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Crime Against Women in India

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FEMALE VICTIMS OF VIOLENT CRIMES AND ABUSES : AN OVERALL VIEW OF INDIAN SCENARIO

T. Millo*; O.P. Murty**

ABSTRACT

Violence against women constitute a violation of the rights and fundamental freedoms of women. In India, there is growing escalation of crimes against women. According to crime record Bureau Report, 2005¹⁵ there is still 0.8% increase from that of the previous year. There has been various laws and legislation to curb the crimes and abuses against women, but still the crime is in raising trend. This article deals with the violent crimes and abuses against women in India.

Keyword: Crime; Abuse; Legislation, Domestic violence, Crime against women; Gender crimes.

INTRODUCTION

Crime against women is a topic of serious concern in todays society in India. These is very much evident from the daily incidences. Almost everyday a case of sexual assault is being reported these days. There are multiple reasons for discrimination and crime against women in our Indian Society, inspite of fundamental rights to equality given in the Indian constitution. The cases reported to the police and published in the newspaper are just an iceberg of the crime against women.

The non-disclosure or delayed disclosure results in under estimation of data. In 1997 common wealth funded survey¹⁴ of the adolescent girls, 30% of girls surveyed with a history of physical or sexual abuse had told no one. Data from the National Crime Victimization Survey¹⁴ in U.S.A. indicates that only 30% of rapes are reported to the police and that only 50% are disclosed at all. In USA,¹⁴ one study of sexual aggression on college campuses, 27% of college women reported experiencing and 7.7% of college man reported perpetrating sexual assault, but almost none of these events had been reported to the police. There are multiple reasons for non-disclosure and delayed disclosure which will not be discussed here. In India, the reluctance to disclose is mainly due to shame, guilt and fear of society.

TYPESOFCRIMES

The various types of violence against women can be divided into the following three broad categories:

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- 1. Violence in the family
- Domestic violence
- Traditional practices like satipratha, forced purdah (veil) system, witch hunt, etc.
- Female infanticide
- Female child abuse
- Abandonment of female child
- Dowry related crimes
- Neglect and starvation
- 2. Violence in the community
- Sexual offences e.g. rape, molestation, harassment etc.
- Commercialised violence such as trafficking of women, forced prostitution, labour exploitation, pornography, kidnapping and abduction, and the exploitation of women migrant workers
- 3. Violence-by the state
- Sexual abuse in remand homes
- Custodial rape
- Women in armed conflict and refuge situations

TYPICAL FORMS OF DISCRIMINATION IN INDIAN SOCIETY

1. WITCH-HUNT

Within the country where women are worshiped like goddess, there is another India where she is branded a witch and mercilessly slaughtered, beaten, stoned, deserted, paraded nude, forced to eat poorly or unsuitable material or depersonalized. These are unfortunate women who become of variety of atrocities and physical abuse. The State of Jharkhand had recorded 200¹⁹ cases since 2000 while other states reported few to 15 cases per year. The rough estimate is much beyond the official figures.

2. FORCED PURDAH (VEIL) SYSTEM²⁰

Seclusion is enforced on women by burgas, ghonghatas, chhunat participation in social activities in one form or another. At one point of time, Indian women were attacked by foreign or inside invaders for their beauty and good attractive physique for temporary or long time sexual gratification. Society had invented the ways to cover the body modestly. It is still practiced in rural Northern India in families of all castes and religions. In one way, it protects them from bad eyes of opportunistic sex offenders. It becomes oppressive when same practice is enforced on educated and working class women. The groups enforcing

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	Year					Percentage
Crime Head	2001	2002	2003	2004	2005	variation in 2005 over 2004
Rape (Sec. 376 JPC)	16075	16373	15847	18233	18359	0.7
Kidnapping & Abduction (Sec. 363 to 373 IPC)	14645	14506	13296	15578	15750	1.1
Dowry Death (Sec. 302/304B IPC)	6851	6822	6208	7026	6787	-3.4
Torture (Sec. 498A IPC)	49170	49237	50703	58121	58319	0.3
Molestation (Sec. 354 IPC)	34124	33943	32939	34567	34175	-1.1
Sexual Harrassment (Sec. 509 IPC)	9746	10155	12325	10001	9984	-0.2
Importation of Girls (Sec. 366-B IPC)	114	76	46	89	149	67.4
Sati Prevention Act, 1987	0	0	0	0	1	100.0
Immoral Traffic (P) Act. 1956	8796	6598	5510	5748	5908	2.8
Indecent Rep. of Women (P) Act. 1986	1052	2508	1043	1378	2917	111.7
Dowry Prohibition Act, 1961	. 3222	2816	2684	3592	3204	-10.8
Total	143975	143034	140601	154333	155553	0.8

 Table 1: Crime head-wise incidents of crime against women during 2001-2005

 and percentage variation in 2005 over 2004

Source: National Crime Record Bureau, 2005

Table 2: Proportion of crime against (IPC) towards total	
IPC crimes	

SI. No. Year		Total IPC crimes	Crime against women (IPC cases)	Percentage to total IPC crimes	
1.	2001	17,69,308	1,30,725	7.4	
2.	2002	1/,80,330	1,31,112	7.4	
3.	2003	17,16,120	1,31,364	7.6	
4.	2004	18,32,015	1,43,615	7.8	
5.	2005	18,22,602	1,43,523	7.9	

Source: National Crime Record Bureau, 2005

these things do undermine the current needs of the society against their will.

3. SATI PRATHA

In ancient India when solders died in the war then wives were forced or abetted to commit suicide by putting themselves in fire. It had objectives to avoid remarriage, dependency for their all basic necessitates on families, problems of promiscuity, forceful seizure of families by rival group in the society. At that time those acts of human sacrifice were glorified. This medieval practice of sati – in which women is burnt alive on her husband's funeral pyre, is still prevalent in rural pockets of India, particularly in Rajasthan, Uttar Pradesh, Chattisgarh, Bihar and Jharkhand.²¹ Although there is already one Act Sati Prevention Act, 1987, is unable to eradicate completely.

Now, attempts are being made to make than free of charge of committing suicide which was labeled earlier under section 306 IPC.

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2	Beaten since age 15 years (%)	Beaten by husband (%)
Age		
15-19	21	19
20-29	21	19
30-39	23	21
40-49	20	18
Religion		
Hindu	21.2	19.1
Mustim	21.2	19. 1 ——
Christian	21.1	16.1
Social Group		
SC	27	25
ST	23	21
OBC	23	21
Other	16	14
Residence		
Rural	22.5	20
Urban	17	14
Wife's education		
Illiterate	22.5	23.6
Literate, not completed	19	17
Middle school		
Middle school completed	15	12
High school and above	9	6

Table 3: Married women's experience of beatings/ physical mistreatment

Source: NFHS 2, 1998

STATUTORY POSITION

There are various legislations in India to handle the crime against women, effectively. These are broadly classified under two categories:

- 1. The crimes under the Indian Penal Code (IPC)¹⁵
- (i) Rape (Sec. 376 IPC)
- (ii) Kidnapping and Abduction for different purposes (Sec. 363-373 IPC)
- (iii) Homicide for Dowry, Dowry deaths or their attempts (Sec. 302/304-B IPC)
- (iv) Torture-both mental and physical (Sec. 498-A IPC)
- (v) Molestation (Sec. 354 IPC)
- (vi) Sexual Harassment* (Sec. 509 IPC)
- (vii) Importation of girls (upto 21 years of age) (Sec. 366-B IPC)
- (*referred in the past as 'Eve-Teasing')
- 2. The crimes under the Special and Local Laws (SLL)¹⁵

Although all laws are not gender specific, the provisions of law affecting women significantly have been reviewed periodically and amendments carried out to keep pace with the emerging requirements. The gender specific laws for which crime statistics are recorded throughout the country are:-

- (i) Immoral Traffic (Prevention) Act, 1956
- (ii) Dowry Prohibition Act, 1961
- (iii) The Child Marriage Restraint (Amendment) Act, 1979
- (iv) Indecent Representation of Women (Prohibition) Act, 1986
- (v) Commission of Sati (Prevention) Act, 1987
- (vi) The protection of women from Domestic violence Act, 2005

MISUSE OF THE LAW

The law is good and its intention is to protect the women from injustice. But the people with wrong motive is tempted to look for loopholes in the law and misuse it for selfish motives. The following laws are frequently misused in the India.

- Section 498 A IPC and Section 302/304-B IPC: The misuse of dowry death law is not uncommon in this country while filling complaint, names of family members are entered indiscriminately. The rate of conviction in dowry related crimes is 2 percent in Delhi in about 70,000 cases lodged annually.²² These cases only lead to psychological, financial, social harassment. Men are on the receiving end because they cannot even go to anyone for relief.
- 2. Molestation (Sec 354 IPC)

Sexual harassment (Sec. 509 IPC): Using this section, the women may wrongly implicate the men for her selfish motive and blackmail him. It can be used to malign the reputation of men or for publicity.

- 3. Indecent representation of women prohibition Act 1986: The law has been misused in the past to malign some of the celebrities and get self publicity. For e.g. actress Shilpa Shetty and Artist M.F. Hussain had been charged by some person under these section.
- 4. The protection of women from domestic violence Act, 2005

This act came into force on 26th of October, 2006. The first case to be registered under this act as on 28 October, 2006 in Melapalayam P.S., outskirt of Trinelveli in Tamil Nadu State. The positive and negative points are discussed below.

ROLE OF MEDICAL PROFESSIONALS

The medical doctors have a crucial sole in the detection and treatment of the victims of crime. Besides, the medicolegal report provides the important evidence for the investigation and the trial of the accused. It helps in delivering justice to the victims of crime.

The medical professional is probably the one which is most likely to be confronted with victims of crime against women. This is because the victims usually turn up for their treatment when there is any violent crime, though they may not reveal the crime clearly to the doctors. When the crime is known to be committed due to the victims complaint or the police bringing the victims for medical examination, the emergency doctors treat the victim and refer it to the forensic medicine specialist who examines the case and writes down the medicolegal report using his expertise knowledge. But most of the time, the forensic medicine specialist doctors are not available in every hospital. The cases are mostly seen by the emergency doctors. Hence there should be greater awareness amongst the medical professions about the crime against women and the medical ethics involved.

PRINCIPLES AND GUIDELINES APPLICABLE TO MEDICAL PROFESSIONALS

There are important declarations⁷ and principle with reference to their especial aspects to be followed while examining and treating the victims of various crimes and torture.

1. Hippocratic oath

'I will keep the sick from harm and injustice' 'whatever houses I may visit, I will come for the benefit of the sick, remaining free of all intentional injustice'.

 Declaration of Geneva, World Medical Association (WMA)(1948)

'Consecrate my life to the service of humanity 'I will not permit considerations of religion, nationality, race, party politics or social standing to intervene between my duty and my parent' 'even under threat I will not use any medical knowledge contrary to the laws of humanity'.

- 3. Declaration of Tokyo, WMA (1975)
- Statement by international union of psychological science (1976).
- 5. Principle of medical ethics relevant to the role of health personal, particularly by physicians in the protection of **prisoners** and detainess against Torture and other cruel, in human or degrading treatment or punishment: U.N. (1982).
- 6. Declaration of Hawaii World Psychiatric Association (1983).
- 7. World conference on Human Rights (1993).

In India, most of the cases of violent crimes brought for medical examination are seen by general medical officer. However, wherever the forensic medicine specialist is available, he should follow the following minimum guidelines while examining and treating the victims of violent crimes and the general medical doctors should be aware of these guidelines, so that no crucial medical evidence is lost

- Immediate medical care
- Relevant medical history and detailed systematic medical examination
- Documenting the findings accurately and in detail
- Correct interpretation of injuries
- Retrieval and preservation of forensic evidences by standard scientific methods and maintain chain of evidence.
- In rape case unwanted pregnancy can be avoided by emergency contraceptive methods and sexually transmitted disease can be treated prophylactically.
- Refer to relevant specialist doctors like psychiatrist, clinical psychologist or social worker and organisations like N.G.O.s for further management and rehabilitation.
- Report all medicolegal case to competent authority for further investigation.
- Give honest opinion impartial objective, complete and scientific.

It is also very important to take informed consent for the medical examination and identifying the person by taking thumb impression and two identification marks. The patient has the right to refuse medical examination. However, the doctor can perform medical examination of the arrested person using reasonable force as per Sec. 53 of the Cr. P.C. The doctor should also make the victims aware of their rights as a human being, as many people are ignorant of it.

PRINCIPLES OF TREATMENT¹⁶

There are few important principles of treatment when dealing with the victims of crime.

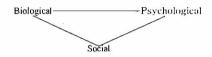
- Development of good rapport with the victim.
- · Respecting her as an individual.
- · Empathising with the victim and her family or
- Avoid situations, objects that remind the victim of the violent crime
- Explaining the nature and purpose of the interviews, examinations, investigations and therapies
- Treatment rooms should not look clinical in appearance but should be cosy and have pleasant colours.

These simple precautions will make the victim comfortable who may be already in shock. It will reduce the psychological trauma. The doctor should be a patient listener and comforter besides treating the victim. The treatment of victims of crime needs multidisciplinary approach involving various professionals.

Biological treatment is the treatment of physical injury by drugs and physiotherapy. The psychological treatment deals with the mental injury of the victim. There are many types of psychological treatment like supportive psychotherapy, insight psychotherapy, group therapy, family therapy, testimony therapy, relaxation techniques, meditation, cognitive behaviour therapy and behaviour therapies. And the social treatment should be started together with physical and psychological treatment and should involve the whole family. The following social service can be provided to the victim and her family, depending on the circumstances of the case:



Basically there are three angles of treatment which are interlinked.



Accommodation/housing facilities

Arrangement for food, travel and other basic physical and security needs.

Establishing contact with authorities and organisations that can help the victim and her family.

Investigating intra-familial problems arising out of torture and trying to sort them within the family itself.

- Efforts to minimise the social stigma of torture on the victim and her family.
- Assisting in legal matters such as hiring a lawyer, going to the court, claiming compensation, etc.
- Measures to habilitate/rehabilitate the victims of crime and her family.
- · Direct financial support etc
- Besides these, there could be many more social problems. Social counselling needs to be provided to the victim and the family accordingly.

There should also be a uniform guideline for medical examination of the medicolegal cases. These should mention the minimum required procedure to be followed for medical examination of different medicolegal cases. At present such uniform guideline does not exist in India. However the Indian Academy of forensic medicine is currently working on formulating a common minimum guidelines for medical examination of various medicolegal cases like rape, poisoning, torture etc. These will avoid missing important evidences and create an accountability for the doctor also. And also every medical doctor should be aware of these guidelines, because, forensic medicine specialist doctors are not available in every hospital. In the preparation of medicolegal report, the doctor should not be influenced by the accused or victim or any other external pressure from higher authorities. In the court of law the doctor is called as an expert witness. In deposing in the court, the doctor should retain independence of mind, be honest, impartial, unbiased and truthful. He should be strictly within what can be demonstrated and proven in order to be credible and useful. The doctor should remain absolutely impartial and objective, avoiding any hint of bias and imaginary conjectures despite the highly emotive situation which quite, naturally tends to colour the doctors attitude. The report written by doctor should have impartial details and photodocumented wherever possible to make it objective and unshakable. It is not worth even the slightest exaggeration or over interpretation of the physical findings. This will help in giving justice to the victim of the crime. A biased expert is a useless expert.

The forensic scientist too has an important role by contributing to the examination of forensic samples and the giving scientific report. The report should be scientific and authentic. To conclude, we would like to mention that justice delayed is justice denied. Therefore, the doctor should take all efforts to attend the crime victim and make a clear report and give the report to concerned authority for further investigation without delay.

DISCUSSION

India is a country of diversity with huge population. There are various cultures and religions. We have a male dominated society and the women are likely to be discriminated in various forms. But the law has given numerous provisions to protect the women from injustice. However, some laws have been misused by the women to harass the men, e.g. Sec 302/304-B/498-A IPC which deals with dowry related crimes has been frequently misused. As per the national crime record bureau, the incidence of crime against women has increased from 143795 in 2001 to 155553 in 2005, which suggests that the crime against women has increased. The government felt the need to bring another act which would protect the women from domestic violence. The protection of women from domestic violence Act, 2005 came into force on 26th October, 2006. The first case to be registered under this act was on 28th October 2006 in Melayapalayam P.S., outskirt of Trinelveli in Tamil Nadu. The complaint was lodged by Mrs. Benedict Mary, wife of Mr. Joseph. Mr. Joseph was immediately arrested and a case was registered under this act. (Times of Ibdia)

Majority of the females in India lack financial and social security especially those living in semi-urban and rural area. They work as house wives and field workers. When she is child then it is her duty to submit to her father and brothers. In adult life it is her duty to follow husband and children. Sne is always expected to show patience, forbearance, calmness of temperament, tolerant forgiving nature. Her behaviour and actions should always be controlled by men in one way or other. For many women, oppression and suppression are way of life in India.

The domestic violence Act has been enacted with the right motive to prevent domestic violence against women. But how far it will serve the purpose has to be observed in the future. But when we analyse at the act we can see many positive things as well as few negative aspects.

POSITIVE ASPECTS:

- It clearly defines and recognizes domestic violence for the first time.
- 2. The law treats all women including widows and live-in female partners on equal footing
- 3. Gives financial rights and the claim to residence to women.
- 4. Heavy penalties of upto 1 year of imprisonment and Rs. 20,000 as fine if found guilty.

NEGATIVE ASPECTS

- Could be misused to settle scores out of vengeance. Anti dowry legislation has also attracted similar criticism.
- Social pressures may still lead to under reporting and suppression of domestic violence cases.
- No additional resources provided for setting up of shelters or homes and appointment of protection officer.
- Slow bureaucratic and police process. It has taken a year for the act to be enforced.

The domestic violence Act, 2005 has given a new perspective to the existence of domestic violence. According to this act domestic violence is defined as any act, omission or commission or conduct of the respondent in case it.

- (a) harms or injuries or endangers the health, safety, life, limp or well-being, whether mental or physical, of the aggrieved person or tends to do so and includes causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse; or
- (b) harasses, harms, injures or endangers the aggrieved person with a view to coerce her or any other person related to her to meet any unlawful demand for any dowry or other property or valuable security; or
- (c) Has the effect of threatening the aggrieved person or any person related to her by any conduct mentioned in clause (a) or clause (b); or
- (d) Otherwise injuries or causes harm, whether physical or mental, to the aggregated person.

The new protection of women from domestic violence Act, 2005 is somewhat unique as it has expanded the definition of domestic violence as it covers physical, verbal or emotional violence by spouse. It covers insults, threats of abuse and dowry demands. The act empowers the wife (by allowing her to remain in her husband's home despite absence of property rights) and courts (by allowing them to pass protection orders). Estimates suggests that only one third of domestic violence cases are reported. A Council of Europe study found one in four women experience domestic violence in a given year. Eighty nine nations have legislative provisions that specifically address domestic violence. Marital rape is punishable in atleast 104 states. In South Africa, domestic violence is included in the promotion of equality and prevention of unfair discrimination act. The UK's domestic violence policy talks of intimidation, harassment, damage to property, threats and financial abuse. Gender based crime and violence against women has been increasing all over the world and is a clear reflection of the exploitation and discrimination of men against women. This may also be attributed to the systematic and institutionalized sense of societal injuries towards women.

The latest crime in India Statistics, 2005 reveals that crimes against women reported an increase over the year 2004. The total number of crimes against women reported in the year 2005 was 155553 showing an increase of 0.8% from 2004 (National Crime Records Bureau, 2005). The United Nations proclaimed the declaration on the elimination of violence against women. The term 'violence against women is defined in the 1993 declaration on the elimination of violence against women to mean: "any act of ender based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercison or arbitarbitrary of liberty, whether occurring in public or in private life".

CONCLUSION

Crime against women has been increasing all over the world. Indian women are victim of various kinds of crime and abuses including customs and traditional suppression. Various legislations have been passed, including the latest domestic violence Act 2005. There is a need for strict implementation of the laws, good education to bring awareness in the society. The health professionals can play big role in detection, treatment and rehabilitation of these victims.

REFERENCES

- 1. B. Knight. In: Forensic Pathology, Arnold, London 1991.
- 2. D. Forrest, B. Knight, G. Hinshelwood, J. Anand, V. Tonge. A guide to writing medical report on survivors of torture. *Forensic Sci.* Int. 1995; 76: 69-75.
- 3. D. Forrest. The physical effects of torture. *Forensic Sci.* Int. 1995; 76: 77-84.
- 4. J. Rainio, K. Lalu, A. Penttila. Independent forensic autopsies in an armed conflict: investigation of the

international Journal of Medical Toxicology & Legal Medicine, ISSN: 0972-0448, Vol. 8, No. 2, Jan - June 2006

victims from Racak, Kosovo. Forensic Sci. Int. 2001:-116: 171-185.

Hans Draminsky Peterson, Olav Minor Vedel. Assessment of human rights violations in Kashmir. Forrensic Sci. Int. 1994; 68: 103-115.

O.P. Murthy, George Paul. Bride burning and burnscertain differentiating aspects of injuries thereof. J Forensic Med and Tox. 1995; 12(384):13-27.

- Anil Kohli, NK Aggarwal OP Murty. Role of medical ethics in torture cases with two illustrations. J Forensic Med & Tox. 1997; 14(2):41-46.
- O.P. Murthy. Dowry Crimes investigation. Int. J Med. Tox & Legal Med. 2002: 11-15.
- Virendra Kumar, CB Tripsathi. Burnt wives: A sociological study. Int. J Med. Tox. & Leg. Med. 1999; 2(1): 27-34.

A:K. Agnihotri et al. Atrocities against women in Uttar Pradesh. Int. J. Med. Tox. & Leg. Med. 1999; 2(1): 9-11.

11. Anil Kohli et al. Medicolegal aspects of female forticide. J. Forensic Med & Tox. 13(3 & 4): 12-14

- P.C. Sahoo, H.K. Sahu. An eight year retrospective study of victims of sexual offences in Southern Orrisa. Int. J Med. Tox. & Leg. Med. 2000; 2(2).
- 13. Morgaret M. Stark. A physicians guide to clinical forensic medicine, Human Press, New Jersey 2000.
- Jonathan S. Olshaker. Forensic Emergency medicine, Lippincott Williams & Wilkins, Philadelphia, U.S.A., 2001.
- 15. National Crime Record Bureau, 2005
- AKN Sinha Institute (IMA) 'Torture medicine' course study material.
- 17. Times of India, New Delhi, 27th October, 2006: 13.
- 18. Hindustan Times, New Delhi, 27th October, 2006: 10.
- 19. Times of India, New Delhi, 12th November, 2006: 15.
- 20. Times of India, New Delhi, 5th November, 2006: 8.
- 21. Hindustan Times, New Delhi, 12th November, 2006: 1, 4.
- 22. Hindustan Times, New Delhi, 30th November, 2006; 16.
- 23. The protection of women from Domestic violence Act, 2005.