Disabled women have in general been silenced within society, denied their rights and equal economic and social opportunities due to prejudice, stigma and poverty. They are commonly perceived as asexual, which means that they are denied the possibility of close relationships or marriage. It is assumed that they are incapable of handling the maternal role, hence, too often forced undergo sterilization. Sexual Violence and abuse are serious problems for persons with disabilities, especially for women with disabilities, who are at greater risk than non-disabled persons. World Health Organization in its World Report on Violence and Health 2002, defines sexual violence as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.” Sexual violence against women” has been defined in Article 1 of the UN Declaration on the Elimination of Violence against Women, 1993 to mean “any act of gender-based violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.” The social context of disability, including factors such as inaccessibility, reliance on support services, poverty and isolation has a powerful impact on individuals’ increased risk for violence. Historically women with disabilities have not been considered reliable reporters of abuse. Traditional approaches to “protecting” people with disabilities have inadvertently kept them from accessing the tools and resources needed for protecting themselves. In India, where female foeticide is rampant and girl child is unwelcome, it is well understood the vulnerable condition of women with disabilities. Hence, the frequency of sexual assaults against women with disability has gained momentum and has drawn the attention of the civil society members. The position of such women in western countries is no better than ours. For example, the Disabled Women’s Network of Canada surveyed 245 women; 40% experienced abuse, 12% had been raped. Spouses / ex-spouses were the most common perpetrators, followed by strangers, parents, service providers, and dating partners. Less than half of the women reported the abuse because of their fear and dependency on the abuser. A national survey by Nosek, Howland, Rintala, Young, and Chanpong revealed similar levels of overall abuse among women with and without disabilities; 62% of both groups reported some type of lifetime abuse. Half of both groups had
experienced physical or sexual abuse. However, women with disabilities reported significantly longer durations of physical and sexual abuse when compared to women without disabilities. Finally, Powers, et al.\(^8\), surveyed 200 women with physical and physical and cognitive disabilities: 67% of the women reported having experienced physical abuse and 53% of the women reported having experienced sexual abuse. The research also reports that women with disabilities are more prone to sexual assault and abuse than men with disabilities as well as non-disabled persons.\(^9\) As per Census report 2001, women constitute 42.457% of the total population of persons with disabilities in India.\(^10\) With the increasing number of sexual assault cases, this is the high time to have a gender-sensitive disability law in India along with the need to bring some essential amendments in the existing criminal laws. In the present paper the author aims to focus on rape committed against the physically and mentally challenged women and its related legal issues and the remedial measures in this regard through the analysis of cases.

**Case Studies**

1. A ‘dumb and deaf’ woman of 35 to 40 years of age, wife of a poor ‘Rikshawala. is the victim of rape by three persons at 10 P.M. in the Ram Nivas Bagh of Jaipur. The accused claims to be a student and young boy of 19 years of age. On the night of 9th May, 1981, Laxmi, a ‘dumb and deaf’ woman, wife of Arjun was coming back to her house after attending a marriage at Brahmampuri at about 11.00 p.m. in the right. Ram Dhan Meena and one Sardar and one more person forcibly compelled her to get down from the Rickshaw and after taking her in some dark place, all the three accused forcibly committed sexual intercourse with her. The prosecutrix narrated the story to the husband in the night at about 1.00, and both of them went to the police station and produced the clothes having semen before the police and lodged the report. Laxmi was examined as she was deaf and dumb, she narrated the story with signs.\(^11\)

2. Feb 29, 2012, A teenaged deaf and dumb patient whose family complained that their daughter had been raped by a junior doctor at the Bankura Sammilani Medical College Hospital. She was taken by the hospital staff to Kolkata for forensic tests. A three-member committee had been set up to probe the complaint. Superintendent of Police Pranab Kumar said, “It is difficult for us to investigate because the victim is deaf and dumb and we need an interpreter.”\(^12\)

3. Feb 2, 2014, in North Kolkata’s Cossipore, a 16-year-old physically challenged girl who was allegedly lured, then abducted and locked in a house before being raped. The survivor was tied up in a bed and was in a half-naked condition at the time of rescue. The accused Sk Ashfar Ali, a 26-year-old auto driver, was arrested. The accused knew the victim earlier and had lured her to follow him. However, he has denied the offence of rape and admitted that he had molested her.\(^13\)

4. August 15, 2013, in Mukund Vihar, Bhalswa Dairy area of northwest Delhi a 12-year-old mentally challenged girl was allegedly raped by her neighbour aged 43 years, who has physical disabilities. When the victim was playing, the accused enticed her to follow him to the shop’s godown. He then downed the shutter and raped the girl.\(^14\)

5. January 12, 2013, a physically handicapped married woman was allegedly raped at Padma, Hazaribagh, Jharkhand. The accused, Ajit Kumar raped the woman near Padma power station in the evening hour when the victim was returning home after depositing her pension cheque in a bank.\(^15\)
6. One Jashiben, wife of Umedbhai Dahyabhai Solanki, lodged an FIR with Madhavpura Police Station, alleging that her niece Bhavna (not real name) was raped by Maheshbhai Ramjibhai Parmar in the midnight hours of 26-27th June, 2002. In the FIR the informant states that she was informed by the prosecutrix around 4.00 p.m., of 27.6.2002 about the incident saying that at about 12.00 p.m. in the midnight, the accused went to the cot, where the prosecutrix was sleeping, and gagged her mouth and raped her.16

7. 15th November 2013, in Nagpur, a 40-year-old mentally unstable and physically challenged woman was allegedly raped in Dammanand Nagar locality in the city. The accused, identified as 35-year-old Ramsingh Gopisingh Mehto had been arrested under relevant sections of the IPC.17

8. November 21, 2013, a five-year-old physically challenged girl was reported as a rape victim. She was raped by a 24-year-old in Beldara Seoni village in Raipur, Chattisgarh, a village which is about 40 km away from the state capital. The accused, identified as Sanjay Verma, was arrested immediately after the incident. The girl, whose mother died during childbirth, was living with her grandparents. When her grandparents were away for work, the accused entered the house and sexually assaulted her. It was because of her shrieks that the neighbours came to her rescue.18

9. Jan 1, 2013, (Noida) : A case was registered in Dadri police station where the prosecutrix in her complaint has alleged that on December 29, 2012 when her mother had gone to Aligarh and she was alone at home, her father gave her some sedatives and she fell unconscious. Later, she was allegedly raped by her father. When her mother reached home, the minor girl narrated the incident to her.19

10. October 31, 2013, a 16-year-old physically challenged girl was gangraped at Baduria in Bengal’s North 24 Parganas district. The incident happened late on Tuesday night when the victim was abducted by a group of men from a wedding she had gone to attend. They took her to a desolate spot and raped her. "Four persons have been arrested in connection with the case."20

11. In a recent case of murder, the Supreme Court of India reiterated that there is nothing, in law or otherwise that prevents a deaf and mute person from being competent and credible witness. But having said that, the Court finally refused to rely on the testimony of the wife of the deceased, who was deaf and mute and who was an eyewitness to the incident, on the grounds that the interpreter of her testimony during the trial was her father. Since the father was an ‘interested party’ in the case, the Court reasoned that relying on her interpretation of witness’ testimony would have made the verdict biased. Given the unavailability of professional interpreters in public institutions such as courts, the prosecution often turns to special education teachers are not available, family members of the witness step in as interpreters. This judgment while affirming the evidentiary value of the testimony of a disabled witness, also points to the ad hoc arrangements that exist to record such testimony in legally relevant manner.21

12. In another case, the Supreme Court expressed anguish at the repeated rape of a mentally challenged woman and observed that in such case, apart from physical violence, there is also “exploitation of her helplessness”. Justice Arijit Pasayat drew attention to the fact that while Section 376 (2) (f) of the Indian Penal Code prescribing higher penalty for rape of a woman below 12 years of age, it is exigent on the legislature to prescribe a higher penalty for the
rape of a mentally challenged women whose mental age may be less than 12 years.\textsuperscript{22}

13. In 1994, forced hysterectomies were conducted on several mentally challenged women between the ages of 18 to 35 at the Sassoon General Hospital in Pune because they were incapable of maintaining menstrual hygiene and the hospital staff found it strain on their resources and time. Consents were obtained by from the guardians and an intrusive and irrevocable surgery, that was not medically indicated, was carried out.\textsuperscript{23} Anita Ghai, a prominent advocate for women with disabilities and a leading disability rights activist, drew the attention to the fact that the hospital made no effort to maintain the basic menstrual hygiene as the women were “prevented from wearing pajamas with drawstrings or sanitary napkins with belts” as it was feared that they may use these to commit suicide.\textsuperscript{24}

14. In another case, the Supreme Court had to decide whether the Chandigarh Administration could be permitted to terminate the pregnancy of mentally challenged women who had expressed her wish to continue the pregnancy. The Supreme Court ruled that her pregnancy could not be terminated and held that the state must respect the personal autonomy of the mentally challenged woman with regard to decisions about terminating a pregnancy.\textsuperscript{25}

**Analysis:**

In most cases, the victims of the crime knew the accused person prior to the commission of rape. In some cases they were raped by their own relatives including the father. The cases also suggest that most victims were raped when they are alone and unprotected. Most of the minor and child victims were allured and enticed by the adult accused. There are a whole lot of problems with how the testimony is read and assessed by the judges after it has been recorded, which cannot be addressed by legislation. In many cases disabled women are unable to communicate the act of sexual assault they face and even if they communicate, the evidentiary value of their testamentary are not taken seriously either by the police or by the judicial system. As a result, even if the accused is convicted by the lower court, at the stage of appeal before Higher Court, the accused is acquitted owing to the non-recording of the prosecutrix’ testimony or non-observance of the legal procedure by the court below.

**Legal Frameworks:**

The principle of gender equality is enshrined in the Indian Constitution in its Preamble, Fundamental Rights, Fundamental Duties and Directive Principles. The Constitution of India not only grants equality to women, but also empowers the State to adopt measures of positive discrimination in favour of women. The Constitution, while protecting equality under Articles 14, 15 and 16, does not include disability as one of the categories of non-discrimination. The only mention of protection of persons facing disability and sickness is made in the Directive Principles of State Policy in Chapter-IV of the Constitution. Article 39A enjoins the State to promote justice, on the basis of equal opportunities and to provide free legal aid by suitable legislation or scheme or in any other way to ensure that opportunities for securing justice are not denied to any citizen by reason of economic or other disabilities and under Article 41 the State shall endeavour to provide the right to work, education and to public assistance in case of unemployment, old age, sickness and disablement, within the limits of economic capacity.\textsuperscript{26} Hence, there is no guarantee from the State to prevent discrimination due to disability. In this context enactment of PWD Act is remarkable because for the first time in India the
social and economic rights of disabled have been addressed by a statute. The law was enacted in furtherance of the proclamation on the Full Participation and Equality of People with Disabilities in the Asian and Pacific Region, which was adopted by the Economic and Social Commission for Asia and Pacific in Beijing, 1992. Being a signatory to the said Proclamation the Indian government enacted the Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act; 1995. The PWD Act covers all the issues of disability but remains silent on the discrimination and violence faced by women with disabilities that differentiate their situation from men with disabilities. In the wake of liberalization, with global disability rights movements and developments at global level, to recognize the rights of persons with disabilities, to ensure equal opportunities and full participation in every sphere of social, economic and political life, India also ratified number of International Conventions and declarations in this regard. In the year 2007, India ratified the Convention on Rights of Persons with Disabilities, the first internationally binding instrument on disability rights, acknowledges in its preamble, “the difficult conditions faced by persons with disabilities who are subject to multiple or aggravated forms of discrimination on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic, indigenous or social origin, property, birth, age or other status”. It recognizes that “women and girls with disabilities are often at greater risk, both within and outside the home, of violence, injury or abuse, negligent treatment, maltreatment or exploitation” and emphasizes “the need to incorporate a gender perspective in all efforts to promote the full enjoyment of human rights and fundamental freedoms by persons with disabilities”. The substantive provisions of the Convention relating to women with disabilities are stated below:

Article 3(g) of the Convention- Principle of equality between men and women.

Article 6- Responsibility of the State Party to recognize the multiple discrimination faced by girls and women with disabilities and undertaken measures to ‘ensure the full and equal enjoyment by them of all human rights and fundamental freedoms’ and to enable full development, advancement and empowerment of women”.

Further, Article 16 under the head of “freedom of Exploitation, Violence and Abuse” mandates that:

1. States Parties shall take all the appropriate legislative, administrative, social, educational and other measures to protect persons with disabilities, both within and outside the home, from all forms of exploitation, violence, including their gender-based aspects.

2. States Parties shall also take all appropriate measures to prevent all forms of exploitation, violence and abuse by ensuring, inter alia, appropriate forms of gender and age-sensitive assistance and support for persons with disabilities and their families and caregivers, including through the provision of information and education on how to avoid, recognize and report instances of exploitation, violence, and abuse. State parties shall ensure that protection services are age, gender and disability-sensitive.

3. In order to prevent the occurrence of all forms of exploitation, violence and abuse, States shall ensure that all facilities and programmes designed to serve persons with disabilities are effectively monitored by independent authorities.

4. States Parties shall take all appropriate measures to promote the physical, cognitive and
psychological recovery, rehabilitation and social reintegration of persons with disabilities who become victims of any form of exploitation, violence or abuse, including through the provision of protection services. Such recovery and reintegration shall take place in an environment that fosters the health, welfare, self-respect, dignity and autonomy of the person and takes account gender and age-specific needs.

Since the PWD Act falls short to cover all the issues relating to rights of persons with disabilities, especially in preventing violence and exploitation against women with disabilities, after the ratification of the Convention, India is under obligation to bring the necessary amendments in the existing disability laws in order to comply with these core obligations contained in the Disability Convention. Hence, the government formed a committee and drafted a new disability law called Rights of Persons with Disabilities Bill 2013.

In addition to CRPD, another international convention which plays a significant role in the prevention of violence, cruelty, sexual abuse and any form of discriminations against women with disabilities is the Convention on the Elimination of All Forms of Discrimination Against Women, 1979. The Convention defines discrimination against women and while it does not directly refers to violence, the Committee on the Elimination of Discrimination Against Women in General Recommendation No 19 explains that gender-based violence, which impairs or nullifies the enjoyment by women of human rights and fundamental freedoms under general international law or under human rights conventions, is discrimination within Article 1, CEDAW. The right of men and women of full age to marry and found a family is provided under several international laws and covenants, including the UN Minimum Standard Rules for Equalization of Opportunities which calls for governments to promote the full participation of persons with disabilities in family life, their right to personal integrity and ensure that laws do not discriminate against persons with disabilities with respect to sexual relationships, marriage and parenthood. With regard to sterilization or other less intrusive methods of contraception measures to prevent unwanted pregnancies, the consent must be obtained from the person who is subject to such medical treatment. The right to physical integrity, reproduction and sexuality is recognized as basic human rights under the Universal Declaration of Human Rights, 1948 (UDHR); the International Covenant on Civil and Political Rights, 1966 (ICCPR); the International Covenant on Economic, Social and Cultural Rights, 1966 (ICESCR). Hence, in this regard there is an urgent need felt to have a comprehensive gender-sensitive disability law in India covering all issues including sexual violence of women with disabilities.

For the first time in the history of sexual violence law reform in India, issues pertaining to disabled women are flagged as important item for reform agenda by Justice Verma Committee, constituted by the central government, to look into the sexual assault law reform after December 16th (2013) Delhi gang rape and murder case. The Committee responded positively and a large number of its recommendations are to address difficulties faced by disabled women in accessing the legal system and navigating through the trial process. The Committee recommended assistance of interpreters or special educators be taken at the time of recording of the complaint by the police and during the trial process, the process of identification of the accused be videographed and that disabled women be exempted from recounting their testimony once again at the time of cross-examination in cases of sexual assault. The Cabinet on 1st February 2013 approved for
bringing an ordinance, for giving effect to for the changes in law as suggested by the Verma Committee Report. Subsequently the ordinance was replaced by a Bill and passed by the Lok Sabha on 19th March 2013.\(^{32}\)


Some of the important amendments discussed below:

**Section 166-A (Cr.P.C, 1973):** This section has been inserted which deals about a Public Servant who disobeys the direction under law or fails to record any information given to him under sub-section (I) of section 154 of the Code of Criminal Procedure, 1973 and it provides rigorous imprisonment for minimum six months which may extend to two years and fine.

**Section 166-B** has been inserted which prescribes imprisonment for one year or fine or both for a person in charge of a hospital public or private, for non treatment of victim.

**Section 228A.(IPC,1860)** provides conditions for disclosure of identity of the victim of certain offences etc. Section 228A (2) (c) provides that where the victim is dead or minor or of unsound mind, by, or with the authorization in writing of, the next of kin of the victim the identity of the victim can be disclosed. Provided that no such authorization shall be given by the next of kin to anybody other than the chairman or the secretary, by whatever name called, of any central or State government recognized welfare institution or organization. Whoever prints or publishes any matter in relation to any proceeding before a court with respect to an offence referred to in sub-section (1) without the previous permission of such court shall be punished with imprisonment of either description for a term which may extend to two years and shall also be liable to fine.

**Section 375 (IPC,1860):** Sections 375, 376, 376A, 376B, 376C and 376D which deals with sexual offences have been substituted with new Sections 375, 376, 376A, 376B, 376C, 376D redefining the offences with substantial changes and also inserted a new Section 376E. Section 375 redefines the offence of rape and Section 376 prescribes punishment for rape.

**Section 375 (Fifthly) & (Seventhly):** provides that the consent of the prosecutrix is vitiated if at the time of giving consent, by reason of unsoundness of mind is unable to understand the nature and consequences of that to which she gives consent or when she is unable to communicate consent. Explanation 2 of Section 375 provides that ‘consent’ means an unequivocal voluntary agreement when the woman by words, gestures or any form of verbal or non-verbal communication, communicates willingness to participate in the specific sexual act; provided that a woman who does not physically resist to the act of penetration shall not by the reason only of that fact, be regarded as consenting to the sexual activity.

As per Sub Section (1) of Section 376, person commits rape except in cases provided for in Sub Section (2) shall be punished with rigorous imprisonment of not less than seven years, but which may extend to imprisonment for life, and with fine.

Sub Section (2) of Section 376 prescribes the punishment for rape by a Police Officer or a Public Servant or Member of Armed Forces or a person being on the Management or on the Staff of a Jail, remand home or other place of custody or women’s or children’s institutions or by a person on the Management or on the Staff of a Hospital, and rape committed by a person in a
position of trust or authority towards the person raped or by a near relative of the person raped or commits rape, on a woman incapable of giving consent (j); or commits rape on a woman suffering from mental or physical disability (l) shall be punished with rigorous imprisonment of not less than ten years, but which may extend to imprisonment for life, which shall mean the remainder of that person’s natural life, and with fine.

**Section 376A** deals with a person committing an offence of rape and inflicting injury which causes death or causes the woman to be in a persistent vegetative state and the punishment is rigorous imprisonment of not less than twenty years but which may extend to imprisonment for life which shall mean imprisonment for the remainder of that person’s natural life or with death.

**Section 376B** deals with sexual intercourse by husband upon his wife during separation and prescribes punishment with imprisonment for not less than two years but which may extend to seven years with fine.

**Section 376C** deals with sexual intercourse by a person in authority and prescribes punishment with rigorous imprisonment for not less than five years but which may extend to ten years and with fine.

**Section 376D** deals with gang rape and prescribes punishment with rigorous imprisonment for not less than twenty years but which may extend to imprisonment for life which shall mean imprisonment for the remainder of that person’s natural life and with fine to be paid to the victim.

**Section 376E** deals with punishment for repeat offenders and prescribes punishment with imprisonment for life which shall mean imprisonment for the remainder of that person’s natural life or with death.

**Section 54A (Cr.P.C, 1973):** Under this section provisos have been inserted, that if the person identifying the person arrested is mentally or physically disabled, the process of identification shall take place under the supervision of a Judicial Magistrate and such identification process shall be videographed.

**Section 154 (Cr.P.C, 1973):** It is also provided that in Section 154 provisos have been inserted stipulating that if the information is given by the woman against whom an offence under Sections 326A, 326B, 354, 354A, 354B, 354C, 354D, 376, 376A, 376B, 376C, 376D, 376E, or 509 of IPC is alleged to have been committed or attempted, such information shall be recorded by a woman police officer or any woman officer. In the event that the person against whom an offence under the above mentioned under Sections 354, 354A, 354B, 354C, 354D, 376, 376A, 376B, 376C, 376D, 376E or 509 of the Indian Penal Code is alleged to have been committed or attempted, is temporarily or permanently mentally or physically disabled, then such information shall be recorded by a police officer, at the residence of the person seeking to report such offence or at a convenient place of such person’s choice, in the presence of an interpreter or a special educator and the recording of such information shall be videographed. The police officer shall get the statement of the person recorded by a Judicial Magistrate under clause (a) of Sub Section (5A) of Section 164 as soon as possible.

**Section 160 (Cr.P.C, 1973):** Section 160 has been amended that no police officer can require attendance of a witness if he is a male under the age of fifteen years or above the age of sixty five years or a woman or a mentally or physically disabled person at any place other than the place where such person resides.
Section 161 (Cr.P.C, 1973): Section 161 has been amended by inserting one more proviso stating “that the statement of a woman against whom an offence under Sections 354, 354A, 3545, 354C, 354D, 376, 376A, 376B, 376D, 376E or 509 of the Indian Penal Code is alleged to have been committed or attempted shall be recorded, by a woman police officer or any woman officer”.

Section 164 (Cr.P.C, 1973): Section 164 has been amended by inserting Sub Section (5A) (a), that when an offence as stated in that Sub Section has been committed and as soon as the commission of the offence is brought to the notice of the police, the Judicial Magistrate shall record the statement of the victim in the manner prescribed in sub Section 5. It is also provided that the Magistrate shall take assistance of an interpreter or special educator if required. In such cases that shall be videographed.

Provided that if the person making the statement is temporarily or permanently mentally or physically disabled, the Magistrate shall take the assistance of an interpreter or a special educator in recording the statement:

Provided further that if the person making the statement is temporarily or permanently mentally or physically disabled, the statement made by the person, with the assistance of an interpreter or a special educator, shall be videographed.

A statement recorded under clause (a) of a person, who is temporarily or permanently mentally or physically disabled, shall be considered a statement in lieu of examination-in-chief, as specified in section 137 of the Indian Evidence Act, 1872 such that the maker of the statement can be cross-examined on such statement, without the need for recording the same at the time of trial.

Section 357 C (Cr.P.C, 1973): Section 357C has also been inserted that all hospitals, public or private, whether run by the Central Government, the State government, local bodies or any other person, shall immediately, provide the first-aid or medical treatment, free of cost, to the victims of any offence covered under Section 326A, 376, 376A, 376B, 376C, 376D or Section 376E of the Indian Penal Code, and shall immediately inform the police of such incident.

Section 119 (Indian Evidence Act, 1872): This section provides that a witness who is unable to speak may give his evidence in any other manner in which he can make it intelligible, as by writing or by signs; but such writing must be written and the signs made in open Court, evidence so given shall be deemed to be oral evidence:

Provided that if the witness is unable to communicate verbally, the Court shall take the assistance of an interpreter or a special educator in recording the statement and such statement shall be videographed.

Remedies: The Indian Legal framework has to be strengthened to bring it in the line with international legislations on rights of disabled women. The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995 governs all the issues of disabilities but it is silent on the discrimination and violence faced by women with disabilities that differentiate their situation from men with disabilities. As India ratified the Convention on Rights of Persons with Disabilities, it must comply with the core provisions of the Convention through bringing reform in existing legislative measure and enacting new laws. In this regard, India needs a Disability Law based on gender-sensitive approach. Certain remedial measures are stated below:
• There is a need for the enactment of gender-sensitive disability law in India which must comply with the requirements of the Convention on Rights of Persons with Disabilities.

• Persons with disabilities, especially women should be able to access complaints and redressal mechanisms. In the absence of appropriate and accessible complaint mechanism, increasing the penalty for sexual violence will have no substantive outcomes.

• There are no consolidation figures with regard to violent against women with disabilities. It would therefore be pertinent that when such cases are registered, crime against women with disabilities be also recorded as sub-category like in the case of crimes against women from scheduled castes, scheduled tribes etc.

• Training and sensitization of police officers, judiciary and medical professionals on issues concerning persons with disabilities, particularly the violence they face, should be made mandatory.

• There must be a standard procedure for investigation and medical examination adopted by the investigative agencies while investigating cases of sexual assault. These procedures should be formulated on the basis of specific needs of women with disabilities, at each stage of the investigation.

• A large number of women with disabilities are abused within institutions like hospitals and shelter homes. A monitoring and regulatory authority needs to be established at the district level consisting of activists and specialists from the district who will have visiting rights and access to these places for regular checkups. Periodic inspection of these institutions by the authority so established should be made mandatory.

• Forced or non-consensual sterilization must be criminalized. Necessary legislation must be enacted to clarify the legal issues arising from sterilization. Such intrusive surgeries amount to a violation of the right to life and physical integrity. The victim of forced sterilization must be duly compensated.

• Victims of sexual violence have to be provided with adequate and appropriate counseling facilities. In the case of a victim getting pregnant consequent to sexual abuse, appropriate counseling and options should be offered to the victims.

• Disability studies should be included in the academia as a distinct subject both at the elementary level and higher education curriculum to develop awareness and understanding of disability, disability rights amongst the disabled as well as non-disabled people.

• The state should provide accessible free legal aid to women with disabilities who belong to socially and economically backward classes/SCs/STs.

• The Indian Penal Law needs to be more strengthened to prevent sexual violence against women with disabilities.

**Conclusion:** Sexual Violence against disabled women is a silent act in our country because in majority cases women fail to realize they are victims or fail to communicate the act of violence. Even if it is communicated, seldom does it inspire belief. In most of the cases it is found that the perpetrators are not brought to book. There is also fear that reporting the abuse could snaps bonds with the caretakers. Lack of information and awareness is found by the fact that peer group learning is very limited amongst disabled women as they are less likely to be sent to school. The social role or the absence of a role attributed to
women with disabilities, in conjunction with the stereotypes that exist, contribute to their vulnerability and lead to violation of their rights. Hence by way of legislating laws, state should not merely declare rights and entitlements but it should stipulate in detail the mechanisms by which rights can be realized.

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