

**At the Sixth National Bioethics Conference of  
the *Indian Journal of Medical Ethics*  
Scheduled in Pune, MH, India @ YASHADA  
Jan 13-15, 2017**

### **Enhancing Quality of System's Response to Survivors of Gender Based Violence: Exploring Challenges & Perspectives**

**Pre-conference satellite workshop to be organized on Thursday, Jan 12, 2017**

**Co-hosted by**

**Tata Institute of Social Sciences, Mumbai, MH, India  
Forum for Medical Ethics Society (FMES), Mumbai-Pune, MH, India  
Mahila Sarvageen Utkarsh Mandal (MASUM), Pune, MH, India; and  
Centre for Enquiry into Health and Allied Themes (CEHAT), Mumbai, MH, India**

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#### **CONCEPT NOTE**

Yet another brutal rape and extreme level of mutilation of a young woman Jisha<sup>1</sup> in Kerala, India on April 29, 2016; and a case in Pune of five young boys beating up a young woman and her two male friends for allegedly hurting the cultural norms (due to the girl wearing outfits which perpetrators considered "being revealing") underscore the continued and perhaps increasing safety concerns for women in most part of the country. A number of other cases of rape and/or rape followed by killing evoked public outrage. One such case is from Kopardi village in Ahmadnagar, Maharashtra. The extreme brutality involved in both Jisha and Kopardi cases reminded us of the Nirbhaya case<sup>2</sup>, as did the fact that women's rapes and murders are being increasingly used in identity politics by caste and religious groups. This has had no impact on old and new forms of violence that women face. Many other such cases from the recent past could be mentioned.

A 13-state National Study by the Ministry of Women and Child Development, UNICEF and Save the Children, showed 69% children were abused (Kacker, Varadan, Kumar, 2007). The National Crime Statistics show a 100% increase in reported rape cases between 1990 (9518) and 2005 (18,359) and a further 35% increase over 2005 in 2012 (24,923) (Crime in India, 2005 and 2012). The percentage increase in reported rape cases between the year 2012 and 2014 (36,735) (Crime in India, National Crime Report Bureau Report 2014) is about 47%. However, the real picture could be much worse. Amongst others, sexual violence has severe adverse impact on women's well-being including reproductive health which only spirals into further worsening of their health.

According to the World Report on Violence and Health (2002), sexual violence has both immediate and long term and severe repercussions for women's health and social well-being. Physically, these include external and internal injuries, risk of unwanted pregnancy and unsafe abortions, risk of sexually transmitted infections including HIV. Brutalization associated with sexual violence can also cause death. There are also deep

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<sup>1</sup> Jisha's name was already made public before we used it here.

<sup>2</sup> The 2012 Delhi gang rape case involved a rape and fatal assault that occurred on 16 December 2012 in Munirka a neighbourhood in South Delhi. The incident took place when a 23-year-old female physiotherapy intern, was beaten, gang raped, and tortured in a private bus in which she was traveling with her friend. The incident generated widespread national and international coverage and was widely condemned, both in India and abroad. Subsequently, public protests against the state and central governments for failing to provide adequate security for women took place in New Delhi, where thousands of protesters clashed with security forces. Similar protests took place in major cities throughout the country. Since there is a law in India that does not allow the press to publicise a rape victim's name, the victim has become widely known as Nirbhaya, meaning "fearless", and her life and death have come to symbolise women's struggle to end rape and the long-held practice of blaming the victim rather than the perpetrator.

psychological consequences. Sexual violence may lead to Post Traumatic Stress Disorder (PTSD)<sup>3</sup> and a range of other psychological disorders including depression, anxiety, suicidal tendencies and phobias. Some psycho-somatic disorders such as gastro-intestinal problems are also known to occur (World Report on Violence and Health, 2002).

Existing studies in India have also documented health consequences of sexual violence. The physical & mental health of school going teenagers exposed to sexual violence was significantly worse as measured by self-reported complaints and General Health Questionnaire (GHQ) scores. Those who experienced forced sexual intercourse also had significantly poorer score in their board examinations (Patel, Andrew et al, 2001)

Coercive sexual experiences within marriage are observed to be associated with serious and far-reaching outcomes in the lives of young women. Unintended pregnancy and abortion as well as the experience of sexually transmitted infections, including HIV, appear to be more likely among young women who have experienced coercive sex than among others. Finally, adverse mental health and psychosocial outcomes are reported, including low self-esteem and depression (Jejeebhoy & Bott, 2003).

The recent empirical research (CEHAT, 2012) focused on establishing comprehensive health sector response to survivors of sexual assault in Mumbai, MH, India documents physical and psychological health consequences of sexual assault. For example, 64 out of 94 survivors reported at least one health complaint ranging from genital and physical injuries to pain in different parts of the body, pregnancy and infections.

Responding to sexual violence is a complex phenomenon and involves the participation of police, health facilities, forensic laboratories and prosecution. Little is known about how this teamwork takes place and what procedures are in place for effective response. Studies across the world illustrate that health facilities are often not women-centred in their approach and may not give equal importance to all aspects associated with sexual violence: health care, medico-legal services and gender sensitivity. No national guidelines or protocols regarding care or evidence collection are made mandatory for use in India (Pitre and Pandey, 2006) until recently when the guidance entitled 'Guidelines and Protocols: Medico-legal care for survivors/victims of sexual violence' by the Ministry of Health and Family Welfare, Government of India ('Ministry Guidelines' henceforth) were issued in March 2014. A number of other complementary legal reforms have taken place over these past more than two years which are hoped to help improve response of the system to survivors of gender based violence, especially sexual violence. Against this backdrop, it would be of relevance to pose important questions, such as, what difference the Guidelines have made since its inception and implementation to the survivors; if yes, what way has it; and what might be the areas for further reflections to revisit the Guidelines which is noted as a living document.

Given the growing incidence of sexual violence and/or better reporting, amongst others a responsive health service system is crucial to provide supportive environment to survivors and collect corroborative medical and forensic evidences for making a strong case. While the Ministry Guidelines emphasize consent, privacy and gender-sensitive facilities, research including one undertaken by the authors of this proposal, show that health systems are ill equipped and is often managed by functionaries with gender prejudices. This is counterproductive for the survivors trying to access healthcare and justice. Same is the case with the police machinery.

The proposed workshop is intended to engage with diverse constituencies on the issue to primarily learn collectively about the recent reforms, understand bottlenecks in the system and contribute to charting a way forward responding to women survivors of gender based violence against women.

## Goals and objectives

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<sup>3</sup> Post-Traumatic Stress Disorder, PTSD, is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened. Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat. (National Institute of Mental Health (NIMH), [www.nimh.nih.gov](http://www.nimh.nih.gov)).

The overarching goal of the proposed pre-conference satellite workshop is to seek an inter-sectoral collaboration to provide efficient and effective response to gender based violence, especially sexual violence.

**Keeping in perspective the rights and needs of survivors of gender based violence, the workshop would attempt:**

1. To gain and share insights into the recent reforms relating to gender based violence (including child sex abuse), especially sexual violence
2. To engage with concerned constituencies such as police, forensics, health, school education, tribal welfare, WCD, social welfare to discuss collaborative teamwork
3. To understand the systemic bottlenecks for inter-sectoral response to gender based violence
4. To deliberate upon the prospective strategies towards addressing the bottlenecks in responding to survivors of gender based violence in collaboration with civil society groups.

**Enhancing Quality of System's Response to Survivors of Gender Based Violence: Exploring Challenges & Perspectives**

**12<sup>th</sup> January 2016 between 9:45 am and 5:45 pm**

**PROGRAMME SCHEDULE**

**9:45 am - 10:00 am | Registration**

**10:00 am -11.30 am | Session 1: Introduction & Overview session**

1. Overview of the workshop, round of introductions
2. Setting the stage [brief talks of 10 mins by 3 speakers to cover relevant and select sub-themes from the below list.
  - a. Understanding the concept of gender, violence against women, and sexual violence
  - b. Adverse health consequences of sexual violence
  - c. Introduction to the recent reforms (eg: Ministry Guidelines for , Criminal Law Amendment 2013 and POCSO, 2012), opportunities and challenges
  - d. Multiple-sectoral approaches to responding to survivors of violence

**Welcome and introduction: Sunita Sheel, FMES-IJME**

**Chair: Lakshmi Lingam, Tata Institute of Social Sciences, Mumbai (Introductory remarks and other interventions 5-10 mins)**

**Speakers (12-15 mins presentations/talk followed by open discussion of 20-25 mins):**

- Manisha Gupte, Founding Trustee and Co-convener, MASUM, Pune, MH, India [gender, violence]
- Jagdish Reddy, [Overview of reforms, contradictions/gaps across laws, opportunities and challenges]
- Anuja Gulati, State Program Officer, UNFPA [Health consequences of GBV, violence as public health issue]
- Sangeeta Rege [Brief remarks on Amicus Report]

**Open discussion (20-25 mins)**

## **12:00 - 1.30pm | Session 2: Child sexual abuse with focus on POCSO**

This session focuses on the POCSO Act and the issues of implementation of the Law cutting across various institutional settings within which children are located – schools, institutional homes, residential schools, street children and so on.

**Chair: Manisha Gupte**, Founding Trustee and Co-convener, MASUM, Pune, MH, India

**Introductory remarks /introduction to the session theme by Chairs (5-8 mins)**

**Panelists (10-12 mins presentations/talk followed by open discussion of 20-25 mins):**

- Trupti Panchal, Special Cell, TISS, Mumbai, MH, India / Vaishali Ranade, Special Cell, Pune, MH, India [confirmation awaited]
- Nandita Ambike, Lead, Muskan, Pune, MH, India
- Sarika Patil, District Protection Officer, Pune, MH, India
- Manisha Tulpule, Women's Rights Lawyer, Mumbai, MH, India

**Open discussion (20-25 mins)**

## **2.30 pm– 4:00 pm | Session 3: Sexual violence & Intimate Partner Violence : Health Systems Response**

This session covers issues emerging with the Ministry of Health & Family Welfare Guidelines on GBV to be adhered to by public and private health institutions. This session attempts to understand cases of sexual assaults as well as intimate partner violence (IPV) within marriage and outside and the health systems response to the same.

**Chair: Sangeeta Rege**, Coordinator, CEHAT, MH, India

**(Introductory remarks and other interventions 5-8 mins):**

**Panelists (10-12 mins presentations/talk followed by open discussion of 20-25 mins):**

- Kavita Jagtap, Masum, Purandar Taluka, Pune, MH, India
- Tejasvi Sevekari, Director, Saheli Karyakarta Sangha, Pune, MH, India
- Jamir Kambale, Gay Activist, Pune, MH, India
- Gauri Savant, Transgender activist, Sakhi Charchowghi Trust, Mumbai, MH, India

**Open discussion (20-25 mins)**

## **4.30 pm – 5. 15 pm | Session 4: Deliberating on future strategies**

**Anchor: Lakshmi Lingam**

**Panel conversation** (Eliciting comments on the current situation from representatives of various government offices and /or machinery Panel Conversation (Q & A) anchored by Lakshmi Lingam):

- Sushma Chavan, ACP, Pune, MH, India
- Jayant Pawanikar, WCD, Pune, MH, India
- Seema Malik, Former Superintendent, K.B. Bhabha Hospital (Secretary), Mumbai, MH, India & former Project Director, Dilaasa, Mumbai, MH, India
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## **5:15pm – 5. 45 pm | Closing and wrap up: Deliberating on future strategies**

**Co-chairs:** **Lakshmi Lingam**, TISS, Mumbai, MH, India and **Manisha Gupte**, Founding Trustee and Co-convener, MASUM, Pune, MH, India

**Wrap up:** Round of eliciting comments from the participants and open discussion on way forward & Wrap up