MODULE FOR TRAINERS

TOWARDS ADDRESSING GENDER INEQUITY AND GENDER BASED VIOLENCE

BUILDING CAPACITIES OF ACCREDITED SOCIAL HEALTH ACTIVISTS (ASHAs)

DEVELOPED BY
SAMA-RESOURCE GROUP
FOR WOMEN AND HEALTH

Sama

WITH SUPPORT
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Contents

Abbreviations

ANC	Antenatal Care
ASHA	Accredited Social Health Activist
CHC	Community Health Centre
CWC	Child Welfare Committees
DIR	Domestic Incident Report
GBV	Gender-Based Violence
LGBTQI	Lesbian, Gay, Bisexual, Trans, Queer, Intersex
LIVES	Listen, Enquire, Validate, Enhance Safety, Support
OSC	One Stop Centre
PHC	Primary Health Centre
PO	Protection Officer
POCSO Act	The Protection of Children from Sexual Offences Act
WHO	World Health Organization
PWDVA	Protection of Women from Domestic Violence Act, 2005
VHSNC	Village Health Sanitation Nutrition Committee
PRI	Panchayati Raj Institution

Foreword

Gender-based violence (GBV) has been recognized and endorsed by member states in the 67th World Health Assembly as a public health issue, necessitating healthcare and other interventions. The UN-Women termed GBV as a 'shadow pandemic' following thesurge in demands from women's rights activists across the world. A "shadow" perhaps because of the equally grave context and consequences of GBV during the Covid-19 pandemic, although it has not drawn adequate attention and response by governments.

The role of the health sector in addressing GBV is well established, but most healthcare providers fail to identify and address GBV, not only due to social barriers, lack of time, resources and inadequate physical facilities; even more so due to lack of awareness, knowledge and poor clinical practices. This was true pre-pandemic and emerging data in the pandemic context have reiterated that despite years of advocacy, health systems across the globe have been unsuccessful in adequately recognizing GBV as a public health issue and responding to it.

The aggravation of GBV in the current COVID-19 pandemic has been reported globally. A health system response as part of a strengthened multisectoral response to GBV is urgent. Health systems have a major role to play in supporting women and other survivors in prevention and response to GBV through provision of health services, counseling, medico legal care, documentation, etc.

This module is for the trainers of ASHAs and contains concepts, definitions, information with interactive pedagogies to strengthen perspectives and knowledge on gender and gender-based violence and its linkages with health. This module provides step by step guidance to conduct the training for ASHAs.

I hope that this module will become part of a comprehensive health system response to GBV.

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Founder
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Acknowledgements

This module for ASHAs has emerged from the experiences and initiatives by Sama Resource Group for Women and Health in building the capacities of diverse healthcare providers to address gender-based violence. This module has also been motivated by the increased recognition of gender-based violence (GBV) as a public health issue and seeks to strengthen commitment and capacities of health systems in prevention and response to GBV.

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Any errors are inadvertent.

Preface

Gender equality and freedom from violence are critical determinants of health. The intersectional structural inequalities and power on the basis of race, caste, class, sexuality, disability, age, etc. create vulnerabilities to violence and marginalize access to healthcare and justice.

Gender-Based Violence is associated with innumerable physical and psychological health consequences in the short and long term despite which it is not adequately recognized as a major public health issue. Healthcare providers are often perceived as the safer and first point of contact for survivors of violence as they are more accessible. Their role can facilitate identification of situations of violence; minimize the impact of violence on survivors through treatment and care, follow-ups and referrals. Healthcare providers can bridge the gaps in information and awareness about GBV, and create enabling environments for survivors to report violence and seek care and support, including for healthcare providers who experience gender-based violence.

The need to build the capacities of healthcare providers at different levels of the health system is urgent towards provision of healthcare, psychosocial support to survivors, and coordination of a comprehensive multisectoral response.

Leadership and interest amongst healthcare providers, especially frontline health workers, young doctors, nurses and other healthcare providers, as well as civil society organizations to address GBV has been extremely encouraging. Mobilizing and expanding this to foster change and accountability in the health system is critical.

Who is this module for?

This module is one of three modules for healthcare providers. This module is primarily designed for training of ASHAs across all states of India. “ASHA” is used as a generic term to mean community healthcare workers including *Mitanin, Sahiya*, etc. Parts of it may also be useful to train other providers, including psychologists, social workers, and counsellors. The two other training modules similarly aim to build the capacities of Medical Officers and Nurses respectively.

Aim of the module

The module conceptualized for trainers of ASHAs aims to build an understanding on:

- Gender, gender norms, and GBV
- GBV as a public health issue

- Key legal mandates and guideline to address GBV
- Roles of the health system in responding to GBV
- Roles of ASHAs in building awareness on GBV
- Knowledge and skills for ASHAs in supporting survivors

Structure of each theme

- Each theme is sub-divided into sessions with focus on diverse aspects under the theme. Each theme broadly comprises the following:
    - Overview of the thematic session, objectives and duration.
    - Detailed step by step instructions that can be followed for facilitation of the training based on the module.
    - Reference material to be followed and presented by the trainer using available tools such as charts, boards, etc.
    - Handouts for participants to be disseminated by the trainer, i.e., participants to read, analyse, refer to, as part of the training.
    - An interactive methodology that includes case studies, frequently asked questions (FAQs), etc. wherever relevant and possible.

Time / duration of the training

The module is designed for flexible implementation. The 12 sessions generally require about 12 hours, which can be planned over 2-3 days. Alternatively, the core content can be scheduled as one-hour sessions during the ASHA monthly meetings or as per the availability and convenience of the trainers and participants. Refresher sessions at regular intervals (for example, annually) will help participants to consolidate and update their knowledge and skills.

Experience suggests that the duration of the sessions and training time in the module is the minimum required. The content will have to be adapted based on the time available and the format of the training. It is advisable, however, to follow the module themes as they are.

Other aspects

The training is designed for a group setting, to facilitate collective critical reflection. Adaptation of the training content in specific contexts as per the level of participants, training location, language, previous trainings on GBV, etc. would be most useful. Participatory training is more effective with small groups of participants. Ideally, 30-35 participants at a time allows adequate space for interaction and discussion. However, the same content can also be facilitated in a larger group.

Notes for Trainers

Who could be a trainer?

The trainers would benefit from the following:

- Experience of previous training with ASHAs.
- Experience providing psychosocial support and care to the survivors of GBV at the community level.
- Experience of previous training on gender, GBV, health systems, etc.

Trainers are expected to:

- Read the module completely before initiating the training.
- Familiarize themselves with the activities, handouts, and other resources provided.
- Have a prior understanding of the themes / issues that are being covered to be able to facilitate the training.
- Be prepared with relevant examples to contextualize the themes, practices and experiences, to respond to clarifications raised by the nurses / participants.
- Contact a few experts and mentors and brief them about the training. Request their support for clarifications before and during the training.
- Let the participants know if the answer to any question is not known. Communicate that the answer would be shared in the following session after checking. Be prepared with the response in the following session after consulting with mentors / experts.
- Clarify and provide the accurate answer to participants if a point made previously was incorrect or wrongly represented.
- Use the reference material to provide inputs, present information and facilitate discussions.
- Ensure sufficient copies of handouts for participants.
- Ensure that all the necessary training materials such as chart paper, PPT, flipchart, pens, paper, white board markers, audio visual equipment such as laptop, projector and speakers are available to run the session smoothly. When these are unavailable, plan the training using alternative methods and materials.
- Ensure that the sessions are interactive and allow for the exchange of information and experiences.
- Facilitate a safe space for the discussions and reflections.

Best wishes!

Theme 1: Introductions and Expectations
Duration: 60 Minutes

Session 1:	Title	Objective/s	Duration
Session 1.1	Introductions and Expectations	• To facilitate participants' and trainers' introductions • To introduce the training objectives and themes • To assess the expectations of participants	60 Minutes

Session 1.1: Introductions and Expectations

60 Minutes

Step 1: Welcome all participants to the session and introduce the purpose of the training.

Step 2: Explain that the session will begin with participants' and trainers' introductions and a brief discussion on the participants' expectations.

Step3: Request participants to form pairs with another participant, ideally someone they are not acquainted with. Ask each of the pairs of participants to introduce themselves to their partners based on the following:

- Name, village / area that they belong to
- Number of months / years they have been working as ASHA
- One word to describe their work or experience as ASHA (for example,satisfying, challenging, learning, etc.)

Step 4: Explain that participants may already know each other; however, it would be good to have a round of introductions for those who are not acquainted with each other, and also for the trainer/s.

Note: If the trainers and participants are already acquainted with each other, and meet regularly as a group, this activity can be skipped. Other ways to facilitate participants' introductions as appropriate, can also be explored.

Step 5: Allow participants a few minutes to talk to each other and for each pair to share

with the larger group. If the group is large then only responses to “name, village / area that they belong to” can be shared and the rest can be written on cards and displayed in the training space for all participants to see. If the training is taking place as single sessions over a period of time, this chart can be displayed during every session.

Step 6: Ask participants to share two expectations from the training. Encourage participants to think about their expectations on the basis of:

- Use of the training in their work as ASHA.
- The challenges faced by them in addressing GBV
- Issues / skills / information that could be covered in the training

Step 7: Request a few participants to take turns to share the expectations with the group. List the expectations on a chart.

Step 8: Present to the participants about the objectives of the training and the themes that the training seeks to cover using the reference material “Objectives of the Training”.

Reference Material for Step 8: Objectives of the Training

The training will build amongst ASHAs an understanding on:

- Gender, gender norms, and GBV
- GBV as a public health issue
- Key legal mandates and guideline to address GBV
- Roles of the health system in responding to GBV
- Roles of ASHAs in building awareness on GBV
- Knowledge and skills for ASHAs in supporting survivors

Step 9: Compare the expectations of the participants with the objectives and themes. Note any expectations that fall beyond the training themes. Explore if and how these expectations can be addressed. Clarify this to the participants.

Step 10: Explain that it is important that everyone participates in all the training sessions. Inform that the training will be participatory using activities, case studies, role plays, etc. The sessions will allow participants to ask questions, seek clarifications. Inform them about the language that will be used in the training and check if there are any concerns.

Step 11: Present the themes that will be covered over 12 sessions using the reference material “Training Themes”. Explain that they will be covered as one-hour sessions during the ASHA monthly meetings or as per the availability and convenience of the trainers and participants.

Reference Material for Step 11: Training Themes

Theme #	Themes
Theme 1	Introductions and Expectations
Theme 2	Understanding Gender
Theme 3	Gender and Health
Theme 4	Understanding Gender-based Violence
Theme 5	Understanding Gender-based Violence as A Public Health Issue
Theme 6	Key Legal Mandates in Addressing GBV
Theme 7	Roles of the Health System and Healthcare Providers To Address GBV
Theme 8	Roles of ASHAs in Addressing GBV
Theme 9	Key Principles for Survivor-Centred Care
Theme 10	Strengthen Capacities of ASHAs to Ask about GBV
Theme 11	Strengthen First Line Support and Care
Theme 12	Information, Resources for Referral Support

Step 12: Explain to the participants that it is important to establish ground rules for the training. Ask them to share some rules that they think should be followed during the training. Note the responses.

Step 13: Sum up using the ground rules from the reference material "Ground Rules" on a chart along with any other relevant ground rules that the participants shared. The ground rules should be displayed in all the sessions.

Reference Material for Step 13: Ground Rules

- **Respect time** - be punctual and keep to time for all sessions.
- **Learn and work together** - participate in all activities, exchange / share and learn from each other's realities, experiences and innovations.
- **Respect each other** - Be respectful - there may be different experiences, differences of opinions and perspectives during discussions. It is important to allow space for everyone to share their perspectives and respond respectfully if in disagreement or if individual experiences are different.
- **Avoid interrupting** - when others are talking and avoid side conversations as everyone may gain from your experience. Raise a hand to speak
- **Ensure a safe space** – The training space commits to zero tolerance to sexual harassment. Any complaints and concerns may be brought to [trainers to provide a contact number].
- **Maintain confidentiality** – personal information should stay within the training space. Discussions may refer to examples, experiences drawing on personal and work experiences. In case of reference to survivors, participants should avoid using actual names while describing the situation.
- **Be present** – participate in discussions; listen with focus and attention; keep aside cell phone and other distracting items. Turn off cell phones or keep them in silent mode. If there is an urgent call thendesignate a space outside the training space where they can take thecall so that it does not disturb the session.
- Suggestions to improve are welcome!

Note: Add any other relevant ground rules that have been agreed to by the participants.

Step 14: Distribute the pre-assessment forms (Annexure 1) and explain its purpose. Explain that the assessment is useful to understand existing perceptions, knowledge among participants and to see if any shifts or changes have taken place following the training. Request participants to complete the format individually without discussion with others. State that they can clarify any doubts with the trainer/s.

Allow participants 10 minutes to complete the pre assessment format.

Theme 2: Understanding Gender
Duration: 60 Minutes

Theme 2	Title	Objective/s	Duration
Session 2.1	Understanding Gender	To build an understanding on gender	60 minutes

Session 2.1: Understanding Gender

60 Minutes

Step 1: Introduce the theme. Explain that the session will build a basic understanding on gender, gender roles and norms.

Step 2: Ask participants to sit in a circle. Request participants to think of their lives from the time that they were young till the current time and respond to the statements that will be read.

Step 3: Ask participants to raise their hands if their response is "yes" to any of the statements. Write the number of responses for each statement on the chart / board. Use reference material for Step #3.

Reference Material for Step 3: Statements

- Asked to stop going to school and to help with the household work,take care of siblings.
- Asked not to go anywhere alone, without a person (preferably a man) accompanying them.
- Asked not to claim the right to property, assets.
- Asked not to refuse sex when husband/partner demands.
- Asked to change their name after marriage.
- Blamed for experiencing harassment or violence.
- Asked not to return to the natal home for long periods after marriage.
- Asked not to decide about marriage – whether wanting to get married, when and whom to marry.
- Asked to always put others – husband, children, family before self.
- Asked not to assert rights whether in the home or at work.

Step 4: At the end of the statements, ask participants to reflect on their answers. How many times did they answer “Yes”, how many times did they answer “No”. Explain that the number of “Yes” commonly outnumbers “No” when these questions areasked to girls or women.

Step 5: Explain that some more discussion is necessary to understand this and the reasons for such rules/norms.

Step 6: Facilitate a discussion using the following questions one at a time:

- If they were boys / men would they be told differently? Request participants to share a few examples.
- What are the reasons for the differences?
- What is the reason/s for these rules / norms?
- What are the consequences of these norms / what do they do?
- Who / how are these norms made and implemented?

Step 7: Sum up using the reference material for Step #7 and examples for each point from the statements as well as participants’ responses.

Reference Material for Step 7

- The differences are because of gender and other social inequality.
- Gender shapes every single aspect of life – what work girls and women are allowed to do, how much they get paid, if it is recognized as work, access to education, food, property and assets, etc.
- Caste, disability, gender identity (transgender, etc.) or sexual orientation (lesbian, bisexual, etc.) along with gender further determines all aspects of life.
- Gender refers to norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other.

- These relationships are unequal and are created and sustained through discrimination, violence, and other forms of control.

- Gender is socially constructed. Gender is learnt, practiced and performed every day. Gender-based behaviors, roles, norms are learnt and sustained by family, friends, peer groups, society, religion, culture, traditions, schools, customs, media, legal provisions, health system, etc.

- Gender norms, behaviors and roles are usually different for men and women. They often place greater restrictions on the freedom of choice, expression and movement for women in comparison to men in most societies.

- Sometimes, people break these norms. For example, not identifying with the gender assigned at birth. However, there are consequences when these norms are not followed. Violence or the threat of violence isused against persons who do not adhere to the norms.

- When people adhere to gender norms, they receive affirmation and validation from the society and the opposite happens when they do not. This is the reason why breaking norms is not always appealing or easy. It results in the loss of privileges.

- Gender norms determine ownership and access to resources (money/ capital, property, assets, production, knowledge / information, technology, machines, free time / leisure, freedom, ability) and decision making (spending, buying, eating, mobility, working, resting, children, bodies, policy, law). They determine health status, access to healthcare, vulnerability to GBV, and its consequences.

- Gender identities, however, are beyond men and women and masculinity and femininity. Not everyone identifies as a “man” or “woman” – “masculine” or “feminine” entirely. It is important to view gender as a spectrum beyond the category of man and woman, masculine and feminine, and rigid social roles and expectations.

- Many people identify as transgender. Trans* is used an umbrella term for transgender people, gender queer people or people who do not conform to gender assigned to them at birth.

Source/s: TARSHI- Basics and Beyond – A training manual, 2006.
https://nazariyaqfrg.wordpress.com/

*Human bodies have many variations, and these could be at multiple levels. For example, intersex variations include differences in reproductive parts and/or secondary sexual characteristics, and/or chromosomal variations and/or hormonal differences. (https://nazariyaqfrg.wordpress.com/)

Step 8: Conclude the session reiterating that understanding gender is extremely important to respond effectively to the healthcare needs as well as to gender-based violence by ASHAs.

Step 9: Request participants to recall one instance or experience as ASHAs and / or as women where they were able to challenge gender and other social norms before the next session. This does not have to be shared but can aid participants to reflect on the theme and the discussions.

Theme 3: Gender and Health
Duration: 60 Minutes

Theme 3	Title	Objective/s	Duration
Session 3.1	Gender and Health	To understand how gender determines health and access to health care	60 minutes

Session 3.1: Gender and Health  **60 Minutes**

Step 1: Explain that the session will focus on the relationship between gender and health.

Step 2: Introduce the activity to the participants. Explain that each participant will be provided a card with an identity and they should assume the identity and respond accordingly for the activity.

Reference Material for Step 2: Identities

1. Dalit woman
2. Panchayat president (man)
3. School teacher (woman) with disability
4. Farmer (man)
5. Adolescent boy
6. Adolescent girl
7. Single woman
8. Doctor (woman)
9. Woman community health worker
10. Dalit daily wage laborer (man)
11. NGO leader (transgender person)

All identities are assumed in rural locations.

These are only examples and identities can be used that are more relevant to the local context. Depending on the number of participants, additional identities can be added.

Note: If possible, the activity should be conducted in an open area or a big hall where participants can stand in a row and move backwards and forwards. If that is not possible then ask participants remain in their places and to count the number of times they move forward.

Step 3: Request participants to stand in a straight line – shoulder to shoulder. Explain that on reading each statement, as per their identity if they respond "yes" they should move one step forward. If their response is "no", they should remain where they are.

Step 4: Read the statements from the reference material one by one. Allow sometime between statements for participants to move.

Reference Material for Step 4: Statements

- I have access to clean and safe drinking water.
- I always get to eat adequate, nutritious food, on time.
- I am not in danger of being sexually or physically harassed.
- I get to participate in decisions related to my body and health.
- I can talk openly to my doctor about my health problems.
- I can access information about contraception, abortion without stigma or being judged.
- I can easily access quality health care when I need it.

Step 5: At the end of the activity, ask participants to observe where they and other participants are. Ask the following questions to facilitate a discussion:

- Is there a difference between the positions of different participants. Who is ahead and who is not?
- What are the reasons for these differences? What did participants understand from this activity?
- Do the participants' positions determine their health and access to health care?

Step 6: Remind participants to recall their previous session on gender when responding to these points. Drawing on the responses of the participants, sum up the activity using the reference material "Understanding Gender as a Determinant of Health and Health Care".

Reference Material for Step 6: Understanding Gender as a Determinant of Health and Health Care

- Gender intersects with several identities to impact health and access to health care.
- Gender and other identities based on caste, disability, sexual orientation, age, disability, occupation (sex worker, sanitation workers) etc. have a deep impact on the experience of health, including access to health care.
- Health, gender discrimination, and violence are closely connected to each other. For example, the statement - "I can easily access the nearest health facility with necessary services". In the case of a Dalit woman, as a woman she may not have the power to decide when she wants to go to the health facility without the permission of her husband, family as there are lot of control over women's mobility and choices. As a Dalit woman she may not be able to afford transportation or treatment costs and may experience gender-caste discrimination.
- Health policy and programs may not allocate adequate budget to improve healthcare services for women as their participation is limited, owing to their marginalized position.
- Health and access to health care is determined by social and economic determinants of health, such as access to safe potable water and sanitation, access to adequate nutritious food, access to work and fair wages, safe housing, education, freedom from violence and discrimination, etc.

Step 7: Reiterate that as ASHAs committed to connecting the community, especially women and children to the health system, it is necessary to reflect on what they can do to understand barriers due to gender and social inequalities in accessing health care including in instances of violence. This should also take into account the gender and other social discrimination and barriers that ASHAs themselves may face when they support survivors.

Theme 4: Understanding Gender-based Violence
Duration: 60 Minutes

Theme 4	Title	Objective	Duration
Session 4.1	Understanding gender-based violence	To understand what gender-based violence (GBV) means	30 minutes
Session 4.2	Forms of GBV	To understand the forms of GBV	30 minutes

Session 4.1: Understanding Gender-based Violence  30 Minutes

Step 1: Introduce the theme to the participants. Explain that this session will enable an understanding of gender-based violence.

Step 2: Write "Gender-based Violence" on a chart / board. Ask participants what they understand by it. Explain that they could also think about it as "violence on the basis of gender" to respond to the question. Allow a few responses from the participants.

Step 3: Note the responses on a chart / board.

Note: The responses may include forms of GBV such as "rape", "hitting", "beating", "preventing girls from accessing education", "abuse of women during childbirth", etc. Clarify that these are forms of violence that will be discussed in more detail in following sessions. Clarify if some of the examples or responses are not GBV and the reasons for the same.

Step 4: Sum up the discussion using the reference material "Understanding GBV".

Reference Material for Step 4: Understanding GBV

- GBV involves abuse or violence due to power structures resulting from gender and other social inequalities.
- Along with gender, other factors such as poverty, caste, ethnicity (for

example, from a tribal community), religion, age, disability, sexual orientation, gender identity, etc. also determine who has more or less power.

- GBV is a system of threat, control, oppression directed against girls, women, transgender persons and others.
- GBV is one of the most prevalent human rights violations within all societies.
- GBV is a significant determinant of health and wellbeing – i.e., freedom from violence is necessary to be healthy. It adversely impactshealth and well-being directly and indirectly, throughout life.
- Majority of those who experience GBV are women and girls.
- Globally 1 in 3 (35%) of women experience violence in their lifetime.* In India about 29 out of 100 women who have been married at some point have experienced physical and/or sexual violence by their intimate partners; About 3 in 100 women who have been married at some point have experienced violence during pregnancy. **

Aggravated vulnerability to GBV

- Women and girls are vulnerable to GBV. Gender intersects with other factors to aggravate vulnerability. For example, a Dalit woman may be more vulnerable to GBV or her experience of GBV may be more severe. Similarly, other factors such as:
  - Sexual orientation (e.g., lesbian)
  - Gender identity (e.g., transgender)
  - Persons with physical, psycho social and/or intellectual disabilities
  - Children
  - Caste / Race / Ethnicity/Religion (e.g., Dalit, Tribal, Muslim women and girls)
  - Others: those in war/conflict situations, those in occupationssuch as sex work, homeless, single women, abandoned/deserted women
- Women during pregnancy, experiencing infertility, chronic / long term illness

Sources:

*Key Facts: https://www.who.int/news-room/fact-sheets/detail/violence-against-women

**Fifth Round of the National Family Health Survey (NFHS-5), 2019-21; http://rchiips.org/nfhs/NFHS-FCTS/Final%20Compendium%20of%20fact%20sheets_India%20and%2014%20States_UTs%20(Phase-II).pdf

Session 4.2: Forms of GBV

30 Minutes

Step 1: Explain that there are different forms of GBV. Refer to the responses from Steps 2 and 3 of Session 4.1.

Step 2: Ask participants to share examples of forms of violence starting with "physical violence", followed by "sexual", "psychological" and "economic" forms of GBV.

Step 3: Sum up adding to the responses from the examples in reference material "Forms of GBV" for each category and explain terms that are unclear to participants. Clarify that here the forms of GBV have been organized under four categories; these may be categorized differently in other documents.

Reference Material for Step 3: Forms of GBV

Physical Violence	**Sexual Violence**
• Hitting, slapping, punching, strangling, pushing • Preventing from leaving; locking in a partner • Burning, for example, using a cigarette or boiling water • Depriving of sleep • Threaten by throwing or breaking other objects • Stabbing, shooting	• Sexual assault / Rape • Sexual abuse of children (including incest) • Sexual harassment (at the workplace) • Forced exposure to pornography • Online sexual abuse / harassment
Psychological Violence	**Economic Violence**
• Insult • Criticize excessively • Doubting • Swear / verbally abuse • Call names • Threaten with self-harm (by perpetrator of GBV) to control survivor • Threaten harm to children and other persons dear to the survivor	• Control of money, property, assets necessary for access including to agricultural resources • Excluding from financial decision making • Control over earnings • Control over household expenditure

	• Denying money for any personal expenditure • Not allowing women to work • Dowry demands

Step 4: Explain that these forms of violence are examples. Survivors often experience multiple forms of violence. These forms of violence are experienced in various spaces – in homes, in education institutions, healthcare institutions, workspaces, public transportation, other public spaces, care institutions, prisons, etc.

Step 5: Conclude the session stating that the forms of violence indicate the different ways in which GBV can manifest and be experienced. As ASHAs, this understanding is important to ensure that all forms of GBV are recognized and responded to.

Theme 5: Understanding Gender-based Violence as a Public Health Issue
Duration: 60 Minutes

Theme 5	Title	Objective	Duration
Session 5.1	GBV - a public health issue	To understand why GBV is a public health issue	30 minutes
Session 5.2	Health consequences of GBV	To understand the health consequences of GBV	30 minutes

Session 5.1: GBV - A Public Health Issue

30 Minutes

Step 1: Explain that this session will discuss GBV as a public health issue.

Step 2: Ask participants to think about "Why is GBV a public health issue?

Step 3: Allow about 5 minutes for reflection and then request participants to respond. List the responses on a chart or board.

Step 4: Tick the responses that can be categorized broadly as " health consequences of GBV". Following this, using another color pen, tick the responses that indicate the "role of the health system or healthcare providers for care and support for GBV survivors".

Step 5: Sum up the discussion using the reference material **"**GBV is a public health issue" and referring to the participants' responses.

Reference Material for Step 5: GBV is a public health issue

- GBV is an important determinant of health, as freedom from GBV is necessary forthe health and well-being of people and society as a whole.
- GBV has an adverse impact on the health and well-being in the short and long-term, physical and psychological, especially of women and girls. GBV is a major

cause of disability and death.

- Responding to and prevention of GBV can improve the overall quality of health.
- The healthcare system has a very important role to play in prevention of GBV as well in responding to it. The health system can help early detection for support seeking to end the cycle of violence.
- The healthcare system and healthcare providers, especially community-based healthcare providers like ASHAs are often the first point of contact and support for GBV survivors.
- The healthcare system and healthcare providers have a vast outreach and are approached by patients / survivors for care and support for various health needs, including when related to GBV.
- GBV as a public health issue is recognized by law and health policies in India and globally.

Session 5.2: Health Consequences of GBV

30 Minutes

Step 1: Explain that it has been mentioned previously that there are several health consequences of GBV. This session will help participants understand these consequences of GBV on health in detail.

Step 2: Divide participants into four groups. Distribute charts and sketch pens to each group. Ask the participants in each group to draw an outline of a body on a chart. Following that, explain that they should mark the various health consequences – physical, psychological or any other on the outline of the body that they have drawn.

Step 3: Ask groups to display the charts and present the health consequences that they have marked in the larger group.

Step 4: Sum up using the content from the presentations and from the reference material "Health Consequences of GBV".

Reference Material for Step 4: Health Consequences of GBV

Physical consequences

- Injuries
- Functional impairments
- Permanent disabilities

Psychological / Mental Health Consequences

- Post -Traumatic Stress Disorder
- Depression, Fears
- Sleeping disorders
- Panic disorders
- Eating disorders
- Low self-esteem
- Suicidal tendencies

Consequences for Reproductive Health

- Pelvic inflammatory diseases
- Sexually transmitted diseases/ HIV
- Unwanted pregnancy
- Pregnancy complications
- Low birth weight

Psycho-somatic Consequences

- Chronic pain syndrome
- Irritable bowel syndrome
- Gastrointestinal disorders
- Urinary tract infections
- Respiratory disorders

Other Behaviors

- Self-injurious behavior

Fatal consequences

- Homicide
- Killing**
- Suicide

**"GBV can result in women's deaths. Fatal outcomes may be the immediate result of a woman being killed by the perpetrator, or in the long-term, as consequence of other adverse health outcomes. For example, mental health problems resulting from trauma can lead to suicidality, or to conditions such as alcohol abuse or cardiovascular diseases that can in turn result in death. HIV infection as a result of sexual violence can cause AIDS and ultimately lead to death (Heise et al 1999, WHO 2013)."

Source: "Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia - A Resource Package" developed jointly by WAVE and UNFPA Regional Office for Eastern Europe and Central Asia. Accessible at https://eeca.unfpa.org/sites/default/files/pub-pdf/WAVE-UNFPA-Report-EN.pdf.

Step 5: Conclude the session. Ask participants to reflect on how the knowledge about health consequences of GBV is relevant to their role as ASHAs before the next session. This is not for discussion in the group but to encourage participants to think about the application of the content of the session in their work.

Theme 6: Key Legal Mandates Addressing GBV
Duration: 60 Minutes

Theme 6	Title	Objective	Duration
Session 6.1	Key legal mandates that address toGBV	To get acquainted with the legal system and relevant legal mandates that address GBV	60 minutes

Session 6.1: Key Legal Mandates Addressing GBV  **60 Minutes**

Step 1: Introduce the session stating that GBV often leads to various adverse social, economic and health consequences. Given their role and location in the community understanding of legal mandates can enable them to support the community in asserting their rights and seeking justice. This is also important to ASHAs as persons and as rights-holders (persons who have these rights).

Step 2: Ask participants to share what they know about the legal system, laws that address GBV in the country. Present using the reference material **"**Key Legal Mandates that Address GBV**"** on a chart / board. Following the presentation, allow time for clarifications and a brief discussion.

Reference Material for Step 2: Key Legal Mandates that Address GBV

Why should ASHAs know about the legal system?

The legal system is like the blood that runs through our bodies. Blood carries nutrients and oxygen to keep the body healthy, growing and active. And if any disease or infection attacks it, the defense mechanism comes into action.

Similarly, the legal system is part of our everyday lives and not just when some offence is committed. The legal system provides rules and regulations that protect the rights of individuals towards promoting their health and overall wellbeing. And if these rights are violated, there are procedures for remedy, including punishment for wrongdoing.

Key aspects of the legal system:

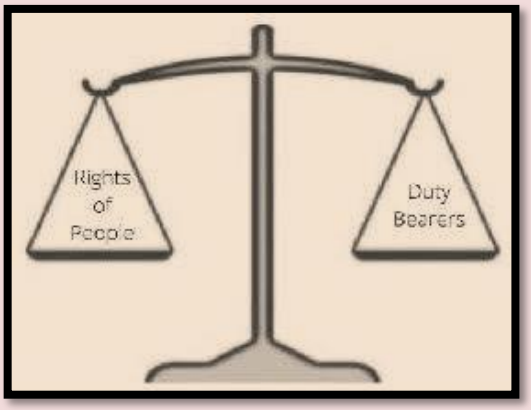
The legal system's focus is	The welfare and meaningful participation of all people, especially those on the margins.

The legal system's foundation is	The Constitution of India. The fundamental rights, for example, in the Constitution upholds the rights of all. Some of the fundamental rights are given below.

Some Fundamental Rights

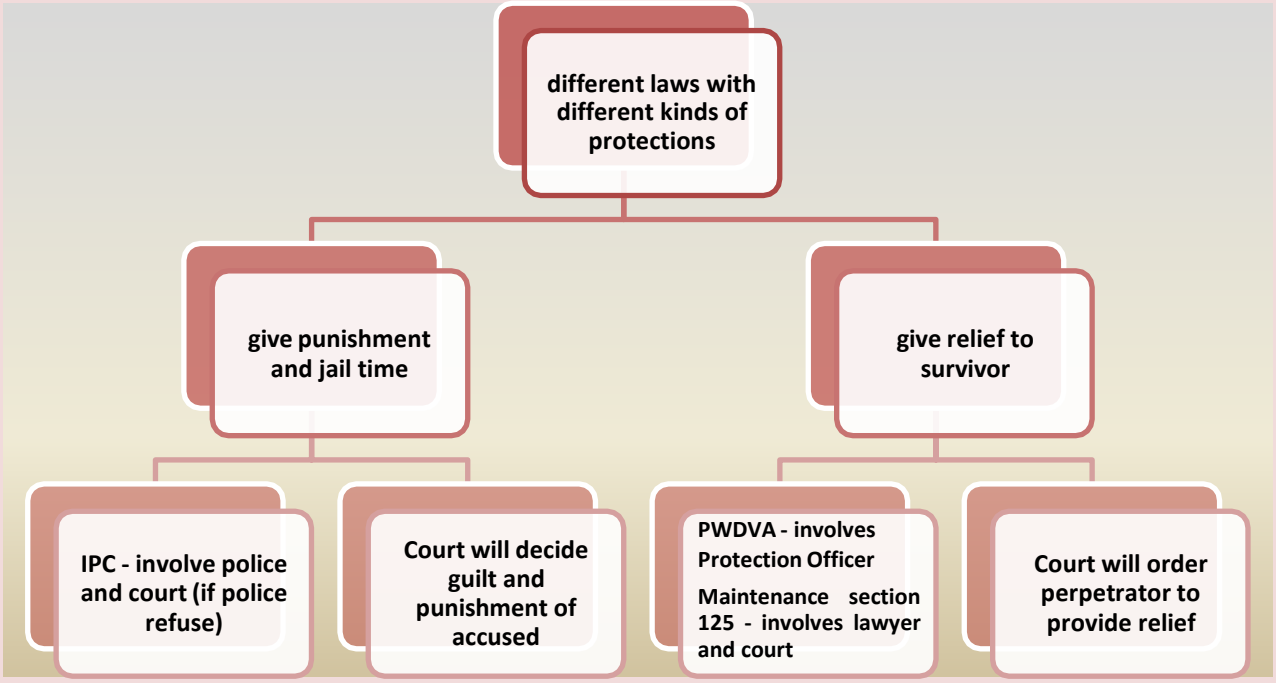
- Equality before law and equal protection of law
- Non-Discrimination on the basis of caste, ethnicity, religion, gender or any other identity
- Freedom to express our thoughts, opinions and emotions, access to education, internet and information on the acts of government
- Right to life with human dignity with freedom to move about freely and safely within the country

- To ensure that these fundamental rights are upheld and implemented, there are written laws, policies and schemes.
- No person or post or profession is above or outside of the law, i.e., laws are for theprotection of all and everyone is duty-bound to follow the law.
- The State performs its duty to protect the rights of people by assigning duty-bearers that implement laws. E.g., Chief Medical Officer, District Magistrate, District Supply Officer, Police, etc.



How can the legal system help women to get relief from domestic violence?

❖ There are several laws like the Indian Penal Code (IPC), Protection of Women from Domestic Violence Act (PWDVA), etc. that provide different kinds of protections:



Some highlights of the PWDVA

- **Who can seek relief?** Women and relatives below 18 years of age facing abuse from family – whether married or single – related by marriage or blood or adoption (mother, sister, wife, daughter, mother-in-law, live-in partner, a woman member of joint family, etc.)
- **From whom?** Any relative they live or have lived with who is abusing them – whether marital or natal family (father, brother, husband, son, father-in-law, live-in partner, member of joint family, etc.)
- **For what?** Physical, sexual, emotional, verbal and economic abuse (includes forced marriage, not allowing to work or continue education, taunts, taking away earnings, restricting contact with family and society, restricting entry into the kitchen, depriving of *stridhan*, etc.)
- **What relief is possible?**
  - Protection order to end the threat and abuse – if the perpetrator does not abide by it, police can initiate action.
  - Residence order to secure a safe shelter for the survivor - the court can also order the perpetrator to leave home.
  - Compensation and monetary relief to make up for the loss in health, employment, education, etc., of the survivor and maintain their standard of living.
  - These reliefs can be clubbed with ongoing cases related to the same incident or parties.

- **Protection Officer** (PO) is at the district level. They must support through the process by providing information, emergency support like linkage with healthcare and shelter, filling reports of the incident, home visits on behalf of the court, etc.

What are the laws that address sexual abuse?

IPC and the Protection of Children from Sexual Offences Act (POCSO)

- **Who can seek relief?**
  - **IPC –** All women 18 years of age or above who have been sexually violated
  - **POCSO –** Anyone, irrespective of gender, below the age of 18 years who have been sexually violated.
- **From whom?**
  - **IPC –** Known or unknown man of any age who has sexually violated.
  - **POCSO –** Known or unknown person of any age, irrespective of gender, who has sexually violated.
- **For what?** Any act of sexual violence
  - **Penetrative (Sections 375/376 IPC and Sections 3/4, 5/6 POCSO) –** When without consent a perpetrator inserts penis, any other body part or object in any private parts of the survivor or applies their mouth to the survivors' private parts. Or makes the survivor do so to themselves or another person. The insertion can be to any extent, with or without physical force.
  - **Non-Penetrative (Sections 354A, 354B IPC and Sections7/8. 9/10 POCSO) –** Non-consensual touching and feeling of a survivors' penis, vagina, anus or breasts with sexual intention. Or making them do so to themselves or another person.
  - **Harassment (Sections 354A, 354C, 354D and Sections 11/12 POCSO)–** Unwelcome sexual demands, comments, and gestures toward the survivor. Including tracking movements or repeatedly trying to make contact with a sexual intention, whether in person or online. Making or sharing photos and videos of survivor in an intimate act. Public stripping or naked parading to humiliate survivor. Showing or using survivor for pornography.
- **What relief is possible?**
  - The police, healthcare provider, lawyers, or court cannot comment on the character or sexual history of any survivor. It is immaterial to the incident at hand.
  - FIR cannot be denied and all police procedures must be carried out in the survivor's language.
  - The privacy of the survivor must be maintained, and their identity cannot be disclosed to the public.
  - In POCSO cases police must be in plain clothes and a person of trust of the survivor must accompany them at every step, including medical treatment and examination. Survivor can also ask for a support person from CWC.
  - Police must be approached in such cases. One Stop Centre (OSC) can extend support. In POCSO cases Childline 1098 (toll-free) and Child Welfare Committee (CWC) can also give support.

❖ Trans* persons can also approach Police and OSC in case of sexual violence.

❖ If a wife is facing sexual violence from her husband, she can seek support under the PWDVA.

❖ There is also a law specifically for working women, who face sexual harassment at their workplace or while carrying out work duties. It provides relief even for women in the unorganized labour force like farm workers, domestic workers, ASHAs, etc.

- **Who can seek relief?** Working women of any age or any woman or any person who visits a workplace (e.g., children of workers).
- **From whom?** The owner, co-worker, or any man who visits their workplace (customer, homeowner, inspection officer, etc.)
- **For what?** All and any acts of sexual violence. E.g., making unwanted demands for sexual favors to release wages or keep the job, threats of sexual violence to restrict fieldwork, stalking, everyday sexual harassment etc.
- **What is a workplace?** The farmland, factory, construction site, market, field area, household, office, etc., where women work or visit for their work.
- **What relief is possible?**
  - Compensation for their suffering, reimbursement of lost wages, cost of treatment, etc.
  - Paid leave, transfer or other facilitative measures at the workplace, accountability measures to make the workplace safer.
  - Support through the police process.
- **Local Committee** made by the DM at the district level
  - They must be headed by a well-known woman social worker in the district.
  - 2 members of the district administration committed to women's issues and who know the law.
  - Additional members - Women working in the block, tehsil or ward level. The number must represent the geography of the district and facilitate outreach.

DO YOU KNOW	AS PER THE LAW
Free Medical treatment to all survivors	Whether or not survivors of GBV approach the State agents (police, courts) for support – healthcare facilities (government or private) must provide free medical treatment and examination, especially in cases of sexual violence and acid attacks. Prior FIR is not mandatory. A free copy of the medical report must be given to the survivor / their person of trust.
Mandatory consent for treatment	Consent must be taken directly from all survivors 12 years of age and above. For survivors below 12 years of age, consent must be taken from their guardian or person of trust.
Narrative of the history of violence by the survivor is critical evidence	Healthcare providers must ensure that the history of violence is documented in detail as narrated by the survivor. Even in the absence of any other evidence or delayed reporting of the violence, this narration is recognized by law as important evidence.
Compensation	Survivors can claim monetary compensation for their suffering and protection from threats from the DLSA.
In emergency	Call 100/112 (toll free)

Step 3: Print the handouts (in Annexure 2 and 3) and provide copies to all participants for reference.

Step 4: Sum up using the reference material "Key points".

Reference Material for Step 4: Key Points

- The objective of the legal system is to address social inequalities and restore social justice by providing pathways that level power imbalances and give remedy.
- These measures are essential to ensure the right to life with dignity and health is protected equally for all and without discrimination.
- Laws establish the critical role of healthcare providers, police, courts and other public servants in accessing and achieving justice.
    - Domestic violence from natal and marital family - OSC, PO, Healthcare facility and police.
    - Sexual violence and child sexual abuse – Healthcare facility, CWC and police.
    - Sexual harassment of women at the workplace – Local Committee, healthcare facility, OSC and police.
- Healthcare providers are duty-bound ethically and legally to provide healthcare to ALL survivors of GBV irrespective of their age or identity and not discriminate or pass judgment.

Theme 7: Roles of the Health System in Addressing GBV
Duration: 60 Minutes

Theme 7	Title	Objective	Duration
Session 7.1	Roles of the health system and healthcare providers in addressing GBV	To be aware of the roles of the health system and healthcare providers in addressing GBV	60 minutes

Session 7.1: Roles of the Health system and Healthcare Providers to Address GBV

60 Minutes

Step 1: Introduce the theme. Explain that this session will focus on key aspects of the role of the health system in addressing GBV. This takes forward the discussion from the Session on "Understanding Gender-based Violence as A Public Health Issue".

Step 2: Explain that as ASHAs, the understanding of the health system's role and accountability in addressing GBV will enable them to facilitate appropriate linkages and referrals of survivors.

Step 3: Ask participants to listen carefully to the situation that will be read out. Read the situation from the reference material for Step #3.

Reference Material for Step 3: Situation for discussion

Mora, a 25-year-old woman, visits a health facility with pain and discomfort in her right arm. Her husband had got angry at her because he did not like the food that she had cooked. He had hit her last night.

Step 4: Explain any doubts that the participants may raise. Ask participants to respond to the following questions:

Q1. What should the health facility do for Mora?

Q2. What should a “Comprehensive Health System Response to Address GBV”mean?

Step 5: Ask participants to respond. Note the responses on a chart or board. Use reference material “What should the health facility or healthcare provider do?” to sum up the discussion using scenarios if Mora discloses or does not disclose violence.

Reference Material for Step 5: What should the health facility or healthcare provider do?

The health facility or healthcare provider should:

- Treat Mora’s arm which was hurt and causing pain.
- Ask about how the arm was injured in a sensitive manner.

If Mora discloses the violence that she is experiencing:

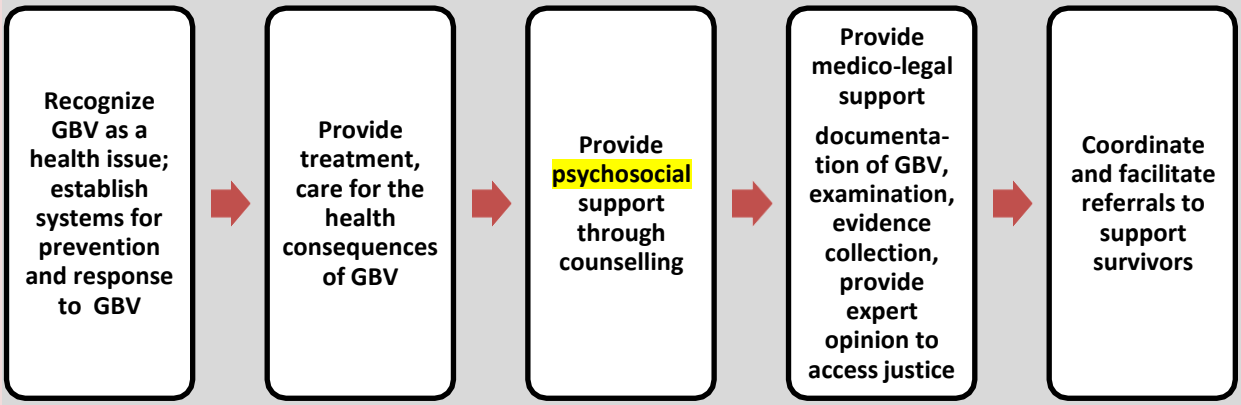
- Not be judgmental.
- Inquire about the violence, document the violence providing a copy to Mora.
- Provide counseling for Mora’s psychosocial support and wellbeing.
- Provide information, coordinate referral to a one-stop centre, legal aid or to a shelter or toany other service provider as per Mora’s needs.

If Mora does not disclose the violence, the health facility, healthcare provider should:

- Treat Mora’s arm which was hurt and causing pain.
- Show empathy.
- Provide information about the availability of services in the health facility to support survivors that can be accessed by anyone who requires them, including Mora.
- Provide information to link with the ASHA in Mora’s area.
- Request Mora for a follow up visit if possible.

Step 6: Clarify any doubts or points raised by the participants. Conclude the session with a presentation of the reference material “Roles of the Health System in Addressing GBV” on a chart.

Reference Material for Step 6: Roles of the Health System in Addressing GBV



A health system response to GBV includes measures to prevent as well as to respond to GBV. These measures may frequently overlap given the long cycles of GBV that may require repeated steps for prevention and response.

Prevention of GBV entails

- Changing of perceptions and attitudes to GBV and through shifts in gender and other social norms to prevent occurrence of GBV in health institutions, amongst healthcare providers and in communities.
- Focus on long term support to prevent health and other consequences, to reduce trauma and empower the survivor.
- Build capacities of healthcare facilities and providers to prevent and respond to GBV through health programs, and support and provide care at all levels of the health system for survivors.

Response to GBV includes

- Asking about / identifying signs of violence by healthcare providers to enable survivors to talk about / disclose the violence.
- First line of support and care: immediate health care, mental health assessment, care and counseling.
- Assessment of safety, safety planning and support.
- Medico legal examination, evidence collection and documentation.
- Linkages and referrals to other service providers and agencies.

Step 7: Conclude the session with the following points:

- The health system is accountable to ensure quality health care and other support services for GBV survivors in a respectful, non-discriminatory manner.

- The health system and healthcare providers have a very important role to play in preventing and responding to GBV.

- Survivors not wanting to file a report with the police should not be denied or receive delayed care and treatment.

- GBV is not a disease and requires a range of intervention and support that may differ across survivors. All of this cannot be addressed by medical intervention alone.

- Survivors of GBV may have additional or different needs from others accessing routine health care. These may include mental health care, concerns about confidentiality, safety and /or other needs such as shelter, legal aid, financial support, etc. Fear and safety for themselves and other dependents (children, parents, etc.) may be an ongoing concern.

- Referrals to other resources (shelter, counsellor, legal aid, etc.) must be coordinated / facilitated by the health system even if they are not able to provide different support. Effortsto create such linkages should be proactively done for immediate and long-term support.

- The health system is duty bound ethically and legally to protect the right to a healthy life with human dignity. This includes the health and lives of GBV survivors. As per the law, non-treatment of a survivor of sexual assault or acid attack by a hospital, for example, can result in a jail term of 1 year or payment of fine or both (Sec 116B IPC).

Theme 8: Roles of ASHAs in Addressing GBV
Duration: 60 Minutes

Theme 8	Title	Objective	Duration
Session 8.1	Roles of ASHAs in addressing GBV	To understand what roles ASHAs can play in addressing GBV	40 minutes
Session 8.2	Challenges faced by ASHAs in addressing GBV	To understand what challenges are faced by ASHAs in addressing GBV	20 minutes

Session 8.1: Roles of ASHAs in Addressing GBV

 **40 Minutes**

Step 1: Introduce the theme. Explain to the participants that this session brings together many of the previous discussions and is focused on ASHAs. ASHAs are already known to play a critical role facilitating access to health information, building health awareness and providing or facilitating health care at the community level. They have also been active in providing support for survivors GBV in many parts of the country.

Step 2: Ask participants to sit in groups of three. Ask each group to discuss any experiences of addressing GBV by ASHAs. Explain that in the discussion, details about the survivor should not be shared. Only the situation and more importantly, the role ASHA / ASHAs played in addressing it. Provide each group a chart and sketch pens and ask them to list or draw / depict their role/s.

Step 3: Request all groups to display their drawings and a few groups to volunteer for the presentation. Explain that the groups should focus on their roles that are depicted on the chart. List the key roles that ASHAs present on a chart or board.

Step 4: Consolidate the points from the presentation and sum up using reference material “Roles of ASHAs in addressing GBV”.

Reference Material for Step 4: Roles of ASHAs in Addressing GBV

ASHAs play a role in addressing GBV through:

1. **Prevention of GBV using strategies such as:**
   - **Building awareness** and educating girls, women and others in the community on GBV. This may include building perspectives that do not normalize or condone GBV, raising awareness on legal provisions support services, financial entitlements, etc. for survivors.
   - Build partnerships and work with community level bodies such as the VHSNC, PRI representatives, local women's self-help groups, women's, child rights and other rights-based organizations, service providers to **strengthen perspectives on gender equity, health and voices against GBV.**
   - **Facilitate access to information and linkages** with service providers, including healthcare facilities, so that survivors can make an informed decision about their situations and prevent further abuse and violence.

2. **Responding to GBV using strategies such as:**
   - **Providing information** about safe spaces, support services, practices to prevent (forensic) evidence being compromised and health care that can be accessed by survivors.
   - **Facilitating linkages** with protection officers, one stop centres, NGOs, healthcare facilities, legal, shelter and other services.
   - **Being alert to GBV** and inquiring about the violence as and when safe and possible to do so.
   - **Providing emotional, non-judgmental support** and facilitating measures for the **survivor's safety**.
   - **Contacting other service providers in an emergency situation** to support the survivor.

Step 5: Validate the important roles that ASHAs have played in addressing GBV. Conclude the session by reiterating that:

- Given their community level locations of work, ASHAs are perhaps the first point of contact for many survivors.
- ASHAs have a key role to play in preventing and responding to GBV.
- Deeply entrenched patriarchal perspectives about GBV are often the reason for the challenges and backlash that ASHAs and others working at the community level face, particularly in the absence of adequate institutional support (for e.g., police, health system, courts, PRIs, etc.).

Session 8.2: Challenges faced by ASHAs in Addressing GBV

20 Minutes

Step 1: Tell the participants that this session will attempt to understand what challenges are faced by ASHAs in addressing GBV.

Step 2: Ask each participant to close their eyes for a minute and to think of one challenge that they faced in addressing GBV. Reiterate that the challenges should be specific to addressing GBV. Explain that the challenges faced may be at the community or systemic level.

Step 3: Provide a paper chit or card to all participants else request responses verbally; request the participant to mention one challenge using a few words.

Step 4: Stick all the chits or cards or list the responses on a chart so that participants can read the challenges or request a volunteer to read them.

Step 5: Sum up the session using the reference material. Mention that these are broad challenge areas faced by ASHAs. Reiterate any challenges already raised by the participants.

Reference Material for Step 5: Challenges in addressing GBV

Community	Systems / Institutions
No support for survivors	Refusal to file a report by police
Normalize violence, blame survivors	Health facility located very far away and non- availability of services
GBV perceived as a “private” matter / issue	Lack of support, encouragement from seniors, supervisors, department
Against ASHAs or anyone else intervening to address GBV	Lack of systematic training, access to information resources
Threats, absence of adequate support for survivors, as well as anyone who supports them	Absence of institutional support; in the absence of institutional support, threat, violence against ASHAs responding to GBV

Lack of community-based support networks and services	Inadequate financial resources or support in aiding survivors

Step 6: Ask participants if any of the challenges were reduced through this training. Request them to share examples.

Step 7: Conclude the session informing participants that future sessions are also expected to build skills and capacities to address GBV.

Theme 9: Key Principles for Survivor-Centred Care
Duration: 60 Minutes

Theme 9	Title	Objective	Duration
Session 9.1	Key Principles for Survivor Centred Care	To discuss the key principles for survivor-centred care	60 Minutes

Session 9.1: Key Principles for Survivor-Centred Care

20 Minutes

Step 1: Introduce the theme and explain that the principles to be discussed in the sessionenable healthcare providers to place survivors at the centre of their response. A thorough understanding and implementation of the key principles in addressing GBV allows healthcare providers to carry out their roles effectively.

Step 2: Ask for two volunteers – assign the role of ASHA to one and the role of the survivor to another. Read the case study of Rita. Explain that the role play should be based on the situation described in the case study. The focus should be on the response of ASHA to the survivor.

Note: An alternative case study can also be used here.

Reference Material for Step 2: Case Study of Rita

Rita, 23 years, is four months pregnant. She has been married for four years, has two children. When ASHA makes a house visit to check on her, she begins crying. She is very anxious and afraid. Rita tells the ASHA,

"I care for my children. I do not work outside. I have even stopped meeting my friends and most of my family because of my husband's jealousy, which has caused many fights. I feel very alone. I cannot talk to anyone. I know he loves me but sometimes he loses his temper, breaks things, shouts at me and the children. Two days ago, he arrived home when I had gone out to visit my mother. I had not met her for a long time. When I returned, he was very angry and pushed me against the wall. I was terrified. I am also worried as I am pregnant. I hope everything is okay with my pregnancy."

Step 3: Allow the volunteers some time to discuss the situation and prepare for the role play. Inform all other participants to observe attentively and note down points for discussion.

Step 4: Following the role play, ask the survivor in the role play how she felt with the responses by the ASHA and if there was anything that made her comfortable or caused her discomfort.

Step 5: Facilitate an open discussion asking observing participants to raise any points that they think are key principles for ASHAs to follow in addressing GBV or responding to a survivor.

Step 6: Use the reference material on "Key Principles for Providing Survivor-Centred Care" on a chart to present and discuss them. Before doing so, reiterate the following for the participants to remember:

- GBV is driven by unequal power relations.
- Survivors may have less access to and control over resources.
- They may be blamed or shamed for violence.
- Survivors may feel low self-esteem, blame themselves, lack confidence to take action.
- They may be subjected to norms that prevent them from leavingrelationships or seeking care, or exercising their autonomy or making decisions.
- Principles for providing survivor-centred care seek to challenge these issues.

Reference Material for Step 6: Key Principles for Providing Survivor-Centred Care

- Empathy: Expressing understanding of how the survivor feels; feeling what the survivor is experiencing through understanding their context.
- Non-judgmental: Do not judge or blame survivors for the violence.
- Respect: Respect the survivors' autonomy to make informed decisions; provide information and counseling that can help survivors' make them.
    - Provide age-appropriate information to enable informed consent as well as assent in keeping with the capacities of the survivors.
    - Recognize the evolving capacities of adolescents and

children. Do not assume that they do not understand anything or that decisions can be made only by the parent/guardian.
    - Respect and validate survivors' narratives and decisions even if not always in agreement with them.
    - Respect informed consent or refusal by survivors.
- Non-discrimination: Do not discriminate against any survivor.
- Do no harm: Avoid causing survivors further harm, avoid doing anything that may compromise their safety or expose them to further violence.
- Privacy: Ensure visual and auditory privacy; having a separate, private space for consultation, examination. Presence of others should be allowed only with the survivors' consent. Privacy if compromised, can put survivors at risk, especially if accompanied by perpetrators.
- Confidentiality. This implies: (i) obtaining the survivor's consent to share information with those who need to know in the healthcare system, other referral points and in the family; (ii) Safely and securely storing records.

Step 8: Conclude the session with the suggestion that participants in pairs could roleplay based on other narratives to deepen their understanding and application of the principles.

Theme 10: Strengthen Capacities of ASHAs to Ask about GBV
Duration: 60 Minutes

Theme 10	Title	Objective/s	Duration
Session 10.1	Strengthen capacities of ASHAs to ask about GBV	To strengthen ASHAs' capacities to ask survivors about GBV	60 minutes

Session 10.1: Strengthen Capacities of ASHAs to Ask about GBV

 **60 Minutes**

Step 1: Explain that as healthcare providers, enabling survivors to disclose violence and building self-awareness and skills to be able to ask about violence is critical.

Step 2: Use the reference material "Key Points to Remember when Asking About Violence" to reiterate important points for ASHAs when asking survivors about the violence.

Reference Material for Step 2: Key Points to Remember when Asking About Violence

- Ask about the violence only when the survivor is alone and not accompanied by others even if these are known persons or even her own children; not amidst other community members or women.
- Ask when it is safe, in a space that provides privacy; without their safety being jeopardized.
- Ask about the violence with empathy, without being judgmental, using language and terms that are appropriate, that the survivor can relate to and that are not intimidating.
- Assure confidentiality.
- Initiate the conversation by asking about things that will put the survivor at ease, will not be uncomfortable.

Step 3: Request for two volunteers. Explain to them that one of them is ASHA and the other a woman from the community. The ASHA believes that the woman is experiencing violence. The woman has not talked about any violence so far. The ASHAis on a regular visit to the village when she comes across the woman. Ask the volunteers to role play – explain that the focus should be on the ASHA asking the woman if she experiencing violence. Following the role play, ask one or two other pairs of participants to role play providing different locations and situations.

Step 4: Use reference material "Direct and Indirect Questions to Inquire about GBV" to demonstrate examples of how questions can be posed indirectly or directly.

Reference Material for Step 4: Direct and Indirect Questions to Inquire about GBV

Some examples of indirect questions:

- Violence is quite common in many people's lives. We understand this and hence, we are trying to provide support and care for anyone who is experiencing violence. May I ask you some questions.
- The health facilities are committed to support, provide treatment for anyone who is experiencing violence by their husbands / partners or other family members. I would also like to ask you some questions, if that is okay with you. For example,
  - How are you feeling?
  - How are things in your family or workplace?
  - I have come across others who have been experiencing problems like yours.

Possible ways of asking directly about the violence could be:

- How are you feeling? Have you been hurt by anyone?
- What is the situation at home? Does your husband / partner or anyone else at home threaten/ insult or beat you?
- I am concerned about your health and that someone may have caused the injury. Does your husband / partner or anyone else cause tension or problems at home for you?
- You mentioned that you fell down. However, your injuries do not seem due to an accident. Does anyone hurt you?
- Are you afraid of being hurt?
- Is there a reason that you were not able to come sooner for your treatment? Does your husband / partner or anyone else at home not allow you to go out?

Step 5: Sum up the session explaining that if the woman / survivor does not disclose despite the signs of violence and despite asking:

- Do NOT insist.
- Do NOT be authoritative.
- Do NOT suggest that they are lying about the violence.
- Do inform them about available services and other relevant information such as helpline number, etc.
- Do let them know that ASHAs, health facility and other service providers are available for care and support; that they are helping other survivors. **This should be said only if this is true; false assurances or information should not be provided.**

Theme 11: Strengthen First Line Support and Care
Duration: 60 Minutes

Theme 11	Title	Objective/s	Duration
Session 11.1	Strengthen first line support and care	To strengthen ASHAs' capacities to provide first line of support and care to GBV survivors	60 minutes

Session 11.1: Strengthen First Line Support and Care

60 Minutes

Step 1: Introduce the session stating that if the survivor discloses or confirms GBV on being asked, support and care is critical. Explain that the session focuses on First Line Support and Care by ASHAs.

Step 2: Ask participants what they understand by "First Line of Care and Support". Explain using reference material "What is First Line Support and Care".

Reference Material for Step 2: What is First Line Support and Care

First Line Support and Care includes:

- Immediate as well as ongoing care and support (for physical, psychosocial needs) that can be provided to survivors of GBV.
- Care and support that can be provided anywhere, at any level of the health system - at the community level, at the Primary Health Centre (PHC), Community Health Centre (CHC) or any other facility of the health system.
- Care that requires minimal preparedness and skills.
- Provision of care and response to a survivor's emotional, physical, safety, and support needs.
- Enabling survivors to make informed decisions about safety, care-seeking, and to speak out about the violence.

Step 3: Explain that the LIVES approach is an important first line response approach recommended by the World Health Organization for all healthcare providers. It is developed in the particular context of domestic violence but can be applied to respond to other forms of GBV. Use reference material "LIVES approach" to explain its elements to the participants.

Reference Material for Step 3: LIVES Approach

The different elements of LIVES if carried out appropriately, can be extremely enabling for the survivor.

- **Listen**–closely, attentively, with empathy, and without judgment. This is important to enable the survivor to speak about/ disclose the violence; a first step towards getting support and care.
- **Inquire** – about their needs and concerns. Inquiring sensitively about the survivor's physical, emotional, social needs and concerns allows the healthcare provider to respond to them in the immediate term and to plan next steps with the survivor.
- **Validate** –their experiences, show you believe and understand. This is a critical step that reinforces belief in the survivor without judgment or blame.
- **Enhance safety** – enhancing survivors' safety is necessary to enable protection in case of recurrence of violence. Safety planning must be done in discussion with the survivor to assess risk, options available to remain safe, including connecting with persons who are supportive.
- **Support** – them to connect with other services. Provide information and facilitate linkages with support services that can be accessible to the survivor, including, shelter, police, legal support, emergency transport, etc.

Step 4: Explain that following the introduction to LIVES, it is necessary to demonstrate how it can be applied. Ask for a volunteer to read the "Case Study for LIVES". Display the case study on a chart.

Reference Material for Step 4: Case Study for LIVES Application

Note: The following case study which was used in Theme 9 is being used here for application of LIVES. Any alternative case study can be used here.

Rita, 23 years, is four months pregnant. She has been married for four years, has two children. When ASHA makes a house visit to check on her, she begins crying. She is very anxious and afraid. Rita tells the ASHA,

"I care for my children. I do not work outside. I have even stopped meeting my friends and most of my family because of my husband's jealousy, which has caused many

fights. I feel very alone. I cannot talk to anyone. I know he loves me but sometimes he loses his temper, breaks things, shouts at me and my children. Two days ago, he arrived home when I had gone out to visit my mother. I had not met her for a long time. When I returned, he was very angry and pushed me against the wall. I was terrified. I am also worried as I am pregnant. I hope everything is okay with my pregnancy."

Step 5: Ask different participants to use each of the elements from LIVES - one at a time in responding to the situation in the case study.

Step 6: Wrap up the discussion using the reference material "Application of LIVES in responding to a survivor" on a PPT or flipchart. If time permits, this activity can be conducted as a role play. Use **Reference Material: Application of LIVES In Responding to a Survivor in Annexure 4.** The points under the column "Possible Responses to Rita" can be used to discuss the case study guided by the LIVES column.

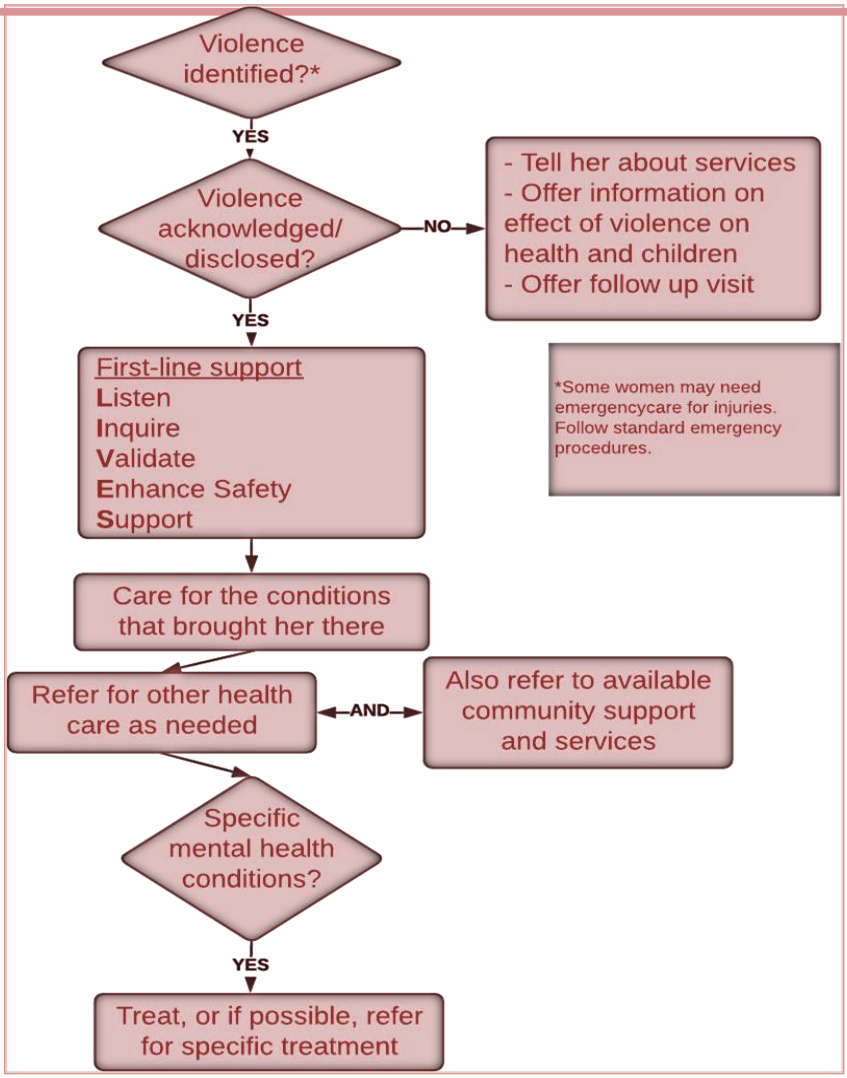
Step 6: Present the reference material "Do's and Don'ts when you offering Support" to sum up the discussion.

Reference Material for Step 6: DO's and DON'Ts in providing Support to the Survivor

DO's	DONT's
✓ Identify needs and concerns ✓ Respond to emotional, safety and support needs. ✓ Listen & validate experiences & concerns. ✓ Help the survivors feel connected to others, calm and hopeful. ✓ Empower the survivors to feel able to help themselves and to seek help, explore options. ✓ Respect their wishes, decisions, agency	× Try to solve the survivors' problems. × Try to convince them to leave a violent relationship. × Try to convince the survivor to go to the police or courts. × Ask questions that force them to relive painful events. × Ask survivors to analyze what happened or why. × Pressure survivors to tell you their feelings & reactions.

Step 7: Conclude the session with the dissemination of the Handout on Pathway of Care for Survivors that can be used by ASHAs to support survivors.

Handout For Participants: Pathway of Care of GBV Survivors



Source: Health care for women subjected to intimate partner violence or sexual violence A clinical handbook" by WHO, UN women and UNFPA.
https://apps.who.int/iris/bitstream/handle/10665/136101/WHO_RHR_14.26_eng.pdf

Theme 12: Information, Resources for Referral Support
Duration: 60 Minutes

Theme 12	Title	Objective/s	Duration
Session 12.1	Information, resources for referral support	To become aware of possible referral networks to support GBV survivors	30 minutes
Session 12.2	Safety planning and referrals	To facilitate safety planning and referral	20 minutes
Session 12.3	Post Assessment	To assess knowledge, perspectives of participants	10 minutes

Session 12.1: Information, Resources for Referral Support

30 Minutes

Step 1: Introduce the theme stating that referral resources are very critical to respond to survivors. Establishing a network of referrals also ensures that ASHAs are not isolated in their response for survivors.

Step 2: Explain that since survivors may need long term and diverse forms of support, it is critical that referral resources and pathways are well structured, systematic, updated based on available, quality services that can be accessible to survivors.

Step 3: Use reference material to present the key steps to strengthen referral support for survivors**.**

Reference Material for Step 3: Key Steps to Strengthen Referral Support for Survivors

1. Identify and map available services in your area

- police/law enforcement
- justice/legal services
- social services
- economic/livelihood support

- child protection

2. **Access a referral directory** – ASHAs can recommend to the State Department to facilitate this so that district wise information is available of referral resources.
3. **Update and maintain a list of services, service providers.** These may be compiled at the state or district level.
    - Protection Officers
    - Service Providers (organizations) under PWDVA
    - One Stop Centres
    - Child Welfare Committees
    - Shelters
    - Helplines
    - Legal Aid Organizations, District Legal Services Authority (DLSA), State Legal Services Authority (SLSA)
    - Counsellors and mental healthcare providers
    - Interpreters
    - Organizations/experts working with disabled persons, with lesbian gay bisexual trans queer intersex (LGBTQI)communities
    - Crime Against Women Cells; Special Cells for Women
    - Survivor Compensation Scheme- Women Survivor (Victim) Compensation Fund - There shall be a Fund, namely, the Women Victims Compensation Fund from which the amount of compensation, as decided by the State Legal Services Authority or District Legal, Services Authority, shall be paid to the women victim or her dependent(s) who have suffered loss or injury as a result of an offence and who require rehabilitation. (NALSA's Compensation Scheme for Women Victims/Survivors of Sexual Assault/other Crimes,2018.)
    - Counsellors available in the district including those available within the health setup, at One Stop Crisis Centres, appointed in shelter homes, or at the District Child Protection Unit / CHILDLINE and independent volunteers with adequate expertise in providing counselling services, to refer survivors of violence.

4. **Be aware of the available services / government departments / offices mandated by law to respond to GBV:** Police, Law and Judiciary, government departments such as Health, Women and Child, Social Justice, etc. Child Welfare Committees, shelter homes, etc.

Link with / reach out to local organizations that may already have the necessary information for referrals, contact details, phone / helplines, transport support, interpreters, links with other organizations working with children, LGBTQI persons, women, women with disabilities, sex workers, girls and women from Dalit and other marginalized communities. Ask support from ANM, AWW, or other members of your community, including the VHSNC and women's groups and Gram Panchayat.

Step 4: Conclude the session with a reiteration that the ideal referral pathways should:

- Respect self-determination of survivors.
- Ensure that maximum services are available in one location to the extent possible.
- Minimize repetition of the narrative of violence by the survivor.
- Maintain confidentiality and safety.

Session 12.2: Safety Planning and Referrals  **20 Minutes**

Step 1: Explain that safety planning and referral is a key element in addition to all that has been covered previously. In the case of a survivor disclosing a crisis situation, or concerns about escalation of violence, fear for their own and the lives of their children or other dependents, healthcare providers can support by discussing a safety plan and facilitating referrals. This can be done by ASHAs in coordination with other healthcare providers such as ANM, nurses, medical officers, counselors, social workers.

Step 2: Mention to the participants that in case the above is not immediately possible, ASHAs can try and coordinate referrals to other support services such as one stop centres, protection officers, counselors, shelters, and other service providers with the consent of the survivor.

Step 3: Use reference material “Safety planning” to discuss some basic steps to be followed.

Reference Material for Step 3: Safety Planning

Whenever the survivor feels unsafe and fears recurrence of violence, ASHAs can facilitate linkages with support services. They can support survivors to develop a safety plan.
They can assist them to:

- Identify and connect with a friend, a neighbor, an organization who can be told about the violence and who will be able to support the survivor in a crisis situation.
- Get and keep contact numbers of such persons.
- Advise survivors to be prepared to leave home urgently if required. Keep important documents (identity cards, medical documents, bank related,

keys, money, etc.) together in one place that can be collected immediately before leaving.
- Decide with the survivor on a plan after leaving the place of violence, such as immediate shelter (for example, a friend's home, shelter home), transportation, etc.
- Plan to be safe at all costs. If the situation is dangerous and escalates, ASHAs should judge and plan without putting themselves, survivors, their children or any others at risk.
- ASHAs should seek support in such a situation where the survivor needs to urgently leave the site of violence.

Step 4: Conclude the session, reinforcing that ASHAs can play a crucial role in providing referral support and safety planning with survivors. However, ASHAs must ensure their safety and wellbeing. In the case of any concerns, ASHAs should facilitatesupport or referral through another ASHA or service provider, with the consent of the survivor.

Session 12.3: Post Assessment

 **10 Minutes**

Step 1: Distribute the post-assessment format (Annexure 1) and request participants to complete it. State that the questions are the same as the pre-assessment. Explain that the pre and post assessment will enable understanding of any shifts in perceptions, knowledge as a result of the training.

Step 2: Request participants to complete the assessment individually without discussion with others. State that they can ask in case of any clarifications.

Step 3: Collect the completed formats and conclude the session. In case it is not possible to do a written assessment, plan for this to be done verbally.

Step 4: Ask participants to share any other feedback they have about the training – about the content, methodology, timing, language, space, interest in future trainings, etc. Note the feedback from participants as this is important to improve future trainings.
Step 5: Appreciate / validate the participation of the ASHAs in the training and share any experiences or reflections that you have as a trainer.

Step 6: Thank all participants for their time and participation.

Annexures

Annexure 1: Pre and Post Assessment

Read the following statements and mark on the preferred answer - Agree or Disagree.

Statement 1- Gender inequality is also determined by other social inequalities on the basisof class, caste, disability, sexuality.

Answer- ☐Agree ☐Disagree

Statement 2- Women facing GBV must take some of the blame for the violence.

Answer- ☐Agree ☐Disagree

Statement 3- Gender-based violence is a law-and-order issue mainly and health system /health providers do not have much of a role to address it.

Answer- ☐Agree ☐Disagree

Statement 4- Gender-based violence, especially domestic violence is a private matter – it should be discussed and resolved within the home or between those who are involved. It should not be made into a public issue.

Answer- ☐Agree ☐Disagree

Statement 5- There are laws in India that address GBV and mandate the health system to respond to GBV.

Answer- ☐Agree ☐Disagree

Statement 6- The absence of injuries on a person who comes to a health facility following sexual violence implies that the violence did not take place or that it was consensual.

Answer- ☐Agree ☐Disagree

Statement 7- Health providers cannot provide any medical treatment / care unless the survivor is brought by the police or until after they have filed a report with the police.

Answer- ☐Agree ☐Disagree

Statement 8– The law addressing sexual harassment at the workplace includes remedies for women in the unorganized sector.

Answer- ☐Agree ☐Disagree

Statement 9- There are severe social, economic and health consequences of GBV.

Answer- ☐Agree ☐Disagree

Statement 10- Survivors of GBV may have additional or different needs from others accessing routine health care.

Answer- ☐Agree ☐Disagree

Annexure 2: Handout for Participants-Key Legal Mandates toAddress GBV

IPC Section	Description	Punishment
Contact – Police or Court when police does not respond Support can be taken from One Stop Centre (OSC)		
304B	Dowry death	7 years to life
306	Bringing someone to the point of committing suicide	10 years + Fine
326	Voluntarily causing grievous hurt by dangerous weapons or means	10 years to Life + Fine
326A 326B	Acid Attack Throwing or attempting to throw acid	10 years to Life + Fine paid to the survivor 5 to 7 years + Fine
354A	Sexual harassment - unwelcome physical contact and advances or a demand or request for sexual favors or showing pornography - making sexually colored remark	Bail can be taken from police station Upto 3 years + Fine or Both Upto 1 year + Fine or Both
354B	Criminal force to woman with intent to disrobe	3 to 7 years + Fine
354C	Peeping, clicking pictures, making videos of women doing private act or publicly sharing her private photos and videos	1 to 3 years + Fine for first conviction 3 to 7 years + Fine for repeat offender
354D	Following a woman in person or online in attempt to make contact with her or tracking her movements	Upto 3 years + Fine for first conviction Upto 5 years + Fine for repeat offender
375/376 376D	Rape – Non-consensual penetration, to any extent, in mouth, vagina, urethra or anus of woman above 18 years of age by perpetrator of any age by using his penis, any other body part or object. Consent taken by coercion or under threat to life does not qualify as valid. Rape by a public servant (police, superintendent of jail, etc.), staff of shelter home, hospital, etc.	10 years to Life + Fine[1] 10 years to Natural-Life + Fine

[1]Criminal Law Amendment Act, 2018

	Rape by a person in position of trust or authority towards the survivor (near relative,teacher, etc.) Gangrape	20 years to Natural-Life + Fine
495	Marrying again during existing marriage and hiding the fact from the second person	10 Years + Fine
498A	Punishment for husband or his relatives for subjecting a wife to Cruelty Information of offence can be given to SHO by survivor or her relative or by notified public servant	3 years + Fine
Complaint can be given in writing or orally. Free copy of FIR should be given to survivor. How to identify FIR – always in a set format which will have Crime No., offence sections and contact of Investigating Officer, among details of time and place of incident, time of reporting complaint and copy of complaint.		

Dowry Practice Contact – Dowry Prohibition Officer Protection Officer OSC Police	Taking, giving or facilitating practice of dowry Demanding dowry A list of presents given to bride and groom must be maintained, with description and value along with the identity and relation of the person giving it. Any gift given directly or indirectly for the benefit of the bride, is *stridhan* and her property.	5 year + Fine of amount of dowry 2 years + Fine
Atrocities against SC/ST Community Contact – Senior Police Officer	Discriminations like social exclusions, forcing to do caste specific tasks, manual scavenging, boycotts, etc., verbal, physical, sexual or economic violence. – by persons of other castes	Increases the punishment already given in IPC.

Rights of Persons with Disabilities (PwDs)	State Commissioner and State Advisory Boards on Disability is to be constituted. They must put in place district-level committees to address the local issues of PwDs Survivors of acid attacks are included in list of PwDs
Protection of Rights of Transgender Persons	National Council for Transgender Person and related State Boards are to address the issues of the trans* community.

Child Marriage Contact – Child Marriage Prohibition Officer Child Welfare Committee Protection Officer OSC Court Police	Marrying a person below the age of 18 years of age (minor), facilitating such marriage or participating in such a marriage in any manner (guest, service provider, etc.)	Up to 2 years + Rs. 1 lakh Fine The minor woman has right to safe residence in the marital home. The minor woman has right to maintenance from the marital as well as the natal home.

District Legal Services Authority through their empaneled lawyers and paralegals is responsible to organize legal literacy camps across their districts and also provide free legal aid to women and children in need.

Annexure 3: Handout for Participants - Know Your Rights! POCSO

POCSO MADE SIMPLE
Series-2

National Commission For Protection Of Child Rights

Implementing

The Protection Of Children From Sexual Offences Act 2012

With the notification of the Rules, the Act came into effect on 14th November 2012

Know Your Rights!

These days there are many incidents coming to light where a child is sexually abused. Our government has recently passed a law covering all kinds of sexual offences and with strict punishment for the same as listed below:

S.No	Offence	Punishment
1.	Penetrative Sexual Assault (Sec 3)	Not less than seven years which may extend to imprisonment for life, and fine (Sec-4)
2.	Aggravated Penetrative Sexual Assault (Sec-5)	Not less than ten years which may extend to imprisonment for life, and fine (Sec-6)
3.	Sexual Assault (Sec-7)	Not less than three years which may extend to five years, and fine (Sec-8)
4.	Aggravated Sexual Assault (Section 9)	Not less than five years which may extend to seven years, and fine (Section 10)
5.	Sexual Harassment of the Child (Section 11)	Three years and fine (Section 12)
6.	Use of Child for Pornographic Purposes (Section 13)	Five years and fine and in the event of subsequent conviction, seven years and fine (Section 14 (1)

Reporting

- In case of any offence under the Act complaint can be made to, the Special Juvenile Police Unit; or the local police.
- On receipt of the complaint the offence shall be recorded in writing in simple language and allotted an entry number, be read over to the informant; and shall be entered in a book to be kept by the Special Juvenile Police Unit.
- No person shall incur any liability, whether civil or criminal, for giving the information in good faith
- Any personnel of the media or hotel or lodge etc if has/gets knowledge or information of any material or object which is sexually exploitative of the child, shall provide such information to the Spl. Juvenile Police Unit,/the local police.
- No reports in any media shall disclose, the identity of a child including his name, address, photograph, family details, school, neighbourhood or any other particulars which may disclose the identity of the child.

Recording statement & functions of Police and Magistrate

- The statement of the child shall be RECORDED AT THE RESIDENCE of the child as far as practicable by a WOMAN POLICE OFFICER not below the rank of sub-inspector. The police officer while recording the statement of the child shall NOT BE IN UNIFORM.
- The police officer has to ensure that at no point of time the child comes in the contact in any way with the accused
- Any child shall NOT BE DETAINED in the police station in the night for any reason
- The police officer shall ensure that the CHILD's IDENTITY IS PROTECTED from the public media, unless otherwise directed by the Special Court in the interest of the child
- If the statement of the child is being recorded under section 164 of the Code of Criminal Procedure, 1973, the Magistrate recording such statement shall record the statement AS SPOKEN by the child
- Wherever necessary, the Magistrate or the police officer, as the case may be, may take the assistance of a translator or an interpreter, having such qualifications, experience and on payment of such fees as may be prescribed, while recording the statement of the child.
- The Magistrate shall provide to the child and his parents or his representative, a copy charge-sheet or the final report being filed by the police.

- Magistrate/ police officer shall record the statement as spoken by the child in the presence of the parents of the child or any other person in whom the child has trust or confidence
- The Magistrate/ the police officer, in the case of a child having a mental /physical disability, can take assistance of a special educator or any person familiar with the manner of communication of the child.
- Where the Special Juvenile Police Unit or local police is satisfied that the child is in need of care and protection, then, it shall, immediate arrangement to give him/her such care and protection (including admitting the child into shelter home or to the nearest hospital) within twenty-four hours of the report, and report the matter to the Child Welfare committee.
- The police officer shall NOT be in uniform while recording the statement of the child.
- The police officer making the investigation, shall, ensure that at no point of time during investigation, the child come in contact in any way with the accused.

Medical Examination

- In case the victim is a GIRL CHILD, the medical examination shall be conducted by a woman doctor.
- The medical examination shall be conducted in the presence of the parent of the child or any confidant of the child
- Where, in case the parent of the child or other person referred to cannot be present, for any reason, during the medical examination of the child, the medical examination shall be conducted in the presence of a woman nominated by the head of the medical institution

Special Courts

- For purposes of providing a speedy trial, the State Government shall designate for each district, a Court of Session to be a Special Court to try the offences under the Act:

The Special Court shall:

- Create a child-friendly atmosphere and also allowing a family member, a guardian, a friend or a relative, in whom the child has trust or confidence, to be present in the court
- Allow frequent breaks for the child during trial , Child not to be called repeatedly to testify, No aggressive questioning/ character assassination of the child, In-camera trial of cases
- Record evidence of the child within a period of thirty days of it taking cognizance of the offence and reasons for delay, if any, shall be recorded by the Special Court
- Complete the trial, as far as possible, within a period of one year from the date of taking cognizance of the offence
- Ensure that the child is not exposed in any way to the accused at the time of recording of the evidence, while at the same time ensuring that the accused is in a position to hear the statement of the child and communicate with his/her advocate.
- Record the statement of a child through video conferencing or by utilizing single visibility mirrors or curtains or any other device.

Role of the Commission

- Commission can ONLY GIVE RECOMMENDATIONS but cannot pass orders in any matter, or interfere in court proceedings. It shall:
- Examine and review the safeguards for the protection of child rights and recommend measures.
- Monitor the designation of Special Courts and appointment of Public Prosecutors by State Governments.
- Monitor the formulation of guidelines described in section 39 of the Act by the State Governments, for the use of non-governmental organizations, professionals and experts or persons having knowledge of psychology, social work, physical health, mental health and child development to be associated with the pre-trial and trial stage to assist the child, and to monitor the application of these guidelines.
- Monitor the designing and implementation of modules for training police personnel and other concerned persons, including officers of the Central and State Governments, for the effective discharge of their functions under the Act.
- Monitor and support the Central Government and State Governments for the dissemination of information relating to the provisions of the Act through media including the television, radio and print media at regular intervals, so as to make the general public, children as well as their parents and guardians aware of the provisions of the Act.
- Undertake monthly collection of such details from different stakeholders for analysis of offences reported and to influence policy & practice.

National Commission for Protection of Child Rights
Government of India
5th Floor, Chanderlok Building, 36, Janpath, New Delhi-110001

Ph: 011-23731200/Fax: 011-23731584
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Contribution: NCPCR POCSO Team, Lawyers Collective WRI, Adv.Seema Misra & Ms. Anju Talukdar

Annexure 4: Reference Material- Application of LIVES in Responding to a GBV Survivor

Reference Material: Application of LIVES In Responding to a Survivor

LIVES	Possible Responses to Rita by ASHAs
Listen • Listen closely, attentively, with empathy and without judging. • Demonstrate active listening through appropriate-Body language, Eye contact, Gestures / actions • Allow adequate time. Be patient. • Allow for silences / allow time to think. • Encourage expressing of feelings, emotions.	❖ I am concerned. ❖ I am here to help. ❖ I understand that you are anxious. How can I help you? ❖ Take your time to talk about how you are feeling. ❖ You can talk when you feel a little better, when you are feeling less anxious.
Do Not- • Do not be biased. • Do not try to find reasons to justify the violence. • Never say or do anything to suggest disbelief. • Don't think and act as if you must solve her problems for her.	**Do Not Say-** ❖ This is your third child. Why did you get pregnant knowing this situation? ❖ This is normal in a marriage. ❖ You said he loves you. So why would he be violent? ❖ Is there something that you did to cause this reaction from him? ❖ Did you inform him about meeting your mother? Did you come back late from your mother's place?
Inquire • Explore further about her situation. • Ask open-ended questions to encourage her to talk instead of saying yes or no.	❖ You said you had no one to talk to. Would you like to talk to me? ❖ What is making you feel anxious?
• Reflect her feelings.	❖ It seems like you are anxious about the

	pregnancy. ❖ It seems like you are worried about your children.
• Repeat or restate what the person says to check your understanding. • Help her to identify and express her needs and concerns.	❖ You mentioned being terrified; are you afraid of being at home? ❖ What about your children? How does your husband behave with them?
• Ask for clarification if you don't understand. • Sum up what she has expressed.	❖ You mentioned feeling alone; what do you mean by that?
• Avoid leading questions, and "why" questions that may sound like you are blaming her.	❖ I think that you are very upset with your husband, isn't it? ❖ I imagine that you want to leave him after what he did, isn't it? ❖ Why did you go to visit your mother when you know he doesn't like it?
Validate • Express belief in and understanding of the survivor's narrative of violence. • Assure that they are not to blame • Reiterate that the violence is not justified under any circumstance.	❖ Thank you for sharing about the situation at home. ❖ It is very courageous of you to come and talk about your experience. You are not alone. ❖ Unfortunately, many other women have faced this problem too. ❖ I believe you, and understand that this must be very difficult and worrying for you.
• Assure the survivor that the violence is not their fault and they should not blame themselves.	❖ This is not your fault. ❖ This should not happen to anybody. ❖ You are not to be blamed for what happened ❖ Violence is not acceptable and no one should have to experience violence. ❖ Everybody deserves to feel safe at home. ❖ You are not responsible for your husband's anger or violence.
• Empower them to feel able to help themselves and to seek help. • Help them to cope emotionally and	❖ Many women have been able to get help and support. ❖ There is support available for you. We are

practically.	here to support you. ❖ Other information that may be helpful is also available and I can share that. If required, I can assist you seek those services, once you have decided.
Enhance Safety • Enhancing safety	❖ I am concerned about your safety. ❖ Your safety and that of your children is most important. ❖ Let us discuss what to do so you won't be harmed.
• Assess immediate risk of violence. (Questions to assess immediate risk of violence. "Yes" to some of these questions may indicate high and immediate risk of violence.)	❖ Has the physical violence happened more often or become worse over the past 6 months? ❖ Has your husband ever used a weapon or threatened you with a weapon? ❖ Has he ever tried to strangle you? ❖ Do you believe he could kill you?
• **Safety planning**	
• Safe place to go to	❖ Is there anyone's home you can go to and stay in for some time? ❖ What about your parent's home? ❖ Have you any friends who will be supportive?
• Planning for children	❖ What about your children? Will you be able to take them? If not let us plan for them.
• Transport	❖ How will you reach the safe place? Plan and share support options in this regard.
• Things to take with you	❖ Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential? Can you keep them with someone, or keep a bag packed in a safe place at home?
• Financial	❖ Do you have access to money? How can that be arranged?
• Support of someone close by	❖ Anyone you can reach out to for support? ❖ In the neighborhood, community, organization, healthcare worker.
• **Staying safe within home**	❖ Even if you are staying at home, you can stay safe, try to protect yourself from violence.

	❖ In the case of arguments or if you fear that he is very angry and he may become very violent, try to move to a room or place in your house from where you can leave or call for help. ❖ Stay away from any room or space with weapons or things that can be used as weapons. ❖ If you have decided to leave, go to a safe place. Do not inform your husband before leaving as that might see escalation of violence.
• **Safety vis-a-vis information, documents, phone records, emails** • Avoid causing further harm or do anything that may compromise the survivor's safety or expose them to further violence. • Some survivors may prefer not to carry information pamphlets, brochures, etc. for fear that they may be discovered and violence may escalate. This may also include health records. • Explore alternative, safer ways of storing the number, contact information on their phone or in a trusted friend's or neighbor's phone	❖ I will share the information, and contacts if it is safe for you. ❖ Let me know what would be a safe format for you.
Support • Connect the survivor with other resources for her health, safety, and social support. • Help her to identify and consider her options.	❖ What would be most helpful for you immediately?
• Discuss her social support.	❖ Are your mother / parents supportive. ❖ Do you have any family member, friends, or trusted person whom you could talk to? ❖ Do you have anyone who could help with financial support?
• Set up a follow up visit; suggest that the survivor can come sooner if she wants to.	❖ Your next checkup is due in two weeks. You should try and come then. ❖ If the situation at home is not good, you can also come sooner.

• Share referral information about what support and resources are available nearby for her. • Offer to connect / coordinate with the referral service. • Provide details such as directions, transportation possibilities, contact persons, etc.	❖ You can also contact the counselor, helpline that I shared with you. ❖ If you prefer I can call them and make an appointment as per your convenience. ❖ If you want to think about this some more, you can come and meet me during your next visit here and let me know. Or you could call at the number provided for any help.

References

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