

CHAPTER I: INTRODUCTION

Gender discrimination is a universal phenomenon. Discrimination against women is more predominant in Asian countries. The Report on Human Development in South Asia (2001) underlines the inherent sex discrimination that exists in Asian society. Gender-biased customs, beliefs, superstitions, behavioural training, and mythology are used as tools to subjugate women and maintain them in oppression. Though all human beings are born with equal physical and mental capability and potential, men, who are in power and authority, which is the hallmark of patriarchy, suppress women. Ironically, women are yet to understand the core issues related to gender discrimination and consolidate their resistance in this matter, mainly due to the internalisation and reinforcement of certain values of an ideal wife, ideal mother, and ideal daughter imposed by social customs and supported by religious teachings. The discrimination starts even before birth; female foeticide and infanticide, neglect of health of the female child, and gender-biased feeding practices are rampant in the life of women. Discrimination is extended to all spheres of life – social, political, economic, and cultural. Gender discrimination is deeply ingrained in the system with the help of the ideology of patriarchy, which “limits and confines women to subordinate roles”. “The culture of patriarchy is deeply entrenched in the region and gender biases are held not only by men but also by women”. Women always internalise the concept that the hard work they do for their family is their duty; and therefore any hardship, pain or exploitation attached to it is acceptable.

Kerala witnesses large scale violence against women, including Rape in spite of significant Social Development. Statistics available with various statutory bodies like Crime Records Bureau, State Commission for Women, and Police Women’s Cell reveal that the enormity crimes committed against women in Kerala is alarming.

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. 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. Rape is the fourth most common crime against women in India. According to the National Crime Records Bureau (NCRB) 2013 annual report, 24,923 rape cases were reported across India in 2012. Out of these, 24,470 were committed by someone known to the victim (98% of the cases). The willingness to report the rape has increased in recent years, after several incidents of rape received widespread media attention and triggered public protest. This led the Government of India to reform its penal code for crimes of rape and sexual assault.

According to NCRB 2015,2016,2017,2018, 2019 statistics, Madhya Pradesh has the highest number of rape reports among Indian states, while Jodhpur in Rajasthan has the highest per capita rate of rape. 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). 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).

Rape is a type of sexual assault usually involving sexual intercourse or other forms of sexual penetration carried out against a person without that person's consent. The act may be carried out by physical force, coercion, abuse of authority, or against a person who is incapable of giving valid consent, such as one who is unconscious, incapacitated, has an intellectual disability or is below the legal age of consent. The term rape is sometimes used interchangeably with the term sexual assault. Worldwide, rape is primarily committed by males against females.

CHAPTER II: LITERATURE REVIEW

2.1 Vedha (2010) Prevalence and correlates of service utilization and help seeking in a national college sample of female rape victims.

This study examines prevalence and correlates of help seeking for emotional problems among undergraduate female rape victims. A national college sample of women endorsing a lifetime history of rape (N = 228) were interviewed in 2006 to assess demographic characteristics, rape history, rape characteristics, psychopathology, and substance abuse. Participants were asked if they ever sought help for emotional problems, and what type(s) of services were sought (medical professional, religious figure, or mental health professional). Prevalence of help seeking was 52%. Of help-seekers, 93% went to a mental health professional, 48% went to a medical doctor, and 14% sought religious counsel. Only PTSD was related to ever seeking help (OR = 2.35). Findings suggest that university-based mental health and medical facilities should be well prepared to identify and treat PTSD and other rape-related sequelae. Health promotion campaigns are needed to target substance abusing and depressed rape victims, who were less likely to seek help.

2.2 Loreto R. Prieto (2011) The Rape Myth and Blame-Based Beliefs of Counselors-in-Training Toward Male Victims of Rape.

The authors surveyed counselors-in-training at counselor education programs nationwide, accredited by the Council for Accreditation of Counseling and Related Educational Programs, to examine trainees' acceptance of rape myths and their willingness to make blame-based attributions toward a male victim of rape. Results suggested that male counselor trainees with no experience counseling sexually assaulted clients tended to endorse the greatest degree of acceptance of rape myths. Trainees of both sexes thought that a male rape victim who showed no resistance to his attacker should have done so. The authors discuss implications for counselor training and supervision.

2.3 Bachman (1993): The Victim-Offender Relationship Does Affect Victims' Decisions to Report Sexual Assaults.

Surviving Sexual Polity has defined violence as “any physical, visual, verbal or sexual act that is experienced by the woman or girl at the time or later as a threat, invasion or assault, which has the effect of hurting her or degrading her and/or takes away her ability to contest an intimate contact”.

2.4 Patricia A. Frazier et al (1994) Immediate Coping Strategies Among Rape victim.

This study provides descriptive information on the coping strategies used by rape victims and assesses the relations between coping strategies and symptoms in the immediate prostrate period. Responses to 20 coping items suggested that taking precautions and thinking positively were among the most frequently endorsed coping strategies. Expressing feelings, seeking social support, counseling, and keeping busy were most often listed as helpful by victims on an open-ended question. Staying home and withdrawing were associated with higher symptom levels: keeping busy, thinking positively, and suppressing negative thoughts were associated with lower symptom levels. Implications for counseling and research are discussed

2.5 Nishith, P., Resick, P. A., & Griffin, M. G. (2002) Pattern of change in prolonged exposure and cognitive-processing therapy for female rape victims with posttraumatic stress disorder.

Curve estimation techniques were used to identify the pattern of therapeutic change in female rape victims with posttraumatic stress disorder (PTSD). Within-session data on the Posttraumatic Stress Disorder Symptom Scale were obtained, in alternate therapy sessions, on 171 women. The final sample of treatment completers included 54 prolonged exposure (PE) and 54 cognitive-processing therapy (CPT) completers. For both PE and CPT, a quadratic function provided the best fit for the total PTSD, re-experiencing, and arousal scores. However, a difference in the line of best fit was observed for the avoidance symptoms. Although a quadratic function still provided a better fit for the PE avoidance, a linear function was more parsimonious in explaining the CPT avoidance variance. Implications of the findings are discussed.

2.6 Resick (2002). A comparison of cognitive-processing therapy with prolonged exposure and a waiting condition for the treatment of chronic posttraumatic stress disorder in female rape victims.

The purpose of this study was to compare cognitive-processing therapy (CPT) with prolonged exposure and a minimal attention condition (MA) for the treatment of posttraumatic stress disorder (PTSD) and depression. One hundred seventy-one female rape victims were randomized into 1 of the 3 conditions, and 121 completed treatment. Participants were assessed with the Clinician-Administered PTSD Scale, the PTSD Symptom Scale, and the Structured Clinical Interview for DSM-IV, the Beck Depression Inventory, and the Trauma-Related Guilt Inventory. Independent assessments were made at pretreatment, post treatment, and 3 and 9 months post treatment. Analyses indicated that both treatments were highly efficacious and superior to MA. The 2 therapies had similar results except that CPT produced better scores on 2 of 4 guilt subscales.

CHAPTER III: AIM and OBJECTIVES

Aim:

To conduct Statistical & Victimological Study on Rapes in Kannur district, Kerala.

Objectives:

1. To identify the age group which is most affected by Sexual offences?
2. To study and analyze the rate of rape in Kannur district over the years 2015-2019.
3. Victimological study of Rapes in general.

CHAPTER IV: MATERIALS AND METHODOLOGY

Materials:

1. Data base collected from DCRB, Kannur district, Kerala.
2. Data base collected from NCRB 2018

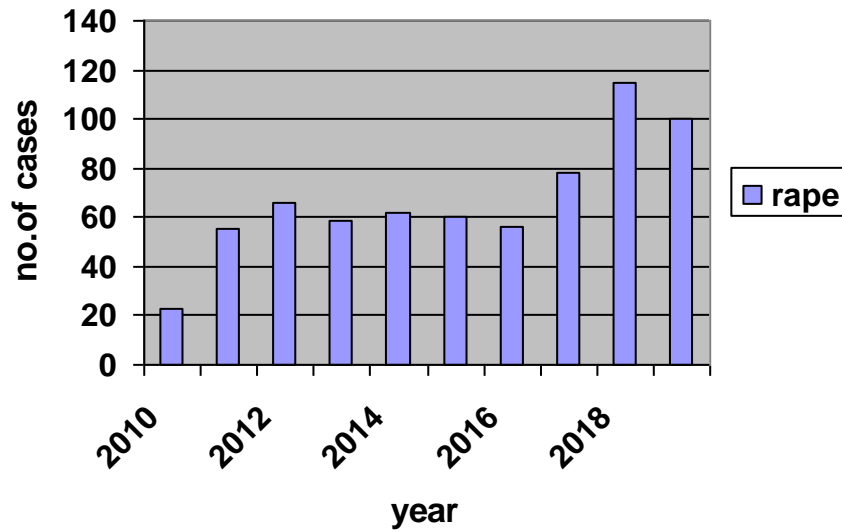
Methodology:

The following Database of Rape victims is collected from DCRB Kannur District, Kerala.

1. Age group analysis
2. Relation of Offenders to victims
3. Rate of Conviction & Acquisition in Kannur for Rapes
4. Rape Crime Rate analysis.
5. Average Rape rate for Various Countries
6. Average Rape rate for Various States of India
7. Average Rape rate for Various Districts of Kerala

CHAPTER V: OBSERVATIONS

Rape against women in kannur during 2010 to 2019



Graph 1: Rape against Women in Kannur

S.No	Age group	No. of cases
1	Up to 10 years	2
2	11-15 years	15
3	16-18 years	18
4	19-30 years	55
5	31-50&above	10
	Total	100

Table 4.1. Age-wise distribution of reported rape cases, 2019(Kannur)

S.No	Offenders	No. Of Rape cases	Percentage (%)
1	Parent/close family members	18	18
2	Relatives	12	12
3	Neighbours	19	19
4	Others	28	28
5	Strangers	23	23
	Total	100	

Table4.2 Details of relationship of incest rapists with victims – 2019

S. No	Year	No. of rape case	Total no. of cases against women	Percentage of Rape cases
1	2015	60	861	6.96
2	2016	56	689	8.12
3	2017	78	666	11.71
4	2018	115	846	13.59
5	2019	100	865	11.56
	Total	409	3927	10.41

Table4.3 No. of petitions received in the Women’s Commission, 2015-2019

S. No	Year	No. of rape reported cases
1	2009	554
2	2010	667
3	2011	1132
4	2012	1019
5	2013	1221
6	2014	1347
7	2015	1256
8	2016	1656
9	2017	2003
10	2018	2005
11	2019	2076

Table 4.4 No of Reported Rape cases in Kerala State

Year	No. of rape	Total crimes
2015	1256	9876
2016	1666	10004
2017	2003	11134
2018	2005	12293
2019	2076	14293
Total	9006	57600

Table4.5 Comparison of rape cases against total crimes against women (2014- 2019)

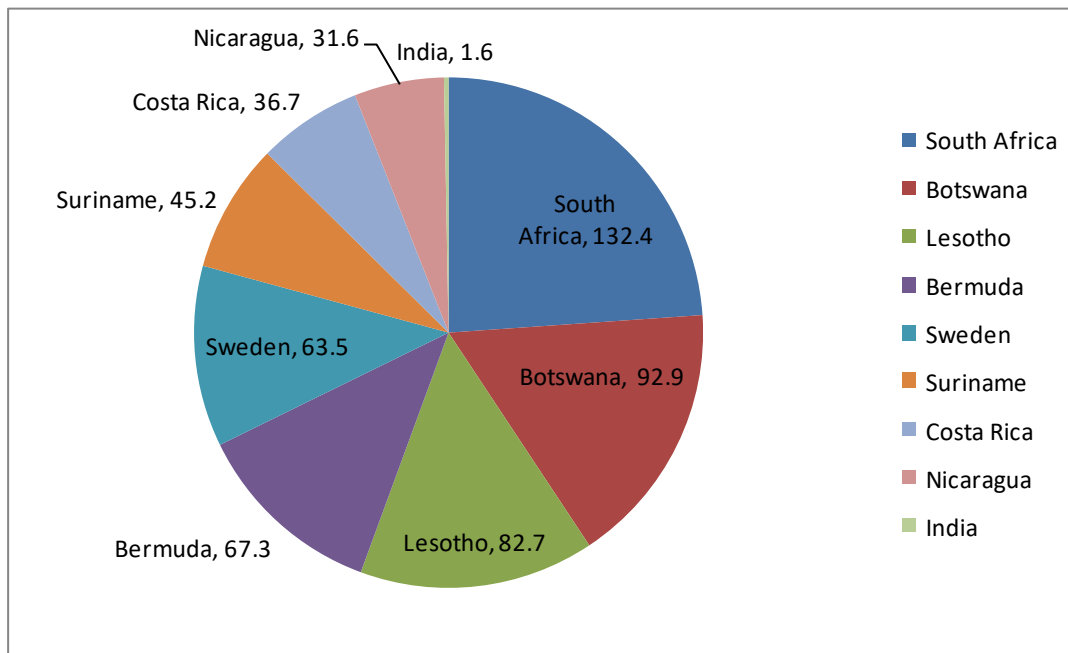
District	2015	2016	2017	2018	2019	Average rape rate
Kasaragod	45	49	56	88	92	66
Kannur	60	58	76	115	100	81.8
Wynad	55	72	86	95	110	83.6
Kozikode	48	56	58	64	79	61
Malappuram	62	36	155	169	197	123.8
Palakkad	55	47	83	88	144	83.4
Thrissur	42	65	62	65	69	60.6
Ernakulam	38	95	100	108	117	91.6
Iduki	35	98	98	111	122	92.8
Kottayam	39	45	91	94	104	74.6
Alappuza	25	29	89	101	107	70.2
Pathanamthitta	19	78	76	81	89	68.6
Kollam	28	55	75	79	82	63.8
Trivandrum	29	77	85	96	95	76.4

Table 4.6 Average Rape Rate for Various District Of Kerala

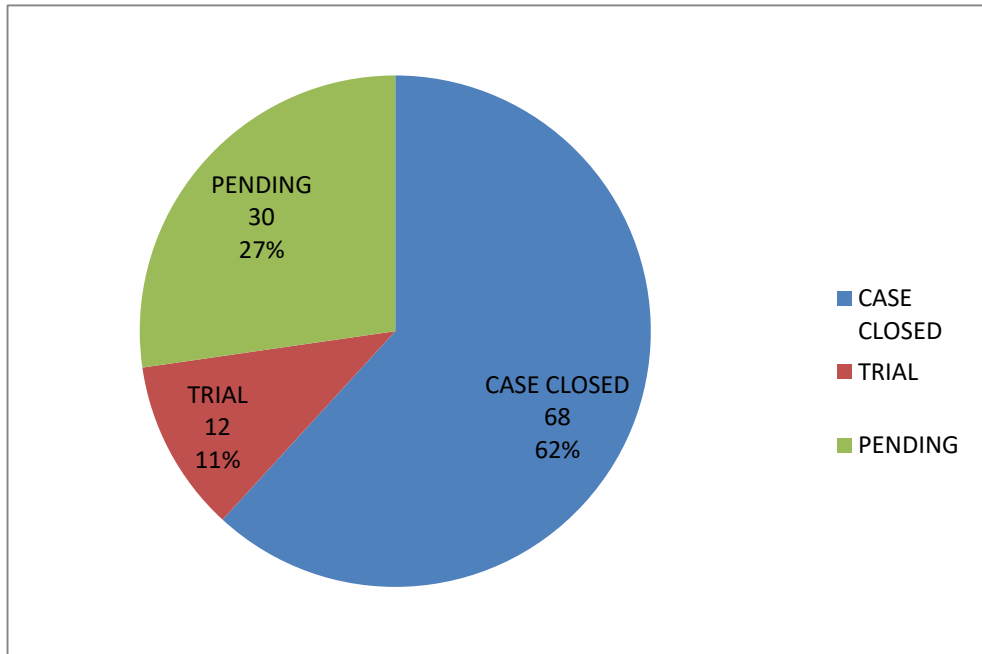
State	2017	2018	2019	Average rape rate of various states
Andhra Pradesh	1967	2008	2009	68.9
Arunachal Pradesh	384	367	333	53.4
Assam	1772	2987	3567	143.6
Bihar	978	1954	2078	28.8
Chhattisgarh	1345	2342	3532	61.1
Goa	392	371	369	39.6
Gujarat	988	1897	2009	27
Haryana	1010	1073	2055	88.7
Himachal Pradesh	567	1078	1265	35.7
Jammu Kashmir	296	298	324	51.9
Jharkhand	914	927	958	35.6
Karnataka	546	548	654	45.2
Kerala	2003	2005	2076	60.2
Madhya Pradesh	5562	5599	6577	78.6
Maharashtra	1890	2557	2987	55
Manipur	266	253	233	18.1
Meghalaya	337	372	567	40.7
Mizoram	256	233	278	57.6
Nagaland	68	65	69	6.9
Orissa	2675	2789	2890	94.5
Punjab	548	1067	1587	34.1

Rajasthan	2822	2876	2968	73.3
Sikkim	53	153	163	53.1
Tamil Nadu	1678	1856	2589	15.5
Telangana	1564	1967	2098	94.7
Tripura	126	634	972	51.2
Uttar Pradesh	3590	4926	5601	53.2
Uttarakhand	1465	1088	1044	36.8
West Bengal	1088	1256	1392	56.8

Table 4.7 Average Rape Rate for Various States of India



Pie Chart 4.1 Average Rape Rate for Various Countries



Pie Chart 4.2 Rate of conviction and acquisition in Kannur for Rapes (2019)

CHAPTER VI: RESULT AND CONCLSION

Result:

After deep analysis of the reported cases in DCRB, Kannur it is found that the rape cases have a gradual increase from the year 2010-2019. It is found that there is a large hike in the year 2018 where 120 cases were reported. In 2019, there is a slight decline as only 100 cases were reported. From 2013 to 2016 a balance was maintained but from 2017 the rate of crimes increased vigorously.

By going through age wise analysis of victims in the year 2019, it is found that the age group between 19-30 years were most exposed to rape and 55 cases were reported over this age group.

Based on the study, it is found that 51% of the reported rape cases were conducted by strangers other than the family members, where in 18% of the rape cases are done by the close family members with blood relation.

Conclusion:

From the above study and statistics it is concluded that the assault and rape is prolonged to increase even in the condition where there are hundreds of Laws and agencies to protect and safeguard females. This is clear indication of the Gender bias and Patriarchal ideology that influence the Kannur society. The victims and their families were left to their own survival strategies.

People should teach their sons how to respect women and how to safeguard them in all the situations. There should not be gender bias in between the girl and a boy. Girls should be taught how to protect themselves in the situations of offences. Further studies can be done to reduce the crimes by analysing the statistics, factors for crime in Kannur district.

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