A Holistic care approach to safeguard the victims of sexual crimes

[1] Prof.Dr.R.Thilagaraj, [2] Dr.Remya.M.Raju
[1] Director (Academic).Centre for Excellence in Digital Forensics.Perungudi. Chennai, India,
[2]Assistant Professor, Department of Criminology & Police administration, DRBCCC Hindu College, Chennai.
Email - [1] rthilagaraj@gmail.com , [2] remorems@gmail.com

Abstract: *The impact of victimization is life-long and for many victims, life-changing. If the experience of victims in the criminal justice process is to be improved, there must be better understanding of the impact of victimization and of the need to treat victims of crime with courtesy, compassion, dignity, and sensitivity. Studies have shown that women do not come forward to report incidents of sexual crimes. The social stigma attached to these victims, the long and tedious process of criminal justice administration is some of the reasons that contribute to this system of acceptance of violence as a norm. There must be steady progress in raising awareness and expanding information services and assistance to victims of crime. Sensitization has to take place across various platforms, including the medical staff that is often the first port of call for the victim. This study attempts to highlight the current scenario of the Indian criminal justice response to victims of sexual crimes. The researcher also tries to bring out suggestions to recognize the needs of within the criminal justice as well as to recommend measures to strengthen the protection of victims of sexual crimes.*

Key Words: *Sexual crimes, Victim assistance, victimization, assault*

1. INTRODUCTION:

'It is up to all of us to ensure victims of sexual violence are not left to face these trials alone. Too often, survivors suffer in silence, fearing retribution, lack of support, or that the criminal justice system will fail to bring the perpetrator to justice. We must do more to raise awareness about the realities of sexual assault; confront and change insensitive attitudes wherever they persist; enhance training and education in the criminal justice system; and expand access to critical health, legal, and protection services for survivors'

President Barack Obama, April 2012

1.1Prevalence of Sexual Crimes in India

The World Health Organisation (WHO) defines Sexual Violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments/ advances and acts to traffic, or otherwise directed against a person's sexuality, using coercion, threats of harm, or physical force, by any person regardless of relationship to the victim in any setting, including but not limited to home and work" (WHO, 2003). It could include anything from touching another person's body in a sexual way without the person's consent to forced sexual intercourse --- oral and anal sexual acts, child molestation, fondling and attempted rape.

The number of reported cases of sexual crimes in India has been steadily rising over the past decade. This, according to researchers, is because more and more women are coming out to report incidents. According to National Crime Records Bureau's (NCRB) latest Crime in India, 2014 report (Table 1.10), there were 1, 32,939 sexual offences reported under IPC of which 36,735 were rape cases. Crime Rate is (Incidence of Crime Sexual Offences per one lakh of Women Population) is 22.16. The total number of cases under sexual offences pending for trial is 3, 12,187 in 2014 and number of cases convicted in 2014 is only 14,727 which implies that the judiciary has a huge responsibility to clear the backlog of cases for an impartial administration of justice. Timely disposal of cases is essential for maintaining the rule of law and providing access to justice which is a guaranteed fundamental right.

Table 1.10 Incidences of IPC Crimes under Sexual Offences and Disposal by the courts during 2014

Incidences- Crime Head	No of cases reported during the year	Total no of cases for trial during the year	No of Cases in which trials were completed	No of Cases convicted
Rape	36,735	12,543	17,649	4,944
Attempt to commit rape	4,234	4,806	1,016	149
Assault on women with intent to outrage her modesty	82,235	2,58,104	29,995	8,422
Insult to the modesty of women	9,735	36,734	5,778	1,212
Total	**1,32,939**	**3,12,187**	**54,438**	**14,727**

Source: Crime in India, 2014, National Crime Records Bureau

1.2 Reporting Sexual Assault

Choosing whether to report an assault is a very personal decision; either way, there can be profound consequences for the victim. Victims are very important *witnesses* for the criminal justice system when trying to apprehend and appropriately handle such *offenders*. In a sexual assault case, the victim is often the only witness. Reporting the assault can be an important step toward healing, and may prevent more sexual assaults by the same offender.

Research suggests that more than half of all sexual assaults are not reported to the police or other authorities. While few Complainants/survivors of violence often delay in reporting the violation to public authorities. Such non-reporting or delays may be due to a number of reasons, including the complainant/survivor's fear of stigmatization, humiliation, not being believed, and retaliation; financial or emotional dependence on the perpetrator; and distrust in, and lack of access to, responsible institutions, resulting from geographically inaccessible courts and lack of specialized criminal justice personnel. Despite these legitimate concerns, delays in the reporting of violence against women are often interpreted as demonstrating that the complainant/survivor is unreliable.

1.3 Secondary Victimization

Secondary victimization results from inadequate responses to victimization on the part of family, friends, service providers, or the criminal justice system. The survivor may feel a sense of injustice resulting from lack of information; lack of safety measures; perceived lack of interest by the police, courts, or corrections; delays in the court process; lack of contact or response from the appropriate players in the system; or loss of income or job resulting from the impact of the assault. In general, however, the impact of sexual assault on its survivors is far-reaching, affecting their physical and emotional health; their self-esteem; their relationships with family, friends, and the rest of the world; and their ability to work and carry on the normal activities of everyday life

Negative reactions (e.g. blaming and patronizing comments, treating the victim differently) by those in victims' social and support systems substantially impair their ability to heal. Such reactions are highly and consistently predictive of problematic psychological adjustment for victims. The higher the number of unsympathetic reactions victims receive, the worse their recovery (Ullman and Filipas, 2001). One study found that victims who received no support at all were better off than those who experienced any negative reactions to their victimization (Campbell et al., 2001).

Finkelhor and Browne (1985) identified stigmatization as one of four key dynamics explaining the link between sexual abuse victimization and negative emotional and social consequences for victims. Research has since documented that feelings of shame predict higher rates of post-traumatic stress disorder (PTSD) (Feiring and Taska, 2005; Feiring et al., 2002; Negrao et al., 2005), depression (Andrews, 1995; Andrews et al., 2000; Feiring et al., 1998, 2002), psychological distress (Coffey et al., 1996), and social problems (Feiring et al., 2000). Shame is a stronger predictor of ongoing trauma and depression for victims than the severity of the abuse or the nature of the victim–offender relationship (Feiring et al., 2002). The link between shame and traumatic symptoms can persist for years (Feiring and Taska, 2005) and has been established for children as well as adults and for both sexual and physical abuse victims (Deblinger and Runyon, 2005).

The media community is clearly aware of the potential harm for victims in disclosing their identity when reporting on crime. Commentaries on the ethics of crime reporting and being sensitive to crime victims' needs and concerns have increased over recent decades (McBride, 2004; Steele, 2002). The issue of addressing victims' right to privacy has been the topic of books (e.g. Cote and Simpson, 2000), and ethical codes and guidelines have been written to increase journalists' sensitivity in these cases. There seems to be some consensus in the field that the privacy of certain types of victims in particular should be protected, such as sexual assault victims and children, at least in most circumstances. Today, victims may be further traumatized by social media – through which the details of an assault can "go viral." While this is an un researched issue, a number of high profile sexual assault cases have drawn attention to this relatively new and disturbing dynamic.

In a major US study, Burgess and Holmstrom (1974) interviewed more than 600 survivors of sexual assault. The authors divided responses to sexual assault into two main phases. The acute phase, which occurs immediately after the assault and lasts for several weeks, results in the complete disruption of the survivor's life. The reorganization phase, which may overlap with the acute phase and continue for months or years, encompasses the survivor's process of reorganizing her disrupted life. The reorganization phase includes the pseudo-resolution phase, the working-through phase, and the termination phase, which may not be distinct from one another. In the acute phase, the survivor will react to the trauma of the assault with feelings of fear, helplessness, and loss of control, and will likely experience some

- Emotional reactions: A survivor's immediate response to sexual assault is characterized by disbelief, shock, and a wide range of emotions. Although fear of physical injury, mutilation, and/or death is common, she may also experience intense feelings of anger, humiliation, degradation, shame, embarrassment, self-blame, and guilt.

- Physical reactions: A survivor's physical reactions include soreness and bruising to specific areas where she may have been injury; headaches, fatigue, and sleep disturbances; loss of appetite and nausea; vaginal discharge, infection, and pain associated with gynecological symptoms; and side effects from anti pregnancy medication and from medication to prevent sexually transmitted diseases, such as nausea or temporary disruptions of her menstrual cycle.
- Behavioural reactions: A survivor's behavioural reactions may include disturbances in sleeping patterns because of nightmares; in eating patterns because of a decrease or increase in appetite, nausea, or complaints of food not tasting right; and in her ability to concentrate because she cannot block out thoughts about the sexual assault.
- Lifestyle changes: This may involve general upheaval in her living patterns, such as curtailing normal activities or not going to work or school. She may change her place of residence or her employment in order to avoid being constantly reminded of the assault, and she may change her phone number to give herself a feeling of safety. She may reach out in new directions for support.
- Nightmares: Survivors report two main types of nightmares: flashback dreams of the actual assault in which the woman wakes up screaming or fighting, and mastery dreams in which she gains power over the assailant or obtains revenge.
- Phobias: A survivor may develop fears in reaction to the circumstances of the assault. She may be afraid of being alone, of leaving the house, or of people who remind her of the assailant. If these are not acknowledged and validated, they can develop into paranoia, global anxiety, or phobias.
- Sexual dysfunction: A survivor may experience a range of reactions such as physical pain, loss of pleasure or interest in sex, or dread of sex. Sexual activity may trigger flashbacks and feelings of vulnerability and disgust.
- Compound reactions: Sometimes a survivor's reactions are compounded by problems with family, money, school, work, or substance abuse.

1.4 Addressing the Needs of Victims of Abuse

Whether it is a single incident or an ongoing pattern of abuse, sexual assault can undermine a victim's physical and emotional safety. An effective safety plan empowers the victim to reclaim a sense of safety and security by addressing immediate safety needs and outlining strategies to help reduce future incidents of harm. Unfortunately, constructing and implementing a safety plan cannot ensure that an individual will not face violence again; its goal is to help survivors be as safe as possible given their current life circumstances Over time, new concerns may arise that require adjusting the safety plan. For many survivors of sexual trauma, enhancing emotional, mental, physical, and economic safety will be a consideration for years after the assault.

2. ROLE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE IN INDIA IN PROTECTING THE VICTIMS:

The Ministry of Health and Family Welfare in India is committed to setting up of standardized protocols for care, treatment and rehabilitative services for survivors of sexual violence given the rise in the reported cases of violence against women and also the gaps in responding to the needs of survivors of sexual violence at various levels. Justice Verma Committee report 2013 was the first one to highlight the need to standardize medical evidence collection during such victim's treatment process. These protocols recognize the role of the health sector towards providing empathetic support and rebuilding lives after assault. They propose to provide clear directives to all health facilities to ensure that all survivors of all forms of sexual violence, have immediate access to health care services that includes immediate and follow up treatment, post rape care including emergency contraception, post exposure prophylaxis for HIV prevention and access to safe abortion services, police protection, emergency shelter, documentation of cases, forensic services and referrals for legal aid and other services. It recognizes the need to create an enabling environment for survivors/victims where they can speak out about abuse without fear of being blamed, where they can receive empathetic support in their struggle for justice and rebuild their lives after the assault. Sensitive handling can reduce self blame and enhance healing for survivors. It also recognises the critical role of health professionals in their interface with the police, CWCs and judiciary.

According to Dr Nata Menabde WHO Representative to India 2014, 'WHO will continue to play a significant role in generating evidence of the health consequences of Violence against women, build health systems capacity and partner with other sectors to adapt an integrated approach in addressing this public health issue. The adoption and enforcement of national laws to address and punish all forms of violence against women and girls, in line with international human rights standards, is one of the five key outcomes which the Secretary-General's campaign "UNiTE to End Violence against Women" aims to achieve in all countries by 2015.

3. MEDICAL CARE:

Sexual Assault has consequences on both physical and psychological health of the survivor. It is therefore crucial that immediate and appropriate medical and psychosocial support is provided to the survivor and this is the responsibility of the health facility. As per Section 164(A) of the Criminal Procedure Code, any Registered Medical Practitioner can conduct a medico-legal examination for sexual assault. The Supreme Court of India has clarified in a judgment in 2000 that a police requisition is not required in order to conduct a medical examination. The Criminal Law Amendment Act (CLA) 2013 has recognised right to treatment for all survivors/victims /victims of sexual violence by the public and private health care facilities. Failure to treat is now an offence under the law. The law further disallows any reference to past sexual practices of the survivor.

According to The World Health Organization guidelines, Health professionals need to respond comprehensively to the needs of survivors. The components of a comprehensive response include:

- Providing necessary medical support to the survivor of sexual violence.
- Establishing a uniform method of examination and evidence collection by following the protocols. [in the Sexual Assault Forensic Evidence (SAFE) kit]
- Informed consent for examination, evidence collection and informing the police.
- First contact psychological support and validation.
- Maintaining a clear and fool-proof chain of custody of medical evidence collected.
- Referring to appropriate agencies for further assistance (eg. Legal support services, shelter services, etc).

Clinical guidelines for responding to sexual assault, (WHO, 2013): Health-care providers should, as a minimum, offer first-line support when women disclose violence. First Line support includes:

- Ensuring consultation is conducted in private.
- Ensuring confidentiality, while informing women of limits of confidentiality.
- Being non-judgmental and supportive and validating what the woman is saying.
- providing practical care and support that responds to her concerns, but does not intrude
- asking about her history of violence, listening carefully, but not pressuring her to talk (care should be taken when discussing sensitive topics when interpreters are involved)
- helping her access information about resources, including legal and other services that she might think helpful
- assisting her to increase safety for herself and her children, where needed
- Providing or mobilizing social support of doctors are unable to provide first-line support, they should ensure that someone else at the health facility is available to do so.

Health professionals have to interface with other agencies such as the police, public prosecutors, and judiciary and child welfare committees to ensure comprehensive care to survivors of sexual violence. The health sector has a therapeutic role and confidentiality of information and privacy in the entire course of examination and treatment must be ensured. The police should not be allowed to be present while details of the incident of sexual violence, examination, evidence collection and treatment are being sought from the survivor.

- The police cannot interfere with the duties of a health professional. They cannot take away the survivor immediately after evidence collection but must wait until treatment and care is provided.
- In the case of unaccompanied survivors brought by the police for sexual violence examination, police should not be asked to sign as witness in the medico legal form. In such situations, a senior medical officer or any health professional should sign as witness in the best interest of the survivor.
- Health professionals must not entertain questions from the police such as “whether rape occurred”, “whether survivor is capable of sexual intercourse”, “whether the person is capable of having sexual intercourse”. They should explain the nature of medico legal evidence, its limitations as well as the role of examining doctors as expert witnesses. Doctors are termed as “expert witness” by Law. As per 164 A, Cr.P.C., an examining doctor has to prepare a reasoned medical opinion without delay.

4. CRIMINAL JUSTICE RESPONSE:

Police authorities are of central importance to ensuring that perpetrators of violence are punished, especially with regard to investigating acts of violence against women, preserving evidence, and issuing indictments. The quality of police and prosecutor work is crucial in determining whether court proceedings are instituted or a person is convicted.

Police play a crucial role in any coordinated response to violence against women. However, Survivors/ complainants of violence against women often hesitate to call police because they fear that they might not be taken seriously or be considered to be lying and may have little confidence in the justice system. Laws increasingly include provisions on the duties of police officers in cases of violence against women.

Delays in the conduct of trials may increase the risk to the complainant of retaliation, particularly if the perpetrator is not in police custody. In addition, delays often deter the complainant from proceeding with prosecution.

Legal proceedings often re-victimize complainants/survivors. It is therefore important to ensure that legal proceedings are conducted in a manner that protects the safety of the complainant/survivor and provides her with options for her participation in the process.

Early legislative responses to violence against women tended to focus solely on criminalization and thus did not attempt to address the root causes of violence against women. Over time, however, the importance of including preventive measures in legislation has been increasingly emphasized. To date, many laws on violence against women have focused primarily on criminalization. It is important that legal frameworks move beyond this limited approach to make effective use of a range of areas of the law. Incorporates provisions on sensitization, prevention and detection and the rights of survivors of violence; creates specific institutional mechanisms to address violence against women; introduces regulations under criminal law; and establishes judicial protection for survivors. It is also important that legislation incorporate a multidisciplinary approach to addressing violence against women

The significant statements regarding the right to be free from sexual violence is enshrined in the international human rights law under, the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic (ICESCR), Social and Cultural Rights and the Convention of the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979.

The Right to Health is not a fundamental right in India. However, the Supreme Court has interpreted the Right to Life as including the Right to Health. It is often said that since health is a 'state subject', this matter should be looked into by the state. But since the medical examination of survivors of sexual assault is mandated by the Criminal Procedure Code, it is the responsibility of the Centre to ensure that medical examination and treatment protocols for sexual assault is made uniform across the country. The Criminal Law Amendment Act 2013, in Section 357C Cr.PC says that both private and public health professionals are obligated to provide treatment. Refusal of medical care to survivors/victims of sexual violence and acid attack amounts to an offence under Section 166B of the Indian Penal Code read with Section 357C of the Code of Criminal Procedure. Section 164 (A) of the Criminal Procedure Code lays out following legal obligations of the health worker in cases of sexual violence:

- Examination of a case of rape shall be conducted by a registered medical practitioner (RMP) employed in a hospital run by the government or a local authority and in the absence of such a practitioner, by any other RMP.
- Examination to be conducted without delay and a reasoned report to be prepared by the RMP
- Record consent obtained specifically for this examination.
- Exact time of start and close of examination to be recorded.
- RMP to forward report without delay to Investigating Officer (IO), and in turn IO to Magistrate.

5. VICTIM SERVICE PROGRAMS:

Research undertaken on empowerment of women who are victims of violence (Russell, 2002) identified four pervasive themes describing what women found to be empowering. These were:

- An integrated approach
- To be treated as deserving of the best response possible
- A proactive response
- A sense that their voices were being heard

Within these four pervasive themes, three empowerment components were consistently important to victims: provision of information, timeliness of responses, and being treated with respect. The following list summarizes what women who are victims of violence need:

- Safety
- Inclusion in the decision-making process.
- Respectful treatment
- Practical, accurate, and comprehensive information.
- Timely responses.
- Access to a range of resources.
- Support throughout the legal process where appropriate.
- Advocacy.
- Culturally appropriate services.
- A sense of security.
- Closure.
- Follow-up.

5.1 Victim Assistance programs for sexual assaults in India

1. CEHAT and the Brihanmumbai Municipal Corporation have set up a comprehensive model for responding to sexual assault at three public hospitals in Mumbai - Rajawadi Hospital, Oshiwara Maternity Home and Bandra Bhabha Hospital. The model is based on the guidelines laid down by the World Health Organization (WHO) and is the first of its kind to be established in the country. It has been operational since 2008 and 120 survivors of sexual assault have been responded to in this period.

   - A gender sensitive proforma for medical examination has been implemented, that lays emphasis on a detailed documentation of history and recording of only relevant examination findings. The proforma is gender sensitive in that it does NOT record any findings related to built of the survivor, past sexual history or irrelevant findings related to the hymen.
   - A manual too has been developed which provides step by step instructions to the examining doctor so that he/she may be able to conduct the examination in a scientific and sensitive manner.
   - An important feature of this model is that it lays emphasis on provision of treatment and psychosocial care to survivors of sexual assault, at the level of the hospital itself. Every survivor who reports to the hospitals is provided comprehensive medical care including testing and prophylaxis for sexually transmitted diseases (including HIV), treatment for injuries, pregnancy prophylaxis.
   - Psychosocial support too is provided to every survivor, including any help that she/he may require in lodging police complaints, legal help etc. Routine sensitization and capacity building of health professionals to build a perspective on sexual assault as well as skills to conduct medico legal examination and provide treatment to sexual assault survivors is being carried out. Standard Operating Procedures have been developed to ensure that all the procedures are performed appropriately in all cases. Monitoring committees have been appointed in each of the hospitals, who are responsible for ensuring that these SOPs are followed.

2. In a first in the country, Madhya Pradesh's capital Bhopal now has a one stop crisis centre 'Gauravi' for women who are victims of violence. At the centre, set up in Jai Prakash Hospital with the support of NGO Action Aid, victims can seek help by directly walking in or by calling a toll free number. Victims of rape, dowry harassment and domestic violence will get medical aid and also help in filing FIRs, legal advice and psychological counselling.

5.2 Victim Service Programs for sexual assaults in Developed Countries

5.2.1 Sexual Assault Nurse Examiner Programs

Sexual Assault Nurse Examiners (SANEs) are nurses trained in collecting forensic evidence while also attending to the victim's emotional and medical needs. An International Association of Forensic Nurses now certifies SANEs. Working with SANEs can provide a number of benefits for victims, including reduced waiting time for medical services, improved quality of the exam, increased access to medical services (such as STD treatment, pregnancy testing and prophylaxis), more referrals to victim services, and a greater likelihood of reporting assault to police. Because of the improved evidence collection and increased reporting rate, more charges are filed against perpetrators in SANE cases. SANEs are also able to serve as expert witnesses, leading to a higher conviction rate and longer sentences.

5.2.2. Rape Crisis Centres

Rape crisis centers (RCCs) are community-based organizations affiliated with the anti-rape movement that work to help victims of rape, sexual abuse, and sexual violence. Central to a community's rape response, RCCs provide a number of services, such as victim advocacy, crisis hotlines, community outreach, and education programs.

- **Crisis hotlines** are 24-hour 7 days a week phone lines that are offered by almost every RCC. Rape survivors can call and receive crisis intervention counselling free of charge, which may entail comforting the survivor, dispelling common rape myths, explaining legal and medical options, or providing referrals for other useful resources. Volunteers often serve as crisis counsellors for RCCs.
- **Counseling** services, either short-term or long-term may be provided by RCCs to rape survivors in order to promote their psychological well being in the aftermath of a traumatic event.
- **Legal advocates** may educate survivors about the legal process, assist them with getting protective orders against their assailant, and accompany survivors to meetings with the prosecutor or to their court date. The criminal justice system can be traumatic for some rape survivors and so legal advocates are present as a source of support. RCCs are generally neutral in terms of encouraging survivors to take legal action against their assailants.
- **Medical advocates** may educate survivors about forensic medical options and accompany survivors to the hospital to have a sexual assault evidentiary examination. While RCCs are generally neutral in terms of whether

or not to proceed with the legal process, they often encourage all survivors to get this examination so that if they later decide to prosecute, they will have evidence to help build their case.

- **Education** programs targeting various members of the community are commonplace among RCC activities. RCCs regularly go into schools, faith-based organizations, neighborhood associations, universities, and other places of social gathering to inform people about rape in their community, foster a feminist understanding of rape, dispel common myths about rape, and raise awareness about available services and resources.
- **Training** of law enforcement, health care providers, and attorneys has been an essential part of improving mainstream responsiveness to rape. RCCs use their expertise to develop programs that improve how rape survivors are treated in legal and medical settings. RCCs also often develop and train mainstream organizations in protocols that create a standard for their collaboration.
- **Prevention** programs undertaken by RCCs may be part of their educational programs, including teaching definitions of sexual violence, attempts to change survivor-blaming attitudes, engaging in role plays, fostering problem solving strategies, and even teaching self-defense to women so that they may fight off a potential assailant. Part of RCC efforts at prevention entail teaching women rape avoidance, i.e. behavioral strategies to reduce one's chances of getting raped.
- **Writing legislation** for lawmakers is a means by which RCCs have been able to make important reforms and infuse rape laws with a feminist perspective. RCCs are in a better position to write such laws because lawmakers often lack experience with and knowledge of rape.
- **Initiating projects** is a way that RCCs can spearhead efforts to get more resources in their communities. RCCs are often seen as ideal candidates to undertake the process of mobilizing support for a particular issue, delegating tasks to various community stakeholders, and applying for funding.
- **Outreach** programs advertise a Center's existence in the surrounding community. Fundraising and awareness campaigns aid communities in coming together to end sexual violence. In recent years RCCs have begun working on outreach projects with faith based communities, GLBTQ communities, and other groups of individuals who share a cultural identity. Some outreach projects specifically serve non-English speaking people in their respective communities.

5.2.3 Sexual Assault Services Program

The Sexual Assault Services Program (SASP), administered by the Office on Violence Against Women in the U.S. Department of Justice, was authorized in 2005 through the Violence Against Women Act as the first federal funding stream dedicated to the provision of direct services to victims of sexual violence Across the country, SASP funds support the critical services victims need most. SASP funds support services in every state. Formula grants are awarded to states, territories and tribes to support efforts to provide services to adult and minor sexual assault victims and their families. Grants can be used for critically important intervention and advocacy services, especially accompaniment through medical and criminal justice systems.

6. RECOMMENDATIONS:

- Survivors of sexual violence require immediate access to comprehensive and integrated services. Legislation should oblige the State to provide funding for, and/or contribute to establishing, comprehensive and integrated support services to assist survivors of violence. Victim Services Program to focus specifically on direct services and advocacy for victims of rape and sexual assault.
- To study and replicate the model of rape crisis centres, Sexual Assault Nurse Examiners program (SANE) and Sexual Assault Services Program followed in U.S for immediate access of services to victims, proper collection of evidences and proper care for the sexual assault victims.
- Need for Specialized law enforcement units in all states exclusively to handle cases of violence against women, and gender specific training and proper sensitization for criminal justice professionals. This new focus will encourage states and local law enforcement agencies to adopt practices that have proven effective in holding sexual assault offenders accountable. The trauma caused by a sexual assault can affect a victim's ability to interact with law enforcement, recall events, and manage emotions. When law enforcement officers understand the physiological effects of trauma, they can better elicit information from victims and understand their behaviour.
- Establishment of fast track courts in all states exclusively to handle cases of crimes against women and thereby increase the conviction rates.

7. CONCLUSION:

Sexual assault is pervasive because our culture still allows it to persist. Change needs to come from many quarters: our nation must adopt better policies and practices to prevent these crimes and to more effectively respond when they happen – both by holding offenders accountable and giving victims the help they need to physically and

emotionally recover. Comprehensive legislation is fundamental for an effective and coordinated response to violence against women encompassing not only the criminalization of all forms of violence against women and the effective prosecution and punishment of perpetrators, but also the prevention of violence, and the empowerment, support and protection of survivors.

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