

## **A Critical Review of Victim Services for Gender-Based Violence Victims in India**

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### **Abstract**

The phenomenon of gender-based violence is not just a feature of intimate relationships, but it is also rooted deeply in societal and community processes. Physical and sexual violence have physical effects on an individual level, but it also has a detrimental impact on women's mental health and behaviors, including post-traumatic stress disorder, depression, anxiety, low self-esteem, alcohol and drug abuse, and sexual risk-taking. The social and economic costs of gender-based violence have severe implications throughout our society. A supportive, sensitive system where services such as crisis intervention, physical and mental health care, legal aid, social services, temporary housing, child custody, reintegration, counselling, psycho-social supports, family therapy, sexual therapy, vocational rehabilitation, and follow up care are provided under one roof would be beneficial for victims.

This article aims to review the global and national context of victim services for victims of gender-based violence and policies and programs embedded in specific institutions or communities. The practical approaches to strengthening victim services for gender-based violence victims in India are reviewed in this article. To provide comprehensive care for victims, there should be liaisons between the health and family welfare departments, the judiciary, the women and child welfare departments, the social welfare departments, the police departments, and NGOs. Anti-violence movements worldwide, nationally, and locally have made great strides, but violence against women remains a health and social issue, and it hasn't dramatically declined. It is imperative to create new programs and protocols to help women facing violence, conduct cutting-edge research on gender-based violence, and increase public awareness of this issue through activism.

**Keywords:** Intimate Partner Violence, Integrated Victim Support, Domestic Abuse, Criminal Justice System, Sakhi One Stop Centres, Legislative Reforms, Non-Government Organizations

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Date of Submission: 01-05-2022

Date of Acceptance: 13-05-2022

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### **I. Introduction**

Gender-based violence (GBV) can be viewed as both a personal and social problem (Mills, 1959). Previously, it was understood as a private matter between couples. Women subjected to GBV are exposed to incredibly intimate and dangerous situations, which also damage their entire self-worth. GBV is only now becoming a grave public concern. The most prevalent health emergency for women in the 1980s was domestic violence (Knoblock, 2008). Therefore, GBV is not merely a feature of intimate relationships at the micro-level

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but is also deeply rooted in community and societal processes. Feminist scholars need to revisit the role of patriarchy in discussions about violence, which are crucial in understanding the power dynamics behind it.

A patriarchal system refers to power structures based on power hierarchies between women and men. There are three aspects to men's enormous power over women: social, political, and economic. With a patriarchal lens, we can see how violence is based on a complex relationship of power, which is more prevalent among women from low-income households. For women in less powerful groups, including indigenous women from socially excluded ethnic groups, it is often the act of more powerful men or, at times, a mutually oppressive system of economic and political systems that affects more vulnerable women (Baker, 2016). Pickup et al. (2001) identified three related characteristics that explain violence against women based on this understanding. First, there are psychological causes: men who abuse women suffer from "impaired masculinity." Second, external factors, such as poverty, tend to exasperate but do not prevent gender-based violence (Morrison, Ellsberg, Bott, 2007). The third approach is based on gender and development, highlighting patriarchy and inequality. The ultimate tool for men who want to assert control and power over women is violence against women. GBV is different among and within societies depending on the individual, the family, the community, and the broader national context.

Violence against women can be either physical or psychologically violent or nonviolent (such as crimes against property, drug-related offenses, or vandalism). Modern crime is often violent, making these terms interchangeable. In contrast, violence should still be considered a crime, even when unnecessary, such as institutional, intrafamily, and honor-based violence (Moser & McIlwaine, 2006). Heise, Ellsberg, and Gottmoeller (2002) illustrate how gender-based violence is directed at women and girls because of their sex by citing examples of dowry-related murder, rape, malnutrition, prostitution, female genital mutilation, and sexual abuse of children as examples (Heise, Ellsberg, & Gottmoeller, 2002). In this way, all forms of violence are gendered; however, gender-based violence refers to acts in which the perpetrator's intention is directly related to the victim's gender. The United Nations 1993 Declaration on the Elimination of Violence against Women is an essential guideline in research and policy concerning gender-based violence. In the definition, "violence against women" is defined as any act of gender-based violence that results in physical, sexual, or psychological harm or suffering to women, including threats of such acts, coercion, or arbitrary deprivations of liberty, whether taking place in public or private life (McIlwaine, 2013). McIlwaine and Datta (2003) argue that prevailing gender ideologies and identities cause these forms of violence.

### **1.1 Gender-based Violence: Global Scenario**

A growing body of evidence indicates gender-based violence is widespread, but only a small portion can be compared across countries. Nine countries' Demographic and Health Surveys were used by ORC Macro to estimate the prevalence of intimate partner violence (Devries et al., 2010). Several countries are plagued by violence by intimate partners, from 17.5% in Cambodia to 48.4% in Zambia. The figures, however, are not exactly comparable (Morrison et al., 2007). The WHO and ORC Macro surveys generate high prevalence rates by any reasonable standard. According to the WHO, as of 2005, 56 % of rural women and 41 % of urban women in Tanzania have experienced violence from an intimate partner; in turn, 19 % of rural women have experienced violence from a non-partner.

In contrast, Kishor and Johnson (2004) found that rural women were less likely to be victimized by non-partners in four of the seven countries they studied. In Bolivia, Haiti, and Zambia, it has also been observed that women in urban areas are more likely to report partner violence than women in rural areas. Yet, the opposite was true in Kenya, Moldova, and Zimbabwe (Hindin, Kishor, & Ansara, 2008). Other studies of Peru, Colombia, Haiti, the Dominican Republic, and Nicaragua found that partner alcohol abuse significantly increased the likelihood of experiencing domestic violence (Flake & Forste, 2006). In Kerala, South India, alcohol was commonly blamed for violence against women by male partners, even though women perceived power imbalances as the leading cause (Busby, 1999).

A study of married women in Lima, Peru, showed that poor women are more likely to suffer domestic abuse than middle-class women (de Olarte and Llosa, 1999). The data show that 85% of poor women experienced psychological violence in the previous year, 34% had experienced physical violence, and 53% had experienced sexual abuse. In middle-class households, 81% of women have been subjected to psychological violence, 21% to physical violence, and 38% to sexual coercion. Accordingly, poverty was identified as an "aggravating factor" of physical abuse, even among the middle classes (Avila-Burgos et al., 2009).

In developed and developing countries alike, sexual coercion against children and adolescents is prevalent. Bhardwaj and Miller (2021) provide a contextual examination of domestic violence in South Asia. Bangladesh reported the highest lifetime prevalence of IPV with 54.2%. In India, Nepal, and Pakistan, rates are roughly half of Bangladesh's, and figures align with WHO worldwide averages from 2013 (Bhardwaj & Miller, 2021). According to a recent scoping review, 25 to 30 % of women in Sri Lanka have experienced IPV in their lifetime, with a 12-month incidence rate of around 17 %. But according to Sri Lankan statistics not from UN

Women but derived from a nationwide representative sample, the rate is lower (Department of Census and Statistics, Sri Lanka, 2020). Bhutan and the Maldives have far lower rates, providing an insight into societies with low IPV prevalence. In some countries, lifetime prevalence and 12-month incidence of IPV are similar despite IPV being more chronic than in other nations. Additionally, since child marriage rates are likely related to IPV, UN Women reports them alongside IPV. Child marriage is most common in Bangladesh, followed by Nepal. They also have high adolescent birthrates, which correlates with child marriage rates (Bhardwaj and Miller, 2021).

Globally, gender-based violence (GBV) is a serious public health issue and a grave human rights violation that is omnipresent and inadequately addressed in the world. The prevalence and incidence of violence against women are high globally (World Health Organization, 2013). Women and girls between the ages of 1 to 25 years are in danger (UNICEF, 2021), and about one in every three females before the age of 18 have been subjected to sexual violence (World Health Organization, 2021). Moreover, domestic violence in every nation is increasing at an alarmingly high rate. Violence is generally under-reported due to the stigma and sensitivity of the matter (Sandoval, 2014). Nonetheless, the global prevalence indicates that millions of women are subjected to and are forced to live with the repercussions, which exponentially increased during the COVID-19 pandemic and is termed the 'shadow pandemic' (UNWOMEN, 2021).

### **1.2 Gender-based Violence: Indian scenario**

In India, the prevalence of violence against women and children is appalling, and crimes against women and children have risen exponentially during the previous decade. The National Crime Records Bureau (NCRB) has recognized the gender-related aspects of certain crimes and classified some crimes in accordance with situational, motivational, and cultural factors. The crimes listed include Dowry Deaths, Abetment of Women's Suicides, and Causing Miscarriage without Women's Consent, Deaths Caused by Acts Done with Intent to Cause Miscarriage, Acid Attack, Cruelty by Husband or her Relatives, Kidnapping & Abduction of Women, Human Trafficking, Rape, and Attempt to Commit rape (Babu, 2019).

The tradition of dowry is ingrained in India despite being outlawed in 1961 and is a source of significant incidents of violence against women. Domestic violence definitions often include dowry-related abuse, harassment, and death. According to the NCRB (2021), there were 6,966 dowry-related deaths in 2020 (NCRB, 2021). There is evidence that dowry is a significant cause of domestic violence across all socio-economic levels (Jeyaseelan et al., 2015). Perpetrators of such violent acts tend to be members of the husband's family due to Patrilineal family dynamics. Many women in India are incarcerated due to dowry-related violence (Bhardwaj, 2019; Cherukuri et al., 2009).

The National Crime Record Bureau (NCRB) suggests an increase in the registered criminal cases against women and children since 2015; an increase of 58.8% till 2018 and 62.4% till 2019, respectively. However, a total of 3,71,503 cases were recorded in 2020 under crimes against women in India, which reflects an 8.3% decline from 2019 (4,05,326 cases). The crime rate per lakh female population has also decreased from 62.35% in 2019 to 56.5% in 2020 (NCRB, 2021). Similarly, the total reported cases of crimes against children have decreased by 13.2%, from 1,48,090 cases in 2019 to 1,28,531 in 2020. Kidnapping and abduction accounted for 42.6% of the reported cases in 2020, followed by 38.8% cases registered under child rape and Protection of Children from Sexual Offences Act (POCSO), 2012 (NCRB, 2021). The decline in the crime rate and reporting of cases in 2020 could be attributed to the COVID-19 pandemic and subsequent lockdowns (NCRB, 2021). Likewise, National Family Health Survey (NFHS-5) 2019-21 data indicate that 29.3% of the ever-married Indian women aged 15 to 49 years experienced spousal violence (physical and/or sexual violence). Almost 3.1% of women experienced violence during any pregnancy, and 1.5% of the young women aged 18-29 years experienced sexual violence by age 18 (NFHS-5, 2019-21). According to the NFHS-5, 70% of women who experienced physical violence did not report it to anyone.

India's alarmingly high crime statistics are from Uttar Pradesh (UP), with the highest crime incidents against women, followed by West Bengal, Rajasthan, and Maharashtra (NCRB, 2021). The most common offence against women under the IPC is 'cruelty by husband or his family,' followed by 'attack on women with a purpose to outrage her modesty,' 'kidnapping and abduction of women,' and 'rape' (NCRB, 2021). Table 1.1 depicts NCRB (2021) data on the percentage of crime distribution concerning the highest crime recorded states and type of offences.

**Table 1 Crime Distribution and Type of Offences in Highest Crime Recorded States in India**

Percentage of State-wise Crime Incidents against Women in 2020 (out of total crime incidents)				Percentage of Type of Offences against Women in 2020 (out of total offences)			
Uttar Pradesh	West Bengal	Rajasthan	Maharashtra	Cruelty by husband or his family	Attack on women with a purpose to outrage her modesty	Kidnapping and abduction	Rape
13.3%	9.8 %	9.3%	8.6%	30%	23%	16.8%	7.5%

*Note.* Adapted from ‘Crime in India 2020 Report’ (NCRB, 2021).

Although NCRB (2021) and NFHS-5 (2021) reported a decline in crimes against women in 2020 during the lockdown due to the COVID-19 pandemic, conflicting findings have been reported by other GBV researchers. During the lockdown, when both the victim (the wives) and the perpetrator (the abusive husbands) were restricted to their homes, violence increased against women. The lockdown and other measures to combat the COVID-19 pandemic increased women’s susceptibility to domestic violence or the shadow pandemic. For instance, the highest cases were reported from red zones, or regions where COVID-19 cases were highest, and the more stringent lockdown restrictions (Chandra, 2020). Besides, the National Commission for Women (NCW) data showed that domestic violence complaints in India doubled after the nationwide lockdown was implemented (Vora et al., 2020). Also, domestic violence complaints reported by Tamil Nadu Police increased during the lockdown, with an average of 25 calls received and at least 40 cases registered per day (Kannan, 2020). Similarly, Bangalore Police reported increasing domestic violence-related complaints from 10 to 25 per day (Peter, 2020). The data from different sources indicate that domestic violence incidents increased nationwide during the lockdown.

## **II. Consequences of Gender-based violence**

Various GBV incidents can adversely affect health, including violence and disabilities, sexually transmitted infections, unwanted pregnancies, abortions, AIDS-related illnesses and deaths, and chronic pain syndrome. Partner violence was found to cause 16 percent of all pregnancy-related deaths in Pune, India (Krug et al., 2002). Violence against women can lead to death in extreme cases. Numerous studies have shown that women suffering from chronic pelvic pain (CPP) are more likely to have been abused as children, assaulted, or physically abused by their partners (Heise, Ellsberg & Gottmoeller, 2002). Furthermore, physical and sexual violence leads to psychological problems, such as post-traumatic stress disorder, depression, anxiety, low self-esteem, and behavioral outcomes, such as alcohol and drug abuse, drug use, and re-victimization (Morrison, Ellsberg, and Bott, 2007). As a result of these adverse health effects, gender-based violence strains healthcare facilities and lowers productivity at the national level, negatively impacting human and social capital development.

The costs of gender-based violence in a developing economy are high, including lower productivity and income, slow human and social capital accumulation, and the emergence of various forms of violence. Determining direct costs is particularly difficult in developing nations. Direct costs related to gender-based violence include health care, legal and social services, but indirect costs include lowered productivity at work or lost earnings to the economy. Colombia, for instance, is estimated to have spent \$73.7 million in 2003 on preventing, detecting, and providing treatment to victims of family violence. The amount accounted for roughly 0.6% of the national budget (Sanchez et al., 2004). Urban labor productivity is negatively affected by gender-based violence. If women are subjected to widespread and repeated violence, they cannot function or work effectively. One-third of the women participating in a study in Nagpur, India, reported taking time off work due to the health consequences of partner abuse; each hour off work amounted to seven workdays (Krug et al., 2002). Based on equations about the determinants of women’s earnings, Morrison and Orlando (1999) estimated that domestic violence cost Nicaragua’s economy 1.6 percent, Chile’s economy 2.0 percent, and Colombia’s economy 14 percent less. Indeed, using nonparametric matching and data from the Demographic and Health Survey from 1995, Sa’nchez and colleagues (2004) examined salaries for Colombian women who faced physical violence than women who did not. Moreover, violence impacts broader labor demand, as women are forced to work at low wages to keep their families alive (Moser, 2001).

### **III. Victim Services for GBV**

In the last 30 years, the number of policies and initiatives to support women in emerging economies who have been victims of violence has increased. This section discusses global and national victim-centered policies and victim support programs and interventions for GBV victims embedded in specific institutions or communities.

#### **3.1 Global Scenario: Victim Services for GBV victims**

The International Medical Corps, the World Health Organization, and UN Women have historically led the campaign to end violence against women and girls (Mobin, 2021). In response to gender-based violence, the US achieved significant progress in its approach by drafting the National Action Plan on Women, Peace, and Security. The Department of State and USAID have designated women's empowerment, gender-based violence, and women, peace, and security as key objectives for U.S. foreign assistance operations targeting women (USAID, 2016). The UK has prioritized prevention and response to GBV in conflict and post-conflict situations. Resolution (UNSCR) 1325 was passed in 2000 by the UN Security Council to emphasize the importance of eradicating gender-based violence in conflict situations (UK National Action Plan on Women, Peace and Security, 2019). Several NGOs and institutions, including the UK government, are working to improve the availability and utilization of GBV response services through increasing staff capacity, effective coordination with other sectors, ensuring confidentiality, and referring survivors to relevant services (Holmes and Bhuvanendra, 2014).

Japan has established a specialist committee for violence against women as part of the Council for Gender Equality. A later expansion of these public programs included assistance for victims of domestic abuse. These agencies have also assisted human trafficking victims in recent years. The Japanese government enacted the National Action Plan to Combat Human Trafficking in 2004. They passed measures such as tightening immigration controls and investigating foreigners' activities in Japan, amending the Immigration Standard Ministerial Ordinance to address entertainment visas, and amending the Adult Business Law (Asian-Japanese Women's Resource Center, 2007).

United Nations Women in Pakistan collaborated with Lawyers for Human Rights and Legal Aid on the US Department of State-funded "Prevention and Protection of Women from Violence" project. As part of this project, UN Women Pakistan offers expert assistance, legal aid, counselling, and guidance to female victims to help them get justice (Khan, 2020). The state's response to the Gender-Based Violence Act of 2016 included establishing violence against women centers (VAWCs) as the legal framework, recognizing the need to expand and streamline support networks for victims of gender-based violence. Around the country, 20 Women Police Stations have been established to provide legal assistance and counselling to women who are victims of crime and domestic violence (Home Office, 2020).

Nepal has recently launched emergency COVID-19 health and education initiatives, including more direct actions for preventing GBV and protecting children. A grievance helpline has been launched within the One-Stop Crisis Management Center by the health ministry, which is staffed by a person who can provide information on how to deal with GBV calls. To reduce GBV, teenage pregnancy, and early school dropouts among females, the Education Initiative has recently conducted community outreach using radio, posters, and consultations (Zervos, 2020). A unified approach that encompasses homes, communities, and societies is necessary to eliminate emerging GBV challenges. The World Bank helped the Sri Lankan Ministry of Health and its implementing agencies provide psychological support and emergency medical care to GBV victims. These agencies established processes and guidelines for identifying and reducing risks in health clinics, quarantine facilities, and women's shelters (Zervos, 2020).

#### **3.2 Indian Scenario: Victim Services for GBV victims**

Indian government has undertaken several reforms to formulate many legislative measures that tackle gender-based violence. A legislative act, such as the Dowry Prohibition Act (1961), prohibits the giving or taking of dowry. A National Commission for Women to review women's constitutional and legal rights was established through the National Commission for Women Act (1990). The Supreme Court of India issued guidelines in 1997 pertaining to sexual harassment against women in workplaces. Those guidelines were known as the Vishakha Guidelines. Additionally, the Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act (2013) makes provision for the protection of women against workplace harassment (GCRF, 2018). New offences have been incorporated into the Indian Penal Code, including acid attacks, sexual harassment, and stalking.

In India, NGOs working as victim support centers support women in obtaining legal justice and encouraging them to take control of their lives. This section discusses examples of NGOs providing excellent victim support services for GBV victims. The Action Aid India organization is an affiliate of Action Aid International and a member of a global federation. Its "Gauravi crisis centre" operates 24 hours a day, 7 days a

week. Domestic violence and sexual violence victims, including minors, come to the center for help daily. “Shikshan Ane Samaj Kalyan Kendra” promotes health, education, women empowerment and assists rural women in fighting discrimination and domestic violence (Upadhye, 2019). International Foundation for Crime Prevention and Victim Care (IFCPVC) was established to support domestic violence victims. IFCPVC provides a wide range of services, including crisis management, legal advocacy, support, and resource assistance. Another NGO, “Sakhya”, Women’s Guidance Cell, aims to empower women to achieve gender equality and justice. Their goal is to empower women through education and awareness (Devyani, 2019). The One Stop Centre model for attending to GBV victims has garnered attention and is considered a ‘big hope for the victim support in India’ (Sarda, 2016; Sharma, 2014). It is an important initiative of the government of India to provide victim support to GBV victims.

### ***Sakhi One Stop Centre Programme***

The Sakhi OSC program was launched in India in April 2015 as a response to the “Nirbhaya” incident in December 2012 based on the recommendations of Justice Mehra Committee (Mehra, 2013). It was set up by the Ministry of Women and Child Development (MWCD) with adequate support from the Ministry of Health and Family Welfare (MoHFW), the Ministry of Home Affairs, and the Ministry of Law and Justice. The programme was funded through Nirbhaya funds (One Stop Centre Scheme, 2017). The first centre was established in Raipur (the capital city of an Indian state, Chhattisgarh), and by May 2021, 704 OSCs were set up in India. The government aims to set up another 100 centres in the country (Chabra, 2021).

OSC is a pioneering state-run victim assistance program that offers support for women and children who are victims of violence (e.g., physical assault, sexual assault, domestic violence, sexual harassment, child sexual abuse/incest, acid attack, honor killing, trafficking, and so on). The prime purpose of the Sakhi OSC program is to minimize or prevent secondary victimization and assist distressed women and girls who are victims of violence both in private and public spaces. The true essence of the Sakhi OSC program is that it promises to deliver a variety of victim services under one roof. Hence, the centers are named “One Stop Centre,” keeping the purpose in mind (One Stop Centre Scheme, 2017, p.2). The Centres will be integrated with a Women Helpline to facilitate access to the following services: Emergency response and rescue services, medical assistance, assistance to women in lodging the FIR, psycho-social support and counselling, legal aid and counselling, shelter and video conferencing facility (One Stop Centre Scheme, 2017, p.2).

Sakhi One Stop Centres have effectively assisted women in distress, as evidenced by the fact that 1,90,000 cases were reported in Sakhi centers across the country till 2018 (Chandra, 2019). The Sakhi centres’ intervention acts as a deterrent in several cases, including extramarital affairs, domestic violence, disputes with in-laws’ families, physical abuse, alcohol addiction, sexual assaults, etc. Women experiencing mental agony have filed cases against their spouses and sought help from Sakhi centers to fight for their rights (Maitreyi, 2018). In addition to dealing with child abuse cases at these centers, officials also work with institutions under the Juvenile Justice Act and the Protection of Children against Sexual Offences (POCSO) Act (Kumar, 2021).

## **IV. Future directions for victim services for GBV victims in India**

Only recently has violence against women been recognised as a public health concern, thus it is important to make greater efforts to spread awareness of the causes, types, and consequences of this type of violence, as well as intervention opportunities. The following four primary areas need to be addressed to strengthen India’s response to GBV victims: a) Integrated victim support services, b) Strengthen the legal and legislative frameworks, c) Focus on health care and other basic services, and d) Education and awareness.

*a. Integrated victim support services:* Comprehensive care To provide comprehensive care to victims, liaisons should be made between the Health and Family Welfare Department, the judiciary, the Women and Child Welfare Department, the Social Welfare department, the police department, and NGOs. Supportive and sensitive services, such as crisis intervention, physical and mental health care, legal aid, financial support, temporary housing, child custody, reintegration into society, confidence building, counselling, family therapy, vocational rehabilitation, and follow up care, should be provided under one roof (Harbishettar & Math, 2014). Government must put adequate attention on the integrated victim support programme like Sakhi OSC, allocate sufficient resources, focus on capacity building of its staff, and ensure effective functioning for the benefit of victims. In the Indian context, establishing crisis intervention organizations and NGOs dedicated solely to the victim’s rehabilitation is essential (Prashant, 2021).

*b. Strengthen the legal and legislative frameworks:* Gender-based violence must be addressed in a comprehensive, multi-faceted way, including appropriate care for survivors and strengthened deterrents such as legislation, legal actions, and judicial responses (USAID, 2016). Legal frameworks and punishments enable survivors to achieve justice, while creating societal norms. Deterrents may be effective, but strengthening the legal and policy framework is crucial to preventing and responding to GBV. By improving legislation related to GBV survivors and closing the gap between law and practice, we can reduce the prevalence of gender-based

violence victims. The failure of police and justice professionals can cause women and girls to be at risk (Sida, 2015). Law enforcement and justice are included in a robust legislative framework. Several comprehensive interventions, such as protection orders with proactive arrests, specialized courts, paralegal support, and training, should be provided. (Jewkes et al., 2015).

*c. Focus on health care and other basic services:* Victims feel safe getting physical health care in hospitals despite rarely approaching the authorities. Therefore, each district hospital should have a women and child welfare unit staffed by a medical social worker from the Social Welfare Department to help victims and those in distress. Basic needs such as transportation, food, and clothing are seldom provided and must be addressed. All victims should be provided with legal information, including free legal assistance. Family members may feel distressed and unwilling to accept the victim. Consequently, family counseling is required to assist the victim's family (Harbishettar & Math, 2014).

*d. Awareness and Education:* There must be a strong focus on community education and sensitization programs related to women's rights and domestic and sexual violence. Victim service professionals and the general public need to be educated on preventing secondary victimization. To bring about substantial change in GBV responses in the country, it is necessary to challenge the social norms that perpetuate violence. When communities think beyond traditional and cultural notions of violence and discrimination, they can better prepare to fight such violence. Boys must be inculcated with values towards respecting women and it must be made part of their mainstream education. In addition, working with women will help them better understand their rights and reduce their vulnerability to violence (Khan, 2020).

## V. Conclusion

Despite a scarcity of high-quality studies on victim assistance program efficacy, this review aimed to identify emerging best practices. As society struggles with changing crime patterns, increasing crime rates, and long-lasting effects of crimes, a victim-oriented approach in the criminal justice system is crucial to repairing society from within. According to the UN Declaration on the Basic Principles of Justice for Victims of Crime and Abuse of Power, victim-oriented approaches must address victim compensation, convictions, and victim rights (Prashant, 2021). The goal of victim assistance programs should be to provide holistic care to victims following victimization and reduce the risk of re-victimization. To minimize secondary victimization, victim assistance groups such as police, lawyers, judges, educational institutions, rehabilitation centers, and counsellors must act responsibly when communicating with the victim before or after the trial (Gupta, 2021).

Recent research on gender-based violence has made significant progress in measuring it. Most notable are the WHO cross-country study and the Demographic and Health Survey. These two studies have contributed significantly to our understanding of intimate partner violence and allowed for the critical evaluation of risk and protective factors. Due to the differences in measuring and reporting domestic violence, much of the information from other data sources cannot be compared effectively. Moreover, data on other types of gender-based violence, including femicide, rape, violence against women and girls in armed conflicts, and women and girl trafficking, remain scarce and insufficient. Data collection on these types of violence must be based on methodologies that allow high-quality, comparable data across nations. It is difficult to formulate policies and programs without relevant data.

Despite significant contributions to the field by international, national, and local anti-violence movements, violent crimes against women haven't been reduced dramatically (UNIFEM, 2003). We must create new programs and protocols to respond to women facing violence, carry out cutting-edge research on gender-based violence, and increase public awareness through activism. According to UNIFEM's most recent report, Not A Minute More, one in three women will be sexually abused, coerced into unwanted sexual relations, or violated in some other way during their lifetime (UNIFEM, 2003). The labor and advancements made in the last three decades are not sufficient.

## Funding

The author(s) received no financial assistance towards the research, authorship and/or publication of this article.

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Bhanu Prakash Nunna, et. al. "A Critical Review of Victim Services for Gender-Based Violence Victims in India." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*, 27(05), 2022, pp. 41-50.