link between women and legal services.

Suggested Reading

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4. Schemes for welfare of women and girl child. Department of women and child development. Available at http:// wcd. india.gov.in
5. Laws related to women. National commission for women. www.ncw.nic.in.
6. Schemes for women, https://services.india,gov.in//govt
7. Work on violence against women. www.un.org> womenwatch>united nations

Violence and abuse against women is an everyday reality, act now, always, and forever before its too late.

The Silver Lining……Help at Hand (2)

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Everyday, 87 cases of rape were registered in 2019. Over 200 cases of domestic violence were registered daily in 2018. In a country like ours, where registering a First Information Report (FIR) is itself a challenge, numbers as high as 87 and 200 may still be a far cry from reality. As much as we hate to admit this stark reality, the problem gets compounded further by a serious lack of knowledge in handling such crimes by nearly all the stakeholders involved, including the victim herself.

Often, it is seen that the victim is caught unaware and she is unsure as to what should be her course of action, after the crime has taken place. Invariably, ignorance about these basic questions results in non-reporting of the crime. This article attempts to answer some of the most basic questions pertaining to the initial contact of the victim with the criminal justice system and attempts to solidify the bridge between the law and the victim.

What to do? Where to go? The First Point of Contact: The Police

One of the most important reasons known for the massive under reporting of crime against women in India is lack of knowledge and uncertainty about the process to be undertaken. Apprehension about the process and a lack of faith in the system are contributing factors. So, it becomes paramount that women must be made comfortable with various steps that are involved in her quest for justice.

Lodging the FIR

- The first step that the victim needs to take when an offence has been committed against her is to gather courage and report the same to the police authorities. She must realize that though the whole task of reporting the crime appears to be intimidating and daunting, the law has vested her with various rights at every stage, which no authority can deny.
- Police is the first point of contact for the victim in our criminal justice system. The victim can approach any nearest police station and get an FIR registered. No police officer can deny the registration of FIR on any ground, including that 'the crime did not occur within their jurisdiction' or 'considerable time has lapsed since the occurrence of the crime'. Though a detailed FIR may help quicken the initial process, even a simple statement about the incident is sufficient to get the process underway, the basic aim being to bring the offence to the notice of the authorities.
- For reporting the crime, the victim can visit the police station in person or call 100 number and the police is bound to provide the requisite assistance. As per Delhi Police guidelines, the victim can even report the crime by sending the complaint to the Commissioner or the Deputy Commissioner of Police via email or by post, who shall in turn send it to the local police station.
- The complaint can either be made orally, in which case the police officer shall record it in the Daily diary, or she can give the complaint in writing. If the complaint is given in writing, the victim should keep a copy of the complaint with herself after obtaining the receiving from the police officer. This acts as concrete evidence that the police have received the complaint. Once the FIR is registered, it is read out by the police officer and if it appears to be correct, the victim signs the same. The victim is entitled to obtain a copy of the FIR free of cost from the police. In case of sexual offences, the FIR is registered by a woman police officer to ensure that the victim is comfortable in narrating the ordeal faced by her.
- After the registration of FIR, further statements of the victim are taken at her residence, in the presence of her family members, at an appropriate time of the day and with the consent of the victim. (Section 160 of Criminal Procedure Code 1973). The law provides that she will not be harassed by being called to the police station day after day.
- In cases of domestic violence, a different approach has been adopted. On receipt of a domestic violence complaint, the police direct the victim to approach the Crime against Women Cell. Thereafter, the victim and the spouse are offered counselling so as to resolve the dispute between them. In case the counselling fails, they are referred to the mediators at the Special Protection Unit for Women and Child (SPUWC) to enable them to arrive at an amicable separation. If the mediation also fails, the police registers the FIR

against the perpetrators of the domestic violence. In cases where immediate assistance is required due to physical abuse, the victim can call 100 number or 1091 number and the required assistance will be provided by the police authorities.

- In recent times, Cybercrimes have become a big menace in our society and the problem is aggravated by gross misunderstanding as to the nature of offence and the way to report it. Cybercrime is an umbrella term and includes a series of offences, recognized in Information Technology Act 2000, like sending offensive messages, identity theft, violation of privacy, child pornography, voyeurism, forging or cloning documents, etc. However, reporting such cyber offences is similar to any other offence. An FIR has to be registered at any local police station.
- If the victim wants to have an ally who is equipped with the required legal knowledge and who will fight the battle for her, she may approach the office of the District Legal Services Authority (DLSA), usually built within the premises of the local District Court, and request for free legal aid. This legal aid would be provided to not only file a case in Court but also for registration of FIR. Women may also seek legal consultation by calling on the toll free number of DLSA.
- Additionally, a woman may choose to approach any local Non-Governmental Organization (NGO) which is covering issues like violence against women and therefore has experience in dealing with such situations. Most of these organizations, generally, have ties with both medical and legal experts who can appreciate the needs of the woman. Organizations like SEWA, SHAKTI SHALINI, JAGORI , SAKSHI etc are working on various aspects involving women rights, right from providing protection to the victims of violence to their rehabilitation.

Addressing the Inaction

- If the police officer refuses to register an FIR, he is liable to disciplinary action as well as penal action under Section 166A, IPC which is punishable up to two years of imprisonment. The victim can write a complaint to Commissioner or the Deputy Commissioner of Police who shall in turn cause the FIR to be registered by the police authorities or she may approach the Court and register a complaint before the Judicial Magistrate who may either take cognizance of the offence itself and start the trial or may direct the police to register the FIR.
- In case the police officer registers the FIR but the investigations are not done properly or the police authorities cause a lot of delay and do not submit the charge sheet in Court, the victim can always approach the Court and file an application for monitoring of the investigation. When such an application is filed, the Court calls for regular reports from the Investigating Officer as regards the investigation until the charge sheet is submitted.
- Institutions like The **National Commission for Women (NCW), National Human Rights Commission (NHRC), National Commission for Protection of Child Rights (NCPCR)** can also be approached in case of inaction. NHRC can be approached to report any human right violation that any woman may face. NCPCR can be approached to register any complaint pertaining to needs of females below the age of 18 years.

National Commission for Women

- National Commission for Women (NCW) is a statutory body which came into existence after a spate of highly controversial cases involving inaction on the part of the administration as well as successive reports submitted by various commissions highlighted the need to establish an apex autonomous body having regional (state- wise) presence to monitor and shape policies pertaining to women both at the central and state level. Thus, NCW was finally created by an Act of Parliament in 1990.
- Among various other functions that the Commission discharges, the primary function of the NCW is to serve as a watchdog body, i.e. NCW was created to check on the inaction not only at the police level but also at the governmental level. Hence, NCW is neither a rule making body nor a policing unit; instead it acts as an autonomous facilitator between women and various governmental bodies.
- Consequently, from issues as basic as non-registration of FIRs to inaction on the registered FIR to gender based discrimination to statutory rights violations, all can be directly reported to the Commission.
- The Commission also promises to provide a safe space to women in all situations including providing necessary emotional, medical and mental support to battered women and immediate shelter to women who have been thrown out.
- Further, through its experiences in handling all kinds of cases, it recommends policy changes to the Parliament to bring about the desired changes in law. To become more accessible to people across the

country, respective Women Commissions have been made functional at state level also which discharge more or less the same function as their national counterpart.

Women Helplines

Women Helpline numbers have been incorporated by various authorities to provide specific and immediate relief to women in distress. These helpline numbers are aim to provide a comprehensive security apparatus, which is not restricted only to legal but also caters to medical, psychological and rehabilitative needs. These general helpline numbers are in addition to specific office numbers of various authorities which play a key role in providing justice to these classes of victims.

Conclusion

Crime against women remains the biggest irony for a country which spiritually treats women as goddesses. However, as shameful as any violence against women is for its society, it is important to remember that harsher laws simply may not be enough. As Gandhi said 'an eye for an eye makes the whole world blind'. Thus, it has become a necessity for our society to heavily invest in nationwide educational campaigns about crimes against women. If we want to bear the fruits of laws, already established, we need to make them accessible. We need to reassure our women that there will be justice and all dark clouds do have a silver lining.

Suggested Reading

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10. Lalita Dhar Parihar, Women and Law: From Impoverishment to Empowerment, Eastern Book Company, 2011

Important Women Helpline Numbers

S. No	Organization	Number
1	Women Helpline (All India) - Women In Distress	1091 toll free
2	Women Helpline Domestic Abuse	181 toll free
3	Police	100
4	National Commison For Women (NCW)	011-26942369, 26944754
5	Delhi Commision For Women	011-23378044 / 23378317 / 23370597 /011-23379181
6	Delhi Women Protection Cell	011-24673366/4156/ 7699
7	Student / Child Helpline	1098 toll free
8	National Human Right Commision	011-23385368/9810298900
9	SAKSHI- violence intervention center	0124-2562336, 5018873
10	Nirmal Niketan	011-27859158
11	SHAKTI SHALINI (N.G.O) (Women Shelter, Support Survivors, Counselling)	011-24373737/ 011-24373736
12	JAGORI	011-26692700
13	RAHI for child sexual abuse	011-26238466, 26224042
14	District Legal Services Authority	1516 toll free
15	CATS	1099 toll free

The Legal Perspective

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Although Women may be victims of any of the general crimes such as Murder, Robbery, Cheating etc., crimes which are directed specifically against women and in which only women are victims are characterised as "Crimes Against women." It implies direct or indirect, physical or mental cruelty to women. Though there were many legal provisions to punish the culprits committing these offences, various new legislations and amendments have been made in existing laws with a view to handle these crimes effectively.

Classification of Laws Related to Crime Against Women

The laws associated with Crime against Women may be classified into the following two categories:

A. Laws under the Special and Local Laws (SLL)

These laws aim to obliterate the immoral and sinful practices and exploitation of women in society. They are periodically reviewed and amended. Following are some acts providing special provisions to protect women and their interests-

1. The Immoral Traffic (prevention) Act, 1956
2. The Dowry (prohibition) Act, 1961
3. The Child Marriage restraint Act, 1929
4. The Indecent representation of Women (prohibition) Act,1986
5. The Commission of Sati (prevention) Act, 1987
6. Protection of Women from Domestic Violence Act, 2005 (PWDVA)
7. The Sexual harassment of Women at work-place (Prevention, Prohibition and Redressal) Act, 2013.

B. Laws under the Indian Penal Code, 1860 (IPC)

The Indian Penal Code, 1860, lays down the provisions to penalise the culprits for the commission of heinous offences against women. Various sections under IPC specifically dealing with such crimes are

1. Acid Attack (Sections 326A and 326B)
2. Rape (Sections 375, 376, 376A, 376B, 376C, 376D and 376E)
3. Attempt to commit Rape (Section 376/511)
4. Kidnapping and abduction for different purposes (Sections 363–373)
5. Murder, Dowry death, Abetment to Suicide, etc. (Sections 302, 304B and 306)
6. Cruelty by husband or his relatives (Section 498A)
7. Outraging the modesty of women (Section 354)
8. Sexual harassment (Section 354A)
9. Assault on women with intent to disrobe a woman (Section 354B)
10. Voyeurism (Section 354C)
11. Stalking (Section 354D)
12. Importation of girls up to 21 years of age (Section 366B)
13. Word, gesture or act intended to insult the modesty of a woman (Section 509)

This article scrutinizes and expounds some of these odious and punishable offences with a special mention of the Protection of Women from Domestic Violence Act

Sexual Offences Against Women

The Indian Penal Code mentions sexual offences against women under a separate head which encompasses the following offences with their respective sections:

Rape [Section 375 & 376]

Section 375, IPC defines Rape, in simple terms, as the ravishment of a woman, without her consent, by force, fraud or fear or the carnal knowledge of any woman by force, against her will. It is an obnoxious act of highest degree which violates the right to privacy and sanctity of a female.

Essential Ingredients of Section 375 of Rape

- **Actus Reus:** There must be sexual intercourse, as understood in terms of the provisions of Section 375 (a) to (d), with a woman by a man.
- **Mens Rea:** The sexual intercourse must be under any of the seven circumstances as given under Section 375.

The Criminal Law (Amendment) Act, 2013 (Nirbhaya Act) was passed by the Lok Sabha on 19 March 2013.

This Ordinance sought to change the word Rape to Sexual Assault. In the Act, the word 'rape' has been retained in Section 375, and was extended to include acts in addition to vaginal penetration. The section has also clarified that penetration means "penetration to any extent", and lack of physical resistance is immaterial for constituting an offence.

The Age of consent in India has been increased to 18 years, which means any sexual activity irrespective of presence of consent, with a woman below the age of 18 years will constitute 'statutary rape'.

Punishment for Rape (Section 376)

Section 376 provides punishment for committing the heinous crime of rape. This section is divided into two sub-sections.

Section 376 (1) provides a minimum sentence of seven years of imprisonment that may extend to life imprisonment and fine.

Section 376 (2) provides punishment not less than ten years of imprisonment but may extend to imprisonment for life or till death and fine.

Gang Rape (Section 376D)

Section 376D lays down the punishment for gang rape. Where a woman is raped by more than one person, acting in furtherance of a common intention, each of them shall be liable for the offence of rape and shall be punished with rigorous imprisonment for not less than twenty years which may extend to lifetime imprisonment and fine.

In the Criminal Law (Amendment) Act 2013, a new section 376A has been added which states that if a person committing the offence of sexual assault inflicts an injury which causes the death of the person or causes the person to be in a persistent vegetative state, shall be punished with rigorous imprisonment for not less than 20 years which may extend to life imprisonment which shall mean the remainder of that person's natural life, or till death.

Outraging the Modesty of Women [Section 354]

Section 354, IPC deals with the offence of molestation i.e. assault on women with intent to outrage her modesty. This section aims to protect women against any sort of indecent or filthy behaviour which is derogatory to her modesty. This offence is not just against the individual but also against society and public morality. Therefore, if any person uses criminal force upon a woman with an intention to outrage her modesty, he is deemed to be punished with an imprisonment of not less than one year which may extend up to five years with fine.

It is not specifically defined under IPC about what constitutes an outrage to woman's modesty. However, the court has interpreted it in various cases. According to the Supreme Court, modesty is an attribute associated with females and is said to be outraged by such an act of the offender which is recognized as an insult to female decency and dignity.

Essential Ingredients of Section 354

1. The victim must be a woman
2. The accused must have used criminal force on her
3. An intention to outrage the modesty of a woman must be there.

Insulting the Modesty of Women [Section 509]

An act which is done intending to insult the modesty of a woman which may not necessarily involve any physical force is brought under the ambit of Section 509. The section refers to intention of insulting the modesty of a women by utterance of any word, making any sound and gesture or exhibiting any object or intruding upon the privacy of such a woman. This section is also referred to as the **'Eve Teasing Section'**.

Any person who commits an offence under Section 509 shall be punished with simple imprisonment for a term which may extend to three years with fine.

Essential Ingredients

1. An intention to insult the modesty of a woman is there;
2. The insult must be caused either by intruding upon the privacy of a woman; or by making any gesture or sound, uttering any word or exhibiting any object.

Newer Offences Relating to Women

The Criminal Law (Amendment) Act, 2013 added many new sections in the IPC. Some are discussed below-

Disrobing a Woman (Stripping) [Section 354B]

Section 354B penalises the offence of assaulting or using criminal force on a woman or abetting any such act with an intention to disrobe or compel her to be naked, with a punishment of not less than three years which may extend to seven years with a fine. It is a gender specific offence i.e. only a man can be punished under this section.

Essential Ingredients

1. The accused must be a man.

2. Use of criminal force or assault or abetment of any such act must be there.
3. There must be an intention to disrobe a woman or compel her to be naked.

Voyeurism [Section 354C]

This offence came into existence after the Nirbhaya Rape Case, 2012. It is mentioned under Section 354C, IPC. The word 'voyeurism' means appeasement derived from observing the genitals or sexual acts of others, usually secretly. This provision is divided in two different parts. Firstly, when a person watches or captures an image of a woman engaging in some private act and secondly, when the person disseminates or spreads such an image.

The first offence is punishable with imprisonment of not less than one year which may extend up to three years with fine. The second offence is punishable with imprisonment of not less than three years which may extend up to seven years with fine.

Essential Ingredients

1. The accused must be a male.
2. He must watch or capture an image.
3. The woman whose images are captured must be engaged in some private act.
4. The circumstances must be such that she has the expectation of not being observed by the perpetrator
5. The accused disseminates that image.

Stalking [Section 354D]

Section 354D, IPC talks about the term 'stalking' which generally means the act of following or trying to contact despite disinterest of the woman. This section contains two offences. Firstly, where a man follows or contacts or attempts to contact a woman repeatedly despite her clear indication of disinterest and secondly, where a man monitors the use by a woman of the internet, email or any other form of electronic communication.

For the first conviction, the punishment prescribed is imprisonment for a term which may extend to three years with fine. The punishment for second conviction may extend up to five years of imprisonment with fine and is a non-bailable offence.

Essential Ingredients:

1. The accused must be a man and victim must be a woman.
2. The man must follow or contact a woman or attempt to contact; or
3. Monitor the use by the woman of the internet, email or any other electronic communication.
4. There is disinterest of the woman.

What does not Amount to Stalking?

Section 354D has a proviso attached to it which carves out an exception to this offence. If it has been done as a part of a responsibility entrusted to a person by the State to prevent and detect any crime, if it was pursued under any law or in the particular circumstances such conduct of the person was reasonable and justified, then, it will not amount to stalking.

Acid Attack [Section 326A & 326B]

The Criminal Law (Amendment) Act, 2013 incorporated Section 326A and 326B with an intention to make specific provisions for punishment in the case of acid attacks.

Section 326A focuses on voluntarily causing grievous hurt by using acid. Whosoever causes permanent or partial damage or burns, disfigures or disables any part of the body of a person or causes grievous hurt by throwing or administering acid with an intention to cause such injury or hurt will be punished with imprisonment of at least ten years which may extend to life imprisonment with fine.

Section 326B has more legislative focus on the act of throwing or attempting to throw acid with the intention of causing grievous hurt. The punishment under this section is imprisonment of not less than five years with fine which may extend up to seven years.

Essential Ingredients of Acid Attack

1. Permanent or partial damage / deformity / burn / disfigure / disable any part of the body of any person
2. Grievous hurt by throwing acid
3. By using any other means
4. There must be an intention to cause injury or hurt.

Sexual Harassment [Section 354A]

This new provision has its origin in a judgment of the Supreme Court dealing with the issue of Sexual harassment at workplace. Through the Criminal Law (Amendment) Act, 2013, Section 354A was inserted in the IPC which defines the offence of 'sexual harassment' and sets down the punishment for it.

According to Section 354A sub section 1, a person shall be guilty of the offence of sexual harassment against a woman in the following circumstances-

1. If he makes physical contact and unwelcome

advances and explicit sexual acts;
2. Demands or requests for sexual favours;
3. Shows pornography against the will of a woman;
4. Makes sexually coloured remarks.

The punishment for the offences specified under Section 354A (1) from (1) to (3) is Rigorous Imprisonment for a term which may extend to three years or with fine or both and in the case of sub clause (4), it is imprisonment for a term which may extend to one year or with fine or both.

In 2013, the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act was enacted to provide protection to women against sexual harassemnt at workplace and for the prevention and redressal of complaints regarding the matter of sexual harassment or any such incident thereto.

Offences Related to Marriage

Cruelty by Husband or His Relatives [Section 498A]

A separate chapter of IPC deals with the issues of cruelty by a husband or his relatives under Section 498A, IPC. The objective behind the introduction of this provision was to punish the husband and his relatives who torture, ill-treat and harass a woman with a view to force her or any other person related to het to meet any unlawful demands.

This section has given a new dimension to the concept of cruelty for the purpose of matrimonial relief. Not every type of cruelty will attract Section 498A.The punishment for this offence is imprisonment for a term which may extend to three years with fine.

Essential Ingredients

1. The victim must be a married woman/widow.
2. She must have been subjected to cruelty by her husband or his relatives.
3. Such cruelty should consist of either harassment of a woman with a view to coerce her to meet a demand of dowry or a wilful conduct by the husband or his relatives of such a nature as is likely to lead the lady to commit suicide or to cause grave injury to her life, limb or health. Such an injury is inflicted either physically or mentally.

Dowry Death [Section 304B]

Dowry deaths and bride burning are sinful acts which are still prevailing in Indian society. A special provision was inserted under IPC through Section 304B which deals with dowry deaths.

Section 304B (1) defines dowry death whereas clause (2) lays down its punishment which is not less than seven years and may extend to life imprisonment.

Essential Ingredients

1. The death of a woman must be caused by burns or bodily injury or otherwise than under normal circumstances.
2. Such death must occur within a period of seven years of marriage.
3. The woman must have been subjected to cruelty by her husband or any other relative of her husband.
4. Such cruelty must be in connection with demand of dowry.
5. Such cruelty must have been present soon before her death.

Protection of women from Domestic Violence Act 2005

It is a law enacted by the Parliament of India which came into force from 26th October 2006. It deals with the definition of domestic violence, the powers and duties of protection officers, service providers etc. and the procedure for obtaining orders and reliefs.

The Act provides for more effective protection of the rights of women guaranteed under the Constitution, who are victims of violence of any kind occurring within the family and formatters connected therewith or incidental thereto.

Essential ingredients

1. The woman is, or has been, in a domestic relationship with the respondent and alleges to have been subjected to any act of domestic violence by the respondent
2. Domestic relationship means a relationship between two persons who live or have, at any point of time, lived together in a shared household, when they are related by consanguinity, marriage, or through a relationship in the nature of marriage, adoption or are family members living together as a joint family.
3. Domestic violence is said to have occurred when it (a) harms or injures or endangers the health, safety, life, limb or well-being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse; or (b) harasses, harms, injures or endangers the

aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or (c) has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b); or (d) otherwise injures or causes harm, whether physical or mental, to the aggrieved person.

4. Also dwells on monetary relief to the aggrieved woman and custody orders for children.

Conclusion

Notwithstanding the number of laws to protect and safeguard the rights and interests of women, the rate of crime against women is mushrooming day by day. It is well said that it takes '*two to tango*' implying that only laws are not responsible to regulate and control crime against women in our society. Inculcation of social ethics, morals and values, respect and honour towards women is the need of the hour and can contribute a lot in reducing the number of crimes against women. However, there is an exigency of more strict and stringent laws so that any person intending to commit such crimes shouldn't be able to screw up the courage to act in furtherance of his intention. However, this has one major inherent loophole; law can be made harsh only up to a point. On the other hand, though educational strategies promise to provide a long term solution, they often require persistent effort and a diligent schedule on the part of the government, non-governmental organizations and other institutions involved in the field.

Health care and social workers are an easily reached help to a survivor and hence they could play an important role in providing them support to fight against any kind of violence.

Suggested Reading

1. Indian Penal Code 1860, section 375, 376,354, 509, 498A
2. Protection of Women from Domestic Violence Act 2005
3. Criminal Procedure Code 1973

Quiz

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1. **Globally, what is prevalence of physical and sexual intimate partner violence and/or sexual violence by a non-partner?**
   a. 1 in 6 women
   b. 1 in 4 women
   c. 1 in 3 women
   d. 1 in 10 women

2. **Childhood experiences of violence can be a risk factor to perpetrate and/or experience violence as an adult**
   a. True
   b. False

3. **These 7 strategies are effective for preventing violence against women:**
   o **R** –elationship skills strengthened
   o **E** –mpowerment of women
   o **S** –ervices ensured
   o **P** –overty reduced
   o **E** –nvironments made safe
   o **C** –hild and adolescent abuse prevented
   o **T** –ransformed attitudes, beliefs, and norms
   a. True
   b. False

4. **Health care providers have nothing to offer to women experiencing violence.**
   a. True
   b. False

5. **Violence against women is promoted by women not leaving violent relationships early enough**
   Select the most appropriate answer.
   a. True
   b. False

6. **Which of the following is true about violence against women?**
   Select the most appropriate answer.
   a. The main cause of violence against women is some men being unable to manage their anger or stress
   b. Misuse of alcohol and drugs is the leading cause of violence against women
   c. Financial stress is the leading cause of violence against women
   d. Violence against women is mostly caused by new migrants bringing violent practices here
   e. Violence against women in Aboriginal and Torres Strait Islander communities is caused by Aboriginal people not adopting western values
   f. All of the above
   g. None of the above

7. **Which of the following conditions are strongly linked to violence against women?**
   Select the most appropriate answer.
   a. Social acceptance of violence against women
   b. Limits to women's independence and male control of decision making in private and public life
   c. Stereotyped or rigid ideas about masculine and feminine roles and identity
   d. Male friendships and interactions that include aggression and disrespect towards women
   e. All of the above

8. **Which of these is NOT a form of gender-based violence?**
   a. Early marriage
   b. Female genital cutting
   c. Human trafficking
   d. Prenatal sex selection
   e. All are forms of gender-based violence

9. Nearly 50 percent of all sexual assaults worldwide are against

a. Boys 15 and younger
b. Girls 15 and younger
c. Girls and young women aged 15-24
d. Women aged 25-35
e. Elderly women aged 55 and older

10. At what age are women at the greatest risk of nonfatal intimate partner violence?

a. 15-19
b. 20-24
c. 25-29
d. 30+

11. Only one-quarter of all _____ are reported to the police.

a. Physical assaults
b. Rape
c. Stalkings
d. Cyber sexual harassment

12. What portion of female homicide victims is killed by an intimate partner?

a. One half
b. One third
c. One quarter

13. Preventing violence against women and girls means:

a. Stopping it before it happens
b. Stopping its reoccurrence
c. Providing protection through laws, policies, care and support services
d. All the steps above

14. What is the historical significance behind the International Day for the Elimination of Violence against Women, 25 November ?

a. It is on this day in 1960 that the Mirabal sisters, political activists in the Dominican Republic, were assassinated.
b. It is on this day in 1994 that many women were massacred during the Rwandan genocide.
c. There is no historical significance! The United Nations randomly picked a day that wasn't already taken by another International Day.

15. Worldwide, how many women today were married as children (below 18 years of age)?

a. 300 million
b. 500 million
c. 750 million

Quiz Answers

1-c	2-a	3-a	4-b	5-6	6-g	7-e	8-e
9-b	10-b	11-a	12-b	13-d	14-a	15-c	

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1. Erdemoglu & Mungan, 2004 2. Tripathi et al. 2016
#IGFBP-1: Insulin like growth factor binding protein-1
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