**Five Years Down the Road: Critical insights into the Status of Response to Sexual Assaults Post Nirbhaya Gang Rape**

Sunita V S Bandewar 1, Amita Pitre2, Lakshmi Lingam 3

1. Sunita Bandewar is with Tata Institute of Social Sciences, Mumbai ([sunita.bandewar@gmail.com](mailto:sunita.bandewar@gmail.com))

2. Amita Pitre is a doctoral candidate at Tata Institute of Social Sciences, Mumbai ([amitapitre@gmail.com](mailto:amitapitre@gmail.com))

3. Lakshmi Lingam is with the School of Media and Cultural Studies, Tata Institute of Social Sciences, Mumbai ([lakshmil@tiss.edu](mailto:lakshmil@tiss.edu))

**Abstract**

It is five years since the fatal gang rape of Jyothi Singh, a physiotherapy student, who is also often referred to as ‘Nirbhaya’ (the fearless) on Dec 16, 2012, in New Delhi, the capital of India. Any reasonable tribute to her and her fortitude would constitute fair implementation of legal reforms; efforts to strengthen multi-sectoral response and sincere attempts to reduce crimes against women, sexual minorities and children. Has this happened? The paper reviews the issue, through a close study of recent cases of rape, police responses, court verdicts, studies, news reporting and field-based observations.

The paper brings forth the gaps in implementation of the post Nirbhaya reforms, a major obstacle in making these progressive policies and reforms justiciable. Given the fact that the reforms are of intersectoral nature, their implementation have been particularly challenging.Lack of efficient implementation of such policies and reforms amounts to denying survivors their right to justice.

**Background**

The recently released (Nov 30, 2017) National Crime Records Bureau (NCRB) Report 2016 records an increase of 12.4% in rape cases from 34,651 in 2015 to 38,947 in 2016. While cases of sexual assault are on the rise, both due to improved reporting and possibly due to increase in these crimes, we look at how women are faring in securing justice by reviewing some recent judgements. We also look at the status of implementation of the various schemes announced by the Government of India in the wake of the Nirbhaya incident[[1]](#endnote-1).

In September 2017, two regressive judgements in rape cases caused an uproar in the country. These are the Jindal Global Law School (henceforth JGLS) gang-rape case and Mahmood Farooqui (henceforth MF) case. Both cases date back to 2015. In the JGLS gang-rape case, the Punjab and Haryana High court suspended the sentence awarded by the Additional District and Sessions Court in March 2017 to all the three accused and granted them bail. The high court argued, “The testimony of the victim does offer an alternate story of casual relationship with her friends, acquaintances, adventurism and experimentation in sexual encounters and these factors would, therefore, offer compelling reasons to consider the prayer for suspension of sentence favourably particularly when the accused themselves are young and the narrative does not throw up gut-wrenching violence, that normally precedes or accompany such incidents”. (Jindal Law School Gang Rape case Cr.M.No.23962 of 2017 in Cr.A.No.S-2396-SB of 2017).

The judgment in the JGLS case raises several old questions again: should woman’s “adventurism and experimentation in sexual encounters”, “casual relationships with friends” strip her of her right to autonomy and dignity? Should every encounter of rape precede with “gut-wrenching violence”? Should every rape case be like that of Nirbhaya and Jisha?[[2]](#endnote-2) The feminist movements and feminist organisations have argued, “… In so doing, the Punjab and Haryana HC has strengthened the dangerously patriarchal notion that rape is not rape when the woman is “promiscuous”, and that “promiscuous” women invite rape since their “promiscuity” can be read as consent. And what has been the relevance of post Nirbhaya reforms if it is not able to crack the mindsets of those who are critical to delivering justice? It also stands in clear violation of the Indian Evidence Act that specifically prohibits referencing the victim’s sexual history or character in an adjudication of cases of sexual assault. …”.[[3]](#endnote-3) (Indian Cultural Forum, 2017).

In the MF case, the Delhi High Court dismissed the well-argued judgment of the trial court which had awarded Farooqui a seven-year, jail term for sexually abusing a research scholar from Columbia University and fine of Rs 50,000/-. The Delhi High Court judgement is founded on scepticism about the ‘lack of consent’ by the prosecutrix, that is, the survivor/victim. Contravening the current legal framework (IPC 375d), the judgment documents, “Instances of woman behaviour are not unknown that a feeble ‘no’ may mean a ‘yes’. If the parties are strangers, the same theory may not be applied. … But same would not be the situation when parties are known to each other, are persons of letters and are intellectually/academically proficient, and if, in the past, there have been physical contacts. In such cases, it would be really difficult to decipher whether little or no resistance and a feeble ‘no’, was actually a denial of consent.”. (Delhi High Court Judgment, pp: 59 of 82). In this case, the submission to the Delhi High Court by Adv Vrinda Grover (Crl. Appeal no. 944 of 2016) for the prosecutrix draws attention to the “…manner in which the character and past sexual history of the prosecutrix was repeatedly referred to by the defence during oral arguments, despite a clear injunction of law in this regard”. (Crl. Appeal no. 944 of 2016; pp: 47). This clearly discounts and disrespects Section 53A of the Indian Evidence Act, which makes the past sexual history of the prosecutrix irrelevant, in cases relating to rape and other sexual offences. Section 53A was one of the legal amendments made under the Criminal Law (Amendment) Act, (henceforth CLA, 2013) in response to the Nirbhaya tragedy.

The other case that caught the attention of the media and the civil society is the gang rape case of a young girl in Bhopal in a busy area[[4]](#endnote-4). The response of the police (resistance to file FIR) ((The Quint, Nov 9, 2017), examining doctor (The Indian Express, Nov 10, 2017), and the concerned minister only suggests that the post-Nirbhaya reforms have no relevance for them. The minister made a public announcement banning coaching classes after 8 pm. (HuffPost, Nov 7, 2017; The Quint, Nov 9, 2017)[[5]](#endnote-5). These responses demonstrate that the representatives of the important constituencies such as the health care system and government are entirely oblivious to what causes gender-based violence and that stopping women and girls from being out on the streets is not a solution at all, to contain violence against them.

The two judgments and the response to the Bhopal gang-rape case, unfortunately, are not exceptions. The ‘Everybody Blames Me’ report (Nov 8, 2017) by the Human Rights Watch report (HRW) refers to a number of judgments which entertained the two-finger-test results and doctors explicitly mentioned ‘habituated to sexual intercourse’ in their medical opinions. The TFT brings on record the past sexual history of the prosecutrix, thus adversely impacting the outcome of legal proceedings. The Supreme Court in 2013 condemned the use of the two-finger-test as it violates the rape survivors right to privacy, physical and mental integrity and dignity. (Lillu @ Rajesh and Anr. v. State of Haryana). Earlier in 2003, an amendment to the Indian Evidence Act had prohibited asking questions in court about past sexual conduct of the prosecutrix. The HRW report suggests that both the medico-legal practitioners and judiciary continue with their ill-informed practices despite the CLA 2013 mentioned above, Supreme Court guidance and the 2003 amendment.

The HRW, 2017, also documents wide-ranging issues on the ground, in terms of persistent gaps in enforcing the laws, policies, and guidelines aimed at justice for victims of sexual violence. The insights are drawn through in-depth research into 21 cases, review of research by Indian organizations, and conversations with more than 65 individuals, which included victims, their family members, lawyers, civil society activists, advocates, doctors, forensic experts, and government and police officials.

This empirical reality warrants a reflection on post Nirbhaya reforms and asking questions as to what efforts are being made by the government and various concerned authorities from across the sectors to plug the gaps. This paper provides a broad overview of these matters post Nirbhaya reforms.

**Post Nirbhaya Reforms**

The legal and policy reforms triggered by the Nirbhaya case would remain a watershed moment in the history of India, and especially in the women’s movement in India. The Criminal Law (Amendment) Act 2013 (henceforth CLA 2013) and the ‘Guidelines and Protocols: Medico-legal care for Survivors/Victims of Sexual Violence’ (henceforth Guidelines) (MoH&FW, 2014) are two landmark outcomes of the response of the Government of India to the public protest and the tumult across the country that the Nirbhaya case evoked in December 2012. March 2018 will mark four years since the issuance of these guidelines. A third response is instituting ‘One Stop Crises Centres’ to provide immediate to long-term care for survivors of gender-based violence. While the CLA, 2013 forms the background for this paper, in the coming sections we focus on what is the status of the Guidelines, policies and schemes instituted in the post Nirbhaya period as well as some contradictions introduced by the amended law.

The Guidelines are the operational tools to facilitate implementation of various sections of the law binding on health care providers, in the context of sexual violence. These include but are not restricted to certain sections of CLA 2013. They also provide guidance on creating a non-threatening and safe environment for the survivor to speak about the assault, providing physical and psychological care to the survivor including reproductive health care and collecting forensic evidence while maintaining the dignity and autonomy of the survivor through the entire process. It also provides guidance on ensuring the rights and requirements of the differently abled survivors, those from gender and sexual minorities, those intellectually challenged, those with language difficulties and the special needs of children. And although referred to as ‘Guidelines’, because the legislative frameworks inform them, they ought to be, legally binding for the health care system to abide by. For example, Section 357C of CLA 2013, amongst other progressive aspects, recognizes right to first-aid or medical treatment at no cost for all survivors/victims of sexual violence by the public and private healthcare facilities. Furthermore, failure to treat and provide medico-legal care is now an offence under Section 166B of the Indian Penal Code. Respecting survivors’ agency and autonomy in the context of health care providers; responding to survivors when they approach health care system; assertion of irrelevance of recording past sexual history of survivors/victims of sexual assault and use of two-fingers test; and inclusion of SAFE kit in the Guidelines are some of the key aspects of the reforms.

Together, these reforms were expected to have a deep impact on the manner in which various sectors and government apparatuses including police, judiciary, and health care system respond to the survivors of sexual assault. Alongside, there were a number of other announcements made by the government to complement the aforesaid key reforms towards prevention of such crimes and safeguarding the interests of survivors. Together, if implemented in letter and spirit, it was expected to contribute towards enhancing safety for girls and women and contribute to ensuring delivery of justice to survivors of gender-based violence.

The most recent National Health Policy 2017 explicitly articulates the commitment of the Government of India to strengthening women’s access to health care “…by making public hospitals more women-friendly and ensuring that the staff has the orientation to gender –sensitivity issues. This policy notes with concern the serious and wide-ranging consequences of gender-based violence (GBV) and recommends that the health care to the survivors/ victims need to be provided free and with dignity in the public and private sector. ” (NHP 2017, pp: 14). However, it would certainly not be meaningful sans any system in place that would facilitate successful implementation and realization of ultimate goals of such policies.

Against this backdrop, we have identified key domains of concerns regarding the implementation of the reforms, which require the immediate attention of the concerned government offices.

**MoHFW Guidelines and Protocol short of Implementation**

The medico-legal guidelines and protocols centre-stage gender justice to survivors of sexual violence which is the first of its kind. However, in the absence of any policy guidance regarding the implementation of the Guidelines, a number of matters remain ambiguous. These include lack of guidance either from the state government or central government (a) as to what is the time frame within which or the mechanism by which the health care system must equip itself to be well positioned to address sexual violence (b) on resource allocation for infrastructure, adequate human resources and capacity building with perspectives, skills development and an internal monitoring system towards ensuring optimal and efficient implementation of the Guidelines and (d) pathways for inter-departmental collaboration for extending comprehensive support to survivors.

Preliminary insights into our current empirical research[[6]](#endnote-6) to understand the response of the public health care system in Maharashtra and Telangana to gender-based violence indicate that much needs to be done on the ground towards making a difference to survivors of sexual assault. A response of the treating doctor to the young rape survivor in the Bhopal gang rape case is also indicative of the fact that translation of the Guidelines into practice is compromised.

The adoption of Guidelines by the states was an important first step towards implementation of these Guidelines. According to HRW report (2017), so far only nine states have adopted these Guidelines. The recent case of Kerala government issuing its own version of guidelines for the state health care system (DHS, Kerala, 2017), is an indication of undermining the very spirit of the Guidelines of the MOHFW. The Kerala version ignores a number of progressive provisions to provide health care, collect relevant evidence and maintain the dignity of the survivor and has guidelines to the contrary. Amending the Guidelines, although falls within the ambit of the state governments’, such subversion can only be alarming and makes a case for all states to adopt the MOHFW Guidelines in toto.

**Age of Consent & Mandatory reporting: Slippery Slopes**

A research in India reports that 19% of men (between the ages of 15 to 29) and 9% of women (between the ages of 15 to 24) had a romantic partnership before they were married. Of those in a partnership, 44% of young men and 26% of young women had progressed to having sex with their partner. Overall 15% of men and 4% of women reported having pre-marital sex. Of this one in seven women who were in a romantic relationship with an opposite-sex partner, reported that her first sexual contact was forced. The probability of girls and boys being in a romantic relationship increased with increase in age, from early adolescence to late adolescence to early adulthood (IIPS and Population Council, 2006-07).

Other studies show that in nearly a quarter to a third of rape cases registered, the girl states in the courts that she had consensual sex with the man. (National Law School of India, Bangalore, 2016; The Hindu, 2014 and 2015).

While there are cases of sexual abuse of women, young girls and boys which call for attention, the legal reforms have brought in a set of new contradictions, where there is a denial to recognize pre-marital consensual sex and imposition of blanket denial of a right to consent for girls below 18 years.

The legal reforms under discussion here pose certain challenges due to the inherent contradictions in protecting the privacy of the women/girl on the one hand and ensuring that all cases receive attention through mandatory reporting. The Section 357C of CrPC 1973 mandates that hospitals report all cases of sexual offences to police. Failure to report is treated as a punishable offence under Section 166B, IPC. With the raising of the age of consent to 18 years, the CLA, 2013 has clubbed both consensual and non-consensual sexual relations among young people as a criminal act. Combined with another new Act- Protection of Children Against Sexual Offences (POCSO), 2012, sexual activity below the age of 18 years, both marital and pre-marital, comes under the scanner. For example, as per this provision if any girl younger than 18 years approaches a doctor for treatment of sexually transmitted infections or for a Medical Termination of Pregnancy (with due consent of a parent or guardian), the health care centre is expected to report the case of the young woman as experiencing sexual abuse to the authorities, irrespective of her wishes and consent. Similarly, any young girl or woman who approaches a health facility for treatment, and if is suspected of sexual assault it has to be reported, again without heeding to her version or recognizing her reproductive rights. Jagdeesh, et., al (2016) have discussed this at length bringing forth contradictions it has created between women and children’s rights to comprehensive health care, their right to refuse medical examination or file a First Information Report (FIR) with the police and their access to early and safe abortion services. The recent Supreme Court Judgement (Writ Petition (Civil) No. 382 of 2013 in the SC, Oct 11, 2017)[[7]](#endnote-7) makes no exceptions even if the woman is a married woman below the age of 18 years. It is welcome, that for the first time in India, the marital rape exception has been read down, and cleared the way for recognition of rape by a husband of his wife if only limited to an underage wife. On the other hand, read with the increase in age of consent and POCSO, it again conflates the distinction between consensual and non-consensual sex and makes the will and consent of the woman immaterial. As per the NFHS 4 (2015-16), 27% of women aged between 20 and 24 years were married below the age of 18 years. While early age at marriage and pregnancy are key concerns for the country, criminalizing all consensual sexual relations, contribute to the undermining of sexual and reproductive rights of adolescents and young adults.

These provisions are resulting in women and girls preferring not to access treatment from formal services. These contradictions are leading to ethical dilemmas for doctors while offering services to survivors. A review of these contradictions needs to be undertaken and they need to be appropriately addressed.

**Nirbhaya Funds Utilisation**

Most policy commitments often tend to be rather rhetorical when they do not translate into schemes and programmes with budgetary allocation and implementation plans. For a change, motivated by the Nirbhaya case, the Government of India (GoI) announced the creation of a Nirbhaya Fund in its 2013 union budget, the first budget after the Nirbhaya case. GoI allocated Rs 1,000 crore each year in the Union Budget starting from the financial year of 2013-14 until 2016-17. This sum of Rs 3,000 crore is a non-lapsable corpus fund expected to support initiatives by the government and NGOs working towards protecting the dignity of women in India and ensuring their safety. Some of the initiatives envisaged to be undertaken with the Nirbhaya Fund were technological fixes to deal with issues of women’s safety. These include: introduction of an SOS button in phones which was to be launched in 157 cities in two phases; pilot scheme of setting up an SOS alert system in trains in central and western zones through a railway helpline and installation of closed circuit television (CCTV) cameras and GPS in public transport in 32 towns each with a population of over one million. Others were setting up of One Stop Crises Centres (OSCs) in every district as single point access for victims of sexual assault and domestic violence; victim compensation fund for rehabilitation of victims of acid attacks; and a programme named ‘Shubh’ for mapping vulnerabilities and identifying areas and categories of women who need special protection measures such as women in prostitution or widowed women (Centre for Development and Human Rights, 2016). Is it pertinent to ask - have these taken off the ground over the past four years? Are they making a difference to affected individuals and their families? What kind of budgets has actually been spent to date?

Underutilization of Nirbhaya Fund was critiqued and covered extensively in the popular press to the extent that the Supreme Court of India issued a notice to the Centre and all the state governments questioning the non-utilisation of the Nirbhaya Fund in May 2016. In response, the government issued a clarification in January 2017 (GOI, MWCD, 2017), that the Ministry of Finance had issued guidelines from time to time for administration and utilisation of the fund. According to this clarification, the amount allocated to different projects or schemes under Nirbhaya Fund until Jan 2017 was approximately Rs 1,530 crores and the expenditure incurred until then was approximately Rs 400 crore. It offers some of the details of the work in progress. While the Ministry records show the allocation of the fund to different ministries and NGOs, there is not much information available on where the funds have been utilized. It appears that the schemes and projects under the Nirbhaya Fund have been drafted but have not been implemented at the ground level. (First Post, May 5, 2017)

Mobile Applications & their Status

The Communications and Information Technology Ministry issued a notification mandating facility of a panic button and inbuilt global positioning system (GPS) from January 1, 2017, and then again from January 1, 2018, respectively. (Gazette of India, April 22, 2016). Interestingly, the only information available on the above scheme is through the press and there are no updates on this notification on DoT ministry portal or any other portals of related ministries. Interestingly, the press release dated Aug 4, 2017 (PIB, 2017) mentions that these buttons will be made operational by end of Sept 2017 without any explanations for the inordinate delay.

On the other hand, the pre-occupation with technology fixes such as mobile panic buttons, assume that a majority of sexual assaults are like Nirbhaya’s, by strangers, in alien places and after dark. The current information obtained from the NCRB and a study by Partners for Law and Development, New Delhi (PLD, undated) a majority of sexual assaults take place at home or in familiar places and by relatives, employers or acquaintances. This should be borne in mind and more emphasis laid on tailoring services to the reality of sexual assaults seen in India.

**One Stop Centres and their Current Status**

Post Nirbhaya case, Justice (Retd.) Usha Mehra Commission, mandated to suggest measures to improve women’s safety had noted the need for the establishment of OSCs at a notified hospital to help victims of sexual assault and ensure speedy justice (Mehra Commission Report, 2013). The recommendation to set up OSCs on the pilot basis has also featured prior to Nirbhaya case in the report by the Working Group on Women’s Agency and Empowerment, 12th Plan. (GoI, 2011). This formal commitment to OSCs by the GoI has been an important step forward and a solid building block in strengthening the overall system, which would be responsive to survivors of sexual assault.

The purpose of these OSCs is to help women’s easy access to police, medical facilities, emotional support and other required services. Each Centre is expected to be equipped with a psychologist, a doctor, a nurse, a lawyer, police and facility for 8 beds, which can be expanded (GoI, MWCD, 2014)

The clarification by the MWCD via a press release (PIB, GoI, MWCD, Jan 2017) mentions that 79 OSCs have become operational and all of the total 186 OSCCs would become operational by July 2017. The most recent update on OSC progress could only be found in a press release dated Aug 4, 2017 (PIB, Aug 4, 2017). It mentions, “The Ministry of Women & Child Development has set up 151 Centres till date under the new scheme of One Stop Centres (OSCs) for women affected by violence. 30,000 such women affected by violence have been assisted at these centres till date. … The WCD Ministry is trying to get 600 OSCs for setting up across the country, .... ”. (pp: 1). This shows that the target of setting 186 OSCs by July 2017 has already been missed and there is no timeline stated for completing the new target of establishing 600 OSCs. Other than this brief press release there is no further detailed update available on the website of MWCD. The last update available on the WCD website is dated 2015[[8]](#endnote-8).

In the absence of any detailed information that is easily accessible even to researchers and the civil society, should the sheer number of OSCs report to be established be disconcerting? Would these be equipped with appropriately trained human resources? Are there standard operating procedures followed at each of these? What systems are put in place to ensure inter-sectoral engagement in general, and for each case the OSC receives, in particular? Are there robust systems in place for awareness generation among the communities and key stakeholders about the existence of these centres and mechanisms to access information? Above all, are they being reviewed and evaluated?

Inadequate resources at the OSCs, lack of awareness about the OSC among the women, and inability to serve as ‘One Stop’ centres due to poor coordination across various stakeholders, co-existence of multiple protocols (pre and post Nirbhaya reforms) seem to be critically impinging on the functioning of the OSCs. Several models of delivery are emerging currently. Hospital-based or police premises based OSCs are functioning, where the centres are handling cases under the Domestic Violence Act, 2005; POCSO, 2012 and CLA, 2013.

The idea of hospital-based crisis centres is important because public hospitals can provide a non-stigmatising and confidential access to rape victims and victims of GBV to healthcare, emotional, legal services and linkages to shelter homes, skill training, etc., under one roof. These services are expected to be integrated within the functioning of the hospital. But the current design of OSCs, being merely in the premises of public hospitals, is not geared for integrated services. Police run OSCs and OSCs run with support from NGOs have been set up across several states in the country along with Special Cells for Women and Children to address domestic violence. A diversity of services is a sign of Government’s intent and responsiveness, however, much needs to be done to see that all models provide comprehensive services and uphold rights.

**Discussion**

The problem of implementation gaps – the shortfalls between the government’s legislative commitment to addressing a particular issue and on-the-ground realities relating to translation of these commitments - is a global concern across the sectors. (CIPE and GI, 2012). The policies and laws related to GBV is no exception to this trend. For example, Huges (2017) in a six country report on implementation gaps relating to GBV laws notes that there is mounting evidence to show that implementation often has serious deficiencies. Similarly, Garcia-Moreno and colleagues (2015) noted that implementation of progressive legislation is far lagging behind. Further, they in their ‘call to action’, amongst others, included a recommendation relating to enforcement of laws, implementation of policies, and strengthening of institutional capacities.

Our insights into the status of implementation of post Nirbhaya reforms speak to the problem of implementation gaps. A close review of few cases post Nirbhaya reforms, poor utilisation of funds, misguided attention on technologies in the place of strengthening institutions; and the contradictions in the legal provisions and the implementation conundrums, seem to be posing fresh challenges. There is much to be undertaken in the realm of capacity building of all the stakeholders to harmonize the existing responses, protocols and practices, an area not touched upon by this paper. An integrated response by the Departments of Women & Child Development, Health & Family Welfare, Home (Police) for sexual assault and GBV is much needed. Greater collaboration and support from women’s groups, civil society organisations, academic institutions, Law Schools and IT industry, need to be solicited by the Government of India, to ensure that care and justice are not denied through sheer negligence and callousness.

In the closing, we can’t underscore sufficiently enough, that a systematic research into this area is warranted towards better understanding of pathways and specific bottlenecks causing the implementation gaps; developing robust ‘closing the gap’ strategies to help create much needed enabling environment for survivors of sexual assaults and justice delivery. In absence of this progressive post Nirbhaya reforms means little to survivors of GBV.

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**End notes**

1. On the night of 16 of December, 2012, a young girl boarded a private bus in Delhi along with her male friend. Inside the bus they were brutally assaulted by four men. The girl, now known as ‘Nirbhaya’ in commemoration of her courage, was brutally gang raped. So brutal was the assault that she died of her injuries on 29 December 2012. News report available at: http://www.mid-day.com/articles/national-news-nirbhaya-rape-case-verdict-flashback-dark-night-of-december-16-2012-delhi/18226167. [↑](#endnote-ref-1)
2. Jisha, a student of Ernakulam’s Government Law College was found murdered on April 28, 2016, at her home in Kuruppampadi area of Ernakulam. Jisha’s body was mutilated and her body parts, including the genitals, bore stab wounds. Gory details of the torture that Jisha was subjected to emerged thereafter. Parallels were drawn with the brutal rape and murder case of Nirbhaya. (available from: <http://indianexpress.com/article/india/what-is-jisha-rape-and-murder-case-kerala-4979065/> accessed on Nov 15, 2017). The police found the body mutilated and disturbingly sliced. Forensics concluded the body injuries showed violence, possible torture and presence of alcohol. The report also noted that the culprit had used a sharp weapon to [disembowel](https://en.wikipedia.org/wiki/Disembowel) her. Jisha was stabbed over 30 times. Her chest was pierced with a dagger. The severe injury inflicted on her neck led to her death, according to the postmortem report.( <https://en.wikipedia.org/wiki/Jisha_murder_case> ). [↑](#endnote-ref-2)
3. This is a statement issued by Women’s groups and individuals on recent Punjab and Haryana High Court and Delhi High Court verdicts on rape. It is published with the list of the organizations and individuals who have endorsed the statement. [↑](#endnote-ref-3)
4. This is a case of a young girl who aspires to serve in the Indian Administrative Services (IAS) and whose parents serve in the police force, was allegedly abducted and gangraped near the Habibganj railway station in Bhopal on the night of October 31 when she was returning home from a coaching class. It was reported that the girl was allegedly tied up and gangraped by the men who also took breaks for tea and tobacco while raping her. The press also reported that after she was released, the police refused to lodge her complained because they found the incident "filmy". They, however, registered the complaint only when the victim and her parents caught hold of the accused themselves. Later, it remained much in the eyes of media due to the medical examination report which recorded inadvertently ‘intercourse with (instead of ‘without’) her consent and will’ and referring to her as accused instead of victim or survivor. The story was widely covered in the popular press. (<https://www.thequint.com/news/india/four-men-gangrape-bhopal-19-year-old> Accessed on Nov 23, 2017. [↑](#endnote-ref-4)
5. "We have decided to direct all coaching centres to wind up their business not later than 8pm. If they refuse to do so, they will be held responsible for their girl students' safety after 8pm," School Education Minister Deepak Joshi [told](https://timesofindia.indiatimes.com/city/bhopal/shut-shop-at-8pm-govt-tells-tutorials-in-city/articleshow/61541675.cms) the media on Monday. (Huffpost, Nov 7, 2017). [↑](#endnote-ref-5)
6. Enhancing the Quality of Response of the Health Care System to Sexual Assault. Supported by Department of Health Research, Indian Council of Medical Research. Grant Ref no: GIA/8/2014-DHR. [↑](#endnote-ref-6)
7. This petition was filed by Independent Thought, a voluntary organization, in the Supreme Court, praying to remove the marital exception clause in Section 375 of the IPC (which defines rape), for girls under 18 years of age. In response the Supreme Court read down the exception 2 of Section 375, IPC which means the husband of a married girl under the age of 18 years can be booked for rape and sexual assault of his wife.

   The MWCD portal has posted minutes of the first six meetings of the PAB held between April 28, 2015 and June 18, 2015 during which OSC proposal from fourteen states had been discussed and approved. And also has posted sanction orders for these fourteen states. Thereafter there is no updates available at this portal. <http://www.wcd.nic.in/schemes/one-stop-centre-scheme-1> [↑](#endnote-ref-7)
8. The MWCD portal has posted minutes of the first six meetings of the PAB held between April 28, 2015 and June 18, 2015 during which OSC proposal from fourteen states had been discussed and approved. And also has posted sanction orders for these fourteen states. Thereafter there is no updates available at this portal. <http://www.wcd.nic.in/schemes/one-stop-centre-scheme-1> [↑](#endnote-ref-8)