

Diary

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Publisher

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We thank Vijay Sawant and Apoorva Joshi for compiling the contact details of organizations all over the country, which work on gender-based violence and related issues. We thank the counsellors of the 11 Dilaasa centres who have relentlessly provided support to survivors of violence against women.

INTRODUCTION

There is a close relationship between violence against women and the public health system. Either they come to hospital by themselves due to health problems suffered or are brought to the hospital for treatment when the violence is grievous such as assaults, suicide attempts and the like. When women reach the health system, it is important for health care providers (HCP) to be sensitive to them. This is an important factor which helps the woman disclose about violence, and helps break the silence. This was realized by the Mumbai Municipal Corporation in 2000. Keeping this in mind, K.B. Bhabha Municipal Hospital and CEHAT established the first hospital-based crisis centre, Dilaasa, in 2000. It was established in K.B. Bhabha Municipal Hospital in Mumbai. Dilaasa provides support to women facing violence through psychosocial and legal counselling, and providing shelter facilities at the time of emergencies. The second Dilaasa centre was established in Bhabha Hospital, Kurla in 2006. Since 2008, CEHAT in collaboration with the Municipal Corporation of Greater Mumbai (MCGM) has been engaged in training healthcare providers in three more municipal hospitals in Mumbai for providing holistic support to women and children facing domestic and sexual violence.

In 2016, the work of Dilaasa centres was recognised by the Central Government's Health Ministry, and funds were released under the National Health Mission (NHM) to set up 11 new Dilaasa centres in peripheral hospitals in Mumbai. In each of these centres, two full time counsellors, two Auxiliary Nurse Midwives (ANM), and one data entry operator were appointed. Since then, more than 2000 women and children have received support from the centres.

This diary has been developed to support individuals who provide psychosocial support to women and children facing violence. We have presented in brief relevant and important information such as the different forms of violence, the intensity of violence, its

consequences, and interventions to end violence. This diary aims to serve two purposes: (i) to help HCPs with the intervention and to check if they have missed any aspect of support provision and (ii) to provide information about contacts of organisations all over India which work in gender-based violence and related areas so as to help with providing referrals.

I hope this diary will be helpful for counsellors working with women. We wish the counsellors all the best in their work....!



Dr Kamaxi Bhate
SPGRC

ABOUT THE DIARY

This diary has been developed for HCPs including counsellors working with women facing violence. It aims to enhance their skills in responding to women and children facing violence. The diary can assist in recording information and notes and also in review and checking whether all important aspects of the intervention session have been covered.

Dilaasa follows feminist counselling principles. This approach addresses the inequality and power dynamics in any relationship. It helps women recognize and understand the suppression faced by them in the outside world. This approach differs from conventional approaches of counselling as it does not focus solely on the individual's psychological condition, but also takes into account the social context and position of women within the society. Different components and techniques of feminist counselling are used to understand the various reasons for violence, the forms of violence, its impact on health, and the importance of safety assessments and safety plans; our objective is to include all these components in the counselling session. Efforts have been made to include as many of these components in this diary in order to contribute towards the work by Dilaasa and other organizations to support women and children facing violence.

We wish you all the best in your work and personal development.

PERSONAL INFORMATION

Name: _____

House address: _____

Address of Health Centre: _____

Telephone: Office: _____ Home: _____

Department office: _____ Bureau Office: _____

Family Doctor: _____

Contact Person in case of emergency: _____

Blood Group: _____

Bank account no.: _____

Other: _____

Any Health Complaints: _____



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VIOLENCE AGAINST WOMEN

According to Article 2 of the UN Declaration for Elimination of Violence Against Women “*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 private life*” is considered violence against women.

FORMS OF VIOLENCE AND THEIR SIGNS

Physical violence: beating, burning, pulling hair, slapping/kicking, pinching, biting, choking, spitting on body, throwing objects at the person, not allowing the person to have food, not providing care and treatment during illness, threatening with weapons, injuring with sharp objects, causing injury to sexual organs

Emotional violence: causing mental torture, taunting, verbally abusing, not talking, not allowing to go out, suspicion, insulting the woman or her family, not allowing to have connections with family, restricting family members from meeting the woman, destroying materials, threatening to life, threatening to kill or kidnap children

Sexual violence: not having sexual contact, not allowing to use contraception, forced multiple pregnancies, forced sexual contact, inappropriate gesture/talk/written comment, sexual jokes

Economic violence: not giving money for household expenses, asking to leave the house, forcing the woman to give all her money, asking to get money from natal family

Social and political violence: sexual violence on women during riots, raping a woman to take revenge from someone from her family

Who can face violence?

Violence can be faced by any woman irrespective of her class, caste, status, education or location. The belief that domestic violence can only be faced by the poor and helpless, or by women from a particular religion, is not true. There are many examples of women from middle or upper classes facing violence.

Impact of domestic violence on children

- Violence during pregnancy can harm the woman directly or indirectly.
- An environment of fight and conflict is not healthy for the foetus, and there is a possibility of miscarriage.
- Violence at home can impact children's growth.
- In violent environments, children may become irritable, anxious, quiet, or depressed, and may even be afraid to go to sleep; such environments create a sense of helplessness and guilt in them.
- Children develop feelings of powerlessness, being unable to change the violent environment at home. Hence as adults, they may develop violent behaviours to gain a sense of control and power. Some children may continue to accept violence even in their adult lives.
- Children may blame themselves for the violent behaviours of the adult, or for the violence their parent is facing.
- They may develop low self-esteem and self-confidence.
- They may also develop habits such as bed wetting, alcoholism, and having multiple sexual partners.
- They may even engage in self-harm.



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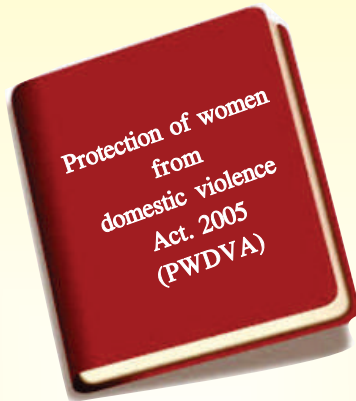
VIOLENCE AGAINST WOMEN: A VIOLATION OF HUMAN RIGHTS

The health of a survivor of violence is of utmost importance. In India, health is not considered a fundamental right. However, the Supreme Court has stated that for a healthy life health should be included as an important right. India has also signed international declarations wherein health is included as a fundamental right e.g. the International Covenant on Economic, Social and Cultural Rights (ICESCR), The Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), Convention on Rights of Children (CRC), and The Committee on the Rights of Persons with Disabilities (CRPD).

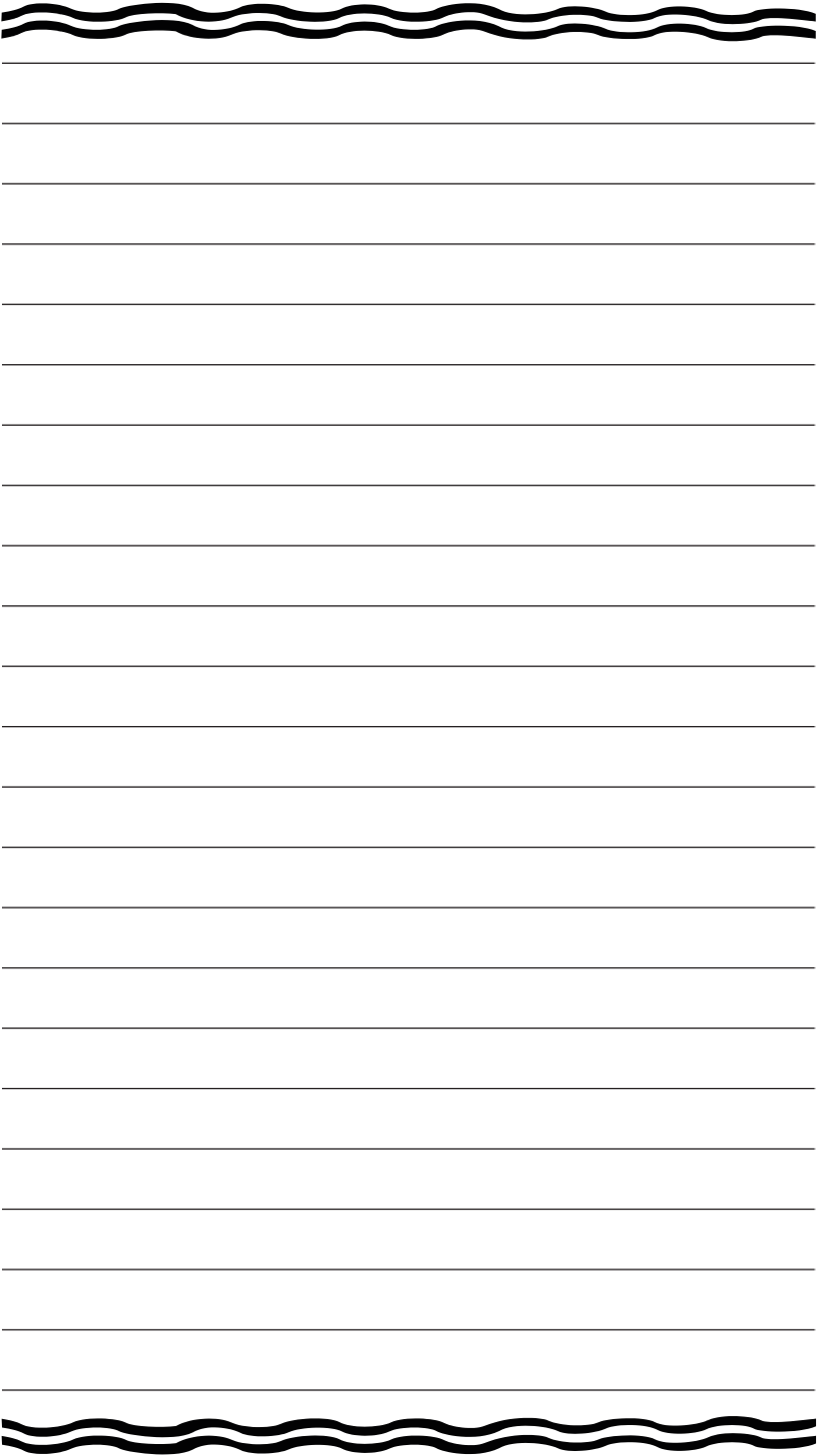
Under the right to health, the state government is expected to provide quality health services, which include mental health services, without any discrimination. It also includes treatment of physical injuries, preventive measures, tests for sexually transmitted infections, emergency contraception, and psychosocial assistance.

- 1 in 3 women in the world experience physical and/or sexual violence by a partner, or sexual violence by a non-partner.
- Violence can have short-term as well as long-term health impacts.
- Violence against women during pregnancy is a known phenomenon.
- Research indicates that there is close association between domestic violence during pregnancy and foetal/infant mortality, developmental abnormalities, and maternal mortality.
- Suicide is 12 times more likely to be attempted by a woman who has been abused than one who is not.
- According to studies conducted in other countries, women who are abused by their partners are more likely to suffer from depression, anxiety, and phobias as compared to women who have not been abused.

The relationship between domestic violence and health is a dynamic one; women who suffer from diseases such as psychiatric illness, HIV/AIDS, tuberculosis, and so on, often bear the brunt of violence.



PWDVA (Protection of women from domestic violence Act) identified the “medical facility” as an important service provider in responding to women facing violence. According to Part II, Sec.3(i), subsection 17 of the Act, a medical facility cannot refuse treatment to the aggrieved woman under any circumstances. Further, if necessary, the person-in-charge of the medical facility is required to draft a “domestic incident report” if one has not already been made, and forward the same to the Protection officer of that area.



HEALTH CARE RESPONSE TO VIOLENCE AGAINST WOMEN

There is need to change not only the attitudes and practices of health care providers, but also the entire health system, to respond to women facing violence.

We can contribute to the change in the health system response towards woman facing violence through the following processes:

- Training of health care providers (doctors, nurses, physiotherapists, occupational therapists, social worker and support staff) must be carried out to sensitize and create awareness on gender biases, human rights violations, violence against women, and the impact of violence on health.
- Such training should be included in medical and nursing education.
- It should be extended to community health volunteers and auxiliary nurses and midwives to create awareness about violence against women.

Immediate response to survivor of violence

- Training to identify the signs of violence and to respond to the same appropriately
- Displaying posters in outpatient departments to spread awareness about the signs and symptoms of violence
- Distributing pamphlets in female wards to encourage women to come forward for seeking support
- Hospitals should have a protocol specifically for the treatment of survivors of suicide, burns, and rape.

Improving physical infrastructure and developing ethical guidelines

- Developing a standard operating procedure to respond to violence against women, and following it.
- Including questions to identify violence during case history-taking
- Ensuring confidentiality while examining the survivor of violence, and provide appropriate space/privacy in the outpatient department;

creating a system to keep the information given by survivors confidential

Direct Assistance to Survivors

- Keeping information readily available on women's groups, centres for counselling, provision of information about legal procedures, and coordination with shelters for provide referral/support according to the specific needs of women facing violence
- Experts in hospitals to provide physical, social and emotional care to women facing violence

Changing the perceptions towards violence against women

- Motivate community health volunteers to create awareness about the issue of violence against women
- Communicate with boys and men about the issue in order to prevent or stop them from engaging in violent behaviours
- Respect the decision made by women patients
- Encourage the adoption of the "zero tolerance" policy towards violence in the health system

Possible direct questions that can be asked by Health Providers to identify violence:

- *There is high prevalence of violence in women's lives, which is why we have begun to talk to women about violence in all hospitals.*
- *Have you ever been kicked, punched, slapped, shoved or otherwise hurt by someone in your home?*
- *Has your partner ever forced you to have sex when you didn't want to? Has he ever refused safe sex?*

Indicative questions:

- *Your injuries do not look like they are accidental. I am concerned that your symptoms may have been caused by someone hurting you. Did someone cause these injuries?*
- *Your complaints seem to be related to stress. Do you face any tensions with your partner/at home?*



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RESPONSIBILITY AND DUTY OF HEALTHCARE PROVIDERS FOR WOMEN FACING VIOLENCE

Identification of violence: You must try to identify survivors of violence by recognizing its symptoms. In case you suspect any abuse, you must explore further with a sensitive approach. Women who face violence are likely to visit the casualty, psychiatry, gynaecology, and prenatal diagnostic departments. Women's disclosure depends on the sensitivity you show to them. Ensure that the disclosure of information does not cause her harm. It is natural for the woman to not be prepared to disclose personal grief to you due to shame and guilt. Request the person who accompanies her to wait outside to provide privacy to the woman; they could even be the perpetrator of the abuse and the violence can increase after the woman returns home. In such a case, there is a possibility that she will not allow to visit you again, and chances of helping her will be lost.

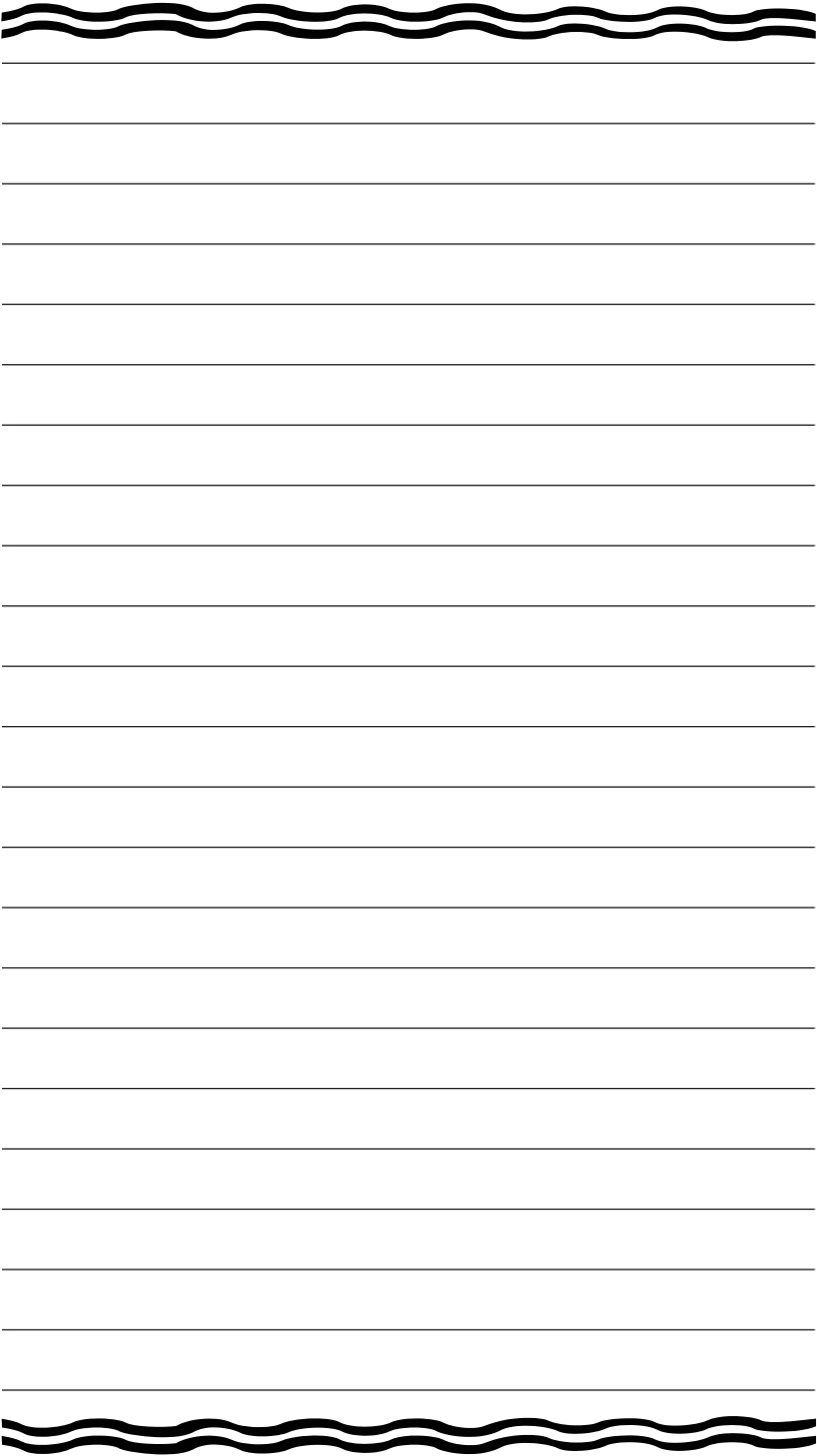
Emotional support: Validating the woman's feelings and believing her is important. Never ask her why she was beaten as the onus of the violence is then on her. It is important to believe that it is difficult for her to live in a family which inflicts violence, and important assure her that she is not alone and that support is available.

Medical care: The treatment of injuries resulting from violence is the primary responsibility of the healthcare provider. History-taking of injuries in a sensitive manner is important. Doctors should also take into account injuries caused by previous incidents of violence. Women who have been facing violence for a long time may have developed mental health problems like depression. This must be probed for and explained to women by healthcare professionals, and women should get immediate medical help for the same.

Maintaining records: Medico legal records pertaining to VAW have evidentiary value. If a woman decides to take legal action, the documents of the same can be important (and often, the only) evidence to prove that violence has occurred. For any woman who discloses violence on visiting the hospital, a record must be made in the medico-legal register. Women must be informed that the medico-legal document can be used in court as evidence. The medico-legal record should include detailed information about the nature and duration of violence, and details of injuries reported by the woman. All details should be recorded in the medico-legal case register.

Giving information and making referrals: It is the doctor's duty to inform every survivor of violence that there is no excuse for violence, and that it is illegal in every form. The woman must be explained the importance of filing a police complaint, and the significance of both, a Non-cognizable Complaint (NC) as well as a First Information Report (FIR).

In the case of a woman facing domestic violence, she must be informed of the Protection of Woman from Domestic Violence Act (PWDVA) and the rights that she has under this Act. Enquiries must be made regarding her safety. If she is not safe going back home, she should be given information about shelters, or should be referred to one, if possible. She can also be given information about legal aid, counselling services for violence survivors, or support groups. It is always good to keep a list of such shelters, support groups, and counselling centres handy.



INTERFACE BETWEEN THE HEALTH SYSTEM AND OTHER AGENCIES SUCH AS THE POLICE AND THE JUDICIARY

Police

- Whenever a survivor reports to the police, the police must take her/him to the nearest health facility for medical examination, treatment and care. Delays related to the medical examination and treatment can jeopardize the health of the survivor.
- The health professional should also ask survivors whether they were examined elsewhere before reaching the current health set up, and if survivors are carrying the documentation of the same. If this is the case, health professionals must refrain from carrying out an examination just because the police have brought a requisition, and also explain the same to the police.
- Confidentiality of information and privacy in the entire course of examination and treatment must be ensured by healthcare providers. The presence of police personnel should not be allowed while details of the incidents of sexual violence are being sought from the survivor, and examination, evidence collection and treatment are being carried out.
- The police cannot interfere with the duties of the healthcare professional. They cannot take the survivor away immediately after evidence collection. They must wait until treatment and care is provided.
- In the case of unaccompanied survivors brought by the police for sexual violence examination, the police should not be asked to sign as witnesses in the medico legal form. In such situations, a senior medical officer or any health professional should sign as witness in the best interests of the survivor.
- Health professionals must not entertain questions from the police such as whether the rape occurred or whether the survivor is 'capable' of sexual intercourse. They should explain the nature of medico legal evidence, its limitations, as well as the role of examining doctors as expert witnesses.

Public Prosecutor

- The doctor must review the notes of the case to equip himself/herself with the history that has been provided by the survivor to the doctor, police and the magistrate. In case there is a difference in the histories, the same should be clarified in advance with the public prosecutor. It is possible that a survivor revealed additional information to the doctor based on her comfort, than to the police or the magistrate.
- Examining doctors should prepare themselves well in time with case documents before reaching the court. Efforts must be made by doctors to dialogue with the public prosecutor, and ask them about the role that they need to play.

Judiciary

- Doctors are termed as “expert witnesses” by Law. As per 164 A of the Code of Criminal Procedure (CrPC), an examining doctor has to prepare a reasoned medical opinion without delay. A medical opinion has to be provided on the following aspects:
 - Evidence that the survivor was administered drugs/ psychotropic substance/alcohol, etc.
 - Evidence that the survivor has an intellectual, or mental disability
 - Evidence of physical health consequences such as bruises, contusions, contused lacerated-wounds, tenderness, swelling, pain during urination, pain during defecation, pregnancy, etc.
 - Age of the survivor if she/he does not have a birth certificate, or if mandated by the court
- Absence of injuries have to be interpreted based on the time lapse between the incident and reporting to the hospital, information pertaining to luring the child or adult survivor, or factors such as fear, shock and surprise, or other circumstances that rendered the child or adult survivor unable to resist the perpetrator.
- The examining doctor will also have to provide a medical opinion on negative findings related to forensic lab analyses. Negative lab results may be due to delay in reaching a hospital/health centre for examination and treatment, activities undertaken by the survivor after the incidence of sexual violence such as urinating, washing, bathing, changing clothes or douching which leads to loss of evidence. Use of condom/vasectomy, diseases of vas in the perpetrator, or perpetrator not emitting semen if it was a penile penetrative sexual act. can also result in loss of evidence
- The examining doctor should clarify in the court that normal examination findings neither refute nor confirm whether the sexual offence occurred . They must ensure that a medical opinion cannot be given on whether ‘rape’ occurred because ‘rape’ is a legal term.

Child Welfare Committee

- Health professionals should communicate to the child the need for her/him to disclose the abuse to the child welfare committee so that the latter can take immediate steps to protect the child from abuse.
- Health professionals must understand and convey the limitations of medical evidence; thus even if medical evidence of sexual violence is not found, this in no way should be interpreted as the child lying about sexual abuse.

INDIAN LAWS TO ADDRESS VIOLENCE AGAINST WOMEN



Protection of Woman from Domestic Violence Act, 2005: This act is applicable to women who are married, unmarried, in live-in-relationships, as well as to women who suffer abuse from their fathers, brothers, or uncles. A woman facing physical, emotional, sexual or economic violence can approach a Protection officer/magistrate/service provider. Through this, she can receive various relief facilities such as residence orders, monetary relief, custody order, compensation order, and Interim/ex-party orders.

Section 498A of Indian Penal Code: A woman can file a case against her husband or relatives of the husband subjecting her to cruelty. She can also file such a case if she is driven to commit suicide, if she fears danger to her life, or if certain demands pertaining to property or valuables are made on her. Punishment under this section is 3 years of imprisonment and a fine.

Dowry Prohibition Act, 1961: This Act prohibits the giving or taking of dowry. It is illegal for the groom's family to directly or indirectly demand dowry from the bride, her parents, relatives or caregivers. Punishment under this is 6 months to 2 years of imprisonment with a fine of ten thousand rupees.

Child Marriage Restraint Act, 1929: This act is used to prevent the solemnization of child marriages. A person performing such an act directly or indirectly shall be punishable with imprisonment which may extend to one month, or a fine which may extend to one thousand rupees, or both, unless that person is able to prove that he or she had reason to believe that the marriage was not child marriage.

The Pre Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act, 1994: This act prohibits sex selection before and after conception. It primarily aims at regulating prenatal diagnostic techniques for the purpose of detecting genetic abnormalities and for the prevention of their misuse for sex selection. If such a practice is witnessed by any individual, it can be brought to the notice of the appropriate authority.

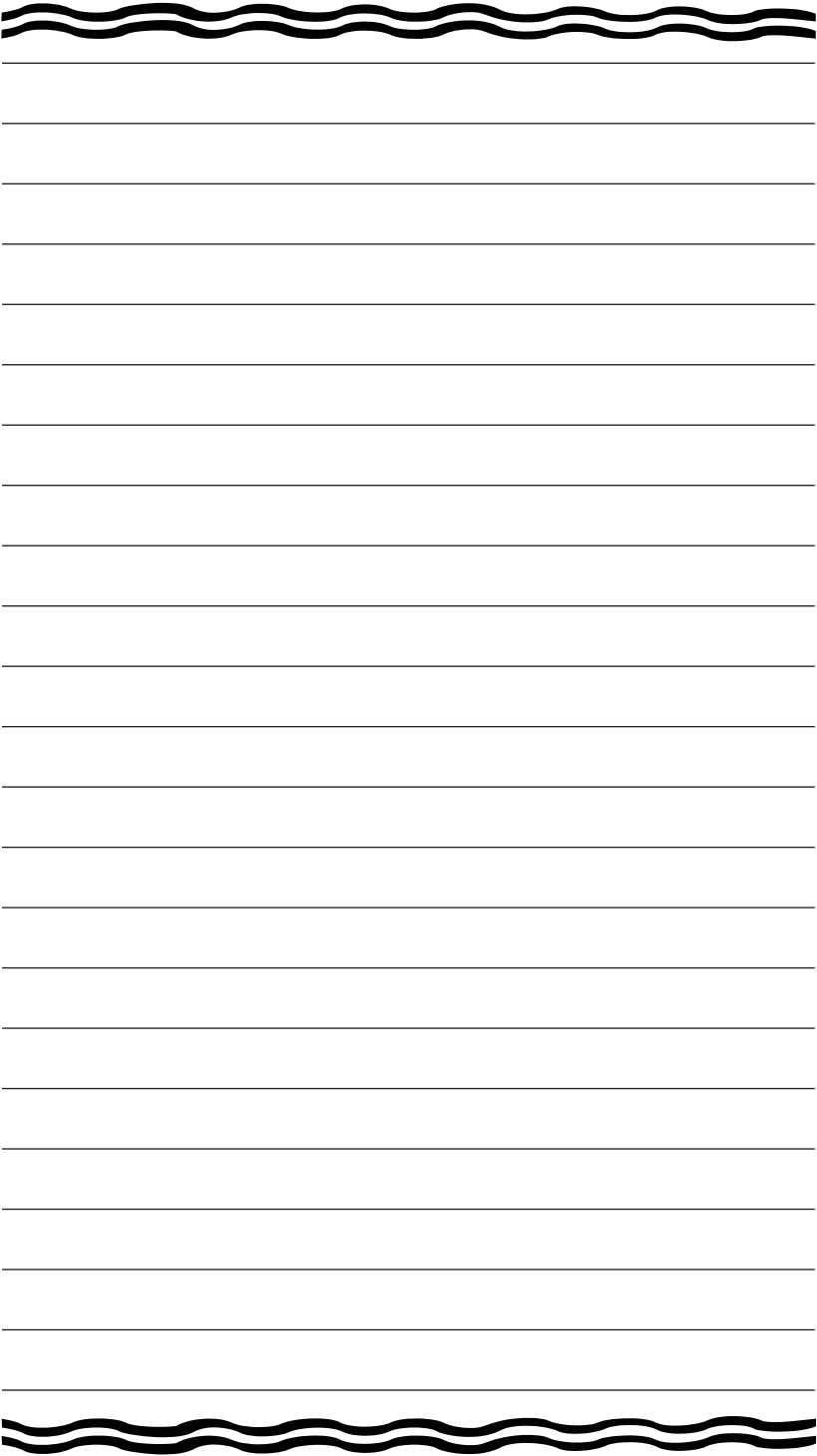
The Sexual Harassment at Workplace (Prevention, Prohibition and Redressal) Act, 2013: The act mandates every workplace to constitute an Internal Complaints Committee which can be approached by the aggrieved woman. In the absence of such a committee, the woman may approach the Local Complaints Committee set up in every district. The woman can submit a written complaint and seek relief such as transfer or additional leave, among other reliefs.

The Commission of Sati (Prevention) Act, 1987: This act prohibits the practice of Sati, its glorification, as well as abetment to committing of Sati. If such a crime is committed, there is a provision of special courts where such a case will be tried. The punishment can be life imprisonment, or imprisonment as well a fine extending to Rs. 30,000.

Rape Section 375 of the Indian Penal Court: The Rape Law (Sec 375) was modified with the Criminal Law Amendment to Rape (CLA) in 2013. Rape is defined as an offence which includes penetration or attempt to penetrate by use of objects or penis any bodily orifices such as anus, vagina or mouth, or making the woman perform any of these acts against her will. A separate offence of gang rape (Sec 376D) with a higher punishment has also been enacted.

Section 354 Assault or criminal force to woman with intent to outrage her modesty, Indian Penal Code: Assault or use of force against a woman with the intent to outrage her modesty. Such assault shall be punished with imprisonment for one to five years and a fine. The Indian Penal Code also recognizes the use of force with the intent to disrobe, voyeurism and stalking as punishable offences.

Protection of Children from Sexual Offences Act 2012 (POCSO): This Act is applicable to children (below 18 years of age) and punishes all acts with sexual intent involving physical contact with and without penetration, sexual harassment, and involving children in any act involving pornography. This law protects children of both sexes, and considers their consent irrelevant.



COUNSELLING

Counselling aims to reduce distress and enhance wellbeing. Domestic violence counselling entails responding to multiple needs of the survivor. This can be provided directly or through referrals. It goes beyond the individual level, and helps women locate the source of their distress in the larger social context of power and control within intimate and interpersonal relationships.

Need of counselling for addressing violence against women

Violence against women is a known global phenomenon. Women often injure themselves after being overwhelmed with violence by harming themselves with a knife or blade, not having food, not talking to others, and in many cases attempting suicide. It is found that women who arrive at the hospital after having consumed poison are survivors of violence. It is necessary to give women emotional support and provide suicide prevention counselling so that a second attempt of suicide can be prevented. Women must be given messages such as: *It is not your fault. Don't feel helpless. Believe in yourself. This problem can be solved. There will be way out.*

Need for feminist counselling

In the feminist counselling approach, women are made to understand the unequal status of women in society, and the dynamics of power and control; violence occurs because of external circumstances, the root cause of which is patriarchy.

Counselling values:

Value of autonomy: Client has the right to make decisions about all spheres of her life.

Value of non-maleficence: It is a counsellor's duty to cause no harm to the client by way of an act of commission or omission.

Value of veracity and fidelity: The counsellor should be honest and loyal in a counselling relationship.

Principle of justice: A counsellor should be fair and not discriminate on the basis of class, caste, marital status, sexual orientation, religion, community, and disability, among others.

Counselling principles:

Self-awareness: The counsellor must be aware of her own strengths and limitations.

Confidentiality: The counsellor should keep the information provided by client confidential.

Uniqueness: Every woman's struggle is different; the counsellor must keep this in mind during counselling.

Self-determination: The counsellor needs to recognize and respect the woman's own capacity.

Recognizing diversity: The counsellor must recognize and respect the fact that women come from different social, political, cultural, religious and economic backgrounds and may have different sexual identities.

Commitment to question sexist beliefs: The counsellor should identify their own sexist values and strive to discuss them with peers in order to be as authentic as possible to feminist beliefs.

Recognizing power relations: A counsellor has to be aware of the disparity in power during counselling due to the counsellor's own caste, class, religion and education.

Responsibility: The counsellor also has the responsibility to practice counselling which is informed by larger political movements and social structures.

TECHNIQUES OF FEMINIST COUNSELLING



Locating the precipitating factor: Some women may end up going in circles and may not be able to clearly state their expectations. They may fear losing the counsellor's support, if they do not conform to the norms of the society. Counsellors need to be aware and perceptive about it and enable the woman to state her expectations.

Exploring coping mechanism: Every woman living in an abusive situation makes efforts to change her situation. These efforts have to be explored in the counselling process in order to understand the strengths of the woman. It thus becomes imperative for the counsellor to attentively listen to the woman's narrations. A counsellor has to extract the woman's current coping mechanisms from her narration. The counsellor should explain to the woman the difference between defense mechanisms and abusive behaviour.

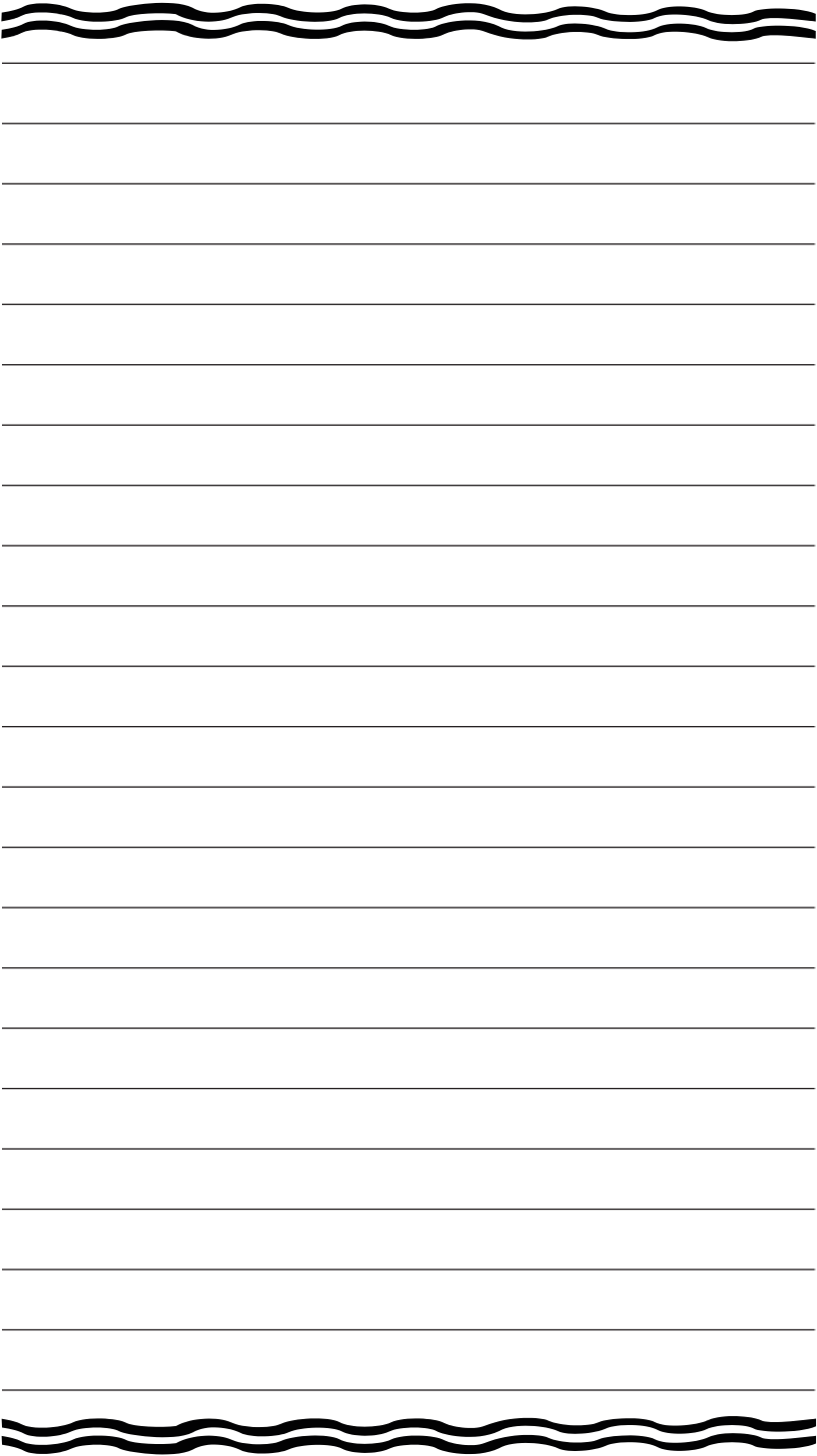
Connecting individual oppression to gender: The aim of counselling is to convey to the woman that violence is not an individual act where a person loses control, but is a way of compelling women to conform to societal norms and roles. The counsellor can take examples from the woman's life itself, and explain how individual acts of violence she faces are related to socially prescribed gender roles.

Addressing vacillations: As the issue of relationships is extremely complex. Abused women find it difficult to arrive at any decision regarding negotiating or terminating a violent relationship. If the counsellor is aware of the reasons for ambiguity, she can enable the woman to be better equipped to handle the situation. Women can

decide to file for a divorce, leave the violent house, or keeping her children in a shelter home, although women can withdraw from their decision at any time. The counsellor should not get irritated with the woman for changing her decisions, and must give the woman time to mentally prepare herself. Also, the counsellor needs to reassure the woman that they will be available for support if she wishes to change her decision at any point of time.

Confronting violence: Some women start believing that if the abusive person is pleased, the abuse may stop. Counselling has to focus on the fact that avoidance strategies do not work in reducing violence. In fact, confronting the violent behaviour will make the abusive person rethink before inflicting further abuse.

Reflecting on formation of the women's social identity: Women experiencing violence, too, are a heterogeneous population due to the advantages or disadvantages they have based on the societal notions of caste, class, religion and sexual orientation. Hence, while working with a section of women who belong to the upper caste, class, majority religion, or of heterosexual orientation, the counsellor must take the opportunity to discuss their biases about the so-called "other women".



Psycho- Social Care for Survivors of Sexual Violence

Creating an enabling atmosphere and establishing trust

The health professional should:

- Speak to the survivor in a private space
- Recognize her courage in reaching you as she has overcome several barriers
- Recognize the dilemma faced by the survivor in reporting violence
- Not label non-reporting to the police as a false case
- Assure the survivor that her treatment will not be compromised
- Inform the survivor of available resources, referrals, and legal rights so that she can take an informed decision

Facilitation and demystification of medical procedure

The health professional should:

- Prepare the survivor for an internal examination and explain the various stages of the examination
- Communicate the rationale for referrals for X-ray, USG, and age estimation amongst others
- Adolescent children might indulge in romantic relationships and can have consensual sexual relationships. If the girl does not want to complain to the police, do not force her to do so. Often they are not aware that they can refuse a medico-legal examination and a police complaint. It may be more helpful to explain to her the meaning of a responsible sexual relationship. It is important to explain the benefits and the disadvantages of the police complaint, and if she is willing to make a complaint, then to assure that help will be provided.

Addressing the survivor's emotional well-being

The health professional should:

- Recognize that survivors may present with varied emotions
- Encourage the survivor to express her feelings
- Encourage survivors to seek crisis counselling
- Assess for suicidal ideation
- Make a safety assessment and safety plan
- Involve family and friends in the healing process of the survivor

Safety assessment must be done:

If the assessment reveals that she is unsafe and fears reoccurrence of violence, the health professional must offer her alternate arrangements for stay such as temporary admission in the hospital or referral to shelter services. However some survivors may want to go home, particularly if there are children or other dependents.

Example of effect of sexual violence on emotional-well being

Mary's husband used to force her to have sex. She used to find it painful. Moreover they lived in a small house and stayed in a joint family. This made her uncomfortable having sex with her husband. The thought of it was so painful to her that one night that she attempted to end her life. The counsellor's acknowledging the difficulty of refusing sex with her husband can be a validation for Mary. Her confidence of saying no to sex when she does not want it has to be rebuilt. She should be encouraged to talk about sex with her husband. At the same time, she should be encouraged to explain to her family members the reason for her attempt at suicide. The counsellor has to explain to Mary that thoughts of ending one's life can recur, but certain techniques can help her to overcome those thoughts. She should be encouraged to engage her time in other activities when suicidal thoughts come to her mind like visiting the counsellor or her friends, or making a phone call to them.

SAFETY ASSESSMENT AND PLAN

Safety Planning is an important aspect of crisis counselling as it gives women a tool to prepare themselves to resist or reduce further abuse. This is usually done at two levels: one is the physical risk of increased abuse, and second is the risk of attempting suicide due to escalating abuse.

Assessing the intensity of abuse

Information about whether abuse has progressed from verbal abuse to slaps, to the use of weapons or threat to kill her can give important information about the intensity of abuse. Similarly, a counsellor can also probe about whether abuse occurs once a month, once a week or even daily, and if the frequency has changed in recent times. Such information would be useful to develop safety plan. A counsellor can ask the woman what had occurred before she was hit rather than asking why he had hit her. Information on how she saved herself from earlier beatings, who intervened to end the beatings, and who brought her to the hospital, can give the counsellor an understanding about the woman's attempts to resist physical abuse as well as about any external support available to the woman.

Suggesting Alternatives

A counsellor has to devise alternatives for every woman depending on: the intensity of the violence, the stage at which she is in her relationship, as well as her preparedness towards resisting abuse.

1. Explaining the cycle of violence

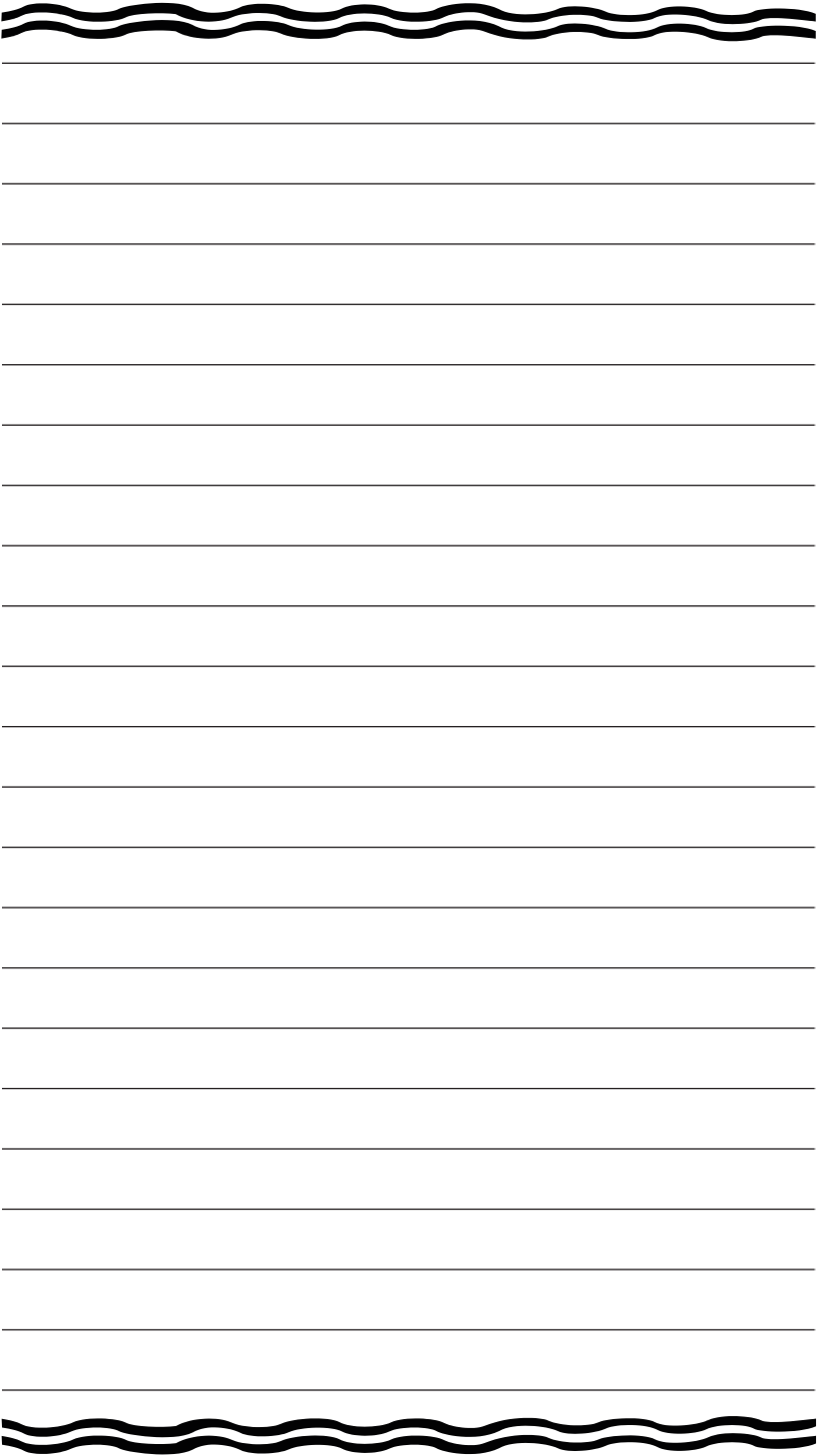
Acts of violence are cyclical, and unless the woman tries to break the cycle of violence the abuse may not stop. A woman can be asked to recall the first episode of abuse and how the abuser responded after the episode. It should be explained to the woman that usually there is phase when the atmosphere at home is tense. This is followed by arguments, fights, and then actual act of abuse. In the initial phase, the abuser may regret the act, and would apologize. This is called the "honeymoon" phase wherein the abuser can actually show improved behaviour for a short period. But

soon the abuse returns. And thus a cycle is formed: abuse, apologies, and abuse again. As the abuse starts increasing in intensity and frequency, the cycle becomes smaller in duration.

Example of Safety Planning

1. Reshma comes to the counsellor after she is hit by her boyfriend Akash. She has a deep gash on her cheek. In her narration, she tells the counsellor that he is very possessive, which she admires, because this shows his love towards her, but she also states that she was never hit like this before. She also mentions that he always regrets hitting her. In such a situation, the counsellor has to explore Reshma's understanding of love and whether being violent is justified. A deeper exploration of his "possessiveness" indicates that he likes her to dress in a traditional manner and not go out in his absence. She needs to be asked whether these are justified ways of treating a loved one. She can be asked about how she deals with the fact that he often goes out with his friends and she cannot question him. In such a situation, counselling would look at safety assessment and plan differently. It would include explaining to Reshma to think of past situations when Akash was angry. This would demonstrate a pattern to her, wherein she would slowly start accepting that she is in an abusive relationship. Some safety method tips would be confiding about abuse in a trusted person and not going out alone with her boyfriend till he stops abusive behaviour.

2. Radha says she can sense that her husband is going to start hitting her since it was that time of the month when she would get her salary. She also states that the next few days in her house are tense. The counsellor can suggest that she gets a relative/ friend/ neighbour to stay with her for the next few days. By doing this, Radha has someone to stop the abuse. The person has to be someone that her husband may not dare to hit. The counsellor also has to work on Radha's fear of police. Radha would have to make a police complaint and state that there is danger to her life because she was hit with a stick and a rod. Multiple methods that suit Radha's situations as well as are acceptable to her have to be thought of.



CHALLENGES IN COUNSELLING

Counselling women who have attempted suicide poses a unique challenge. A large number of women who have attempted suicide (an average of one per day) are admitted in the hospital, and a medico-legal complaint is filed. The counsellor can get in touch with her while she is in hospital, but once she leaves the hospital, the counsellor cannot follow up with her. Counselling is most important in such cases. However, if the women are not able to reach the centre, counselling them becomes difficult.

Violence against women and attempts to suicide are closely related. Women attempt suicide for various reasons such as foreseeing an unbearable situation of violence, as a cry for help, or owing to losing the willingness to live due to extreme abuse. Not every woman acts upon these thoughts, but many do. It is therefore important for the counsellor to probe about such thoughts. In a hospital, women who have attempted suicide are referred to the hospital counsellor. It is important to understand that women find it difficult to talk about the issue. Moreover, they are also burdened with feelings of guilt or anger for having survived, or at times even helpless and depressed, because no one from her family has come to meet them in the hospital.

Probing about an attempt to suicide requires certain skill. A counsellor can begin by acknowledging and stating that it is difficult to articulate feelings about the attempt. It may also help to say that women attempt suicide because there is no one to listen to their side of the story or acknowledge what they are going through. Many women also attempt suicide since they are not aware that there are services available to help them with their situation. Supportive statements can help the woman articulate what drove her to attempt suicide. It may also help to ask a woman about her emotional state: her mood, does she feel low or sad, does she feel like crying, and so on. The counsellor can

enable the women to see how the abuse she is facing has pushed her into attempting suicide.

Within marriage and domestic relationships, there are very few options available to women. If the woman decides to leave a violent relationship, she also has to find alternatives for accommodation and livelihood. The responsibility of children too falls upon only the woman. There are times the woman insists on living with her partner despite escalation of violence which could be life threatening ignoring risk to her life. Such situations prove to be challenging for the counsellor.

Seeking legal help is also a difficult process for the woman, and in our experience, rarely do women receive positive results from the same. Many women also believe that if they take legal action, the abuser will stop violence. However, it is necessary to provide women support for livelihood and employment along with legal aid. It is challenging to communicate to the woman that along with legal action she also needs to focus on her livelihood.

NORMS FOR RUNNING THE COUNSELLING CENTRE

- Often in hospital-based counselling centres, it may not be the same counsellor providing services the very next day. Only if the documentation of the case is complete will the next counsellor on duty be able to provide the required support services to the survivor.
- Hence the counsellor must also tell the woman that she may meet another counsellor on her next visit as the counsellors work in the same team. This helps the woman prepare herself to visit a new counsellor.
- Counsellors have to play an important role in facilitating other hospital services for the woman seeking counselling services for violence.
- The counsellor also has the responsibility of explaining to the survivor the meaning of a medico-legal case which is filed in case of any medical complaint that indicates abuse.
- The counsellor must provide the woman with a registration number and a card that has information about the counselling centre. This enables the counsellor to retrieve her case file easily.
- Counsellors have to maintain registers recording details such as the number of new women registered at the counselling centres and number of follow-ups per day. This gives an account of the number of cases being handled by the counselling centre.
- All the counselling records are to be kept confidential and therefore it becomes the responsibility of the counsellors to file the intake forms and store them safely and securely (such as inside a locked cabinet).
- The centre must have two counsellors present at any given time. This is because women coming to the hospital have very little time on their hands. If there are more than two women at a given time, the women should not have to wait too long as they may prefer to leave instead of waiting for the counselling session.
- All cases have to be internally discussed by counsellors in form of case presentations with the team. This provides the opportunity for counsellors to discuss issues and dilemmas arising out of their counselling practice, and how to handle them in the

best interests of the woman.

- Being in a hospital set up, it is also important for counsellors to maintain a dialogue with the other health providers in order to get a comprehensive understanding of the hospital's work.
- Media often pursues hospitals to receive sensational news. The counselling centre has to follow the policy of the hospital which clearly spells out that these functions will be handled by the head of the hospitals in such situations; no individual case information must be shared by the counsellor to any media personnel.
- Counsellors should not provide clients their personal phone numbers.
- When a counsellor is threatened by an abusive relative, it is important to call the security services which are based in the premises.

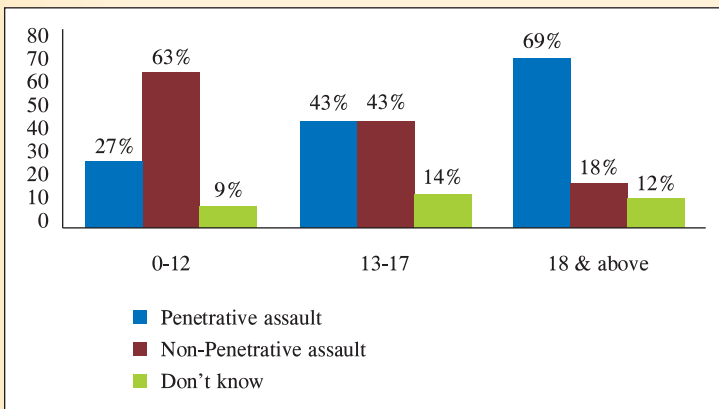
Important messages for women facing violence

1. Women should go to the emergency department in the nearest hospital, get the violence she is facing recorded, along with medical care, the medico-legal case report filed can serve as an important evidence of violence.
2. Women should go to nearest police station and file a non-cognizable complaint (NC), If the intensity of violence is high, the woman can file a first information report (FIR) so that the abuser can get arrested; the woman must maintain the copy of complaint number.
3. Legal counselling can be made available to the woman with the help of the counsellor if the case is to be filed in court.
4. It is important to keep safely certain documents like the marriage certificate and photo, birth certificate of children, papers of house/property documents, photo id card, ration card, hospital papers/report, legal documents if any case was filed earlier, educational documents, and bank accounts papers/details.
5. The woman must have the address and phone numbers of support groups or counselling centres to seek support when needed.

SEXUAL VIOLENCE: SOME FACTS AND STATISTICS

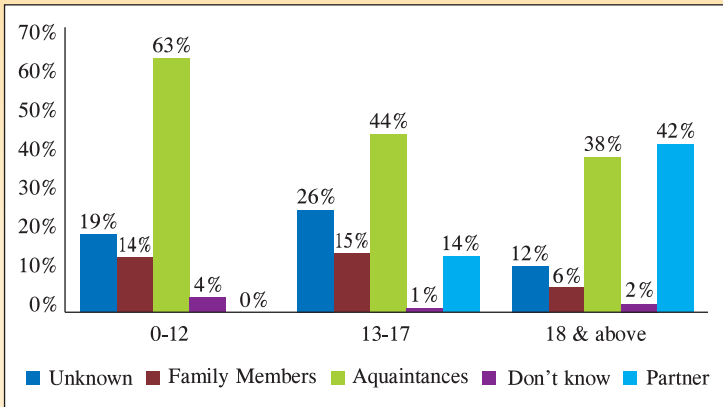
As a part of its work in addressing sexual/domestic violence, CEHAT analysed the case records of sexual violence survivors who had availed of Dilaasa services from three suburban hospitals in Mumbai. The findings of this analysis have been presented below.

1. Age and Nature of sexual violence



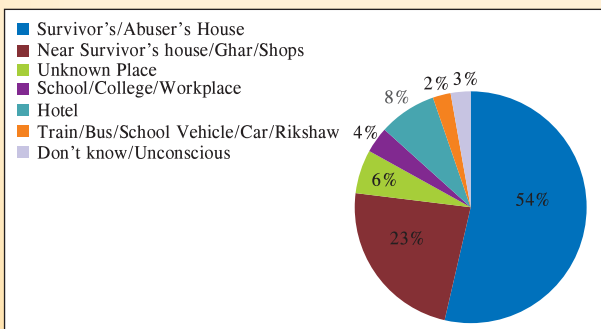
From the above table, it can be seen that sexual abuse can occur without peno-vaginal penetration. Further, not only adolescents, but young children also face penetrative assault.

2. Age of survivor and relationship with perpetrator

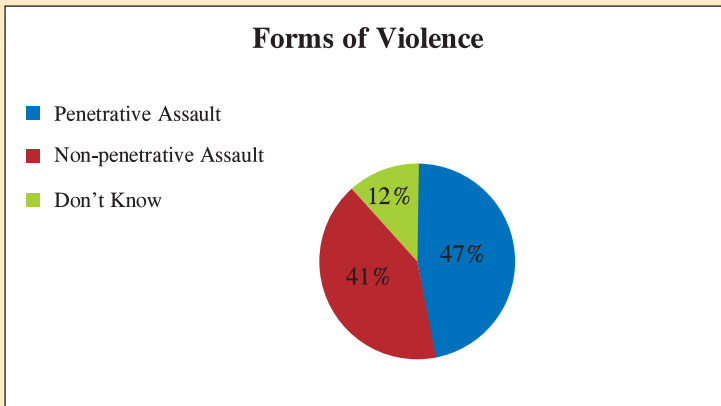


The above table shows that sexual violence is inflicted by a known person in majority of the cases. The abuser may also be from the survivor's family. The prevalence of violence being inflicted by strangers is low.

3. Location of incident of sexual violence: The house is considered to be a safe place. However, from the below table, we see that majority of sexual violence incidents take place in the survivor's or assailant's house, or in a place near the house. Contrary to what is shown in movies, sexual violence inflicted by strangers in a deserted place is actually found in only a small number of cases.



4. Forms of violence: The difference in the numbers of non-penetrative and penetrative cases of violence is not very high. However, the absence of penetration does not mean that violence has not taken place; the effects of non-penetrative assaults are equally serious.



From the above data, it can be concluded that rape/ sexual abuse is not dependent upon the survivor's age, appearance, clothing or behaviour. Sexual violence has its origins in the male-dominated culture in the society; it arises due to the unequal power relations between men and women, and the societal norms surrounding masculinity and virginity.

HOSPITALS IN MUMBAI HAVING DILAASA CENTRE

K. B. Bhabha Hospital

OPD 101, Gyneac OPD, R. K Patkat Marg,
Bandra (West), Mumbai-400050.

☎ Direct Ph: 022- 26400229

Hospital No. 022-26422541/26422775, Ext: 4376

K. B. Bhabha Hospital

OPD 15, Belgrami road, Kurla (West), Mumbai - 400070

☎ :022- 26500241/26500144

Bharat Ratna Dr. Babasaheb Ambedkar General Hospital

(Shatabdi Hospital), Ground floor, A - Wing,

OPD 7, Parekh Nagar, S.V. Road,
Kandivali (West), Mumbai - 400067.

☎ Direct Ph: 022- 28647002

Hospital No. 022- 28647003, Ext: 1046

M. W. Desai Hospital

OPD 22, Hajibapu Raod, Govind Nagar,
Malad (West), Mumbai - 400097.

☎ Direct Ph: 022- 287741216

Krantijyoti Savitribai Phule Hospital

Opp. T.K. Office, Kasturba Cross Road No.1
Borivali (East), Mumbai-400 066.

☎ Direct No. 022-28052886

Dr. R.N. Cooper Municipal General Hospital

Lower Ground Floor, Gyneac OPD, Near "E"-2,
Bhakti Vedant Swami Marg, Gulohar Road,
In front of Bhagubhai Polytechnic College,
Ville Parle (West), Mumbai- 400056

☎ Hospital: 022-26210042, Extn- 144

V. N. Desai Hospital

OPD 33A, 1st Floor, Near Gyneac OPD,
T.P.S., 3rd Road, Santacruz (East), Mumbai - 400055

☎ Direct Ph: 022-26151507

☎ : Hospital No. 022-26183018, Ext: 341

Seth V. C. Gandhi and M. A. Vora Municipal General Hospital

OPD 22, 2nd Floor, (Rajawadi Hospital),
7 M.G. Road, In Front of Somaiya College,
Ghatkopar (East), Mumbai - 400077

☎ Direct Ph: 022-21020144

☎ Hospital No. 022-21025149, Ext: 221

Krantiveer Mahatma Jotiba Phule Municipal Hospital

OPD 12, Ground Floor, Ambedkar Hospital,
Tagore Nagar, Group No.7,
Vikhroli (East), Mumbai - 400083

☎ Direct No. 022-25770799

Swatantryaveer V. D. Savarkar Municipal Hospital

OPD 22, Ground Floor, Gavanpada,
Behind Deshmukh Garden Road,
Mulund (East), Mumbai - 400081

☎ Direct No. 022- 25631125

M. T. Agarwal Hospital

Under Male Medical Ward, Mahakavi Kalidas Road,
Behind 'T' Ward, Mulund (West), Mumbai - 400080

☎ Direct No. 022-25601888

Pandit Madanmohan Malviye Hospital

OPD 15, 2nd Floor, Govandi Shatabdi Hospital,
Vaman Tukaram Patil Road, In front of Dukes Company,
PatilVadi, Govandi (East), Chembur, Mumbai- 400088.

☎ Direct No. 022-25500038

☎ Hospital No. 022- 25564069 Ext: 241

WOMEN ORGANIZATIONS WORKING ON VIOLENCE AGAINST WOMEN ISSUE

MUMBAI

Special Cell for Women and Children

Office of the commissioner of police,
Police Headquarter
Room no.36, A Block,
Opposite Crawford Market,
Mumbai - 400001
Manali Sawant - 8796726397
Sagar Bhosle - 9766360183

Special Cell for Women and Children

Dadar Police Station Bhawani
Shankar Road, Saitan Chowky,
Near Shardashram School,
Dadar (West), Mumbai- 400028
Aparna Pawar - 7710901982
Meenakshi Ramane - 7208813609

Special Cell for Women and Children

Vikhroli Police Station,
1st Floor, Kannamvar Nagar No. 2,
Vikhroli (East), Mumbai- 400083
Tel.: 022-25786991
PritibTapal - 877916079
Suvarna Sasane - 8928207609

Special Cell for Women and Children

Kurla Police Station, Serveshwar Marg,
Near Bhabha Hospital,
Kurla (West), Mumbai- 400070
Swati Thokle - 7977097982
Seema Wakude - 9619236656

Special Cell for Women and Children

CBD Belapur Police Station,
Sector 1, Opposite C.B.D Belapur
Bus Depot, Navi Mumbai-400614
Tel.: 022-27580255
Asawari Jadhav - 9082578785
Sushma Kharat - 8879905751

Special Cell for Women and Children

Vakola Police Station,
Nehru Nagar Road, Vakola
Santacruz (East), Mumbai- 400055
Tel.: 022- 26683257
Neelam Kamble - 8879245332

Special Cell for Women and Children

Kandivali Police Station,
Swami Vivekanand Road,
Opp. Shatabadi Hospital,
Kandivali (West), Mumbai- 400067
MadhumatiSodha - 7506429891
Ramesh Survase - 9022651255

**Sneha (Society for Nutrition
Education and Health Action)**

310, 3rd Floor,
Urban Health Centre,
60 feet Road, Small Sion Hospital,
Dharavi, Mumbai- 400017
Mob.: 9167535765/ 9833052684
Email: crisis@snehamumbai.org
Website: www.snehamumbai.org

Sakhya-Women Guidance Cell

Thane Civil Hospital, New Bulding.
Ground Floor, Tembhi Naka,
Agyari Lane, Thane (West),
Thane- 400601
Mob.: 9136090564
Email: sakhya_87@rediffmail.com
Website: www.sakhyawgc.org

Aawaz-E-Niswaan (Updated)

47/1, Sarbai Hasan Ali Roopwala,
Moreshwar Patankar (Pipe Road),
Near King Bakery,
Above S.A. Medical, Kurla (West),
Mumbai- 400070
Mob: 9987193113
Email: niswan@gmail.com
Website: www.niswaan.org

Aawaaz-E-Niswaan

Rehnuma Library Centre,
C-Wing, 102, 1st Floor,
Darul-Falah Building,
Opp. Kismat Colony,
Kausa, Mumbra,
Thane- 400612
Tel.: 022- 25490038
Email: niswaan@gmail.com
Website: www.niswaan.org

**Stree Mukti Sanghatana Family
Counselling Centre**

Matoshree Ramabai Ambedkar
Hospital Compound,
In fornt of Jain Temple,
Ramkrishna Chemburkar Marg,
Chembur Naka, Mumbai- 400071
Tel.: 022- 25297198
Mob.: 8291821061/ 8101437467
Email: smstcc.c@gmail.com
Website: www.streemuktisanghatana.org

**Stree Mukti Sanghatana Family
Counselling Centre**

Nagri Aarogya Kendra
Karyalaydwara,
Old Setu Office, 1st Floor,
Inside M.S.E.B Office, Sector 1,
Vashi, Navi Mumbai- 400703
Mob.: 7506427973
Email: smsfcc.v@gmail.com
Website: www.streemuktisanghatana.org

Aasra

Mob.: 9820466726

Email: aasrahelpline@yahoo.com

Website: www.aasra.info

Swadhar Kendra Gore Smaarak Trust

Keshav Gore Smarak Trust,
Aarey Road,

Near A. B. Goregaokar School,
Goregaon (West), Mumbai- 400104

Mob.: 7045996663

Email: swadhargoregaon@gmail.com

Website: www.swadhar.com/home/

Maitra Helpline

Shri Ganesh Darshan, 9th Floor,
IPH, L.B.S Marg,
Opp. Maharashtra Plywood Centre,
Hari Niwas Circle, Naupada,
Thane (West) - 400602
Tel.: 022- 25385447 / 25433270 /
25428183

Email: iph@healthymind.org

Sakhya- Women Guidance Cell

Silver Smriti, 1st Floor,
Kalamb Road, Police Chauki Marg,
Nirmal Nallasopara (West),
Taluka- Vasai,

District- Palghar- 410304

Mob: 09890312402

Email: sakhya_87@rediffmail.com

Website: www.sakhyawgc.org

DELHI**Jagori**

B-114, Shivalik, Malviye Nagar,
New Delhi- 110017

Tel.: 011- 26691219/26691220

Mob.: 08800996640

Email: jagori@jagori.org

Website: www.jagori.org

TARSHI

C-29, Basement, East of Kailash,
New Delhi- 110065

Tel.: 011- 26324023/24/25

Email: tarshiweb@tarshi.net

Website: www.tarshi.net

Rahi Foundation

I-1804, 2nd Floor, Chitaranjan Park,
New Delhi- 110019

Tel.: 011- 41607055

Email: rahifoundation@gmail.com

Website: www.rahifoundation.org

Action India

5/27 A, Jangpura B,
Behind Rajdoot Hotel,
New Delhi- 110014

Tel.: 011- 24377470/ 24374785

Email: actionindia1976@gmail.com

Website: www.action-india.org

Shakti Shalini

6/30 B, Lower Ground Floor,
Kargil Park Lane,
Jangpura B, New Delhi- 110014
Tel.: 011- 24372437
Mob: 011- 24373737 /
07838957810 / 9654462722
(Helpline Monday to Friday -
10 am to 6 pm)
Email: shaktishalini87@gmail.com
Website: www.shaktishalini.org

VADODARA**Olakh (A Space for women:
A Feminist Documentation
Resource and Counselling Centre)**

8 A, Nivruti Colony,
Opp. Jilla Talim Bhavan,
Near Viroc Hospital,
Arya Kanya Vidyalyaya Road,
Karelibaug, Vadodara- 390018
Mob.: 0982431129
Email: olakh.space@gmail.com
Website: www.olakh.org.in

PUNE**Asha Sanstha (Action for Self
Reliance Hope & Awareness)**

Office no. 4/5, Monisha Apartment,
Survey No. 1170,
Opp. Mahalaxmi Market,
Shanipar Chowk, Pune- 411002
Tel.: 020 - 24484535
Mob.: 9421016006
Email: ngoasha@gmail.com

Nari Samata Manch

473, Sawali, Sadashiv Peth,
Deshmukh and Company Building,
Opp. Tilak Road, Pune - 411030
Tel.: 020- 24494652 / 24473116
Mob: 9766103458
Email: narisamata@gmail.com
Website: www.narisamatamanch.org

Swadhar IDWC

Flat No. 30, Dhan-Shree Apt.,
Opp. Chittaranjan Vatika,
Model Colony, Shivaji Nagar,
Pune- 411005
Tel.: 020- 25658600
Email: contact@swadharpune.org,
swadhar@rediffmail.com
Website: www.swadharpune.org/
index.php

Maher

Survey No. 1295, Vadhu Budruk,
Near Bhima Koregaon,
Taluka- Shirur, Pune- 412216
Mob: 9011086134/31
Email: maherpune@gmail.com /
maher@maherashram.org
Website: www.maherashram.org

**MASUM (MahilaSarvangeen
Utkarsh Mandal)**

Mahalsakant Society,
Kodit Naka, Sasvad,
Taluka- Purander, District: Pune
Tel.: 02115- 222969
Mob: 9764560750
Email: masum.puneindia@gmail.com
Website: www.masum-india.org.in/
index.html

Chaitanya Mahila Mandal

Nageshwar Nagar, Dehu Fata,
Pune-Nashik Road, Pune Moshi,
Next to Mahuli Vadewale,
Pune- 412105
Mob: 8411004180 / 9422004152
Email: jyoti.pathania@cmmmpune.org
Website: www.cmmmpune.org

Shramik Mahila Morcha

101, Shivaji Nagar,
Near Mangala Cinema,
Pune- 411005
Mob: 09422530186 / 8308399441
Email: medhamthatte@yahoo.co.in

GUJARAT/ KUTCH

Kutch Mahila Vikas Sangathana
16- Yogeshwar, Ghanshyam Nagar,
Near Gymkhana,
Bhuj Kutch- 370001, Gujarat
Tel.: 02832- 222124/223311
Mob.: 991339124 - Hello Sakhi
Email: kmvskutch@gmail.com
Website: www.kmvs.org.in

Centre for Social Justice

C-106, Royal Chinmay,
Opp. IOC Petrol Pump,
Off Judges Bungalow Road,
Bodakdev, Ahmedabad,
Gujarat- 380 054
Tel.: 079- 26854248
Email: socialjust@gmail.com
Website: www.centreforsocialjustice.net

JAIPUR

Vishakhawe - Mahila Shiksha avemShodh Samiti

Flat no. 106, Naman Residency II,
Krishna Sagar,
Near Patraakar Colony,
Mansarover, Jaipur- 302 020,
Rajasthan
Tel.: 0141- 2980614/ 4455100
Mob.: 07425018111
Email: khanshabz@gmail.com
Website: www.vishakhawe.org

BANGALORE

Vimochana

33/1-9, 4th Cross,
Thyagaraj Layout,
Jaibharath Nagar,
Maruthi Sevanagar,
Bangalore- 560 033, Karnataka
Tel.: 080- 25492781/82/83
Email: vimochana79@gmail.com
Website: www.vimochana.co.in

KOLKATA

Swayam

9/2 B, Deodar Street,
Kolkata- 700 019
Tel.: 033-24863367/ 3368/3357
Email: swayam@swayam.info
Website: www.swayam.info

MADHYA PRADESH

Sangini- Gender Resource Centre

A/4, Jai Bhavani Phase 2,

Rohit Nagar,

Bhopal- 462 039

Tel.: 0755- 4926158/ 9424477290

Email: info@sangini.org.in

Website: www.sangini.org.in

Jan Sahas

40/2, Civil Line, Dewas,

Madhya Pradesh- 455 001

Tel.: 7272- 408090

Email: jansahas@gmail.com

Website: www.jansahas.org

UTTAR PRADESH

Humsafar (Support Centre for Women)

C-80, Flat no.2, Sector A,

Mahanagar, Near Chanilal Chowk,

Lucknow, Uttar Pradesh- 226 006

Tel.: 0522- 2205215/ 4062119

Email: humsafar25mov@gmail.com

Website: www.humsafarindia.org

AALI (Association for Advocacy and Legal Initiatives)

407, Dr. Baijnath Road,

New Hyderabad Colony,

Near New Hyderabad Post Office,

Lucknow, Uttar Pradesh- 226 007

Tel.: 522- 2782060

Email: aali@aalilegal.org

Website: www.aalilegal.org

Dilaasa

In the year 2000, with the support of CEHAT (a research centre of Anusandhan Trust working towards ensuring health rights to marginalised communities), the Mumbai Municipal Corporation started the “Dilaasa” OPD at K.B. Bhabha hospital. Dilaasa was the first hospital-based crisis intervention centre in India for responding to violence against women and children.

Violence results in many physical and emotional health complaints. When women come to the hospital for treatment, they come in contact with health professionals. This helps in early identification of women facing violence, and she can receive support at an early stage of violence. Even if the woman’s mobility is restricted (by her family members, partner, etc.) she is at least allowed to go to the hospital if she is ill, or for her children if they are ill; the woman is hence able to access the hospital. Women can easily reach the Dilaasa centre as it is in the OPD department of hospital.

Everyone has the right to live in a violence-free society. No one has the right to inflict violence on another person. These are the main messages Dilaasa strives to give. Experienced counsellors are hired in Dilaasa centres to counsel woman facing violence and to provide support in difficult situations. The following services are provided in Dilaasa;

- Counselling in a safe space
- Making women facing violence aware of their rights
- Support in filing complaints in the court and to the police
- Legal counselling
- Providing emergency shelters in the hospital
- Connecting women to other organization for further support

Till now, more than 4000 women have sought support from Dilaasa centres.



CEHAT (Centre for Enquiry into Health and Allied Themes) is the research centre of Anusandhan Trust. CEHAT was established in the year 1994 for carrying out health-related research and social work. These activities are carried out in order to strengthen the belief that health and healthcare is aright of the people. Since 1994, CEHAT has undertaken more than forty-five projects on important aspects of health such as health care and its economics, health-related laws and ethics, patient's rights, women's health issues, and violence and health.

