

## An Analytical Study of Rape in Delhi

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This paper has been presented in the International Seminar on **Psychology of Trauma: Women and Children in Violent Conflict**, held at Department of Psychology Jamia Millia Islamia, New Delhi, March 13-14, 2013

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**Abstract:** Rape is among the highest forms of crime experienced by women in all sectors of the society. In recent years, there has been an alarming rise in ratio of rape in India.. Delhi bagged the dubious record of being the only union territory where such crimes were reported. Rape is a serious crime and increasingly gaining visibility as a major public health concern. The present study aimed to find out the demographic profile of rape victims and the impact of rape. A total of 100 rape victims from shelter homes and different areas of Delhi were taken as the sample of the study. An informal interview was conducted to obtain, an overall pictures of victim's traumatic experience. A case study approach was followed in assessing for victims trauma caused by rape and other insults. Information was derived from the victims verbal and behavioral communications. Details pertaining to age, religion, literacy, Socio-economic status, marital status, site of incidence, number of assailants, and relationship with assailants were noted down. It was found that most of the victims were illiterate or poorly educated, unmarried and belonged to the lower social segments of the society. Highly affected age group was 11-15 yrs. In majority of the cases victim knew the assailant. A large number of invalid consensual rape cases has been noted down. The residence of the victim was the most commonly noted location of sexual assault. Victims also reported that they face social stigma, disgrace and suffer serious guilt-pangs if they register for protest. It's very difficult to ask for help because the rape has made them feel ashamed, weak, and wounded.

**Key words:** Rape, Rape victims, Delhi.

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### I. Introduction

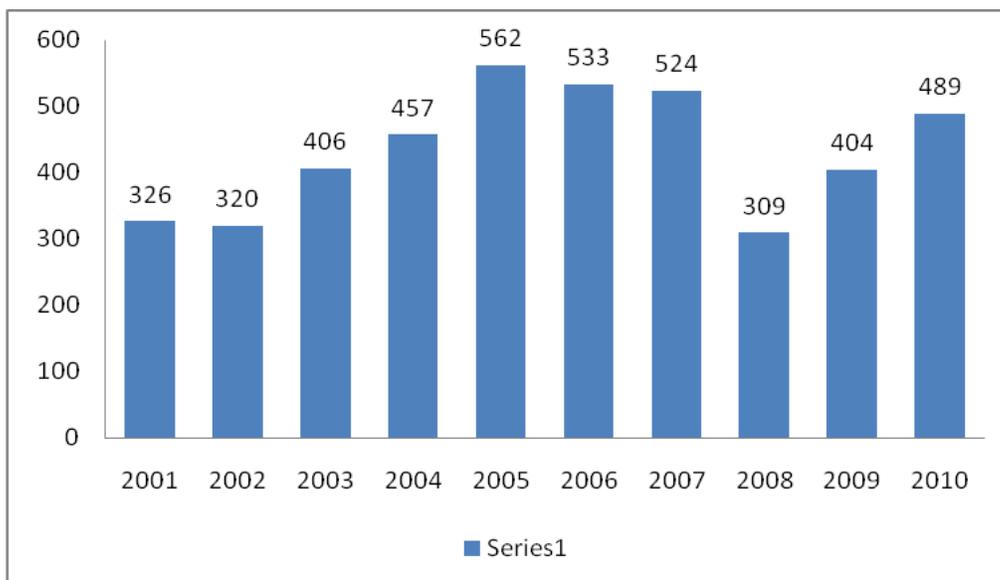
Rape is a crime of violence, often regarded by the woman as a life-threatening act in which fear and humiliation are her dominant emotions. It is an assault on the woman, her family as well as community (Misra, 2008)[18]. Sexual violence, particularly rape is a global problem that does not spare any socioeconomic group or culture, especially among adolescents and young adults (Irwin, & Rickert, 2005) [9]. Sexual assault is a neglected public health issue in most of the developing countries and there is to be an even smaller % reporting sexual assault (Malhotra & Sood, 2000) [17].

Rape is a pervasive problem in societies around the world. India is well on its way to being the rape capital of the world. For women across India, fear is a constant companion and rape is the stranger they may have to confront at every corner, any road, any public place, at any hour. Rape is a growing problem in today's society and it is becoming increasingly difficult to ignore the startling statistics about this crime. This is becoming the fastest growing crime in India. According to latest data of the home ministry, India stands third, leaving behind countries like Sri Lanka, Jordan and Argentina, when it comes to rape cases, (Times of India, 2008) [23].

Though the problem of rape is considered serious in all countries, in India it is statistically not as serious as it is in the western society (Crime in India, 2002)[3]. Data for rape cases has been collected by the National Crime Records Bureau in India since 1971, while data on other crimes is available from 1953 (National Crime Record Bureau, 2008) [22]. The National Crime Record Bureau and the Police Research Institutes were not in a position to provide any information other than some numerical data, based mostly on self approached cases, which are recognized to be highly under-reported (Society for Development Studies, 2009)[ 26].

Delhi is a place where these incidents have found to be occurring in a lopsided manner when compared to other parts of India. That is why Delhi leading to be called the rape capital of India. Delhi city accounts for the largest number of incidences of rape in the country. Among 35 mega cities, Delhi city reported 23.8 per cent (404 out of 1,696) of total rape cases (NCRB, 2009) [22]. This means one in every four rapes occurred in the national capital. The national capital seems to be finding it difficult to shed the image of being India's 'rape capital'.

**Graph 1.1: Shows the number of rape incidence from year 2001- 2010 in Delhi**



delhi police attributes that "poor civic amenities, sub-human living conditions, inadequate housing facilities and mushrooming of jhuggi jhopri (jj) clusters are few of the sociological factors contributing to the increased tendencies in general and incidents of rape in particular. Delhi Police Annual Report (2007) [23] suggests that this heinous form of crime against women in delhi is associated with issues related to poverty, including low levels of education and, in many areas, poor housing, unstable marriages or female-headed households, poor, heavily populated areas, where there is a high incidence of rape (Society for Development Studies 2009)

[26] summarizes the factors which, are responsible for the unsafe situation in delhi. the most important factors, were lack of social protection and inadequate functioning of police and private security agencies in the city respectively, women being looked upon as a sex object and the lack of sensitivity to gender issues in the city. ignorance of women of their rights and local conditions, portrayal of women in media and television, and high male migration flows are some other key factors.

## II. Aims

The present study aimed to examine the demographic profile of the rape victims and the impact of rape.

## III. Method

### *Participants:*

The study was conducted on 100 rape victims. For the purpose of proposed research data was collected from different shelter homes, NGO's, with the help of the project coordinator of Prayatan (NGO), Police Stations and different residential areas of Delhi. The basic information was taken from the welfare officers of the shelter homes.

### *Materials:*

An informal interview with the victims was conducted in order to get the data. A case study approach was followed for assessing the victims trauma caused by rape and other insults. Information was derived from the victims verbal and behavioral communications

### *Procedure:*

Prior permission was taken from the different organizations. An informed personal consent of the victims were sought and they were assured to maintain the confidentiality After the rapport formation a brief report of their demography was taken.

## IV. Results & Discussion

A deep analysis of demographic profile of 100 rape victims of Delhi was helpful in developing some insights regarding various reasons of rape. and their impact on victims life. All the subject's were informally interviewed for current information and life history (bio- data), family profile, description of the sexual assault, physical and psychological reactions, current problems or difficulties. Supplementary information was obtained from welfare officers (after-care officers), counselor and social workers of shelter homes, rehabilitation center and NGOs respectively and from the parents of the victims. Overall discussion revealed the following findings:

Majority of the victim (34%) were illiterate and (37 %) were poorly educated (up to 10<sup>th</sup> and 12<sup>th</sup>). The finding of the present study was on the line of previous study by Islam and Islam (2003) [10] who reported that majority of the victims were illiterate or poorly educated (upto class X). These findings was also supported by Delhi Police Annual Report (2007). [23 ]

The age ranges of victims were from 11 -30 years. The most affected age group (32%) was 11-15 yrs. Number of studies had been conducted showing the fact that majority 76.9% of the victims were adolescents. The study conducted by (Bhardwaj, Sharma & Sagar, 1995 [2] & Malhotra & Sood, 2000) [17] indicated that 40.70% of victims of sexual assault were in the age group of 13-20. It was also reported that majority of the victims were within the age group of 15-20 yrs

(Dumont & Parnis, 2000)[4]. Islam and Islam (2003) [10] reported that 33.5% of victim were between 12-15 yrs.

The NCRB, (2009) [22] data clearly shows that about a quarter of the rape victims were minors. The age group is invariably less informed or unaware of the safety needs, lurking dangers in the neighborhood, possibly have temptations to obtain easy benefits, among factors that may lead to a rape incidence. From this it can be concluded that youth is more at risk.

Majority of the victims (81%) were from to lower socio-economic background. The position in the social hierarchy has an impact on the incidence of rape. The Delhi Police data base of 421 cases solved in 2008 indicated that as much as 71% of the victims belonged to the lower and 28 % to the middle social segments. These groups are less aware of their rights, and often they are in search of income.

Among the total sample most of them (96%) were unmarried and only (4%) were married. As reported in the previous studies 68.2%, (Dumont and Parnis, 2000) [4], 56.6% (Islam and Islam, 2003)[10] and 57% victims were unmarried (Fimate & Devi, 1998) [5]respectively.

In 48% of the cases absence or unavailability of one or both biological parents, (separate living arrangements from one or both biological parents, being orphan, having step mother or step father) was found. In 25% cases their parents had a history of substance abuse as reported by the victims.

History of family substance abuse as well as lack of parental supervision as a result of inadequate parental model contributed in increasing the vulnerability of young girls of the family to negative outside forces (Pant & Sharma, 2002). The primary markers for increased risk for girls are having: few friends, absent or unavailable parents, a stepfather and conflict with or between parents (Finkelhor, 1986; Mullen, Martin & Anderson, 1993). Other risk factors include: physical or mental disability; separate living arrangements from both biological parents; mental illness, alcoholic or drug abuse in the family; a parent who was physically or sexually abused as a child; homes with other forms of abuse, prostitution or transient adults (National Research Council, 1993)[22].

Among the total sample 78% cases were the victim of known perpetrator only 22% cases were by stranger. Majority of the victims were assaulted by (32%) close family member and relatives like uncle, brother in law and cousin etc. 19% assailant were neighbor and 9% were father. Where as other known person (12%) involve neighbour, masters and colleague etc.

Police stations records showed that in 121 cases in 2004, all the rapist were neighbors. The social picture that emerges from the profiles of the accused is really disturbing and throws light on the fact that majority of the rapist were known to victims, even relatives in some cases. Among others relatives who have been arrested on charge of rape are stepfathers (three), brothers-in-law (five), fathers-in-law (three), cousins (two) and a brother. As stated by Rohini Patkar of women's rights group Jagori "We are aware of the fact that most rapes are committed by people who are known to the victim." It is the worst part of victim that due to lack of enough shelter homes and rehabilitation centers in our country they have to go back and face the same people.

Fimate and Devi (1998) reported that in 69.7% of the cases assailant was acquaintance and in 25.6% cases assailant were stranger. However, Islam and Islam (2003)[10] reported that in majority of cases victim knew the assailant. In majority of the cases the assailant was a neighbour (National Crime Record Bureau, 2002). Malhotra and Sood (2000) [17]reported that rape by person acquainted with victim is common for girls less than 10 yrs of age. Rape or assault by stranger increases significantly with age.

As reported by (44%) cases that they were raped forcefully followed by invalid consensual sexual intercourse (25% cases). Statutory rape in 14% cases and gang rape in 7 % cases with a maximum number of five assailants in one case was also reported by them. A large number of adult consensual rape cases, the assailants had a friendly relationship with their victims and had sexual activities after absconding together.

According to section 375 of JPL, a women above the age of 16 yrs is capable of giving consent to an act of sexual intercourse, but the consent must be free and voluntary and given while she is in full possession of her faculties. In the study of Rigg's, Houry, Long, Markovchick and Feldhaus (2000) [24] more than one assailant was involved in 20% of cases.

A large number of the victims were found to be assaulted in their own home (28%) followed by assailant's home (19%) and victims and assailant's workplace (18%) respectively. Other common locations, hotels/motels, vehicle (roadways), private places (fields, woods, etc.) and other public place (parking lots, and commercial/office buildings etc.).

Rape in familiar settings, such as schools, family homes, and neighbors and friends' homes; rape by policemen; and rape by political influential's are common (Gangrade Sooryamoorthy & Renjini, 1995). The most reported site of offence was the victim's home (Grossin, Sibille, & Grandniaison, 2003; [8]

More common assault strategies included was the use of physical force (44%) followed by threats (19%) and deception (18%). Victim bier under the influence of alcohol and drugs in many of the cases (10%) as reported by the victims. Few assailants (5%) use the intimidation with the victims. Few victims (4%) reported that rapist had used the weapon.

Previous study reported the same assault strategy in 39% (Okonwo & Bets 2002) [20] and 41.7% cases (Dumond & Parnis 2000) [4]. Few assailants (5%) use the intimidation with the victims. Few (4%) of victims reported a use of weapon by assailant. The use of physical force and weapons increases with victim age.

2% adult and 4% minor female rape victims become pregnant as a result of their assault. Some had gone for abortion, miscarriage while some for adoption etc. (4%) Victims reported an injury as the result of the sexual assault.

According to the National Women's Study, approximately 5% of adult female rape victims become pregnant as a result of their assault, leading to 32,100 pregnancies a year among women 18 years of age or older. Approximately 50% of pregnant rape victims had an abortion, 6% put the child up for adoption, and 33% kept the child (the remaining pregnancies resulted in miscarriage).

The psychological consequences of rape among victims tend to manifest in terms of shock, vulnerability, anxiety, depression, loss of self-image, adjustment problems etc. Victims suffer from psychological effects of embarrassment, disgust, depression, guilt, and even suicidal tendencies.

Rape is a crime—viewed as a physical, social, and psychological attack on the victim, (Louis, 1988)[16]. The psychological consequences among victims tend to manifest in terms of shock, vulnerability, anxiety, depression, loss of self-image, neurosis, adjustment problems etc. Depression, neurosis, anxiety and loss of self image are considered to be a major reaction among rape victims (Bajpai, 2006) [1].

Social consequences of victimization in rape are like social rejection, family problems, loss of work and wages. They reported difficulties and negative social responses like police harassment, shame and fear, and occasionally public outrage. In many cases, blame is cast on the victims

rather than the perpetrators. Consequences of victimization in rape are like social rejection, family problems, loss of work and wages etc.

Victim suffers from dishonor and shame and most of the time whole family face the resulted consequences (Kohsin, Wang & Rowley, 2007; [14] Jewkes, Sen & García-Moreno C. (2002) [12] Jewkes, Penn-Kekana, Rose- Junius, (2005) [13].

#### ***Cases of Rape victims:***

*These cases are based on the interview given by the victims regarding their sexual harassment.*

A 14 Year old Malviya Nagar servant quarter residents alleges that her alcoholic father raped her. The girl was employed as a caretaker in a nearby playschool. The girl had reported that she was beaten up if she resisted. She also have two younger sisters and frequently they were beaten up by their father. The girl did not tell anyone about the abuse because “her father had made threats that she would be sold into prostitution and other members of the family would be killed”. One day she noticed her father cruelty towards her younger sister. Then she decided to shared the incidence with play school teacher and narrated everything. The teacher took the girl to police station and has registered a complaint. The girl with her two younger sisters were shifted to shelter home and her father was convicted and sentenced to jail. During interview the girl expressed hesitation and anxiety about explaining reasons for her admission to the shelter home. She claimed fear and resentment towards her father. She has mentioned that still she was fearful of her father and strangers and tried to avoid males. In addition to these anxieties, her self esteem appears low.

14 Year old Nepalese girl came to Delhi with her aunt in search of job. She started working as a house maid in Sangam Vihar. After one year the girl was dragged up by a gang of boys in a moving van while coming back from the nearby market.. They drove her for about 20 minutes tied her hands together, covered her eyes with a blindfold to an unknown location near Nizamuddin , where six or seven men assaulted, raped and tortured her. They drugged her and she was ordered to perform sexual acts. She stated that she had suffered abuse at the hands of stranger over a period of two years. After a bit she felt mentally owned by them, they didn't have to force her. One day suddenly a team of police rescued her and investigated about the crime. They sent the girl to shelter home and culprits were sentenced to the jail. During the course of interview she recounted feelings of sadness and shame about the past and expressed considerable concern about her (loss of) virginity. She was unable to articulate the details of the assault faced in the past as it was a pathetic incidence of her life . She described the event as painful and frightening, more significantly she suffered with night mares of becoming a prostitute. Her self esteem is low and she says she likes herself “a bit only”.

#### **V. Conclusion**

The present study indicated that majority of the victims were illiterate, poor and adolescents who experienced a variety of negative mental health effects from sexual assault. Survivors of sexual violence bear the brunt of the psychological burden. There is often significant delay between the rape and the victims' request for help. The victims need to be assured that they are deserving of help and need the meaning and definition of rape clarified. The rape survivors may be struggling with how family and friends are reacting to the assault and may be coping with secondary victimization experiences they encountered in post-rape help seeking. Ullman (1996) documented that rape survivors experience a variety of negative social reactions from informal and formal help sources (e.g., being doubted, being blamed).

## VI. Recommendations

Based on the findings of the study following suggestions emerge for consideration:

- Effective counseling techniques and mental health intervention should be available for the victim to deal with the trauma.
- Mental health practitioners help survivor to work through their post-assault disclosure experiences
- Additional training for community service providers may be needed to address the problem of secondary victimization. An instructional video "Restoring Dignity: Frontline Response to Rape." created by the Long Island College Hospital and Junior League of Brooklyn (1998) is an important resource for such training. This video was designed to teach service providers about the beneficial and detrimental effects they may have on rape survivors.
- Counselors must personally endure repeated exposure to distress and use their own feelings of sorrow as tools for therapy and intervention. As such, it is impossible to escape that kind of work without personal consequences.
- Most research to date has focused on CBT and feminist techniques provided by practitioners in private practice or clinic settings. There have been far fewer evaluations of feminist therapy as compared to CBT, but research findings suggest both approaches can promote effective recovery outcomes (**Rebecca, 2001**).
- Cognitive techniques, such as challenging automatic thoughts, may also be employed to diminish guilt, fear, and depression. Didactic and behavioral therapy techniques, including educating survivors about rape myths and teaching them anxiety reduction techniques may also be helpful ( Foa & Rothbaum, 1998 ).
- Social awareness, sensitization and protection programmes should be a high priority. Young girls should receive special attention especially from poor settlements and lower social strata.
- Increasing the literacy level is must for making women aware of her rights and encouraging her to speak. There has to be definite steps initiated to raise the literacy level of women and provide them effective access to information and knowledge.
- Seeking medical attention, getting medical advice and testing for any possible transmitted sexually diseases are very important. It is recommended by medical professionals not to wait more than 48 hours to seek medical attention after a rape has been committed

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