

DOMESTIC VIOLENCE - A HEALTH CARE ISSUE

TRAINING MODULE FOR SENSITISATION OF
HOSPITAL STAFF

Developed By Core group of Trainers
at K B Bhabha Hospital, Bandra (W).



Dilaasa - Crisis Centre for Women

A joint initiative of the Public Health Department -
K.B. Bhabha Hospital, Bandra (W) and
Centre for enquiry into health and allied themes (CEHAT),
research centre of Anusandhan Trust

DOMESTIC VIOLENCE - A HEALTH CARE ISSUE



Dilaasa – Crisis Centre for Women
K.B. Bhabha Hospital,
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Mumbai.



Centre for Enquiry into Health and
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Core group of Key trainers:

- ❖ Bharti Bapat - Librarian
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- ❖ Minal Sule - Psychologist
- ❖ Pallavi Chiplunkar - Doctor
- ❖ Saraswati Khade - Sister in charge
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- ❖ Vikas Gharat - Medical Record Officer

Acknowledgement:

The module presented here has been developed by the core group of key trainers at Bhabha Hospital, Bandra. Ms Minal Sule, member of the core group and the *Dilaasa* team have documented it. This has been used for training of more than 25 groups of hospital staff from different categories.

We would like to thank Ms Manisha Gupte for her guidance in the development of this module.

***Dilaasa* team:**

- Dr Seema Malik - Project Director
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DOMESTIC VIOLENCE: A HEALTH CARE ISSUE

Time allotted: 12.00 a.m. to 4.00 p.m.

OBJECTIVES:

- To create awareness about domestic violence as a health care issue.
- To sensitise the staff to improve their response to help woman victims who face violence.
- To create awareness about *Dilaasa* as a hospital based project.

TRAINING TIPS:

1. Trainer should circulate the paper, pen required for interactive activities at the time of the activity.
2. The hierarchy should be dissolved by intermixing different grades of staff in the sitting arrangement.
3. The group of participants should be preferably asked to sit in wide circle.
4. Trainer should avoid negating the participants views instead give introspection on the myths associated with views if any.
5. Also answer questions briefly and avoid getting stuck on one question or topic.
6. Keep eye contact with the participants and try to motivate the less vocal participants for interaction and pay equal attention to all participants.
7. Logistics arrangement like place, food essential stationary should be checked in advance.

INTRODUCTION:

To begin the session the trainer should have a round of introduction of the participants stating their name, designation, department, number of years of experience and one quality of oneself, which they see as their strength. (Time: 15 min.)

After the round of introduction is over, the trainer should then bring out the fact that we have so many strengths in our group and we are to see how fruitfully we make use of these strengths in today's training session.

All may not be aware about training sessions being conducted by *Dilaasa*. So a short introduction to *Dilaasa* could be made. *Dilaasa* is newly started in our hospital to help the woman facing domestic violence. It is based opposite casualty, next to the surgical ward. It is department Number 101 of the hospital.

All of you see women coming to the hospital presenting with different kinds of physical and psychological complaints. Many of these complaints could actually be arising from domestic violence. She may either come to the casualty or one of the outpatient departments. If we are able to identify the victim of violence during the brief or long interaction that we have with her, we could help her.

Let us look at some common happenings in the hospital –

1. A woman patient comes to the hospital at night to casualty with history of temperature since ten days and reaction from the casualty doctor may be something like,
'दस दिन से बुखार है अब तक क्या सोइ थी?'
2. If the patient comes in the morning after the registration time is over the R.A. says,
'डॉक्टर का घर समझता है।'
3. Another incident from the medical OPD where a patient comes, with chronic complaints of body ache, headache and the doctor says,
'बार बार गोली खाने की आदत पड़ गई है वहम हो गया है PSY. में भेज देता है।'
4. Another event happening in the labour ward may be some thing like, a woman in labour pain is crying and shouting in pain and some sister or ayahbai says,
'तब मजा आया ना अब क्यो चिल्लाती है, चिल्लाओं मत तू क्या तेरा बच्चा मर जाएगा।'

5. In pharmacy patient goes to take medicine and as she is in pain and no one noticed the wound on her wrist, she is not attentive to the dosage explained by the pharmacist, someone there makes a comment,

‘समझता नहीं क्या PSY में जाकर दिमाग का तपास कर लो।’

These are common happenings in our hospital. Would anyone like to add any more examples? In all of these examples what did you see happening? Do you see any violence inflicted in these examples?

When a patient comes to the hospital staff for help, be it the registration assistant, doctors, nurses, ward boys, ayahbais, pharmacy staff or other paramedics and administrative staff, he/she is at their mercy. She needs treatment for her ailment and therefore cannot answer back or question. It is essential for us to remember that we are here in the role of a healer, provider and whatever be our personal frustrations, we are here to deliver service to the public. This service is the patient's basic right and by being less than polite, we are actually violating the patient's basic right. With this the service provided is less than complete as with such interaction the patient who is the receiver gets inhibited and avoids asking for help or doesn't open up. How then will a woman who has faced violence communicate the traumatic experience of her life and the help she needs to the health care provider, who is an outsider and also is not adequately sensitive to her need.

If we look through all of these events we see the hospital staff having the power and patient being at their mercy. So what you see happening here was, one who has the power is seen to inflict violence on the less powerful individual, knowing the weaker one cannot retaliate. Here the violence was in the form of verbal expression. Can we then define violence? Ask the participants to share what they feel is violence. Violence is a systematic use of force or power by stronger person on the weaker one to have a control over him/her. Violence thus is an act committed to put down someone, to silence that person, to keep someone under control and it is carried out with the intention to hurt or humiliate the other person. The violated person loses self-confidence and feels helpless and lonely. Violence breaks the spirit of the victim. The person begins to hate her/himself and even begins to think that she/he deserved the violence. This is true of people who get tortured as well as with women who live in violent homes.

SESSION II

INSTRUCTIONS FOR THE EXERCISE:

Let us split the group into three sub-groups, by each one of you counting 1-2-3. Each group would be given a case study, which you are expected to discuss amongst your group. One of you may read out the case study to their respective group. Each group is expected to answer following questions. You are to discuss the case study and one of each group may note down the responses of the group given to the following two questions.

Later one representative of each group may share the responses on their respective case studies with the group.

Questions for each group:

1. Identify the acts of violence in the case study and list them on the paper.
2. Who inflicted violence, on whom? (Time allotted for the exercise: 15 min.)

CASE-STUDY 1

Sunil is an intelligent and smart man. That day his boss shouted at him without any reason. His boss is otherwise quite nice to him but that day he abused him in front of many other staff members. Sunil was very upset with this and could not concentrate on his work at all. On his way back home, he realised that he had to buy his monthly railway pass. He stood in the long queue. When he reached the counter, the man at the ticket window asked him to produce 'change'. Sunil did not have it so the man shouted at him and asked him to stand aside and wait till he (the clerk) gets 'change'. Sunil felt humiliated but could not do anything. He went to a nearby stall and got 'change' and stood in the queue again. When he reached home, his wife was not at home and so he had to make tea for himself. After his wife returned he shouted at her and slapped her too.

The children watched this quietly. Their mother was very upset and did not have any food. After dinner, she was helping them out with their homework, when her son made a silly mistake in mathematics. She gave him a slap. The child went to bed crying.

CASE-STUDY 2

Sama is a 20 year old woman. She lives with her mother and two sisters in the village. Her father works in the railway and lives in Mumbai. Every month he used to send them some money. Since the last year this money has also become infrequent and the last six months he hasn't sent them any money. Finally the mother and the daughters came to Mumbai. As the father had a railway quarters they decided to live there.

Sama's father did not give the mother and the daughters any money. All the material in the kitchen used to be under lock and key. Whether anything should be cooked or not would also be decided by the father. For days together there would be no food at home. Sama's father had an affair with another woman and often he used to stay back with her. Whenever he was at home he would shout at the mother and bash her up.

The last month Sama brought her mother thrice to the hospital for admission. She could not tolerate these things and the day before she tried to consume Baygon and take her life.

CASE-STUDY 3

Shobha is a 30 year old married woman with two daughters and one son. She works as teacher and her husband Ramesh works in a company. Ramesh is lazy and an idler. He was not interested in work and spent most of his time chit chatting. His behaviour brings a lot of criticism from his seniors. The same thing happened the other day. His boss warned him in the presence of his other colleagues that if he doesn't concentrate on his work, he will lose his job.

As soon as Ramesh came home, his father asked him about the pension work which he was supposed to have done. Ramesh had again not done it. His father got angry with him and shouted at him. Ramesh wanted to tell his father that the date for submission of pension papers was postponed. During meals, he realized that the food lacked salt and he was angry . He bashed up Shobha.

That night he pulled Shobha close and apologized to her saying that he had a lot of tension and therefore lost control over his anger and beat her up. Shobha kept quiet as it was a regular phenomenon and she had bodyache. Against her wishes he had sexual relations with her at night.

After the sharing the trainer should summarize the sharing and draw the participants' attention to different types of violence that came forth from the list of violence and the dynamics of power relations involved in it.

As we can see from the sharing that violence can take different forms.

1. Physical abuse:

It may be in the form of physical abuse such as pushing, pinching, slapping biting, kicking or choking. It can also include throwing objects or using weapons resulting into serious injuries.

2. Sexual abuse:

In another type it could be a sexual abuse which means forcing the partner in any type of sexual activity against her wish.

3. Psychological abuse:

It can also include verbal abuse, and refers to inflicting emotional pain and suffering by doing things to control or humiliate the persons. It may be in the form of verbal attacks, repeated accusation of infidelity, threats of suicide, control over her social interaction like isolating her from friends or relatives or threats to harm the person's loved ones.

4. Economic abuse:

It refers to the person having no control over family's money, denial of the right to take any decisions related to finances or refusal of money for personal use.

Coming to second question, who inflicted violence on whom?

We can see that it is the weaker and the powerless that are violated by the one who has the power. Eg.; when the man is angry, do you see him slapping the boss, or the person at the ticket window who made him angry. No, it is the wife who was beaten by the husband, it is the mother who bashed the child who was power less, and so it is the power relations that work in it. It were the women and children who have been violated.

And why did this happen? Because of the power which traditionally lies with the man and puts the woman in a vulnerable position. So what makes the woman's position vulnerable? As we know woman has no rights over property, her domestic work is considered as non-productive, the name that is carried forward is that of a father, son is considered a breadwinner and girl is the homemaker.

To take an example let us close our eyes for two minutes and give a thought, if we were to remember our ancestor's names, whose name do we remember, is it the mother's- mother's- mother's name, or is it the father's-father's – father's name? Of course, we seem to remember the

name of our father's ancestor's, more frequently. So much ingrained is patriarchy in all of us. Patriarchy means the rule of the father or the male member of the household, it is he who controls all economic and property resources and makes all the major decisions of the family thereby maintains an ongoing control over all members of the family.

Patriarchy is perpetuated through the existing socio-cultural and religious practices, and woman is seen to represent a symbol of a particular culture. Can we identify from a man's dressing up, which culture does he belong to? No, but we can certainly recognise the culture from the way a woman dresses. From the childhood a boy and girl are brought up differently, including the overt social norms of dressing and behaviour. Why do we see this difference? If a newborn baby is wrapped in a piece of cloth do we come to know if it is a boy child or a girl child? Does the sun shine differently on a girl and a boy or do the other representatives of nature take a different form when it comes across a girl and boy. The difference lies only in their biological sex, which is complementary to each other. So where does the difference lie? The difference is in the upbringing. The duality of norms applied to a boy and a girl, gives rise to the discrimination of power with the man and woman. Because a woman gives birth to a child, does it mean that a father loves the baby any less than a mother? Then why is it that a mother / woman gets associated with all soft feelings? Can a man cry freely? Or what do people say about a man who is being helpful to his wife? Don't we see him being labelled as feminine negating his masculinity? So patriarchy seems to be equally bad for a man as it is for a woman. To take another example, cooking which is seen as non-productive work and a woman's domain becomes a man's domain when it is converted into profession, in the form of hotel management courses.

What we see emerging out of this is the gender stereotypes, about who should handle the indoor activities and who should manage the outdoor activities. Women are encouraged and trained to be caring, tolerant, soft and which is expected to be expressed in overt behaviour. Whereas, men are encouraged to choose careers that indicate aspirations, like flying airplanes or displaying aggressive behaviour.

When does a woman enjoy the power? May be when she becomes a mother-in-law, the mother of a son. And whom does she use this power against? It is the daughter-in-law who bears the ill effects of power as she is the weaker person. So again it is the woman who suffers violence. No one has a right to violate another person's basic human rights, be it a man or a woman, and violence cannot be justified on whatever grounds.

further education for economic reasons whose education is sacrificed? It is the girl's. Even when it comes to recreational activities such as swimming or painting classes or library membership, it is the boys who get the better deal.

3. **Adolescence:**

During the adolescence who is seen restricted from staying out late? It is the girl. Boys are allowed to stay out late even after the fall of night. Also we see certain dress code decided for girls. If a girl decided to wear unconventional clothes she is not allowed to do so for the fear of her getting into trouble. Who is responsible for this? Does a girl's unconventional dressing give people a right to misbehave or humiliate her? Where does the fault lie? Is it in the dressing or in the eyes of the beholder? Yes, it is the peoples' attitude that is problematic. Also certain norms of being soft, and tolerant in behaviour are laid for girls where as aggressive behaviour is encouraged in boys.

4. **Adulthood:**

In adulthood violence begins with choosing of marriage partner, where the choice is denied to the girl. If she were to come across a proposal of man who she dislikes, does she have a choice of rejecting? No, even the so called progressive people in some way or the other would pressurize the girl into agreeing if there is an acceptance from the boy's side. After marriage specific dress code like wearing a sari, in a particular way may be imposed inspite of other existing comfortable fashions. Dowry deaths, psychological abuse are commonly seen in all societies. In extreme cases of marital discord if one has to leave the house, who leaves the house? It is the woman. Control over woman's finances is also seen; she has no say in the economic matters of the household. Also if working, the woman income is considered supplementary to the family finances rather than as a part of personality development and self-fulfilment. She does not have any say in how to spend the money.

5. **Death:**

After the death of a woman, who performs the last rites? It is the son or son-in-law not daughter. Throughout her life she is seen to be dependent on a man. During childhood it is the father or brother then during adulthood it may be the husband or father-in-law and during old age it is the son or son-in-law. Woman has no identity of her own which makes her vulnerable to violence.

Because most violence against women occurs from their family members, it is not possible for women to speak about it openly. We are taught since childhood to protect family honor and to not do anything that will give the family a bad name. Often women will protect their husbands in their dying declarations too. We have to question the belief that women have to protect the same family that tortured or killed them. We have to stop using terms such as honour and have to start using the concept of rights. If a woman is raped, we have to realize that her human rights and dignity were violated, not her (or her family's) honour. This change in attitude will help us to start seeing violence against women as a public issue and not a private one. It would also help us to bring out violence from the four walls of the home into the public domain – the hospital, the police station, courts, into women's organisations and so on.

Often people ask us why we only talk of violence against women. They say that women are also capable of violence and that men also can be victims of violence. Certainly this can happen in some situations and we have to be sensitive to any man who has suffered violence – whether it is physical, verbal, emotional or sexual. We in *Dilaasa* have opted to work with violence against women because of several reasons. Firstly, the proportion of violence against women is much higher than that against men. Secondly, women are conditioned not to speak out about domestic violence or rape. This results in these crimes being unrecorded and unquestioned. Thirdly, men have more access to resources such as private doctors and lawyers as compared to the women in their homes – that is why we need to stand by those who don't have this access. Fourthly, even if men as well as women can be capable of acts of violence, the material consequences of this violence are far greater on women than on men. Women live under the threat of being thrown out of the house, of losing custody of their children, of losing social status, of not having the privilege to marry again, of being disinherited by their fathers, brothers, husbands or sons or even of being killed by the family. Fifthly, as long as assets and resources belong to men in society, women are going to be more vulnerable to violence than men. We need to change this system that encourages an imbalance of power between the sexes and which breeds discrimination. One way of doing that is to work with women who have suffered violence in their lives and create confidence in women survivors of violence that it is possible to think of a better life and fate. We plan to do this work in *Dilaasa*.

We shall talk about the role of health care professional after lunch.

SESSION III (POST LUNCH)

The trainer should then ask the participants to divide into three sub groups like the previous session. The trainer then is required to give one case to each group and ask them to a role play. (Time allotted for the discussion: 15 minutes)

1. A 22 years old woman comes to the hospital, repeatedly complaining of body pains.
2. A 25 year old married girl, was brought to the hospital on Saturday night at 1.30 a.m. by two men, as she had consumed rat poison.
3. A 35 year old mother of three was brought to the hospital with burns due to stove blast, accompanied by two neighbouring women.

After 15 minute each group may be asked to enact the role- play with characters including patient's relatives, friend and any of the health care professionals. Also ask the participants to carefully observe the role play and respond and share their reactions at the end of each role-play. After all the three role plays are over the trainer should draw attention of the participants to the emerging role of a health care professionals.

We just saw the three role- plays of 3 cases. These may be seen as either 3 different cases or one case at three different stages - (Body ache - Poisoning - burn) -- of violence, as violence never decreases it always escalates if not dealt with in time. We can stop this escalation if are more sensitive to women. We saw that in all three cases the health care professionals provided all the care to make her physically comfortable however no attention was paid to the emotional aspects Also no probe was made about, who inflicted violence on the patient which could have become a record in the medico-legal-case. No effort was made to make her feel comfortable so that she can share. In such cases many a times the people accompanying her may be actually the abusers, and may take care to be with her all the while so that she doesn't give a police statement which gets the abuser in trouble. Also the woman may think of what could happen if she were to go back home after giving a negative statement. She could also be scared that her children or her loved ones may come to be harmed if does any such thing. Hence bit of assurance needs to be offered by the health care professional, and ask the woman if she needs to talk about violence faced by her, if any. Also in the wards there would surely be some time (once the patient is physically comfortable enough to talk) privacy and confidentiality can be offered by the health professional. A record of the violence needs to be created. The information regarding details of the violence episode needs to be documented. Also the awareness needs to be given that she can make use of the documented medico-legal-case papers for seeking help and justice.

Let's have brainstorming on the various physical and psychological health complaints that women could come with to the hospital because of domestic violence.

1. Physical :

Woman may come with complaints of fracture, injuries, inflammation, abortion and MTP. Besides they come up with rape, eve-teasing, acid burns, unsafe pregnancies, STD's like HIV-AIDS, low birth weight, prolapse uterus, anaemia or poisoning.

2. Psychological:

Psychological manifestations may be seen in the form of depression, hysteria or more severe form of illness like psychosis, post traumatic stress disorder in which she seems to relive the traumatic experience and therefore temporarily loses clarity of thoughts and presents with anxiety depression symptoms or irrelevant talk.

An attitudinal change in the health care professional is essential for helping the woman who faces violence. Help can be offered to avoid further escalation of violence. With a little sensitive talk woman can be made aware of the help available at *Dilaasa*. We will have some more information about *Dilaasa* as joint venture of (CEHAT) Centre for Enquiry into Health and Allied Themes - NGO working on the health care issue, and the Public Health Department - K.B. Bhabha Hospital, Bandra (W) – BMC and the services offered at *Dilaasa*.

Dilaasa is about creating support for women, so that they can speak out. Speaking out is the first step to questioning the violence in one's life. So we have to create an environment where women will speak out. *Dilaasa* provides social and psychological support to women. We speak to women find out what the woman wants. It is important that we listen to what she has to say, of working with her rather than on behalf of her, of not making decisions for her, of not passing judgment on her actions, of ensuring confidentiality, of creating confidence in her about being able to handle her own problems and her life and so on.

It is not possible for a single organization or hospital to handle a multi-dimensional problem such as domestic violence. We would need to establish a strong network with other groups working on this issue – crisis shelters for women, legal support groups, help lines, counseling services, women's organizations, the police and the courts. We would draw support from each other and pool our skills in such a way that women's access to relevant services would be maximized and expedited.

The following services would be offered within *Dilaasa*:

1. Emotional and mental support
2. Legal support
3. Referral to a shelter if required
4. An emergency 24 hour shelter within the hospital



Dilaasa – Crisis Centre for Women

Dilaasa as joint venture of (CEHAT) Centre for enquiry into health and allied themes, research centre of Anusandhan Trust - NGO working on the health care issue, and the Public Health Department - K.B. Bhabha Hospital, Bandra (W) and the services offered at *Dilaasa*.

Dilaasa, in hindi means reassurance. *Dilaasa* is a public hospital based crisis centre for women survivors of domestic violence. It provides social and psychological support to women facing domestic violence.

Training, research and advocacy are other core activities of the centre.

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A joint initiative of the Public Health Department –
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