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May 14, 2012 12:30AM EDT

India: Joint Letter to Prime Minister Dr. Manmohan Singh

Ensure police are held accountable for gender-based violence



Dr. Manmohan Singh
Honorable Prime Minister of India

Dear Prime Minister Dr. Manmohan Singh:

We the undersigned organizations would like to urgently bring to your notice and reiterate our concerns about the treatment and care given to women and children who experience sexual assault in light of a series of disturbing news reports on this issue.

While on the one hand we acknowledge that the increasing numbers of news reports of sexual assault in the country could be indicative of women's improved ability to report the crime, what concerns us about these reports is that they consistently reveal the woefully poor treatment meted out by state authorities to those who experience such violence.

One of the more recent and disturbing examples of this is the case of Soni Sori, who, after alleging sexual assault in police custody in Chhattisgarh state in October 2011, has waited for a long time for independent medical treatment and care without police intimidation or bias. The Chhattisgarh police took her to the Kolkata medical college hospital for independent medical treatment and examination following a Supreme Court order on October 20, 2011. After a hiatus of over six months, the Supreme Court of India issued another order on May 2, 2012, directing that Soni Sori be taken to New Delhi for follow-up medical treatment. Even six months after the alleged sexual assault, the Chhattisgarh state government has yet to register any First Information Report (FIR) and investigate the allegations of custodial torture.

The reports of bias and damaging stereotypes against survivors of sexual assault are endemic and cut across a range of government or other officials who provide assistance. These include the police, local government officials, public prosecutors, hospitals, staff of children's homes, and even some judges in many parts of the country.

We remain deeply concerned by the extent of such bias and the poor care for those who experience sexual assault and would like to draw your attention to government reports that have recommended further government action:

- *Recommendations of the Planning Commission Working Group on Women's Agency and Empowerment:* The Working Group recommended a ban on the two finger test, a medical examination that reinforces damaging stereotypes about rape survivors, and also stated that a range of services should be provided to rape survivors, including one stop centers. In particular it recommended that the

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also envisaged post-violence trauma care at the village level (sub-center).

- The report of the Working Group on National Rural Health Mission for the XII Five Year Plan (2012-2017) states that “there would be a greater emphasis on rolling out programmes related to the prevention and a health system response to gender-based violence.”

Sexual assault could jeopardize the health of a survivor in many ways. These include pregnancy, exposure to HIV and other sexually transmitted diseases, and mental health concerns. The Indian government has an array of programs as part of its National Rural Health Mission, the Integrated Action Plan for Selected Tribal and Backward Districts, the proposed National Urban Health Mission, and the National Mental Health Program, but these have thus far not included detailed norms, monitoring parameters, guidelines, or related training for reproductive, sexual, and mental health care services for women and children who experience violence, especially sexual assault or abuse. The Ministry of Women and Child Development announced a scheme for financial assistance for victims/survivors of rape in the country, which will in some ways assist women who have little or no money to pay for the post-trauma services they desperately need, but this scheme has yet to be implemented.

India is party to many international treaties that oblige it to respect, protect, and fulfill women’s and children’s rights to life, health, freedom from violence, and access to justice without discrimination. The Indian Constitution also guarantees the fundamental rights to life and equality before the law and equal protection of the law.

We hope you will treat this as an urgent national priority and take the following measures:

- Instruct all state governments to actively monitor the progress of registering first information reports (FIRs), investigating and prosecuting reports of sexual assault, and hold accountable those police officers who are not promptly registering FIRs, investigating crimes, and filing chargesheets.
- Constitute a high-level task force on response to violence against women and children. The expert group should develop a multi-pronged, coordinated response to gender-based violence, especially sexual assault, within a clear time frame and in a transparent and consultative manner.

Such a high-level task force should include representatives from the ministries of home, health, finance, women and child development, law and justice, road transport and highways, department of information technology, and leading experts in the fields of forensic science, reproductive and sexual health, mental health, and human rights.

The high-level task force should advise the government concerning the creation of a set of accessible, affordable, quality multidisciplinary joint response teams, one-stop crisis centers, and witness and victim protection programs, which are together funded by the central and state governments. These should have clearly specified norms for implementation, monitoring, and evaluating such responses. In particular, there should be a clear standard protocol for police action in accordance with international human rights law and existing Supreme Court guidelines and mechanisms. There should be a clear mechanism for monitoring police action and holding police accountable for inaction and interference while providing health care to those who experience violence.

The high-level task force should outline norms and standards for responses to violence against women and children, especially sexual assault, without discrimination based on language, caste, tribe, religion, political or other opinion, occupation, sex, gender, marital status, sexual orientation, disability, migrant, HIV or other status. In particular, the task force should ensure that treatment for those living with HIV, disability, persons from transgender communities, sex workers, and those reporting sexual assault by police is provided in a nondiscriminatory manner.

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We hope you will treat this as urgent national priority. We look forward to receiving information regarding the steps taken by your office to initiate measures in response to the concerns raised and recommendations made in this letter. Please do not hesitate to contact us for additional information.

Thanking you,

- K. Srinath Reddy

President, Public Health Foundation of India, New Delhi

- Anjali Gopalan

Executive Director, Naz Foundation India Trust, New Delhi

- Renu Khanna

Member, Steering Committee, CommonHealth, Coalition on Maternal-Neonatal Health and Safe Abortion

- Abhijit Das

Director, Center for Health and Social Justice, New Delhi

- Poonam Muttreja

Executive Director, Population Foundation of India (PFI), New Delhi

- Flavia Agnes

Founder Director, Majlis, Mumbai

- Indira Jaising

Director, Women's Rights Initiative, Lawyers Collective, New Delhi

- Donna Fernandes

Director, VIMOHANA, Bengaluru

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- Sreekala M.G.

Executive Director, North East Network

- Padma Deosthali

Coordinator, Center for Enquiry into Health and Allied Themes

- Liesl Gertholtz

Director, Women’s Rights Division, Human Rights Watch, New York

- Madhu Malhotra

Director, Gender, Sexuality, and Identity Programme, Amnesty International, London

- Dr. Adriaan van Es,

Coordinator, International Federation of Health and Human Rights Organizations

- Manisha Gupte

Co-Convenor, Mahila Sarvangeen Utkarsh Mandal (MASUM), Pune

- Anuradha Kapoor

Director, Swayam, Kolkata

- Poonam Swati

Director, Society for Women’s Action and Training Initiative (SWATI)

- Dr. Upendra Baxi

Emeritus Professor of Law, University of Warwick
Emeritus Professor of Law, University of Delhi

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- Padmini Swaminathan

Professor, Tata Institute of Social Sciences, Mumbai

- Pratiksha Baxi

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- G. Arunima

Associate Professor, Women's Studies Programme, Jawaharlal Nehru University, New Delhi

- S.P. Kalantri

Professor of Medicine, Mahatma Gandhi Institute of Medical Sciences
Sevagram (Maharashtra)

- Niraja G. Jayal

Professor, Centre for the Study of Law and Governance
Jawaharlal Nehru University, New Delhi

- Rajni Palriwala

Professor of Sociology, University of Delhi, New Delhi

- Nandita Shah,

Co-director, Akshara, Mumbai

- Madhu Mehra

Executive Director, Partners for Law in Development, New Delhi

- Amar Jesani,

Trustee, Anusandhan Trust, Mumbai

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- Dr. Thelma Narayan

Secretary, SOCHARA, Bengaluru

- Vrinda Grover

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- Dr. Sunil Kaul

The Ant, Assam

- Vineeta Bal

Member, Saheli Women's Resource Center and Delhi Science Forum, New Delhi

- Saumya Uma

Trustee, Women's Research & Action Group, Mumbai

- Anchita Ghatak

Secretary, Parichiti-A Society for Empowerment of Women, West Bengal

- Anant Bhan

Researcher, Pune

- E. Premdas

Legal Advisor, Jagrutha Mahila Sangathan, Raichur

- Anuradha Pati

Freelance development professional

- Leena Ganesh

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Independent health researcher

- Soumik Banerjee

Independent Researcher

- Shivani Patel

Health researcher and activist

- Shelly Saha Sinha

Independent researcher

- Kamayani Bali Mahabal

Human rights lawyer and activist

- Kavita Bhatia

Independent Researcher

- Prabir Chatterjee

Health Consultant

- S. Srinivasan

LOCOST

Copied to:

Dr. Syeda Hameed,
Member, Planning Commission of India



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