

# Redressing Violence Against Women in COVID 19

## Experience of Hospital-based Centres in Mumbai, India

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*The pandemic has brought a sharp focus on the issue of domestic violence. Over the last few months while COVID 19 has in general led to deaths and disruption of lives, it has, in particular, been an extraordinarily difficult time for those who have been subject to domestic violence. The experience of Dilaasa, a hospital based centre for assisting women survivors of violence, is a telling story.*

Over the last few months, the COVID 19 pandemic has led to deaths, disruption of lives, loss of incomes, and uncertainty across the world. Lockdown and physical distancing have been identified as common public health strategies. While lockdown was adopted as a public health strategy to help contain the spread of infection, one unintended consequence was that it disrupted access to VAW services. The pandemic also increased the risk of violence against women and children (VAW/C) as was also evident in past pandemics such as Ebola and SARS (Peterman et al. 2020). There is evidence of rise in VAW/C in China, United Kingdom, Germany, Brazil, and the US (UN News 2020). In India similar reports were presented by the National Commission for Women as well as Child line – a national level helpline for children in any form of distress (Anonymous 2020).

Economic insecurity, uncertainty of employment, loss of jobs, cramped living conditions and increased stress impact men and women differently. Unequal gender relations within the household where women share the largest burden of house hold chores and child and elder care add to these external stressors. Those living with abuse find it almost impossible to access support. During the lockdown survivors are under Constant surveillance by perpetrators making it difficult for them to reach out to helplines or family and local support systems. Any intervention to respond to VAW/C must take into account women's lived realities under the conditions of lockdown and should be designed in a manner that does not risk their lives and health further.

Health systems have continued to be an important point of contact for survivors of VAW/C. Health systems need to allocate required budgets, develop infrastructure, have trained personnel and set up teams equipped to provide psychosocial/crisis intervention services to VAW/C. These steps constitute an institutionalised response to the concerns of VAW reported at the health systems. Actively running crisis intervention services in health settings despite attention on COVID-19 sends a vital message that VAW during humanitarian crisis requires immediate attention. Dilaasa centres are designed as an institutionalised response to VAW.

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Here we describes some of the elements of a health system response that enabled Dilaasa centres to function even during the lockdown<sup>†</sup>. We describe women's experiences of violence and conditions that led them to reach hospitals presenting also the difficulties that Dilaasa faced in ensuring support and care to survivors of violence in these stressful times.

India went in to a lockdown on March 24, 2020 to contain COVID 19 spread. The Municipal Corporation of Greater Mumbai (MCGM), the largest public health care system in Mumbai (Municipal Corporation of Greater Mumbai (MCGM 2015) and also architect of Dilaasa centres recognised the importance of keeping crisis intervention services operational at hospitals even during the lockdown. A few weeks later the Ministry of Health and Family Welfare (MoHFW) in its guidance note to states for enabling delivery of essential health services during this outbreak stated "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 centres and helplines should be provided to the victim."

While the first step to deal to with VAW/C during the pandemic was the issuance of administrative directions for activating Dilaasa services, practical steps were required to enable ground level functioning. Free or subsidised transport meant for health care providers was extended to counselling team so that they could travel to hospitals. Similarly issuance of identity cards ensured mobility if they needed to accompany survivors to police stations or shelter homes and also protect them from obstacles in reaching hospitals. Masks, gloves and hand sanitisers were provided to ensure hand hygiene. In addition, the following strategies were also implemented:

### **Strategies evolved to respond to VAW**

#### Information on COVID 19, prevention strategies:

Counsellors had concerns about their health and that of their families due to potential risk of infection from working in a high-risk environment such as hospitals. Explaining modes of transmission, maintenance of physical distance, use of masks, hand hygiene as well as precautions to be taken once they reached home reassured them about their safety. Work plans were created in a manner that allowed for flexibility to those who were pregnant or had existing medical conditions.

#### Planning psychosocial services in the context of the lockdown:

The Dilaasa team updated its resource directory for services:

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<sup>†</sup> Evaluated Dilaasa hospital centres cost 3 million (30 lakh INR) comprising of five essential elements namely; personnel salaries– 2 counsellors, two auxiliary nurses and midwives, one data entry operator, recurring training costs and basic infrastructure such as computer, telephone and stationery. Dilaasa centres are financially supported by National Health Mission (NHM) a flagship program of Ministry of health and family welfare.

- Dilaasa consolidated information on availability of shelter homes, procedures required for admission in the lockdown, nature of medical examination required before admission in shelters. This helped save time and prevent repeat visits for women if they decide to access shelter home.
- Counsellors established contacts with police to understand procedures to be followed if women had to be moved to safe place -especially if violence escalates and there is a threat to life.
- Dilaasa counsellors contacted protection officers and child welfare agencies to ensure that documentation of violence could be sought by women via email or other electronic means.
- Dilaasa counsellors created a list of relief organisations for the entire city of Mumbai that could assist women in reaching hospitals and in need of relief services.

#### Creating a repository of available health services:

In most public hospitals, health services other than COVID care were suspended temporarily and/or shifted to another location. This affected access to antenatal care, contraceptive services, abortions amongst others. Added to this Health Care Professional (HCPs) were redeployed in other health institutions to deal with the pandemic. To ensure that women's health was not jeopardised, Dilaasa counsellors coordinated with government facilities providing those services as well besides NGO run health institutions.

#### Moving from face to face counselling to mobile counselling:

Dilaasa procedure of documenting safe telephone of all clients was useful during this pandemic. Counsellors contacted women currently seeking crisis intervention services via telephone. Recognising risks of the conversation being overheard by others, strategies for initiating dialogue included assessing well-being of the family, creating awareness of COVID infections, discussing women's own and their families' health concerns, and ensuring they had adequate provisions.

#### Assessing safety and creating plans:

Parents, colleagues or friends were physically inaccessible to survivors; so counsellors discussed options such as speaking to neighbours and in some instances office bearers of the housing community to intervene if violence aggravates. Counsellors encouraged women to contact helplines that operate round the clock including police helpline, the latter would reach a survivor physically if a survivor so desired.

#### Reaching out to health providers:

Dilaasa crisis centres operate within a larger ecosystem of health care. During this period, Dilaasa connected with health providers, acknowledged their increased professional burden and offered support and assistance in activities related to COVID response.

### **Women's experiences of violence during lockdown**

- Despite lockdown conditions, Dilaasa centres responded to 495 VAW survivors; while 75 of these women reached hospitals with different health complaints resulting out of violence; the rest sought telephonic support. Fourteen rape survivors were brought by police for medico legal care. Three rape survivors came to hospitals seeking abortion services for pregnancy resulting out of rape. Presence of counsellors assisted in prioritising medico legal examination of survivors as there was a possibility of delays given that most HCPs were busy with COVID duties.
- Despite the fact that the Ministry of Health had issued guidance to hospitals to continue essential services (sexual and reproductive services were termed as essential services) accessing Medical Termination of Pregnancy (MTP) proved to be a challenge on the ground. Abortion was determined as an elective procedure by most HCPs and so it was not offered immediately as their staff had their hands full with COVID management. But in the case of rape survivors abortion could not be delayed. The Dilaasa team strove to ensure access to MTP service to these women, explaining to hospital authorities the consequences of delay on survivors.
- Some women showed up at hospitals with severe assault-caused injuries ranging from cuts, bruises and head wounds and trauma all of which required medical attention. While their experience of violence predated the pandemic, they reported increased restrictions on their mobility, and were even denied use of phones. In one instance, constant verbal abuse by the husband led a woman to walk almost 10 kilometres, due to lack of transportation services, to reach her parents. Upon reaching her parents she contacted Dilaasa as she had left her child, a toddler with the husband. Negotiations with the police and seeking permission to travel to bring the child back was an uphill task but through repeated interventions counsellors successfully managed it.
- Forced sex was another concern expressed by women. Negotiating with partners for safe sex proved to be a challenge for survivors. While counsellors offered to speak to their partners, the issue required to be handled deftly. In one instance, when the woman refused to have sex, the abuser walked home stark naked and refused to wear clothes. When the woman questioned him, he beat her so badly that she had to visit nearest hospital to get stitches for cuts. She did not want to stay with the abuser and so safe passage to her brother's house was negotiated.
- Calls from women seeking help with regard to spouses' extramarital affairs was also a common occurrence in this period. Women inadvertently came to know of these affairs when they casually checked phones or saw their spouse speaking on phone for long periods. When confronted, they were threatened with desertion, divorce and/or walking away with children. Inability to discuss these concerns with parents and/or trusted friends was a setback for women. Fear of desertion and children being taken away from them, emotional involvement in their partners, and financial dependence compounded their distress. While validating women's experiences, counsellors urged them to discuss it with those close to them and encouraged them to confront their spouses about the

situation. Though legal options were not operational during the lockdown, provisions under the law were explained to give them confidence that they had the right to residence and could not be thrown out of a shared household.

- The impact of living under threat of violence led some women to attempt suicide. In one such instance is of a young woman married for barely six months and resided with her husband and his family. Since the lockdown, there were constant demands of money from her. She was taunted for not bringing adequate dowry and was humiliated several times. The last straw was when she was asked to leave her marital home and return only after getting money from her parents. Driven to desperation she attempted suicide and was brought to the hospital by her parents. Disclosure to the health care provider and subsequent intervention from Dilaasa counsellor helped the woman file a complaint of domestic violence. Counsellors helped the woman understand the impact of violence on her psychological and physical health and encouraged her to think of ways to deal with violence. Once fit for discharge the woman decided to stay with her parents and continued to follow up with counsellor telephonically.
- Some women approached counsellors with requests to help them move into a shelter home as they did not have any supportive members to house them. Counsellors found that shelters the authorities claimed that they had no vacancy. However, a few weeks into the lockdown some of the shelter services admitted that they were apprehensive about taking new admissions because they did not adequately understand the precautions to be taken with regard to COVID and had no guidance on quarantine and safety measures. After much negotiation with authorities and arranging for medical certificates from public hospitals, Dilaasa counsellors managed to secure shelter services for a few women.

### **Challenges to access services**

While implementing the above strategies, Dilaasa faced a number of challenges. To highlight a few:

- Shelter homes, One stop centres (OSCs) Child welfare committees (CWCs) are important service providers under Ministry of women and child development (MWCD). India has over 600 One Stop centres equipped with infrastructure and personnel as well as resources for shelter, telephonic support, and police assistance. But despite long-drawn lockdown experienced by India, there were no protocols issued by concerned ministries for smooth functioning. Though shelter homes were operational, they did not take new admissions or sought mandatory COVID test results costing 4500 INR – which was unaffordable for most women.

- The police force has been overwhelmed with rigorous implementation of lockdown. They neither have the bandwidth nor inclination to respond to VAW. Even in usual times VAW/Children is seen as a personal issue. Women said that they could not even get their complaints recorded with the police. This has led to a pattern of minimising abuse reported by women and its dismissal. It is left to individual police stations and officials and counsellors who communicate with them to record a complaint and take action.

## **Conclusion**

Experience of Dilaasa centres underscores the importance of continued crisis intervention services in hospitals even during a pandemic and the recognition of VAW as a public health issue. A multi-sectoral response to this pandemic would have increased support for survivors through an effective and consistent set of network services.

Positive examples of state effort to respond to VAW/C have been few and far. An important example is the step taken by a district council in Pune (city in State of Maharashtra-India). This council dedicated village-level committees to track cases of domestic violence and offered counselling to women as well as those resorting to abuse. If a man continued abuse despite interventions, he would be put in institutional quarantine facility as punishment. This is an important example of government actions to respond to domestic violence survivors even during pandemic.

Several European countries issued directives and protocols for keeping shelter homes operational. Some countries announced additional financial packages to implement norms of physical distancing and requirements for prevention of COVID. There are also examples of countries where hotels were directed to accommodate and offer shelter services because shelter homes were fully occupied. Virtual courts have been set up by a few countries to hear survivors of VAW and in countries that could not set these up, extension of protection orders for survivors were issued (UN Women, 2020).

There is an urgent need in India to recognise that the current COVID 19 pandemic poses unique challenges even as the national and state responses are evolving rapidly. From lockdowns and curfews to containment zones and physical distancing, the situation on the ground is likely to remain dynamic. India needs to deliver a coherent response to VAW and cannot therefore afford to simply wait for the pandemic to be over. In fact VAW/C response should be integrated with pandemic preparedness and call upon different sectors to ensure services for VAW along with a message of 'Zero tolerance' to VAW so that survivors are able to speak out.

## **References**

Anonymous 2020. India witnesses steep rise in VAW amidst the lockdown, 587 complaints received: NCW. (April 17). *The Economic Times*. Retrieved 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](https://www.ncw.gov.in/india-witnesses-steep-rise-in-crime-against-women-amid-lockdown-587-complaints-received-ncw/articleshow/75201412.cms)

MCGM 2015. Municipal Corporation of Greater Mumbai. *Health services*. Retrieved from <https://portal.mcgm.gov.in/irj/go/km/docs/documents/MCGM%20Department%20List/Public%20Health%20Department/RTI%20Manuals/Health%20Info%20Eng.pdf>

Peterman, A., A. Potts, M. O'Donnell, K. Thompson, N. Shah, S. Oertelt-Prigione, and N. V. Gelder. 2020. Pandemics and violence against women and children. *Centre for Global Development*, Working paper 528. Retrieved from <https://www.cgdev.org/sites/default/files/pandemics-and-violence-against-women-and-girls.pdf>

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

UN Women 2020. *COVID-19 and violence against women and girls: addressing the shadow pandemic*, Policy brief no. 17. Retrieved from <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2020/policy-brief-covid-19-and-violence-against-women-and-girls-en.pdf?la=en&vs=640>