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# Rape Victimization in India: A Preliminary Study of Victims and Victim Rights in Gujarat

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## Abstract

*In India, rape victims still experience significant obstacles that prevent them from accessing justice, recognizing trauma, and being acknowledged in the criminal justice process. More recently, reforms and policy directions have surfaced regarding legal reform and victim compensation funds, but the lack of victim-centered forms of justice has become increasingly inconsistent, ineffective, and unmet. This paper presents preliminary empirical research focused on rape victims in the state of Gujarat, to better understand the national struggles from the localization effects. The research examines the multi-dimensional impacts of rape-physical, psychological, financial, and legal-on survivors from a study underpinned by data directly from victims. In addition, the research discusses the Gujarat Victim Compensation Scheme and its practical workings to support the needs of survivors. Previous research often focuses on monetary compensation; this paper illustrates how victims need more comprehensive support mechanisms such as medical services, psychosocial services, legal aid, protection from secondary victimization, and victim-informed policies.*

Keywords: Rape Victim, Victimization, Victim Rights, India, Gujarat Victim Compensation Scheme.

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## 1. Introduction

The notion of victim justice has experienced considerable growth over time due to changing norms, laws, and institutions. In a pre-legal society, it was commonly the case that victims or their families were responsible for justice, often through the practice of retribution (*lex talionis*, or “an eye for an eye”), punishments that reflected the damage inflicted on victims (Encyclopaedia Britannica, 2025; Jaishankar, 2025). In these early societies, injustice could not go unpunished, as presented in ancient legal codes (e.g., the Code of Hammurabi, Mosaic Law, Roman Law, and Manusmriti) (Jaishankar & Halder, 2019). Each of these legal systems formalized the practice of retribution and restitution, while urging the offender’s obligation to the victim (Encyclopaedia Britannica, 2025; Jaishankar, 2025). In Roman Law, the Twelve Tables mark the movement towards state justice by institutionalizing compensation instead of personal retribution (Encyclopaedia Britannica, 2025).

The feudal period ushered in a period of transition in which lords of the manor confiscated restitution due to victims, making crimes defined, legally speaking, as ‘crimes against the state’ or similar, and not crimes against a victim (Jaishankar, 2025). After all, it was not simply an individual’s loss, but a crime against the state. When paired with societal transitions from *Gemeinschaft* to *Gesellschaft* forms of life, the system of justice became one of state punishment as opposed to victim restoration (Encyclopaedia Britannica, 2025; Jaishankar, 2025). In time, victims became mere spectators in their cases, with their needs secondary to the processes associated with the offender (Encyclopaedia Britannica, 2025; Jaishankar, 2025).

Thus, tracing back this history can shed light on our contemporary struggles in India around victim justice. The Constitution of India makes provisions for fundamental protections for victims through Articles 14 and 21 (the rule of equality before law and the Right to Life). Additionally, Article 39A encouraged equal justice to all citizens by the appointment of free legal aid. Article 41 also encourages the provision of, “prompt provision of funds to aid individuals in distress,” giving some constitutional authority for victimology. Despite these provisions, there is great inconsistency when provisions are implemented (Jaishankar, 2014).

While a historical beginning to victim compensation through Section 357 of the 1973 Criminal Procedure Code (CrPC), meaningful legislative transformation did not begin until the introduction of Section 357A in the Code, through the 2008 Amendment. Section 357A required the states to implement Victim Compensation Schemes (VCS) (Jaishankar, 2014). The 2015 introduction of the Central Victim Compensation Fund (CVCF). The 2012 Nirbhaya incident was a watershed event which instigated transformative legal reforms, the most significant of which was the Criminal Law (Amendment) Act (2013), the establishment of fast-track courts

and the Nirbhaya Fund (2016) provided funding and recommendations for evidence-based practice for a standard set of objectives with implementation on victims counselling during the criminal proceeding and after the finality of outcomes. Steps were taken to standardize compensation in the post-2015 landscape, allocating more funding and additional jurisdiction via VCS to compensate victims. There remain challenges for the intended victim compensation mechanisms. This historical backdrop sets the stage for understanding the current challenges and reforms in victim justice in India, with a focused case study on Gujarat to illustrate these dynamics.

The Gujarat Victim Compensation Scheme (GVCS) (2019) is consistent with NALSA guidelines and conforms to CVCF rules; it is both a showcase of what is possible and what can fail. There is some claim to prescribing amounts for rehabilitation, and sets out processes, but has delivery failures, especially for women victims. As evidenced by other research, GVCS typically fails to achieve 'rehabilitation' in a holistic manner, such as (a) social reintegration, (b) addressing mental health needs, and (c) restoring dignity (Shah & Trivedi, 2021).

When we speak of GVCS and other victim compensation schemes, it is policy recognition of victims' rights; while the introduction of these schemes is generally helpful, attempts at reform stop too short as there is no thorough and integrated system of support. We specifically argue that there is insufficient trauma-informed health care, no psychosocial support, no legal consultation or counsel, etc., and no emergency shelter. Ultimately, compensation should not be the only means of rehabilitation (Jaishankar, 2014). This is especially serious for rape victims because of the effects of institutional bias and deliberate systemic exclusion.

As described in the ethnographic work of Baxi (2014), the courtroom can often be a new site of re-victimization from invasive examinations of survivors' sexual histories that render victims disorganized and homogenized, with the result being harmful stereotypes. For Dalit and Adivasi women, the layered and layered hierarchies of caste make justice difficult if not impossible to attain, with the pursuit of justice commonly resulting in procedural disregard of victims or denial of victimhood status altogether (The Citizen, 2021; Dalit Human Rights Defenders Network, 2022). The matter is compounded to a new and heightened degree for child victims of rape who not only experience the above marginalization process but also experience devaluation through the effects of dominant legal texts that typically lens consent through an adult framework, ultimately discounting child victims' credibility (Baxi, 2014; Oza, 2022).

Rape victims, in Gujarat and throughout India, experience trauma that is multi-faceted and complicated, encompassing much more than the physical assault.

Economic insecurity, social stigma, and fears of retaliation may dissuade many survivors from seeking justice or support, leading them to silence or compromises (Oza, 2022). Scholars and advocates for legal reform have long established that the response of the institution is inadequate, with victim support service under-resourced, poorly coordinated, and lacking cultural competency (Kapur, 2013; Agnes, 2014). Furthermore, the secondary victimization of police aggression, judicial indifference, and sensationalized media reduces survivors' access to justice and diminishes public trust in the legal institutions (Jain, 2015).

Given this situation, the study explores the suffering of rape victims in Gujarat, and how they reacted within the socio-legal environment. By examining how legal, social, and institutional factors interact to create victimisation and resistance to justice, we seek to elevate the voices of survivors and pinpoint the types of structural changes that may offer more than cosmetic change. The study addresses important gaps in the empirical base of evidence on the effectiveness of GVCS, particularly around women victims, while drawing on the reports of the Malimath Committee (2003) whose recommendations on victim inclusion and compensation aligned with the UN Declaration of Basic Principles of Justice for Victims of Crime and Abuse of Power (1985) (Jaishankar et al., 2008; United Nations General Assembly, 1985). Further, there is a severe lack of empirical data on how rape victims experience the justice process, especially within the state. Much of the existing work is either doctrinal or policy prescriptive, with many adopting a legalistic approach disinterested in survivors' lived experiences (Choudhury, 2018). This research goes some of the way to filling that gap by offering insights from fieldwork carried out in Gujarat.

## **2. Methods**

This preliminary study utilized a rights-based, participatory, exploratory and research approach to examine the complex effects of rape and sexual violence on survivors and their dependents in Gujarat, India. The research design was selected with an intention to prioritize the voices and lived experiences of survivors and their dependents, and to situate the need for reforms in policy and practice within a grounded understanding of their lived experiences.

### **2.1 Study Location and Participants**

The participants included women rape victims and non-governmental organizations (NGOs) that work with rape victims in the area. The study was undertaken in rural and urban districts of Gujarat to capture a slightly different socio-cultural and institutional landscape. 30 survivors of sexual violence were identified using a purposive sampling approach, and NGOs and Institutional Support Centers mediated our identification of survivors.

## **2.2 Data Collection Procedures**

**Primary Data:** Primary data were collected using both structured and unstructured interviews. Victims and their dependents voluntarily participated, and all interviews were conducted by trained female field investigators. The presence of female relatives, counsellors, and NGO representatives during the interviews helped mitigate trauma and foster emotional and psychological territorial protection. The strategy of using structured and open-ended instruments not only allowed the research team to collect stories but also ensured consistency in the interviews.

**Secondary Data:** In addition to the interviews, secondary data were collected from institutional reports, academic articles, government publications, and NGO documentation. The secondary data sources provided contextual understanding and were useful for triangulating the measures found in the primary data.

## **2.3 Ethical Considerations**

Due to the sensitive nature of the topic, ethical safeguards played a central role in the research process. This study adhered to the procedures outlined in the World Health Organization's ethical and safety recommendations for research on domestic and sexual violence (2001). Confidentiality and anonymity of participants, along with voluntary participation, were emphasized at every stage of the research process. Victims were informed of their rights to withdraw from the study at any time without any negative consequences. The research team reviewed the interview protocols and designed them to prevent re-traumatization (i.e., non-leading and empathetic interviewing), and female investigators received training to manage trauma disclosures. Furthermore, if any stress or trauma was observed during the study, immediate, appropriate, and accessible psychosocial support was made available to the participant.

## **2.4 Data Analysis**

Quantitative data from the structured components of the interviews were analyzed using descriptive statistical methods to identify patterns typical across cases of abuse. A key focus was the injuries sustained in four domains: (1) physical, (2) psychological, (3) economic/financial, and (4) contact with the justice system. These domains were based on previous studies of the multi-layered harms of sexual violence (Campbell, 2001).

### 3. Results and Discussion

This section details the findings from the quantitative research component of the study on the multi-dimensional effects of sexual violence on survivors in Gujarat, India. Findings are presented across four distinct harm/injury areas: physical, psychological, financial, and secondary victimization due to justice processes. Quantitative findings are presented in figures and descriptive statistics, while each subsection includes a critical analysis of the data with the evidence base. The purpose of the critical discussion is to identify patterns, gaps, and inequalities within the system and consider policy-relevant implications.

The discussion aims to make visible that current legal, medical and psychosocial systems fail to adequately recognize the multifaceted and enduring impacts of rape victimization. Adopting a rights-based and trauma-informed perspective, the discussion argues for the need for an integrated and more holistic approach to survivor support systems within rehabilitation, policy, and practice reforms and community-based interventions.

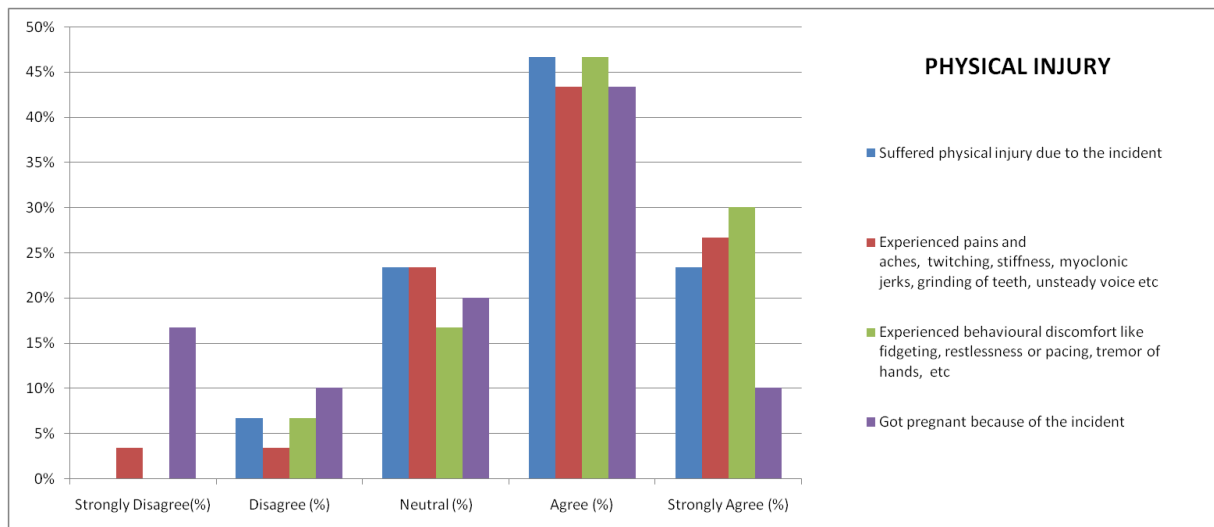
#### 3.1. Physical Injury

Figure 1 shows the extent and types of physical injuries experienced from the responses of rape victims in Gujarat based on four of the response indicator categories: direct physical injury; neuromuscular symptoms; behaviours showing discomfort; and pregnancy. The responses used a five-point Likert scale, which offers information on the physical impact on survivors of sexual violence. The level of agreement categorised the responses of the participants as 'Strongly Disagree'; 'Disagree'; 'Neutral'; 'Agree', and 'Strongly Agree'.

Many respondents acknowledged having direct physical injuries sustained in the incident. In total, close to 46% of the participants agreed, and almost 22% of respondents strongly agreed that they suffered physical injuries. Consequently, it can be inferred that a considerable number of victims experienced some form of bodily trauma from the events. Existing work confirms these findings and shows that it is not unusual for survivors of rape and sexual assault to have physical injuries, which may include bruises and more serious harm (World Health Organisation, 2013).

Respondents reported not only direct physical injuries but also numerous neuromuscular symptoms, such as twitching, stiffness, myoclonic jerks, teeth grinding, and an unsteady voice. Approximately 43% agreed, and 27% strongly agreed with this statement, indicating significant levels of somatic symptoms associated with trauma. This is indicative of a physiological response to having experienced extreme or high levels of stress and was consistent with research that has established a link between sexual assault and both acute and chronic neurophysiological consequences (Campbell et al., 2009).

**Figure 1. Physical Injury Faced by Victims**



Behavioural discomfort, evidenced by symptoms like fidgeting, restlessness, pacing, and tremors, was another instance reported with significance. Nearly 46% of the respondents agreed, and 30% strongly agreed that they had behavioural symptoms following the assault. This was the most assured, reliable, and affirmed marker across all four of the parameters. The significant amounts of behaviours that occurred suggest the indicators of post-traumatic stress symptoms that have been well established in cases of sexual violence (American Psychiatric Association, DSM-5, 2013).

Pregnancy, because of the assault, although more variable in actual responses, had a considerable impact. Approximately 43% of victims indicated they agreed, while about 10% strongly agreed that they became pregnant due to the incident. This indicator also had the highest rate of strong disagreement at about 17%. This is interesting, as it suggests that pregnancy is certainly a significant outcome for many survivors, but the experience varies considerably for others, potentially due to a diverse range of responses, like age, availability of emergency contraception, or medical intervention promptly. These results support the differential outcome of reproductive health care services as an important aspect of care in post-rape intervention programs.

These findings also emphasise the physical impact on survivors of sexual violence and demonstrate that the physical impact can be extensive and varied. In addition to reporting on the physical injury from the act of sexual violence impacting over two-thirds of participants, the participants consented even more to an indirect trepidation of physical injury, such as neuro-muscular symptoms

(e.g., twitching, stiff, myoclonic jerks) or even behavioural discomfort (e.g., had trouble sitting still, tremors, pacing). When such symptoms are considered, it showcases inseparable experiences of trauma with physical health. This is consistent with existing trauma literature that highlights the close links establishing the body's response to psychological stress and the subsequent somatization of those effects (van der Kolk, 2014).

The findings also confirm the importance of a trauma informed care approach to situations like this, which was exacerbated by an extremely socio-culturally-ambivalent context such as Gujarat with potentially both structural and social barriers for rape survivors within access to healthcare. The processes and impact of neurophysiological effects illustrate the need for care models that promote integrated comprehensive care that includes medical treatment, psychosocial, and neurological considerations (Campbell et al., 2009). It has been noted that victims of sexual violence experience the effects of post-traumatic stress disorder (PTSD) with evident physical signs and symptoms, and yet these are frequently discounted by traditional clinical considerations (Resnick et al., 1996).

While the data is vast, one noteworthy piece of information is that close to half of the respondents indicated pregnancy as one of the injuries they experienced because of the assault, which is a very real, and very stigmatized injury and consequence of rape. Given the history of India and its healthcare systems and legal considerations for people obtaining emergency contraception and abortion, the first thing to remember about pregnant survivors is how these systems may influence the use of emergency contraception, especially among a rural, poor, or unmarried pregnant person (Jejeebhoy & Santhya, 2011). Thus, while pregnant survivors may have additional consequences and injuries to face in the aftermath of rape, the number of pregnant survivors also demands urgent reframing of reproductive justice within post-rape care.

Importantly, the high responses in the "Agree" and "Strongly Agree" categories remained consistent for all four physical parameters, suggesting that physical injury—overt or not—is practically universal in sexual assault victims. These trends highlight the need to rethink "physical injury" in the language and structure of victim compensation and in criminal justice itself. These schemes often narrowly define injury as visually detectable; they do not consider several bodily experiences of trauma that materialize as body tremors, chronic pain, or reproductive trauma (Herman, 1992).

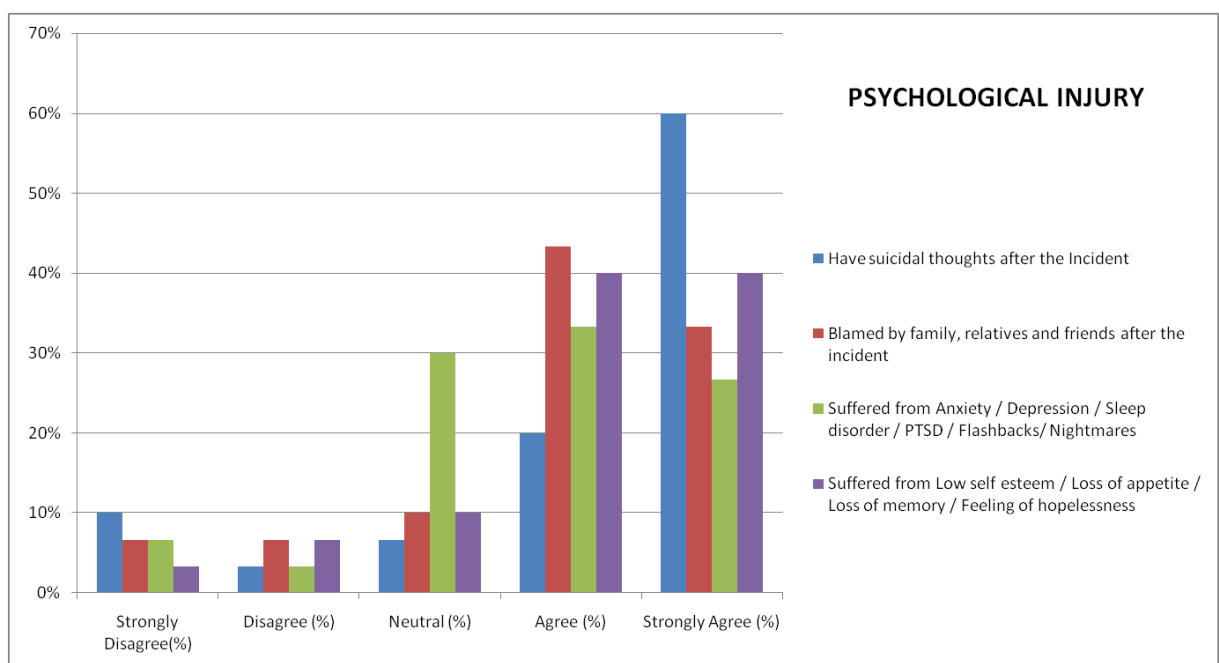
Lastly, the results suggest what the limits of compensatory schemes might be if they are not coupled with accessible and meaningful healthcare and trauma-informed care. In Gujarat and many areas of India, the Victim Compensation Scheme seems to function solely as a funder, and not a treatment or service provision scheme. There is only so far monetary compensation can go without also

providing a strong, accessible healthcare and assistance, psychological support service, and reproductive assistance; otherwise, it remains thin at best for meaningful reparative justice.

### 3.2. Psychological Injury

Figure 2 shows the psychological effects experienced by rape victims in Gujarat across four constructs (suicidal ideation, societal blame, clinical psychological symptoms, and emotional distress). The experiences of the participants are managed using a five-point measure which is “Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree.”

Figure 2. Psychological Injury Faced by Victims



The most pronounced observation made regarding the second construct is about suicidal ideation. A full 60% of respondents reported strong agreement and another 20% agreement that it “had suicidal thoughts“ after the rape incident, for a total of 80% of participants reporting suicidal ideation; this is the highest descriptive percentage across the psychological categories of strong agreement. Social blame from family, relatives, and friends is another key experience, with roughly 43% of participants agreeing, and 35% strongly agreeing, that they received social blame. That means over three-quarters of respondents faced consequences of social stigmatization and secondary victimization.

When there were questions about clinical psychological symptoms, including anxiety/depression, sleep disorder, PTSD, flashbacks, and nightmares, 30% of participants were neutral, 35% agreed, and about 25% strongly agreed with this category. The percentages of strong agreement were slightly lower than for the other indicators, but when considering the results cumulatively, about 60% of participants acknowledged being clinical with psychological symptoms. Finally, about 40% strongly agreed, and another 40% agreed, respondents described having issues like low self-esteem, lack of appetite, poor memory, and hopelessness.

The psychological harms of sexual violence experienced by survivors in Gujarat, as depicted in the data displayed in Figure 2 above, are deep and widespread. The fact that 80% of respondents reported suicidal thoughts is extremely disturbing. These findings are corroborated by global research, which has continuously found sexual assault to be correlated with increased risk of suicidal thoughts and attempts, especially when survivors experience further systematic disregard and social isolation following the assault (Devries et al. 2011; WHO, 2013). The very high rates of distress reveal that there is a critical need for trauma-informed mental health services for survivors of sexual violence that are both accessible and available.

Also greatly concerning is the high rate of secondary victimization, as more than 75% of respondents said they were blamed for the sexual violence event by family, friends, or relatives. This type of blame, which is sometimes categorized as secondary trauma, adds to the damage caused and has been noted as a significant barrier to reporting a sexual violence event and healing (Ullman, 2010). In which victims in patriarchal societies, such as India, for example, endure social ostracism and a strict moral evaluation, silence and limits to justice-seeking action are compounded. The rates of this response happening is indicative of a larger societal issue that needs to be addressed through education and sensitivity training aimed at countering rape myths and victim blaming.

Clinical psychological symptoms—including PTSD, depression, flashbacks, and nightmares—were assessed and were reported as very common, albeit with a greater proportion of neutral responses vs. other indicators. Such ambiguity could represent difficulty recognizing or labelling clinical symptoms, especially in low-resource settings where mental wellness literacy is low. However, in totality, the agreement (about 60%) reflected that a majority of participants experience diagnostic psychological disorders, which is consistent with other trauma studies (Resick, 1993; Campbell et al., 2009). The last category—general emotional distress with low self-esteem, hopelessness, etc.—was also very common with 80% of respondents agreeing they experience this. Now, these results exemplify how deeply the assault impacts a person's self-concept and overall psychosocial

functioning. Such injuries, if treated ineffectively, can have runoff effects on an individual's personal, professional, and social life domains going forward.

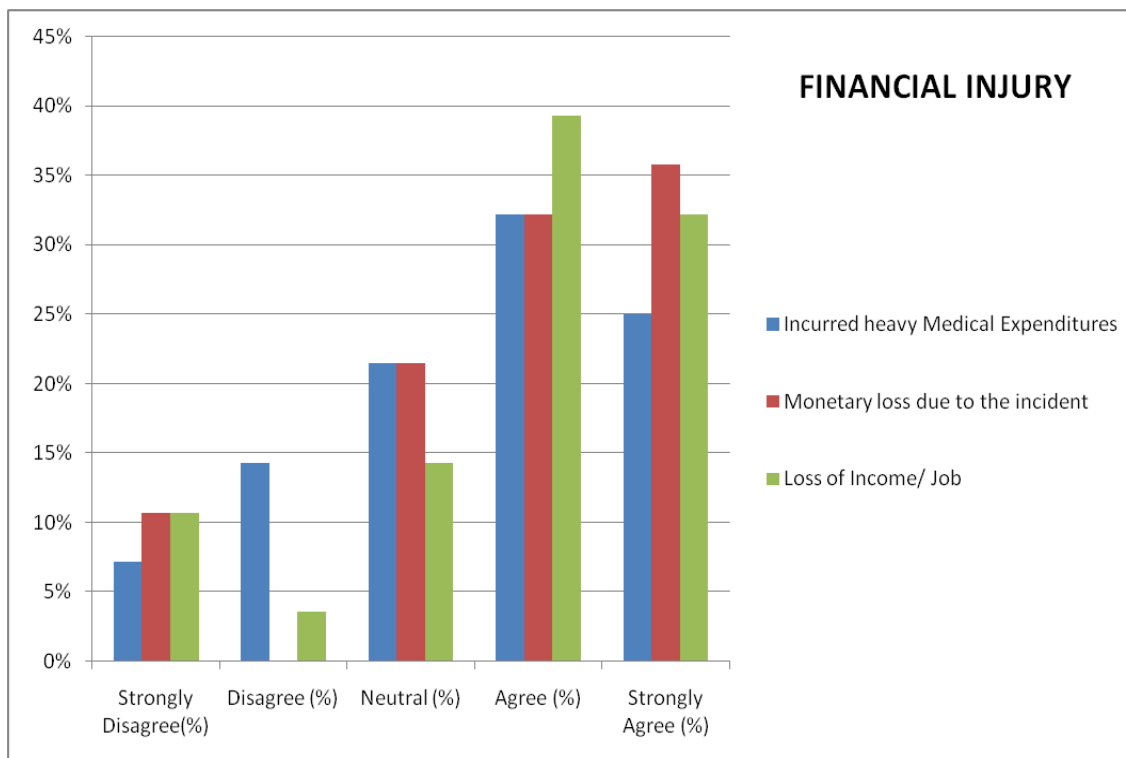
In sum, the data indicated an immediate need to include holistic mental health support within victim support programmes. Policies such as the Gujarat Victim Compensation Scheme must cover more than just compensation to include professional psychological counselling, peer support programs and long-term psychiatric care. Additionally, community-level interventions must be developed to guarantee survivors' access to safe, non-judgmental spaces to heal and decrease stigma and shame associated with sexual violence.

### **3.3. Financial Injury**

Figure 3 displays information about the financial injuries alleged by the rape survivors in Gujarat based on three key measures: incurred large medical expenses; monetary loss due to the incident, and income or employment loss. The results show that a large portion of respondents were impacted financially. Approximately 32% of respondents "Agreed" and 25% "Strongly Agreed" that they incurred large medical expenses, for an overall 57% who indicated incurring a financial injury because of medical expenses. In the same vein, slightly more than a third of the respondents "Agreed" or "Strongly Agreed" that they experienced monetary loss because of the incident (around 32% and 36% respectively), indicating more than two-thirds of survivors encountered some measurable economic impact as a result of the assault.

The most concerning statistic is in job income loss, where 39% of respondents "Agreed" and amongst 33% "Strongly Agreed" they lost their livelihood because of the incident, for an overall total of more than 70%. Conversely, a very small minority actually "Strongly Disagreed" or "Disagreed" with the financial impacts in the above questions, which shows that financial injury was experienced by most of our sample of respondents. The findings shown in Figure 3 strongly highlight the economic impact of sexual violence, confirming the idea that the implications facing survivors go well beyond the immediate physical injuries and psychological trauma sustained by survivors of such violence. Financial harm can take many forms - direct payments for medical expenses, incidental costs related to the recovery or the criminal justice process, or indirect effects like the loss of work or inability to earn income over time. These data are aligned with broader literature noting that anticipated repercussions of sexual violence could be framed as more than personal or social, but as economic (Peterson et al., 2017).

**Figure 3. Financial Injury Faced By Victims**



Medical costs were noted by most survey respondents and indicate that even if access to health care is critical, the costs associated with that access can be unrealized amounts of money, especially when survivors will need to seek emergency care, mental health care or rehabilitation. For victims in areas like Gujarat, where public health care systems may be weak or unavailable is the norm then it is far worse because victims simply cannot afford to pay for private health services (Chatterjee, 2013). This creates an access and equity-related concern regarding appropriate post-assault care, as well as about the existence of financial protection available to survivors.

The high proportion of respondents indicating monetary loss (because of court proceedings, transportation, or stigma leading to being excluded from work) affirms the structural economic risk for rape victims. These findings echo previous research indicating that sexual violence has widespread consequences not only for one’s physical health but also disrupts educational and economic pathways, particularly for women from lower-income communities. (Day et al., 2005).

The high percentage of participants losing a job and/or income is perhaps most concerning. For women living in the Indian socio-cultural context where stigma and victim-blaming is rampant, survivors face either social ostracization, discrimination, or exclusion from work altogether (Sahoo & Singh, 2021). They may also, because of health problems or an employer’s view of “unfit” for the

workplace, or because of the assault, have lost their job or income. These experiences on top of one another indicate a major gap in labour protections and the anti-discrimination process for survivors of sexual violence.

The Gujarat Victim Compensation Scheme offers some financial help, but it cannot fully take away the complexity of the financial burden that survivors experience. Victims will continue to remain unsupported unless more comprehensive policies are implemented to link financial, health, legal, and employment policies to support survivors (UN Women, 2019). The current limits of victim compensation programs should be expanded to address loss of income, employment re-instatement, and reimbursement of the expenses they incur.

### **3.4. Injury due to Justice Systemic Processes**

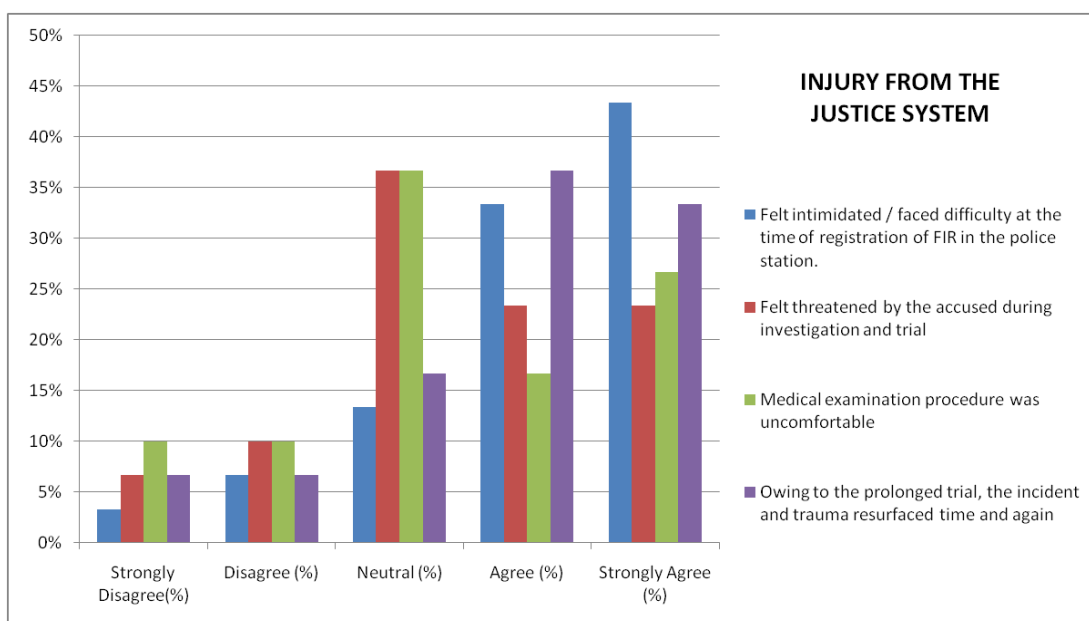
Figure 4 contains the psychological and procedural challenges of rape survivors experienced by them during the process of the Gujarat justice system. The analysis shows four significant points to call attention to. First, in the context of the FIR registration, of the participants, 28% agreed and 19% strongly agreed with making the participants experience a difficulty or being intimidated, while only 15% disagreed with the likelihood of this occurring. There exist noticeable obstacles for rape survivors upon entering the system. Second, while there is no discernible percentage provided in the data being recorded, a sizable cohort reported that they felt threatened by the accused during the investigation/trials. Third, a sizable proportion of survivors described feeling uncomfortable during the medical examinations. Lastly, 62% of the participant population agreed or strongly agreed that the elongated trials prompted re-experiencing the trauma, which reveals how lengthy trials increase psychological distress for survivors. The two findings collectively illustrate major failings across multiple interaction points for survivors of sexual violence within the justice system.

The findings emphasize serious institutional barriers related to sexual violence cases. The intimidation during registration of the FIR (First Information Report) echoes prior literature about police stations acting as sites of secondary victimization in marginalized areas (Kumari et al., 2025). The reported threats during court proceedings highlight gaps in witness protections, while the uncomfortable medical exams illustrate a lack of trauma-informed protocols (Human Rights Watch, 2021).

The most troubling finding – that lengthy trials traumatize survivors again – has particularly serious implications. Given that Gujarat has a backlog in its legal system that routinely sees cases take 5-7 years (NCRB, 2022), this creates what Smith and Freyd (2014) refer to as “institutional betrayal” – in that the same

systems meant to support are inadvertently harming. The totality of all these experiences could explain India’s abysmally low rape conviction rate of 27.8% (NCRB, 2022), as survivors often choose to withdraw from these exhausting legal processes.

**Figure 4. Injury Due to the Justice Systemic Processes (Secondary Victimization)**



#### 4. Conclusion and Recommendations

The objectification of women’s bodies not only splits the body from the person but also hides the person behind the body (Fredrickson & Roberts, 1997). The ability to ask, resist, and have the confidence to question while surviving makes a difference. The quantity of women speaking out about rape, harassment, and groping gives a sense of safety in numbers and gives others courage to join (Mendes et al., 2018). However, simply speaking out is insufficient. Even a choir of voices may not be enough to create the drastic societal change needed to eliminate gender inequality across all institutional systems of our society (Devries et al., 2013). Breaking the silence is one thing; having women’s voices heard is something entirely different. Speaking out to address the legacy of patriarchy in society that still permits women to be viewed as objects and possessions owned, dominated, and controlled by men (Herman, 1992) will only go so far.

Figure 1 confirms the complex physical effects of rape in Gujarat – effects that are frequently hidden or poorly addressed in the health and justice sectors. The wide-ranging consequences and prevalence of physical, neurological, and somatic injuries indicate the need for a systemic overhaul in the way services are offered to survivors. There is an urgent need for victim compensation schemes to

consider having a broader, survivor-focused framework that treats physical, neurobiological, and reproductive outcomes as interconnected elements of post-rape services. Not only would this facilitate better recovery outcomes for survivors, but it would also ensure victims of holistic and complete justice.

The psychological effects of sexual violence identified in this study are serious and complex. The findings (figure 2) underscore the need for rapid and sustained commitment to the mental health of victims of rape in public policy and at a grassroots level. Rape and other crimes of a similar nature (e.g., attempted rape, acid attacks, or sexual assault) create trauma for victims that cause physical, sexual, emotional, and, often, psychological distress (sometimes leading to post-traumatic stress disorders) (Resick, 1993; Resnick et al., 1996). Victims are often stigmatized, ostracized, and/or blamed for the crime committed against them by society, which amplifies their victimization and trauma (Ullman, 2010).

The financial injuries sustained by survivors of rape in Gujarat can cover a vast and deeply structural array of factors of medical costs, incidental costs, and lost wages. The data in Figure 3 indicates that these costs may be generalizable, as they could be understood as structural outcomes based on not only gender-based violence, but also access to health care, labour protections for survivors, and a system of support for survivors. Effective future interventions should be situated in the livelihoods of survivors beyond just the rights of survivors in court; future interventions must include livelihoods and compensation to support survivors with long-term recovery and access to justice.

These findings usher important reforms forward, such as compulsory sensitivity training for police and medical practitioners, as well as a meaningful establishment of fast-track courts with process timelines for sexual violence. Victims also need courts to develop distinct systemic witness protection systems. Otherwise, the systemic justice process continues to re-traumatize survivors and fall short of justice as an obligation. Future work must investigate the economic and social costs of these systemic failures to create strong evidence-based proposals for institutional transformation.

When granting compensation, the needs of the victim must be taken into consideration. The degree of harm to the victim and the dependents of the victim from the perspective of physical, psychological, emotional, economic, and sexual harm is to be regarded when meting out punishment to the offender (World Health Organization [WHO], 2013). After collecting data from wide-ranging areas, the team arrived at the conclusion that victim compensation, as granted at times, did not meet the minimum under the Gujarat VCS Scheme (Government of Gujarat, 2018). Some victims refused to accept compensation from DLSA because they

believed that the police personnel were hiding details when the FIR was made. Victims of pregnancies because of sexual assault were dependent on government hospitals or one of the NGOs associated with colleges to obtain various services. They would receive free services at the government hospital (Jejeebhoy & Santhya, 2011).

After the ordeal of discussions with a young victim, who became pregnant after rape, the DLSA recommended an interim award of ₹1,75,000, which is only 25% of the maximum ₹7,00,000. The 2018 Victim Compensation Scheme has provisions to provide additional compensation for pregnancy cases resulting from sexual assault, and rape victims are eligible for 25% of the maximum amount of ₹7,00,000 (Government of Gujarat [GOG], 2018). In cases involving minor victims, the minor victim may be entitled to an additional compensation of 50%, which would potentially range up to ₹16.5 lakhs. The victim only received ₹1,75,000 out of an estimated ₹4,12,500. This raised questions about multi-claims under a possible compensation from the 2018 NALSA Scheme (National Legal Services Authority [NALSA], 2018).

Increased awareness is an important aspect of better application of the victim compensation scheme. There is a huge lack of awareness not just about the scheme, but the profession and complex nature of the compensation process, which limits access by victims to compensation, whilst decreasing public trust in the justice system (Campbell et al., 2009). Improved awareness could promote the victims' rights, necessary info on the application process, and access to compensation, achieved by outreach in underserved populations and forming partnerships with community-based organizations for all their campaigning and outreach needs (WHO, 2013).

Most victims find out about the VCS Scheme through incidental contacts with police officials, community activists, NGO workers, or Counsellors or through other indirect paths in the justice system (Ullman, 2010). Public awareness education programs are often under-resourced, provided minimal funding, and hence, serve a small proportion of interested potential beneficiaries (Devries et al., 2013). The process of filling in forms for submission, filing case stories, and getting access to assistance can be highly complex; victimization in rural and marginal communities can be much higher, even triggering vicarious secondary victimization (Resick, 1993).

There is often scepticism over delays in reporting rape cases to the authorities, regardless of trauma and retribution (Herman, 1992). It cannot be denied that rape victims must overcome many obstacles, including the fear of retaliation and mental health issues; not all of which are accounted for as an injury for compensation schemes (van der Kolk, 2014). Family counselling and mental health health/become/victims as part of any compensation payment (Resnick et

al., 1997). One positive aspect of the victim compensation scheme is the free medical treatment provided to victims by government hospitals in Gujarat (Government of Gujarat, 2018). Victims, however, face travel costs to attend court hearings (Jejeebhoy & Santhya, 2011). Furthermore, waiting for the payment process can financially ruin victims who are sole breadwinners for their families; thus, it cannot be overstated how vital the timely release of compensation is (Campbell et al., 2009).

Ultimately, the main takeaway from this research is that, while the compensation scheme should be updated to account for not only monetary injuries but also psychological and mental injuries (van der Kolk, 2014), it also should include structural changes and process enhancements that will help facilitate financial and emotional independence for victims (WHO, 2013). Improving access to the compensation scheme, which will ultimately provide fairer justice, will also help with public trust in the legal system (Ullman, 2010). If increased awareness of the victim compensation program reduces access to justice for immediate victims of crime and addresses access gaps for victims from vulnerable populations (Devries et al., 2013), then raising public awareness of the program and ensuring universal access, regardless of background or circumstances, can help to address these disparities and help create a fairer society (Herman, 1992).

## **5. Limitations of the Study**

Although this exploratory research provides meaningful information, there are some limitations that will be discussed, which impact the breadth, depth, and generalizability of the findings. These limitations are both practical and intellectual and illustrate the complex and multifaceted issues of being able to lead and undertake field-based, rights-centered research in a difficult and sensitive area and context with limited resources.

### **5.1 Sampling and Generalizability**

The study used a non-random and purposive sample of people who were identified to be participants, which limits the generalizability of the findings to the wider population of rape survivors in Gujarat, or other areas. Although purposive sampling allowed the project to engage with relevant stakeholders - survivors and dependents, and NGOs - it also introduced a potential selection bias. The project used NGO linkages and networks to recruit participants and may have missed survivors for whom there were no formal support systems, and therefore limited the range of experiences that could have been captured.

### **5.2 Underreporting and Disclosure Barriers**

Underreporting remains an important issue, given that sexual violence is associated with significant stigma and trauma. Participants potentially omitted or minimized parts of their experiences because of fears of being ostracized by social networks or potential reprisal, as well as emotional impacts. The social stigma and trauma could be compounded further by gaps in memory due to the trauma of sexual violence, and individual composure symptoms associated with post-traumatic stress. The use of female field investigators and trauma-informed plans were specifically designed to address these challenges; however, there is still likely to be socially descriptive bias.

### **5.3 Limited Resources**

As a preliminary study led by a Doctoral research student and limited institutional funding, this research operated under considerable logistical and funding constraints. The limitations impacted the breadth of data collection (number of locations included), the number of perspectives of stakeholders included, as well as the scope of the fieldwork, meaning the available time for conducting fieldwork was temporally limited. The limited time constraints also constrained the ability to conduct follow-up interviews or longitudinal assessments, when understanding sexual violence impacts over time is often important.

### **5.4 Ethical and Emotional Challenges**

Although ethical parameters were observed, some ethical and emotional dilemmas arose through the nature of the study, which was very sensitive. For example, some interviews were cut short because the participant began to feel distressed; thus, these provided partial data. The research team and field investigators displayed emotional responses to respondents that would typically be labelled as secondary trauma. How these emotional responses were observed in practice may have unconsciously shaped the data collected or how it was interpreted.

### **5.5 Instrument Design and Measurement Limitations**

The study instruments were self-structured and semi-structured questionnaires developed by the research team. While we made efforts to compose non-leading, empathetic questions that were culturally appropriate, the instruments were not appropriately validated through an actual psychometric process. Therefore, the reliability or consistency of some measures may be affected, particularly for more complex constructs such as psychological injury or systemic harm. We also did not use standardized clinical diagnostic tools or biometrics due to resource issues (e.g.,

funding), which may have strengthened our claims regarding psychological and neurophysiological outcomes.

### **5.6 Contextual and Systemic Limitations**

The findings are to be understood against the socio-legal and institutional contexts of Gujarat. The impact of different models of access to healthcare, the application of the law, and different community practices on participant experiences between districts may have influenced this study, but were not systematically established as part of the design. The lack of voices from government stakeholders is an important gap, particularly for understanding state-driven processes of redress and accountability.

Considering this study's limitations, we suggest that it could be recognized as a first step towards more comprehensive studies. More funding, multi-disciplinary approaches, and different research methods (i.e., randomized sampling, mixed-methods triangulation, longitudinal designs) are required to more effectively capture the multiple facets of the impacts of sexual violence and provide evidence that substantiates a survivor-led approach to policy reform.

### **Disclosure statement**

No potential conflict of interest was reported by the author(s).

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### **Ethical and Originality Statement**

The Author(s) declare that this work is original and has never been published in any form or any other media, nor is it under consideration for publication in any journal, and all sources cited in this work refer to the basic standards of scientific citation.

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