CHAPTER 8

Lockdown and Violence against Women and Children

Insights from Hospital-Based Crisis Intervention Centers in Mumbai, India

Anupriya Singh, Sangeeta Rege, and Anagha Pradhan

Introduction

The COVID-19 pandemic is still unfolding, and its full impact is yet to be realized. However, global experience from the HIV, Ebola, and Zika epidemics suggests that pandemics, like other disasters and humanitarian crises, affect women more adversely because of the interactions between and among several preexisting and newly added vulnerabilities. One of the most noted impacts of pandemics is the increase in domestic violence and in intimate partner violence (IPV) against women and girls. Pandemic-related food shortages, economic crises, uncertainty about the future, and psychological stress from isolation and quarantine are known to increase the frequency and intensity of violence against women and children (VAW/C). Data from several countries shows a manifold increase in the incidence of VAW/C during the COVID-19 pandemic lockdown

Notes for this section can be found on page 153.

This open access edition has been made available under a CC BY-NC-ND 4.0 license thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

(Peterman et al. 2020). A rapid assessment by UN Women in Europe and Central Asia found that during the present crisis women's psychological and mental health has been affected more than men's and that between 20 and 40 percent of women did not know where to seek help (UN Women 2020). The contraction of health services and restricted mobility resulting from the breakdown of transport services further reduces survivors' access to essential services, such as psychological support, as well as to contraceptives and post-exposure prophylaxis.

The adverse effects of epidemics, and of this pandemic, on adolescent girls are more complex. Adolescent girls face violence specific to their age and gender (Ellsberg et al. 2017), as well as the consequences of the stay-at-home policy, which include emotional stress and anxiety about the future, exposure to parental violence, disrupted education, forced early marriage, and the deprivation of peer and other support services (Peterman et al. 2020). Violence against women (VAW) is known to be associated with a wide range of adverse physical, sexual, and mental health impacts (Rege and Bhate-Deosthali 2018). A surge in unwanted pregnancy among adolescent girls, mostly resulting from sexual violence following the Ebola epidemic in Africa, was found to be associated with the closure of schools and increased exposure of girls to abusers as they took on the role of caregivers to the family (UNFPA 2015).

Health systems have a crucial role to play in ensuring an effective response to women and girls reporting violence, since a well-organized and sensitive health system can facilitate disclosure of such violence as well as providing care. Health systems are also often the first port of call for women and girls facing violence (WHO 2013). However, global experience from previous epidemics shows that when health systems are overwhelmed with epidemic management, routine essential service delivery may be affected, and this can result in non-epidemic-related, preventable morbidity and mortality (UN Women 2020). COVID-19 has placed an immense burden on health systems and health providers but, despite this, actions related to care and psychological first aid for survivors can help mitigate some of the consequences of violence. In relation to epidemics, the World Health Organization (WHO) guidelines underline the health system's responsibility to ensure the provision of high-quality essential services that foster in the population trust in the health system and that sustain appropriate health-seeking, even during an epidemic (WHO 2020). These guidelines recommend exploring the possibility of gender-based violence (GBV) in all health-seeking contact interviews, including those

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

that are part of prenatal care, and also emphasize making information available to women and adolescent girls, as well as services that help to mitigate the health-related effects arising from IPV, GBV, and sexual violence, and, in general, ensuring a response to the medical, psychological, and social needs of survivors of such violence.

In India, the National Family Health Survey (Government of India, Ministry of Health and Family Welfare 2017) is the only source of data on a national level on the prevalence of IPV. It states that almost one-third of women who have ever been married (31 percent) have experienced spousal physical, sexual, or emotional violence inflicted by their current husband (for currently married women) or most recent husband (for formerly married women), while 24 percent had experienced at least one of these forms of violence in the twelve months preceding the survey. Several accounts point to an increase in calls to helplines dealing with violence against women and children during the lockdown (Nigam 2020).

While the lockdown in India was announced on 24 March 2020, directives for the implementation of a list of essential services were announced by the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Women and Child Development (MoWCD) well after a month into the lockdown. This list directed all hospitals to continue the provision of uninterrupted care for women and child survivors of violence, including appropriate referrals to support services.

The on-the-ground reality in India showed that the public health system was overwhelmed with COVID-19 case management and lacked the preparedness for the provision of essential services, including those for survivors of violence. Although the MoHFW directive mentioned the need to engage the private sector in states facing a shortfall of public health facilities, there is no evidence of any uptake by private providers. On the contrary, media reports expressed concerns related to the private health sector in terms of overcharging, insisting on COVID tests irrespective of health problems, and reducing or completely shutting down non-COVID health-related services. There are several anecdotal accounts of the denial of maternal health services having led to maternal morbidities and mortalities (Prasad et al. 2020). Additionally, access to safe abortion services was affected in both public and private healthcare facilities (Ipas Development Foundation 2020), and maternal mortality is estimated to increase by 52 percent over the next year (Global Financing Facility 2020). Despite directives issued by the MoWCD for all offices engaged in VAW response services (Government of India, Ministry of Women and Child Devel-

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

opment 2020), several services, such as one-stop centers, shelter homes, child welfare services, and offices of protection officers, were not available.

One of the first responses to VAW/C came from the Municipal Corporation of Greater Mumbai when it declared that Dilaasa centers offer essential services and must continue to do so during the lockdown as part of outpatient departments providing psychosocial services to women and children facing violence.[1] Each has a team of two counselors, two auxiliary nurse midwives, and a data entry operator. At Dilaasa centers, survivors of violence are provided with psychological support through empowerment counseling, emergency shelter in the hospital, police aid and legal intervention, and medical and medicolegal support. Dilaasa counselors liaise with other support agencies such as the Child Welfare Committee (a district-level autonomous body set up under the Juvenile Justice Act (2015) to assist children in need of care and protection), Protection Officers (appointed by the State Department of Women and Child Development to liaise between the violence survivor and the judiciary system), the District Legal Services Authority (which ensures that those who cannot afford legal fees are provided with lawyers free of cost), government-run shelter homes, and special cells (located inside police stations) for women and children to facilitate comprehensive care for them. During the lockdown, Dilaasa centers continued to provide services to women who sought them personally or via telephone.

Some positive examples of state response have also been noted during the lockdown and ongoing pandemic, ranging from declaring hospital-based crisis intervention centers as emergency services to strong messages from political leaders that VAW/C will not be tolerated and announcements from district-level administrators that abusive partners will be sent to institution-based quarantine facilities (Bhate-Deosthali 2020). The divisional bench of Jammu and Kashmir High Court took *suo moto* cognizance of the increase in VAW during the pandemic and said that "all courts will treat cases of domestic violence with urgency and proceed with the matters in accordance with the Circulars issued regarding the procedure to be followed ensuring social distancing" (Rege and Shrivastava 2020).[2]

Efforts were made at Dilaasa centers to move from face-to-face counseling to telephone support for survivors of VAW/C during the COVID-19 lockdown. Recognizing that women may not have privacy even if contacted on safe phone numbers, guidance was provided on how to initiate telephone conversations even if abusers were around. These entailed enquiring about the survivor's and her family's health and relief requirements

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

(Rege and Shrivastava 2020). The Centre for Enquiry into Health and Allied Themes (CEHAT) also operated a twenty-four-hour helpline for survivors across India.

In this chapter, based on the experiences of survivors who sought help at Dilaasa centers during lockdown, we discuss the challenges faced by adolescent and young women survivors in seeking help, as well as those faced by counselors in providing it because of the lockdown.

Methodology

Dilaasa centers were approached by 180 women and girl survivors of GVB between lockdown and the time of writing (March to June 2020). Adolescent girls and young women aged between ten and twenty years accounted for 17 percent (31/180) of survivors. We present details of their experiences in this chapter. Survivors older than twenty were not included in the data analysis we report on in this chapter.

While twenty of the thirty-one survivors only contacted the helpline, eleven reached the hospital and, subsequently, a Dilaasa center. Of the twenty telephone contacts, four were calls from survivors, three from parents, and two from support agencies, while the rest were calls from counselors contacting girls and women survivors registered with Dilaasa who could not access the center physically because of the lockdown.

Other survivors reached the hospitals and Dilaasa centers despite stringent lockdown. Of these eleven women and girls, seven sought healthcare for the termination of pregnancy, prenatal care, or the delivery of babies that resulted from sexual violence or consensual sex between minors, while four, accompanied by the police, were admitted for medico-legal examination—two girls who had run away from home and two minors who had had consensual sex.

Counselors maintain documentation for all survivors who seek help, including details about the nature of the violence experienced, pathways to the crisis center, the individual survivor's expectations of the counselor, the intervention provided, and specific challenges faced by survivors because of the lockdown. This has been an established practice in Dilaasa centers since their inception. The data is maintained in hard copies and transferred to Excel format by a team of data entry operators and researchers in consultation with counselors. The team members who are not directly involved in the provision of crisis counseling services sign

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

a confidentiality agreement in relation to the intake forms and data. All publications related to data are then reviewed by the institutional ethics committee and scientific review committee. In this chapter we draw on these records.

Profile of the Girls and Women Who Sought Services during Lockdown

All except one of the nineteen adolescent survivors aged between twelve and seventeen were unmarried. The twelve young women survivors were aged between eighteen and twenty. Of these, two were in live-in relationships and one was married. Fourteen survivors, all new cases, sought help from a Dilaasa center for the first time during lockdown. Most survivors (twenty-eight of thirty-one) belonged to economically marginalized groups with family breadwinners engaged in unskilled or semiskilled occupations in the informal sector. The parents of the other three girls worked as professionals in the organized sector. Of these girls and young women, twenty-six were survivors of sexual violence and the remaining five were survivors of domestic violence.

Findings

In this section, we present the impact of lockdown on adolescent girls and young women in relation to the barriers they faced in accessing services and the efforts made by counselors to respond to their immediate needs, facilitate access to services, and stop the violence to which they were being subjected.

Increased Vulnerability to Abuse from Family

Incest and Lack of a Support System

When she called the helpline, eighteen-year-old Nitya disclosed that she was a victim of incest.[3] She spoke hesitantly about having been raped by her father over the past four years. The frequency of abuse had increased during the lockdown. Her mother had been a mute spectator and Nitya had not been able to disclose this to any other family member or friend. Her feelings of loneliness, helplessness, and anxiety increased and resulted in her being disconnected from the outside world. The closure of schools

This open access edition has been made available under a CC BY-NC-ND 4.0 license thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

and the inability to meet friends who had provided her with a coping mechanism made her call the helpline and seek support for the first time. She was scheduled to go abroad for her higher education and had hoped that the relocation would end the abuse. The pandemic, with its online education and its sealing of international borders, threatened her plans. The counselor validated her sense that this was a difficult time and suggested that she might need to think of alternative options. She rejected the suggestion of making a complaint to the police despite all the efforts of the counselor to ensure that she was protected and did not lose access to her house or to financial support. Options such as speaking to at least one trusted person about the ongoing abuse, temporarily moving in with a friend, and speaking to her father in the presence of a supportive person were also discussed. Nitya disclosed to the counselor that she had tolerated years of abuse and felt that she could deal with it for a few more months. This was the first time she had talked about her experience to an outsider, and it was important for her to feel the nonjudgmental acceptance inherent in the fact that someone trusted her without blaming her. The counselor continued to speak to Nitya, who finally said that she would disclose the abuse to a close friend and think about moving in with her.

Inappropriate Touching by a Brother Who Was Also a Minor

Niyoti, who was twelve, had been disrobed and inappropriately touched by her fifteen-year-old brother. This was the first episode of violence that she had experienced. Her parents, essential services providers, would leave home early and return late in the evening. The closure of schools left her unsupervised at home with her brother. Niyoti was confused by the experience and found the helpline number on social media. She told the counselor that she knew it was wrong, but she liked the touch and felt guilty for feeling pleasure. She feared being judged by her parents and so did not want to disclose this to them. The counselor validated her feelings and discussed the bodily changes associated with adolescence, stressing the importance of differentiating between sexual pleasure and unsafe touch. The counselor also discussed ways of keeping herself safe if she ever found herself alone with her brother and encouraged her to speak to her parents to ensure that the abuse was not repeated.

Domestic Violence by a Father and Fear of Losing Shelter

Stay-at-home orders placed young girls like eighteen-year-old Priya at risk of abuse. Priya and her sister have an extremely abusive father. He does

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

not allow them to use mobile phones, delays paying college fees, and constantly threatens to throw them out of the house if they do not comply with his rules. They are under his constant vigilance and are criticized for wearing Western attire and makeup. With the lockdown underway, the violence intensified. Priya was locked in a room and denied food when she questioned her father's abusive behavior. She was unable to get out of her house and contacted the helpline for support. The counselor discussed different strategies, such as involving neighbors who could negotiate with her father and change his ways, but because he was a politically influential person neighbors did not want to engage with him. It was critical to get Priya out of the house, so the counselor suggested involving the police. The police went to her house and asked her father to release her from her room. Since she had disclosed that her grandparents lived in the same building (and are equally abusive), the counselor liaised with the police to ask the father to move in with his parents and have the sisters live with their mother.

Nonrecognition of Work-from-Home Commitments

Parveen, a young working professional who is the main earner in her family, had been facing abuse from her brother and her mother. Lockdown forced her to work from home. Increased housework coupled with her loss of earnings had made her mother irritable and she was not supportive of Parveen's work. She expected Parveen to do housework and was unable to comprehend that working on a computer constitutes working from home. Parveen's office work had increased, so she asked her brother to take up some of the household chores. He became violent and tried to slap her. When the constant abuse became unbearable Parveen contacted the helpline, because she found it impossible to stay under the same roof as her mother and brother. The counselor discussed different strategies, such as involving housing committee members to stop the abuse, since moving out during lockdown was not possible. But Parveen then located a friend who was willing to house her, so the counselor facilitated safe passage for her with the help of the police.

Increased Tensions and Vigilance by Parents

The closure of schools trapped adolescents at home. Separation from her peers, having to share household chores, and the constant vigilance of her parents drove sixteen-year-old Jaya to run away from home. Worried

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

about her safety, her parents filed a police complaint that led to their tracing her. The police brought her to the hospital for medical examination to rule out sexual assault. When the Dilaasa counselor comforted her in the privacy of the counseling department, Jaya disclosed that the constant nagging of her mother had led her to run away. She revealed that they live on the fringes of a forest area and that she went to the forest and sat there until she was located by the police. The counselor validated her feelings of frustration and encouraged her to discuss with her parents the stress she was facing. It was also critical for the counselor to discuss with Jaya her physical safety and the risks involved in being by herself in a forest. She was encouraged to contact the helpline when she felt stressed or wanted to unburden herself. She was counseled into communicating with her mother, since it was important for her to discuss the impact of lockdown on her, her fears and insecurity, and her need to be reassured.

Aggravation of Threats and Harassment of a Rape Survivor

Smita is a sixteen-year-old survivor of sexual violence. She had registered a police complaint against the abuser before the lockdown was imposed and the abuser was arrested. During lockdown, Smita and her family were verbally abused, blamed, and pressured by the abuser's relatives to withdraw the case. Smita's father received no support from the police, and the increase in threats, along with the complete lack of support from anyone, led the family to phone a Dilaasa counselor. The counselor contacted the investigating officer, informed him about the abuse faced by the survivor and her family, and urged him to provide immediate assistance. Intervention by Dilaasa helped mobilize police support and repeated reprimands by the police helped put a stop to the verbal abuse the family had been facing. Since family members had to approach the police physically, counselors also addressed concerns about exposure, the possibility of infection, and precautionary measures to prevent their contracting COVID-19.

Disruption of Government Services and Barriers to Access to Care

Access to Abortion Services

As the focus of hospitals shifted to a COVID-19 response, sexual and reproductive health services among others were invariably deprioritized.

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

This was evident in the case of twenty-year-old Meeta, a young woman who came to a hospital requesting an abortion when she was eight weeks pregnant. The hospital turned her away and said that she should come back after the lockdown was lifted. Dilaasa counselors had to intervene and explain the impact it would have on her if she waited any longer, and they requested that a medical abortion be provided. The doctors insisted on a battery of tests that were not indicated for medical abortion and would delay it. Medical abortion in India is allowed up to nine weeks into pregnancy according to the MoHFW guidelines (Government of India, Ministry of Health and Family Welfare 2013). In order to prevent further delay, an NGO service provider was located to avoid having Meeta travel during lockdown and to ensure quick service.

The pregnancy of Seema, a fourteen-year-old rape survivor, was diagnosed to be of twenty weeks' duration. Indian law allows medical termination of pregnancy post-twenty weeks of gestation only through a court order. Seema and her parents were desperate but could not leave home since the police enforced the lockdown restrictions on any travel from home. It was the counselors who negotiated with the police and organized transport that allowed Seema to reach a public hospital for an examination. Dilaasa counselors liaising with a lawyer to present her case to the court and seek an order of termination of pregnancy finally resulted in her being given the required service.

Despite directives of the MoHFW declaring sexual and reproductive health services as essential, Seema's case points to their non-implementation, since it was only following the intervention of a trained counselor that she, like many others, could be given the required medical services.

Access to a Shelter Home

Gaining access to a shelter home proved to be a challenge for Pooja, a seventeen-year-old rape survivor who was seven months pregnant. She lived with her mother, a single parent dependent on her extended family for financial and social support. During the lockdown extended family members feared stigmatization by neighbors and members of the community, so Pooja was asked to leave home. Shelter homes denied her admission, citing a lack of quarantine facilities mandated by the government directive. Later, they insisted on a negative COVID-19 test. Dilaasa counselors had to intervene and after several phone calls and negotiation with an entire chain of command, Pooja was accepted into a shelter facility.

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

Extended Stay in a Shelter Against the Wishes of a Young Girl and Her Parents

A thirteen-year-old rape survivor, Rita, whose pregnancy was detected in her third trimester, was admitted by her parents to a hospital for the delivery of her baby. Rita and the newborn were discharged from the hospital and, following the procedures of the Child Welfare Committee (CWC), both were moved to a shelter home. According to the procedures, Rita's parents were expected to be brought in to relinquish the baby for adoption. With the sudden announcement of the lockdown, however, CWC members stopped coming to the shelter home. Adoption procedures were put on hold. Rita was stuck there. Since her parents had lost their livelihood, they were desperate to return to their native home and wanted the shelter home to release their daughter. When repeated pleas to the shelter home authorities failed, Rita's parents approached Dilaasa in a desperate bid to get their daughter back. Interventions in this instance were lengthy, since shelter homes had no guidance on how to hand back a child; the CWC had this authority, and they could not meet to complete the procedures because of the lockdown. It was only after much negotiation that the shelter relented, and Rita was released to her parents.

Dealing with Economic Stress from the Loss of Livelihood

Five survivors who had sought Dilaasa services disclosed that lockdown resulted in their parents losing employment in the informal sector, and that this resulted in a food crisis for their families. The counselors addressed the immediate need by connecting them with NGOs engaged in relief work.

Closure of Courts and Police Apathy toward Violence against Women

The complete shutdown of the courts and the refusal by the police to record complaints added to the emotional trauma of Ayesha, a seventeen-year-old rape survivor who was forced by her family to marry her abuser to protect what is known as family honor. The police refused to protect her despite her having reported physical and emotional violence. When she called the helpline in acute distress, several calls and follow-up actions led to her getting a complaint recorded and moving to a safe place.

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

Discussion

Given the background of reports of increased numbers of cases of violence against women, the reduction in the number of cases registered with hospital-based Dilaasa centers needs special consideration. In the first two months of lockdown, five of the eleven hospitals where Dilaasa centers are located were declared COVID-dedicated facilities, and most noncritical services were suspended to avoid the spread of infection. Additionally, the once-safe havens for accessing VAW services for survivors were now high-risk places for contracting COVID-19 or other infections, and this could explain the reduction in cases of VAW registered at these Dilaasa centers.

A decrease in hospital-based obstetric care was also noted during the Ebola epidemic in 2015 (UNFPA 2015). Such reduced use of healthcare during epidemics is a result of the fear of infection and associated stigma, restricted mobility, and trust in the health system becoming eroded. Economically marginalized families may delay health-seeking activity to avoid out-of-pocket medical costs in the face of an economic crisis (WHO 2020). This was seen in the case of a young survivor, thirteen-year-old Reena, whose family, fearing infection, treated her persistent abdominal pain with painkillers at home for weeks. This pain was later diagnosed as related to her advanced pregnancy, the result of sexual violence. Reena might be seen as representative of all those young girls who might not have been able to reach a health facility despite physical symptoms resulting from abuse.

Of the thirty-one survivors discussed here, three had reached hospital in their second trimester for an abortion. The barriers and anxieties experienced by unmarried, pregnant Indian girls, trapped in a social culture and legal framework that denies adolescents the sexual rights and agency to make sexual reproductive health decisions (Jain and Tronic 2019; Jejeebhoy et al. 2010; Kalyanwala et al. 2010), were intensified during the lockdown (Jain and Tronic 2019). Healthcare providers that are unsympathetic to their situation and insistent on parental consent do not help either (Ayyavoo et al. 2018). The conversion of public health facilities to COVID-19 care centers, the shutdown of private sector facilities because of their unwillingness to remain open, the nonavailability of healthcare providers, and the lack of protective gear further hampered girls' access to safe abortion care (Ipas Development Foundation 2020).

The lack of clear protocols and guidance for the CWCs, shelter homes, and one-stop centers impeded survivors' access to support. Unreasonable

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

demands such as a compulsory negative COVID-19 test for shelter admission and mandatory quarantine at institutions led to the denial of services for survivors. Those approaching Dilaasa centers could access services because of the efforts of dedicated counselors who negotiated barriers on their behalf.

The duration of lockdown, the fear of infection, inadequate supplies, boredom and frustration, and inadequate information are well-documented stressors during quarantine (Brooks et al. 2020). Additionally, those with weaker economic status who suffer loss of income show higher levels of depression and stress (Peterman et al. 2020; WHO 2020). Mental health professionals have predicted an increase in anxiety, depression, and self-harm during and post-pandemic, while a recent Indian survey has shown a 20 percent increase in mental health conditions during lockdown (Kumar and Nayar 2020). Quarantine, isolation, restrictions on mobility, deprivation of social support, and exposure to uncertainties common to quarantine are known to cause restlessness, boredom, frustration, and, at times, violence among children and adolescents (ibid.). There is an urgent need to ensure psychological support for adolescents during these and other times of crisis (Guessouma et al. 2020).

Helplines managed by trained psychologists are known to be effective for getting mental health support to those who may not be able to access it physically (Sriram et al. 2016). With social distancing, quarantine, and lockdowns being the only strategies for the control of the COVID-19 pandemic, survivors were encouraged to use digital and technology-based services, including helplines and web-based applications. While global experience shows adolescents being more comfortable using these means, their usefulness in the Indian context, especially for adolescent girls and young women from socioeconomically disadvantaged groups who have limited access to mobile phones and the internet, as well as the required privacy, remains limited (Nigam 2020). A patriarchal society, gendered access to technology, and higher vigilance toward girls and young women may pose a barrier to the use of telephone support systems for Indian girls when their abusers are in close proximity to them.

Conclusion

The lockdown compounded the vulnerabilities of survivors of violence. The experiences of adolescent girls who sought support at Dilaasa cen-

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

ters during the lockdown are representative of the plight of many who may not have been able to seek services. The urgency of the interventions needed by all these girls proves the value of the decision to declare Dilaasa centers as an emergency service. The location of Dilaasa centers in hospitals played a valuable role, as did the adoption of alternative strategies for contacting all those who had been registered at the departments, and a 24/7 helpline. Functioning in times of crisis, the Dilaasa teams ensured the availability of services and liaised with many government agencies to ensure that young girls received the necessary services. However, the lockdown also exposed the lack of guidelines and protocols for state service providers such as shelter homes and legal service authorities, who could have played a pivotal role in comprehensive service provision. Going forward, it is critical to create a plan for the preparedness of systems across different departments responsible for preventing and mitigating the impact of violence on women and girls. Clearer guidelines regarding the functioning of support services during emergencies and better monitoring of the services available to survivors of violence need to be prioritized.

Acknowledgments

We acknowledge the dedication of Dilaasa teams who continue to provide support to the survivors of violence during the most trying times of the COVID-19 pandemic.

Sujata Ayarkar helped with the compilation and preliminary analysis of data for this chapter. Dr. Padma Bhate-Deosthali, Senior Advisor to CEHAT, reviewed the early drafts and provided useful recommendations.

Anupriya Singh is the Senior Research Officer at the Centre for Enquiry into Health and Allied Themes (CEHAT), a non-profit working on health and human rights, and is engaged in intervention with survivors of violence to provide psychosocial support. She has five years of experience in engaging with women and children facing violence.

Sangeeta Rege is the Coordinator of CEHAT and leads the organization toward research and interventions in the health concerns of marginalized people. She has eighteen years of experience in engaging with the public health sector on GBV and integrating gender concerns into medical education.

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

Anagha Pradhan is a Senior Research Officer at CEHAT. She has over twenty years of experience in social health research with a focus on public health systems.

Notes

1. The first Dilaasa (a Hindi word that means "reassurance") center was established in 2000 by the Municipal Corporation of Greater Mumbai (MCGM) and the Centre for Health and Allied Themes (CEHAT). In 2006, it was integrated as an outpatient department into the hospital following a positive evaluation, and in 2015 Dilaasa departments were replicated in eleven municipal hospitals under the National Health Mission, a flagship health program of the Government of India. Since 2005, the CEHAT has been the technical partner of the MCGM for building the capacity of healthcare providers and for monitoring the health-system response to violence against women.
2. See "COVID-19" (2020).
3. All names used are pseudonymous.

References

Ayyavoo, Charmila, Jayam Kanan, and Ahila Ayyavoo. 2018. "Would Abortion Services in India Benefit from Lesser Hurdles?" *Journal of Evidence Based Medicine and Healthcare* 5(4): 2890–94. https://doi.org/10.18410/jebmh/2018/591.

Bhate-Deosthali, Padma. 2020. "Responding to Violence against Women—The Shadow Pandemic during COVID-19." *The Leaflet*, 22 April. Retrieved 22 September 2022 from https://theleaflet.in/responding-to-vaw-the-shadow-pandemic-during-covid-19/.

Bhate-Deosthali, Padma, Sangeeta Rege, Poulomi Pal, Subhalakshmi Nandi, Nandita Bhatla, and Alpaxee Kashyap. 2018. *Role of the Health Sector in Addressing Intimate Partner Violence in India: A Synthesis Report*. New Delhi: International Center for Research on Women.

Brooks, Samantha K., Rebecca K. Webster, Louise E. Smith, Lisa Woodland, Simon Wessely, Neil Greenberg, and Gideon James Rubin. 2020. "The Psychological Impact of Quarantine and How to Reduce It: Rapid Review of the Evidence." *The Lancet* 395(10227): 912–20. https://doi.org/10.1016/S0140-6736(20)30460-8.

"COVID-19: J&K HC Takes Suo Moto Cognizance of Increase in Domestic Violence Cases amidst Lockdown." 2020. *The Leaflet*, 18 April. Retrieved 22 September 2022 from https://theleaflet.in/covid-19-jk-hc-takes-suo-moto-cognizance-of-increase-in-domestic-violence-cases-amidst-lockdown/.

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

Ellsberg, Mary, Amita Vyas, Bernadette Madrid, Margarita Quintanilla, Jennifer Zelaya, and Heidi Stöckl. 2017. *Violence Against Adolescent Girls: Falling through the Cracks?* Background paper, Ending Violence in Childhood Global Report. New Delhi: Know Violence in Childhood.

Global Financing Facility. 2020. "Preserve Essential Services during the COVID-19 Pandemic: India." Retrieved 22 September 2022 from https://www.globalfinancingfacility.org/sites/gff_new/files/documents/India-Covid-Brief_GFF.pdf.

Government of India, Ministry of Health and Family Welfare. 2013. *A Strategic Approach to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) in India.* New Delhi.

———. 2017. *India Fact Sheet: National Family Health Survey (NHFS-4), 2015–2016*. Mumbai: International Institute for Population Studies.

Government of India, Ministry of Women and Child Development. 2020. "Operations of One Stop Centres and Women Help Lines and Designated Officials to Help Violence affected Woman due to Special Circumstances Prevailing." Retrieved 7 November 2022 from https://wcd.nic.in/sites/default/files/Advisory%20dated%2025.03.2020%20for%20OSC-WHL_0.pdf

Guessouma, Sélim Benjamin, Jonathan Lachal, Rahmeth Radjack, Emilie Carretier, Sevan Minassian, Laelia Benoit, and Marie Rose Moro. 2020. "Adolescent Psychiatric Disorders during the COVID-19 Pandemic and Lockdown." *Psychiatry Research* 291: 113264. https://doi.org/10.1016/j.psychres.2020.113264.

Ipas Development Foundation. 2020. *Compromised Abortion Access due to COVID-19: A Model to Determine Impact of COVID-19 on Women's Access to Abortion*. New Delhi.

Jain, Dipika, and Brian Tronic. 2019. "Conflicting Abortion Laws in India: Unintended Barriers to Safe Abortion for Adolescent Girls." *Indian Journal of Medical Ethics* 4(4): 310–17. https://doi.org/10.20529/IJME.2019.059.

Jejeebhoy, Shireen J., Shveta Kalyanwala, A. J. Francis Zavier, Rajesh Kumar, and Nita Jha. 2010. "Experience Seeking Abortion among Unmarried Young Women in Bihar and Jharkhand, India: Delays and Disadvantages." *Reproductive Health Matters* 18(35): 163–74. https://doi.org/10.1016/S0968-8080(10)35504-2.

Kalyanwala, Shveta, A. J. Francis Zavier, Shireen Jejeebhoy, and Rajesh Kumar. 2010. "Abortion Experiences of Unmarried Young Women in India: Evidence from a Facility-Based Study in Bihar and Jharkhand." *International Perspectives on Sexual and Reproductive Health* 36(2): 62–71. https://doi.org/10.1363/ipsrh.36.062.10.

Kumar, Anant, and K. Rajasekharan Nayar. 2020. "COVID 19 and its Mental Health Consequences." *Journal of Mental Health* 30(1): 1–2. https://doi.org/10.1080/09638237.2020.1757052.

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.

Nigam, Shalu. 2020. "COVID-19, Lockdown and Violence against Women in Homes." *SSRN*, 29 April. Retrieved 22 September 2022 from https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3587399.

Peterman, Amber, Alina Potts, Megan O'Donnell, Kelly Thompson, Niyati Shah, Sabine Oertelt-Prigione, and Nicole van Gelder. 2020. *Pandemics and Violence Against Women and Children*. CGD Working Paper 528. Washington, DC: Center for Global Development. Retrieved 22 September 2022 from https://www.cgdev.org/sites/default/files/pandemics-and-vawg-april2.pdf.

Prasad, Vandana, B. Subha Sri, and Rakhal Gaitonde. 2020. "Bridging a False Dichotomy in the COVID-19 Response: A Public Health Approach to the 'Lockdown' Debate." *BMJ Global Health* 5(6): 1–5. http://dx.doi.org/10.1136/bmjgh-2020-002909.

Rege, Sangeeta, and Padma Bhate-Deosthali. 2018. "Violence against Women as a Health Care Issue: Perceptions and Approaches." In *Equity and Access: Health Care Studies in India*, ed. Purendra Prasad and Amar Jesani, 286–302. New Delhi: Oxford University Press.

Rege, Sangeeta, and Surbhi Shrivastava. 2020. "Coping with the 'Shadow Pandemic': Responding to Violence against Women during COVID-19." *Sexual Violence Research Initiative* (*SVRI*), 20 May. Retrieved 22 September 2022 from https://svri.org/blog/coping-%E2%80%98shadow-pandemic%E2%80%99-responding-violence-against-women-during-covid-19.

Sriram, Sujata, Aparna Joshi, and Paras Sharma. 2016. "Telephone Counselling in India: Lessons from iCALL." In *Counselling in India*, ed. Sujata Sriram, 201–16. Singapore: Springer. https://doi.org/10.1007/978-981-10-0584-8_11.

UNFPA (United Nations Population Fund). 2015. *Rapid Assessment of Ebola Impact on Reproductive Health Services and Service Seeking Behaviour in Sierra Leone.* Freetown. Retrieved 7 November 2022 from https://reliefweb.int/sites/reliefweb.int/files/resources/UNFPA%20study%20_synthesis_March%2025_final.pdf

UN Women. 2020. "Gender Assessments in Europe and Central Asia Reveal Pandemic's Devastating Impact on Women." 21 July. Retrieved 22 September 2022 from https://www.unwomen.org/en/news/stories/2020/7/news-europe-and-central-asia-gender-assessments-reveal-pandemics--impact-on-women.

WHO (World Health Organization). 2013. *Responding to Intimate Partner Violence and Sexual Violence Against Women: WHO Clinical and Policy Guidelines.* Geneva.

———. 2020. "Maintaining Essential Health Services: Operational Guidance for the COVID-19 Context: Interim Guidance." 1 June. Retrieved 22 September 2022 from https://apps.who.int/iris/handle/10665/332240.

This open access edition has been made available under a CC BY-NC-ND 4.0 license
thanks to the support of Knowledge Unlatched. https://doi.org/10.3167/9781800738072. Not for resale.