



EXPERIENCES OF WOMEN SURVIVORS OF VIOLENCE DURING THE COVID-19 INDUCED LOCKDOWN



CEHAT & Dilaasa



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Dilaasa

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ABOUT US



Dilaasa

Dilaasa, in hindi means reassurance. The first Dilaasa centre was set up as a Joint initiative of CEHAT and the Public Health Department – K. B. Bhabha Municipal Hospitals in 2000. In 2016 Dilaasa centres were replicated in 11 peripheral hospitals of Mumbai.

Dilaasa public hospital-based crisis centres are run by civic hospitals of Mumbai and supported by National Health Mission. The centres provide crisis intervention services and psychological support to survivors and also engage in training research and advocacy on VAW as a public health issue. CEHAT is a technical partner to BMC and engaged in training, research and advocacy to institutionalise a comprehensive health care response to Violence against women/children.



CEHAT- Centre for Enquiry Into Health and Allied Themes is the research centre of Anusandhan Trust, conducting research, action, service, welfare 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.

FROM THE COORDINATOR'S DESK

The global prevalence of violence against women (VAW) was high even before the coronavirus outbreak, with one in every three women being exposed to physical/ sexual violence impacting their health negatively. The pandemic made it even more difficult for women to access health services. Large-scale measures to deal with COVID-19 such as lockdowns aggravated financial hardships created uncertainties and restricted women's mobility. There was an increased burden of housework and care on women in households. The usual support systems that women and girls accessed to seek support in pre-covid era became inaccessible.

The Dilaasa centres in public hospitals were declared as "essential services" in the first wave of COVID and were expected to provide psycho social support to women and children when they reported to hospitals with any form of violence. While the teams were committed, they too were worried about their own safety,

health as well as that of their families. As a technical partner to MCGM, CEHAT supported Dilaasa teams by holding discussions on COVID 19, steps to ensure their own safety and negotiated with the Municipal corporation to ensure that the teams had all the paraphernalia required to stay safe while counselling in the hospitals. Weekly meetings with teams brought forth information about most brutal forms of violence were being reported to hospitals besides sexual violence/rape. Regular meetings with the teams helped to boost morale, share learnings and insights based on different experiences as well as develop strategies to get police, shelter homes, One stop centres amongst others to support women. While the strict lockdown prevented women from reaching Dilaasa centres, efforts were made by counsellors to reach women and girls virtually.

The case book is a documentation of successful and challenging situations

navigated by counsellors from both Dilaasa centres and CEHAT to ensure comprehensive care and support to women and girls. These learnings are particularly important because they provide an insight in to how violence against women was aggravated in covid induced pandemic. The case book is a living document and a valuable resource to counsellors, social workers and those involved in supporting and caring for women and girls.



**Sangeeta Rege,
Coordinator, CEHAT**

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INTRODUCTION

Since 2020, the COVID 19 pandemic has been found to continue to lead to deaths, disruption of lives, loss of incomes, and uncertainty across the world. While lockdown as a public health strategy is seen to help contain the spread of infection, it disrupts access to Prevention of Violence Against Women/Children (VAW/C) services (WHO, 2020). In the ongoing COVID-19 pandemic, a rise in VAW/C has been evidenced in countries such as China, the United Kingdom, Germany, Brazil, and the United States of America (UN backs global action to end VAW and Girls amid the COVID-19 crisis, 2020). In India similar reports were presented by the National Commission for Women as well as Childline – a national level helpline for children in any form of distress (India witnessed steep rise in VAW amidst the lockdown, 587 complaints received, NCW, 2020).

Economic insecurity, the uncertainty of employment, loss of jobs, cramped living

conditions and increased stress impact men and women differently. Added to these stressors are unequal gender relations where women share a disproportionately larger burden of household chores and child and elder care. Those living with abuse find it almost impossible to access support. Constant surveillance during the lockdown by perpetrators makes it difficult for survivors to reach out to helplines or loved ones. Hence any intervention to respond to VAW/C must take into account women's lived realities in lockdown and should be designed in a manner that does not risk their lives and health further.

CEHAT – a research centre of the Anusandhan trust is engaged in research, advocacy and interventions to respond to VAW/C. An important aspect of its work is to advocate for VAW/C as a public health issue and engage the health system to respond to survivors. An early initiative launched in 2000 to create a health care response to VAW survivors

has been the establishment of a Hospital-based crisis centre- Dilaasa¹ in the city of Mumbai in Maharashtra to respond to the needs of survivors. Since then, the Dilaasa centres have been replicated in several parts of India (Bhate-Deosthali et al., 2018) and represent a health system response to VAW/C. In Mumbai, Dilaasa centres are under the aegis of Municipal Corporation of Greater Mumbai (MCGM) – the largest public health care system in Mumbai and are supported by the National Urban Health Mission (NUHM).

In response to the COVID 19 pandemic, the central government of India had declared a nation wide lockdown on 24th March 2020. As it was important to ensure the availability of prevention of VAW/C services, CEHAT engaged with the MCGM to consider denoting Dilaasa services as essential services and that is how 11 Dilaasa centres across public hospitals continued to provide services during the lockdown period.

Recognising that many women may not be able to reach the hospital for Dilaasa services, the CEHAT helpline was made

available round the clock across India. Responding to VAW during COVID 19 and lockdown required an additional orientation as there was little awareness about the infection in the early phase of the pandemic in March 2020. Therefore, CEHAT designed and offered virtual training for Dilaasa teams across hospitals on keeping themselves safe, implementing physical distancing norms and the use of masks and sanitisers. Besides that, training on telephonic support to survivors was also carried out, given that this may be the most often used mode by counsellors to be in contact with women and girls who availed of Dilaasa support (CEHAT, 2020).

This case book presents a few selected cases of survivors, to illustrate some of the experiences of CEHAT helpline and Dilaasa counsellors in providing crisis intervention services during the lockdown from March 2020 to April 2021 as well as the challenges faced in facilitating services on the ground. It can be used as an illustrative resource in training of counsellors/ case workers/ social workers to facilitate psycho social services in the context of pandemics.

¹ Dilaasa centres are hospital-based crisis centres comprising of a team of counsellors, auxiliary nurses/midwives (ANMs) and data entry operators. The centre provides crisis intervention services such as psycho social support, emergency shelter, police and legal aid. They have interlinkages with police stations, shelter homes, child welfare committees and legal aid agencies to facilitate comprehensive care for women and children

Key aspects of Training with Dilaasa teams:

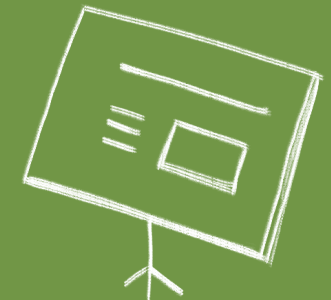
1. Safety protocols and preparing the team to adopt safe work practices (hand hygiene, use of masks and sanitisers, maintaining 3 feet distance, use of protective shields)

2. Equipping team to move from face to face counselling to telephonic counselling.

- Steps to initiate dialogue with messages about COVID 19 prevention protocols
- Assessing if the woman/ girl can speak without hesitation about violence and assuring confidentiality
- Safety assessment and safety plan
- Assessing suicide ideation and encourage her to devise strategies to replace thoughts and feelings
- In case of escalation of physical violence steps in coordination with police for safe passage of women and registering police complaints



- Dealing with unsafe sex, forced sex and denial of contraceptives
- Provision of information related to accessing sexual and reproductive health care
- Skills in speaking with the perpetrator of abuse if asked by the survivor to do so
- Awareness of challenges in access to COVID 19 services for women with disabilities and having a repository of referrals handy
- Connecting women/girls with resources such as ration-kits and information about PDS facilities



3. Facilitation of comprehensive health care for rape and domestic violence survivors who reach/access hospitals
4. Demonstrating solidarity with health workers managing the pandemic and offering assistance to them wherever required in the provision of health services
5. Taking care of oneself



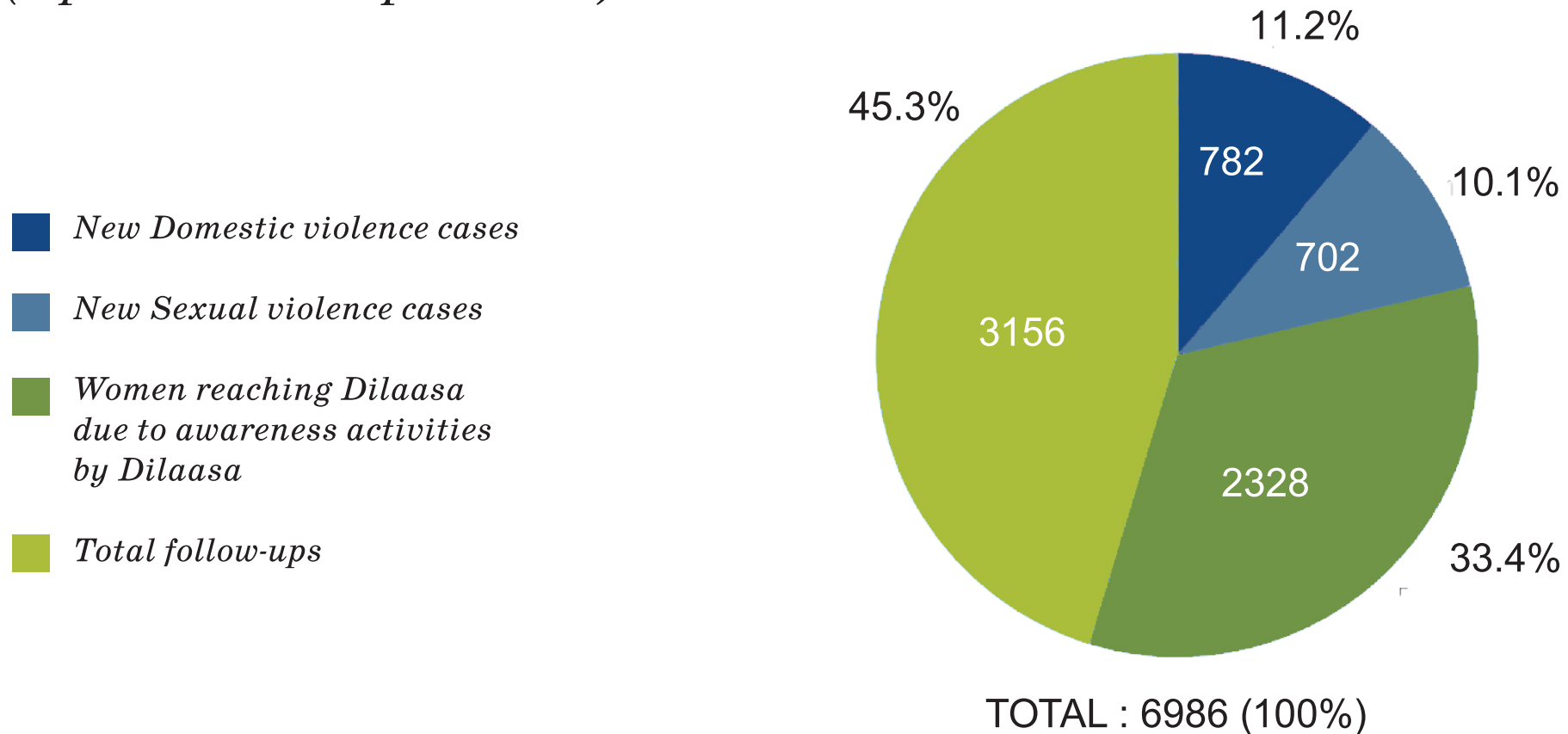
The training assisted counsellors to recognise the importance of psycho social services for VAW/C survivors even during the pandemic and the important role they played in supporting women. It enabled increasing access for these services by adaptation them to virtual services for women/girls who could not reach Dilaasa.

The usual crisis intervention strategies of coordinating with shelter services, getting a police complaint registered, facilitating sexual and reproductive health services had to be modified substantially in keeping with the new challenges presented by the pandemic. The police were overwhelmed with managing the lockdown, resulting in reluctance to record any complaint including non-cognisable complaints. Shelter homes refused to provide services due to the absence of clear directives and lack of information on quarantining newly admitted members. Protection officers under PWDVA (Protection of Women from Domestic Violence Act 2005) could not facilitate protection and residence orders for women facing domestic violence. Courts were not operational and so there was confusion on the necessary steps to address threats from perpetrators who were out on bail.

Despite these challenging circumstances, counsellors continued to engage with these systems on the phone and even carried out in-person visits to police stations and shelter homes to create pressure for the provision of support. The lockdown had also led to substantial loss of wages as well as left people unemployed; this required counsellors to mobilise resources such as ration kits, public distribution services as well as facilitation for travel to their native places and linking up with community-based organisations to extend support to women who could not reach Dilaasa.

WOMEN SUPPORTED BY DILAASA CENTRES

Total number of women to whom the 13 Dilaasa² centres responded
(April 2020 to April 2021)



² One of the 13 Dilaasa centres based in H. B. T. Trauma Care Municipal Hospital was relocated to K. B. Bhabha Hospital, Kurla in 2021. This is in view of a One Stop Centre (Sakhi centre - a scheme of WCD) being set up in H. B. T. Trauma Care Hospital in 2021. As survivors of VAW reaching HBT Hospital will receive services from Sakhi centre, the Dilaasa team was shifted to a hospital that was in need of a comprehensive team of counsellors, ANMs and Data entry operator.

Of the 6968 women and children, 702 rape survivors came in contact with hospitals, mostly brought by the police for a medico-legal examination of rape. Additionally 782 women and girls facing domestic violence were also registered at the Dilaasa centres. Their health consequences ranged from assaults, physical violence in pregnancy, per-vaginal bleeding in pregnancy, incomplete abortions, unwanted pregnancies, pain in the abdomen and attempt to suicide by consuming poison. A section of the 782 DV survivors also came after reading posters put up in the hospital about Dilaasa services.

In hospitals that provided non covid health care, Dilaasa teams were able to visit in-patient wards and Out Patient Departments, speak to women in small groups to create awareness about Dilaasa services, discuss health consequences of violence, provide pamphlets and other materials related to Dilaasa services. These activities resulted in 2328 of 6968 women seeking Dilaasa services.

Given the lockdown and women's inability to access Dilaasa services, the teams decided to contact women and girls who had sought services in 2019. Of all the women,

3156 women were telephonically contactable. They were offered crisis intervention services, Women also expressed challenges with regards to daily subsistence given the lockdown and loss of employment -either theirs or those at home. Dilaasa and CEHAT teams geared up to put together information on organisations and groups providing ration kits and connecting women with such groups.

CEHAT helpline was declared as a PanIndia helpline operationalised round the clock. 207 calls were recorded by the helpline from April 2020 to March 2021. The callers disclosed that it was the first time they had sought formal support to deal with the abuse.

CASE STORY 1

ACCESS TO HEALTH CARE FOR A RAPE SURVIVOR : CHALLENGES OF THE LOCKDOWN



19 years old Shilpa³(not real name) from a district in Maharashtra came to the OPD along with her father at a municipal hospital in Mumbai, two days before the commencement of the nationwide lockdown. She had come to seek consultation for pain in the abdomen. On examination, she was found to be 10 weeks pregnant. She was referred to the Dilaasa centre as the examining doctor suspected sexual violence. Shilpa disclosed to the counsellor that she was repeatedly sexually abused by her father from 14 years of age. The last episode had been about two months back. Her mother knew about it but chose to ignore it. She requested the counsellor to not send her home to her father. She wanted to speak with her mother and asked the counsellor to call her to the hospital. When the mother reached the hospital, the counsellor spoke with her about her daughters abuse, though she started weeping profusely, she denied that any such thing had happened. The counsellor tried to understand if the mother was also subjected to abuse by her husband but she did not want to speak about it. When the counsellor spoke about legal provisions available under the law, the mother was once again reluctant to engage further with this topic. Sensing that the mother was in denial of the abuse, the Counsellor

assured Shilpa of an alternate place to stay and also offered the option of seeking medical termination of pregnancy. Shilpa decided to seek termination of pregnancy. In the meantime; a hospital stay was not the best option given the ongoing COVID 19 situation. The counsellor arranged for a shelter and coordinated with the shelter home for Shilpa to reach the hospital for the next set of consultations and medical procedure. Though the mother was in denial of the abuse, she willingly accompanied Shilpa and the counsellor to the shelter home.

The very next day nationwide lockdown was declared in response to the COVID 19 pandemic. All means of transportation were stalled. Shilpa had an appointment to see the doctor for an abortion service. How was Shilpa going to reach the hospital? The shelter home superintendent called to say that her staff could not report to work given the lockdown and so she has no means of sending Shilpa to the hospital. The counsellor spoke with Shilpa who had by then become very anxious. The police did not hear out the counsellor and stated that the Medical Termination of Pregnancy (MTP) procedure can wait a few days. After a series of negotiations with the police and rickshaw drivers, the counsellor reached the shelter home and

³ The names of survivors in the case book are changed to protect the identity of survivors.

brought Shilpa to the hospital. While the examinations were underway, the counsellor negotiated with the doctors to admit her till she could be posted for the procedure. Given that the hospital staff was gearing to respond to COVID 19, they asked that a family member of Shilpa stay at the hospital till the procedure is completed as most of the health care workers were diverted to covid duties, having a family member stay at the hospital would help the hospital to care for the patient. Her mother stayed at the hospital.

Given the mandatory reporting expected in cases of rape, the hospital explained to Shilpa about the procedure; Shilpa did not want to file a police complaint. Shilpa was concerned about her three younger siblings' welfare should the father be arrested. The Counsellor along with the hospital authorities spoke to the police about the reasons for which Shilpa did not want to file a rape complaint. Despite Shilpa explaining that she did not want to record, police used her statement to record an FIR. Her mother called the counsellor and stated that Shilpa's father was arrested from their residence but released in an hour. This was because the entire police force had been engaged

for *bandobast*.

As the police had recorded an FIR, the hospital had to mandatorily preserve sample products of conception for DNA which were to be sent to the forensic science lab (FSL). But the lab was closed and there was no clarity on when it would open. The police advised the hospital to delay the MTP procedure till they received clarity on when the FSL would start operating and when they could coordinate the dispatch. Shilpa had become tense given the uncertainty of MTP unfolding around her. There was an urgency in getting an abortion as she would have to appear in court to access the MTP services in case the length of the pregnancy exceeded the legally permissible period of 20 weeks. Additionally, her safety was a concern as her father was out of lock up and back in the same house. Continued admission in the hospital was risky given the Covid situation. At the same time, the shelter refused to take her back as Shilpa would need to be quarantined as per government regulations and they did not have the needed facilities.

The counsellors spoke with the hospital authorities explaining the several challenges in front of Shilpa and the fact that

she may not be able to return for an MTP if she was discharged - the implications for her if she had to continue with the pregnancy which was an outcome of rape. The hospital authorities recognised Shilpa's precarious condition and agreed to carry out an MTP. The products of conception as evidence were collected and preserved as per hospital SOP (Standard Operative Procedure). While MTP could be secured, Shilpa could not get a safe place to stay. The hospital despite its best effort could not continue keeping Shilpa given the Covid surge they had to deal with; the shelter refused admission as they did not have space and staff to quarantine Shilpa and the only available option was her own home - which was unsafe as the father had come back from the lockup. The mother pleaded with the counsellor to let her take Shilpa home where she would care for her. Shilpa was in two minds and wanted her mother's support and so agreed to go back home. Given the dearth of all alternatives, the counsellor set up a safety plan in consultation with Shilpa and her mother. Steps that they could take if the father became abusive were discussed – Shilpa's mother was pressured to ask her husband to move to a relative's place; if he did not and if he

became abusive contacting 103 (the police emergency number for women), calling the counsellor 24-hour helpline were discussed. Shilpa was discharged after the procedure and returned home with her mother to the same house.

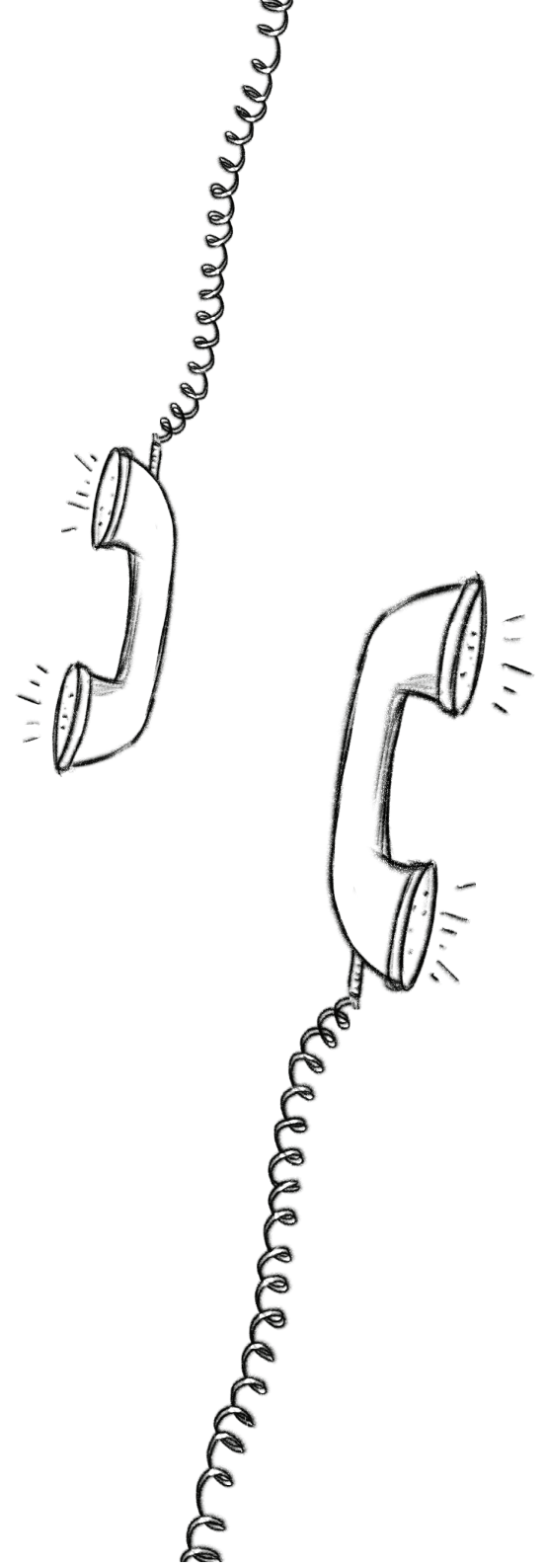
ISSUES AT HAND

A sensitive health care provider and an interaction with the counsellor enabled Shilpa to disclose the sexual violence faced by her. The hospital was able to carry out the medical termination of pregnancy in time. However, the prompt recording of an FIR; subsequent arrest and prompt release of the abuser by the police without any thought to the safety of the survivor raises important questions about the mechanical approach of the police towards the offence of rape. The police paid no heed to ensure Shilpa's safety resulting in her being forced to reside in the same house as her abuser. In fact the police advised the hospital to delay the MTP without taking into account the impact of the pregnancy on the survivor's mental and physical health and implications if the pregnancy went over 20 weeks as then she would be compelled to seek court intervention. Further, her wish to not return to her home could not be adhered to as the shelter did not have a quarantine facility. In addition to the rigid and insensitive approach of the police, this case study also draws attention to the lack of protocols for shelter homes during pandemics such as COVID 19, leading to the denial of critical/much-needed services.



CASE STORY 2

**DOMESTIC VIOLENCE
AMID LOCKDOWN -
HOW A HELPLINE CAN
ASSIST SURVIVORS?**



29 years old Meera, a middle-level manager with a private company called the helpline on April 11 – about three weeks into the lockdown. She is a single woman and lived with her mother and younger brother in Mumbai. She had been facing abuse from her family for quite some time and had been seeking paid therapy. However, the lockdown deprived her of the usual support system because she could not step out of the house and her therapist was unavailable virtually, resulting in escalation of violence. She called the Helpline as she was distressed because the violence had escalated.

Meera shared with the Counsellor that her family refused to understand that her company expected her to work from home. They thought that she just sits in front of her laptop to avoid household chores. The situation had changed for worse and Meera's mother stopped giving her food and cooked only for herself and her son. Meera disclosed that she asked her friends to send her tiffin sometimes. The most recent episode of violence occurred when Meera questioned her younger brother about not sharing the household chores. Since the lockdown, the burden of managing household duties fell on Meera and her mother, while the brother shared none of the chores. When she questioned

him, he abused her and it escalated to an extent where he had started damaging furniture at home. Meera stated that her mother does not intervene or support her.

Meera was at the brink and asked the counsellor about how she can move out of her house to a friend's place. She said that living with her family had now become unbearable. She has a friend in the suburbs who agreed to have Meera at her place. The counsellor validated Meera's feelings. She told Meera that such behaviour of her family members was domestic violence, that she has the right to live a violence-free life and that she has taken a courageous step by seeking help to stop the violence. Given that the lockdown was underway, there was no access to any form of transport – public or private. She encouraged Meera to identify supportive neighbours or housing committee members who could speak to her brother about his behaviour and help to stop the abuse. She was provided emergency police van that patrolled in her vicinity and if contacted reached the residence of the caller to stop the violence. In the meantime, the Counsellor contacted a non-governmental organisation working closely with the police to see safe passage for Meera to her friends' place could be provided. But the police flatly refused

stating that safe passage was only for women experiencing spousal violence. Meera's situation according to the police was an "adjustment issue" and so they asked her adjust and stay in the same house until the lockdown lifted.

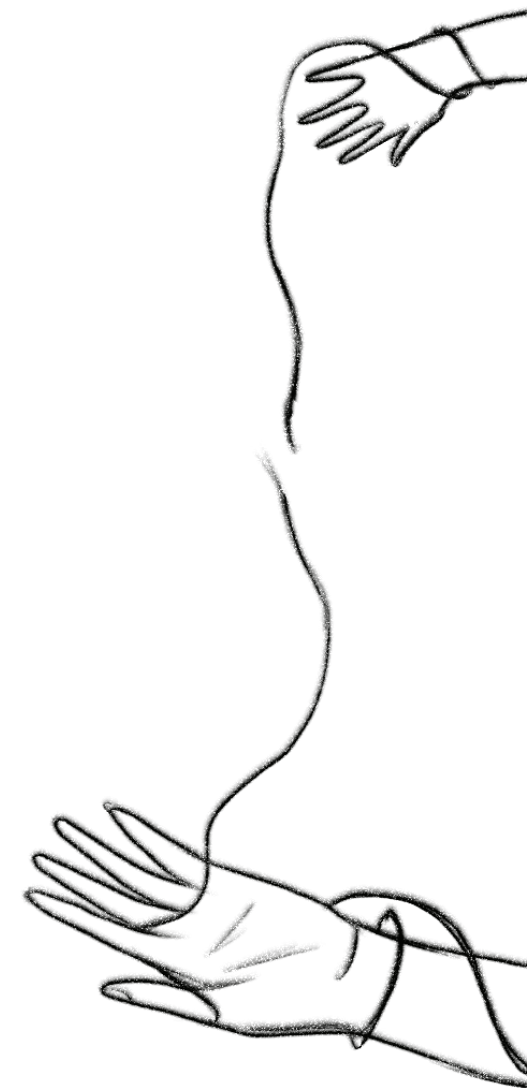
Meera was also uncomfortable disclosing her brothers and mother's behaviour to neighbours/ members of the housing society fearing that people would start gossiping about her. The only alternative was to record a police complaint against her brother and the abuse faced. Meera was hesitant to record a police complaint against her brother. The counsellor explained to her that the police complaint in the form of a non-cognisable offence (NC) was the only way to move out of the house as there was a strict vigil on movement and documented evidence could help her to get transport and move to her friend's house. She was assured that the nature of the complaint will not lead to her brother's arrest.

Finally with assistance from the counsellor, Meera recorded a complaint; she had booked a private vehicle to take her to the friend's house. The counsellor suggested to her that in case the police stops her at checkpoints, she should show

the recorded NC. Meera was finally able to reach her friend's house safely.

ISSUES AT HAND

The case story brings forth several issues faced by women – the disproportionate burden of housework on women and lack of recognition of their professional work. It also highlights women's feelings of shame related to the parental violence that prevent them from disclosing about abuse and hesitation in taking action against family members. The case highlights that there is a lack of recognition of parental violence as a form of domestic violence. A woman disclosing it may also not be believed and held responsible if there is abuse from a natal family. This was seen in the police apathy to recognising domestic violence from natal family and in facilitating safe travel for women trapped in violent homes.



CASE STORY 3

EMPOWERING FAMILY MEMBERS TO SUPPORT THE SURVIVOR



33-year-old Sheetal's sister, Shanti called the helpline in the fifth week of the lockdown. She wanted to get help for Sheetal as her sister had just found out that her husband was in an extramarital affair. Sheetal had decided to move out of her abusive marital home but was unable to get any means of transportation due to the lockdown. When she spoke with her mother on the phone, she convinced her to go back for the time being as she felt it was not be a good idea to leave her house during the lockdown.

Shanti narrated to the counsellor that it was Sheetal's second marriage. Her first husband had been extremely abusive. She was forced to return to her parents in just two months of her first marriage. After that Sheetal pursued her studies and got a bachelor's degree in education (B.Ed.) Soon after that, she started working as a teacher in a primary school. Five years after the first marriage, Sheetal remarried. She has been married for nine years and has two children aged 8 and 4 years with her second husband. In the second marriage too Sheetal faced emotional violence from her husband. He often insulted her and attacked her self-esteem by repeatedly calling her 'worthless'. The abuse forced her to leave her job as a teacher. While Sheetal suspected her husband of an extra-mari-

tal affair, during the lockdown she found out about his infidelity through his exchanges over the phone. While she could not bear to be in the same house, she was nevertheless carrying the burden of saving her second marriage. She told her sister that something must be wrong with her and that is why it keeps happening with her. Her children had witnessed the violence. Sheetal's husband threatened her that if she left the house with the children, he won't take any of them back. The children, therefore, stated that they will live with their father. This further anguished Sheetal. She told Shanti that she did not wish to live. Shanti wanted to desperately help her sister but did not know the next steps to be taken.

Sheetal was unable to speak directly to the counsellor due to fear that her husband may find out and that the abuse may escalate. Hence Shanti had called the helpline to find out ways of helping her sister.

The counsellor discussed with Shanti that even if her sister leaves her marital home temporarily, the law allows her to enter it again. The threats by Sheetal's husband can be countered legally as Sheetal can take support of the Prevention of Women from Domestic

Violence Act, 2005. It allows married women to continue living in the marital home and the law must ensure that she stays protected in the shared household. As Sheetal was under a lot of stress, it would help to move her to her natal house temporarily so that she can take some time to think of the next steps. As Sheetal's children were very young, the law allows her to have their custody and hence it was essential to, communicate to her that the father cannot keep the children away from their mother. Sheetal's concern about her children choosing to stay with their father was also discussed. The counsellor explained to Shanti that children may also need time to process all that had happened in the family. Suggestions on how to approach the topic with the children were also provided, -- for example, speaking with them on the phone, asking about their well-being, explaining that their parents were dealing with a problem and assuring them that their mother loves them, -- could help them to grasp the situation to some extent.

Practical suggestions related to travel from her residence to her mother's house, procedures related to applying for a police pass, sharing contact details of

private transport services for women in distress were discussed with Shanti. The counsellor suggested that Shanti be regularly in touch with her sister and encourage her to at least visit her or her mother to ease her psychological stress so that she did not lose hope or have suicidal thoughts.

Shanti called the counsellor a few days later and stated that Sheetal had decided to stay back. She was in regular touch with her and said that she was alert about her emotional and physical safety.

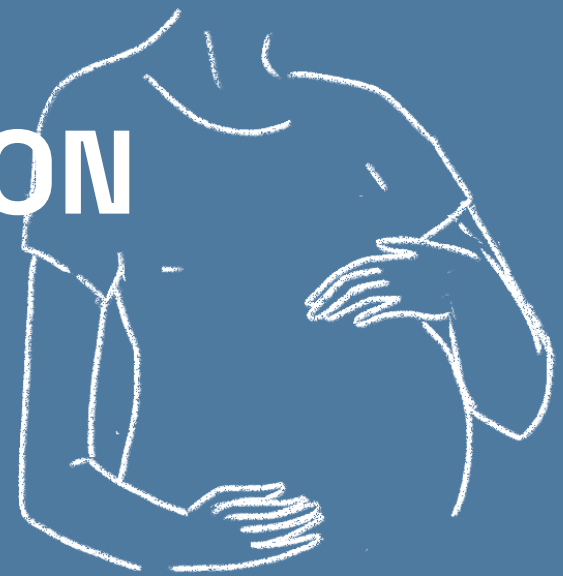
ISSUES AT HAND

This case highlights the challenges at several levels; the first being lack of transport to reach her mother's place – a safe place where she could at least get temporary respite and time to think of her next steps. Added to this, the woman was dealing with feelings of self-doubt because she felt responsible if her second marriage too broke down. She was also worried about her children who chose to stay with the father instead of her. Given these multiple issues at hand, she decided to stay with the husband who had also threatened that if she leaves he would never take her back in the house again. The case study raises important concerns related to the limited choices that women have. It also draws attention to the vulnerability of children in cases of domestic violence and throws light on the importance of recognizing how children process the relationship between their parents and steps that need to be kept in mind while helping them to understand the issues at hand.



CASE STORY 4

DELAY IN ACCESS TO
CARE AND CONTINUATION
OF PREGNANCY:
PREDICAMENT OF AN
ADOLESCENT



16-year-old Amina came to a public hospital in mid-May, amid strict lockdown. She had been complaining of pain in the abdomen. She is one of two daughters and a son and was to appear for her 10th examination. Her mother could not take her to the family doctor because of the lockdown. As her periods were irregular, her mother would periodically ask her about it. Amina had not got her periods for two months. Her mother was concerned; she contacted a local clinic but it was closed and she did not know where to seek help. An acquaintance gave Amina's mother the contact number for ChildLine. Childline in turn contacted a hospital-based crisis centre and explained the difficulty Amina faced in seeking medical care. The counsellor reached Amina's home and escorted her to the hospital because during the lockdown all travel was suspended. Only Hospital staff was allowed to travel.

Upon arrival at the hospital, the doctor examined her. Ultrasound reports indicated that she was pregnant. Health Care Providers suspected sexual violence and explained the same to her mother. While Amina was admitted for routine investigations, the counsellor spoke with her at length. Despite all efforts to find

out the reasons leading to pregnancy Amina denied that she had a boyfriend nor could she think of who would have sexually assaulted her. Despite this puzzling situation, Amina urgently required medical support – medical termination of pregnancy. It was only much later that Amina felt comfortable and disclosed that she was in a consensual relationship with her boyfriend. The Health provider assured Amina of health care. She informed Amina's mother about the protocol of informing police about the case as it could be possibly sexual violence and fell in the purview of POCSO (2012).

Her medical reports confirmed her pregnancy to be of 22 weeks and 6 days. Under MTP law, pregnancy over 20 weeks usually requires a court order for termination although it could be an outcome of rape. While the counsellor explained the next steps related to the court order to Amina and her mother and assured them about coordinating it, Amina was extremely scared of MTP. The counsellor explained the medical procedure and that if she opted for it, she can then continue with her education, return to school and also become independent. Her mother said she needed

to discuss it with her husband and would get back to the counsellor. The counsellor urged the mother to think of MTP as Amina was only a child and her entire future lay ahead of her. The pregnancy would saddle her with unnecessary emotional and physical baggage.

Amina's mother in her meeting with the counsellor stated that Amina's father did not want a court intervention for abortion. The only alternative was that Amina be taken to an institution till delivery and then surrender the baby for adoption. The counsellor appealed to Amina's mother – about the extent of trauma for the child to be moved to an institution, to carry out a full pregnancy and deliver and the challenges with getting admission in institutions given the pandemic situation in the city. The mother remained firm on her stand, perhaps due to pressure from her husband.

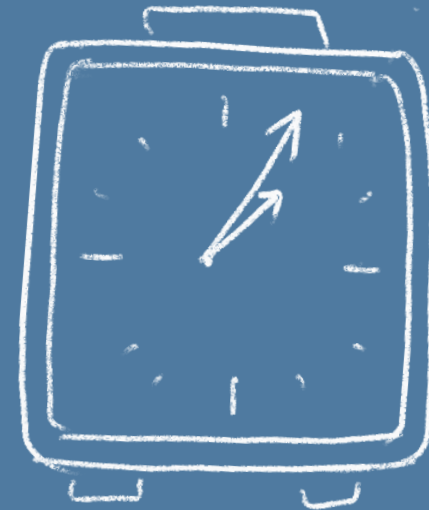
The counsellor in coordination with Childline could get Amina admitted to a shelter home. After a few months, she was escorted to the hospital for delivery and had a baby girl. After the delivery, Amina insisted that she wanted to keep the baby whereas her parents insisted

that the baby be given up for adoption. Amina had changed her mind over the four-month stay in the Shelter home and wanted to raise her daughter. Given that her parents disagreed, Amina had to return to the shelter home where she would stay till she turned 18 years of age and would stay with the baby.

The counsellor continued to stay in touch with Amina and discussed her future, her education and her plans to take up work. Over time Amina realised that she wanted to pursue her education and have job prospects, she was also not keen on staying permanently in a shelter. She decided to give the baby for adoption and return to her parents' house.

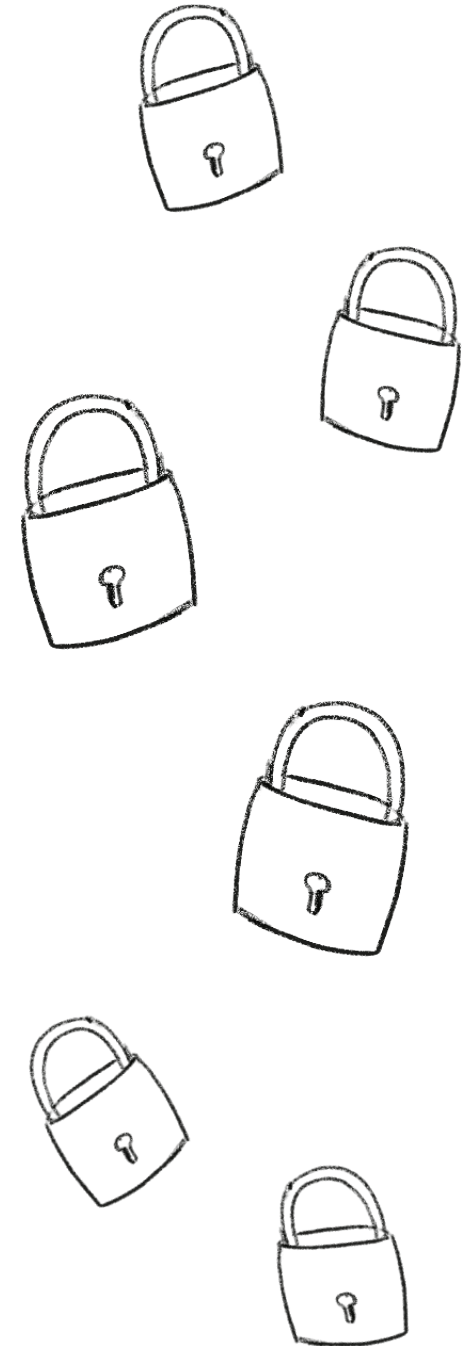
ISSUES AT HAND

Amina's life events represent the impact of lack of access to sexual and reproductive health services that compelled Amina to continue her pregnancy. The complete shutdown of private medical services in the area, lack of transport to get to a public hospital aggravated Amina's situation. It represents the emotional ordeal faced by young girls where the decision to continue or terminate a pregnancy rested with her parents and provided her little scope to go against their advice. The case also brings to light the fact that insufficient awareness about reproductive health, and delayed detection of pregnancy forces several young women to go through pregnancies and childbirth. In Amina's case, medical help was delayed by almost four months because of the strict restrictions on movement during the lockdown. Despite her continued complaints of pain in the abdomen, she could not get a medical opinion as all private clinics were closed in the early phase of the lockdown.



CASE STORY 5

**TRAPPED AT HOME DUE
TO LOCKDOWN AND
DISCLOSURE OF
ABUSE**



18 year old Nitya belongs to an elite family, studies in an international school and stays in an affluent Mumbai suburb. She is the only child of her parents. She called the helpline five times. This was the first time she had sought help for the sexual violence she faced from her father and it was not easy for her to speak about it.

The first time Nitya called the helpline was an evening. She was on the terrace of the building. The Counsellor sensed hesitation and reluctance in her voice. When repeatedly reassured by the counsellor that confidentiality would be maintained she talked about marital discord between her parents – that they argued often, her father becomes violent and that she tried to intervene and got hurt – “nothing major but only a scratch”. She felt confused and did not know what she could do or even what kind of help she could ask for. When the counsellor tried to explore further, Nitya disconnected the call.

She called again a week later. This time she remained on the call for longer but most of this time was spent in long pauses. She was scared and reluctant to give details about her situation. The counsellor reiterated confidentiality, and the need to disclose if she was facing violence and its

effect on her health. At this point, Nitya revealed that her father has been raping her for the past two years. She had revealed this to her mother but she did not or could not help her. In that period her friends were her only support system. Deprived of her support system due to lockdown, she was under duress and reached out to the helpline for help. She said she found the number on the internet.

She told the counsellor that she had never spoken to anyone about the abuse. She did not want to involve the police as she feared the disrepute to the family. While discussing the safety plan, she said she could neither hide from her father nor lock the door of her room as none of the rooms had locks. She experienced utter helplessness and attempted suicide twice. The counsellor acknowledged her feelings and suggested if another attempt to speak to the mother could be made; she also offered to have a conference call if that would help Nitya but she was unsure. The counsellor suggested some steps to deal with thoughts and feelings about suicide- calling the helpline / her friends and speak about her feelings, the counsellor also discussed the possibility of leaving the house and moving to a supportive friend’s house so that she can get some time and space to think about the next steps. She

assured the counsellor that she would think about it.

The next call by Nitya was frantic and late in the night. She revealed that her father had sexually abused her again. She blamed herself for not doing anything to end the violence and expressed feeling guilty for calling the helpline repeatedly. Such calls continued and so did the counsellor's efforts urging her to take some steps. She said that speaking with the counsellor at least helped her temporarily. As she became comfortable. She disclosed how her father beat her when she resisted the sexual acts, he would use a condom to prevent her from becoming pregnant. Driven to desperation she threatened him with a police complaint but he was undeterred. He dared her to do whatever she wanted – implying it would not make any difference to him. On-going abuse has affected Nitya and she blamed herself for it. In the lockdown, the frequency of sexual assault by him has increased to thrice a week.

Because she had boyfriends in the past, she said that her extended family will not believe her and they think she is of 'bad character'. She told the counsellor that her father had secured admission for her abroad and she was looking forward to

relocating but the lockdown affected those plans. The counsellor explained the legal procedure and that the law protects her from sexual abuse. She assured her that her father cannot stop funding her education abruptly -which was her fear if she makes a police complaint. International travel may not happen right away and Nitya can take steps to stop her father with the counsellor's support. She ended the call stating that she had tolerated abuse for so many years, and that she could survive for a few more months.

ISSUES AT HAND

Nitya's case presented several challenges ranging from being trapped inside the house with the abuser during the lockdown, increased frequency of sexual abuse and isolation from her main support system – her friends. While the helpline suggested different alternatives such as assisting her to move to a safe place, getting police intervention to stop the abuse and also involving an extended friend circle to plan her safety, Nitya was unsure of these interventions. Helpline contact was at least able to provide her information about her rights as well as listen to her unconditionally which allowed for an opportunity to unburden herself.



CASE STORY 6

**DISCLOSURE OF ABUSE
DURING A LOCKDOWN:
REACHING OUT FOR
SUPPORT AFTER 30
ABUSIVE YEARS**



Mrs Martha D'Souza is 50 years old, married, stays with her husband and two adult sons in a distant suburb of Mumbai. She tutors students at home. Her sons are employed and work as architect and accountant respectively in corporate offices. She has been married for over 30 years and faced abuse ever since her marriage. But it has escalated in the lockdown which led her to contact the helpline. She told the counsellor "I cannot take it anymore", she said he suspects her character even now. The physical abuse stopped a few years ago as her grown-up sons would intervene. In the lockdown, his verbal abuse and foul language would anger her sons and she feared that they may retaliate physically and cause harm to their father.

Her sons suggested that they should move out of the house and stay on rent elsewhere, but she said that the house they lived in belonged to her and why should she leave the house? She wanted to understand the legal steps to protect herself from the abuse. The Counsellor suggested making a police complaint as, despite several years of facing abuse, Mrs D'Souza did not have any documentary evidence of abuse. The

counsellor explained to her that the law protects women against domestic violence and she has a right to protection living in the same house. The counsellor enquired if the husband can be asked to leave the house and reside with a relative, but she said he won't do it. Information about the police helpline which ensures that police reach the house to stop violence was also suggested. The counsellor suggested to Mrs Martha that she must talk to her sons about not being abusive towards their father because if he is hurt, they may face legal consequences and also becoming violent cannot be a justification. Given the lockdown and that the courts were not working, the counsellor discussed ways of keeping safe in this period until they talk to the Protection Officer.

Two weeks later Mrs D'Souza called the helpline again. She said that she was tired of the violence and was convinced that it would never stop. She said that she had tried reasoning with her husband, but as expected he did not mend his ways, and hence, this time she sought information on divorce procedures. Her sons suggested that they move into rented accommodation as that would give

her peace of mind. The counsellor while providing information on divorce procedures, suggested that urgent steps be taken to deal with the situation at hand which was violence from her husband. An intervention by police such as speaking to her husband will make him realise the seriousness of it all. Mrs D'Souza said she will think about these alternatives. Upon a follow-up call, she revealed that after giving much thought she decided not to file a police complaint. She said she would think about the legal provisions and would get back if she needs help.

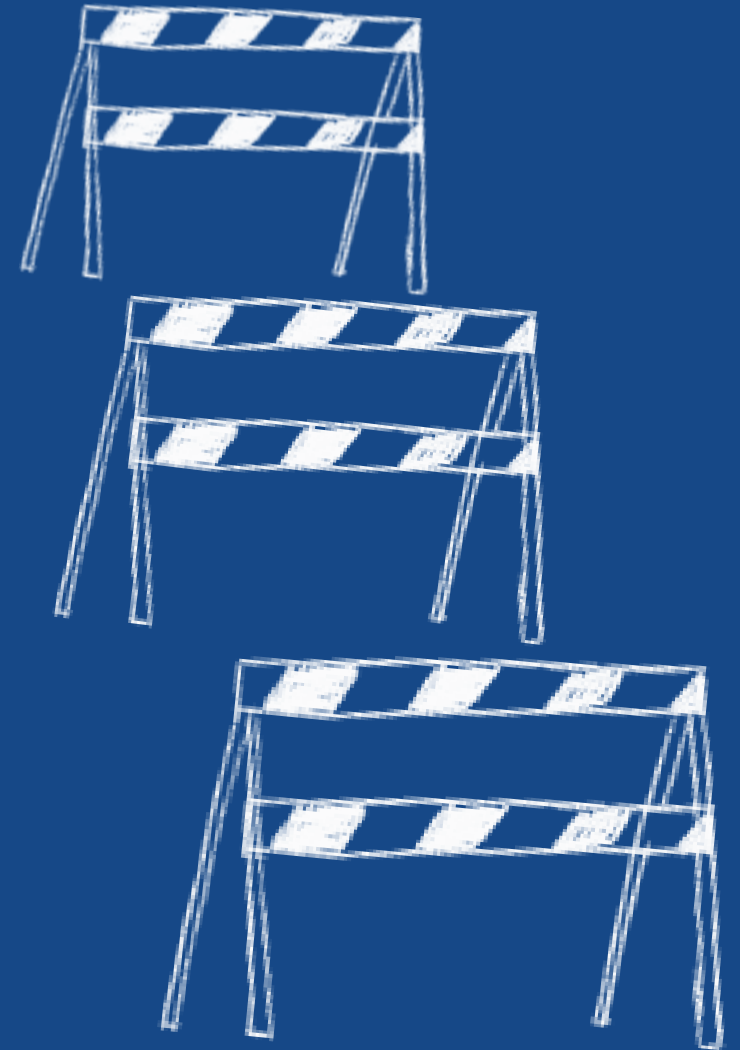
ISSUES AT HAND

Mrs Martha was subjected to violence for several years, but it was in the lockdown that the violence had got unbearable and she had contacted a helpline for support. Despite repeated discussions with Mrs Martha about filing a police complaint, she was hesitant to do so. In a discussion on the law related to the protection of women from domestic violence (PWDVA), Mrs Martha was unsure of these steps. The case narration reveals difficulties experienced by Mrs Martha as well as mindset of women and their fear of reporting to the police. The case narration draws attention to the fear amongst common citizens about police and the urgent need for police to proactively change their response to women reporting violence.



CASE STORY 7

**BARRIERS TO ACTION
AGAINST AN ABUSIVE
SON: APPREHENSION
OF A SENIOR CITIZEN
MOTHER**



55 years old Prabha called the helpline thrice during the lockdown. She had received this number from another helpline where she had called to seek help for her son's irresponsible behaviour.

Her first call came about a month into the lockdown. She asked the counsellor for ways of protecting herself and her husband as her 25-year-old son was violent towards them. This was the first time she had sought help relating to her son's behaviour.

Prabha and her husband both have recently retired from government service and are financially self-sufficient. Her husband continues to work in the informal sector after his retirement. The couple has a 25 years old son who according to Prabha has a history of 'disturbing behaviour'. He is unable to stick to any jobs, neither does he contribute to the family income. To help him settle down, Prabha's husband financed a business for their son but here too he refused to take responsibility. If the parents try to reason with him about earning, taking responsibility, he becomes aggressive and often abuses them verbally. Prabha narrated to the counsellor that when they asked him to contribute financially to the household expenses he told Prabha that if he paid, he

would expect perfect service and if it was not delivered, he would beat her. She feared for her safety and the safety of her husband.

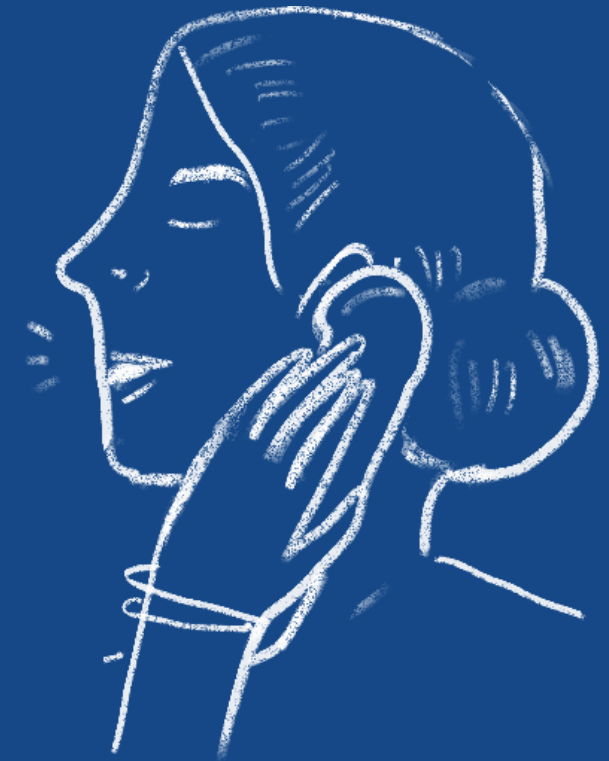
Prabha said that he fell into bad company while still at school and had started substance abuse. The family shifted residence to help him come out of it. The son's behaviour did not change. He got poor marks in SSC, did not attend lectures or tuition classes that his parents paid exorbitant fees for, failed exams and finally was admitted into a diploma course on payment of a huge donation. According to Prabha, his friends continue to influence his decisions and his life. Throughout his adult life, the son has been disrespectful of his parents. She admitted to being scared of his behaviour for quite some time now. However, she would feel safe at home when he went out and spent time with his friends. Since the lockdown, the son had not left the house and this had increased the sense of insecurity Prabha experienced.

The counsellor explained to her that their son's behaviour was unacceptable and violent and that the parents were completely justified in asking him to be responsible. His violent behaviour had increased during the lockdown and Prabha

was told that in such a situation it may be important to seek police help. A week later Prabha called again. She had called because there was yet another episode of violence; she spoke very softly as her son was sleeping in the next room and she was scared that he may overhear the conversation. She wanted an alternative to the police helpline, the counsellor explained that specific organisations that worked with senior citizens can help to speak to their son and can intervene, and that the counsellor could connect her with them. At that point, Prabha suggested that the counsellor speak with the son. The counsellor suggested that they could make a plan based on what aspects can be discussed with the son and agreed to call him. But very soon Prabha said that it was not a good idea as she could not predict his reaction and an in-person meeting with the son would be better. The counsellor stated that in the lockdown an in-person meeting was not possible and considering the strict stay at home for senior citizens it may not be a good idea. The counsellor appealed to Prabha to seek support from the police/ senior citizens organisations as their role in stopping violence would be crucial. Though Prabha stayed in touch with the counsellor, she did not record a complaint against the son nor did she contact police to intervene.

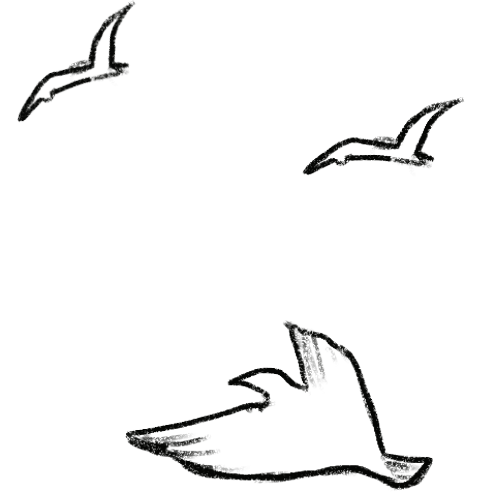
ISSUES AT HAND

Prabha is torn between her love for her son and making him accountable for his behaviour. Prabha's narration brings forth the hesitation of people belonging to the middle-class community to take action against family members as well as fear of discussing his mental health condition with him. Before the lockdown, her son would spend considerable part of the day outside of the home, so the parents found it bearable to tolerate his erratic behaviour. But even since the lockdown he has been compelled to stay home. His anger issues had increased significantly in this period. Prabha's calls to the helpline enabled her to unburden herself and assisted her in thinking about the alternatives offered for dealing with her son. But this requires Prabha to speak with her son about the need for a psychological intervention.



CASE STORY 8

RETURNING TO AN ABUSIVE HOME: HOPE FOR AN ABUSE-FREE LIFE



Riya's sister called the helpline seeking help for 28-year-old Riya who had walked 15 km from her marital home from one end of Mumbai to her natal home at the end of the city. She wanted to know how Riya could bring back her 18-month-old son.

Riya got married in 2018 and has an 18-month-old son. She stayed in a large joint family with her parents in law, her husband's unmarried sister and her husband's brother and his wife. According to Riya, her co-sister-in-law too faced physical violence at the hands of her husband. Riya had been facing violence since her marriage. Riya's mother-in-law and unmarried sister-in-law burdened her with house hold work and would often hurl abuses at her if she was not able to complete the chores. Whenever she discussed living separately, her husband would physically abuse her. Tired of his behaviour and that of in laws; Riya along with her son moved in with her natal family in September 2019. She would take her son to visit his father periodically. Riya called her husband in April suggesting that he take their son to his place as the area in which she lived had increasing COVID cases. He took the son with him, but after a week she missed the child and decided to go to her husband's place to be with her son. She had hoped

that the in laws and her husband had changed for the better as they had stayed apart for more than six months. Upon her return to the marital family, she found that there was no change in their behaviour and the violence resumed immediately. Yet she decided to stay put for a month.

However, an episode of physical violence compelled Riya to walk out of the house. The reason being that the child spilt milk and her sister-in-law started screaming at him, she blamed Riya. Riya did not want to engage with her as she knew that it was futile, so she slapped her son and reprimanded him for spilling milk. This angered her husband and he started beating her profusely, Riya was scared for her life and wanted to leave the house at night itself. Her father-in-law convinced her to stay the night as it would be unsafe for her to travel. The next morning, she left home without her son as the family did not allow her to take him with her. She walked the entire distance of 15 km to reach her parents' house in the western suburbs as there was no transport whatsoever.

Upon coming back, she broke down and wanted her son with her, given that the child was a toddler, Riya was desperate to

know about his well-being. Her sister wanted to know ways of bringing back the child to his mother. The counsellor discussed with Riya's sister that police will require to be involved, at the same time the counsellor located an organization in the vicinity of Riya's husband so that they could escort the child back to his mother. The local NGO contacted Riya's husband who agreed to bring back the child himself to Riya the next day. Instead of bringing the child back, Riya's husband telephoned her and after a lengthy discussion with Riya and her sister, he committed to stop the abuse and move out of his mother's house. The condition of living separately was suggested by Riya months ago. But he agreed to it only after recent episode of physical abuse. Riya was also keen to stay with her husband and she wanted the violence to stop. Sensing the situation, the counsellor discussed ways of staying safe and protecting herself in the environment. She encouraged Riya to stay in touch and seek support anytime she found the situation at home not to be conducive. A few days later Riya called the counsellor and said that they have started living in a separate house rented by her husband.

ISSUES AT HAND

Domestic violence from the husband and in laws compelled Riya to move in with her parent's with an 18-month-old son. On one of these visits, the lockdown was declared which prolonged the stay of the baby with Riya's husband. Riya was worried as the baby had not stayed without her for that long so she travelled to her marital home to be with her son even in the lockdown. Even in the limited time that she stayed with her husband, he became abusive and hit her. Unable to bear it, Riya took the journey of walking on foot for 15 kms to her parents' home. Upon reaching she wanted the baby back and tried to get help. While efforts of reuniting Riya with her son were underway, the husband promised Riya to stop the abuse and move into a separate house and stay with her. The marriage was barely two years old and Riya wanted to stay with her husband and the abuse to stop. Given these circumstances, the counsellor along with Riya discussed ways of staying safe and steps she could take if the violence escalated.



CASE STORY 9



A POSITIVE RESPONSE FROM
SUPPORT SERVICES
ENCOURAGES A YOUNG
WOMAN TO TAKE STEPS FOR
ENDING DOMESTIC
VIOLENCE



In the second month of the lockdown, 22 years old Meeta frantically called the helpline to seek help for the escalation of violence from her father. After completing her graduation, she started working with a private firm and was keen to pursue higher education. She had even enrolled for a postgraduate diploma course but her father had refused to pay her fees. She feared she would be prevented from attending online lectures. He threatened to throw her out of the house if she did not obey him. He confiscated all her important documents such as Aadhar card, passport, school certificates, and other important documents required for academic admissions as well as for securing a job in the future. She called the helpline to explore if she could pursue legal options. She wanted to know if her father could throw her and her sister out of the house.

Meeta's father had been abusive towards her, her sister and her mother from as long as Meeta could recall. In late 2019 (6 months before she called the helpline for the first time) Meeta had left home to escape the violence. Her father influenced the police to round up all her friends and telephonically threatened her that they would be arrested if she did not return. She was worried for her friends and returned home. It was then that her father

took away all her documents such as Aadhar, PAN card, passport, educational certificates, etc. The verbal and physical abuse too worsened and her grandmother filed an FIR accusing Meeta of causing hurt to her grandmother by throwing utensils at her.

Her father was in an extramarital relationship and was very abusive. Though he provided for Meeta's mother, he constantly threatened to withdraw it if she and the daughters did not act as per his wishes. In the recent past, the violence against her mother had increased so much that she had attempted suicide. Meeta's mother was admitted to one of the public hospitals where Dilaasa is set up, she could discuss the violence faced by her. Before any intervention could be planned, her husband got her discharged against medical advice and sent her to her parental house. Her father was not as economically well off and ended up sending Meeta's mother back to the marital abusive home. Meeta felt responsible for protecting her mother which often led to her father physically and verbally abusing her. Her paternal grandparents stayed in the adjacent flat and they too were abusive towards Meeta, her mother and sister.

The counsellor reassured her of support and explained that her experiences

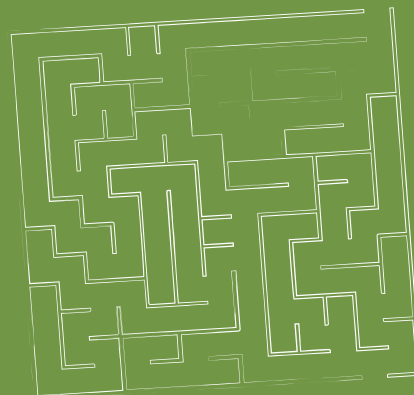
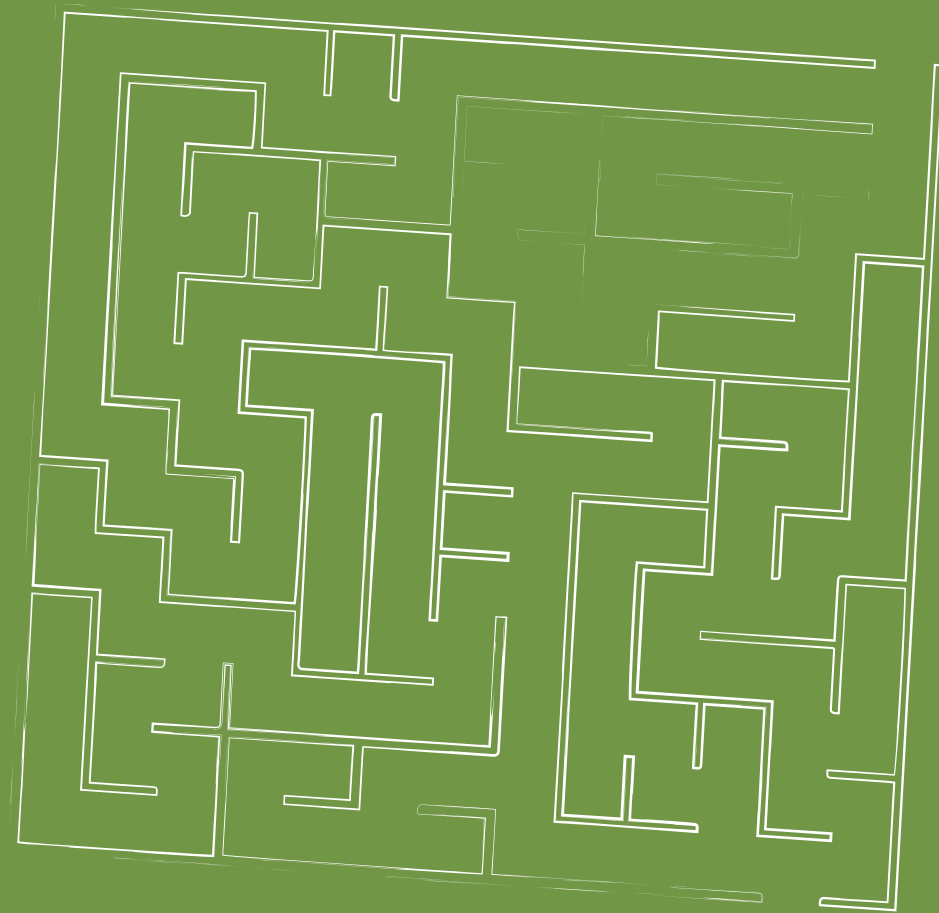
amount to domestic violence. Given the restriction on movement due to lockdown, suggestions about emergency police help were provided assuring her that on being called the police would reach her residence and intervene. She was also informed that she has a right to protection and right to residence under PWDVA and that her father cannot throw Meeta, her mother and sister out of the house. The counsellor explored options of looking for supportive neighbours if the violence escalated, but Meeta said her father was an influential man and no one wanted to deal with him.

Soon the violence escalated. Her father started calling her a prostitute and beat her. She was able to call 103 – the police helpline for women and children. In the first instance, the police placated the father as well as Meeta and instructed them that since the lockdown was underway, they should maintain peace. No FIR was registered. Meeta called to discuss this with the counsellor on the helpline. Assessing the situation, it was clear that the police were not recording a complaint, so the counsellor suggested that Meeta meet the Senior police official of the police station and ensure that an FIR is recorded as the violence had escalated and there was a threat to her. After several follow-ups by the counsellor an FIR was lodged. But the senior police

official stated that given the COVID situation, an arrest was not feasible. They visited the residence and suggested that the father move in with his parents who were in the same building and Meeta along with her sister and mother would continue to live in their house. The counsellor also connected Meeta with Protection Officer (PO) under PWDVA. The PO was supportive and agreed to register the Domestic Incident Report (DIR) even during the lockdown so that she is not dispossessed and can secure her right to protection as well as residence.

ISSUES AT HAND

The case story demonstrates the violence faced by Meeta's mother, sister and herself. Her mother has been suffering domestic violence for a long time but because of a lack of support system had to continue tolerating the abuse. Meeta and her sister were also subjected to abuse for several years. When they protected their mother from abuse, violence against them escalated. As Meeta's father was an influential person it made most supporters of the family stay away for fear of repercussions. The Lockdown worsened Meeta's situation almost rendering her shelter less till she could get in touch with the helpline which also helped her connect with resources such as the police helpline and prevent eviction from the house. Meera and her sister along with their mother reside in a separate house and she was also able to acquire documents required for college admission.



CASE STORY 10

EFFECTS OF LOCKDOWN ON ADOLESCENTS



16 years old Jaya was brought by the police to a public hospital for medico-legal examination as her parents had filed a complaint stating that their daughter had gone missing. Jaya belongs to a socio-economically marginalised tribal community and stays inside the protected forest land. Her mother earns a living as a vegetable vendor, selling the meagre produce from her small piece of land. Jaya had left home the previous evening after heated arguments with her mother over the completion of household chores. She was sick and tired of constant arguments between her and her mother. No contact with friends, no access to school, having to deal with household chores and uncertainty of the future due to lockdown had forced Jaya to take this step. The police asked the health care providers (HCPs) to carry out a rape examination. But the HCPs suggested that the counsellor meet Jaya to understand her narration. Jaya disclosed to the counsellor that she had only gone inside the forest and stayed till 3 am by herself and then returned the next morning. Since due to lockdown she could not go to any other place she spent time in the forest. She was angry that her parents did not understand her situation, their control on her

movements had also increased in the lockdown and she felt stifled. She felt trapped at home, she had appeared for the 10th std exam but had failed it and was not able to continue her study further. Before the lockdown, she used to spend some time with her friends but now this also had stopped and she has to spend all her time at home. The counsellor reached out to Jaya and validated her feelings. She assured her that no examination would be carried out on her without her consent. The counsellor discussed with Jaya that as the situation due to the pandemic and consequent lockdown was a very difficult one, she suggested to her if she could think of ways in which she could make it bearable for herself by engaging in activities that gave her pleasure (painting, chatting with friend's/ family members/ listening to music). At the same, time the counsellor had to also communicate that her parents were concerned about her. Counsellor felt it important to speak with Jaya's parents about the difficult circumstances faced by Jaya too and emphasise the challenges of adolescence, the turmoil it brings to children because they are unable to meet their friends, go out, engage in activities they would otherwise have participated in, be involved

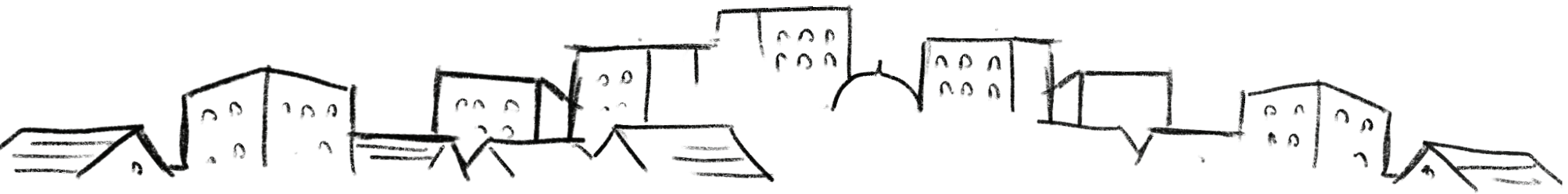
had it not been for the lockdown. The counsellor urged them to dialogue with Jaya rather than constantly reprimand her and mutually decide upon the work she should do at home to help them.

Both parents and Jaya seemed to consider the suggestions put forth by the counsellor.

ISSUES AT HAND

Jaya's circumstances demonstrate the impact of lockdown on adolescents. Due to stringent lockdown, her school was closed, she could not meet her peers, there was no place to go to and she found any instructions from her parents as too demanding. Similarly, Jaya's parents were concerned about her safety, the lockdown had rendered her father jobless and the mother was bearing the pressure of providing for the family single-handedly. Sensitivity on the part of HCP and timely intervention of coordinating with the Dilaasa counsellor prevented unnecessary and invasive rape related medical examination





CASE STORY 11

STRANDED IN THE CITY

Faimida (26 years old) came to Bhiwandi with her husband and two children in January 2020. She called the helpline in May about six weeks after the lockdown was implemented. She needed help as 15 days ago her husband had locked the house and absconded with their two children. New to the city, she did not know anyone and she had nowhere to go. For the past two weeks, she had been living on the help provided by her neighbours. She had unsuccessfully tried registering a police complaint. The police were busy implementing lockdown so neither her FIR was lodged nor could she reach her kids. The local Mahila Mandal she approached too could not help her as its members were restricted to their homes and could not conduct meetings in the community. She was scared that she would have to practically live on the streets, and was worried about how she could get help to get back her kids and her home.

Faimida had been married for seven years. Until recently she had stayed with her husband and two children with her husband's family in a village in UP. Her husband had been abusive since she got married. She faced emotional, physical violence from her husband as well as his parents and her sister-in-law. In the early

years of her marriage, severe beatings from her husband had resulted in a miscarriage. She had left him several times when the abuse became unbearable and sought respite at her natal home but each time he would fetch her back. Her husband was a drug addict and did not have a job. After repeated pleas from Faimida to move away from his village, to look for work, the husband decided to move the family to Bhiwandi, where a distant cousin worked in a factory. Faimida followed him with her children. It was an unfamiliar environment for her. She did not know anyone in Bhiwandi. She said her brother worked in a garment shop in Mumbai but did not have a contact number or address where he could be reached. Alone, without family and support, stranded in an unfamiliar surrounding during the lockdown Faimida felt utterly helpless.

The counsellor facilitated police intervention so that she could access the house in which she resided with her husband. The police suggested that she had a right to enter the house but because it was locked she was scared to break it open. The counsellor built her courage to break the lock of the house as she resided there with her husband and he had thrown

her out and locked it and disappeared. She managed to break open the lock. As it was lockdown period, Faimida had no job and no means of survival. The, and hence the counsellor explored options related to provision of rations and connected her to a local organisation that offered meals from the community kitchen. The NGO also worked with women facing violence and Faimida was assured of support locally in case the husband returned and became abusive.

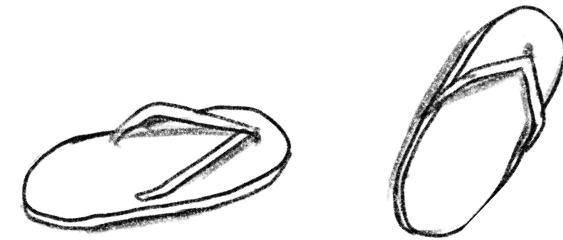
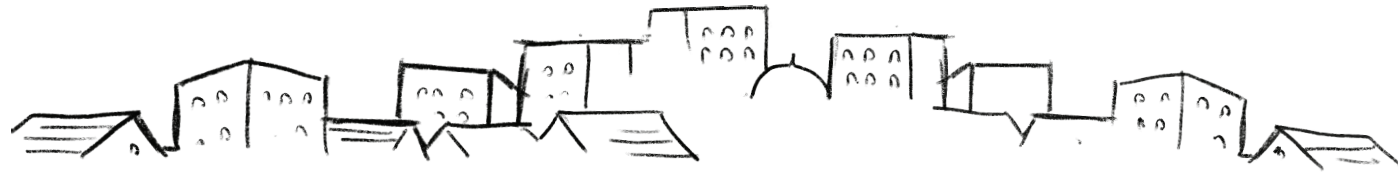
Faimida's husband found out that she was receiving help from the NGO and quickly came back to live with her along with the children. Faimida called the counsellor to discuss what she should do and whether she should allow him back in her life. She was encouraged not to be under pressure from the community to reconcile and explained that she could still have access to her children even if she decided not to go back to her husband. She was told that even if she decided to stay with him, she still has a right to a violence-free life. Faimida was counselled to state her concerns in the meeting only. Post-meeting in the presence of a local NGO she informed the counsellor that her husband had accepted her demands and handed over her children to her. While he

temporarily moved out of the house, he had come back and promised to change his abusive behaviour.

Within a month, Faimida called again. The physical abuse had started again. Her younger child had been playing with the husband's phone. He started screaming at the child and reprimanding him, when she questioned him, she was thrashed. This time the counsellor convinced her to record a police complaint and coordinated with a local NGO to do it. When the counsellor followed up a few days later to ask her about the situation at home, Faimida told her that her daughter passed away that day because of COVID 19. The daughter had been unwell for over two weeks and on medications, but did not recover. At this stage, she said she had not thought of anything and would call if she needed any assistance.

ISSUES AT HAND

Faimida was one of several thousands of migrants stranded in the city without a social support system. She followed her husband to the city and hoped to find employment as well as live with her husband. The lockdown not only ruined the possibility of finding employment but also increased spousal violence. She was abandoned by her husband and did not have a roof over her head. While the community-based organisation (CBO) supported her with rations as well as in registering a police complaint, the police did not pay much heed and cited lockdown duties as taking up their time. Given the precarious circumstances, Faimida forgave the husband and started cohabiting with him and their children but violence re surfaced soon. While she was in touch with the Dilaasa counsellor and local CBOs and was contemplating legal action, she lost her young daughter to COVID 19. Stringent lockdown resulting in economic deprivation, lack of state support for people belonging to migrant communities, and increased violence raise important issues of the need for support by state systems.



CASE STORY 12

**ACCESSING MTP AMID
LOCKDOWN: CHALLENGES
TO CARE SERVICES**



In early April 2020; 21 years old Meena telephonically contacted the Dilaasa counsellor to enquire about MTP services. She was referred to Dilaasa by a community-based organisation (CBO). The counsellor suggested to Meena to come for an in-person visit if possible she could facilitate an examination by HCPs and discuss the next steps with her. Meena lived with her mother and brother's family; no one else other than her mother knew about the pregnancy.

Upon reaching the hospital, Meena met with the counsellor. She disclosed that the pregnancy was a result of consensual sexual relations. It was a casual relationship that ended about two months before she realised that she was pregnant. She did not want to continue the relationship and wanted to terminate the pregnancy. In her opinion, she was ten weeks pregnant. The counsellor quickly facilitated medical examination and other investigations for Meena realising that the hospital situation was a dynamic one, given it was a COVID dedicated facility. All investigations were done except for sonography which could not be carried out as the USG technician had been unable to reach the

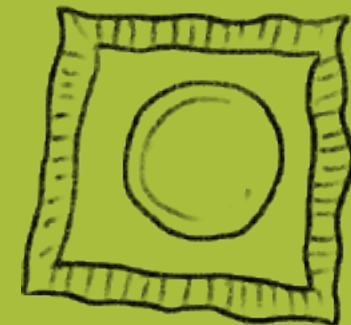
hospital because of the lockdown. The counsellor explained to Meena that the sonography would help the doctor to date the pregnancy and decide the method to be used for termination of pregnancy. When Meena returned to the hospital two days later, the technician had still not come to work.

Recognising the urgency of MTP for Meena, the counsellor tried to negotiate with diagnostic services of a private lab in the area but most of them were shut. By now Meena was starting to get worried, repeated hospital visits would make her family suspicious and she was apprehensive about getting the required services. The Counsellor tried hard to negotiate with the HCPs but they explained that the hospital was a COVID dedicated facility and so even deliveries were being conducted of only COVID positive women and others were referred to other hospitals for fear that other patients may contract COVID. Meena couldn't visit another hospital. The Counsellor tried exploring if a medical abortion (by pills) could be offered as it was a very early stage of pregnancy, but the doctor was unsure of the availability of the pills. He also expressed that if the

patient doesn't follow up and has a health complication he would be blamed. The Counsellor wasn't convinced of the surgical procedure and tried reaching out to other agencies which could do it at minimal rates. Finally, a suitable abortion service provider was located and Meena could access medical abortion.

ISSUES AT HAND

Although that Ministry of health and family welfare (MoHFW) included reproductive health services, including medical termination of pregnancy in the essential services care package, Meena faced challenges in accessing it on the ground. She had to make multiple visits to the hospital, a COVID dedicated facility to access MTP. As she had not confided about the pregnancy to her family members (except her mother) it made her anxious that they would suspect her repeated hospital visits. Though the HCPs recognised that a medical abortion could be carried out, they feared that if Meena did not follow up and had an adverse reaction such as excessive bleeding or incomplete abortion, they would be blamed for it. The Dilaasa counsellor realised the time urgency and facilitated a medical abortion through a private provider. The case scenario raises the urgent need for awareness on safe sex practices in young people to prevent unwanted pregnancies as well as sexually transmitted infections.



CASE STORY 13

**MULTIPLE STRESSORS DRIVE
AN ADOLESCENT TO
ATTEMPT SUICIDE**



In August 2020, towards the end of the lockdown, 17 year old Reeta was admitted to the ICU of the hospital with attempted suicide due to overdosing on prescription medicines. This was her second attempt to commit suicide. She had been seeking Dilaasa services since a year. The Counsellor first met her in early 2019 when she was admitted to the hospital as a case of attempted suicide by phenyl consumption, and diagnosed to be pregnant. Reeta told the counsellor about her love relations with her boyfriend and his refusal to marry her when she told him of the pregnancy. She felt hurt and betrayed and felt there was no point in going on with life. Her mother's objections to her relationship further pained her. Following counselling and consultations with doctors, Reeta chose to terminate the pregnancy. The family was strongly opposed to the relationship and suggested that a rape complaint be filed against the boy. Reeta did not have much of a say in it and was pressed by her family to file an FIR.

The boy was arrested. His family sent a vague message to Reeta that they are willing to get him married to her. His mother suggested that she arrange a bail amount to get him out if she wanted to get married. The survivor was pressurising her mother for the money but at the same

time was aware of the family's economic condition. A few days later, he received bail. The Counsellor explained the possibility that such an acceptance by her boyfriend may be only to evade imprisonment. The possibility of violence in a relationship was also spoken of and, Reeta was encouraged to think of her life as having several other aspects. She was also reassured, to focus on acquiring skills and looking for a job, and that she may find a suitable partner in the future who respects her, whom she can trust. Currently Reeta felt convinced and mentioned the demand for money from her for the bail was shocking. She realised the boy's family wanted her to leave him and were therefore and hence demanding the money. She decided not to pursue the relationship further. Enthused, she started working in a small company and also continued her follow up at Dilaasa. She reported feeling better, discussing her feelings and coping with the loss of a relationship.

Then the lockdown came. Reeta lost her job. She was forced to be at home - a room she shared with her mother, widowed older sister and her son, and a younger sister. Around the same time, Reeta's mother found out about the love affair of her youngest daughter.

Though she initially objected to the alliance, she eventually agreed to their marriage. Reeta felt completely let down by her family. She could not understand why her relationship was rejected and her younger sister's affair was accepted. The mother insisted that she file a rape complaint against her boyfriend, and whenever she felt low, they would ask her to forget about him and move on with her life. When she learnt that her boyfriend was released, she had hoped he would contact her, but he did not do so. He refused to answer her calls. Whenever she broached the topic of her relationship, her mother firmly made her displeasure clear and this led to heated arguments between Reeta and her mother.

Driven to a point of desperation because of several factors - lack of support from her mother, her boyfriend not paying heed to her, Reeta overdosed on prescription medicine. The family suspected something amiss when Reeta remained asleep till late in the morning. Her condition was critical when she was admitted to the ICU at the hospital. But she recovered after a week. Reeta's clinical diagnosis indicated depression and the hospital initiated her treatment.

Counsellor spoke to the mother about

Reeta's feelings, her complete despair and feelings of rejection and the urgent need for her family to be supportive of her. Her mother acknowledged the need for emotional support by family to Reeta.

Reeta continues to take treatment and speaks to the Counsellor to unload her feelings which helps her to deal with her anxiety. Reeta's mother arranges for these telephonic calls regularly.

ISSUES AT HAND

Loss of employment, refusal by the boyfriend's parents to speak with Reeta, neglect and disregard about Reeta's feelings by her parents and inability to access a counsellor in person to discuss her feelings and neglect by her mother and family about her feelings towards the boy drove Reeta to attempt suicide. Overwhelmed by several aspects starting from betrayal by the boyfriend, pressure from parents to move on with life, and loss of independence due to the lockdown, she felt let down. Reeta's case points to the impact of lockdown on the mental and emotional well-being and the role of counselling to assist her in dealing with her break up as well as rejection faced from her family.



CASE STORY 14

GENDERED IMPACT OF LOCKDOWN ON A YOUNG TRANSGENDER WOMAN



A 22 year old person, who was assigned sex of male at birth but identifies herself as a woman called the helpline. She lived in a very small village in North India. She asked the Counsellor to address her as 'Nusrat'. There was desperation in her voice and she disclosed that she had nowhere to turn. She found the helpline number from a poster shared on social media website. Nusrat lives with her mother and her siblings. She lost her father at a very young age. The only supportive person is her paternal uncle, but he cannot stand up for her against the family. Last evening, she was beaten up by her family members as she had dressed in feminine clothes Salvar khamis. She discussed that she was unable to bear the abuse any longer wanted to immediately move out. She was tired of being judged all the time by her family.

She shared that no one else except her mother and siblings knew that she identifies herself as a woman. She likes to wear make-up and dress up but her family abuses her because of it. The counsellor appreciated Nusrat for calling the helpline and acknowledged the hardships that she was suffering. She assured Nusrat that she has the right to be the person she wants to be and no person can force her to be otherwise. The counsellor discussed

with Nusrat that she needed some time to locate organisations in her vicinity for support to facilitate her move to leave the house. When counsellor enquired whether violence had escalated and if there was a threat to her life? Nusrat discussed that violence happens when she dresses up in feminine clothes but she did not perceive any threat to her life. Ways of keeping herself physically safe - reaching out to the helpline / holding her mother's hand if she beats her were also suggested. The counsellor also suggested that she can support Nusrat to make a police complaint related to the physical violence she was being subjected to in the form of an NC; it may at least temporarily stop the abuse. Though there was abuse Nusrat didn't wanted to complain against mother but she felt supported after talking to the counsellor. The call ended on the note that counsellor will look for organisations/ groups that provides hostel/ shelter services for Trans people as well as counselling services. One of the biggest hurdles was the lack of organisations in Nusrat's district who worked with trans people. After several attempts by the counsellor a local organisation was located. The representative of the NGO agreed to speak with Nusrat and offer her support as well as discuss alternate accommodation.

In the next call between Nusrat and the Counsellor, she said that she had decided to undergo a gender re-assignment surgery. She had gathered some information via internet and had saved some money for it. She had abandoned the thought of moving out of her mothers house temporarily. She said she had spoken with her sister about her thoughts and feelings. Nusrats sister decided to support her. Nusrat wanted to be referred to a hospital who could undertake this surgery and wanted help with it. The counsellor said that these surgeries can be done but as the hospitals are overwhelmed with COVID care, this may require some time. In addition, these surgeries are expensive and it would be useful for her to save money for it accordingly during the phase of transition she may need to take rest and may not be able to go back to work. The counsellor discussed that there is a need for a supportive person and if she can identify any one from her family. Though the decision of surgery is entirely hers and should be respected by family, it would help to have at least some person who can be with her during the process. The Counsellor also shared details of the NGO working with trans persons and nature of support they could offer.

When the counsellor called Nusrat a few days later to check on her well-being and if she had contacted the local NGO, Nusrat expressed disappointment with the NGO representative, she said that person from NGO identified herself a non-binary person. She explained to Nusrat to understand the concept of “Gender dysphoria⁴” She urged Nusrat to speak to a professional counsellor who will carry out the assessment based on counselling sessions. The NGO person felt that Nusrat appeared unclear in terms of -whether she wanted to undergo surgery to be able to wear feminine clothes; then she can wear clothes of her choice without having to undergo surgery. NGO person stated that fitting in to rigid binaries is a product of patriarchy and that Nusrat should not be stuck in a binary. Nusrat was encouraged to participate in group meetings to learn from experiences of other people who have dealt with gender dysphoria. Based on counselling sessions from a professional Nusrat could make her decision of surgery but she should not hasten it.

Nusrat was reluctant to go through these steps and she clearly told the counsellor that she wanted to proceed with the surgery immediately; she also stated that

⁴Some people who are transgender will experience gender dysphoria, which refers to psychological distress that results from an incongruence between ones sex assigned at birth and ones gender identity. Though gender dysphoria often begins in childhood, some people may not experience it until after puberty or much later (American Psychiatric Association, 2020)

she knew some local doctors who perform these surgeries at a lower charge. The counsellor told Nusrat that she understood her feelings but there is a danger of undergoing surgery by non-certified doctors as it could lead to infections and complications if not performed properly. The counsellor reiterated that the counselling was not to dissuade her from the surgery – rather it was to empower her to understand systematic steps before undergoing the surgery.

The counsellor received a call after a few days from NGO representative from Nusrat’s area. Nusrat had enquired with local people who undertake operations in clinics. They had botched up cases in the past. The NGO was concerned that if Nusrat ends up getting operated there, she may end up with infections – worse complete lack of sensation in genitals as was experienced by others who got operated there. This may further push her in to begging or sex work. CEHAT counsellor reached out to Nusrat and urged her to not take a hasty step. She assured Nusrat of support and also liasoning with organisations to facilitate medical procedures and have patience as the process takes time. Nusrat told the

counsellor that she will think it over.

ISSUES AT HAND

The case study brings forth challenges faced by a young transwoman. Her situation aggravated due to lockdown as she was trapped inside her house and could not access her friends for support. Rejection by her family about her identity, physical violence suffered by her led her to the helpline. While the counsellor identified support through a local NGO, Nusrat was not keen on being a part of the support group or seeking professional counselling required before undergoing a gender transformation surgery. The counsellor was able to validate Nusrat’s feelings. She also provided her with scientific information on procedures related to surgery and steps required before it, urging her to wait till the procedures of counselling are complete. The case narration signals to the situation of young transwomen lacking support from family and facing violence and the impact on their physical and psychological wellbeing.



CONCLUSION

The lockdown imposed in March 2020 due to the pandemic posed several challenges for women seeking services to deal with domestic and sexual violence. Hospitals which were once considered a safe haven for women to disclose violence and seek care for it had now become inaccessible; lack of transport services due to severe lockdown, and hospitals as a potential site of infections prevented women from accessing Dilaasa services. While the severity of violence prompted some women to reach the hospitals and thereby access Dilaasa services, rape survivors could reach hospitals because they were brought by the police for medico legal examinations. Dilaasa being an integral part of the hospital ensured that these women/girls could receive support and counselling. For women and girls who could not reach Dilaasa centres, the helpline by CEHAT was found to be useful in crisis intervention.

The case book presents a mix of success and challenges that counsellors encountered in crisis counselling – in-person as well as telephonically. The examples provided indicate ways in which the counsellors adapted their strategies – focused interventions in limited time especially on phone, making connections between survivors and NGOs providing relief services, consistent engagement and coordination with entities such as police, shelter homes, legal aid authorities despite lack of preparedness of these systems – in order to ensure delivery of psychosocial, police, legal and shelter services to the survivors. Further, the fact that even women belonging to affluent and educated backgrounds were contacting the helplines indicates the complete lack of support services for this group of women. Most women disclosed that it was the lockdown that prompted them to seek external support which they had not done in the past. The experience of Dilaasa centres underscores the importance of continued crisis intervention services even during

situations such as the lockdown and recognising it as a public health concern. However a comprehensive response to survivors of VAW can only be strengthened through a multi sectoral approach even in a pandemic. This requires preparedness on the part of stake holders such as police, shelter homes, legal services amongst others by way of standard protocols for addressing safety, health and well-being of women/ girls facing violence.

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DILAASA CENTRES IN MUMBAI

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OPD 101, Gyneac OPD, R. K. Patkar Marg,
Bandra (West), Mumbai - 400050.
Direct Ph No: 022- 26400229
Hospital Ph No: 022-26422541/26422775, Ext:
4376

K. B. Bhabha Hospital

OPD 15, Belgrami Road,
Kurla (West), Mumbai - 400070
Hospital Ph No: 022-26500241/26500144

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(Shatabdi Hospital), Ground floor, A - Wiog,
OPD 7, Parekh Nagar,
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Direct Ph No: 022- 28647002
Hospital Ph No: 022- 28647003, Ext: 1046

M. W. Desai Hospital

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Direct Ph No: 022- 287741216

Krantijyoti Savitribal Phule Hospital

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Direct Ph No: 022-28052886

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Ville Parle (West), Mumbai - 400056
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Hospital Ph No. 022-26183018, Ext: 341

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CEHAT is the research centre of Anusandhan Trust, conducting research, action, service, welfare 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.

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