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# RAHAT: CRISIS INTERVENTION AND SUPPORT CELL FOR WOMEN

An initiative of Department of Health and Family Welfare, Government of Gujarat and Society for Women's Action and Training Initiatives (SWATI)

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## ***Need for a rural health system response to gender based violence***

Global evidence indicates that the public hospitals and associated health care professionals are uniquely placed to intervene and prevent further violence against women.

The Justice Verma Committee, constituted in the aftermath of the Delhi rape (2012), explicitly recognized the need for development of guidelines and sensitization of health system and the hospital staff to survivors of rape and sexual assault. An important outcome of this has been the government acknowledging the need for a multi-sectoral response to GBV and sexual assault. This acknowledgement by the Government further validates the setting up of intervention and support cells in hospital settings, as well as sensitizing the public sector health care providers for recognizing violence against women (VaW) as a concern to be addressed by them and in responding to domestic violence (DV) and sexual assault survivors through counseling, provision of information and referral support to institutions and facilities that can help her seek an end to violence in her life.

In rural areas survivors of domestic violence suffer from 'isolation' as they lack social/familial support, mobility, lack of information and have cultural norms that stress family and traditional gender roles. By screening for domestic violence, being supportive and offering information on resources and safety planning, primary healthcare providers acknowledge domestic violence as a women's health issue while providing critical services. With 68% of India's population based in rural areas and evidence indicating that rural women are more vulnerable to gender-based violence (GBV) (NFHS 3), there is a need for evolving systematic rural health system response to GBV.



Considering the spatial distribution of health care and ease of access to health services, the rural health system response to gender based violence must actively involve the multi-layered and differentially located public health system to ensure women's access to violence prevention and support cell located in the hospital.

'Rahat' – a crisis intervention and support cell for women established at the Community Health Centre and Referral Hospital, Radhanpur, District Patan is one of the first initiatives in Gujarat. Rahat is a joint initiative of the Department of Public health and Family Welfare, Government of Gujarat and Society For Women's Action and Training Initiatives- a women's organization specifically working on Issues of Violence Against Women and Health. Establishment of this cell is a logical extension of SWATI's work for prevention of violence against women.

**SWATI**

Society for Women’s Action and Training Initiatives (SWATI) is a feminist organization that works for the attainment of women’s rights and entitlements in rural areas of Gujarat. Prevention of VaW is a primary objective of SWATI. Mahila Nyaay Panchayats (MNP) form a core element of SWATI’s work with rural women. MNPs are community women led platforms that help rural women combat violence against women in a gender just approach through counseling, mediation and provision of support to women in dealing with the judiciary and legal systems. Additionally, SWATI has initiated interventions for impacting institutions in rural areas that could make a substantive impact to changing community attitudes and early detection and therefore prevention of VaW.

The initiative looking at violence as a governance concern to be addressed by the Gram Panchayats was SWATI’s first major step in this direction. The other institution SWATI focused on is the rural health delivery mechanism. This came out of our experience and understanding of i) women’s poor health also being a factor of their secondary social status and a cause and effect of the continual violence perpetuated on them; and ii) the organisation’s interactions with the health system through the working of the Mahila Nyaya Panchayats (MNP) that highlighted the importance of medical reports as important evidence in courts.

***Importance of health system involvement in responding to VaW – learnings from experiences of the Mahila Nyaay Panchayats (MNP)***

- Doctors at hospital ask women about causes of injuries and women often tell doctors about domestic violence.
- Doctors probe about domestic violence as a cause for injuries primarily when injuries are physical (bruises, broken bones, burns, cuts) but rarely when symptoms are ambiguous as depression, anxiety, miscarriages etc.
- Injuries are treated by doctors but doctors do not respond to the issue of domestic violence.
- Mention of domestic violence as a cause of injuries in medical records is essential if the survivor wishes to pursue legal action.
- In cases of domestic violence, doctors always provide a medical report, or clearly document domestic violence as a cause of medical condition if the woman asks for it.
- On their own, women survivors sometimes find it difficult to ask for a medical report
- In absence of systematic counseling and support, women who repeatedly approach the hospital with severe injuries resulting from domestic violence find it difficult to step out of the violent situation

***Rahat- A support an Intervention cell for domestic violence survivors***

On 10<sup>th</sup> July 2102 SWATI and the Department of Public Health and Family Welfare launched a unique Initiative in the form of a Crisis Intervention, Support and Counseling Cell, at the Community Health Centre and Referral Hospital, Radhanpur, District Patan. The hospital caters to the three blocks of Radhanpur, Sami and Santalpur from the predominantly rural District Patan .

**Inauguration of the Cell by then Superintendent, Dr Navlakha**



**Rahat – The Intervention and Crisis Prevention Cell at Radhanpur CHC and Referral Hospital**

***The process***

Key steps in the process of developing a rural health system response to violence against women were



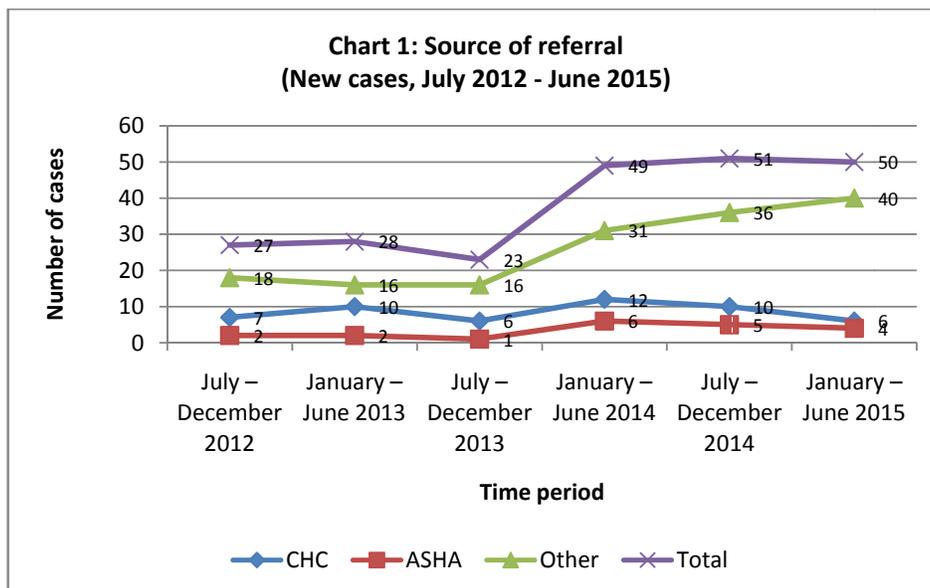
1. Sensitization of the hospital staff to understand the phenomena of VaW in the socio cultural context of patriarchy.
2. Equipping the staff to recognize from clear or ambiguous symptoms the health impact of VaW.
3. Through posters and messages creating an over all environment in the hospital of recognition of VaW as a health concern and something that the women should report to the doctor or other medical staff. And that anybody in the hospital ( all staff) could report VaW .

4. Orientation trainings of Health staff at various levels of the multilayered health system vis the ASHA worker, PHC and the CHCs that are linked to the Radhanpur hospital.
5. Publicity of the cell in the general public
6. Studies to assess need and impact of the Cell
7. Systems/ record keeping
8. Setting up of a multi-agency support system

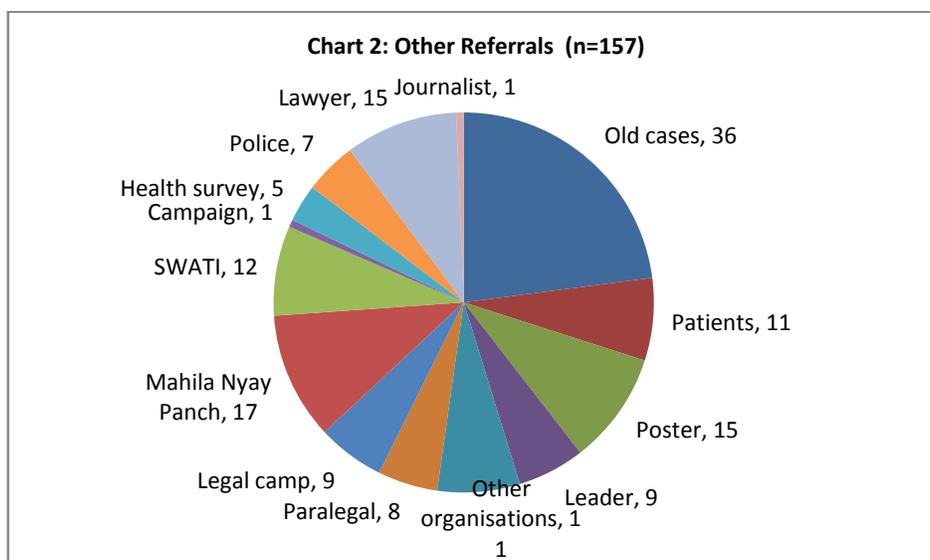


### Impact

- Over a period of three years (July 2012 – June 2015) the cell received 227 referrals from a wide range of sources.
- These women are 18 to 45 years old, often non-literate. Duration of marriage ranged from 6 months to over 20 years. Many women reported staying with natal family to avoid violence.
- Majority of the women came from Block Radhanpur (65%); those from Blocks Sami and Santalpur accounted for another 24% of cases at the Cell. Average distance travelled by women to reach the Cell was 9km (range: 1 – 220 km).
- Almost all women came to the cell from their natal homes.
- Referrals from the hospital staff accounted for 22% (51/227) of the referrals. Another 9% (20/227) cases were referred by ASHAs (Chart 1).



- Women referred by old cases from the Cell accounted for 16% (36/227) of all cases (and 22% (36/157) of referrals by persons outside of health system. This can be considered to be a proxy indicator for client satisfaction.



- Referrals from various section of the community such as patients, para leagals, local leaders a well as representatives of judiciary and law enforcement agencies indicates need for and success of multi-pronged awareness generation activities.
- Details about nature of violence were available for 44/51 women referred by the health care providers from the CHC. Analysis shows that all 14 cases referred by the doctors had reported physical violence, four cases where women reported mental, economic violence (but not physical violence) were referred to the cell by non-medical staff at the CHC and ASHA (Chart 4).
- Analysis of a subsample of 78/227 (35%) cases showed that in 51% (50/78) cases the Mahila Nyaay Panchayat were involved indicating the need for legal guidance for the woman. The counsellor has reached out to the woman’s family members to explore the possibility of family supporting the woman in 49% (38/78) cases. Involvement of police, judiciary and doctors were approached in more than one-fourth of the cases reiterates the need for the centre to have strong linkages with the formal systems.

**Table 1: Resources accessed for resolution of cases registered at the Cell.**

Other resources accessed for support	Number of women	(n=78) %
Police	21	27
Shelter Home	2	3
Mahila Nyaay Panchayat	40	51
Doctor	23	30
Community Leader/s	14	18
Members of the family	38	49
Other NGOs	2	3
Community Leader	9	12
Lawyer	20	26
Information not available	1	--
<b>Note:</b>	<b>Analysis based on valid cases only. Multiple response. Numbers may add to more than 78.</b>	

- Survivor support activities such as the Empowerment Workshop have helped women look at their limiting beliefs regarding their lives and setting a vision for their lives. Subsequent follow ups are indicated that 70% of survivors took positive steps.



### **Impact of the Cell on a domestic violence survivor's life**

32 years old Zarina (name changed) approached the Cell after being in an abusive marriage for 10 years, when she could not take any more beatings for not bearing a child. Assistance she received at the Cell helped her get a divorce. Subsequently she remarried and had a child. This time, violence started when she was pregnant. When she could take it no more, she decided to step out of the situation and approached the Cell. She

filed a case against her husband under the domestic violence against women prevention act. The court ordered her husband to pay her Rs 21000/-. From the first installment of Rs 5000/-, Zarina bought a sewing machine and started tailoring business to support herself and her child.

(Zarina was one of the 60 participants of the Empowerment Workshops)

- Accountability mechanisms are being developed between the crisis prevention cell and the hospital.

### **Learnings**

- A multi-speciality hospital with a wide catchment area is most suited for location of a crisis prevention cell because of its easy accessibility for women.
- Awareness generation activities for hospital based as well as community based health care workers , and members of the larger community facilitates needy women's access to the Cell. Refresher trainings and sustained awareness activities are crucial to steady referrals to the Cell.
- A formal upward referral system needs to be developed to facilitate rural women's access to the cell at the hospital.
- Survivors of domestic violence need access to multiple services to escape violence hence a strong network of support agencies including specialized medical care as psychiatry, law enforcement, judiciary, shelter homes, other NGOs that can help women with skill development etc is essential for an effective crisis prevention cell.
- Accountability mechanisms between the Cell and the hospital system help establish the cell as an integral part of the health care delivery system.



**Posters displayed at the Radhanpur CHC and Referral Hospital**

**RAHAT**

*A Collaborative Initiative*

*of*

*Department of Health and Family Welfare, Government of Gujarat*

*and*

*Society for Women's Action and Training Initiatives (SWATI)*

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