



SURVIVING SEXUAL VIOLENCE




Cehat

Center for Enquiry into
Health and Allied Themes
(CEHAT), Mumbai

Surviving Sexual Violence

Impact on Survivors and Families

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FOREWORD

Globally, the reporting and conviction rates for sexual violence against women are amongst the lowest of all offences. Unfortunately the same stands where India is concerned as well. The survivor is also ignorant about law; has fear of formal institutions and may be without financial resources. Justice to a survivor of sexual violence has to include equality in access to health care facilities; response of investigating agencies; legal assistance to the survivor; family and community support. Lack of these, and more, are some of the barriers which impede the survivors access to justice. These barriers result in the initial reluctance and delays in seeking health care as well as reporting the incident. 'Access to Courts' is thus not a synonymous with 'access to justice.'

The delays in investigation, charging, trials and sentencing are proverbial. Delhi had seen issuance of gender sensitive guidelines and protocols for preventing secondary traumatisation of victims of sexual violence in the courts. On 12th September 2012, the first Vulnerable Witness Deposition Complex was inaugurated in Delhi which ensured safe space to a survivor of sexual violence and recording of her deposition in a facility where there was no interface between her and the perpetrator.

The horrific incident of December 2012 in Delhi led to the Justice Verma Committee Report of 2013 which noted the prevalent hostility, insensitivity, and institutionalized bias against the survivor percolating across society, police, healthcare and the courts, and made incisive recommendations for overhauling these systems through legislative interventions recommending standard gender sensitivity procedures and protocols. The consequential Criminal Law Amendments in 2013 not only broadened the definition of rape, but broadened critical procedural changes and accountability mechanisms to make the system more responsive to survivors. To financially assist the victims, compensation schemes were identified. Gender sensitive guidelines and protocols for medico legal care for survivors also emerged. Delhi saw the setting up of

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six fast track courts to ensure speedy trials while these courts increasingly adopted measures to ensure the comfort of the survivors.

The legislative measures recognized the privacy and confidentiality concerns of the victims. As a result, not much information regarding cases of sexual violence is available in the public space. Empirical studies and analysis, to facilitate policy and legislation to lend efficiency to the treatment of survivors of sexual violence as well as their families, is scanty. The pre-existing literature in India on the subject covers primarily health research on the occurrence, forms of reported sexual violence and judicial precedents on the same. There is absence of scientific sociological studies of sexual violence. In order to fathom the entire impact of the violence, it is also necessary to look into the health (physical as well as mental of the survivor), impact on relationships and employment amongst other connected issues after reporting of the crime.

The CEHAT report *'Surviving Sexual Violence: Understanding Impact on Survivors and their Families'* is a valuable interactive analysis conducted with the survivors, keeping in view the multiple factors which effect recovery post sexual crime. The study reports primarily that the majority of the victims sought formal help from the police, hospitals or the courts.

The laudable objective of this report is to get an insight into the aftermath on the survivor as well as family, inquiring into the impact on the employment, family, relationships and health amongst other aspects of the life of the victim. The conclusions made in the report rest on the effort made to contact 181 survivors, out of whom only 66 agreed to speak with the interventionists. The methodology adopted shows the sensitive manner in which the interventionists approached the survivors as a matter of regular follow ups. The survivor had the choice to accept or decline the interview. The report collates the challenges faced by the interventionists while collecting the data of relocation, reluctance and ostracization of the survivor.

The Report highlights the negative response from the formal systems which far outweighed any positive response, completely discouraging the survivor and her family from seeking help at any level.

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The delayed and reluctant response from the police aggravated the distress and discomfort of the victim, leading to absence of follow up. The victims appear to have reported the failure of the judicial system to provide expeditious prosecution, exposed them to unstable public prosecutors and subjected them to trauma and harassment at the hands of the defence. The victims have spoken not only about the direct costs which were involved in reporting but also the impact on their employment. Navigating the various procedures, repeated visits to the police and courts took a toll not only the victims livelihoods but also put a huge strain on the family members and finances. The hostility in the questioning; the character assassination; discrediting the victim and her family as well as the insensitive role of judges in not preventing the intimidation, has been identified as variables/contributors to the traumatising in the court experience of the survivor. The legislative mandate that the trial be completed within two months has not been followed and most survivors have not availed the benefit of compensation schemes. Socially, the survivors have felt confined and isolated by family, community and at the work place.

As a measure to combat all these issues and more, the Report suggests urgency in the action against perpetrators; sensitization and cooperation from the police and the prosecutors towards the survivors; expedition in health care and assured medical treatment. It emphasises the need for responsive court procedures, amongst others. Such measures are essential to provide security and inclusion to the survivors as well as their families.

There is global consensus on the elimination of all practices and legal processes which involve victim blaming and the need for implementation of a comprehensive sensitive system which not only ensures the safety and protection of the survivors but where her dignity and integrity are not threatened or compromised. Let us all try to achieve such a just and humanitarian world order ensuring justice to survivors of sexual violence.

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1. Introduction

India witnessed a massive campaign in the wake of the rape and murder of a young health professional in December 2012. This compelled the Government of India to take cognizance of sexual violence. One of the immediate responses by the state was to set up the Justice Verma Committee (JVC), which produced a report within a month with clear recommendations about what needs to change within various institutions in order to respond sensitively to survivors of sexual violence and guarantee justice and care for them (Verma et al., 2013). This was followed by critical changes to the rape law in the country through the Criminal Law (Amendment) Act (CLA), 2013 which expanded the definition of rape to include all forms of sexual violence thus recognising non peno-vaginal sexual assaults (Bhate-Deosthali & Rege, 2015). The law retains the exception that excludes marital rape from the offence of rape. The concession made by CLA 2013 was to extend the purview of rape to any wife living separately, though entailing a lighter prison sentence. CLA 2013 expanded the categories of aggravated rape beyond the precincts of the police station, jail, hospital, remand home, women's institution, to include areas under the operation of armed forces, rape by a person in a position of trust or authority or control or dominance or during communal or sectarian violence.¹ CLA 2013 did not classify caste as a specific category, even though impunity for sexual assault of Dalit women is endemic (Dubey, 2014). Evidence suggests that transgender persons and men are often subjected to heinous sexual abuse and assault, particularly at police stations, jails, during caste atrocities, necessitating the introduction of specific crimes of sexual assault, for their protection. Women's groups have resolved that they would continue to engage with the State to bring in the changes that they felt were necessary (Butalia, 2015).

¹ Sec. 376(2)(g) IPC has for the first time been invoked in cases of gang-rape of Muslim women during the Muzaffarnagar communal attack of September 2013, when clashes between Muslims and Hindus left 62 dead and many injured and displaced. (Initially the 7 FIRs of gang rape were registered under S. 376 D IPC (Gang rape). It was only after the victims filed a Contempt Petition in the Supreme Court (Contempt Petition Civil No.479/2014) alleging malafide in investigation that this provision was added by the police. See also: Neha Dixit, "Shadow Lines", August 4th 2014 available at: <http://www.outlookindia.com/article/Shadow-Lines/291494>)

According to the National Crime Records Bureau (NCRB), an office located in the Ministry of Home Affairs, after the changes initiated in laws, there was a 56.3 percent increase in the number of criminal complaints reported to the police in 2016 (389474) over 2012 (24923). The law brought in crucial procedural changes and new remedies to make the system responsive to enable survivors to access legal redress. There have been recommendations for restorative justice to victims through state compensation schemes, medicolegal guidelines by the Ministry of Health and Family Welfare (MoHFW) and Standard Operation Procedures (SoP) for the police (PLD, 2017). The state of Delhi pioneered in setting up child friendly courts that issued guidelines for creating an enabling environment in the courts for child survivors. These were positive steps towards reducing the hostility of various institutions such as the police, hospitals and courts towards rape survivors and their families. The law also has provisions for punishing the police and doctors in case they fail to register an FIR or provide treatment respectively. No case has been registered so far for denial of treatment.

Centre for Enquiry into Health and Allied Themes (CEHAT) set up a model for health sector response to sexual violence in collaboration with the Municipal Corporation of Greater Mumbai (MCGM) in 2008. This has been operational in three public hospitals in Mumbai, which includes training of healthcare providers in the provision of gender sensitive response, crisis intervention services to survivors and facilitating ongoing monitoring of standard of care. This work started much before the One Stop Crisis Centre (OSCC)² scheme came into existence. The medicolegal protocols include information on circumstance of sexual assault, profile of survivor and accused, history of assault, consequences on physical and mental health and details of medical examination. The records during the period 2008-2012 were analyzed and the findings of these data (98 service records) were significant in bringing forth several critical aspects related to the dynamics of sexual violence, forms of sexual violence, health consequences and limitations of medical evidence (CEHAT, 2013). The findings showed that only 20% of the survivors had followed up with counsellors after their visit to the

² One stop crisis centre is a centrally sponsored scheme of Ministry of Women and Child Development (MWCD), for addressing the problem of violence against women. Please see <https://wcd.nic.in/sites/default/files/Final%20Approved%20Guideline%20OSC%20.pdf>

hospital for medicolegal examination, while the rest mentioned various reasons such as having an alternate support agency at the local level, not identifying any specific need and lack of resources. Some survivors had relocated and others did not want to continue with the case, while some clearly said that they did not want any contact as they were now married. As most of the families were from the lower socioeconomic strata, lack of resources appeared a major constraint in following up. However, as this was a criminal offence, they would have to follow up with the police and the judicial system. But there is no existing mechanism to follow up with those survivors who register complaints or reach out to them through these systems.

Rationale for the Study

The existing literature on sexual violence in India can be broadly categorised as studies on prevalence and forms, health consequences and those looking at the responses of the criminal justice system. The evidence on incidence of sexual violence, forms of sexual violence reported and health consequences in the Indian context is primarily from domestic violence studies, which have reported intimate partner sexual violence. These are mostly cross sectional studies at the household level or are facility based (Weiss et al.,2008; Khan et al.,2014; Reed et al.,2016). The analytical papers focusing on court judgments by feminist groups such as Lawyers Collective, Majlis, and National Law University of Delhi (NLUD) highlight the lacunae in the criminal justice system (Lawyers Collective, 2014; Majlis 2015; NLU, Delhi & CSJ. 2018).

There are no studies on the impact of sexual violence on survivors in India. To the best of our knowledge, we have not come across studies following the life experiences of survivors of rape. It is essential to document the life experiences of survivors post rape as this would help in understanding the impact of the incident on their health, relationships, work and the challenges faced by them after reporting rape to the police or hospital. This research is a first that brings to the fore the voices of survivors and their families that could transform the current response to sexual violence.

Experiences of Survivors of Rape - Documented Evidence

Rape survivors are willing to speak as they feel that it will help not only others but also in their healing process (Campbell & Adams, 2008). Research reveals that two-thirds of rape victims tell someone about their experiences at some point after the assault, and that they seek support more from informal social networks (family and friends) and less formal assistance (police, clergy and doctors). Ullman (1996), while assessing the impact of social reactions to sexual assault, reported that positive reactions from friends, such as emotional support, have been found to be more effective than other resources. Survivors anticipated that formal social system processes or their personnel could cause them further psychological harm as they may disbelieve them, blame them or interrogate them. Many did not have faith that the system could help them. They felt that perhaps they should deal with it themselves.

Campbell et al., (2009) argue for an ecological model for responding to sexual assault based on a rigorous review of evidence on the impact of sexual assault on mental health. They argue that the impact of sexual assault on women's psychological well-being is based on various factors such as disclosure and help seeking, sociocultural norms about rape and not just on the characteristics of the victim. Several factors at the family, community and policy levels have a cumulative effect on women, and there is no one way in which this affects them. Framing the impact of sexual assault solely within a Post-traumatic Stress Disorder (PTSD) framework was found to be limiting as there were many other consequences and factors beyond the individual and the assault characteristics. Hence, scholars researching violence against women have advocated for ecologically informed trauma models of rape recovery. Feminists too, have reframed pathology (such as post-traumatic stress symptoms) into strengths, survival, and resistance strategies of women (Koss and Harvey, 1991, Neville and Heppner, 1999).

Sexual assault does not occur in social and cultural isolation: we live in a culture that propagates messages that victims are to blame for the assault, that they

have caused it and, indeed, deserve it (Buchwald, Fletcher, & Roth, 1993; Burt, 1998; Lonsway & Fitzgerald, 1994). Some researchers have suggested that the scientific literature on psychological trauma underemphasizes environmental factors that contribute to individual differences in post-traumatic response and recovery.

Victims are faced with negotiating post assault help and, ultimately, their pathway to recovery within multiple hostile environments. If survivors turn to their family and friends for social support, how will they react, as they too have been inundated with these cultural messages? If victims turn to formal systems, such as the legal, medical, and mental health systems, they may face disbelief, blame, and refusal of help instead of assistance. The trauma of rape extends far beyond the actual assault, and society's response to this crime can also affect women's well-being, both physical and mental. These types of negative community responses to rape victims have been called secondary victimization, the second rape, or the second injury (Madigan & Gamble, 1991; Martin & Powell, 1994).

Experiencing intimate partner violence (IPV) is equally debilitating and there is evidence on how IPV affects employment and economic well-being negatively (Loya, 2015). There is evidence that sexual violence incurs costs and may affect survivors' work and wages (Peterson et al., 2017). It affects mental health thus affecting employment and earning. Survivors of rape have reported that they needed time off from work to recover mentally or curb their fear or manage logistics of talking to the police, moving residence and so on. For daily wage earners, not being able to go to work meant that they would not get paid for that day. Evidence suggests that such survivors are prone to becoming homeless.

Researchers have identified services and resources that facilitate improved mental health and recovery amongst sexual assault survivors, including rape crisis counselling, medical and legal advocacy, informal social support, and approach oriented coping (Campbell, Dworkin and Cabral, 2009; Frazier & Tashiro, 2004). Survivors have also said that timely access to counselling and supportive services can help prevent a downward economic spiral.

In India, two recent reports, one by the Partners in Law and Development (PLD, 2017) and the other by the Human Rights Watch (Bajoria, 2017), have investigated the responses of formal systems such as the police, medical and courts. The PLD team observed rape trials and the HRW interviewed survivors and key informants. They found that the guidelines issued were not being followed by any of the institutions and survivors continued to be turned away, blamed, denied treatment; they faced hostility at all levels and were stuck in long legal procedures.

2. Conceptual Framework and Research Design

Conceptual Framework

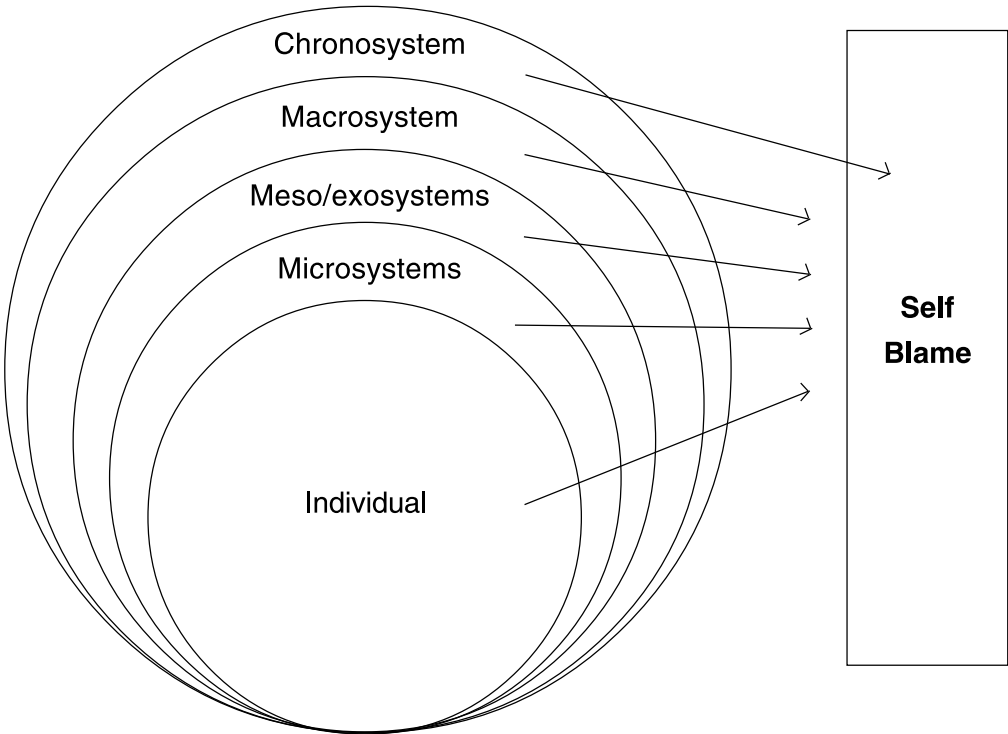
Studies on violence against women have two specific approaches to inform research, prevention and treatment - the first is from community psychology, and the second from development psychology. These are premised on the understanding that there is a constant interaction between individuals and their multiple environmental contexts, which influences them in myriad ways.

- At the individual level, there are the bio-psycho-social characteristics of the person; the microsystem focuses on direct interpersonal interactions between individuals and members of their immediate environment such as families, friends, and peers.
- The mesosystem reflects interconnections and linkages between individuals and between individuals and systems.
- The exosystem includes organizations and social systems (for example, legal, medical, and mental health).
- The macrosystem includes societal norms, expectations, and beliefs that form the broader social environment.
- The chronosystem encompasses the changes that occur over time between persons and their multiple environments.

The Centers for Disease Control and Prevention (CDC 2004) and the World Health Organization (Jewkes, Sen, & Garcia-Moreno, 2002) have adapted this approach to develop multilevel models for the prevention of gender-based violence. Neville and Heppner (1999) extended this to explain how sexual assault affects women's well-being and recovery processes: the basic premise being that the mental health of survivors is shaped by many factors besides the assault. With each disclosure and interaction with the social world, survivors get explicit and implicit messages about how they should make sense of the crime and how to apportion blame. All of these have a cumulative effect on the survivor where

social rape myths contribute to internalized self-blame. Several studies have established that survivors encounter victim blaming in their interactions with both formal and informal systems (Filipas and Ullman, 2006). In addition, survivors from minority groups are more likely to be subjected to victim blaming (Campbell et al., 2001). This is reflected in Figure 1.

Figure 1: Ecological Model for Conceptualising Impact of Sexual Violence



Research Design

Using a qualitative research design, the study applied the ecological framework to conduct interviews with survivors and/or their family members to understand the experience of disclosing incident/s of sexual violence and their experience thereafter. The various factors that were explored are presented in Table 1. This ecological model is further informed by the feminist perspectives on sexual violence that defines rape as a form of violence inflicted to exert power and

control over women in a patriarchal society. This is important as it makes a shift from blaming the victim and taking away from her specific characteristics. Evidence shows that rape-prone societies were associated with interpersonal violence, male social dominance and subordination of women. Rape is intentional and the intention is to cause harm, humiliate, take revenge or attempt to perform an imposition of masculinity such as sexual gratification, recreation. These are fuelled by rigid gender norms around sexuality. There needs to be emphasis on intersectionality of oppression as women face multiple levels of discrimination based on gender, class, sexual orientation, disability, community and caste. Rape imposes great harm on the survivor and her family.

Table 1: Ecological Framework - Domains Explored

Ecological Level	Factors
Individual Factors - bio-psycho-social characteristics of the person	Socio-demographic variables: age, community, income, education, employment Nature of assault: type of assault, relationship to perpetrator, threats from perpetrator Health consequences- physical and mental
Microsystem : Direct interpersonal interactions between individuals and members of their immediate environment such as families, friends, and peers	Response of immediate and extended family Response of community
Meso/exosystem: interconnections/ linkages between individuals, between individuals and systems, organizations and social systems (e.g., legal, medical, and mental health)	Police, Medical, Legal, Courts public prosecutor, court experience

Ecological Level	Factors
Macro system: societal norms, expectations, and beliefs that form the broader social environment	Existing rape myths, messages about rape
Chrono system: changes that occur over time between persons and their multiple environments	Cumulative trauma over a lifetime - witness to violence, caste, religion, community based discrimination/ violence

Sources of Data

The primary sources of data for the study are in-depth interviews with adult survivors and parents of child and adolescent survivors. Between April 2008 and March 2015, there were 728 survivors who came to three hospitals for their medicolegal examination. It was decided that all these survivors would be approached by the counsellor/interventionist on the given safe number and/or address. They were informed that the hospital was following up with each survivor who had sought its services. After discussing their current status, which included their health and safety, the status of their case amongst other things, the interventionist informed them about the purpose of the study and sought their oral consent for participation. They were informed that their participation in the study was completely voluntary and their refusal would have no effect on the services being provided to them. If they agreed to participate, they were asked for their choice of place for conducting the interview which was *Dilaasa*³ Department at the hospital closest to their residence or the CEHAT office. The interview was held accordingly. Before the interview, the researcher read the service records to understand the entire history and background. This ensured that the respondent did not have to repeat any information that was already available. In the case of survivors younger than eighteen, the parent was interviewed.

³ Dilaasa is a hospital based crisis centre, a joint initiative of the MCGM and CEHAT, established to sensitise Health care providers and train them to understand domestic violence as a health issue.

Objectives of the Study

1. To understand the experiences of the survivor/family and document their interface with informal systems such as family (immediate and extended), community and formal systems such as the police, courts, lawyers and hospital.
2. To enquire into the impact of rape on their physical and mental health, work, relationships, education and housing/shelter. (Impact was defined as consequences on physical, mental health, employment, education, income and interface with the community).

Data Collection

The data collection for the study was initiated at the end of December 2016 and the last interview was conducted in February 2018. The interventionists approached the survivors by either calling them on their safe telephone numbers and/or by sending letters to the address intimated by them. Of all the survivors, 87% (634) could be contacted either by phone or by letter or both. Telephone numbers were available for 63% of the survivors, that is, 457 of the 728 survivors. Of these, in 170 cases, the numbers were not available or out of service or did not exist or were not in use. Potential survivors who could be contacted over the phone numbered 287 (63%). The addresses of 578 survivors (79%) were available.

Each participant was called on the mobile at least thrice and at different times, so that in case the phone was switched off due to work or any other reason, the person could be contacted. Letters were sent to 468 survivors and of these 1% (7) contacted the team, 24% letters were returned due to incorrect address and there was no response from 74% of those contacted. The letter sent to the survivors mentioned that this was to follow up on the health of the survivor as she had come to the hospital for treatment. The contact numbers of Dilaasa and the intervention number that all hospitals have been provided with, available 24x7, were also mentioned.

The team was able to establish contact with only 25% (181) of the survivors. Of those that could be contacted, 36% (66) participated in the study, 23% refused to participate, 7% agreed but did not turn up for the interview, 28% were reluctant to speak and expressed concern as the case was ongoing, 2% expressed the need for intervention, 4% had relocated and so could not come for the interview.

Of the 66 research participants, 5 required intervention based on the initial contact made by the interventionist and so it was provided before the interview. Nearly 25 of the research participants did not express any need for intervention at the time of contact, but participation in the interview process helped them to identify intervention needs. All of them were provided with various support services after the interview. In the case of adult survivors, they were interviewed alone. In two cases of elopement⁴ (both adults), family members were present on the insistence of the survivor. In one case, the 'boy' who was now her husband and in the other, the mother sat through the interview. In the case of an adult survivor with a mental disability, her sister was called for the interview, but the survivor came in and both wanted to be part of the process. In the case of minors, the parents were interviewed. In one case, the father was accompanied by the local corporator. In another case, the mother came with the uncle of the survivor and wanted him to be present during the interview.

The interviews were conducted at the place of the survivor's choice. Most of them were conducted at the CEHAT office or in one of the Dilaasa centres. Two were held in the offices of the respondent, one at home and one outside a church. The interviews were conducted by a team comprising a researcher and an interventionist to enable immediate psychological support during or after the interview.

⁴ Elopement refers to couples who run away from home to get married due to opposition from family members.

Ethical Considerations

The team recognizes the specific vulnerabilities of survivors of violence and therefore, the first call made to each of them was by an interventionist (trained counsellor) to enquire about the well-being of the survivor, her family, education, health, interface with hospital, police and court and offering any type of intervention required. If an intervention was required that was offered first. Only after this, was the study introduced and consent sought for participation. It is important to state here that the consent was sought over multiple calls across a few weeks, which allowed the family to make the decision about participation. The fact that 23% refused to participate and 28% expressed that they were reluctant to participate in the study indicates that this process was followed strictly and those who consented to participate did so freely without any inhibitions.

The consent form was read out slowly and clearly at the time of the interview in the language that the survivors were comfortable in. The consent forms were available in English, Hindi and Marathi. All aspects of the study were explained. They were informed that they would be asked to narrate their experiences related to different systems - health, police, legal, and community. The anonymity was explained by telling them that the data presented would have no identifiable information. It was reiterated in all the cases that their agreement or denial for the interview would not affect the services provided by us. In the case of minors, the parents were interviewed, so the consent was obtained from the parents.

Challenges in Data Collection

Fear of further abuse, post-traumatic stress, inhibitions, reluctance and change of mind, advice of wary relatives and lawyers, and in one case, the venue of the interview itself posed challenges. Here are a few instances:

- 1 An adult woman - During the interview, the woman broke down and the interventionist took over, and the interview was stopped. She was interviewed

after a few months. She required immediate police intervention as the abuser was threatening and abusing her.

2. The father had agreed to come for the interview, but after the consent letter was read out, he said that he did not want to participate and his decision was respected.
3. Six research participants refused to have their interviews recorded and their decision was respected. In one of these cases, the father refused to sign the consent letter, saying that their lawyer had told them not to sign any paper. Therefore, in this case, only oral consent was sought.
4. One interview was conducted outside a church, so recording was not possible
5. Two respondents who had agreed for audio recording, spoke more after the recording, but consented to the inclusion of what they had said in the study.

Reimbursement and Compensation

It was decided that a token amount of INR 400 would be given to each research participant to compensate the travel expenses and loss of wages. All the interviews were carried out in one visit so there was a one-time compensation given to all the respondents with the exception of one. In the case where the survivor broke down and the interview had to be stopped, compensation was still given to the respondent. The reimbursement for travel cost was important as they all had to make a special effort to come for the interview, miss their daily wages, take leave, and so on.

At the end of the interview, when the token amount was given, all the respondents refused to accept the money. They expressed their gratitude for the work being done by the team and said that they felt good after talking to them. Hence, they did not want to take any money. It had to be explained to them that an ethics committee that reviews the work of the team had decided on the compensation and they were persuaded to accept the amount.

3. Research Participants - A Profile

This chapter provides a brief description of the 66 survivors whose experiences were documented through interviews.

Age of the Survivors at the Time of the Incident

Of the 66 respondents who were interviewed, the number of children (0-12 years), adolescents (13 to 17 years) and adults were almost equal. The age of the survivor ranged from a minimum 6 months to 48 years, with the mean age at 16.3 years. Amongst children, there were equal numbers who were less than 6 years and between 6 and 12 years. In the adolescent age group, about 67% were in the age group of 16-17 years.

Table 3.1 Profile of Survivors

	Number (66)	Percent
Age		
0-12	24	36.
13-17	21	32
18 +	21	32
Sex		
Male	2	3
Female	64	97
Marital Status		
Married	7	11
Never married	8	12
Divorced/Separate	6	9
NA (Less than 18 years)	45	68

	Number (66)	Percent
Education		
School or College	51	77
Infants	2	3
Out of School due to Disability	1	2
No information	12	18
Employment		
Working	13	20
Housewife	3	5
Student	3	5
Person with Disability	1	2
No information	1	2
NA (less than 18 years)	45	68
Type of House		
Slum	26	39.4
Chawl	25	37.9
Building	14	21.2
Bungalow	1	1.5
Total	66	100.0

Sex

In terms of sex, the participants were largely female. There were two males - one a child and another, an adolescent. The adolescent boy was brought to hospital by the police with a history of chronic penetrative assault, and the child was brought by the parents directly to the hospital for treatment of anal injury.

Marital Status

As per the age profile, 68 per cent were less than 18 years. Of the 21 adult survivors, seven were married, six were divorced or widowed, and eight were never married.

Education of Survivor

Of the 45 children, 42 were going to school, 2 were infants and 1 was out of school due to disability. Nine survivors were in college.

At the time of interview, it was found that of those who were going to school at the time of the incident, seven left schooling due to the incident, of the nine who were in the college two discontinued going to college due to the incident. One young survivor had committed suicide after the incident. She was in high school when the incident took place near her residence.

Nearly 20% of the survivors were working at the time of the incident, 5 % were housewives, 5% were pursuing higher education, one was at home due to disability and 68% were children. At the time of interview, nine out of thirteen survivors continued working, four survivors quit working after the incident, three survivors were home makers at the time of the incident and chose to remain the same.

Type of House

The type of house in which the survivors lived provides some insight into their socioeconomic background as well as the kind of space that they inhabit in Mumbai. This is important in terms of determining their mobility, interaction with neighbours and community. Of the 66 research participants, 39% were living in a slum at the time of the incident, 38% lived in chawls, 21% lived in a flat in a building, and one was living in a bungalow. As these are survivors who came to public hospitals, most of them were living in slums and chawls and belonged to the socioeconomic class that accessed government health care. Besides, these slums and chawls are densely populated, allow little privacy and have strong communal ties. The incidents took place within the home of either the survivor or the abuser. It is important to note that those accessing health care from municipal hospitals are largely from the lower socioeconomic class.

Type of Sexual Violence

Of the 66 respondents, 55 reported sexual violence, seven had filed case of rape under "false promise to marriage" as they had been in a consensual relationship with the man, four were cases of elopement/runaways.

Of the 55 who reported sexual violence, 69% (38) reported penetrative assault and 31% reported non penetrative assault. Peno-vaginal penetration was most common, followed by penetration by finger, oral penetration and lastly anal penetration (by penis or finger).

Table 3.2 Type of complaint

	Frequency	Percent
Sexual Violence	55	83.3
False promise of Marriage	7	10.6
Elopement	4	6.1
Total	66	100.0

All four cases of elopement were in the adolescent age group. They had run away from home with the boyfriend to another city where they had multiple episodes of consensual sexual intercourse. In all four cases, the parents had filed a missing complaint and when they came back to Mumbai, the police arrested the boyfriend either under charges of kidnapping and rape or under POCSO depending on his age. POCSO criminalises consensual sexual activity for those under 18 years.

Around 11% (7/66) of the survivors had filed a complaint of "false promise of marriage" (from the abuser). These were survivors who stated that they had been in a consensual sexual relationship with the man under the impression that he would marry her. But as the promise of marriage was not kept, the survivor filed a complaint with the police and was brought to the hospital for a medico-legal examination. Amongst these, six were reported to the police and were

brought by the police to the hospital for medical examination, and one reported directly to the hospital to seek an abortion that was a consequence of abuse.

A large number of adults reported penetrative assaults and a large number of children reported non-penetrative assaults. Non-penetrative assaults reported were touching genitals, chest, breast, pressing of breasts and so on. Around 32.7 % (18/55) reported that they had faced either sexual violence or physical violence or both in the past by the same person. Amongst these eighteen, thirteen survivors reported facing sexual violence, four survivors reported facing physical violence in the form of beating and so on, and one survivor reported that she had faced both sexual and physical violence in the past.

Of those who came with the complaint of penetrative sexual assault, 35 reported peno-vaginal penetration, 18 fingering in vagina, 9 peno-anal penetration, 4 fingering in anus, 13 peno-oral penetration and 3 reported fingering in mouth. It was observed that adults reported peno-vaginal penetration while children reported penetration of finger in vagina, anus or mouth.

Profile of the Abuser

In 95.5% (63/66) of the cases, the perpetrator was known to the survivor and only in three cases, the perpetrator was unknown/a stranger. Amongst the known, perpetrators ranged from the child's own father, other family members, neighbour, boyfriend, friend and acquaintance.

In one case, the perpetrator was unknown, as the survivor was mute since birth and forcibly abducted by a stranger when she had gone to the market and she was unable to provide any details about the perpetrator.

Table 3.3 Profile of the Abuser

Relationship with the Abuser	Frequency	Percent
Unknown	3	4.5
Neighbour	22	33.3
Family	7	10.6
Friend	1	1.5
Acquaintance	15	22.7
Husband/Boyfriend	13	19.6
Employer	1	1.5
Total	62	100.0
Age of abuser		
Adolescent	9	14.5
Adult	53	85.4
Total	62	100.0
Age difference between Abuser and Survivor		
Same age	3	4.8
Abuser younger than Survivor	1	1.6
1-4 years	14	22.6
5-10 years	14	22.6
10-15 years	13	21.0
More than 15 years	17	27.4
Total	62	100.0
Employment of Abuser		
Employed	37	59.7
Unemployed	15	24.2
Don't know	10	16.1
Total	62	100.0
Status of Abuser		
Same status as survivor	24	38.7
Financially influential	13	21.0
Politically influential	14	22.6
Non-influential	8	12.9
Don't know (Abuser is unknown)	3	4.8
Total	62	100.0

* Four cases of elopement

Most of the abusers were adults (86%) and 9 were adolescents. About 56% of them were employed at the time of incident, 36% of the abusers belonged to the same socioeconomic status as the survivor, 41% were influential in the community either financially or politically. In 46% of the cases, it was found that the abuser was 10+ years older than the survivor, in 27% of the cases the age difference was 1-4 years, in three cases the abuser and the survivor were of the same age. In one case where the abuser was 15 years younger than the survivor, it was a false promise of marriage where they were in a live-in relationship and then the abuser denied marriage.

Circumstances surrounding the Incident

The circumstances surrounding the incident of sexual violence as described by the respondents reveal how such incidents occur. They are not sudden or random events but planned acts by the perpetrators. The perpetrators were privy to the daily routine of the family members and thus planned the act during the time that the child was alone. One of the most commonly reported occurrences was the perpetrator making use of an opportunity such as the child being alone with him, knowing that the family was away at work or to fetch water or to run an errand. Other incidents reported were when the perpetrator had drugged the survivor, taken her away on the pretext of an outing or eating her favourite food, called her home to spend time or faked an illness to call her home. All these were incidents where the perpetrator had planned the act. Few survivors also reported the use of physical violence such as beating, banging the head, pulling the hair thus rendering her helpless. Many survivors reported several acts of harassment and intimidation, which they had suffered before the actual incident of sexual violence, thus indicating that sexual violence does not occur as an isolated or random event but often occurs as a continuum of violence. Survivors abused by intimate partners were abused several times and reported physical and emotional abuse too. Promise of marriage was a planned act to have sexual contact with the survivors who consented under the impression that the man would marry them eventually, but marriage was denied by the perpetrator. There

were also reports of continued sexual violence through threats to make nude photographs or video of forced sexual act public.

Pathway to Hospital

The pathway to the hospital is important to understand disclosure of sexual violence. Nearly 82% of the survivors were brought by the police to the hospital, whereas only 18 % came directly to the hospital. An almost equal number of children, adolescent and adult survivors were brought to the hospital by the police (35.2%, 33.3% and 31.5% respectively)

All the survivors who reported directly to the hospital suffered health consequences which required treatment, and thus health complaints led to the disclosure of abuse. Most of them were children and adolescents, where the family concerned about the health of the child, took the child to hospital for treatment. Those survivors who had been brought to the hospital by the police for medical examination either disclosed the abuse to the caregiver or caregiver/s asked about it, or the abuser was caught by the caregiver/s during the act, refusal of marriage by the abuser or fear of future abuse by the perpetrator. It is important to note that several of those who went to the police also suffered health consequences.

All the four cases of elopement were brought to the hospital by the police.

Table 3.3 Pathway to Hospital

	Frequency	Percent
Survivor-hospital	12	18
Survivor-police	54	82
Total	66	100.0

Health Consequences

Nearly 54.5%(36 of 66) of the survivors reported some form of physical health consequences to the doctor, ranging from injury (physical including genital), pain in genitals, pain in rectum/pain while defecation, unwanted pregnancy, pain in other body parts, burning micturation. Injuries were mostly seen in children, followed by adolescents and adult survivors (47.8%, 26.1% and 26.1% respectively). About ten survivors reported unwanted pregnancy as an outcome of rape.

Table 3.4 a. Physical Health Consequences

	Frequency	Percent
Yes	36	54.5
No	30	45.5
Total	66	100.0

Table 3.4 b Nature of Health Consequences

Nature of health consequences*	N	Percent (n=36)
Genital Injury	16	44.4
Pain in genital area	16	44.4
Physical Injury	13	36.1
Pregnancy resulting out of assault	10	27.7
Pain in other body parts	6	16.6
Pain in Rectum/Pain during Defecation	4	11.1
Infection	2	5.5
Burning micturition	2	5.5

**Multiple responses*

Psychological health consequences such as fear, crying, feeling sad, feeling guilty, suicidal ideation were seen while speaking to survivors.

They described various health consequences:

" She (survivor) was not able to urinate. She told me that she felt like urinating but she was not able to sit and she could not pass urine for a whole day." - Mother of child survivor.

"But then I took her on my lap because she was so small, then I asked her to show where it is painful, I removed her slacks then I saw that there was blood on the inner side of her both the laps, I was shocked when I saw that, I asked her what happened." - Mother of a child survivor.

"While doing the check-up the doctor said she was raped and all her skin over there got infected because she had not taken abath for around one and a half months. So there was itching all over her body. The skin was peeling (chamdi chamdi nikal rahi thi)." - Mother of an adolescent survivor.

"I went and told them that your son has done this, but they denied, so when I came back I was in depression and I attempted suicide, I drank phenyl." - Adolescent survivor.

"When I was pregnant with his child (abuser), my husband had brought a pill for abortion. With that pill half of it got aborted but half remained. But that bleeding did not stop. It was bleeding so much". - Adult survivor.

Admission in Hospital

Most of the survivors were examined and provided treatment on an out-patient (OPD) basis and did not require admission. Nineteen of the sixty-six survivors were admitted in the hospital on medical grounds such as treatment for physical and genital injuries, unwanted pregnancy, unconscious, attempted suicide, infections and pains.

Table 3.5: Status of Admission to Hospital

	Frequency	Percent
Admitted	19	28.8
Not admitted	47	71.2
Total	66	100.0

Status of Registering a Complaint

An FIR was filed in almost all cases (94%). Where the survivor's age was concerned, the number of FIRs was filed almost equal (34% children, 32% adolescents and 34% adult women); 6% (4 /66) of the respondents chose not to register a police complaint. In all the cases where the survivor had eloped, the FIR was filed under rape charges along with kidnapping.

Amongst the four respondents who chose not to file a police complaint, the abuser was unknown and could not be traced in two cases. In one case, the police went with the father to search for the perpetrator at the place of the incident and looked around the area for him but could not find him. In this case, on the advice of the police, the father decided not to file the complaint. In the other case, the survivor had a mental disability and was unable to articulate any details regarding the perpetrator. As a result, her mother decided not to file the complaint. In cases where the perpetrator was known, the decision not to file a case was complex. Where the perpetrator was the paternal uncle, the father of the child decided not to file the case as the responsibility of the brother's family would fall on him. The father did not pursue any legal action against the abuser but he broke all relationship with the abuser and the matter was discussed within the extended family. In the fourth case, the mother did not want to file a complaint as she did not want to pursue any legal case as the health of her daughter was her priority and because of the financial conditions and her own health complaints. She relocated from the area of the incident and sought counselling for her daughter for a year.

Table 3.6 Status of Police Complaints

Police complaints filed	Frequency	Percent
Yes	62	93.9
No	4	6.1
Total	66	100.0

Outcome of the Case

At the time of interview, most of the respondents (56%) were still pursuing the case in court, there was a final court order for 24%, 6% of the cases were closed and one was kept on hold. Of the 24% of the cases where there was a final order, there was acquittal of the abuser in half of the cases and the abuser was convicted in the rest. In the eight cases where the abuser was convicted, four of the survivors were children and four adolescents. Six cases reported penetrative assault and two non-penetrative assault. In all the convicted cases, the abuser was known to the survivor - three were neighbours, two were family members and three were acquaintances. In the four cases of elopement, there was acquittal in three cases and one was ongoing.

The cases, which are still ongoing, were filed between 2009 and 2016 and about 45% of the cases were filed in 2014; one case was kept on hold as the accused was untraceable. The court had directed that the case be filed under Classification A (Classification A comprises cases where the accused is not traceable and the cases are kept on hold). Four cases were closed as the survivor or her family told the court that she/they did not want to pursue it further. Of these four, two were adolescents, one was a child and one an adult. Of the two adolescents, one got married to the abuser and closed the case. In the other, because the abuser was a family member (sister's husband), the survivor chose to close the case after he had spent several months in jail. In the case of a child, the parents and other members of the family did not want the survivor to continue suffering when asked to recollect and repeat the incident throughout the legal procedure, so they opted to close the case. In the case of an adult survivor, she opted to

close the case because of considerable physical abuse, threats from the abuser; besides, her case was not proceeding in the court.

Table 3.7 Status of Court Outcome

	Frequency	Percent
Conviction	8	12
Acquittal	8	12
Ongoing	37	56
On hold	1	2
Case closed	4	6
Total	58	100

**elopement -4*

**did not file a complaint-4*

4. Interface with the Community and Family

Support from society plays an important role in providing resources and pathways, which can be helpful in healing. If the survivor has a negative experience on disclosure of abuse, secondary victimization occurs (Campbell et al., 2001). It is well established in literature that negative support has a more deleterious impact on survivors as compared to no support (Ullman, 1996).

There are two types of support systems in society: informal and formal. In this section, we describe the interface of 66 survivors with informal support systems, which include family, and community (neighbours, friends and politicians) where survivors live.

4.1 Interface with Family

The healing process of a survivor of sexual violence is influenced by the nature of support from family members. They are often the ones to whom survivors make the first disclosure and reach out to for their immediate needs. Considering this, a non-judgmental and validating reaction from the family is essential for the survivor to move forward. However, it is important to recognize that the incident of sexual abuse affects not only survivors but also the family members. They experience feelings of shock, anger, devastation, guilt and helplessness. This is why the immediate family members of the survivors are commonly known as "secondary survivors" and can either better or worsen the experience of the survivor in different contexts. (Davis et al., 1995).

Post assault, survivors experience feelings of anxiety, fear and uncertainty about the reaction of their close ones upon disclosure. This makes it difficult for survivors to talk about it and it is not uncommon that they may not share the abuse with anyone immediately. It is important for the caregivers not to doubt the survivor and recognize what the survivor has faced or is facing. Regaining a sense of power and control by survivors over their body and lives is key to their

recovery. To enable this, it is important that the family supports the survivor in dealing with fear, pain and suffering by identifying her strengths.

If the abuser is from the family, then the response of the family is crucial to mitigate the feeling of breach of trust in the survivor. It is important to note that there are a number of common myths and misconceptions in society about rape, which influence the understanding of care givers. This often results in insensitive responses of the family towards the survivor thus impairing the recovery process.

Very often parents become overprotective of the child post assault and put restrictions on her mobility, such as not allowing the child to go out of the house to play, accompanying the child to school/college, enrolling the child in a nearby school/college, forcing her to leave college and so on. Parents do this with the intention of reducing risk for their children but it can be detrimental for survivors as it restricts their movements. These restrictions further inculcate the feelings of vulnerability and powerlessness among the survivors. It may also reinforce the feeling of self-blame as she is told what to do and what not to do, which unwittingly conveys a message that the onus of preventing violence against her is on her. Rather, family members are required to create an environment at home which enables the survivor to get into the daily routine, involve herself in various activities, step out of the house and overcome the feeling of vulnerability.

In the case of child sexual abuse, parents need to be made aware of signs of such abuse so that they are able to identify the changes in behaviour, if any, after the abuse. Child survivors are more likely to express their feelings behaviourally than verbally. Common consequences of abuse on children include bed wetting, loss of appetite, nightmares, withdrawal, fear of going to school, over sexualized behaviour and so on. Being aware of these can help parents to recognize these changes and seek psychological support for the child.

The present study has captured the way family members responded to survivors at different points of time after the assault. Out of 66 cases, there were five

cases where the family was non- supportive, while in another five cases there was mixed response from the family. Mixed response means that certain actions of family members were supportive, while others were not. In majority of the cases (55), the survivor received support from one or more family member(s). All children received support from the family. The five cases where the family was non-supportive were of adults. In the case of adolescents, the response was mixed. The attitude of the family corroborated the myth of the 'innocent victim' of rape in this case, child versus adult survivors.

4.1.1 Supportive Experiences

There were various aspects in which the family rendered a supportive response to the survivor. Examples of such experiences are mentioned below with excerpts from some interviews.

Recognizing Distress and Asking about Abuse

In these cases of child sexual abuse, the caregivers suspected abuse based on some behavioural changes and asked the children about it. The parents spoke about some change in overall behaviour. Sometimes changed behaviour was seen in the presence of some adults or in some location/situation. They created an enabling environment by asking the child themselves as well as involving other family members close to the child.

- *"My mother- in-law has a very good relationship with my daughter. She helped her to disclose. My daughter revealed everything and then we realized that such an incident has happened, and it was time to go to the police."* (Father of a thirteen-year-old survivor).
- *"Whenever we would take the child there (abuser's house) she would start feeling nauseous and start vomiting. The moment we took a left turn to go there, she would start vomiting. Then whenever she came back from the abuser's house, she would complain of pain in her pelvis. We asked her many times and one day she revealed the abuse..."* (Father of an eight-year-old).

Being non-judgemental

A young woman articulated this well. She had broken up with her boyfriend as he was abusive. He later apologized and asked her to meet him just once. She was in a dilemma whether to inform her family or not as she felt that they may discourage her from meeting him. As he was persistent, she decided to meet him. When she went to meet him, he gagged her and raped her. But her family was supportive and did not judge her for meeting him.

A 23-year-old survivor said, "I was tense, I had not told anyone anything about what happened to me, for two days. I was silent. My dad and sister suspected that something must have happened. Then I told them everything and we decided to make a police complaint."

"My parents supported me a lot...anybody's parents would have beaten a girl if such a thing had happened, but my parents never did this to me."

She also went on to describe how her parents kept her sister in check if she ever passed a negative remark, "When my sister said something, my mother used to scold her and ask her to be quiet."

Taking a stand against a close relative

In the case of a survivor where the abuser was her sister's husband, the sister of the survivor encouraged her to make a complaint against her own husband. A 17-year old survivor informed, *"My sister said if we lodge a complaint then it is for our own good, it should not happen again so we should lodge a complaint."* There was another case where the abuser was the mother's cousin and the mother supported the survivor and took the stand of informing the police even when other family members were not supportive.

Mother said, *"My husband was saying that we should think it through, discuss with your natal family also. But I said even if I lose my natal family or whatever*

happens I don't care, a wrong thing has happened with my daughter and I will seek justice. How will I make her understand, when she will grow up she will say that because he was your cousin you let him go/ suppressed the matter, did not take any action." (Mother of a seven-year-old survivor).

In a unique case, a young girl who was abused by her father was supported by her mother as well as her paternal grandmother. The grandmother not only called out for help when she witnessed the incident but also supported her daughter-in-law (survivor's mother) in filing a police complaint and appearing in court as witness.

Providing Financial Support

The reporting of sexual violence incurs costs. Respondents spoke about the role played by extended family members in extending financial support. The families of survivors incurred expenses towards medical treatment in private facilities, multiple visits to the police and court and a few had to make several trips for "searching for the survivor".

There was the case of a sixteen-year-old survivor who went missing. The grandparents maintained that they had spent around INR 100000 just on searching for the survivor. In another case where the abuser was the father, the survivor's mother was able to take the decision of making the complaint only because her mother-in-law assured financial support through her pension. Others shared experiences of borrowing money and using their savings.

Refusing to Withdraw the Case Despite Pressure

Family members faced enormous pressure from the abuser (s) not to pursue the case in court. Abusers resorted to various means like threatening and offering money to the family of the survivor to withdraw the complaint. Despite this, the family supported the survivor and was firm on continuing their fight for justice.

A sixteen-year-old survivor informed that the *abuser sent a message to her brother to come and talk to them, He said, "Bring the girl". My brother replied, "The girl will not come, she will come directly to the court for the date (that is date of hearing) and we don't want any settlement."*

In the case of a seventeen-year-old girl, after several attempts at pressurizing the family to withdraw the case, the abuser gathered the entire community to pressurize the survivor and her family to accept the money that he was offering to 'settle the matter' and withdraw the case. The mob reached their house and abused them physically. They even threatened to "cut the whole family into pieces and throw the pieces on the road". Despite all the threats, the family stood their ground firmly and did not withdraw the complaint.

4.1.2 Non-supportive Response

Restrictions on the Survivor

Some parents put restrictions on the survivors, which included changing school/ college, sending the survivor back to the village, discontinuation of education and not allowing the survivor to step out of the house alone. They were over protective and monitored all the movements of the survivor.

"...Not letting her go out much. Earlier I used to send her downstairs to bring something from the shop; I don't send her anymore now. She doesn't talk much with the other people in the society".

In the case of adolescents, these measures were more prominent

"I insist that she wears a burkha while going out. She didn't wear it before the incident. I ensured that I removed her from that school, and secured her admission in a nearby school - Scholar's Academy and it is an Islamic school where the code of conduct, dress and everything is Islamic and I am ensuring everything so that my daughter is safe."

Over-emphasis on Punishment to Prove Innocence

Reinforcing Feelings of Self-blame

A father during the interview stated that he filed case so that society doesn't blame his daughter.

"We had no other choice but to file this case. Society would have blamed my daughter for all this...I don't know whether I am right or wrong, but my vision is like that, if he gets punished then her non-consent will be proved, otherwise it will be considered consensual."

Not accepting 'Pregnant' Survivor

There was a case of "false promise of marriage" where the parents of the survivor refused to keep her at home when she got pregnant.

"I was kept in the ashram (after filing the case) and he (the perpetrator) was harassing me to take back the case. My family members were not accepting me because I got pregnant and my father told the police that he cannot keep me at home."

Blaming the Survivor

The initial reactions of parents towards adolescents and young adults were to question them for having gone out with the perpetrator, or going without informing them and so on. Blaming the survivor for abuse was common among cases of adolescents. One such survivor said,

"My mom and my dad were very rude to me. They were not talking to me at all. They were torturing me by making me remember everything about the baby that I had delivered (later given for adoption)."

Pressure from Relatives not to Report the Matter

In some cases, the extended family members opposed the idea of filing a police complaint. In one case where the incident of abduction took place when the girl was in a relative's house, the relative insisted that the mother not report the matter to the police. The relatives were scared that the police would come to inquire and create problems for them. The mother went ahead and filed the case. The relatives broke the relationship with the mother of the survivor when the police came home for enquiry. The mother shared this with a lot of pain as the family was close knit before the incident and she felt that she and her daughters were isolated for no fault of hers.

4.2 Interface with the Community

In all 24 cases of children in the age group 0-12, the neighbours were supportive while there were only three cases of adolescents where the neighbours supported them. In these three cases, the parents stated that the neighbours were supportive because they knew the survivor, alluding to the 'virtues' of the girl. Belonging to the same hometown was a factor contributing towards the supportive behaviour of neighbours. All the adult survivors experienced lack of support from neighbours, which created several barriers and a hostile environment. The dominant narrative that emerged was that the community did not let them forget that there had been an incident of sexual violence.

Support extended by neighbours in cases of child sexual abuse

1. Encouraged survivor/parents to make police complaint
2. Searched for abuser with parents
3. Pressurized police to take action
4. Gave statement to the police
5. Took the survivor to the police station as mother was at her workplace
6. Took care of other children when the parents visited the hospital, police and court
7. Forced abuser and his family to leave the community and relocate
8. Helped survivor to seek support from formal agencies.

Here are some narratives of respondents indicating positive support from neighbours:

".... their statement was taken when the police came home. So, everyone told them (police) accurately. He (abuser) was also beaten up by the people. People will not leave someone if they are angry, everybody supported us in the matter." (Father of a five-year old survivor, penetrative assault).

"The local corporator was backing him (abuser) although the community was all by our side. They all signed letters and ensured that he was thrown out along with his family." (Father of a four year old survivor who reported penetrative assault).

"..Yes, they (other people from society) were also harassed by him (abuser), everybody was disturbed by his behaviour. At least 50 women came there. Women demanded that the accused be released so that they could deal with him directly (punish him) as he had ruined the life of so many girls." (Father of a thirteen-year-old survivor, non-penetrative assault).

In another instance, the mother expressed her gratitude to her neighbours. She was at work when the incident took place. They informed her and took the child immediately to hospital. The abuser was a visitor at one of the neighbour's house and the people around locked him in a room till the police came to arrest him.

Forms of non-supportive behaviour of neighbours in cases of adolescent and adults

1. Suggested that the survivor 'settle' the case
2. Taunted, ridiculed and insulted survivor
3. Social exclusion
4. Denied statement to police
5. Attempted to break the marriage of the survivor
6. Forced survivor and his/her family to relocate

Non-supportive Community Responses

By and large, the neighbours were not supportive in cases where the survivor was not a child. Adult women experienced ridicule and isolation.

Here are some narratives of respondents indicating negative behaviour of neighbours:

"The women in the building started talking about me... That I am telling lies, that I went after him (abuser) and so on." (21-year-old survivor, penetrative assault).

"When they (abusers) tried to enter my house forcefully, they had torn my clothes. There were many people present there but nobody came to my help when the police came to take a statement. Then everybody went inside their house "(29-year-old survivor, penetrative assault by gang).

"People used to say that many people have raped me. They have said things like 'Someone gave her money to go to the police station'.... 'Her mother took money for taking back the complaint'. So many such accusations were made against me by people." (16-year-old survivor, penetrative assault).

"...If there is any program arranged in the area, they will not call us, will not speak to us. So, I often feel that I have done something wrong. We sometimes feel that we should not have filed a complaint, we should have left that matter there itself," (Mother of a four- year-old survivor, penetrative assault).

"...Our society is very bad. If a person wants to take any brave decision then society will break their courage." (Mother of a five-year-old survivor, non-penetrative assault).

Respondents gave different reasons for the non-supportive behaviour of neighbours. These included political connections of abusers, abusers residing in the same area for a long time and domiciliary status of abuser vs migrant status of survivors. The migrant status of the survivors made them more vulnerable as they were seen as outsiders and not belonging to the community that rallied blindly behind the abuser. Fourteen of them said that they were left with no choice but to relocate due to constant harassment.

An example of how this panned out in the case of a girl from a family that had migrated to the city for work:

"So this Maharashtrian person took signatures of people from the chawl. He was drunk that day and he took signatures from people against us...saying that all people from the neighbourhood are from our side (boy's side). Everyone around told us that we will sign for you as well. Then we said that if you sign for both, then it doesn't make any sense. The abuser's family gave him INR 20000 so he was taking signatures from neighbourhood people. The politician (neta) publicly told me to take money and settle the matter. Then they called a meeting. So that everyone can threaten me. They called me my mother not my father. We were alone, 200 people had gathered. What could I have done among so many people? They said 'You come alone, don't bring your father.' So I did not go, they came to my house at one o'clock at night, and started abusing me saying, 'Why you did not come for the meeting?' Now how could I go?"

"There were people not only from the neighbourhood but people from outside. They threatened my mother saying that you think you have become 'big', even the local corporator abused her. The entire meeting was to scare us so that we didn't file a police case."

4.3 Response of other Informal Systems

Survivors also spoke about the responses they had received from their friends. Two of them spoke about friends being supportive and accompanying them to

the police station and one of them becoming a witness in court too. Others narrated experiences of being ridiculed for rape and subsequent pregnancy and were demoralized. In the case of a sixteen-year-old adolescent who became pregnant after being raped by three boys, her friends made fun of her pregnancy.

In another case, the survivor's friends discouraged her from filing a police complaint:

She asked her friends, *"See this has happened to me, what should I do?"*

They advised, *"You do not do anything of this (meaning filing a complaint/reporting the matter). Your name will get spoilt. You live in this area. People in the surrounding area will name you, they will say bad things about you in future... he will run away, then what will you do?"* (19-year-old survivor, penetrative assault).

There were two positive experiences - one where a friend accompanied the survivor to the police station and the other where the friend became one of the witnesses in the court.

The responses of employers were mixed. In one case, the father of the survivor was a lecturer in the college; he shared the issue with the authorities. They were cooperative and sanctioned the father's leave to enable him to go to the police station and court. However, in the case where the abuser was a co-worker of the survivor's mother, the employer terminated the work contracts of the survivor's mother as well as that of the abuser immediately when she filed the complaint as he did not want any police enquiry.

4.4 Interface with School

School is a societal institution which has a consistent ongoing interaction with children. This subsystem of society is outside the family and has a profound impact on the development of children. The Protection of Child from Sexual Offences Act, 2012 has identified the role that school authorities can play in

prevention, reporting and intervention of cases of child sexual abuse. The handbook for the implementation of POCSO Act for school management and staff by NIPCCD has stated their various roles and responsibilities as per the provisions of the Act (NIPCCD, 2017). It has emphasized not only implementing the various measures to prevent child sexual abuse but also to respond to the needs of child sexual abuse survivors.

The role of the school in providing therapeutic care to survivors of child sexual abuse can be instrumental in recovery and healing. The staff of the school has to make conscious efforts towards adopting supportive behaviour towards survivors. This essentially requires the facility of counselling services for survivors ensuring privacy and confidentiality. Further, it acknowledges that the child has to relive the trauma during the period of investigation. During this period, it is essential to provide a conducive environment to survivors in the form of emotional safety and support. Schools need to ensure that the survivors are able to continue their education and establish peer relationships.

Despite these comprehensive guidelines for responding to the needs of child sexual abuse survivors, the educational institutes across the country have not been able to implement them. In an attempt to explore the impact of sexual assault on survivors, this study has also looked at survivors' experiences with educational institutions, primarily schools.

Majority of the parents informed that they did not reveal the incident to the school authorities. The primary reason for the parents not disclosing was the fear of stigma and discrimination that the child may face in school. This clearly is evidence of the lack of faith in school systems and indicates that the schools may have to make considerable effort by way of creating awareness and increasing communication with parents about abuse so that they are not hesitant in approaching them.

Some narratives in this context

"No, we did not inform the school about this.....because if it gets disclosed, it would have become a major issue as everyone would have come to know what has happened. And she is a girl, so it would have spoilt her name (alluding her reputation/honour). (Parent of a twelve-year-old survivor, non-penetrative assault).

"If we had divulged, she would have been looked at in a different manner, even by the teachers. They will look at her in different manner. Therefore, we did not mention anything at school." (Parent of a seven-year-old survivor, non- penetrative assault).

"...she was at home for a year and then she was sent to school....to prevent her from being taunted/told anything at school." (Parent of a five-year-old survivor, Penetrative assault).

Parents gave various explanations to the school such as medical reasons, or urgent personal work etc. when the child was required to miss the school after the incident.

"...yes, he was going to school, he used to miss the school only on days when there was a court date. We used to tell the school that there is some emergency work and go to the court." (Parent of a sixteen-year-old survivor, penetrative assault).

There were only five cases where the parents informed the school authorities about the incident, thus indicating the deep lack of faith in school system. Schools need to take concrete steps to ensure confidentiality as well as extend support through counselling for survivors. Of those who informed the school, the response was mixed.

- In one instance, parents informed researchers that the school took proactive steps to ensure their daughter's safety until the school van picked her up.
- Yet another experience narrated by the mother of a survivor indicated steps taken by the teacher to stop other children from asking the survivor to narrate the rape experience repeatedly. When a nine-year old survivor informed her mother about being troubled by her classmates and fearing them, the mother approached the teacher, who took immediate steps by speaking to the children about negative consequences of asking the child questions repeatedly. Yet the students continued to harass the child.
- There was the case of a sixteen-year-old survivor where the parents faced non- supportive behaviour from the school. The school did not allow the survivor to attend classes when the court case was going on. She lost two years of her education due to this. When the case ended, the authorities suggested that the father shift her to another school as it was affecting the 'prestige' of school. When the parents questioned this attitude of the authorities and said that they would report to the media and tell people how the school was blaming the child instead of supporting her, they allowed her to continue her education. The survivor faced a lot of discrimination in school when she rejoined. They kept asking her questions about the incident, like why she spoke to the boy, what did the abuser do to her. This had a profound impact on survivor, and she failed in her examinations. The school did not take any responsibility of ensuring the safety of the survivor in school. The school insisted that the parents drop and pick-up the survivor from the school and even put forth this as a condition on allowing the survivor to continue education in the same school. The survivor's mother was forced to do this for three years. After that, the parents took a stand and refused. The school asked them to give a written undertaking that the school was not responsible if anything happened to the child on her way to school and back.

5. Interface with the Police

Reporting sexual violence to the police is a critical step in accessing justice through the criminal justice system. This section describes the experiences of survivors and their families vis a vis the police. Basic procedures, most of them are enshrined in law, are expected to be followed when a survivor of sexual violence reached them. ,

- The FIR can be filed in any police station, not necessarily at the one close to the place of incident. It is the responsibility of the police station to record a ZERO FIR and then transfer the case to the police station where the incident occurred for further investigation. (Mumbai Police Rulebook Part 3 Rule no. 119-A).
- Any information given to the police orally or in writing, pertaining to a cognizable offence has to be converted into an FIR with the statement of the informant written verbatim (Section 154, Criminal Procedure Code (CrPC)).
- Once written, it needs to be read out to the informant and explained in a language that is understood and the informant's signature is to be taken (Section 154 (1) CrPC).
- The informant should get a copy of the FIR.
- It is the right of the informant to get a copy of the FIR (Sec 154(2) CrPC).
- The statement of the survivor can be recorded in any place that she is comfortable in (Home, hospital or any other comfortable place).
- The survivor can request the presence of any person who she is comfortable with or request that a person not be present, if uncomfortable while giving her statement (Amendment to Section 157 Cr PC by The Code Of Criminal Procedure (Amendment) Act, 2008).- The statement of the child shall be recorded at the residence of the child or where the child is comfortable by a woman police officer not below the rank of sub-inspector (POCSO, 2012) The police officer while recording the statement

of the child shall not be in uniform (POCSO, 2012). The statement of the child shall be recorded as spoken by the child in the presence of the parents of the child or any other person in whom the child has trust or confidence. (POCSO, 2012).

- In case of threat or intimidation to the survivor and her family after filing of the FIR by accused or accused family the police is also required to take action against these threats. The survivor can write an application to the police requesting police protection, citing a threat to life of the survivor or her family.
- A Charge sheet is typically filed in court within 90 to 120 days after filing the FIR by police. However, this might be extended under special conditions such as if the accused is absconding or is unknown.

Out of 66 survivors, 47 expressed that they had non-supportive experiences from the police and delays in receiving police aid. Around 19 survivors (28.7%) expressed that their interface with the police system was supportive.

The supportive and non-supportive experiences with the police shared by the respondents

Table 5.1 Nature of responses from the Police

Nature of responses	Experiences
Non-supportive experiences	<ul style="list-style-type: none"> • Repeated visits to the police station • Asking uncomfortable or repetitive questions • Refusal to take complaint • Delay in taking complaint • Not reading FIR to the survivor and not providing a copy of the FIR • Not explaining further procedures • No action taken in case of threats from abuser • Demanding bribes

Nature of responses	Experiences
Supportive experiences	<ul style="list-style-type: none"> • Attempting to settle the matter • Survivors spoken to sensitively while taking the statement • Provided support throughout the case • Provided monetary support • Took action against the threats from abuser • Provided emotional support

Refusal to file ZERO FIR

The police often flouted the rules pertaining to recording of a zero FIR, instead they would state jurisdictional reasons for not recording FIR. In four cases, the survivor had to keep going to different police stations just to record a complaint as they were unaware about the concept of Zero FIR adding to their trauma.

All these were adult women with complaints of penetrative sexual violence. They were asked to file the complaint at the police station where the incident happened.

A twenty-nine year old survivor shared that the police were not registering her complaint as the incident occurred in another district; she reported that she had to make a lot of requests to file an FIR in Mumbai.

A nineteen-year old respondent shared that she had to go to three police stations to get her complaint lodged. She also reported that her statement was taken at each police station and then she was sent to another police station. It was traumatizing as she had to repeat the incident so many times.

Refusal to file complaint

Nearly twelve survivors reported that the police refused to file an FIR. Amongst these cases, three respondents reported that they had to visit the police stations repeatedly to get their complaint recorded. The police resorted to different tactics and told the survivors that the information would be out in the media, that the image of the survivor would be spoilt, that their case was weak and would not stand in court and that they could not do much to stop the abuser. Few respondents also shared that the police tried to close the matter by merely documenting what was reported by the survivor instead of filing an FIR.

Amongst these twelve cases, four were children, two adolescents and six adults. In six cases, the abusers were either financially strong to bribe the police or had a strong political connection that led to refusal by the police to file an FIR.

In cases where the survivor reported non-penetrative assaults, the police told the family that 'nothing bad' had happened, so there was no need to record an FIR. This meant that vaginal penetration had not taken place, so rape had not occurred.

The mother of a seven-year-old survivor was told by the police officer: *"Nothing has happened na (referring to penile penetration) (Kuchhuatohnahina)." The mother of the survivor told them that if they did not register the complaint, she would approach higher authorities.*

In instances where the sexual assault was by the husband, the police refused to record complaints. Survivors reported that they had to struggle to get their complaint lodged. A 36-year-old survivor who went to report sexual abuse by her husband said, *"I insisted that an FIR be done - I told them that there are 5 NCs already against him so now FIR should be done. They were not ready to listen. Then I went to the DCP's office and complained about the police not filing my complaint, gave copies of all NCs and the recent one. Then the DCP called*

and asked the police station as to why they were not filing an FIR. The DCP was very angry. Then at 1.30 at night they filed my FIR."

In the case of a survivor below eighteen, the police told the parents that they would face a number of problems if they lodged a complaint and they were scared. *"The police said that this incident will be reported in the news, your daughter might be institutionalized, you will have to change your residence, there will be lot of badnaami."* The parents felt that this was done in order to dissuade them from lodging a complaint.

The parent of a twelve-year-old narrated, *"First of all when we go to a police station, the police don't register an FIR. They try to close the matter by just noting a NC and not an FIR. They make excuses (tala tal karyache). So if we go there and inform them that it's a case of child abuse, they don't take that case because it increases their work, it needs 5 to 6 pages to file an FIR and one officer gets totally caught up in that work. Then they have to do Panchanama and also investigate the matter which increases their workload. Therefore they ignore this thing."*

Supportive Experience

Some respondents said that they were provided monetary support by the police towards the travel expenses that they had to bear for going to hospital/court and coming to the police station for any work related to the case.

One of the respondents said that everyone from the family and neighborhood was against her when she filed the case and they pressurized her to end the matter. But the investigating officer encouraged her to file and pursue the case and assured her of support.

In a unique case, where the mother of the child did not want to lodge any complaint of rape, she described her interaction with the police. The police explained to her that rape was a serious offence, which demands that an FIR be done immediately.

They also said that the abuser should be punished for his behaviour. The mother explained her circumstances to the police, reasons why she did not want to go through any legal process. She was single and HIV positive and did not wish to go to court. The police asked her about the safety of the child. The mother informed them that she had relocated to another place and also assured them that she will follow up for counselling for the child. The police respected her wishes after hearing her out and ensuring the safety of the child.

A few respondents shared that the police listened to them and asked questions in a sensitive manner. One of the respondents shared that she had received such a good response from the police that when they had any other problem they always met that particular police inspector as he was very supportive. Another respondent said that till date she prays for the well-being of the police inspector *"Ajj bhi dua nikalti hai sir ke liye"*.

Refusals cause Delay in Filing FIR

In all the cases where the police initially refused to file an FIR, the respondents made many efforts by approaching a higher authority, approaching an NGO or other organizations or made repetitive visits to get their FIR filed. This caused an unnecessary delay in filing the FIR. Survivors had to wait for long hours in the police station. These delays resulted in waste of time and loss of wages.

Out of 62 respondents who lodged a complaint, only 20 reported that the FIR was filed in one visit. The rest had to visit the police station more than once. One-third of them had to visit more than four times, which reflects the sorry state of affairs. A few excerpts from survivors' experiences are presented below:

A 22-year-old survivor said that the police had refused to file an FIR but when there was a repeat incident she went back with a social worker from a local NGO. The police then lodged her complaint. *"Because madam from NGO came with me while filing an FIR, the police registered it. They were not filing the case when I had gone alone."*

In another case, an adult woman was kept waiting and the police refused to record an FIR till her father came. The respondent only wanted to file the case so that she could go to the hospital for treatment of an unwanted pregnancy. She did not wish to inform her parents but the police did not respect her privacy and confidentiality and violated her wish thereby making her life more miserable.

Table No 5.2 Number of visits to police station for registering a complaint

Number of visits to file FIR	Frequency	Percent
One	20	30.3
Two	12	18.2
Three	11	16.7
Four	10	15.2
Five	4	6.1
More than five times	5	7.6
NA (Not lodged a police complaint)	4	6.1
Total	66	100.0

- A forty-eight year old narrated, *"I went to the police station next day again in the afternoon so I was informed that the lady officer to whom I had made a complaint the previous day would come in the evening. When I went in the evening, I was informed that she had gone for patrolling so I was had to wait at the police station till 10 in the night."*
- The father of a five-year old said that they went four times to the police station and then they got the copy of the written complaint.
- A 38-year-old survivor reported that it took 7-8 days to file the complaint and she had to visit the police station 7-8 times. She was asked to get a typed copy of the complaint but she had no idea about how to go about it and had to approach many lawyers till one agreed to help her draft the complaint. This entire process took considerable time.

These narratives indicate that repeated visits for lodging a complaint is discouraging and affects the resolve of the survivor to seek justice.

Copy of FIR not given to the Survivor

It is the legal right of the survivor to receive a copy of the FIR. However, two respondents reported that they did not receive the said copy despite their repeated requests and visits to the police station. One respondent shared that initially the police did not give her the copy but she was able to get it after a local NGO intervened in the matter. While few respondents got the copy of the FIR, they shared that the police had not read out what was recorded by them. Two respondents pointed out several gaps in what the police had recorded, especially underplaying the incident of sexual violence and filing charges under sections that weakened the case.

- A 34-year-old survivor with penetrative assault said, *"The police did not know the Section 376 c-a- under which I wanted to file my case- this section is for abuse of power- aggravated rape. But I insisted. Only then they brought the IPC, read the sections and filed the case"*.
- The father of a seven-year old survivor narrated that the police officer did not apply the relevant section of POCSO- he applied only 354 and Section 8 which made the case weak.

Statement of the Survivors

Amendment to Section 154 CrPc states that the statement of the survivor should be taken at a place which is non-threatening and where the survivor is comfortable. Also under POCSO, the statement of the child should be taken by the police in civil clothing. However, one respondent shared that the police had come to her house to take the statement but in uniform, which frightened the child survivor who clamped up. All the neighbours came to know about the incident which made it more stressful for them.

Another respondent when asked whether the police had spoken to the child separately replied, *"No, they didn't ask us all this privately, it was in front of everyone."*

Nearly 57 individuals out of the 62 who lodged complaints reported that the complaint was filed at the police station. Five of them reported that the police had come to hospital and completed all the paper work or took their statement at the hospital when they were admitted. All respondents shared that the police spoke to them in the presence of a supportive or trusted person.

In all the cases of child sexual abuse, the respondents said that the statement was taken in the presence of one of the parents, mostly the mother.

Interface with the Medical System

Immediate Medical Examination

In accordance with Rule 5 of the POCSO Act and guidelines for survivors of sexual violence, the police must accompany the child for medical examination and treatment, but in four cases, it was reported that the police did not accompany the survivor to hospital and they were asked to go on their own. The police gave excuses such as *"It is a holiday", "No one can come with you"*. Travelling to the hospital was an extra financial burden.

A 25-year-old respondent who went to the police station with the complaint of non-penetrative sexual violence shared, *"I myself went to hospital, they did not take me to hospital, I had to spend money on travel to hospital."*

The father of a 16-year-old with a complaint of penetrative sexual violence narrated, *"The police did not take her for medical examination and treatment, she was complaining of stomach ache but we were sent home. The following day, the police asked us to take her to hospital on our own saying that it was a holiday so there was nobody to accompany us to the hospital."*

Repeat Medical Examination

Two respondents shared that the police insisted on a repeat medical examination at another hospital without offering any reason. This was traumatizing for the survivors as they had to go through the entire process again. The police are often unaware of the scope of medicolegal evidence, so if the medicolegal records do not match their expectations, they take the survivors for a repeat medical examination. It also reflects on the doctors who agree to conduct such examinations repeatedly without any valid reason.

The father of a 16-year-old narrated, *"The police took her to another hospital in (XYZ suburb) - they said that the reports from a municipal hospital, can sometimes be wrong and so they took her to another hospital."* The extent of insensitivity was so high that in one instance, both the accused and the survivor were taken in the same van for medical examination, thus, re-traumatizing her.

Response of the Police to Repeated Threats by Perpetrator

Nearly 42 out of the 66 survivors reported facing harassment from the perpetrator and/or his families and relatives after they filed an FIR. Around 14 respondents reported that they were threatened and abused verbally. They reported that the perpetrator had threatened to kill them, harm the survivor or her loved ones, repeat the offence, or even post the survivor's photographs on social media. Two respondents reported that they were abused physically and verbally after they filed a case. In fact, one of them reported that the abuser tried to kill her but somehow she managed to escape. Four respondents reported that they had been abused verbally and that the perpetrator made false allegations against them and spread rumors. False allegations included allegedly taking money from the abuser, that the survivor's brother had raped the abuser's sister, and that the survivor was lying about the incident. Around 18 respondents reported harassment in the form of contacting them, offering them money or coming to them and pleading so that the case would be withdrawn.

Table 5.3 Type of Harassment

Type of harassment	Numbers
Asking for settlements	18
Verbal abuse and threats	18
False allegations and rumours	4
Physical abuse	2

Nearly 16 of the 20 respondents who had been either threatened or abused by the abuser had lodged written complaints to the police. The other four said that they ignored the threats and did not take any action. Few of them who were repeatedly getting abused approached the police more than three or four times. But these complaints were not taken seriously by the police and no action was taken. Only in two cases, the police took cognizance of the threats that the survivor and the family were receiving from the abuser. A non-cognizable (NC) was noted by the police and the abuser was warned against repeating harassment. In one instance, the abuser was kept in the lockup after which the threats stopped. In all the other cases, the police gave advice to the survivors such as, *"Try speaking to the survivor or wait for another threat or avoid meeting the abuser"*.

A 19-year-old survivor reported that the abuser called her repeatedly, he pleaded initially but started threatening her with dire consequences if she did not withdraw the case. When the respondent approached the police about the threats, the police suggested that she break her sim card or throw it away or simply not take his call.

Survivors were admonished by the police for repeatedly wasting their time and asking them to do the same thing over and over again. In one case, the abuser threatened the survivor very often; when she reported this to the police, they asked her to dialogue with him and if that failed and the harassment continued, they would look into the matter. There was such deep-rooted apathy that despite the survivor's receiving death threats, the police did not take action to prevent or deter the abuser forcing the survivor to live in constant fear.

While narrating these incidents, a few of the survivors expressed their complete lack of faith in the police system and felt that it was useless to go to the police. One of the fathers rejected the suggestion that a letter to the higher authorities be written to stop the ongoing abuse by the accused. Having made several rounds of the police station and being aware of the political power that the abuser's family held over the police, he said, *"There is no point in going to a higher authority. They can hit me, kill me but I am not going to withdraw the case,"* indicating his resolve to fight the system despite the insensitivity of the police. He was from the minority community and the abuser had close ties with the local political party office. He felt that his complaint would not be heard because he was a Muslim.

Interface with Child Welfare Committee (CWC)

Reporting of Cases under POCSO

As per the POCSO Act 2012, the police are required to inform the Child Welfare Committee (CWC) within 24 hours of an incident of child sexual abuse. The purpose of involving the CWC is to assess the safety and security of the child. Amongst the 45 survivors who were under 18 years of age, only 10 survivors were reportedly presented before the CWC. This indicates that the police use their own discretion about involving the CWC.

Of the four cases of elopement where the girls were below age 18, two girls were provided shelter facility to protect them from abuse from their parents and/or relatives. In both these cases, the girls reported that the WPC (Women Police Constable) was very supportive, provided emotional support and did not blame them for running away from their parental homes. The girls were able to confide in the police about the pressures from their parents.

Filing Charge Sheet

The police are expected to file a charge sheet within 90 to 120 days in a court after filing the FIR. In 65% (44) of the cases this was complied with. This period may extend if the accused is absconding or is unknown. Around 23 respondents reported that their charge sheet had been filed within three months of filing the FIR, 21 shared that the charge sheet was filed within 3-6 months, 3 respondents shared that the chargesheet was filed after 12 months of filing the FIR, 2 informed that the accused was not arrested and therefore the chargesheet had not been filed, amongst them one is unknown and another is absconding. In another case the charge sheet was filed after two years although the accused had been arrested immediately.

Table 5.4 : Time Required for Filing the Chargesheet

	Frequency	Percentage
Within 3 months	23	34.8
3-6 months	21	31.8
6-12 months	10	15.2
After 12 months	3	4.5
No information	2	3.0
Abuser not arrested	2	3.0
NA(FIR was not registered)	4	7.6
Total	66	100.0

Compensation

Compensation is the right of the survivor. The Government of Maharashtra has been implementing Manodhairya Scheme for the rehabilitation of victims of Rape and Acid Attacks (Women and children) by providing them Financial Assistance since October 2013 (<https://timesofindia.indiatimes.com/city/mumbai/Maharashtra-launches-Manodhairya-scheme-for-rape-victims/articleshow/22490571.cms>). The scheme offered INR three lacs compensation which was later revised in 2017 and as per the scheme, all rape survivors can now avail themselves of financial assistance of INR one lac and in special cases, INR ten lacs for rehabilitation of victims and their dependents by way of shelter, counselling, medical and legal support and education. (<https://womenchild.maharashtra.gov.in/content/schemes/manodhairya-scheme-for-rape-victims--children-who-are-victims-of-sexual-offences-and-acid-attack-victims-women-and-children.php>).

Amongst the 66 respondents, 47 were eligible to avail themselves of this scheme as they had filed the FIR after October 2013. Amongst those eligible, only seven have had the benefit of the scheme and received money. Of these seven respondents, two were cases of child sexual abuse, two were adolescents and three were adults and four survivors had faced chronic abuse. While one survivor with mental disability received the amount, the other six receiving compensation had suffered severe health consequences as a result of assault such as pregnancy, white discharge in the case of a child, bite marks over the genitals in a six-month old baby and attempted suicide. In a rare instance, a woman experiencing severe and chronic sexual abuse from her husband was able to receive financial aid under this scheme even when she reported a non-supportive response from the police and health system.

Those who did not receive financial aid said that they were unaware of such a scheme. The police did not provide them this information and those who knew and had availed themselves of it had to face the wrath of the police who accused them of having filed a rape case to get this money.

Asking Uncomfortable or Repetitive Questions

The most repeated concern raised by the survivors was the uncomfortable nature of questions asked by the police. There would be a spate of questions and the same set of questions would be asked by different cadres, from the police constable to the police inspector. If there was even the slightest inconsistency, the survivor would be made to repeat the description of the whole incident again.

The mother of a three-and-a-half year old who reported to the police about the non-penetrative assault said, *"I had such a bad experience with the police...my daughter, she was very small then, she was not grown up, she was only 3 - 3.5 years old. Right from the police sub inspector to the lady police constable, they asked her many questions. I wanted to ask them why they asked such a small girl so many questions and why they did not question the accused instead..."*

The survivors reported that they were asked irrelevant questions and were blamed very often for their responses. In one instance, a child was blamed, *"You are lying about the abuse... You are very mischievous in school, how can we believe your narration?"*

The nature of questions, the repetitiveness and the accusative tone added to the trauma of the survivors and their families and made them feel that they were responsible for their condition. In a case of oral sexual abuse, the police repeatedly asked questions such as, *"Where did the abuser touch", "How exactly did the incident occur? Did he ask you to take it in your mouth?"*

Survivors recalled how traumatized they felt when the police asked them if they had enjoyed the act at that point. Many survivors blamed themselves for having approached the police and stated that the way they were treated left a deep impact making them feel worthless. Some felt that they were at fault for letting the abuser to carry out the act and wanted to end their lives.

Such negative comments affected survivors. In one instance, the child was so traumatized by such questioning that the parents decided not to file the FIR. This was the case of three-year-old who was abused by her mother's coworker. He had inserted his hand in her panty when the girl shouted as she had been taught about good and bad touch. The mother decided to file a complaint but they were kept waiting at the police station till midnight and the little girl was asked to repeat what happened several times. She was then asked to go for medical examination and come back with the report.

Demand for Money

The respondents spoke about corruption and said that the police demanded money (bribe). In quite a few cases, the police asked both the survivors and the abusers for money. Some survivors reported that the police accused them of filing false complaints and demanded money for registering one. In one instance, where there was a threat to the life of a survivor, instead of offering police protection, there was a demand for money. The police when approached said, *"If you want protection then you will have to pay for it, the government does not give money."* The respondents reported that at times, the police took bribes from the abusers and released them soon after they were arrested; in some cases they did not take much action against the abuser, and sometimes delayed in lodging a complaint or refused to lodge a complaint because the abusers had given them money. One parent reacted that the police did not work as per law but as per money 'Police Kayade se nahi chalti - paise se chalti hai'.

Attempt to Settle the Matter

The police also resort to "settling the case" so that they do not have to record an FIR and initiate investigation. In one instance, the survivor reported that the police called for a meeting at the behest of the abuser so that a settlement could be reached; in some instances, the police themselves stated that the case could be settled if the abuser paid money to the survivor, suggesting that this could help the survivor to vacate the house and relocate to a new place. This was

thought to be a resolution. Survivors reporting marital sexual violence stated that the police did not understand marital rape and trivialized it as a husband-wife quarrel. There was constant mention of *"He is your husband after all"*. Despite these hurdles the survivors continued to pursue legal justice.

Biases and Prejudices of the Police

Some of the respondents spoke about deep-rooted biases of the police against certain communities and women.

The father of a four-year-old who went to the police station with the complaint of penetrative sexual violence did not receive any supportive from the police. They demanded money and he later learnt that the abuser had paid the police and so they took no interest. He expressed *"The police response alters when they see a cap and a beard, you understand? If you are a Muslim, they will never help you. The perpetrator was a Muslim like me but the police helped him as he must have given money and he was also working for the Shiv Sena"*.

A 38-year-old survivor who had been facing chronic sexual abuse from her husband said, *"The police do not have any will to do anything. These are all crimes (those against women) that are less important, these are all trivial matters according to them...(Phutkal vat ta). For the police, murders or other bigger crimes are important. And then in cases of sexual abuse from the husband, they look at it only as a husband-wife quarrel and they keep on mentioning, 'He is your husband after all'...and their constant language is of settlement."*

6. Interface with Hospital Systems

Sexual violence has physical and psychological health consequences. Survivors may reach a doctor for treatment of injury/infection/ pregnancy or may be brought by the police after an FIR has been registered. In both scenarios, the hospitals have to provide treatment and carry out a medicolegal examination. Three public hospitals have been following standard procedures for all cases of rape. Data emerging from these three hospitals indicate a high compliance as far as relevant medical examination, history documentation, evidence collection and provisional opinion were concerned.

All that is mentioned below as the expected role of hospitals and health professionals was being implemented and monitored by the monitoring committee set up in these three hospitals.

The Expected Role of Hospitals and Health Providers

- Hospitals must provide immediate treatment to survivors of sexual violence, without insisting on police requisition/memo or FIR. Not respecting voluntary reporting to hospitals is a punishment under Section 166 B. Services in the form of treatment and examination cannot be denied to survivors for the want of a police requisition or filing a First Information Report (FIR) (Sec 357C CrPC).
- All public and private hospitals should provide immediate treatment.
- In case of children, the medical examination shall be conducted in the presence of the parents of the child or any other person in whom the child responses trust or confidence. (POCSO Act, 2012)
- Hospitals must follow the MoHFW Guidelines and protocols issues by the MoHFW in 2014. This requires them to seek informed consent for every

aspect of the medicolegal examination, document the history of violence, collect relevant evidence, examine in a gender sensitive way and provide medical opinion by interpreting the history and clinical findings.

- No comments on the size of vaginal introitus, or irrelevant comments on hymen can be made as per law and ministry guidelines.
- A copy of the medical report must be given to the survivor by the hospital, free of cost.

The respondents were asked to describe their experience at the hospital. Some gaps related to the hospital response in terms of procedures and providers' attitudes emerged in the narratives.

Nearly 42 of the 66 survivors mentioned that they did not face problems at the level of the hospital, while 24 mentioned that they did not receive adequate response at the hospital.

The respondents who said that they had a favourable experience at the public hospitals described the aspects of the response that they found favourable.

Attentive Listening

Survivors reported feeling comfortable disclosing details of sexual assault. They attributed it to the sensitivity with which questions were asked about the assault. Some narrated that the doctor did not rush them but took time to listen. The father of a seven-year-old who was brought to hospital for a medicolegal examination with the complaint of non-penetrative sexual violence expressed, *"They spoke to her in a kind way, asked her questions properly, checked her properly."*

Establishing Rapport with Young Survivors

Most parents said that doctors and nurses were friendly with the child and spent time to make the child feel comfortable. One of the parents described how the doctor built trust in the child and made her feel comfortable by taking her to the post-natal unit along with her mother. The doctors showed her the babies in the ward and gave her adequate time to get to know the place and only then examination commenced in the presence of her mother.

The mother of a five-year-old narrated, *"My child was admitted for two days. Doctors and nurses were very nice to her. She was in pain during the sample collection but the doctor handled it well."*

Demystifying Medical Procedures

As the medical procedure requires checking different orifices, especially genital organs, it can trigger discomfort in the survivors. Some may be in pain too. Survivors reported that health providers explained the need for such examination, the meaning of swab and other evidence collection and the role it can play in apprehending the accused. Such information made the survivors feel comfortable with the procedure, and though it was not easy/comfortable, they reported that the staff behaved respectfully towards them.

Immediate Treatment

Respondents said that they were given immediate treatment. Some of them were even advised admission so that they did not have to return for tests and referrals to other departments. Hospitals need to complete the full examination and investigations on the same day but are unable to do this for some referrals such as X-ray, pathology test or Ultrasound. One of the respondents whose sister suffered burn injuries said that the hospital did its best to provide burn care and made all efforts to refer her to a speciality hospital for burns. He felt

that the highest quality of care was provided to the girl but it was unfortunate that she succumbed to her injuries.

"Our experience was good and we didn't have to go back. We got everything free. The doctors were cooperative. The nurses also behaved very well with us. They admitted her and gave treatment. Their behaviour was good." They also stated that the questions were asked in a sensitive and comfortable manner to the survivor. The procedures were explained properly by the doctors. *"The doctors were okay. They heard and wrote down properly what was told to them. They asked questions softly, the medical check-up was done properly, they wrote the report and gave us the report saying you can take this to the police station."*

Creating an Enabling Environment for Disclosure at the Health Facility

In one case, the doctors were able to identify child sexual abuse based on the health complaint. They created the necessary environment to enable the child to speak up. A child with mental disability was brought to the hospital for heavy bleeding. During examination, the doctor noted fungal lesion that indicated sexual abuse. He alerted the mother and then along with the nurse, child was asked about any sexual contact. The child revealed that a man came to her house with a knife and threatened to kill her mother if she told anyone about him.

Non-Compliance with the Expected Standards

Treatment at Hospitals Conditional to Recording an FIR

Fourteen of the sixty-six survivors voluntarily reported to the hospitals. They had come directly to the hospital with health problems such as pain during urination, physical/genital injuries, vaginal discharge and unwanted pregnancies. Upon reaching the facilities, four survivors were asked for a copy of the complaint made to the police stating that it was a mandatory requirement for conducting a medicolegal examination. It has been clarified in the law that rape is considered a medicolegal emergency; hence the treatment ought to be initiated immediately.

Yet in practice, survivors had to wait for the social worker to intervene or the police to reach the hospital.

In one instance, the mother of a survivor reported that her daughter was bleeding, semi-conscious and in pain, but was made to wait till the police arrived at the hospital and treatment was started only after the police recorded the complaint. *"In the hospital they told us that they cannot admit her just like that (without police requisition). The hospital staff telephoned the police and only after the police came, they admitted her. No, they did not start any treatment until then, my daughter was bleeding and she was unconscious, but they did not even touch her ... did not even touch her. The police came did the paper work and only then they started treatment."*

In another instance, a survivor of marital rape was denied medicolegal examination in two hospitals despite her many requests. She had reached the hospital on the advice of her lawyer as her case against domestic violence was in court. The husband denied having any contact with her but would frequently visit her and forcibly keep sexual contact. The lawyer advised her to get a medicolegal examination done. The hospitals told her that there can be no rape case against a husband and asked her to bring the police with her if she wanted any medical examination. She ran from pillar to post but was told by the police and hospital that there could be no "marital rape". The lawyer then referred her to Dilaasa hoping that the hospital where *Dilaasa* was located will be sensitive to the issue. She had to face snide comments such as *"If this is done by your husband then we cannot do medical, bring the police and we will see..."* until the Dilaasa counsellors intervened.

Some negative experiences were blatant wherein doctors yelled at the families of the survivors for bringing them late, especially when nearly two months had elapsed after the assault. In this particular instance, the doctor accused the survivor's father of lying about the abuse.

Delay in Initiating Examination/Turning Away

In another instance, a survivor was turned away for want of medicolegal papers. When she was sent to a public hospital they referred her to another hospital because of the absence of a gynaecologist. Running from one hospital to another and awaiting their turn for medical care took over seven hours.

Survivor denied a Copy of Medical Proforma

Two survivors reported that they were provided with treatment but they were not given a copy of the medicolegal proforma. A 22-year-old survivor who had experienced penetrative sexual violence when asked about the report of medicolegal examination said, *"I was not given the copy of examination and it is with the hospital."*

Examination to be Conducted in Private and in the Presence of a Trusted Person
One adult survivor with mental disability reported that she and the abuser were taken together for examination. The person accompanying her was not allowed inside. She said this made her feel very scared.

When she was taken to the hospital, she was asked to sit at a distance. Both the survivor and the accused were taken inside. First she was asked many questions and later he was asked many questions. Later she was examined and then he was examined. But they did not scold him, they did not get angry with him. (This was said as an expectation that the hospital should not have been kind to the accused). She was scared throughout. She was alone inside.

Denial in Initiating Immediate Medical Treatment

Two survivors reported that they did not receive any treatment from the hospital. One was a child who was brought to the hospital with a complaint of pain, tenderness and redness in the genital area. She was kept waiting for a long time as she was transferred from one department to another. By the time the

examination commenced, the family was so tired with the long waiting period that they decided to leave as soon as the evidence collection was over.

In another case, an adult woman reported pain in the rectum and injury in the anal area but she did not receive any treatment. She was examined and sent back home without any treatment.

Two survivors mentioned that they reached the public hospital after the incident to access treatment but they were referred to another public hospital for rape examination. This caused delay in receiving treatment.

Describing the long wait, the father of a 16-year-old boy with complaint of penetrative sexual violence said, *"It took four hours to start the process, so the experience was bitter. Because it required more time and in the first place we are....survivors (pidit), and in spite of that... ..I think the doctor was not available, we had to wait, but then they arranged for the doctor as in his case a male doctor was needed to perform the examination."*

The mother of a five-year old when asked about the time that they had to wait in the hospital said, *"We went there (hospital) at 6 in the evening.... The incident had taken place in the afternoon, but the police took us in the evening. Then even at the hospital, the examination took time. It took some hours. I returned from the hospital at 12 in the night."*

Lack of Gender Sensitivity

In three cases, the doctors commented on the hymen when it was not relevant. Two of them had reported non-penetrative assault so there was no indication for any examination of the hymen, thus indicating how routine and 'out of context' such comments are. In the third case, the survivor reported penetrative assault after two days and even in such cases, there is a clear directive from the MoHFW guidelines to note only clinical findings such as swelling/bleeding/fresh injury.

Insensitive Response

The doctor was not ready to touch and conduct the examination of the child. He asked the mother to hold the genitals and said that he would see it from a distance. The mother was asked to collect the vaginal swab and the clothes of the child were taken away as evidence. However, she was not provided with another set of clothes. The doctors were not behaving properly with the parents.

Refusal of Treatment by Private Health Facilities

Five of the 66 survivors went to a private doctor first to seek health care. Contrary to the legal responsibility cast on private health providers to offer immediate medical care free of cost, the survivors and their families were asked to go to public/government hospitals as private providers did not want to get embroiled in medicolegal issues such as "rape". The commonly reported responses were, "This is rape, you will have to take her to a government hospital", or "This may be rape I don't handle these cases".

Even while survivors were turned away, first aid was missing in these instances. In the words of the father of a six-year-old girl, *"My daughter came home crying, her face was swollen, she tried to tell us about the episode, but as she was hurt we rushed her to a nearby private doctor, but he said go to public hospital, what to do? I had to ensure that my child was treated so I went to a public hospital directly from there...."*

In another instance, a survivor realized that she missed her periods and went to a private provider. Upon doing a sonography she was informed that she was four months pregnant. When she requested for an abortion, the doctor quoted an exorbitant fee, which was impossible for her to pay. The doctor then went on to advise her to file a police complaint and go to a public hospital.

In a case of marital rape, the survivor had been beaten up by the abuser resulting in physical injuries, but she was denied treatment in two private hospitals.

In another case, the mother took the daughter to a doctor close to their house as the child was complaining of pain. The doctor examined her and told the mother that this was sexual abuse and so she must go to the police station. The mother followed the procedure but the child had to suffer pain till all the procedures were completed.

All these survivors had suffered an injury but treatment was not provided to them immediately. The respondents could not insist because they were not aware of the fact that private doctors were bound by law to deal with cases of rape.

Irrelevant Questions and Comments Against Survivors

Survivors had to face different forms of insensitivity while accessing health care. Respondents shared that they were asked very awkward questions by the health providers or insensitive remarks or comments were made which made them uncomfortable and sad.

One of the respondents shared that even at the registration counter of one of the hospitals she was asked questions like, where was she touched? The man at the counter said, *"Bad thing has happened (arre re vaayeetzhala)."* There was no relevance to ask such questions at the registration counter. This made the mother so angry with the man at the counter and she said, *"I did not wrap her (survivor) up, I thought, 'See whatever you want to see' I was strong so I managed, otherwise how will poor people cope up with all this?"*

Healthcare providers showed even less sensitivity if the survivor was known to the perpetrator assuming that it was a "consensual act". In one instance, an adolescent survivor became pregnant as a consequence of the sexual act. Her partner had convinced her that they were anyway going to marry so sex was a

part of the relationship. A few months down the line, he refused to receive her calls and denied that he had made any commitment to marry her. The survivor filed a complaint of rape on grounds of false promise to marry. She soon realized that she was pregnant. Upon seeking abortion services, the HCP remarked, "Why do you want an abortion? You anyway won't get him (conveying that he has betrayed you and now you are not going to get anything"!). The survivor expressed what was going on in her mind, *"Nahi mile to kyahua!! A wrong thing has happened to me. I could have gone secretly and could have got the abortion done from some doctor, what's the point in that case? Such people should definitely get punished."*

Blaming survivors was common. Comments such as "Women do this to get men", "They defame men", "Do not have a good character", were used against adolescents and young women.

Such comments were not restricted to adolescents but extended to child survivors. To illustrate, a child survivor was made to visit several hospitals, finally one of the government hospitals examined her. During the examination, the nurse was preparing the child for a vaginal examination. When the child opened her legs allowing for a vaginal examination, the nurse said, *"How come she is lying on the bed like this? How has she quickly opened her legs?"* The mother was hurt by such a comment but had to remain quiet for purposes of examination.

Procedural Rigmarole

The medicolegal examination and treatment is expected to be carried out in a single visit to the hospital unless she requires admission for long-term care. But survivors said that they were being asked to come back for different procedures - blood for running clinical tests for infections if any, urine pregnancy test, x-ray, dental examination and so on. Often they were unaware of its significance.

One respondent shared that she had to visit the hospital many times for different tests to be carried out. However, all the tests should have been done only once and she found it very troublesome. *"My blood was not taken on the first day. First day, all the internal check-ups were done. Then the next day my blood test was done. I was told that one more test was remaining but I did not understand why all the tests were not done on the same day. At the most they should have taken two days but I went for many days with the lady constable. The medical examination was not completed in one visit. I had to keep going there for some test or the other. Every time I was asked to stand in a queue, and had to keep following up with different departments for my reports. It was all a mess, I felt like I was going round in circles."*

No Provision for Follow up at Public Hospitals

Six survivors sought health care in private hospitals after completing the medicolegal procedures in public hospitals. Though public hospitals were equipped to provide therapeutic care, these survivors did not go back. Survivors perceived that the role of public hospitals was only to carry out medicolegal examination. They preferred a private facility for follow up treatment. The treatment and care received by them also played a major role in their follow up at the public hospitals. In one instance, though the hospital admitted the survivor as she required treatment, her parents found that they were not really paying adequate attention. So they sought discharge against medical advice and took her to a private hospital. The family could barely make ends meet but were rendered helpless.

Though rape survivors have to be prioritized amongst other patients, survivors mentioned having to wait in long queues right from the registration counter to diagnostic services. Sometimes survivors were admitted not because they were in need of treatment but to complete referrals to other departments. However, these aspects were not appropriately explained to the families.

Psychological Support Received

Nearly 47 respondents shared that they received psychosocial support from Dilaasa, which works with these hospitals for the support of cases of Violence against Women. A survivor narrated that the presence of the person from Dilaasa helped them a lot throughout the process. "They really supported me a lot, counseled me built my confidence, I went to Dilaasa 5-6 times,"she said. "A madam came from Dilaasa. She had come to the hospital too and showed concern. I contacted her later too. After that the doctor and even the police behaved well with me and my daughter."

7. Interface with Court

In this study, respondents were asked about their experience with the court in seeking justice. The information given by the participants has been analysed against the procedures that need to be followed in cases of sexual violence. These procedures are mentioned below in a chronological order.

Once the police have filed a Chargesheet in court, a date will be given by the court for the trial to begin. This date along with details of the court and court room number where the trial will be held will be informed to the survivor (and the witnesses) via summons.

The examination of the survivor shall happen in camera-which means that there will be no general public present there. The only people present will be the judge, the Public Prosecutor, the accused, the defense lawyer and the staff of the court (Amendment of Section 327 CrPC by the Code Of Criminal Procedure (Amendment) Act, 2008).

During any examination (examination-in-chief&/or cross examination), questions or comments regarding the survivor's general immoral behaviour or past sexual experience are not permitted (Amendment to Section 146 of Indian Evidence Act by Criminal Amendment Act of 2013).

This special court, as far as possible should complete the trial within 1 year of taking cognizance, i.e., from the first date of hearing (Section 35(2), POCSO Act, 2012).

The special court shall not permit aggressive questioning and ensure that the dignity of the child is maintained at all times during trial (POCSO, 2012).

The Criminal Procedure Code (CrPC) has set up a deadline of 60 days for completion of rape trials.

Out of 66 cases, a police case was pursued by 62 survivors to seek justice, while in four cases, no police complaint was made. In two out of these four cases, the abusers were unknown and therefore the police were not able to find them. In another case, the abuser was a close family member, so the family decided to not make a formal complaint but took all the necessary action with the support of extended family members to prevent the child from further abuse. In one case, the abusers were very powerful, so the mother consciously decided not to make a police complaint, changed her residence and sought support services for her daughter in the form of counselling from an organization for more than a year.

The experiences shared by the respondents largely pointed towards multiple visits to courts, delay in trials, being asked uncomfortable and repetitive questions, insensitive remarks by judges, uncooperative and disinterested public prosecutors, support person not being allowed inside the courtroom in cases involving children, though POCSO (2012) has this provision to enable a comfortable atmosphere for the child. Few good practices in contrast were 'judge being supportive', 'preventing defence lawyers from asking insensitive and repetitive questions', being given adequate information about court procedures and a set of dates for the hearing, creating a child friendly environment in the court and having supportive public prosecutors.

Informing about Trial

There were eight respondents who reported that they had never been called to court and that they did not have any information about the status of the case. Out of these eight, four were children, one an adolescent and three were adults. Four cases reported penetrative and four reported non penetrative sexual violence. In three cases, the incident occurred in 2013, three in 2014 and in two cases, the incident was reported in 2015. This indicates the long delay in reporting cases involving children and penetrative assaults.

Most of the respondents were informed about the court dates by the police either when they followed up or when the case came up for hearing. Only one respondent mentioned that she had received summons to be present in court. A 29-year-old survivor who had never gone to court said, *"We have not got any summons but we have gathered information from the internet. We did not know anything, not even the dates. So my husband searched the information from the internet."* In this case, the survivor's husband accessed the internet and was able to reach the court on the day of the hearing. However, majority of the survivors and their families have no other means to get information but through the courts.

The father of a five-year old said, *"After 6-7 months, I got a call from the police and I was called to the police chowky. When I went there he handed me a letter and said this is a letter from the court, I said okay and signed it and said I am ready to come and after that my dates for hearing started in the court."*

Hostile Questioning and Witness Intimidation

For the survivors who reached the court, they shared their discomfort about being asked humiliating questions by defence lawyers and repetitive questions by judges. Even the children were not spared the ordeal and the mother of a survivor expressed her distress on how the child was repeatedly asked to narrate details of the assault with questions such as how did the act of violence occur, where was the child touched. This type of questioning took a toll on the emotional well-being of survivors and their family members. It interfered with their recovery from the incident and caused secondary victimization.

The father of a six-year-old said that the child and her mother were asked by the defence lawyer, *"Did he remove clothes and then what did he (abuser) do?"* The father lamented, *"They were asking a whole lot of questions, now what to tell you madam! So my wife had a fight with him...the private lawyer (defence lawyer), when he was asking 'dirty words' (gandashabd)... he was asking my wife if the girl's clothes were removed ..."*

An eight-year-old's mother who was deposing as a witness shared, *"The lawyer who was from his side (defense), was asking different types of questions (veg veglevichtrapananevicharathota). You have sexual relations with your neighbor and so on..."*

The father of a 16-year-old said, *"The private lawyer was asking dirty questions. He asked if the girl's clothes were removed. He asked my daughter and even my wife..."*

Defence lawyers asked irrelevant questions not only to survivors but also to other witnesses.

A five-year-old's mother narrated, *"I was asked all kinds of personal questions by the defence lawyer other than those concerning the episode - Is this your second marriage? Why did you have an interreligious marriage?"* All these queries were to intimidate her and an attempt to malign the survivor's mother.

The mother of a 15-year-old survivor said, *"The Defence lawyer's behaviour was not right, he was not asking any questions properly, he was threatening and making us scared. First he asked me about my caste and then asked how my marriage was fixed..."*

The mother of a 14-year-old survivor said, *"They used to play mind games. They kept talking about random things, and then they would come back to the question, then again talk about other things and come back to the main matter. They were trying to confuse me by asking questions too fast..."*

Negligible Role of Public Prosecutor (PP)

Survivors informed that PPs would often be absent on the date of the hearing, sometimes even if they were in the court, they would disappear at the time of the hearing.

In the words of a survivor, *"Due to negative experience with PPs I prepare myself for the case by reading law books and observing lawyers at court ."*

A parent of a five-year old child shared that the PP was not present during the cross-examination of the mother, *"The PP was just listening. When the defence lawyer asked irrelevant and uncomfortable questions, the PP was just sitting there....When my statement was being recorded the PP disappeared, there was his lawyer and my lawyer, I was handling the situation alone because the defence lawyer was asking me difficult and tricky questions. He was asking questions which were not relevant, but I understood why they were torturing me."*

The court experience was particularly frustrating for one of the survivors as four PPs changed in a year. She said that she had just established a certain level of comfort and the first PP was responsive, when he was transferred and the later ones were not at all supportive. The survivor stated that the PP did not know anything about the case. The previous lawyer used to counter the opposition lawyer when he said something to discredit the survivor, but this lawyer did not know anything.

None of the survivors were equipped by the PPs to depose in the court, to answer questions and deal with cross-examination.

The parent of a five-year old was asked whether they had met the lawyer before depositing in court. She said, *"The lawyer did not explain anything, not even to my daughter, about how to give the statement. They just took the girl and made her stand in front of the judge, closed the door and started asking her questions. She told them whatever happened."*

Inconsistent Support in the Courtroom

Protection of Children from Sexual Offences Act, 2012 (POCSO), had laid down a specific procedure and powers to special court for recording of evidence in

the court. It says that the special court shall create a child friendly atmosphere by allowing a family member, a guardian, a friend or a relative in whom the child has trust or confidence, to be present in court. But this was found to be far from true. In the case of four minor survivors, they were asked to be inside the court without any support person and not even the parent or immediate family was allowed inside.

The mother of 5-year-old shared, *"My daughter's statement was taken thrice. But I was not informed or asked to be present. If her statement was going on I should have been allowed to sit with her but they allowed the accused and his mother sit together behind and I was asked to sit out."*

The mother of of a 13-year-old shared, *"They did not ask the child anything in front of We were kept separate. When my daughter was called inside it was in camera so the judge was there. Lawyers from both the sides, the accused and my daughter were there. I was not allowed."*

The mother of a seven-year-old said, *"My daughter's statement was taken properly I think. But I was not allowed inside. The judge, two lawyers, the accused were there. My daughter took oath and said that this is the man who did things to me."*

Blaming Survivor/Mistreatment

Some survivors reported that the treatment meted out to them was bad and they were blamed for the sexual violence. Some survivors also revealed instances of mistreatment at the hands of judges.

A 35-year-old survivor, who deposed for the first time in court was unable to answer a question by the defence lawyer as she got very scared. She also narrated how the judge scolded her but no effort was made to create a supportive atmosphere for her to depose without fear.

The mother of a nine-year-old survivor filed case against her husband for sexual abuse of her daughter and domestic violence against her and also applied for divorce in the court. She got free legal aid. The lawyer suggested that she withdraw the case. Her lawyer never used to come for hearing in the court. The judge accused her and stated that she was spoiling the name of a man, that she had a lot of free time and that she knew how women like her behaved. The woman expressed that she could not believe that this woman was a judge because of the use of derogatory language.

In another instance, the defence lawyer compelled the survivor to marry the abuser on grounds that this would reduce the punishment to the abuser. The abuser was known to the survivor and common friends kept pressurizing her to withdraw or settle the case. Building on this pressure, the defence lawyer told her how the abuser was definitely going to get punished as she was less than 18 years when he raped her. But he advised her to marry him so that at least he would be awarded a shorter punishment. The girl did not understand the implications of marrying the abuser. The lawyer did all this keeping the parents and the PP of the survivor out of the loop. When this was reported in court the veracity of her complaint of rape was questioned. It is only then that the girl realized the implications of what she had done!

A 17-year-old survivor who had eloped with her boyfriend was blamed by the judge saying that her family had to suffer a lot because of what she had done; even the lawyer representing her did not trust her and kept asking her to speak the truth.

Retrograde Decisions by Court

There were two cases where the court decisions tended to trivialize the offence of rape. These have been described below:

In the case of a 16-year-old survivor who decided to get married to the abuser, the judge did not attempt to understand or make an effort to understand the

circumstances or the reasons for her marriage. The survivor said, *"He used to say marry me, I won't let you get married to anyone else. So I did it. If I married someone of my parents' choice, he (accused) would have created a ruckus. That's why to avoid such scenes I said I'd marry him, expecting him to improve. My father warned me, 'Don't let him off. He will behave like this again.' But I didn't listen to him. I told this is court and then Sir (Judge) asked my mother-in law that this girl is willing to live with your son, it's up to you to look after her. She said she will look after me as her own daughter. The judge told them that he will release him (acquit) if they promised to take good care of me."*

The experience of RBK indicates how court decisions may not always ensure the safety of the child:

RBK's parents had separated and she lived with her father and paternal grandmother. She used to visit her mother once a week. During one visit, her maternal uncle sexually abused her by touching her genitals and inserting his finger into her vagina. She disclosed this to her grandmother and they reported the matter to the police. The child suffered a lot as her mother trivialized it and pressurized her to change her statement. Despite medical evidence in the form of history given to the gynaecologist as well as a clinical psychologist, she was continuously doubted by her mother as well as the court. The father requested the court that the child not be sent to the mother's house to ensure her safety. He submitted to the court that he would take a house on rent close by where the mother could come and stay with the child once a week. The court issued an order stating that the mother should meet the child in a house where her brother would have no access. This was not in the interest of the child as the child continued to visit her mother. Although the court had ruled that the mother should meet her in the house where her brother did not live, the child shared that her uncle visited her when she went to her mother's house. In fact the child suffered another incident of sexual violence from the same uncle thus causing more harm and suffering. The court did not consider any other mechanism such as the CWC to assess the safety of the child or

accept the plea of the father that the mother meet the child in the house that he offered to take on rent.

Rigmarole of Criminal Justice System

Delay in Trials

Nearly 45 respondents shared that the first hearing was held within a year. Thirty of them said that it was held within six months. Amongst these 45, 14 were children, 16 were adolescents and 15 were adults. In majority of the cases (32) where the first hearing began within one year, were those who had filed complaints of penetrative sexual violence. Of those that came up for hearing after one year, most of them were cases of survivors below twelve. This indicates that the provisions under POCSO are not being followed. This is a matter of concern.

Table 6.1: Gap between FIR and First Hearing in Court

	Frequency	Percentage
Within 3 months	4	6.5
3-6 months	26	41.9
6-12 months	15	24.2
After 12 months	6	9.7
NA	11	17.7
Total	62	100.0

**4 Did not file FIR*

Many of them expressed anguish over the delay in initiating hearings in the court. Four of them said that the case had not yet reached the court. Despite repeated follow ups at the court, five respondents shared that they had no idea about the court case.

Final Judgement

In 19 cases out of 62, the final judgment had been given. Out of these 19 cases, 8 ended in conviction while there was acquittal in 11 cases. In all these cases, the survivors are below eighteen years of age. All cases of adult women are still in trial.

Table 6.1: Gap between FIR and First Hearing in Court

	Type of Cases			Total
	Elopement	Abuse of Survivor aged 0-12	Abuse of Survivor 13-17	
Less than 1 year	0	0	2	2
1-2 years	1	1	1	3
2-3 years	1	2	1	4
3-4 years	1	2	2	5
4-5 years	0	2	3	5
Total	3	7	9	19

Multiple Visits

The number of court visits ranged from not being called even once to being called 24 times in six months (once very week). Survivors narrated that the court visits were multiple because sometimes the Public Prosecutor was absent and sometimes the defence lawyer would not turn up. However, no efforts were made by the system to communicate that there would not be any court hearing.

Survivors have had to negotiate and request the police to convey that they could not attend court hearings due to ill health or examinations; but when they reached the court, the defence lawyer would cite some reasons and again change dates. This rigmarole got so tiring that a 16-year-old survivor and her family finally withdrew the case.

Her father said, *"See we don't have money; second thing is if the date comes up, then we have to go to the court and I cannot go for work; that is our biggest problem. Our house will not run. Because of all these things I became quiet (meaning stopped following up)....."*

In another case, the father of a 16-year-old stated, "Our legal system is such that the advocate does not come, this person, that person does not come. We would go there and wait till 2 - 3 pm, sometimes even till the evening... and come back."

Good Practices

a. Establishing a Comforting Environment

Only eight respondents shared that a comforting environment was created while recording their statement in the court. The statement was recorded 'In camera' where only the survivor, judge, and lawyers from both the sides were allowed in the courtroom. Judges made efforts to comply with the provision that expects them to create a non-threatening environment by vacating the courtroom to enable the survivor to give a statement without fear. This was done mostly for children. Only one adult survivor reported that her trial was 'in camera' and attributed this to the fact that the abuser was a senior advocate. She felt that this was done not for safeguarding her interests but those of the accused.

In one instance, the mother of a five-year-old survivor revealed to the Judge and PP that the child was very scared and feared that she would not be able to speak in the court. The judge promptly carried out an in camera session. The judge also ensured that the child was not exposed to the abuser and was shown the face of the abuser on a screen for identification. The child was able to answer all questions asked by the Judge as well as identify the accused.

As per the POCSO these were steps expected of the judge but these were reported as supportive experience as the mother felt that judge responded to her concerns.

b. Disallowing Irrelevant Questions

Four survivors narrated that Judges intervened and stopped defence lawyers from asking irrelevant and insensitive questions. In two cases, warnings were also issued to defence lawyers if they continued to ask such questions.

A 20-year-old survivor said, "The defence lawyer repeatedly asked if I am putting false allegations on my father for money. That time judge madam told the lawyer ask new questions, don't repeat the same questions again and again. So it felt like the judge was on my side."

A 16-year-old who was abused by her boyfriend narrated, "The judge was very nice, very nice. There were two lawyers from the boy's side who would torture me about the case. The first was asking me the same questions about how do you know this boy, what did he do to you? Then the judge told him that why are you asking her the same questions."

c. Proactive Public Prosecutors

There were six respondents who shared that they got good support from PP in their case. The support they received ranged from offering immediate emotional support, preparing survivors for the questions by defence, informing about the next date of hearing in advance so that the family and the survivor did not waste a day in the court.

A 23-year-old survivor who had been assaulted by her friend said, *"On all the dates of court hearings, the defence lawyer used to come late for every hearing and used to ask for another date. I was regularly going for every date but nothing would happen. At last the judge also got annoyed and told the accused to compensate the time and travel expenses. The accused told the judge that he did not have the money and therefore could not give me any. The judge pointed out that he had bought a bike and if he could afford that, he could definitely pay me compensation."*

8. Effects on Health, Work and Education

8.1 Effects on Health

Sexual violence is known to have long-term consequences, which include physical, mental and behavioural health consequences. In this study, the respondents were asked about the health problems that persisted after the incident and those that they may have suffered later on due to the incident of sexual violence. The respondents reported various physical as well as mental health consequences that were experienced by survivors for a long time after the incident. While some sought treatment, others did not for various reasons. Either they did not realise that treatment was required or were worried about being asked about the history of sexual violence again. The interview process itself helped some of them to recognize the need to seek treatment.

Long-term Health Consequences

The commonly reported long-term mental health consequences by survivors were fear, feeling depressed, stress, loss of sleep, loss of appetite and attempted suicide.

In the case of children, 14% of the respondents reported that the survivors were scared, became quiet and experienced nightmares for three to four months after the incident.

"..Means it had affected my daughter so much for 3 - 4 months she was so scared that even if her father touched her she used to get scared- (suggesting that she was scared of male touch." (Mother of a 4.5 year old survivor).

"She was scared as she could not forget this. For a long time it was in her mind (Zehen). She used to miss school a lot (bohotkhadakartithi) - but now she is ok and goes regularly." (Mother of 14 years)

A child "becoming quiet" was a commonly reported problem. Those who had bad dreams/nightmares suffered this from three months to two years.

"Yes, he used to get very afraid, he sat in a corner of house, did not speak with anyone, he used to cry a lot I used to think how am I going to bring him out of this phase? I used to feel very guilty (for having failed to stop the abuse), that I am responsible for his condition, he used to sit in a corner, and even on TV if there was a mention of word baba (father) he would immediately curl himself up." (Mother of a boy who was abused by his father, mother was domestic violence survivor herself).

Also what emerged consistently was that most respondents said that the child survivors had not forgotten anything, they remembered the incident whenever there was a call or letter from the police or court. The follow up at the police station and in courts had been so frequent where the child had to repeat the incident so many times that there was no way she could forget it and move on. Parents expressed concern about the number of years the 'case' was going on and the fact that it prevented the child from moving on.

Parents said that their children got upset when they saw the perpetrator even after years.

" I feel like erasing it completely from her mind, I can see that she has not forgotten anything. I saw her searching for information on meditation centre on the internet" (Mother of an adolescent girl).

"It was constantly on her mind, that episode did not leave her mind at all. All that happened in the police station, then all that happened in the hospital,-- it was all too much for her!" (Parent of an adolescent girl).

"She is quite scared, she gets scared even if the phone rings. As soon as there is a phone call, she will come and ask me-'Do we have to go to court

again?' Now I have explained to her that she will not be called and that I will go to court and not her". (Mother of a seven-year-old survivor).

Adult survivors reported feeling stressed and depressed. Few survivors expressed suicidal thoughts/ideation. One survivor of marital rape who was also experiencing other forms of violence from her partner for several years sought treatment for depression.

"That time I did not speak any of this, I used to cry and blame myself that I was not able to do this (referring to lodging a police complaint). I used to feel that I am incapable of doing anything about the abuse. So now I feel that, that excessive crying was also related to depression" (Survivor of marital rape).

I have been in great depression, I was not able to eat, I had no money but by god's grace I got some people at every stage who used to motivate me, they were trying to help me come out of depression. So it impacted a lot on my health, there was hair loss, got some brown spots on my skin, something or the other was happening. But I am okay now." (Survivor cheated by her partner- False promise of marriage).

....Now it is better, but in the initial stages, I used to keep the door locked day and night, now since two years I have started mixing with people a bit. But before that, those five years I felt that I was in jail because I had shut contact with everyone. But it is very important to talk to people in such a situation. I had stopped doing that but if I had not have come out of it, I don't know what I would have done to myself."

"....The police harassed me so much, I have told madam (the counsellor) that I feel like ending my life, I cannot live like that, where do I go? I don't feel like talking to anyone, I cannot concentrate on my work, I have stopped going to work, I am surviving on the savings, and I have stopped eating."

Four survivors reported attempting suicide. Two survivors had attempted suicide after being abused. In one case, the abuser was a known person who raped her but promised to marry her, however, he and his family refused. The girl was devastated and attempted suicide. The other survivor was raped by a stranger in the public toilet repeatedly, which was recorded on a video. He used it to blackmail her and rape her several times. She could not take it anymore and attempted suicide. Both survivors suffered the physical consequences of this attempt. But the suicide attempt left them weak with constant health problems ranging from weakness, weight loss to sudden unconsciousness.

Another adolescent girl committed suicide by burning herself. A boy living in her neighbourhood forcibly took her inside his house and raped her. Her family members who were looking for her all around saw her coming out of the house in that state. Even as the family and others in the neighbourhood caught him and questioned him, the girl went to her house, poured kerosene and lit herself on fire. She was in hospital for a month where her dying declaration was taken and she was provided treatment but she did not survive. The survivor's family feels that she had no choice but to do this, and by having burnt herself she had proved her innocence to society and the court also believed her. They did not express any regret that she had committed suicide indicating the societal perceptions about rape being the worst thing that can happen to a young girl.

Changes in Behaviour due to Trauma

Parents reported behavioural changes in young girls less than twelve, that ranged from a habit of chewing clothes to touching the genitals to not maintaining any boundaries with strangers, chatting with them, taking money from them and so on.

"...Only thing is now her behaviour has changed- she is all the time roaming around, from here to there. She is out of the house for a long time-three three (repeated) hours she is out. Keeps playing outside, does not come home- If I ask she will say, 'I went here and was playing - this happened that happened'. 'I

spoke to this person- to that person.' Keeps telling all sorts of things."(Mother of a thirteen year old girl.

"Her treatment was going on for about seven months. She used to behave differently during that period. She used to aks us to shut off the lights and if we switched them on she used to scream aloud. This may be because she was kept in a dark room. So after the incident, she never liked to sit in the dark. After six months, I took her to my native place to my mother's place. We stayed there for fifteen days. I took her for outings, everybody took care of her and explained to her that it was her past and that this was her bright present. She used to scream when there was any noise or if anything fell. She used to recollect the sound of being beaten."

The incident of sexual violence and the experience thereafter affected some of the young girls in different ways. One girl found it difficult to cope in school and her grades kept falling. A young girl said that the taunting she used to get from neighbours and people around affected her a lot and she would feel miserable but she decided to focus on studies. When she excelled in her Standard 12 examination, she felt that people changed their behaviour.

Physical Health Consequences

Survivors attributed various physical health consequences to the abuse that they experienced. These include weakness, nausea, vomiting, giddiness, stomach ache, white discharge, tuberculosis, blood pressure, pain in thighs, backache, weight gain, irregular menstrual cycle and fibroids.

Delayed Treatment or No Treatment at all

It was evident from the narratives of the respondents that they didn't follow up for the treatment of immediate health consequences at the public hospitals where the medicolegal examination was done. They felt that the history of rape would be brought up again. As reported in the chapter on interface with the health

system, there was no emphasis laid on the need for follow up treatment. The hospital as well as the survivor and/or family perceived the hospital visit as part of the process of reporting rape and collecting evidence. Though most of them reported that the hospital staff was sensitive and polite, the entire procedure was perceived as part of 'police procedure'. None of those who experienced health complaints returned to the public hospital for treatment. Instead, they chose to visit private doctors for treatment.

The mental health consequences were untreated. None of those who spoke at length about the psychological impact of sexual violence on their children, had sought any treatment/care from a counsellor. Of all the children, only one child went for counselling for a year post the incident.

Young girls and women reported several reproductive health problems that remained untreated or treated when unbearable.

Following is a Case Study that Depicts the Barriers in Accessing Health Care

Background: A young girl, SRK was raped at the age of seven by a distant relative who belonged to the same community and lived nearby. The forms of rape perpetrated on her were penetration of vagina by finger and peno-anal penetration. She and her sister were playing when the perpetrator called her into the room and abused her. As her sister could not find her she informed the mother and everyone started looking for her. They found her but the man ran away. The girl was bleeding and was in pain. The parents rushed her to a local doctor who said that they should take her to a government hospital as this was a case of rape. They rushed her to the nearest hospital where she had to be admitted as she required treatment. The family and community were shocked and they stood behind the girl's family in locating the man and also in filing an FIR. At the hospital, the girl and her mother were provided counselling and treatment. They were informed about all the procedures ahead and asked to call the crisis centre in case of any problem. The police found the man and arrested

him. The case also came up for hearing. However, the hearing continued for some months. They had to go twice a month to the court and the entire day was spent in travel and waiting at the court. The government lawyer and the judge both were approachable and sensitive in their handling of the girl and her family. The perpetrator's wife and son were thrown out of their house by the family and boycotted by the village. They came to Mumbai and begged the survivor's family to withdraw the case as they were now homeless. There were several discussions with the family and also meetings in the community. Finally, they all felt that he had been adequately punished for his crime as he was in jail for three years. So the girl was told that she should now say in court that this is not the man who committed the crime. When the girl said this in court, the government lawyer was angry as the case had been going well and a conviction was indicated. The judge also was angry and spoke to the child and mother separately explaining the consequences of what the child was saying.

When SRK's mother was approached for participation in the study to understand the impact of rape, she was reluctant to speak initially. She agreed to participate in the interview only after she was convinced that this had nothing to do with the court or police. She told the counsellor who contacted her that SRK was absolutely fine and was doing well in school and there was no problem at all.

At the end of the interview, the mother shared that SRK had some white discharge but she did not go to any hospital as she was worried that they will ask about the rape case and it would create problems. She also revealed that the girl woke up at night and could not sleep. After considerable follow up by the counsellor who repeatedly reassured her that there would be no reference to the police, she finally came to hospital. SRK was examined and she had severe vaginal infection that required two weeks of strong antibiotics. The girl was also counselled and she opened up with her fears and concerns.

This is just one example to demonstrate the barriers in accessing health and psychosocial services for survivors of sexual violence, especially when they drop out of the criminal justice system. Dropping out of the system itself is a

result of complex factors as seen in this case study. The fear of being forced back into the criminal justice system puts a lot of pressure on the families to put up a picture that all is well with the survivor. This example helps conceptualise how support services can be created for survivors of rape so that they do not have any fear in accessing them.

Impact on the Health of Family Members

Family members of survivors spoke at length about how they helped their daughters come out of the episode and supported them through the interface with the police and court. But they spoke of the impact of all this on their own health.

"I cannot forget the incident that happened to my child. Can't sleep, keep thinking of what worse could have happened that day if I had not come in time. I am not scared or worried about her future as I have made her strong," said the mother of a survivor who has always been stressed or tense. She has suffered TB and is being treated for a thyroid problem. Her weight is as low as 22 kg.

Another case,

SS's marital family was against filing an FIR. They felt that this would ruin their 'honour' (izzat). The people around her also advised her not to pursue a case as nothing had happened. The fact was that SS had caught a young man living in the same building trying to penetrate her daughter. She came back from the shop in the nick of time and stopped him. But SS was firm that as her daughter was a five-year old innocent, she should not let the man get away with the crime. She said, *"If my daughter had been older, things may have been different, but given her tender age where was the question of her asking for it or enjoying it? So I went ahead and filed the complaint. But it has been five years since then. It has affected me deeply. I cannot sleep and can't stop thinking about what may have happened if I had reached few minutes later. How will my daughter survive in the future when I die?"*

She categorically stated that she is not fearful or afraid as in that case she would not have filed the case. Owing to the constant worrying, she has developed severe weakness. She had the complete course of treatment for tuberculosis but there has been no improvement in her health. She feels tired all the time, has aches and pains, is being treated for thyroid also. She has lost a lot of weight and is unable to do much work. She said, *"My daughter's weight is better than mine. I am 22 kg and she is 24 kg."* The doctor advised her to stop thinking all the time. She tries, but she says that she worries about the safety of her daughter all the time. The episode has affected SS deeply both mentally and physically but she said that she has made her daughter very strong. She has encouraged her to play football, which is not an easy choice for most families. The girl is physically strong, confident and capable. She said she does not let her own worries affect the girl and has made her capable of keeping herself safe.

The constant community pressure and taunts have affected the families of survivors, especially the mothers. One of the mothers has high blood pressure but the survivor is fine.

"I had two heart attacks on the same day, I was told that I can't be operated due to the nature of blockage. I could not work/cook. Harassment from neighbours made me attempt suicide - I took poison, doused myself with kerosene, have been seeking psychiatric treatment as I started beating myself with a belt." She has thoughts of harming and killing the perpetrator too. She is being currently treated for the same.

Concerns with Health

The respondents also spoke about several concerns related to health that the family had. A mother said that her daughter's vaginal opening has become big since the incident. This was informed to her by a private doctor and the doctor told her that it will remain like that.

Parents of girls were concerned about marriage and child bearing. "Will the husband find out about rape?" "Will she get pregnant?" "What will happen if they find out if she was raped?"

A survivor said: *"..... now also I get scared sometimes and wonder whether I will be able to conceive after marriage or not."*

One survivor felt that she has scant bleeding during periods because of repeated forced sex.

At the end of the interview, scientific information was provided to the survivors - that rape cannot affect the size of vaginal orifice in girls as the pelvic muscles tighten as they grow up and their concerns were laid to rest.

SD shared how her entire struggle to access justice had impacted her positively, making her more confident:

"You cannot save yourself, how would you save me?", said Chotu to his mother when she asked him why he did not tell her when the father sexually abused him for the first time. That was the turning point for SD who was facing abuse for several years. She was being forced into sexual acts that she did not like in addition to the physical, emotional and economic abuse from her husband. The forced sexual acts and demands that the husband made from her made her feel miserable and she even sought medical advice to find out whether there was a problem with her. The doctors and counsellors helped her become aware that this was sexual abuse. But when the husband sexually abused her son, she gathered courage to file a case of marital rape against the husband. Despite all documentary evidence, the police tried their best to discourage her. She did not give up and pursued her case despite all the insensitivity meted out to her, where the entire system and all those within it seemed to say *'the woman is lying- bai khota bolte aahe'*. She suffered depression but fought on bravely. The most validating moment for her was when her son said to her that he had faith in her.

8.2 Effect on Education

Nearly 45 survivors were students, most in (40) schools and a few (5) in colleges. Since the time of assault, it has been a difficult time for survivors to continue their academics. Seven survivors had to quit school after the episode.

Fear of the abuser was a serious impediment to continuing education. Despite having registered an FIR, and the accused being directed by the court not to reside in the vicinity of the survivor, several survivors stated that the accused had not moved out and in fact would follow, stand outside their house, keep staring and threaten them. Going to the police was also pointless as they never took the survivors seriously. These episodes created fear and anxiety among the survivors leading to their dropping out of school; in one instance, the survivor stopped getting out of the house even to use the public toilet. She would say that the minute she left her house she would find the perpetrator and his friends staring at her with a piercing gaze. She would go out of the house only when she was accompanied by her elder sister or mother, that too to use the public toilet.

- If the episode of sexual violence was known in schools, instead of creating an enabling environment, very often the teachers and management dissuaded survivors from attending school. Excuses such as the episode had an impact on the survivor who needed a break from school, insisting that she would not be able to perform well even if she attended school, were some of the messages given. One survivor had to stay at home for two full years; she was out of school because the school insisted that she would not be able to perform till the court hearings were over. In the case of child survivors with a disability, it was extremely challenging to find another school close to the residence, which accommodated a child mid-year.

Case Narrative

The following narration is by a father whose daughter was asked not to come to school till the court hearing was over. This reveals the deep impact it has had on the child's education and in their pursuit for justice.

F :Whatever has happened, it was a bad dream and we want to forget about that. And now we want to focus on her education and her future. That is also the reason why we took it back (case) as it was a hindrance (badha) in her education.

The main point and target is that the child and her future are very important. For example, if we get injured then we may be hospitalized for some days and the healing option from that injury is a must and what is required for regenerating it should be available. But if that option is not available or a lot of time goes into that, then it is not good as her future is getting spoilt then. And it does not feel good at all.

So therefore we took that decision (of taking back the case) and if we had applied for reopening for the case, I am confident that we would have won the case but it would have no meaning... means ----he is punished, but that would not have benefited us (Usko saja mil gayi to iska labh hoga kya, aisa kuch nahi hota). It would only be that he would have been punished. His family also became very soft, they apologized so we said ok. And we need to take her back towards education. Because, she is already deaf and dumb, and so her education was very important. So in order to get her back to education we did this, we put a full stop to all this matter...as court said there is no evidence.

Impact means, she failed last year so she lost that year and in the second year also she was kept in torture - they would keep asking her why did you speak to that boy, what were you doing there , why did that boy come near you?

R: This was happening in school?

Yes in school....but we still fought it out... so we explained saying that this boy came on his own to our house - my daughter did not go there, he is badmaash and so they also understood. Then they said ok we will look into it but would keep telling us that see this has happened once so be careful etc etc.. Basically, when they realized that the person is going to attack (panjamarnewalahai) then they were quiet. But when they felt that the person is going to silently listen to what they are saying they would just go on and on. That is how they have behaved throughout.

R: Is she still in the same school?

Yes

We thought- what are we doing and why are we doing this.- we have to nurture this plant - if we are giving too much water to it and we are thinking that it will grow fast then that will not happen. So if we now go for appeal in court and if her education is affected then what is the use? So it is better that we ...

So that is what we thought-for example if a rich man is walking on the street and someone attacks him - then what will he do will he keep his money or his life? So he will give away his money only na, why will he give his life? So that is what I thought- education is more important. Sending them to jail has no meaning and whether he reforms or not- who knows- there was another case against him someone told me- that boy is again in jail for a similar case, so that is what it is. That has become their mentality- they are living in small houses- we also live in a slum - but for them committing crimes becomes routine.

Now they have been set free so they feel they can commit more and get away.

Attending school and participating in activities would have enabled the survivors to move ahead in life; but such a response from the school further broke their self-esteem leading to feelings of self-blame. Because of ongoing safety concerns, fear for their school going children, in the absence of police support and school support, some parents came to the conclusion that dropping out of school was the only resort.

For survivors who continued going to school, parents/care givers reported that the child would feel singled out, sometimes remarks were passed by teachers and other kids and such experiences created a setback.

Only 2 out of 45 survivors received proactive support from their schools. In one instance, a senior teacher spoke to fellow students about problems arising from their questions to the survivor and how it impacted her; in another the school, principal personally assured the parents about the safety of the survivor at school. Only in one instance, the survivor narrated that she went back to studying with a focus of scoring high marks which would stop other classmates as well as those around her from constantly discussing her personal life. However, such experiences were far and few.

Some survivors found it very difficult to focus on studies and what was being taught to them. One survivor narrated that despite all her efforts, the content of the textbook could not be understood as her mind would keep recalling the episode. Parents were of the opinion that education was pivotal to becoming self-reliant. Upon the insistence of her parents, an adolescent survivor decided to pursue twelfth standard education, though she did not find much relevance in studying.

In other instances, families were compelled to look for vocational courses to build the skills of the survivor, who refused to return to formal schooling. For those who continued academic education in college, parents narrated their fear but also they did not want to hold back the child. They expressed anxiety when the survivor had to go for picnics, events or dinner with friends, but they allowed her to do so as they thought that these were important for her healing.

In the case of adult survivors too there were consequences that the children had to face.

SP is 25 years old and the incident of sexual violence took place eight months ago. She was sexually assaulted thrice by a neighbour. He had made a video of the act and threatened to circulate it, threatened her about coming back and that he would kill her son if she refused. She gathered courage and told her husband after the man sexually assaulted her thrice and also demanded INR 50000. That is when they decided to lodge a complaint. The abuser was released on bail and has been harassing them continuously. The bail order clearly states that he should not be seen in and around the survivor's residence. Violating this, the abuser has assaulted her husband and verbally abused SP constantly. They have had to go to the police station at least 20 times and have done everything they could to stop the abuse. It ranged from filing several NCs, making an application for cancellation of bail order, written to the state women's commission as well as appealed to the Deputy Commissioner of Police too. But the police was not helpful at all.

With no help from the police and constant threats and verbal abuse, the family is living in threat. SP finds it difficult to step out of the house even for daily chores. The children have had to miss school, her husband has had to take off from work to be with the family. The perpetrator threatened SP's daughters that he would put them in the gutter- such constant threats forced SP's husband to relocate with the family from a centrally located suburb in Mumbai to a far way suburb which has affected the quality of education for the children.

The husband said, "I had two options either to divorce or kill her or kill the accused- I decided to go the legal way". It has been more than four years and they continue to live in fear.

8.3 Effect on Work and Income

Survivors and carers both spoke of challenges at their workplaces following the assault. In the case of child survivors, often the carers have had to take time off from work and some quit work altogether. Carers could not disclose about sexual violence to any one at the workplace fearing loss of employment, or aspersions being cast on them and their children. However many reported that they had to take time off from work as numerous follow ups were required at the level of police stations and courts.

Many reported missing work from a few weeks to months. Considering that several families belonged to economically underprivileged sections, the nature of employment was daily wages or having a small business/shops. With each day taken off, the wages for the day would be deducted from their income. Those with small businesses or shops had to shut shop for at least three months. This compelled some families to seek loans from family members as well as from other sources.

Besides running the household, most reported spending money on travel to police stations and courts, purchasing food for the day and also having to bear travel expenses of close family members. They would feel secure having at least a member or two go to the court along with them.

A few working and middle class families mentioned that their family income was affected because they were not able to invest time and effort into work as a lot of time was spent in follow ups and yet there was no definitive outcome for many survivors. There were a few instances when the mothers of survivors took it upon themselves to follow up as the fathers who were primary earners could not miss work.

Women as main carers mentioned that though employed, they changed their routine to ensure that they were with the survivor and that she was never left alone. In one instance, a mother had to reduce the number of houses

she worked in as a domestic help so that she was always home before the survivor returned from school.

Others had to quit their jobs as the abusers were immediate and close family and hence they found it pointless to keep the child at any other place except with them. However, for some families with a very difficult hand to mouth existence, women reported doing all kinds of odd jobs such as stitching/mending/couriering so that they had enough money to feed the family for the day.

Of the 21 adult survivors, only three were employed in the formal sector while seven were working in the informal sector, some were still pursuing education. Two survivors expressed that they were terminated after the information about rape reached the employer and that too without settling dues. The employers did not want anything to do with the police. A lot of time and energy was spent by them on looking out for a new job and even if it meant less pay they had to take these up. In one instance, the sexual assault was at the workplace and the survivor had to struggle to file an FIR and move and pick up another job. One of the survivors who was a widow had the responsibility of earning an income to support herself and her in-laws who were old and dependent on her even as she fought her own battle for justice.

Few survivors who were working before the incident, but had left working expressed how afraid they felt when they left the house and it led them to actually quit work. This rendered them to be dependent on their natal families or spouses.

The experiences of survivors of sexual violence and their families bring out the huge economic setback faced by families leading to reduced income, loss of jobs and living with such fear that they were not able to get back to work.

The current employment status of the survivors was compared with that at the time of incident. It was seen that out of seven who were working in the informal sector, two had stopped working due to the incident. Amongst 45 who were studying at the time of incident, five stopped education after the incident, five started working in the informal sector, one student committed suicide after the incident, one girl who had taken admission for higher studies got married to the boy and is now a housewife. Five survivors reported that even if they had continued studying, they had to miss school or college for a few days or even a few months because of the incident which impacted their education.

8.4 Cost of Reporting Sexual Violence

The implications of surviving sexual violence are very high. Narratives of survivors bring forth several gaps existing in the redressal systems such as the police and Judiciary. With the advent of Protection of children against sexual offences (POCSO, 2012) and Criminal law amendment to rape (CLA 2013) there was a sense of optimism with regards to sensitive and quick redressals. But narratives of survivors refute it.

Hospitals

Survivors and families reported mixed experiences as far as the health care response was concerned. On an average, the waiting period for examination and treatment was a few hours, most said that the required medicolegal examination was carried out and treatment offered and hence survivors almost justified the waiting time in the context of receiving care. However, in some instances, survivors have reported denial of treatment as well as making treatment conditional to recording an FIR. Despite having an injury which required immediate medical care, the hospital staff insisted that the family bring a police requisition; only when the family was able to contact the police, the treatment of the survivor commenced. On the contrary, even having an FIR often did not lead to receiving immediate medical care.

In one instance, despite having registered an offence, the survivor was kept in the hospital for more than two weeks; and that too without providing her a medical termination of pregnancy.

As the number of days progressed and the pregnancy went over twenty weeks the hospital asked the survivor to bring a court order so that they could conduct a Medical Termination of Pregnancy (MTP) after twenty weeks. The health system did not recognize "rape" as a medicolegal emergency and insisted on a police requisition. When the pregnancy was an outcome of rape, the doctors were empowered by law to carry out the required procedure, but they did not.

Such a response pushed survivors to seek treatment from the private sector spending thousands of rupees.

In one instance, a survivor required surgery and the family incurred expenses close to INR 60000. The family had to run from pillar to post to secure the amount for the treatment.

Here too the private hospitals had an obligation under Section 357 Cr PC to provide free care to survivors, but they charged for the entire treatment. Though the law has a provision where the survivor can claim expenses incurred on health care arising out of sexual violence, the procedure for reclaiming the expenses is a long procedure, which they cannot afford.

The Police

Most survivors reported having to incur expenses vis a vis the police procedure. In very few instances, an FIR was recorded immediately after intimating the police about the crime. All the survivors had to go to a police station to record a complaint as against the legal provision that entitles the survivor to record a complaint at a place she finds most comforting. Even after reaching the police station, the complaint is not recorded in the first instance. Keeping the survivors waiting, sometimes dissuading and sometimes persuading them not to lodge a

complaint is more or less a common occurrence. Most survivors reported going to the police station multiple times to record their complaint; travel to the police stations and waiting time were expenses incurred, besides loss of daily wages.

With the passing of POCSO 2012, even if survivors under 18 years reported consensual sex, it was considered a crime. In one instance, the survivor's mother in law reported having to pay INR 25000 to the police as her then 17-year-old daughter-in-law absconded with her 21-year-old son (Accused in POCSO). After the couple was found, both sets of parents did not wish to record a police complaint and also discussed with the daughter that they would let her get married her when she turned 18 years old. Despite all this, the mother of the 21-year-old boy could get bail only after paying INR 25000. The couple married later and it has been a few years into the marriage but the man has to continue appearing for the court case in POCSO.

Court Procedures

Survivors reported having to spend a lot of money on pursuing legal procedures, follow ups with public prosecutors and attending court calls. In most cases, the survivors were accompanied by their family members, which meant spending money for travel for at least two people if not more for each court call. Most survivors lived far away and had to commute to the courts situated in the heart of the city. This led to spending money not just on travel but also meant loss of wages to family members. For those who were self-employed it meant letting go of the day's income, for others who were daily wage earners it meant not just missing wages but also not getting employment as the employer would reprimand them for missing work. Some survivors travel from outside the city just for the court case, renting a small room for a day to ensure that their belongings are safe. There is complete absence of pro-activeness on the part of the police to inform the survivor about court dates, public prosecutors make no efforts to explain the stage of the trial; but survivors continue to diligently follow up at the courts for dates, whether there is an effective or ineffective hearing.

Some survivors reported receiving support from their families. Families mortgaged their houses, ornaments, sought loans from relatives, gave up employment all of these in the quest of the criminal justice system. Doing so took a toll on the family income and general health. In a few cases, parents suffered serious health ailments that added pressure to the already existing economic strain on the family. Following up at the courts and uncertainty of these follow ups led to loss of jobs for some survivors and/or their parents, while in some instances they were asked to leave because they did not want the workplace to get any unwanted attention. Finding alternate jobs has also been arduous given the uncertainty in which survivors lead their daily lives.

9. Survivors' Recommendations for Change

All the research respondents who participated in the study did so after considering all possible consequences. As reported in the methodology, a large number of those who were contacted refused to participate in the study due to various reasons. The ones who participated did so with the understanding that their experience would help bring about some change. They had all come for the interview well prepared, with all their papers and with full commitment in terms of time. None of them asked the researchers to hurry up or expressed any concern with the time spent. What was most heartening for the research team was that each one of them said that they felt better after sharing their experience. They expressed feelings of hope, relief, satisfaction and unburdening of all their angst. Most of them, including their fathers cried during the interview and said that participation in the study was cathartic.

The interviews focused on what happened in their lives right from the incident of sexual violence, their thought processes post the incident, their considered decision to report the matter, their interaction with their immediate family, neighbours and so on. The first point of contact for most of them was the police system followed by the hospital system and the courts.

As described in the earlier chapters, most of the survivors and their families had to deal with unfriendly, intimidating and hostile institutions compounded by isolation, humiliation and hostility from the community. Having relived these experiences as part of the interview process, the respondents also reflected on what needed to change at various levels so that the people do not have to suffer. Nearly all the respondents who had registered the complaint said that they had decided to report the matter to the police so that the perpetrator did not do it to anyone else. They said, *"He should not do it to anyone"*, *"He should be punished so that he realizes his mistake"*, *"If we keep silent he will do this to more girls"*, *"If I don't report my daughter may feel we did not support her"*. These are some of their opinions. They had belief in the criminal justice system and never used the

language of "teaching a lesson" to the accused.

Despite the negative and hostile environment, most of them had not deterred one bit from their fight for justice. What was most heart wrenching was their resolve to seek justice, coping with all the institutional biases and prejudices therein, the isolation and ostracism by the neighbourhood and community at large, at workplaces and schools.

Their reflections on what needs to change is presented here and is invaluable as it is based on their lived experiences.

9.1 Recommendations for Formal System

The respondents recommended changes that need to be brought in when they access the police stations, hospital and courts in their struggle for justice.

i. The Police

At the police station, such complaints should be taken immediately as it is not easy for survivors to report. The police should understand how difficult it is to report such crimes.

" if anybody (emphatically) goes to a police station to make a complaint then that person should get help. (Uski madat karni chahiye) The person should not be told, 'Yes, I will do it, you sit' all this should not be happening. Everyone should be treated properly because many times what happens is that when anyone goes to file a complaint, then they are asked to wait for hours, the police keep doing other work and we remain seated there waiting, and when we sit there everybody keeps looking at us which makes us feel very bad and dirty (ganda lagta hai)."

The police should record what the person is telling them, ask relevant questions but not keep questioning the survivor. Almost all survivors felt that they were

treated as if they had committed a crime. The police should understand that the person reporting sexual violence has suffered a crime and not committed one.

"The police ask some irrelevant and wrong questions. She has already gone through so much and suffered, so in such cases, the police should support women and convey to them that they are with them and support them. But the police don't do that, instead they ask questions like, 'If this has happened then where did he touch you?' and ask it many times. I must say that this is not good at all as she has faced so much and these questions torture her more. Women who go to the police station go after a lot of thought hoping that what has happened with them will not be mentioned to anyone but the way they ask everyone one comes to know....."

"She should not be called again and again to the police station. Whatever is required should be done on her first visit only. According to me, this needs to be changed. Why does she have to keep coming to the police station to file an FIR, why is she made to cry and meet the higher authorities to get the complaint filed?" - In this context, the respondent added, "Women who want to report should be made aware that this is how insensitive the police is so just keep all your honour and shame aside as you will have to keep repeating what happened."

The respondents spoke about corruption in the police system at length. They felt that there needs to be a clear direction that the police must not indulge in 'settlements'.

There was an expectation that immediate action should be taken against the abuser when the incident is reported and in cases of repeated threats.

"She should not be taken for granted, she should be heard and given some support. Telling her 'Nothing will happen and if anything happens, then dial 100 and the police will come', is ineffective. It does not work, why do you wait till that stage? Why can't you trust her and take any action based on what she is telling you?"

On medical examination, the respondent said that the police needs to distinguish between when the medical examination is urgent and when it is not. Also they should not wait for the medical report and delay arrest.

The police must be trained to recognize sexual violence as a crime. This would require a change in their attitude. The respondents said that the police feel that crimes against women are less important than murders and other crimes.

"Their attitude may be due to their upbringing or because they are also a part of our society so even they....I have always observed in the high court it can be seen on their faces 'Bai khota bolte', _Woman is telling lies--- something of this sort is always seen on their faces."

Specific suggestions:

"There is a camera fixed everywhere, on the roads, in the police station; even in the cabin of the senior police inspector there should be a camera and it needs to be watched carefully. In some places, they have installed the camera but are not making use of it."

"One is that the CCTV at the police stations should not be turned outside but should be directed at the police only. CCTVs are facing the public, but it is the police who are taking bribes from under the table which never gets recorded. They have done this in front of me. I was standing at the police station and the CCTV camera is coming on me. The police is sitting under the CCTV and he is taking 500, 500 rupees from them and writing a complaint against me. Right before me."

ii. Hospital

Survivors said that the hospitals must prioritize treatment and not insist on police complaints. The time spent in the hospital for various procedures must be reduced. They also said that doctors should be supportive and ask questions sensitively.

One of them said

"We need lady doctors in those places, swift treatment without delay should be ensured."

- *Another said, "Change means the doctor should also be supportive. Now because this is a Bhabha hospital people over here are good, but all doctors are not the same, we cannot guarantee how they will treat the patient and what questions they will ask."*

Many were examined in the labour room and one of the mothers said,

"Examination in the labour room should be stopped because when I took her that time many women were in labour and they were screaming in pain so she was asking me what was happening to them and she was a little scared I made her sit in corner and asked the doctor to examine her quickly, but they said that they needed some time."

One of the survivors who was 22-years-old articulated that hospitals must maintain confidentiality. All that she wanted was an abortion to move on in life. But being single, the police and hospital insisted on informing her parents.

"If I could have kept it a secret without telling any relatives, my parents, then they would have felt the same affection for me, as they used to feel before. I would have remained in their heart (me tyanchya manat rahile aste). But now after all this, nobody is behaving with me in the same manner. So that's what I used to feel, they should not have mentioned this to my family."

iii. Courts

There were several concrete suggestions for changes at the court level. To begin with, there was a suggestion that there should be someone to orient those who go to court so that they are aware about the rules and procedures.

"Actually those who go to the court should get oriented to some of the rules beforehand. How things work here, because advocates also charge a lot for the small things, which we can do at our level. For instance, even if you want an order copy then you have to give an application. Most people don't know anything and there is no one to tell."

Sensible questions should be asked in the court by defense lawyers and there should be some discussion between the Public Prosecutor and the survivor and her family. This suggestion about the Public Prosecutor is critical as only one respondent had a positive experience with the Public Prosecutor. Most did not even understand that the PP was appointed by the government to represent their case. They felt that there was just no one on their side. Their interactions were limited to talking to the court clerk.

Tired with multiple visits to the court and the time taken, there was a recommendation that the court trial should start soon and further procedures should be done quickly.

Apart from this, there were two other suggestions one for a trained counsellor and the setting up of cells to provide support for women.

"Yes trained counsellors should be in the court too. Let the trained counsellor speak to the child and find out. You ask me to go a hospital; it has to have a trained child counsellor and keep the child counsellor's name confidential. Who is sitting inside, the name should not be known to anyone. Please keep it confidential or it will be known to all. Keep things confidential."

"I am just requesting this for women who go to the court. If you can set up a team in court where women who are sitting there can meet you and talk regarding what type of help they need, it will be very helpful. Because all women are not educated; very few women you will find are educated because most of them know nothing, they cannot read their names on the board, many times their name is called out but they are not aware of that and get the next date. So talking to them and giving information about whom they can approach for help goes a long way."

"Someone is required for sure - someone who knows the criminal justice system and also knows how the accused will work. Someone who know all this, who knows the police and the court system - someone who knows the court policy, who knows the rights of the victim and the rights of the accused also. If the person knows all four sides only then it will work."

As most survivors and their families were facing abuse from the accused, they expressed concern about granting of bail. The suggestions regarding this were:

"Apart from this, make it a law. Once an offence has been registered, your investigations can be done at a later stage but take the accused into custody first."

"Yes, action should be taken fast and then the accused should not get bail. The police take bribes and leave them, but the life of that girl gets affected."

When bail is granted the perception in the community is that he has been set free

"I think so because people change their mind and talk both ways. For instance, if the girl is unmarried and if her marriage is fixed, then they try to break that marriage. So it is important that they should be kept in jail. They have already ruined her life and by doing this they create more problems in her life plus her parents honour also gets affected (ma, baap ki ijrat kharab hojati hai na), they are not in a state to show their faces to anyone because of this."

Overall, they expressed their concern with the long time that court procedures take

.".....in our system, one has to run too much for follow up (bahut bhagna padta hai). One accepts this. But the problem is that there are several tedious procedures and loopholes (chakke panje) such as, 'This is required, that is required, this has to be done this way, etc etc....' and in all this a lot of time get wasted. The main point and target is that the child and her future are very important. For instance, if we get injured, we may be hospitalized for some days and the healing option is a must. What is required for regenerating should be available but if that option is not available, or a lot of time goes into that, then it is not good as her future is getting spoilt. And it does not feel good at all."

This articulation from the father of a child with disability depicts the concerns of most of the parents. They want the child to move on and focus on the future, at the same time the court procedures require her to remember every bit of what happened accurately. They found themselves torn between healing the survivor versus pursuing the case as they found the two contradicting each other.

Lastly there was a suggestion to set up a mechanism to monitor what was happening at the ground level. This was suggested by an adult woman who had to go to the police stations and courts repeatedly.

"There should be one team formed who can take stock of how many cases are filed and what is the progress on those cases and they should meet people personally, that is, those who have filed these cases and get the feedback about the response they are getting from the police. If this happens, it will be very goodIt should at every place, in hospital, court, police station everywhere this system should be there."

9.2 Recommendations for Informal System

"Survivor and family should not be isolated by society/community."

The respondents had several suggestions regarding changing mindsets. They felt that families who have suffered required support from society. Nearly 20% of the families had to relocate due to the community's hostility, while others had to live in the same place and face it.

"There is a need to create safe places for children to prevent sexual abuse."

As an example, the respondent said that private tuitions and schools should ensure that toilets are easily accessible so that girls do not have to go long distances and make themselves vulnerable.

"By keeping quiet you are encouraging the accused."

Young women recommended that girls be encouraged to make complaints if such incidents were to occur. They should not be scared of threats but come forward and report them. Only then will the abusers be punished.

Changing the mindset around marital rape

"Society has still not accepted that a woman is an independent individual and she has a right to say no even if it is a legal marriage; if she is not agreeing, then so be it. This means that she has the first right over her body and if she does not feel like engaging in a certain sexual act, then it should be respected."

Changing mindset

"People who have suffered should be supported and accepted by society. They should accept that these people are also from our society and if we don't support them, then who will support them? And if anything happens to anyone then do they become dirty?(unpedaag lag gaya?), It is not like that. I don't think so. In my opinion, they had that much courage that they went to the police and made a complaint."

"The main thing is people's perceptions (soch). If someone is strong he/she can handle it, but if someone is weak, then that person will commit suicide with his/her family. To whomsoever it happens - she will also commit suicide and in grief, her parents will also die. This must not happen. The dirty thinking which the neighbours have should change. That this has happened to her, 'we should help her and care for her' should be the attitude. But these people give more pain to the one already suffering."

"So I just want to say that neighborhood people should understand and try to help. If they cannot help then they should not trouble them or kill their spirit or compel them to commit suicide. My daughter was strong. She became independent, stood on her feet. She took care of me and her brother as well. She studied as well as earned, she was strong."

These expressions are pointers for the urgent need to work at the community level to change the mindsets of people about sexual violence. Recognizing and reporting it has been the focus of most awareness programmes but there is need to go beyond and speak about the criminal justice system. Demystifying the medical and court procedures is a must. The negative medical report, the granting of bail and the acquittal needs to be put in perspective. Such information and knowledge building would go a long way in changing community perceptions and reduce victimization of those who show the courage to seek justice.

10. Summing Up

This study is the first of its kind as it systematically enquires into the impact of reporting sexual violence on survivors and their families. It is widely acknowledged that sexual violence is highly under reported and so the ones that are reported are probably the tip of the iceberg. Recent evidence based on the NCRB data found that fewer than 1.5% of the victims of sexual violence in India report their assaults to the police, though there is some indication of increased reporting of incidents of rape to the police following a very high-profile fatal gang rape in Delhi in December 2012.⁵ A similar observation has been made in a CEHAT study based on hospital records that found that the numbers had increased threefold post the incident in Mumbai.⁶ However, the conviction rates remain as low as 18% (NCRB 2016).

It is also known that survivors who come out and report rape are fewer in number than the ones who do not speak out due to "family honour". Rape is seen as a loss of honour and not as violence inflicted on women. "*A woman is losing her chastity/modesty/honour*", "*rape being worse than death*", are notions that are deeply patriarchal. These focus on individual women and do not recognize the use of sexual violence as a systematic tool to oppress and silence women. These notions also create stereotypes of good and bad victims. A woman's character, her past relationships, whether she reported rape immediately or after, whether she had any marks of injury on her (did she struggle enough), and many such biases and prejudices are deeply entrenched in the way society as well as institutions respond to her. Rape is not about sex. It is about display of masculine power. Rapists are created by a society that devalues women and promotes rape culture. It is widely known that over 90% of rapists are known to the victim and are mostly partners, family members, neighbours or relatives. The notion that it is the working class migrant men in urban areas that women need to beware of is problematic.

⁵ McDougal et al., *Releasing the Tide: How Has a Shock to the Acceptability of Gender-Based Sexual Violence Affected Rape Reporting to Police in India?* Journal of Interpersonal Violence, 1-23, 2018.

⁶ Understanding dynamics of sexual violence, study of case records, CEHAT 2018.

A lot has been said and written on what needs to change at the level of institutions such as the police, health and courts, in the Justice Verma Committee (JVC) Report of 2013. The changes in rape law were followed by efforts to improve the response of various institutions through issuance of guidelines, protocol, setting up of child friendly courts, sensitization of personnel, amongst others.

The study is significant as it brings to the fore what is happening to those who report the incident of rape. It was conducted in 2017 when many of these directives had been implemented. Of the 66 respondents, two had decided not to enter the criminal justice system but focused on the safety and well-being of child survivors, one decided not to proceed after the hostile response of the police and hospital, and two others did not go ahead as the perpetrator could not be found. However, the rest of them had gone through the entire process or were in the process when they were interviewed. They all wanted justice and as they put it, *"He should be punished for what he has done. He should be punished so that he does not do this to anyone else"*.

It is evidenced that the journey of survivors who gather courage to disclose is not easy as they face unsupportive reactions from individuals as well as institutions (Ullman, 2000). The wide acceptance of rape myths make rape a peculiar offence where victim blaming is more common than any other crime (Grubb and Harrower, 2008; Bieneck and Krahe, 2011). Victim blaming has been associated with increased feelings of guilty suicidal ideation, shame, low self-esteem and self-blame among survivors (Kubany et.al., 1995; Ullman et.al., 2007). The personal beliefs and behaviour of social service workers are also sources of secondary victimization. These can manifest as belief in rape myths that blame the victim for the assault and which result in providers voicing doubt about the veracity of the victims' accounts, neglecting to offer important services such as pregnancy testing, informing rape survivors about HIV-AIDS and other sexually transmitted diseases, and legal prosecution of the sexual assault and the performance of services in ways that leave victims feeling "violated and re-raped" or which otherwise damage the victims' psychological well-being. Survivors spoke about victim blaming and entrenched manifestations of rape

myths in the way they described the unsupportive neighbourhood and the unsupportive responses from the public institutions that they had approached for redress and justice.

The experiences of the research participants reveal that surviving sexual violence is gruelling and the entire family suffers at various levels due to the prevailing attitudes of various stakeholders and the rigmarole of the system. The study makes an important contribution in terms of evidence on how the multi-level ecological factors affect survivors and their families. What emerges is the impact of secondary victimization that survivors and their families have to cope with. Secondary victimization refers to the behaviour and attitude of social service providers that are "victim-blaming" and insensitive, and which traumatize victims of violence who are being served by these agencies. Institutional practices and values that place the needs of the organization above the needs of clients or patients are implicated in the problem. Even very basic expectations from the police such as registering the complaint immediately, being treated with dignity, being taken seriously when they report continued threats and violence by the perpetrator were not met. Calling them repeatedly to the police station and asking them to repeat what happened, was a common experience. The health system did not create a conducive environment for all survivors. The court experience was overwhelming for most as they were left to themselves to deal with the criminal justice system and its procedural rigmarole.

This retraumatization burdens the survivor and her family, increases stress and prevents recovery from rape as evidenced in the on-going trauma and health consequences that the survivor and/or her family members are still suffering even after four-seven years of the incident. The respondents strongly recommended the need for a support person to handhold, explain the various steps in the CJS, and help them navigate the system.

Applying the ecological model to the experiences of respondents, we present the aftermath of reporting rape at different levels:

The study found that **at the individual level**, factors such as nature of assault, age and other sociodemographic variables did not have a direct bearing on health consequences and well-being. All of them reported immediate and/or long-term health consequences. Survivors of all ages came forward and disclosed various forms of sexual violence such as touching, attempt to rape and penetrative assaults.

The relationship with the abuser had a bearing on the mental health of the survivor. In cases where the abuser was an intimate partner, survivors suffered a psychological impact including suicidal ideation and attempts at suicide. For those who were sexually abused by intimate partners, the feeling of betrayal and being cheated was deep. And so was the feeling that the perpetrator must be punished. Even as one questions 'false promise to marriage' as rape, the survivors' narrations highlight the cycle of violence that they were entrapped in. Similarly, those survivors and their family members who had to live with continued threats from the abuser and/or his family, reported high stress levels and 'living in constant fear and anxiety'. The sexual nature of assault was a major barrier in accessing health care, especially reproductive health services and it also caused acute anxiety amongst young girls about whether the future partner would come to know about the incident, whether she would be to bear a child and so on. We could not speak directly to children but parents spoke about how they had helped them cope with it.

At the micro level, the study looked at the response of the immediate and extended family members. It was found that the family was supportive to children and adolescents. They tried to create a safe and healing environment for the children but restricted their mobility in many ways. The notions of 'good girls' do not spend a lot of time outside the house, layered clothing⁷ for pubertal girls were reported by some.

⁷ Young girls are often asked to wear several layers of clothing to hide the pubertal changes in the body to avoid male gaze.

For those who had eloped or had been cheated by their partners ('false promise to marriage') or raped by their husbands, the family was not supportive. They blamed the survivor for what had happened. These survivors found themselves lonely and under immense pressure due to the attitude of the family as there was a constant feeling that they had brought disgrace to the entire family.

The notion that 'punishing the accused' was the only way that society will believe that the survivor was 'telling the truth' was deep-rooted to such an extent that the families dreaded a negative court outcome. This was stronger amongst adult women and adolescent girls due to the victim blaming that they had to encounter. A young woman burnt herself and her brother perceived this as the only option and right step taken by her, which ensured justice for her.

At the meso level, the study looked at the response of the police, hospital and court. It was found that all three institutions were hostile and tough to navigate. The rape survivor was doubted and seen with suspicion from the police station to the court. Registering an FIR, which is the first step towards accessing justice was an arduous process. The negative experiences in these institutions had a long-lasting impact on the survivors and their families.

They had to face victim blaming at all institutions and it was disturbing that very few had positive experiences with the police and courts. The only exception was hospitals where most did not report negative experiences, which can be attributed to the presence of a crisis intervention department in these hospitals that brought them in touch with a counsellor/social worker who helped them navigate the system. Similarly, a few had support from NGOs, which was crucial in mitigating problems with the police and/or accessing other services. The experience of the young girls who were forced to runaway with their boyfriends due to domestic violence from their natal families, highlights the ordeal of what the couple has to go through because of the criminalization of consensual sex amongst adolescents. This requires urgent amendment in law.

At the macro level, the study explored the interaction with the larger community, neighbourhood, workplace, and schools in which survivors live and operate. It was found that the broader social environment was wrought with rape myths and a predominant rape culture. Nearly 20% of the survivors had to relocate to another place due to the victim blaming attitude of the community, which calls for changing the mindset. Overall, the ecosystem is that of disbelief of all rape survivors. The families found themselves completely isolated as most people around them did not want to associate with a family that had filed a 'rape' case. There was a lot of pressure, both direct and indirect, to settle the matter as the abuser was mostly from the same area. Parents were instructed by school authorities to change school or not send the child till the case was over. The lack of faith in the school system is evidenced by the fact that families of only five of the forty-five child survivors informed the school about what had happened. Many employers asked the survivor's parents to leave the job as they feared that the police would come there repeatedly. All these interactions stigmatized the survivors and their families, impacted their social interaction and deeply affected their economic well-being. The perceptions that 'granting of bail' and 'acquittal' meant that the girl/woman was lying or that it was a false case were so strong that these led to taunts, and harassment of the survivors and their families, causing them agony and making them feel helpless.

At the chrono system, the study explored the impact of other forms of discrimination. The study found that some of the survivors had to face multiple traumas such as abuse from more than one person, continued abuse and threat from the abuser, which had a debilitating effect on them. These were survivors who also experienced severe violations at the level of the police station and courts, which compounded the matter and made it more difficult for them to carry on their daily tasks and live with dignity.

Class, gender, caste and community deeply impact the reporting as well as the consequences of reporting. The responses of the formal and informal systems to survivors and their families explored in this study are enmeshed in the way class, caste and community of the survivors as well as abuse interplay. It does

not impact all survivors in the same way. Bhanwari Devi, a Sathin who was campaigning against child marriages in Rajasthan was gang raped by upper caste men. She faced insensitivity by the police, doctor and ultimately the district court pronounced that upper caste men could not have raped a Dalit woman. She continues to pursue justice as her case is still pending in the SC. There cannot be a hierarchy of victimhood, wherein the rape of a woman from the upper or middle class is considered more heinous than that of a working class woman. But the responses and impact may differ based on her access to resources and status. What always remains hidden is sexual violence perpetrated by the state, which is not in the scope of this study.

Table 10.1: Aftermath of reporting Sexual Violence

Ecological Level	Domains Explored	Study Findings
<p>Individual Factors - Bio-psycho-social characteristics of the person</p> <p>Micro system: Direct interpersonal interactions between individuals and members of their immediate environment such as families, friends, and peers</p>	<p>Sociodemographic variables: Age, community, income, education, employment</p> <p>Nature of assault: Type of assault, relationship to perpetrator, threats from perpetrator Health consequences- physical and mental Response of immediate and extended family Response of community</p>	<ul style="list-style-type: none"> - Threats by abuser had a negative effect - Relationship with the abuser impacts mental health - Sexual nature of assault as a barrier in accessing healthcare, especially reproductive health care - Support from immediate family for children and adolescents focusing on education

Ecological Level	Domains Explored	Study Findings
<p>Meso/exosystem: Interconnections / linkages between individuals, between individuals and systems; organizations and social systems (e.g., legal, medical, and mental health);</p> <p>Macro system: Societal norms, expectations, and beliefs that form the broader social environment</p> <p>Chrono system: Changes that occur over time between persons and their multiple environments</p>	<p>Police, Medical, Legal, Courts- Public Prosecutor, court experience</p> <p>Existing rape myths, messages about rape</p> <p>Cumulative trauma over a lifetime- witness to violence, caste, religion, community based discrimination/ violence</p>	<ul style="list-style-type: none"> - No support for elopement, false promise to marriage, IPV - Victim blaming at all levels- first point of contact being the police and Court - Crisis intervention department in hospitals - Not wanting to associate with family that filed SV case - Pressurizing them to settle - Bail and acquittals - Sense of justice- acquittal equated to false case - Schools not wanting survivors to continue - Employers not wanting survivors there - Brutal and continued abuse

What this means for Intervention

The experiences of survivors and their families with the community and the criminal justice system reflect the deep impact it has had on their lives. Efforts being made to make these less arduous do not seem to have made much difference. In fact, the respondents spoke vividly about the changes they recommend at the level of the public institutions, the change in societal attitude to rape and the support that they need. It is this aspect that requires thought and action and we need to conceptualize services for rape survivors to make them more relevant and effective. For example, the positive experience of survivors in the hospitals was due to the presence of a crisis intervention department. Although the counsellors offered continued support to the survivors, following up with them after hospital visit was difficult. The circumstances were such that they could not come back to the hospital's crisis intervention department. Most of them were lost to follow up. Of all the women who had come to the hospital, contact could be established with only 25% of them. Of the 66 who participated in the study, 30 required support and intervention but they had never contacted the counsellor or expressed the need in any earlier follow up call. So one very clear need is that all the three institutions - the police, hospital and court, have a crisis intervention /counselling department that provides support to every rape survivor.

There is an urgent need to reconceptualize services for survivors and their families to provide them with much needed support both in their pursuit for justice through the criminal justice system and also other social, economic and emotional support. There is a need to set up services that help them navigate the various systems to prevent retraumatization or secondary victimization. The health needs are not limited to immediate health consequences of the post incident, but there are long-term health consequences of the incident as well as various interactions with the larger social environment and institutions. These needs are not limited to the survivor but extend to the family as they survive in a community that is hostile and loaded with rape myths. The amended rape law mandates private hospitals to provide treatment and it is imperative that the medical associations

take a lead in ensuring that the private sector is held accountable and responds to specific health needs of survivors and their families and not refer them to public hospitals.

It is certain that much more needs to be done to help survivors and their families to overcome the trauma that they experience every day. Justice therefore is not just punishing the abuser but ensuring that the survivor is able to live with dignity.

Awareness about rights and procedures right from the time a rape is recorded till the court outcome, will make the journey of survivors in accessing justice bearable. As is evident from the study, there is a need to create awareness about the rights of survivors, demystify the procedures and create mechanisms for seeking redress in case of any violation of right. This will enable survivors to enter the criminal justice system and mitigate the insensitive and callous response of duty bearers. The socioeconomic consequences of reporting rape also need attention - ensuring access to compensation, support in accessing other welfare schemes, hostels for children, skill building/vocational training, services for persons with disabilities, are other needs that must be prioritized along with pursuing the case in court.

What the study also brings to the fore is the response of the informal system such as the neighbourhood and larger community that survivors and families have to cope with, which can be hostile irrespective of the form of sexual violence. It calls for awareness and change of attitude through focused interventions at multiple levels. Along with creating awareness about forms of sexual violence, it is also critical to question the rape myths and work towards inducing confidence through affirmative messages.

To conclude, institutional biases must be addressed and changes brought in at all levels to create a safe environment for those who seek justice. There is a need to institutionalize services that provide care and support to survivors and their families irrespective of whether they are in the criminal justice system or not.

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Annexure 1 Informed Consent Letters

Informed Consent 1

Namaste,

I amworking at CEHAT and/or Dilaasa.

You had come tohospital onfor treatment and we had met you and provided you with counseling services.

Now, how are you? What are you doing these days? Where are you staying?
Any concerns related to the incident?

Introduction to the study:

CEHAT has been working with the MCGM since 2008 to provide comprehensive health care to all survivors of sexual violence. Since then more than 720 survivors have benefited from this work. We now want to speak to all these survivors and with their help, understand their experiences of interfacing with formal agencies such as the police, hospital, public prosecutor, courts and informal agencies such as family, community. From the time they reported the incident of sexual violence, we would like to know all their positive and negative experiences. We want to understand how this incident has impacted their physical, mental health, their work/employment and their relationships.

Your experiences are valuable to us and based on the experiences, we will work towards what needs to change in the institutional responses so that survivors are able to access these services.

However, your participation in the study is voluntary and you can refuse to participate. If you refuse, please be assured that this will not have any bearing on the services.

We assure you of confidentiality if you agree to participate in the study. Your name and other identifiable details will not be revealed anywhere. We will need at least one hour for this interview. If you agree to participate, please tell us which place you prefer as the place for interview. We will conduct the interview as per your convenience. We would like to offer you INR 300 for the time and effort you are taking to participate in this study.

Informed Consent Form at the time of interview:

Thank you for agreeing to participate in the study

I work at CEHAT-Dilaasa. CEHAT is the research centre of Anusandhan Trust and works on health and related issues since 1994. Since 2008, CEHAT has been working with the MCGM to provide counseling services to survivors of sexual violence. In all these years, 720 such survivors have been provided services.

We are now conducting a study to understand the experiences of all the survivors and their families, with the hospital, police, lawyers and courts and also their experiences with the immediate and extended family and community. We are documenting the positive and negative experiences from the time of reporting the incident of sexual violence and the impact of the incident on their physical and mental health, on income and employment and relationships. We want to understand this from the perspective of the survivors. Based on the study, we will make efforts to bring about the necessary changes at the institutional levels so that all survivors are able to access these services with dignity.

Through this study, we will ask you some questions related to your experience with the hospital, police and legal system which will require about one hour of

your time. During the interview, if you do not feel like answering any question you can say so, if you feel like stopping the interview you can ask me to stop. You can withdraw your participation at any stage of the interview. All the information that you give us will remain only with the team working on this study. We understand that talking about all this will not be easy for you and we will not ask you any questions about the actual incident as these are already with us. We will only discuss what happened after the incident.

Your experience is valuable but the decision to participate in the study or not is completely yours. Your refusal will have no bearing on the services we provide. We assure you complete confidentiality, your name or other identifiable details will not be revealed in the report or other material that is published.

As you have travelled all the way for this interview, we would like to compensate your time and travel cost by giving you INR 300 as a token.

If you have any questions, please do ask me or if you want to contact us later you can call us on the numbers given below.

Sangeeta Rege,
CEHAT, Aaram Society Road, Vakola, Santacruz East, 55, 9029073154

If you have any questions about this process or doubt, you can call
Dr Anant Bhan at 7747012060or 94 201 601 70, iec@cehat.org.

If you agree to participate, then kindly sign below:

Survivor's consent

Consent of parent in case of survivor less than 18 years



Centre for Enquiry Into Health And Allied Themes

CEHAT is the research centre of Anusandhan Trust, conducting research, action, service and advocacy on a variety of public health issues. Socially relevant and rigorous academic health research and action at CEHAT is for the well-being of the disadvantaged masses, for strengthening people's health movements and for realizing the right to health care. CEHAT's objectives are to undertake socially relevant research and advocacy projects on various socio-political aspects of health; establish direct services and programmes to demonstrate how health services can be made accessible equitably and ethically; disseminate information through database and relevant publications, supported by a well-stocked and specialised library and a documentation centre.

CEHAT's projects are based on its ideological commitments and priorities, and are focused on four broad themes, (1) Health Services and Financing (2) Health Legislation, and Patients' Rights, (3) Women and Health, (4) Violence and Health.

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