

Responding to Violence Against Women and Children during COVID-19

Guidelines for Crisis Intervention Services



Centre for Enquiry into
Health and Allied Themes
(CEHAT), Mumbai

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Introduction

The global prevalence of violence against women (VAW) was high before the coronavirus outbreak, with one in every three women being exposed to physical/ sexual violence¹. There are reports of growing violence against women during the COVID-19 pandemic in many countries, including the United Kingdom, Germany, Brazil, and the United States of America. According to one report, the number of domestic violence cases reported to a police station in Jingzhou, a city in Hubei Province, tripled in February 2020, compared to the same period in the previous year.² In India, reports of increasing violence against women have come from government sources such as the National Commission for Women (NCW) as well as Childline.³

Pandemics make it even more difficult for women to access health services due to gender norms, socioeconomic status, caste, class, religion, disability and sexual orientation. Large-scale measures to deal with COVID-19 such as lockdowns and restrictions on mobility have aggravated financial hardships, uncertainties and increased the burden of housework and care on women in households. These have been considered risk factors for VAW. Recognising the increasing reports of VAW, United Nations (UN) agencies have termed VAW a shadow pandemic.⁴

¹World Health Organization. (2013). Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence. Geneva: World Health Organization.

²World Health Organization. (March 26, 2020). COVID-19 and Violence against women; What the health sector/ health system can do. Accessed from <https://www.who.int/reproductivehealth/publications/emergencies/COVID-19-VAW-full-text.pdf?ua=1>

³The Economic Times. (April 17, 2020). India witnesses steep rise in VAW amidst the lockdown, 587 complaints received: NCW Accessed from <https://economictimes.indiatimes.com/news/politics-and-nation/india-witnesses-steep-rise-in-crime-against-women-amid-lockdown-587-complaints-received-ncw/articleshow/75201412.cms>

⁴UN Women. (2020). COVID-19 and ending Violence against women and girls - A brief. Accessed from <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/issue-brief-covid-19-and-ending-violence-against-women-and-girls-en.pdf?la=en&vs=5006>

The UN General Secretary has urged all governments to make prevention and redressal of violence against women a key part of their national response to COVID-19. It is pertinent for governments across the globe to initiate a series of actions. The following actions have been recommended for governments across the world -

- Allocate additional resources and include evidence-based measures to respond to violence against women and girls during COVID-19.
- Strengthen services for women experiencing violence during COVID-19 and integrate these so they can be accessed discreetly.
- Build capacity of key services to prevent impunity and improve quality of response to VAW.
- Put women at the centre of policy change, solutions, and recovery.
- Ensure sex-disaggregated data is collected to understand the impact of COVID-19 on VAW and inform future response.⁵

The Ministry of Health and Family Welfare (MoHFW) and the Ministry of Women and Child Development (MWCD) have taken steps in this direction. While the MoHFW has, in its directive, stated that VAW services are essential services that must be provided in health settings, MCWD declared its helpline and one-stop crisis (OSCs) centres as essential services that will be operational during the lockdown period.⁶

GOI Directive issued to all states in India

The MoHFW in its guidance note for enabling delivery of essential health services during this outbreak states, *"Services to victims of sexual and physical violence should be ensured as per protocols. Information about support services under social welfare department, NGOs, one-stop crisis (OSC) centres and helplines should be provided to the survivor."*

⁵UN news. (April 6, 2020). UN backs global action to end VAW and Girls amid COVID-19 crisis. Accessed from <https://news.un.org/en/story/2020/04/1061132>

⁶Ministry of Health and Family Welfare. (April 13, 2020). Enabling delivery of essential health services during the COVID-19 outbreak: Guidance note. Accessed from <https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated0411201.pdf>

Including medical care and support services for survivors of violence as part of essential services in the light of a shadow pandemic is a welcome public health response.

In keeping with the continued need, now more than ever, to provide support and services to survivors of VAW, this document details specific guidelines for crisis intervention during COVID-19. These are developed from a broad perspective to aid professionals from different backgrounds, who may be responding to VAW. They can use these to assess the ground-level situation and adapt their services to the context of COVID-19 and the nation-wide lockdown.

WHO indicated actions⁷:

- Essential services to address VAW in preparedness and response plans for COVID-19, and identify ways to make them accessible in the context of social distancing measures.
- Health facilities to identify information about services available locally (e.g. hotlines, shelters, rape crisis centres, counselling) for survivors and establish referral linkages (or in this case crisis intervention services to do this to refer to all other services).
- Health care providers need to be aware of the risks and health consequences of VAW and have the skills to support.
- Community members should be made aware of the increased risk, the need to keep in touch, and to have information about where help for survivors is available. They should be aware it is important to ensure that it is safe to connect with women when the abuser is present in the home.

Recommendations from other organisations beyond the health sector include:

- Ensure sufficient shelter space is available and do not repurpose this for COVID-19 care. If necessary, increase shelter space, such as repurposing hotels.
- Ensure information about VAW services can reach women in lock-down situations.

⁷World Health Organization. (April 7, 2020). COVID19 and Violence against women; What the health sector/ health system can do. Accessed from <https://apps.who.int/iris/bitstream/handle/10665/331699/WHO-SRH-20.04-eng.pdf?ua=1>

Objectives of the Guidelines

- To assist counsellors/ social workers based in hospitals, one stop centres, family counselling centres or in communities to provide psychosocial support as well as telephonic counselling for survivors of VAW in times of COVID-19 and lockdown.
- To provide practical crisis intervention strategies to deal with VAW, as well as other related concerns among women in times of lockdown as well as post-lockdown.
- To aid in delivering comprehensive services by ensuring effective liaisoning between police, child welfare committees, community-based organisations, among others.

Guidelines for Crisis Intervention

I) Recognising crisis centres as part of essential services

Specific steps to be taken by the administration towards protection of team and enabling provision of these services

1. Provision of reliable and safe transport facilities for teams engaged in responding to VAW.
2. Provision of protective gears such as face masks, hand sanitisers.
3. Provision of identity cards to enable them to travel in case they need to accompany women to police stations, shelter homes, hospitals and courts.

II) Preparing the team and adopting safe work practices

1. Create awareness about preventing infection by washing hands with soap and water and refraining from touching the eyes, nose and mouth.
2. Ensure that they maintain minimum three feet distance between oneself and another person (they could be providers, patients, women accessing services, amongst others).
3. Inform the unit in-charge in case one is unwell. If symptoms persist, seek medical attention and advice immediately and try to physically isolate from others at home. Coordinate with colleagues who can step-in for service provision.

4. Develop flexible work plans in consultation with those in-charge of the centres. The team must have flexibility related to attendance for team members who are pregnant and those with an existing medical condition. In such cases, allocate activities such as working remotely for those team members. Activities such as updating resource directory by making phone calls and coordination for other services can be assigned to them.
5. Develop flexible plans within the team by taking turns to manage services. For example, if the centres have a staff of four, a team of two could be available each day through the work week.
6. Inform survivors about preventive measures like physical distancing and use of masks while offering counselling services.

III) Strategies to be adopted for crisis intervention services during lockdown

1. Enquire what prompted a woman to reach the crisis centre or call the helpline. Assess her immediate needs.
2. Carry out a safety assessment to determine if she is safe at home or needs a referral to shelter service.
3. If the woman wishes to go home, the following messages can be discussed with her to keep herself physically safe-
 - Assess if she has access to a mobile phone and can reach out to a friend, family member or neighbour to stay emotionally connected with them, besides helplines. She can ask them to call her regularly to check on her well-being.
 - Discuss with her that violence cannot be justified under any circumstances.
 - Suggest the possibility of involving another family member to intervene in case there is an increase in physical abuse and stop such behaviour. Encourage the woman to speak about violence with a trusted neighbour who can intervene.
 - In case of severity of violence, explain to her about the 103 police number, which when contacted reaches the residence of the woman quickly and intervenes in the matter. Also inform her about the 100-helpline started by the Government of Maharashtra. Many states have such provisions.

- Provide her with the 24x7 helpline number so that she can seek support on the phone because she cannot leave the house during lockdown.
- Recommend that she leave the house and go to the nearest police personnel/ station to record a complaint in case of severe violence.
- Make all arrangements for the woman to reach the shelter or her relatives' place smoothly by coordinating with the police in case she decides to stay in a shelter home.
- Draw up a list of shelter homes taking in women during the lockdown period for smooth referrals. Ensure that these places are trustworthy.
- Establish contacts with Child Welfare Committee (CWC) members and be aware of their protocol during lockdown. This will enable making smooth referrals in case there is a child in need of care and protection and requires to be housed in an institution.

Reiterate messages related to prevention of COVID-19

- ❖ Suggest wearing a mask at all times when leaving the home.
- ❖ Maintain a two metre or six feet distance from others while going out.
- ❖ Ensure using soap to wash hands thoroughly before preparing food, before eating food, after entering the house from outside and after using the lavatory.
- ❖ Encourage seeking medical attention if experiencing any discomfort in the form of body ache, fever, difficulty in breathing.
- ❖ Reiterate that no one should be discriminated against if they are found to be COVID positive and inform that it is a treatable disease.

- Assess for suicide ideation and thoughts, including how frequent the thoughts are and how serious the intent is. If you feel that the risk is high, ask if you could call a close friend or family to reach out to her. Get permission for checking with her again. If the thoughts are infrequent and you think the risk is not high, then emphasise that

sometimes things seem quite hopeless. However, these thoughts are often transient and can change once her circumstances are different or she gets support.

- Help her to replace those thoughts and cope with the difficult situation by allowing her to ventilate, manage her emotions better and immediate problem solving.
- Provide her with ways of replacing those thoughts actively by reaching out to a helpline or a loved one. Explain to her that no situation is worth taking away life. Create hope.

IV) Dealing with unsafe sex, forced sex and denial of contraceptives

1. Discuss with the woman about safe sexual practices to avoid unwanted pregnancies and infections. Encourage her to ask questions so that a better assessment can be carried out.
2. If the spouse/ partner neither allows the woman to use a contraceptive nor uses it himself, brief the woman to speak to him about unwanted consequences on health and increased responsibilities in case of unwanted pregnancies.
3. In case of an unwanted pregnancy and need for medical termination of pregnancy (MTP), facilitate access to services. This may require coordination with a hospital and being informed about procedures for MTP.
4. If the survivor requires contraceptives, coordinate with a health centre/ hospital/ front line community health workers to provide contraceptives.

Access to Sexual and Reproductive Health Services

- ❖ Given that public hospitals may be declared as COVID-19 dedicated facilities, antenatal care (ANC) services, post-natal care (PNC) services, and institutional deliveries may be affected.
- ❖ Update information on whether the services of the hospital are functional or have been temporarily stalled. Ascertain health facilities, dispensaries, urban health centres where ANC/ PNC, contraceptives, delivery, MTP services are available.
- ❖ Coordinate referrals for pregnant women with the help of ambulances/ transport facilities with the hospital authorities.

- ❖ Connect with organisations providing telephonic medical support for pregnant and lactating women.

V) Speaking to abusers in case a woman asks a counsellor to do so

1. Help spouse/ husband recognize the burden borne by the woman in the current scenario.
2. Consider discussion with him on safe sex practices with the consent of his partner. Access to contraceptives may be a challenge, so he should act responsibly. Convey to the partner to be sensitive to the hardships and recognize that she may not have desire for sex and so not to force or coerce her for sexual intercourse.
3. Reiterate the need for physical distancing and looking after the overall health of the family to prevent coronavirus. Also encourage him to share housework.
4. Communicate that mutually respectful, equal and violence free relationships between men and women are the basis of good health and well-being.
5. Emphasise that violence is never acceptable.

VI) Medicolegal care for rape survivors

1. MoHFW has declared medicolegal care for rape survivors as an essential health service.
2. Ensure prompt services and coordinate with a hospital in case a rape survivor and her family reach your centre.
3. Ensure that examination and care are prioritised for rape survivors and discuss with health authorities that rape is a medicolegal emergency. Prepare the survivor for a wait period, given that health providers may be busy with COVID-19 duties and assure her that she will be cared for.
4. Demystify medical, police and legal procedures to rape survivors and families to make the survivor comfortable with the medicolegal procedures in the hospital.
5. Ensure procedures for rape care are followed at the hospital as per MoHFW medicolegal care for rape guidelines and protocol, 2013.

Women Survivors detected with COVID-19 infection

Stigma related to COVID-19 is rife leading to community seclusion and stigma. Survivors of violence, if detected with COVID, may be at an even greater risk of abuse, blame, isolation and desertion. If such a woman reaches the centre or a counsellor is called at a facility to provide her with emotional support

- ❖ Assure her of complete trust and belief in her. Enable her to unburden her thoughts and feelings both about the infection and about violence.
- ❖ Assess if she needs a quarantine facility and explain to her about the dos and don'ts during this period. Assurance of receiving timely medical help and emotional support can help build her confidence. Share positive examples of people who have overcome COVID infection with support.
- ❖ Help her plan what she should do post-recovery and explore options for residence. If none are available collaborate with shelter homes for provision of shelter. Explain in advance that the survivor has recovered from COVID-19, that she has a medical certificate that she has recovered. Communicate to the shelter home about ensuring that the woman is not stigmatised further during her stay and ensure confidentiality related to her past COVID status.

VII) Dealing with financial instability and connecting with resources

1. Assess the effect of lockdown on the financial conditions of the household due to loss of income and wages.
2. Keep a list of organisations providing relief packages so that she can avail of those facilities. Ensure that the sources are reliable and ensure that women do not make futile visits. It is useful to contact them and connect the women to those resources.
3. Stay connected with NGOs and CBOs in the communities for effective referrals for women to garner support to prevent abuse when she goes back home.
4. Share information about PDS availability and what can be done if survivors do not have a ration card and connect them to organisations engaged in relief work.

VIII) Telephonic support services to survivors of VAW

1. As women are unable to get out of their homes, a useful strategy is proactively contacting women who have sought your support services in the past.
2. Contact women only through the documented safe number in office records. Be aware that all the members of the family will be home including those abusing her. ***Do not initiate a conversation with questions such as "Are you facing violence?"***.
3. Initiate casual conversation by stating that the centre seeks to contact all women to assess their health and well-being. Discuss her health and whether there are any other needs such as relief or any services she would like to avail herself of. Coordinate with agencies that provide these services so that she can access them without hassles.
4. Be aware of her tone and whether she is able to speak freely. Attentive listening is the highlight of these calls as you cannot see the caller. Hence attention to detail is most useful.
5. If she responds by disclosing the violence she had to suffer, initiate a safety assessment as listed in Sec III - Sec V of these guidelines.

IX) Women with disabilities⁸

1. Women and girls living with disabilities in India face challenges with access to health care, access to employment as well as education. The pandemic is likely to obstruct even the limited access they have. Carers may be overburdened with other household duties leading to neglect of persons with disabilities. Persons with access to assistants may face challenges with physical distancing measures because they are in proximity for daily activities like bathing and so on.
2. It is crucial to create awareness on services and set up accessible helplines, short message services and WhatsApp messages - written as well as voice over and expand economic and social safety nets.

⁸United Nations Human Rights. (April 29, 2020). COVID-19 and the rights of persons with disabilities: Guidance. Accessed from https://www.ohchr.org/Documents/Issues/Disability/COVID-19_and_The_Rights_of_Persons_with_Disabilities.pdf

3. If women with disabilities contact counsellors, it is important to validate their feelings and enable them to disclose without fear of being judged. Connecting them with support groups and individuals using different media and people experiencing diverse disabilities may help deal with feelings of isolation.
4. Practical support may be required, for example, access to contraceptive services and connecting people with disabilities to appropriate resources.

X) Solidarity with other care providers

1. Reach out to Health care providers (HCP) and assess the nature of support you can provide in case counselling centres are in health settings.
2. Recognize the increased load on the health staff, especially women health workers.
3. Reach out to the hospital authorities and staff for any additional responsibilities. In doing so, a certain time slot could be offered by the team to assist them in their work.

XI) Integrating VAW awareness in COVID19 outreach programmes:

1. Equip and Train ASHA/ USHA/ ANM (front line health workers) as well as Anganwadi workers to package messages on VAW during COVID-19 and lockdown.
2. Create and disseminate IEC materials for women to access services for preventing VAW at the level of community.

XII) Taking care of oneself

1. Acknowledge the difficult circumstances in which the work is being carried out.
2. Do not hesitate to debrief at the end of each day with a colleague/ supervisor to discuss your workday and how you are feeling at the end of the day.
3. Reach out to your team members if you are feeling overwhelmed and develop flexible work plans.
4. Remember that your services are extremely valuable for women and children.
5. Practice healthy eating habits to maintain immunity and physical health.

6. Implement preventive steps such as frequent handwashing, use of masks and physical distancing in the course of your work.

XIII) Documentation

1. Documentation can be an important resource to create evidence on the nature of violence during the ongoing pandemic, its forms and consequences as well as types of support made available. Documentation should be maintained for both face to face counselling as well as telephonic support offered to women.
2. Evidence from the documentation should be presented in an aggregate manner by removing identifiable information in keeping with ethical handling of information shared by women facing violence.

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Centre for Enquiry Into Health And Allied Themes

CEHAT is the research centre of Anusandhan Trust, conducting research, action, service and advocacy on a variety of public health issues. Socially relevant and rigorous academic health research and action at CEHAT is for the well-being of the disadvantaged masses, for strengthening people's health movements and for realizing the right to health care. CEHAT's objectives are to undertake socially relevant research and advocacy projects on various socio-political aspects of health; establish direct services and programmes to demonstrate how health services can be made accessible equitably and ethically; disseminate information through database and relevant publications, supported by a well-stocked and specialised library and a documentation centre.

CEHAT's projects are based on its ideological commitments and priorities, and are focused on four broad themes, (1) Health Services and Financing (2) Health Legislation, and Patients' Rights, (3) Women and Health, (4) Violence and Health.