HUMAN RIGHTS WATCH

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HRW.org

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Dr. Manmohan Singh
Honorable Prime Minister of India
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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 government consider the "[s]etting up of One Stop Crisis Centres, on pilot basis, for providing shelter, police desk, legal, medical and counselling [sic] services to victims of violence under one roof" and that such a "center should be connected to a 24 hour Helpline." The Working Group also recommended that "a Helpline for women preferably, an all-India one, with an effective back office social-legal support system should be established in the XII Plan. This would cover victims of domestic violence, rape and other atrocities against women."

- *Recommendations of the High Level Expert Group on Universal Health Coverage*: The expert group recommended that the role of a community health worker be expanded to include prevention of gender-based violence and promotion of mental health services, and 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:

1. 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.

2. 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.

3. Integrate within programs like the National Rural Health Mission, the proposed Urban Rural Health Mission, and the Integrated Action Plan for

Selected Tribal and Backward Districts, a strong response to violence against women and children, especially sexual violence, outlining clear entitlements and services that should be provided at the village, block, and district levels, both community-based and facility-based. These services should include access to emergency contraceptives, prophylactic medications, counseling, and information about HIV and other sexually transmittable diseases.

4. Allocate and disburse funds for the implementation of the existing scheme for financial assistance for victims/survivors of rape and develop a monitoring framework to evaluate how well this scheme is being implemented across the country.

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,

1. Padma Deosthali, Coordinator, Center for Enquiry into Health and Allied Themes, Mumbai
2. Liesl Gerntholtz, Director, Women's Rights Division, Human Rights Watch, New York
3. Ravi Verma, Regional Director of the Asia Regional Office and Nandita Bhatla, Senior Gender Specialist, International Center for Research on Women, New Delhi
4. K. Srinath Reddy, President, Public Health Foundation of India, New Delhi
5. Anjali Gopalan, Executive Director, Naz Foundation India Trust, New Delhi
6. Renu Khanna, Member, Steering Committee, CommonHealth, Coalition on Maternal-Neonatal Health and Safe Abortion
7. Abhijit Das, Director, Center for Health and Social Justice, New Delhi
8. Poonam Muttreja, Executive Director, Population Foundation of India, New Delhi
9. Flavia Agnes, Founder Director, Majlis, Mumbai
10. Indira Jaising, Director, Women's Rights Initiative, Lawyers Collective, New Delhi
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15. Madhu Malhotra, Director, Gender, Sexuality, and Identity Programme, Amnesty International, London

16. Dr. Adriaan van Es, Coordinator, International Federation of Health and Human Rights Organizations
17. Manisha Gupte, Co-Convenor, Mahila Sarvangeen Utkarsh Mandal (MASUM), Pune
18. Anuradha Kapoor, Director, Swayam, Kolkata
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22. Amar Jesani, Trustee, Anusandhan Trust, Mumbai
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36. Richa Minocha, Member Secretary, Jan Abhiyan Sanstha, Himachal Pradesh
37. T.K. Sundari Ravindran, Secretary, Rural Women's Social Education Centre, Chengalpattu, Tamil Nadu
38. A. Sunitha, Coordinator, Anveshi Research Centre for Women's Studies
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40. Tithy Nandy, Healthwatch, Uttar Pradesh
41. Sarojini N.B., SAMA, New Delhi
42. Aanchal Kapur, Kriti team
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44. Dr. Vinay Kulkarni, Health Group Prayas, Pune
45. Diana Neville, Action for Social Justice in India
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Independent activists

60. Vrinda Grover, Lawyer and Researcher, New Delhi
61. Farah Naqvi, Writer and Activist, New Delhi
62. Anant Bhan, Researcher, Pune
63. Anuradha Pati, Freelance development professional
64. Leena Ganesh, Consultant, Gender-based violence, New Delhi
65. Mihir Desai, Advocate and human rights activist, Mumbai
66. Amrita Shodhan, Independent activist
67. Sylvia Karpagam, Independent health researcher
68. Soumik Banerjee, Independent Researcher
69. Shivani Patel, Health researcher and activist
70. Shelly Saha Sinha, Independent researcher
71. Kamayani Bali Mahabal, Human rights lawyer and activist
72. Kavita Bhatia, Independent Researcher
73. Prabir Chatterjee, Health Consultant
74. S. Srinivasan , LOCOST
75. Gopila Solanki
76. Asha George
77. Srila Roy
78. Rohini Hensman
79. Margaret Dickinson, Filmmaker, Pune
80. Dr. Mohan Deshpande
81. Ramlath Kavil
82. Supriya Madangarli
83. Geetanjali Gangoli
84. Dr. Anand Philip, Bengaluru

85. Susanta Kumar Mallick, Research Fellow, Center for the Study of Law and Governance, Jawaharlal Nehru University
86. Teena Gill, Independent Film Maker
87. Praveena Sridhar
88. Gopika Solanki
89. Devika Nambiar, post-doctoral fellow, Public Health Foundation of India
90. Suneeta Sheel

Copied to:

1. Dr. Syeda Hameed, Member, Planning Commission of India, New Delhi.
2. Ms. Krishna Tirath, Hon'ble Minister, Ministry of Women and Child Development, Government of India, New Delhi.
3. Dr. Ghulam Nabi Azad, Hon'ble Minister, Ministry of Health and Family Welfare, Government of India, New Delhi.