Ref: AGGARWAL N.K., BHATIA M.S., AGARWAL B.B.L. Sexual Crimes Against Women: Scenario In Delhi. Anil Aggrawal's Internet Journal of Forensic Medicine and Toxicology, 2000; Vol. 1, No. 2 (July-Dec 2000); Published: July 23, 2000, (Accessed: Email Dr. Aggarwal by clicking here

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INDIA.

## SEXUAL CRIMES AGAINST WOMEN: SCENARIO IN DELHI

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## **Abstract (English)**

Sexual crimes against women are on the rise. The crimes are widely prevalent in every society, though most of them remain undetected and unreported. In India, sexual harassment, molestation and rape of women are common. Most of these sexual crimes are being committed by relatives and close acquaintances of the victim. Sexual crimes against psychiatric patients are also increasingly being reported. The common places where these crimes against psychiatric patients are committed (in decreasing frequency) are houses, offices, police custodies, prisons, homes for mentally retarded, hostels, orphanages, hospitals etc. There is need to increase the public awareness (to increasingly report the sexual crimes) and speedily implement the existing laws to curb this growing menace.

## **Abstract (German, Deutsch)**

Sexuelle Verbrechen gegen Frauen sind auf dem Anstieg. Die Verbrechen sind weit in jeder Gesellschaft überwiegend, zwar bleiben die meisten ihnen unentdeckt und nicht berichtet. In Indien ist sexueller Harassment, molestation und Raub der Frauen allgemein. Die meisten diesen sexuellen Verbrechen werden von den Verwandten festgelegt und bekannte des Opfers schließen. Sexuelle Verbrechen gegen psychiatrische Patienten werden auch in zunehmendem Maße berichtet. Die Common-Plätze, in denen diese Verbrechen gegen psychiatrische Patienten festgelegt werden (in abnehmender Frequenz) sind Häuser, Büros, Polizeischutz, Gefängnisse, Häuser für geistlich verzögert, Hostels, orphanages, Krankenhäuser usw.. Es gibt Notwendigkeit, das allgemeine Bewußtsein zu erhöhen (über die sexuellen Verbrechen in zunehmendem Maße berichten) und die vorhandenen Gesetze schnell einzuführen, um diese wachsende Drohung zu bändigen.

# Abstract (French, Française)

Les crimes sexuels contre des femmes sont sur l'élévation. Les crimes sont largement répandus dans chaque société, cependant la plupart d'entre eux reste non détectée et non rapportée. En Inde, le harassment, le molestation et le viol sexuels des femmes sont communs. La plupart de ces crimes sexuels sont commises par des parents et clôturent des connaissances de la victime. Des crimes sexuels contre les patients psychiatriques de plus en plus sont enregistrés également. Les endroits de terrain communal où ces crimes contre les patients psychiatriques sont commis (dans la fréquence décroissante) sont des maisons, des bureaux, des gardes de police, des prisons, des maisons pour mentalement retardé, des pensions, des orphanages, des hôpitaux etc... Il y a le besoin d'augmenter la conscience publique (pour enregistrer de plus en plus les crimes sexuels) et de mettre en application rapidement les lois existantes pour limiter cette menace croissante.

# **Key Words**

Rape, Sexual crime, Woman

# Introduction

I he very mention of the word sex titillates the senses, makes the blood run faster in the minds and hearts of all alike. Sigmund Freud had said that sexual satisfaction is analogous to satisfaction of hunger. Sex is a natural phenomenon and is necessary for the continuity of human race on this planet of earth and sexual exploitation is the worst form of degradation of those who indulge in it. Chastity is very important in the life of an Indian woman. Virginity is considered as an essential prerequisite for a girl to become a bride. The violation of virginity subjects a woman to considerable shame and humiliation.

There are various ways and forms in which sexual exploitation is practised. The most perverted and degrading form is rape. The term "rape" is derived from the Latin Word "rapere" meaning to steal, seize or carry away, it implies hiding and attacking woman by man for the satisfaction of his sexual desire. It is the ultimate violation of self. Incidence of rape, particularly among young and adolescent girls is reported almost daily. It has become part of almost every TV serial, where various methods of procuring the women are reported. Rape shakes the very foundations of victim's life. It not only humiliates and makes a woman powerless, but for many, the effects are long lasting. The capacity for personal relationship gets impaired and endless fear is generated (Aggarwal, 1995; Pratidhi, 1996). Various women's organizations are working throughout the world to protect the women against atrocities but in spite of these efforts, the atrocities are increasing day by day.Sexual crimes against women in India are very common (Aggarwal, 1997). Though most of these remain undetected and unreported, the actual incidence is on the rise (IMA, 1996). The crimes which are reported represent only the part of the tip of iceberg. The reasons cited for low reporting in India are many like - due to *family pressure* (especially when the head of the family or a close relative is involved); *social pressure* (especially when an important member of the society is involved); *personal reasons* (IMA 1996) due to lack of awareness or being not able to report due to psychosis or due to fear of being further ridiculed and unaccepted; *cultural factors* (when incestuous relations or premarital sex is culturally accepted); legal reasons (due to lack of faith in law -enforcing agencies or due to fear of being further ridiculed and unaccepted; *cultural factors* (when incestuous relations or premarital sex is culturally accepted); legal reasons (due to faith in law -enforcing agencies or due to fear of being further ridiculed or judicial facto

# **Scenario In The World**

It has been reported in the West that every nine minutes a woman is raped and this does not include the unreported cases (Aggarwal, 1995). It is believed that for every case that finds its way into police files, two, three or even four are never reported. Many women feel that nothing will be done about it anyway and she will be put under harassment and shame. The victim may appear frightened because assailants may have threatened to return and kill her or her near one if she went to the police. Finkelhor's study (1979) revealed that 20% of female and 10% of male students had been sexually abused as children. One estimate is that one in six women will be raped in her lifetime. The incidence is continuously increasing (Martin et al, 1983).In a study of rape cases in the USA, Smithyman (1995) (Characteristics of undetected rapists) says that for every 100 rape cases, only 25 are reported to the police, only 13 persons are arrested, 9 persons prosecuted and less than 5 convicted. The National Crime Victim Survey in Australia found that only 32% of victims of rape or attempted rape had reported the crime. In India also, the actual incidence of crime, is about ten times more than what is reported (IMA 1996).

### Scenario in India

In a report (Hindustan Times, 1996a), a total of 12,204 cases were reported in the country against 11,204 cases in 1993 and 12,351, in 1994. As far as molestation is concerned, in 1993 as many as 20,985 cases were reported which increased to 24,117 in 1994 and touched a high of 25,446 in 1995.

Despite the fact that Delhi is having the highest per capita income, it has more than 2.1 million people living in poverty. the majority of girls and women are vulnerable to diseases, crime and exploitation. Most of the victims are unskilled and illiterate. The capital is becoming ever more unsafe for women and girls with a crime rate of 341 per million compared to 9.5 for all over India in 1993.

During 1993, as many as 233 rape cases were reported which rose to 322 in 1994, 377 in 1995 and to 470 in 1996 showing an increase in 28.38% of registered crime (Hindustan Times, 1997). The figures for unreported crime is not known. The various studies have shown that the reporting of heinous crime like rape is more as compared to other sexual crimes of harassment and exploitation. An analysis of 470 rape cases has shown that 88% of the rape cases were committed by relatives and close acquaintances of the victim.

Of 30 rapes committed by relatives of the victims, the fathers were responsible for 8 of them. Other close relatives were father-in-law, uncles, cousins, ex-husbands, step fathers and brother-in-laws. Close acquaintances who criminally violated young girls include doctors, lovers, servants and fellow travelers (Hindustan Times, 1996b). This has also been reported from the West (Hilberman, 1980; Koss, 1980; Martin, 1983).

## **Sexual Crimes In Delhi**

According to a report of Delhi State Commission for Women, out of the 470 cases of rape, 60% of cases were of girls below 16 years of age, about 42% of the rape victims were in 10-16 age groups compared to 23% in the country.

Year	1993	1994	<i>1995</i>	1996
Dowry death	107	158	167	131
Rape	233	322	277	470
Molestation of women	-	521	675	499
Cruelty by in-laws	-	985	1042	832
Eve Teasing	-	1668	2796	1987

#### Table 1: CRIMES AGAINST WOMEN

In addition to the trauma of rape (Carman, 1984), the victims suffer further agony during the legal proceedings. The victim is not only forced to re-live through the traumatic experience, but is forced to do so in a totally alien atmosphere with the whole of the criminal justice system focused upon her. So, the victim undergoes two crisis (i) the rape (ii) the subsequent trial. She not only needs legal aid but empathy, safety, reassurance and proper rehabilitation (Burman et al, 1988). A female social worker should be allowed to be present whenever the victim of rape is interrogated by police.

Rape is an experience which shakes the foundations of the lives of the victims. For many, its effect is a long term one impairing their capacity for personal relationships, altering their behaviors and values and generating endless fear. Rape has been described "as not an act of sex but an act of violence with sex as the primary weapon", which may lead to a wide variety of physical and psychological reactions. Sutherland and Scherl have described "shock, dismay and non-specific anxiety as the three psychological responses of the victims of rape, whereas Burgess et al define a rape-trauma syndrome in 2 stages (i) an immediate or an acute (disorganization) phase characterized by emotional reaction of several kinds viz. tension symptoms together with feelings of guilt and humiliation and (ii) a long term (reorganization) phase during which the victim readjust her life as far as possible during the second phase, she may at times complain of nightmares and phobias.

Apart from rape, there are other forms of sexual exploitation i.e. molestation of a woman, eve-teasing etc. These types of crimes also leave one or other form of mental trauma. The number of cases in these categories is also on the increase as evident from the table I. Dowry deaths and cases relating to cruelty by husband and in-laws showed decline during 1996.

## **Experience From Psychiatry Outpatient Department**

5-10% of all cases attending the department report of experiencing sexual torture (Bhatia 1998) and in a majority, combination of torture methods (i.e. physical, psychological and sexual) are common. Though the exact prevalence of sexual crimes is not known but it is believed that 90% of physical and sexual assaults reported by psychiatric patients were committed by family members (Hilberman, 1980; Koss, 1980; Martin, 1983; Bhatia, 1998; Harman, 1986; Walker, 1989). The psychiatric disorders have been more commonly reported in sexually abused women and vice versa. The experience from our psychiatry outpatient department of a tertiary care teaching hospital, Delhi reflects that the sexual crimes against psychiatric patients are common.

Either the psychiatric illness especially psychosis or mental retardation predisposes a person to the risk of sexual torture or the sexual crime may trigger the onset of a psychiatric illness. The experience of last five years in our outpatient department is depicted in tables 2 and 3.

S.No.	Psychiatric disorder Sexual Torture	
		(Number of cases)
1	Schizophrenia	18
2	Mania	05
3	Endogenous depression	10
4	Generalized Anxiety Disorder	04
5	Neurotic Depression	06
6	Hysteria (conversion/Dissociation)	13
7	Post traumatic stress disorder	05
8	Psychalgia	10
9	Somatoform disorders	13
10	Sleep disorder	04
11	Elimination disorder	07
12	Eating disorder	02
13	Attention Deficit Disorder	03
14	Mental retardation	12
15	Drug dependence	03
16	Attempted suicide	11
17	Others	05
	TOTAL	131

Table 3: PERPETRATORS OF SEXUAL CRIMES

S.No.	Perpetrator	Number of cases*
1	Parent	37
2	Uncle or relative	72
3	Sibling	12
4	Teacher	09
5	Warden	07
6	Stranger	28
7	Physician	02
8	Police	04

## \* includes more than one torturer.

The places where the sexual exploitation and torture are experienced by psychiatric patients (reported in decreasing frequency) are houses, offices, police custodies, prisons, homes for mentally retarded, hostels, orphans, hospitals and SOS villages Homes for destitute women.

# Self Harm And Sexual Crimes

Women who have experienced sexual abuse are more likely to be engaged in self destructive acts (Bagley, 1986). In a report by National Crime Records Bureau of India (1993) illegitimate pregnancy and sexual abuse has been reported as an important cause of suicide among females and its incidence is on the rise. At our centre, about 8% girls and women had a suicidal attempt after being sexually exploited.

# **Indian Laws**

#### **Molestation of Women**

This is also known as indecent assault and is punished under section 354 IPC. Age of the woman is immaterial, young or old, intelligent or imbecile, awake or sleeping, a woman possesses a modesty capable of being outraged. The reaction of the woman is very relevant but its absence is not decisive.

#### Eve-Teasing

Whenever a person utters any word, makes any sound or gesture or exhibits an object or intrudes upon the privacy of a woman with intent to insult the modesty of such woman the offence under Section 509 IPC is committed.

#### Dowry-death and cruelty by in-laws

Dowry deaths or suicides by married women as a result of their being subjected to cruelty by in-laws, constitute a slur on the Hindu society. More often cruelty emanates from the failure of the parents of women to meet the exacting demands for dowry by the in-laws of the victims. Our anxiety on this score has darkened into dread which in turn has dwindled into despair. The legislature stepped in by putting on the statue book Section 304B (dowry death) and Section 498A (cruelty) IPC. Both these provisions have background and have the objective of prevention of marital offences against helpless women as also provision of deterrent punishment for such offences. Section 498A of the IPC says "whoever being the husband or relative of the husband of a woman subjects such woman to cruelty shall be punished with imprisonment for a term which may extend to three years and shall be liable to fine".

Cruelty has been defined as any willful conduct which drives the woman to commit suicide or grave mental or physical injury to her, or harassment of the woman with a view to coerce her for dowry. According to law if a woman commits suicide within seven years of her marriage and there is evidence of cruelty, the court may presume, having regarded other circumstances of the case, that the husband or his relatives have abetted the suicide.

Likewise under Section 304B IPC, which provides for punishment for dowry deaths, where the death of a woman is caused by burns or bodily injury or occurs otherwise than under normal circumstances within 7 years of her marriage and it is shown that soon before her death she was subjected to cruelty or harassment for dowry, the presumption is that the husband or his relatives caused the death. The punishment for the offence is imprisonment for not less than 7 years extendable to life.

Apart from special statutory provisions mentioned above, to protect the incidence of atrocities against women, National Commission for Women and special police cells have also been set up. In these cells, cases of all kinds of harassment of women are looked into.

### Conclusions

The sexual crimes against women are on the rise. The crimes are widely prevalent in every society though most of them remain undetected and unreported. An awareness must be created in the community to motivate the victims to report, also more and more reporting centres (in community with NGO's or hospitals) must be opened to overcome the fear and lack of faith in the law-enforcing agencies which will help in speedily enforcing the existing laws, and also to open up more centres for counseling in the community, offices as well as in the hospitals (Bisson and Shephard, 1995; Lopez et al, 1992).

## **Further Research In The Country**

Since the exact Indian data regarding prevalence and reporting of sexual crimes against women is lacking, more studies are warranted in the community especially with the help of physicians, NGO's and law-enforcing agencies. The medico legal and psychological problems of rape victims, women prisoners, institutionalized chronic mentally ill women and girls in orphans and homes for mentally retarded need special attention.

#### References

- 1. Aggarwal NK. (1995). Psychosexual aspects of rape. Delhi Psychiatric Society Newsletter 3,3-4.
- 2. Aggarwal NK. (1997). Torture Medicine-A new specialty. Psychiatry today 2,80.
- 3. Bagley C and Ramsay R. (1986) Sexual abuse in childhood: Psychological outcome and implications for social work practice. J Social Work Human Sexual Sexuality 4, 33-47.
- 4. Bhatia MS. (1998) Pattern of torture cases in psychiatry OPD. Paper presented at Annual Conference of Indian Psychiatric society at Jaipur, India.
- 5. Bisson JI and Shepherd JP. (1995). Psychological reactions of victims of violent crime. Br J Psychiatry 167, 718-20.
- 6. Burnam MA, Stein Ja and Golding JM. (1988). Sexual assault and mental disorders in a community population. J Consult Clin Psychology 56,843-50.
- 7. Carmen EH, Reiker PP and Mills T. (1984). Victims of violence psychiatric illness. Am J Psychiatry 141,378-83.
- 8. Finkelhor D. (1979) Sexually victimized children, New York: Free Press, p 32.
- 9. Herman JL. (1986) Histories of violence in an outpatient population: an exploratory study, Am J Orthopsychiatry 56,137-47.
- 10. Hilberman E. (1980) Overview: The wife beater's wife reconsidered. Am J Psychiatry 137,1336-47.
- 11. Hindustan Times (1996a). Witness more rape, molestation cases, Delhi, p4.
- 12. Hindustan times (1996b). Most rapes by acquaintances, Delhi, p4.
- 13. Hindustan Times (1997). Delhi's shame: Women most unsafe, Delhi, p.4.
- 14. IMA.(1996) Report on knowledge, Attitude and Practice of Physicians in India concerning Medical Aspects of Torture, New Delhi: IMA-A.K.N. Sinha institute of Continuing Medical Health Education and Research, 15.
- 15. Koss MP. (1980) The Women's mental health research agenda: violence against women. Am Psychologist 45,374-380.
- 16. Lopez G, Piefaut G and Seguin A. Psychological treatment of victims of rape. Psychol Med 2, 286-88.
- 17. Makkar SP. (1996) Humanizing interrogations. Torture 3,58-60.
- 18. Martin CA, Warfield MC and Braen GR, (1983) Physicians management of the psychological aspects of rape. JAMA, 249,501-3.
- 19. National Crime Records Bureau. (1993) Accidental Deaths and Suicides in India. India: Ministry of Home, p.48.
- 20. Pratidhi (1996). Souvenir of Workshop on "Victims of Rape-intervention strategies. Delhi: Pratidhi, pp 10-12.
- 21. Smithyman SC. (1995) Child rape-punishment and rehabilitation-quoted by Shankar Sen.Delhi: Hindustan Times, p4.
- 22. Walker LE. (1989) Psychology and violence against women. Am Psychologist 44, 695-702.

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