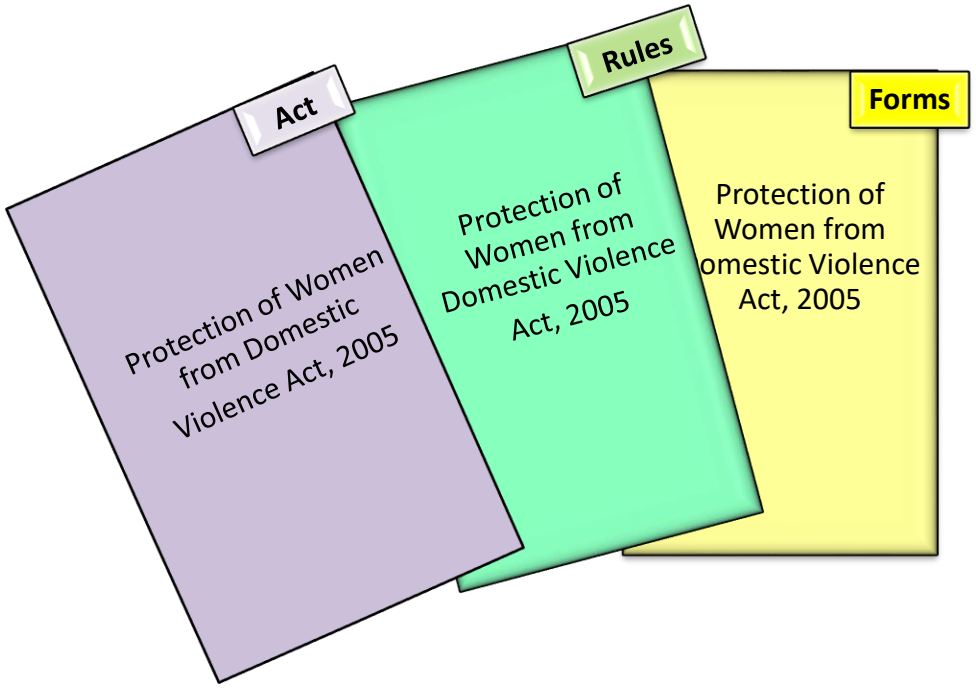
# MANUAL 5

## Protection of Women from Domestic Violence Act, 2005

# ROLE OF THE MEDICAL FACILITY

ASSISTING A DOMESTIC VIOLENCE SURVIVOR .....




Compiled by : Sangeeta Rege, Padma Deosthali
Aarthi Chandrashekhar, Sujata Aryakar

And

Women's Studies Centre
ILS Law College, Pune

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SWISSAID

MANUAL 5

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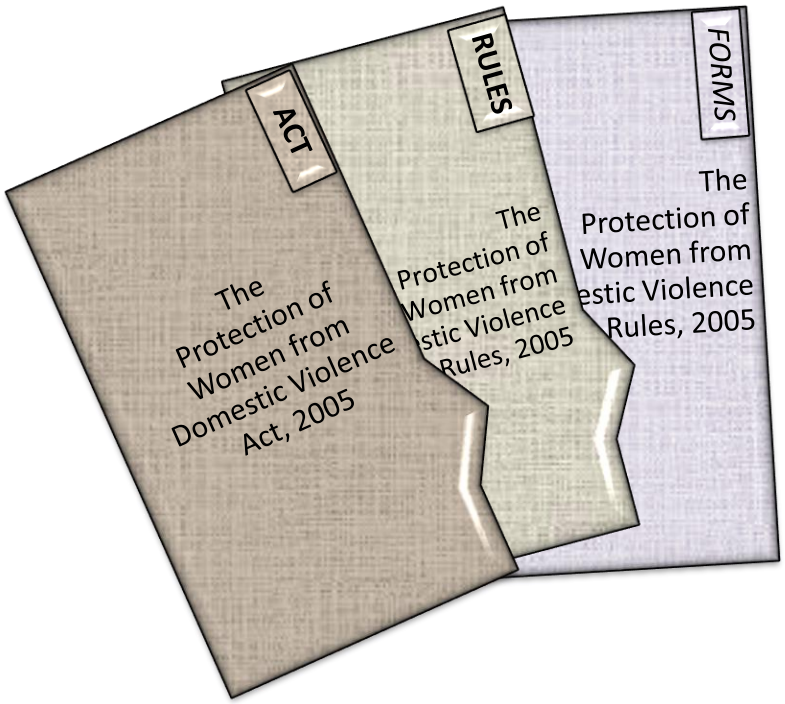


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**The Protection of Women from Domestic Violence Act, 2005.**

**(PWDVA)**

The seven manuals for stakeholders appointed/ notified under PWDVA to provide assistance and services to women (and children) suffering domestic violence are as follows:

| | | |
|---|---|---|
| Manual 1 | Gender and Domestic Violence | Milind Chavan |
| Manual 2 | Role of the Magistrate | Jaya Sagade |
| Manual 3 | Role of the Protection Officer | Prasanna Invally |
| Manual 4 | Role of Lawyers | Rama Sarode |
| Manual 5 | Role of the Medical Facility | Sangeeta Rege<br>Padma Deosthali<br>Sujata Ayarkar |
| Manual 6 | Role of the Police | Medha Deo<br>Trupti Panchal |
| Manual 7 | Role of the Service Providers | Prasanna Invally |



23.12.2019

The message dated 16th Oct 2018 from the then Chief Justice of the Bombay High Court, Hon'able Shri Naresh H. Patil.

CHIEF JUSTICE HIGH COURT AT BOMBAY

## संदेश

कौटूंबिक हिंसेपासून स्त्रियांच्या संरक्षणाचा कायदा, २००५ हा दिवाणी स्वरुपाचा महत्वाचा कायदा आहे. हया कायद्याची परिणामकारक अंमलबजावणी होण्यासाठी अनेक घटकांवर जबाबदारी टाकलेली आहे. त्यातील न्यायाधिश आणि न्याययंत्रणा हा एक महत्वाचा घटक आहे.

कौटूंबिक हिंसेची समस्या गंभीर, गुंतागुंतीची आहे. पुरुषप्रधान आणि पितृसत्ताक समाजरचनेत, लिंगभावाधीष्ठीत होणारी हिंसा (शारीरिक, मानसिक, लैंगिक, आर्थिक, शाब्दिक) स्त्री–पुरुषामध्ये भेदभाव निर्माण करते. ही हिंसा स्त्रीच्या मानवी हक्कांचे आणि राज्यघटनेने दिलेल्या मूलभूत हक्कांचे उल्लंघन करते. हया पार्श्वभूमीवर कौटुंबिक हिंसेपासून स्त्रियांच्या संरक्षणाच्या कायद्याखालील येणाऱ्या प्रकरणांमध्ये न्यायालयांचा दृष्टीकोन अधिक संवेदनशिल असणे अपेक्षित आहे असे माननिय सर्वोच्च न्यायालयाने *कृष्णा भटाचारजी वि. सारथी चौधरी* (क्रिमिनल अपिल नंबर.१५४५/२०१५ निर्णय दिनांक २० नोव्हेंबर, २०१५) या न्यायनिर्णयात नमूद केलेले आहे.

कौटूंबिक हिंसेपासून स्त्रियांच्या संरक्षणाचा कायदा, २००५ हा कायदा स्त्रियांच्या हितासाठी केलेला आहे. त्यामुळे कायद्यातील तरतुदीचा अन्वयार्थ लावताना एकापेक्षा जास्त अर्थ निघत असतील तर कायद्यांच्या उद्दिष्टाला पूरक असा अर्थ निवडला पाहिजे. स्त्रियांना तो त्यांना जास्तीत जास्त न्याय्य कसा ठरेल हयाचा विचार व्हायला हवा.

आयएलस विधी महाविद्यालयाच्या स्त्री अभ्यास केंद्राने पुढाकार घेउन दंडाधिकाऱ्यांच्यासह संरक्षण अधिकारी, पोलीस, वैद्यकीय अधिकारी, सेवा देणाऱ्या संस्था आणि वकील हयांच्यासाठी तयार केलेल्या मार्गदीपिकांचे मी स्वागत करतो. या सर्व मार्गदीपिका कौटूंबिक हिंसेपासून स्त्रियांच्या संरक्षणाचा कायदा, २००५ मधील तरतुदींबाबत सर्वसमावेशक आहेत. विशेष म्हणजे 'लिंगभाव आणि कौटूंबिक हिंसा' ह्याविषयावरील स्वतंत्र मार्गदीपिका सर्व संबधित घटकांना उपयुक्त ठरेल असा मला विश्वास वाटतो.

सर्व हितसंबधाना माझ्या शुभेच्छा !

१६ ऑक्टोबर २०१८

(न्यायमुर्ती नरेश ह. पाटील)

English translation of the message dated 16th Oct 2018 from the then Chief Justice of the Bombay High Court, Hon'able Shri Naresh H. Patil, is as below:

## Message

The Protection of Women from Domestic Violence Act, 2005, is a very important law that is civil in nature. The responsibility for its effective implementation has been put on several stakeholders, including the Magistrates and the legal system.

The issue of domestic violence is serious and complex. Gender-based violence (physical, mental, sexual, economic, verbal) that is prevalent in a male dominated patriarchal society creates inequality between men and women. This violence results in violation of women's human rights and her fundamental rights enshrined in our constitution. In such circumstances, the Hon'able Supreme Court, in the case of *Krishna Bhattacharji vs. Sarathi Chaudhary (Criminal Appeal no. 1545/2015 order dated 20th November 2015)*, has noted that Magistrates/ Courts dealing with cases under the Protection of Women from Domestic Violence Act need to be extremely sensitive.

The Protection of Women from Domestic Violence Act, 2005, has been legislated for the benefit of women. Although its provisions may have several interpretations, one needs to interpret the provisions in such a manner that it fulfils the objective of the law and be just to the woman.

I welcome the initiative that Women's Studies Centre, ILS Law College, Pune, has taken in preparing manuals for Magistrates as well as for Protection Officers, Police, Medical Facilities, Lawyers, Service Providers. These manuals comprehensively address all provisions under the Protection of Women from Domestic Violence Act, 2005. Especially, the independent manual on the topic of 'Gender and Violence', I believe, would be extremely useful.

I extend my best wishes to all stakeholders!

Sd/-

(Justice Naresh H. Patil)

26th October, 2018

Message dated 23/12/2019 from Dr. Hrishikesh Yashod, former Commissioner, Women and Child Development, Maharashtra Government, Pune.


# महिला व बाल विकास आयुक्तालय

## महाराष्ट्र शासन

GOVERNMENT OF MAHARASHTRA

२८, राणीचा बाग, जुन्या सर्किट हाऊस शेजारी, पुणे- ४११००१

फोन : ०२०- २६३३००४० Email : commissionerwcd@ymail.com


क्र. : मबाविआ/ ६२०५ दिनांक : २३/१२/२०१९

## "संदेश"

महाराष्ट्र राज्याने महिलांच्या विविध प्रश्नांवर व त्यांच्यासाठी करण्यात आलेल्या उपायावर अनेक योजनांवर प्रगत पाऊले उचलली आहेत.राज्यपातळीवर कौंटुबिक हिंसेपासून महिलांचे संरक्षण अधिनियम २००५ ची अंमलबजावणी महिला व बाल विकास विभागामार्फत सुरु आहे.या कायदयाच्या प्रभावी अंमलबजावणीसाठी संरक्षण अधिका-यांच्या नियुक्त्या करणे, त्यांचे प्रशिक्षण,त्यांच्या कार्यालयांना सोयी सुविधा पुरविणे, कायदयाच्या सनियंत्रणासाठी मुल्यांकन पध्दती विकसीत करून सांख्यिकी माहिती जिल्हा व तालुकास्तरावर अदयावत ठेवणे इ.अनेक महत्वाची कामे विभागामार्फत पार पाडली जात आहेत.

PWDVA २००५ कायदयाची अंमलबजावणीची जबाबदारी जरी विभागाची असली तरी या कायदयांतर्गत निश्चित केलेले सर्व स्टेकहोल्डर्स / सहभागी यंत्रणा यांची ही तितकीच महत्वाची जबाबदारी आहे. आय एल एस विधी महाविदयालयाच्या स्त्री अभ्यास केंद्राने सर्व सहभागी यंत्रणा / स्टेकहोल्डर्स जसे की, संरक्षण अधिकारी, वकील,पोलीस,वैदयकीय सेवा देणारे,सेवादायी संस्था आणि मा. न्यायदंडाधिकारी यांच्यासाठी तयार केलेल्या मार्गदर्शिका हया अत्यंत उपयुक्त असून त्याचा वापर सर्व स्टेकहोल्डर्सनी स्वत:च्या दैनंदिन कामात करणे आवश्यक आहे.जेणे करून पिडीत महिलेला लवकरात लवकर सर्व सेवा देणे शक्य होईल.

या मार्गदर्शिकेमध्ये दैनंदिन कामातही उदाहरणे देऊन टप्प्या टप्प्याने सर्व स्टेकहोल्डर्सच्या / सहभागी यंत्रणाच्या भूमिका व जबाबदा-या अधिक स्पष्ट करून सांगण्यात आल्या आहेत व त्या प्रत्येकासाठी उपयुक्त आहेत.

याबदल आय एल एस् विधी महाविदयालयाच्या स्त्री अभ्यास केंद्राचे विशेष आभार व PWDVA २००५ या कायदयाच्या अंमलबजावणीसाठी काम करणा-या सर्व सहभागी संस्था / यंत्रणा यांना पुढील वाटचालीसाठी शुभेच्छा !

(डॉ.हृषीकेश यशोद )
आयुक्त
महिला व बाल विकास
महाराष्ट्र राज्य,पुणे

Message dated 23/12/2019 from Dr. Hrishikesh Yashod, former Commissioner, Women and Child Development, Maharashtra Government, Pune.

Date: 23/12/2019

The Maharashtra Government has taken several steps to find solutions to the various women's issues and formulate progressive schemes. The Protection of Women from Domestic Violence Act, 2005 is being implemented by Department of Women and Child Development. For its effective implementation, the Department has appointed Protection Officers, conducted their trainings, provided their offices with the necessary facilities; developed monitoring and evaluation methods through which statistical data at the district and the taluka levels is gathered; and undertaken other such important tasks.

Although the responsibility of implementation of PWDVA, 2005, lies with the Department, all stakeholders recognised under this law are equally responsible for its effective implementation. The manuals for stakeholders such as Protection Officers, Police, Medical Facilities, Service Providers and the Hon'able Magistrates that the ILS Law College has prepared are extremely useful and should be used by all stakeholders in their day-to-day practice so that the aggrieved woman is able to get all appropriate services.

The manuals clearly elaborate the roles and responsibilities of all stake holders step-by-step and are substantiated with examples from the day-to-day experiences. They are therefore useful for every stakeholder.

Thanks to the Women's Studies Centre, ILS Law College for this and best wishes for the future progress to all stakeholders!

Sd/-

(Dr. Hrishikesh Yashod)
Commissioner
Women and Child Development
Govt. of Maharashtra, Pune

## Acknowledgments

We thank SWISSAID for the financial support in preparing the user manuals for stakeholders under PWDVA and also for the assistance it extended in developing the conceptual framework.

We are also grateful to the then Chief Justice of Bombay High Court Hon'able Justice Shri Naresh Patil for his message regarding the manuals.

We are also thankful to the then Commissioner, Department of Women and Child Development, Government of Maharashtra, for his message about the manuals.

We also thank the following participants of this project, with whose cooperation we successfully completed it:

**Authors:**

- Manual on 'Gender and Domestic Violence' – Milind Chavan, gender trainer, Pune.
- Manual on 'Role of the Magistrate' – Dr. Jaya Sagade, former Director, Women's Studies Centre, ILS Law College, Pune.
- Manual on 'Role of Lawyers' – Adv. Rama Sarode and her colleague Asim Sarode, 'Sahayog', Pune and its other lawyers.
- Manual on 'Role of the Protection Officer' – Prasanna Invally, former coordinator of Womens's Studies Centre, ILS Law College, Pune and currently an independent consultant on women, gender and law. Special thanks to the Women and Child Development Commissionerate, Pune and the Protection Officers, appointed in cities as well as the rural areas who shared their experiences, provided the required information and also gave their suggestions and comments on the draft manual.
- Manual on 'Role of the Police' – Medha Deo and Trupti Panchal, Tata Institute of Social Sciences, Mumbai, and its RCI-VAW department and its personnel – Nandakishore Dahale, Sheetal Deosthali and Sunita Pawar.
- Manual on 'Role of Medical Facility' – Sangeeta Rege, Padma Deosthali, Aarthi Chadrashekhar, Sujata Aryakar from CEHAT, Mumbai; and Chitra Joshi, Mrudula Sawant and Sanjana Chiklekar from 'Dilaasa Centre'.
- Manual on the 'Role of Service Providers' – Prasanna Invally currently an independent consultant on women rights issues.

**Translation support:**

Sushama Deshpande, Tejali Shahasane and Adv. Nandini Shahasane

**Administrative support:**

Manavlok, Ambajogai, Dist: Beed, Maharashtra, for the administrative support that it provided in preparing the English versions of the seven manuals.

**Coordinator:**
Prasanna Invally for coordinating the process of preparing the manuals English versions of the manuals

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**Once again, our sincere thanks to all!**

**To begin with…**

**a few thoughts to share…**

Violence against women is a serious social issue prevalent not only in India, but also across the world. Domestic violence, not only has serious consequences on women's lives, but also on their families as well as on the society in the long run.

Until the year 2005, in India, the issue of domestic violence was addressed only through the criminal law that punished the perpetrators woman, with imprisonment. These perpetrators were in fact her own family members. As a result, the woman who had filed such a criminal case drifted further and further away from the family. It was therefore difficult, or rather impossible for her to live with her own family and that too without facing violence, even if she genuinely wished so. Hence, women's organizations across the country, came together and voiced their demand for a civil law that would get her certain reliefs and benefits. The NGO - 'Lawyer's Collective' took the initiative in drafting such a law that would provide women the necessary protection from domestic violence. It held country-wide consultations with various women's organizations, made appropriate changes in the said draft and presented it to the Government. Subsequently, the draft was approved in both the houses of the parliament and the 'Protection of Women from Domestic Violence, 2005, (PWDVA) came into being. The Rules were then formulated and on 26/10/2006, the law was enforced.

The law has several special features; one of them being the implementation machinery built in it. This machinery consists of the following key personnel (stakeholders) – the Magistrates, Protection Officers, lawyers, medical professionals, service providers and the police.

To bring better clarity about their roles, responsibilities and duties, Women's Studies Centre, ILS Law College, Pune, had conducted several training workshops for these personnel with the financial support of SWISSAID, India. A dedicated session on the topic of 'Gender' was held in every such workshop. At that time, several organizations across the country were also conducting such workshops. They had even prepared training manuals for each of the stakeholders. However, such manuals were not available in Marathi (in the context of Maharashtra). Also, in such manuals, an exhaustive explanation was required, such as - details regarding the steps that a stakeholder needs to undertake during the various stages of a case for ensuring justice to the woman suffering domestic violence, the precautions to be taken, and other such efforts. Hence, Women's Studies Centre, ILS Law College, Pune, with the support of the grants from SWISSAID, undertook a project for preparing separate user manuals in Marathi for each of the following stakeholders - 1. **Magistrates,** 2. **Protection Officers,** 3. **Lawyers,** 4. **Medical Facility,** 5. **Police** and 6. **Service Providers**.

PWDVA has been formulated from a feminist perspective so as safeguard and promote a woman's fundamental rights and human rights. Since domestic violence violates a woman's right to live with dignity and creates inequality between women and men, there arises a need for understanding the domestic violence issue through a gender

lens/perspective. Obviously, therefore, a conceptual clarity on 'gender' and how it operates in a relationship and day-to-day living is absolutely necessary. Therefore, it was decided that a separate manual on **'Gender and Domestic Violence'** be prepared.

We decided to request experts who have worked intensely with each of these stakeholders with respect to PWDVA, to write these manuals. Accordingly, we approached the organization 'Sahayog' to prepare the manual for lawyers; CEHAT (Mumbai) for Medical Facility; and Tata Institute of Social Sciences, Mumbai, for the Police. For preparing the manual on 'Gender and Domestic violence' we requested Milind Chavan, a specialist in conducting training on the topic of 'gender'. The experts readily accepted our request. Women's Studies Centre decided to prepare the manuals for the Magistrate, Protection Officer and Service Provider, in-house.

Subsequently, in 2019, the Commissionerate, Department of Women and Child Development, Government of Maharashtra, Pune, through a Committee appointed for reviewing these manuals, approved them. A few revisions, as suggested by the Committee, were made in the process. The said manuals have been currently published on its website https://www.wcdcommpune.com/dvact-module.php.

Further, several government and non-government organizations requested for the English version of these manuals for the use of non-Marathi speaking stakeholders. Hence, the NGO – Manavlok, Ambajogai, (in Dist: Beed, Maharashtra) a field based partner of SWISSAID, undertook the administrative responsibility for preparing the English versions of these manuals. The financial support for this was extended by SWISSAID. ILS Law College as well as the authors readily gave their consent and also made the necessary revisions to the original versions of the manuals. They were then reviewed by experts and finalised.

We are thankful to Manavlok, Ambajogai for providing the administrative support for preparing the English versions of the manuals and the financial support from SWISSAID.

With great pleasure, we now present the seven manuals in English. We trust that these manuals would be useful to stakeholders as well as to trainers. These manuals may be used freely, with due acknowledgment to the 'Women's Studies Centre, ILS Law College, Pune; the individual authors of the manuals and SWISSAID.

Dr. Jaya Sagade
Former Hon. Director
Women's Studies Centre
ILS Law College, Pune

Prasanna Invally
Former Coordinator
Women's Studies Centre
ILS Law College, Pune

Dt: 10th Dec, 2022

Manual 5
Protection of Women from Domestic Violence Act, 2005
**Role of the Medical Facility**

## Contents

Manual 5
Protection of Women from Domestic Violence Act, 2005
**Role of the Medical Facility**

## 1.0 INTRODUCTION

Domestic violence is one of the most pervasive forms of violence against women prevalent in the world today. In addition to being a human rights issue, it has also been recognized as a health concern by the World Health Organization in 1993. As part of its activities in this arena, WHO has issued a set of guidelines outlining the ethical responsibilities of doctors and other health care providers (HCPs) in responding to survivors of violence. Health professionals have an ethical obligation to maintain health of the patients who may be victims of violence against women (VAW).

As stated in the Article 2 of UN Declaration for Elimination of Violence against Women. 'Any act of gender–based violence that results in, or is likely to result in, physical, sexual, psychological harm or suffering to women, including threats of such acts , coercion or arbitrary deprivation of liberty, whether occurring in public or private life' may be termed as Violence Against Women.' It recognises the widespread prevalence of domestic violence where women on all ages are subjected to various forms of violence including battering, sexual violence, psychological and other forms of violence. Such violence puts women's health at risk and impedes their ability to participate in family and public life.

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) is an international treaty adopted by the United Nations General Assembly in 1979 and ratified by India in 1993. General recommendations 19 of CEDAW specifies the importance of trained health workers in providing support to survivors of domestic and sexual violence.

## 2.0 PREVALENCE OF VIOLENCE AGAINST WOMEN

Global evidence shows that 1 in 3 women throughout the world experience physical and/or sexual violence by a partner or sexual violence by a non- partner. The prevalence was found to be the highest in African, Eastern Mediterranean and South-East Asian Regions (WHO, 2013).

In the Indian context, The National Crimes Records Bureau (NCRB) report indicates that there has been increase in the reporting of crimes against women both under the Indian Penal Code and Special Local Laws (SLL). The reported number of incidences of crimes against women in 2019 was 4,05,326, however it was 3,71,503 in 2020. The reduction in reporting can be attributed to the onslaught of COVID 19 induced lockdown and complete lack of accessibility for women and girls facing domestic violence. Evidence

from documentation by civil society organisations does indicate an increase in domestic violence.[1]

## 3.0 VIOLENCE AGAINST WOMEN – A HEALTH CARE CONCERN

Evidence from literature suggests that domestic violence carries an immense burden of disease owing to the fact that it has a profound impact on the physical and mental health of the survivors.

**Global evidence:**

- WHO reports that domestic violence is linked to a host of different outcomes, immediate and long-term, like sapping women's energy, compromising their physical health including reproductive health, and making them more vulnerable to sexually transmitted infections including HIV/AIDS (WHO, 2005).
- According to a UN report, Suicide is 12 times more likely to be attempted by a woman who has been abused than one who is not (Violence against Women in the Family, United Nations, New York, 1989) indicating severe mental health consequences on women facing violence.
- According to studies in Australia, Nicaragua, the United States of America and Zimbabwe, women who are abused by their partners are more likely to suffer from depression, anxiety and phobias as compared to non-abused women (WHO Report; Roberts, G.L. et al. 1998; Ellsberg, M. et al. 1999; Fikree, F. F. and Bhatti, 1999; Danielson, K. K. et al. 1998).

**India specific surveys and studies show similar results:**

- India has been found to be among those with the highest prevalence of violence during pregnancy, at 18% - 28% (Khosla, 2005, Peedicayil, A. et al. 2004).
- There is a close association between domestic violence during pregnancy and fetal/infant mortality, developmental abnormalities, and maternal mortality (Jejeebhoy, S.J., 1998; B.R. Ganatra, K.J. Coyaji, V.N. Rao, 1998).
- The NFHS 5 Survey (2019-2021) shows a prevalence of 31.2% of ever married women in the age group of 18 to 49 years reporting spousal violence. One-fourth of these women reported experiencing physical injuries including eye injuries, dislocations, burns, broken bones and deep wounds; 3% of ever married women faced violence during pregnancy.

[1] The Office of the High Commissioner for Human Rights. (2021). Call for submissions: COVID-19 and the increase of domestic violence against women**.** To the United Nations Special Rapporteur on violence against women, its causes and consequences, Ms. Dubravka Šimonović. Submission by Aman Global Voices for Peace in the home. Retrieved from https://www.ohchr.org/sites/default/files/2022-01/India-1-aman-globalvoic.docx

**For treatment of physical and mental ailments, a significant number of women who approach the health care providers, suffer domestic violence.**

- According to a multi-site study performed in seven cities in India, almost half (45.3%) of the women who faced violence reported injuries requiring treatment (INCLEN, 2000).
- Another study examining the cases of women recorded in the Emergency Police Register of the Casualty Department in an urban, government-run hospital in Mumbai, found that two-thirds of the women above 15 years of age (66.7% or 497/745) were definite or possible cases of domestic violence (Daga et. al, 1998)

## 4.0 DOMESTIC VIOLENCE AND HEALTH - THE INTERLINKAGES

The relationship between domestic violence and health is a dynamic one – certain health conditions may trigger violence in women's lives, which in turn may deteriorate woman's health further, while women living in abusive relationships may develop health problems – both physical and mental.

For example: Women who suffer from mental health problems, TB, HIV/AIDS may face ridicule, desertion, denial of treatment and isolation. Their condition may worsen in the absence of support and help. Women living in abusive relationships may develop a range of health problems such as aches and pains, common mental disorders such as depression and anxiety amongst others.

Health care providers, in order to provide an appropriate and ethical response to women facing violence (as per WHO norms), have to first of all recognize this relationship between violence and health consequences.

**Certain beliefs and attitudes about women and domestic violence among HCPs come in the way of providing this ethical response.** Certain socio cultural notions, beliefs and attitudes that HCPs share, tend to justify violence, sanction male dominance over women, and further reinforce violence against women - for example, blaming women for violence faced by them, considering violence to be a part and parcel of married lives, believing that women must have provoked violence (Deosthali et al. 2005). Such attitudes will in no way aid in stopping or reducing violence.

These attitudes of HCPs are stereotypical views that prevail in society. **It is important for HCPs not to trivialize or excuse violent behaviour**. Some of the notions/ myths that defeat the very goal of violence prevention/ elimination and the related facts and explanations are provided in the table below:

| Notions/Myths | Facts and explanation |
|---|---|
| **Domestic violence is a private matter** (Deosthali et al 2009). | Evidence on myriad ways in which violence adversely affects the health of a significant number of women in our society (as per research and statistics) is sufficient to prove that it is a public health issue and not a private issue. |
| **"The man who inflicts violence is sad or mad, rather than bad."** | ▪ This is a commonly held excuse which leads to justifying violence. Men in our societies are not socialized to express their emotions openly and crying is unacceptable for men. Hence when he relieves his stress by beating his wife, he is looked at with sympathy rather than disapproval.<br>▪ Most men who abuse their wives are not mentally ill. In public, abusive men appear to be ordinary and well-adjusted, but in private, they may be brutal. This is not mental illness but socially sanctioned violence. |
| **"It was all booze."** | A common notion is to attribute violence to consumption of alcohol. Even if women often say "He drinks and beats me", we need to consider that an intoxicated man doesn't inflict violence upon someone more powerful than him (such as a *sarpanch* or policeman/ person in authority). He beats up only his wife because she is a soft target. Alcohol may aggravate violence, but it cannot be a cause or excuse for becoming violent. |
| **"She deserves it because she provokes it."** | Women are often blamed for 'provoking' violence, for example, not serving food on time, not completing household chores are seen as reasons that justify violence, blaming the woman. As a result, the onus of preventing violence is put on women. Strategies of controlling crimes against women usually involve controlling women's behaviour; women are told what they must do, such as stay indoors during late hours, wear certain kind of clothing, in order to stay protected. Such strategies result in sanctioning harassment of women and punishing them, rather than taking into account the rights and freedom that women are entitled to. It is also important to recognise that when a woman steps out of the prescribed norms of gender and questions hierarchy, she becomes susceptible to violence. In such a situation too, we can adopt a rights based approach and emphasize that every person has the right to "security of person" and that there is no excuse for violence. |
| **"It cannot be that bad, or** | There are several reasons for why women don't leave their abusive homes. Many of them feel the need to keep their homes intact for |

| | |
|---|---|
| **she would have left the man.**" | the sake of their children. Also, the stigma associated with being a separated or deserted woman in society is too great for most to handle.<br><br>Several women have no other means of support and are economically dependent on their husbands. In most cases, the woman does not even get support from her natal family.<br><br>She stays on, not out of choice, but out of compulsion. This does not negate the fact that the woman is being abused or that the violence has aggravated. |
| **"It is their culture."** | Domestic violence gets attributed to issues such as lack of education, poverty and religious communities. However global evidence shows that domestic violence cuts across all classes, castes, communities. Several cultural practices throughout the world which are manifested in society are harmful to women and are tantamount to violence. As a result, women in these societies have also internalized this violence.<br><br>In the tribal areas, "witch-hunting" is commonly seen targeting powerful, independent women who challenge gender roles. These women are considered "deviant" and are put to death by stoning or hanging. All these practices are detrimental to women and cannot be condoned.<br><br>The want of a male child to perpetuate a lineage results in sex selective abortion. Social ills such as dowry and domestic violence are also accepted in the name of preserving culture. But violence has to be treated as a violation of women's human rights and not as a matter of culture. |

HCPs often believe that their role is only to treat the disease and the physical manifestations of such violence. This is a pure bio-medical approach which would do nothing about the violence that is adversely affecting a woman's health. If such an approach is adopted, it would not facilitate the disclosure of domestic violence, and therefore would not elicit appropriate, useful and ethical response from health professionals (Garcia-Moreno 2015).

An appropriate and ethical response of HCPs to violence includes identifying women patients who face DV, providing psychological support, referring them to appropriate services, and following the legal mandate, in addition to providing the necessary medical treatment. This is explained in greater detail further down in this manual.

In summary, HCPs need to reorient their positions in treating women facing violence, with the understanding that-

- domestic violence is a public health issue and not a private matter,
- DV is a matter of power and control by the 'man' in this patriarchal society and not a matter of sheer strain in relationship between two persons that the issue of violence needs to be responded to in providing holistic health care to the woman facing violence and
- that a pure bio-medical approach will not be sufficient.

(Please refer Appendix 1 – Steps to be taken for seeking an ideal response from 'Medical Facilities' on Domestic Violence)

**The Protection of Women from Domestic Violence Act, 2005 (PWDVA), recognizes the crucial role that HCPs can play, and therefore it has provided a legal mandate for all '*Medical Facilities*' in responding to women facing domestic violence.**

This user manual aims in assisting HCPs working in these medical facilities in fulfilling this legal mandate with a gender sensitive perspective. The expectation is that HCPs (health care providers) place equal importance to their duties and to the legal mandate in responding to domestic violence under PWDVA as is placed while responding to rape under Protection of Children from Sexual Offences Act, 2012 (POCSO) 2012 and Criminal Law Amendment 2013 (CLA).

## 5.0 WHAT DOES THE LAW EXPECT FROM THE MEDICAL FACILITY?

PWDVAThe, "Protection of Women from Domestic Violence Act, 2005" (PWDVA), which came into force in October 2006, has identified a '"medical facility"' as a player in implementation of the Act. It has laid down special roles, responsibilities and duties of such a medical facility vis-à-vis women facing domestic violence.

In accordance with the above Law, the state governments are required notify health facilities as 'Medical Facilities' and issue guidelines about their roles and responsibiliies. Government of Maharashtra, through the Public Health Department vide circular no. 343, dated 4th September 2013, has declared all public health facilities registered under the Public Health Department as 'medical facilities' under PWDVA.

### 5.1 What is "'Medical Facility"'?

PWDVA defines medical facility under section 2 as a facility that is notified by the State Government as a Medical Facility. Public health facilities registered under the Public Health Department are notified as 'Medical Facilities'.

For the purpose of this manual, persons responsible for providing medical and other assistance to the woman (such as doctors and nurses) as defined under PWDVA, are termed as health care providers (HCPs). This manual is addressed to all HCPs in a *Medical Facility*.

The role of the Medical Facility begins as soon as the woman who has come as a patient to the HCP has health problems/ complaints that indicate domestic violence. How to identify indicators of domestic violence is discussed further down in this manual (Please refer Pg 17 of this manual).

**Please note: For the purpose of this manual, the provisions of the 'Protection of Women from Domestic Violence Act, 2005' (PWDVA) are referred to as 'sections'; and provisions of 'Protection of Women from Domestic Violence Rules, 2006'(PWDVR) are referred to as 'rules'.**

## 5.2 Summary of duties laid down under the Act and Rules (under section 7 PWDVA and Rule 17 PWDVR)

1. The first and foremost,, it is mandatory for the HCP of the medical facility to provide medical aid to the woman whether she has come to the HCP on her own, or referred by the 'Protection Officer[2]' or 'Service Provider[3]' under section 7 of PWDVA (whether or not such referrals/ requests are made in writing – Rule 17(1) PWDVR).
2. A copy of the medical examination report must be given to the woman free of cost, as per Rule 17(4) PWDVR read with Section 7 PWDVA. The report forms important evidence of occurrence of DV, and useful for the woman if she wishes to take legal action. How the report should be prepared and what the report should contain is explained further down in this manual (Refer APPENDIX 2 for a sample of such report).
3. A complaint of Domestic Violence under PWDVA is recorded by the Protection Officer or Service Provider as a "Domestic Incident Report" (DIR). This DIR has to be given to the medical facility if the Protection Officer or Service Provider refers the woman. However, if such a report has not been made -
    a. the duty of preparing this report is put on the person-in-charge of the medical facility, the copy of which is to be forwarded to the Protection Officer of the area (Rule 17(3) PWDVR). How to prepare the DIR has been explained further down in this manual (Refer APPENDIX 3 for DIR format as provided in Form 1 of the PWDVR).
    b. the medical facility/ HCP cannot refuse treatment to the woman survivor of DV who has approached HCPs (proviso of Rule 17(2) PWDVR)

    Please note: Preparing and filing of DIR with respective authorities does not start the legal process. DIR has evidential value and is referred to by the court only after the woman makes a formal application under Section 12, PWDVA.

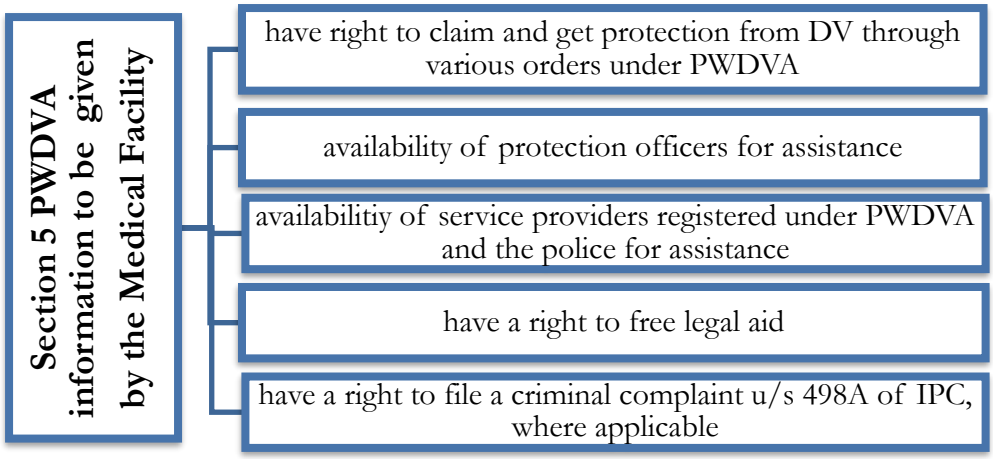
[2] Protection Officer is the individual appointed by the state to facilitate the woman's access to courts and other support services. The PO is the link between the survivor and the court and also assists the court in the discharge of its functions.

[3] Service Provider is an organization registered under the Act and provides assistance to women in terms of shelter, counselling, legal and medical aid and filling the DIR.

4. Three copies of DIR should be prepared – 1. For the woman, 2. For the Protection Officer and 3. For record of the Medical Facility.

5. Under Section 5 of the PWDV Act, medical facilities, as service providers, must inform the woman of her rights under PWDVA. Form IV of the PWDV Rules – "Information on rights of aggrieved persons under the Protection of Women from Domestic Violence Act, 2005" - provides a guideline for the HCPs in providing this information to the woman under the Act. The HCP must be aware of these details so as to be able to guide the woman and provide her with the relevant information. (please refer APPENDIX 4 for Form IV. This form consists of a list of information to be given to the woman and is provided as part of the PWDVR)

The same is illustrated in the figure below:




Inform the woman about the following -

a. the various reliefs she can seek under the Act, namely, Protection Order, Residence Order, Monetary Relief and Custody Order for temporary custody of children, Compensation Orders and interim orders.

b. the availability of assistance of Protection Officers in seeking such reliefs and seeking legal aid free of cost from the State Legal Services Authority. Protection Officers are special officers appointed by the state under the PWDVA.

c. the availability of assistance of 'Service Providers' whose role is to facilitate the process of registering the complaint under the Act and ensuring that women receive support in the form of shelter, medical aid.

   HCP should have a list of such resources – of Protection officers and Service Providers along with names, addresses, mobile numbers which can be shared with the woman as and when required. Such a list can be obtained from the office of the Department of Women and Child Development.

d. The woman must also be informed about her right to file a complaint under Section 498 A of the Indian Penal Code where relevant. Section 498A

addresses cruelty to the woman by her husband and his relatives and is a criminal complaint to be filed at the police station.

**Such information is aimed at empowering the woman to make informed decisions and seek protection from DV under the Act in case of ongoing abuse**.

## 6.0 HOW DOES PWDVA DEFINE DOMESTIC VIOLENCE?

**Definition of Domestic violence under PWDVA**

- Harms, injures, endangers, the health, safety, life, limb or well-being of the person or tends to do so
- Includes physical, sexual, verbal, emotional abuse.
- Intends to coerce her or any person related to her to meet any unlawful demand for dowry or any other property /valuable security
- Has the effect of threatening her or any person related to her

**Note: A woman can file a case under PWDVA only if**

a. she is in a 'domestic relationship' with the perpetrator through consanguinity, marriage or through a relationship in the nature of marriage, adoption or as family members living together as a joint family
**and**
b. if she is living or has lived together with the perpetrator/s in a 'shared household' (whether owned or rented or joint family house).

HCPs at a medical facility can play an important role when a woman discloses domestic violence. A non-judgmental attitude, patient listening and provision of medical care along with support can help to build confidence of the woman. Medical facilities and Healthcare providers therein have been implementing the laws related to PCPNDT Act (Pre-conception and Pre-natal Diagnostic Techniques Act) and POCSO - 2012, as well as CLA - 2013; they are expected to recognise that their duties under PWDVA are equally important and hence they are obligated to carry out their responsibilities under the law in a methodical manner.

In the next section, let us discuss how a HCP can responds to domestic violence faced by a woman patient appropriately, both legally and ethically.

## 7.0 WHAT ARE THE PATHWAYS TO MEDICAL FACILITIES FOR WOMEN EXPERIENCING VIOLENCE ?

Women reach a medical facility due to health consequences of violence, and therefore providing medical treatment is definitely a top priority. The most common forms of health consequences are injuries due to assaults, attempt to suicide by consumption of poison or burns, unwanted pregnancies, repeated pregnancies, reproductive health

complaints, sexually transmitted infections and the like. (Table on Health complaints related to violence against women further down, Refer page 17).

First contact of a HCP can be in a busy out-patient department (OPD) or casualty / emergency department. HCP may have several patients waiting their turn to meet him/ her. Hence it is a challenge to offer privacy, time and space to a woman to speak about violence. In such case, the HCP can seek assistance of the nurse and request the woman to come to the examination room which is separated with a curtain and that could enable the woman to speak in private about the abuse.

Below are three different situations that indicate pathways of women for reaching the medical facility.

Situation I: A woman may come to the HCP on her own and reveal about domestic violence and resulting health complaint. The HCP may be her first contact after suffering from domestic violence.

Situation II: A HCP suspects that the health complaint of the woman indicates domestic violence, but the woman does not reveal it. Here, again, this HCP may be her first contact after suffering from domestic violence.

Situation III: A woman may be brought to the Medical Facility or referred by a third party – such as Protection Officer, Police or Service Provider for medical care and medical examination report.

Role of the HCP in the above three situations is has been described in detail, below:

## 7.1 Situation I : A woman may come to the HCP on her own and reveal about domestic violence and resulting health complaint

In such a case where the woman reveals domestic violence, the HCP can do the following:

### 7.1.1 Establish rapport with the woman and offer the requisite treatment free of cost

### 7.1.2 Medico-legal documentation

a. Explain to the woman about the importance of medico legal documentation after she reveals the details of the abuse.
b. Seek consent for documenting details related to the episode/s of violence.
c. Ensure that such a medico legal documentation comprises of
    - the details of the episode/s provided by the woman in her own words,
    - the name of the abuser,
    - relationship to the abuser,
    - time and place of the episode and
    - the health consequence suffered by the woman.

A sample of ideal medico-legal documentation has been provided as APPENDIX 2.

d. Also ask about past episodes of violence to understand the impact on her health.
e. Tell the woman that she can use such a medico-legal documentation as evidence if she decides to pursue a police complaint/ legal case against the people who have abused her.

### 7.1.3. Provide information as per section 5 of PWDVA

The Medical Facility should be equipped to provide the said information – about her right to file an application under Section 12 of PWDVA, to seek protection orders and other related reliefs from domestic violence from the court and available services of Protection officers, shelter homes and other service providers. The HCP, the social worker, or any other authority of the Medical Facility may be assigned the responsibility of providing this information. This information will help her decide whether or not she wants to access remedies available under PWDVA.

### 7.1.4. Respect the woman's right to decide

HCP must be aware that the woman has the right to decide whether or not she would like to access the services of the Protection Officer. Her decision to refuse must be respected and can be recorded as informed refusal on the treatment paper or medico-legal record where applicable, after having provided information about the services available.

### 7.1.5. Prepare the Domestic Incident Report - DIR

If the woman has not sought services of Protection Officer or Service Provider before she has come to the HCP, no DIR would have been prepared. In such case Rule 17(3) PWDVR mandates the Medical Facility to prepare the DIR and forward the copy of the same to the Protection Officer. As explained earlier, a complaint of domestic violence is reported in the format of the DIR available as Form I under PWDVR. Refer to APPENDIX 3 for copy of DIR format.

| **Quick Tips on how to prepare DIR in Form I of PWDVR** |
|---|
| a. After seeking basic details from the woman, details of the abuser along with the relationship must be recorded in the relevant box. PWDVA defines the abuser as "respondent" – who can be a man or woman who is in a domestic relationship with the woman. (Please refer to box on definition of domestic violence, on page 9, for more details)<br><br>b. This is followed by the details of her children, also mentioning with whom each of them is residing.<br><br>c. The next section in the DIR documents the details of the violence**. In order to ensure that this is done sensitively**, the healthcare provider may ask the woman to narrate the violence that she has experienced so far, which will enable to identify forms of violence and tick the appropriate boxes provided in the DIR. |

d. In order that this is done sensitively, the HCPs must familiarize themselves with the examples of acts of violence listed on the DIR so that they can enquire about the violence in a comprehensive manner, without using it as a mere list that is abruptly asked in order to be ticked. The list provided, need not be asked in sequential order, rather they must be asked based on the narration of the woman, which will also validate that she is being heard. For example, the woman may begin by saying she was pushed or kicked. This can be the point to enquire about other acts of physical violence such as biting or punching. The HCP must ask about sexual violence with sensitivity, as to whether the abuser forces her to engage in acts that she does not consent to or is uncomfortable with.

e. To confirm that all the relevant information about the violence has been obtained, the HCP may then enquire about specific acts of violence as indicated in the DIR Form I. For example, while the woman is narrating about how the abuser does not provide money, the HCP can ask whether the abuser prevents her from taking up employment. Or, if the woman has already shared that she has three girl children, the HCP may probe as to whether there is pressure to have a male child or whether she is being insulted for not bearing a male child.

f. The HCP must be aware that the PWDVA is not relegated to married women only. Young women often face violence from their parents. The HCP must be tuned to the forms of violence she may be facing including not being allowed to pursue education or employment, being forced to marry or not being allowed to marry the person of their choice. Single, deserted, divorced women also face domestic violence from their parental family.

g. Relevant Orders required must be ticked at appropriate option (Yes/No) in the DIR form. For this purpose, the HCP must be aware of the various orders that can be obtained under the Act and explain the same to the woman.

h. Assistance that the woman may require in the form of counsellor's help, police assistance, initiating criminal proceedings, shelter home or legal aid must also be appropriately mentioned (Yes/No) along with specific nature of assistance required.

i. In case a woman approaches the medical facility for a copy of the DIR or MLC having misplaced the earlier copy, it is the ethical responsibility of the HCP to provide her with another copy free of cost. A system of maintaining DIRs should be in place and the retrieval mechanism be organized in such a way that the papers are accessible without having to ask the woman to come back on another day.

### 7.1.7. HCP may refer the woman to the Protection Officer

For additional assistance, HCP can write down a referral to the protection officer who will be accessible to the woman and tell her that she may visit the protection officer for further assistance if she desires. HCP may write "Referred to Protection Officer" on the woman's treatment paper.

If she wants assistance of the Protection Officer, and she is not in a position to travel;, call the Protection Officer to the medical facility as a case in "emergency" (Rule 9 PWDVR[4])

### 8.1.8. Provide medico legal report/ medical examination report free of cost

The Medical Facility should give a copy of the medico legal report/ medical examination report free of cost to the woman.

## 7.2 Situation II. HCP suspects that the health complaint of the woman indicates domestic violence, but the woman does not reveal it.

**Health professionals are in a strategic position to reach out to women facing violence; they being the most certain and probably the earliest contact for a survivor of violence** – because –

- According to a multi-site study performed in seven cities in India, almost half (45.3%) of the women who faced violence reported injuries requiring treatment (INCLEN, 2000).
- Another study examining the cases of women recorded in the Emergency Police Register of the Casualty Department in an urban, government-run hospital in Mumbai, found that two-thirds of the women above 15 years of age (66.7% or 497/745) were definitely or possibly cases of domestic violence (Daga et. al, 1998).

The Maharashtra Government Circular no 201३/प्र.क्र.343/आरोग्य 3, dated 4th September 2013 issued by its Public Health Department, in its guidelines[5] mandates –

> *"Screening is of utmost importance to identify domestic violence. It is the duty of the medical officer to screen women for Domestic Violence. Identifying women as Domestic Violence victims will help guide her appropriately to seek further reliefs from DV Act"*

[4] Rule 9 PWDVR states : If the Protection Officer or a service provider receives reliable information through email or a telephone call or the like either from the aggrieved person or from any person who has reason to believe that an act of domestic violence is being or is likely to be committed and in such an emergency situation, the Protection Officer or the service provider, as the case may be, shall seek immediate assistance of the police who shall accompany the Protection Officer or the service provider, as the case may be, to the place of occurrence and record the domestic incident report and present the same to the Magistrate without any delay for seeking appropriate orders under the Act.

[5] These guidelines have been issued as per Section 11 PWDVA, that state the Duties of Government.

**In order to fulfill this duty and responsibility, it is best for the HCP to do the following -**

### 7.2.1. Distinguish between a health complaint due to a medical condition and a health complaint resulting out of violence

Medical training of HCPs enables them to distinguish between a health complaint due to a medical condition and a complaint resulting out of violence. Health providers can distinguish complaints such as accidental consumption of poison and injuries stated as a consequence of an accidental fall, as an attempt to suicide and an assault respectively. However, because HCPs belong to the same social milieu as other people, they fear making these distinctions and restrict themselves to clinical treatment without really addressing the root cause.

### 7.2.2. Identify such signs and symptoms of violence against women and talk to her about it.

It is the HCP's duty to identify such signs and symptoms of violence against women and encourage a woman to disclose violence and seek care.

HCPs need to develop skills to be able to ask women about abuse. Such clinical enquiry requires training as well as handholding support. There are different approaches and steps to integrate asking about abuse in to the clinical enquiry. These have been mentioned below.

### 7.2.3 Skills to enquire about the occurrence of domestic violence

HCPs hesitate to ask questions related to domestic violence. One of the reasons is that such training is missing in the medical curriculum. The following set of questions have been adapted to the Indian context to enable HCPs to seek details about the episode of violence. Questions pertaining to violence can be asked directly or indirectly. Following are some examples:

**Direct questioning:**

- Because violence is so common in women's lives, we have started asking all patients about it.
- Have you ever been kicked, punched, slapped, shoved or otherwise hurt by someone in your home?
- Has your partner ever forced you to have sex when you didn't't want to? Has he ever refused safe sex?

**Indirect questioning:**

- Your injuries do not look like they are accidental. I am concerned that your symptoms may have been caused by someone hurting you. Did someone cause these injuries?
- Your complaints seem to be related to stress. Do you face any tensions with your partner/at home?

(Adapted from the Family Violence Prevention Fund San Francisco "Clinical Guidelines on Routine Screening")

The HCP may choose to ask these questions in a direct or indirect manner but care must be taken that they are asked in a private space and with a demeanour that communicates concern. A non-judgmental attitude will enable HCPs to enquire into these aspects.

**The following principles can enable a dialogue with women facing domestic violence**
(Adapted from the LIVES approach by WHO)

- HCP should phrase the questions as invitations to speak; e.g.-What would you like to talk about?
- They should develop open-ended questions to encourage women to talk instead of responding as yes or no; e.g.- How do you feel about that?
- It would be useful to repeat or restate what the woman said to check if it has been understood properly; e.g.- You mentioned that you feel very frustrated
- Reflect the feelings expressed by women e.g.- It sounds as if you are feeling angry about that…
- It is better to seek clarification rather than assume any aspect of the woman's narration e.g.- Can you explain that again, please?
- Help the woman to identify and express her needs and concerns; e.g.- Is there anything that you need or are concerned about? It sounds like you are worried about your children. Do you need a place to reside?

An example has been listed out for sensitively enquiring about signs and symptoms of violence

*A young married woman is brought to the hospital by her husband and in-laws. They inform the HCP that she has 'accidently' consumed phenyl considering it as cough syrup and they found her lying in the kitchen, with the half consumed bottle of phenyl.*

**What should a HCP do?**

- As a HCP, medical treatment will take precedence. Once the woman is out of danger, it is important to speak to the woman in private. In case of male HCPs, a female attendant from the facility should be is present. As is routine practice at medical facilities, family members must be asked to wait outside the examination room.

- HCP can explain to the woman that her medical complaint indicates that she is undergoing stress and that she could speak about it to the HCP without fear.

- HCP can also explain that several young women reach hospitals with similar complaints but in his/her experience has found an association of such a complaint to violence and that s/her is concerned about the safety of the woman.

- HCP must assure the woman of confidentiality and probe for reasons that led her to take such a step.

- HCP must communicate to the woman that violence is not her fault and that help is available.

- HCP should explain to the woman that PWDVA is a law that protects women from domestic violence and that she can speak to the social worker as well as Protection Officer (PO) about remedies under it. (The HCP is bound by section 5 PWDVA to provide information of her rights under PWDVA). Contact details of the PO should be offered to the woman, leaving the choice of accessing the service to the woman.
- Contact details of hospital social worker, if available, should be offered for further support.
- HCP must have a ready, updated list of contacts of service providers, counsellors, Protection Officers, shelter homes that the woman can be referred to, after giving her information about the same. A referral not may be prepared for the same and a copy of the medical examination report be attached with it.

Below is a table that lists some health complaints associated with violence. These symptoms or indicators are categorized department-wise and work as a ready reckoner for HCPs. The list is not exhaustive but serves as a guide for HCPs to begin associating some health complaints with violence.

### 7.2.4. Health Consequences related to Domestic Violence (Guidelines for HCP, CEHAT)

| Gynaecology/ Obstetrics | Medicine | Casualty | Pediatric | Surgery |
|---|---|---|---|---|
| History of assault<br>Repeated Pregnancy<br>Repeated birth of girl child<br>Spontaneous abortions<br>MTP cases<br>Reversal of TL<br>Unwed mothers/ Pregnant widows<br>Chronic Leukorrhea<br>Post-partum psychosis<br>Injury marks on labia, breast, and/or other sexual organs<br>Abruption of placenta<br>Pelvic Inflammatory Disease<br>Infertility<br>Multiparity<br>All ANC/cases<br>History of fall during pregnancy<br>Can the above indicators be categorized? | History of consumption of poison<br>Breathlessness<br>Fainting spells<br>Swelling/tenderness<br>Repeated health complaint with normal reports<br>Chronic Anemia<br>Constant body ache, headache, and/or backache<br>Sudden weight loss<br>Tuberculosis (TB)<br>Pyrexia of unknown origin<br>Chronic patch of TB<br>Convulsions<br>Irritable Bowel Syndrome<br>Loss of appetite | Assault<br>Poisoning / Attempted Suicide<br>Burns<br>Fractures<br>Falls<br>Pregnancy with history of fall / assault<br>Women with unexplained bruises, CLW, lacerations, and/or abrasions<br>Repeated health complaints despite normal reports | Child abuse (all cases)<br>Sexual abuse<br>Lack of concentration<br>Chronic abdominal pain<br>Repeated headaches<br>IW, contusion, lacerations, bruises<br>White discharge prior to attaining puberty<br>Burning micturition<br>Child not breast-fed Bed-wetting<br>Anemia<br>**ENT**<br>Perforated eardrum<br>All injuries and fractures<br>Locked jaw<br>H/o reduced hearing capacity<br>Chronic discharge from ears<br>Sudden loss of voice<br>Difficulty in swallowing | History of assault w<br>Abdominal trauma w<br>Burns<br>Reporting Falls<br>All women with IW, Contusion, lacerations, and/or bruises<br>**Skin**<br>STIs<br>RTI<br>HIV+ and AIDS patients<br>Repeated allergies<br>Eczema/Eczematous change<br>Allergic rashes around the neck, thighs, waist, and/or forehead<br>Fungal infection |

Common Mental Disorders (CMD) such as depression, anxiety and psychosomatic disorders affect women differently than men and are influenced by the social context and role-related stressors. The psychiatry department must be cautious about ‘labelling’ the woman and must make a shift from medicalizing the problem to understanding the root

cause of the problem, locating the woman in the cultural and social context. Violence can result in mental health problems while women who are already experiencing mental health problems may be more vulnerable to aggravated violence. This cyclic relationship between violence and mental health must be understood by the HCP so that the problem is externalized rather than blaming the woman for the condition that she is in. The same must also be conveyed to the woman so that she understands that her mental health condition is a consequence of the violence that she is facing. In addition to medication where relevant, the woman must be referred for counselling and other support services so that she can empower herself.

### 7.3 Situation III: A woman may be brought to the Medical Facility or referred by a Protection Officer or Police or any authority under PWDVA for medical care and for medical **examination report**

**7.3.1** **Ascertain the nature of medical care** required by the woman as the first step.

**7.3.2** **Establish rapport** with the woman and offer the requisite treatment free of cost.

**7.3.3** **Encourage her to ask questions** and seek clarification during any point in time during examination.

**7.3.4** **Read the DIR** (Domestic Incident Report) if the woman has brought a copy of it. As per section 7, if the woman has come to the Medical Facility through a referral by the Protection Officer or service provider, as per rule 17(2), the referral should be accompanied by a copy of the DIR (prepared by the Protection Officer). Even if there is no DIR, proviso of Rule 17(2) clearly states that medical assistance or medical examination cannot be denied

If the DIR has been prepared by the Protection Officer, refer to this DIR as this will give insight into history of violence experienced by the woman and its impact on her health.

Ask the woman about any other information that she would like to disclose, especially pertaining to her health. Do not assume that the DIR has captured all relevant details; explore health consequences as a result of the violence she has experienced. Ask whether she has attempted to end her life owing to the violence. Assess safety by exploring current suicidal thought and offer first line psychological support.

**7.3.5** **Explain the importance of medico legal documentation and seek consent for documenting details related to the episode of violence.**

The detailed documentation must include name and relationship of the perpetrator to the woman, place of episode, nature of violence, health consequences of violence and treatment prescribed. A copy of the medico legal document must be offered to the woman free of charge. (Please see APPENDIX 2 for ideal medico legal documentation).

### 7.3.6 If a DIR has not been recorded by the PO, HCP has to prepare the DIR[6] if the woman so desires.

Please refer tips in preparing DIR presented under situation I of this section.
In order to prepare a DIR, HCP can seek assistance of the social worker of the hospital a nurse who is trained and well oriented to the issue of Violence against Women. For additional support, the assistance of the Protection Officer may be sought. The woman must also be explained that this may take some time as the form is a detailed one. Providing such comprehensive information will enable the woman to prepare divulging details of her past life, and be used as an evidence of domestic violence acts on her.

Attach a copy of the medical examination report to the DIR and forward the same to the Protection Officer after seeking consent from the woman.

Explain the importance of adherence to treatment and encourage the woman to return for follow up care.

**Important points to remember**

What to do if the woman reveals additional information about violence than what is mentioned in the DIR

- It must be recognised that the relationship with the HCP may have enabled the woman to reveal about abuse in greater detail than what has been recorded in the DIR. The HCP must convey that this is 'additional' information that was disclosed and must not be viewed as being 'contradictory' information. If the woman consents, HCP should prepare another DIR explaining the reasons for such additional DIR. And submit a copy to PO and to the Court.
- A woman may reach the medical facility after another episode of violence, other than that mentioned in the DIR. HCP shall document it as a medico-legal case after providing necessary information to the woman so as to enable an informed decision. Such additional information should also be carried by the HCP to the court. This is because such episodes can take place between the time that the PO filed DIR in the court and the hearing. Subsequent episodes of violence shall get documented at the level of the hospital as medico legal reports and not as additional DIRs.

[6] Rule 17(3) PWDVR states: If no domestic incident report has been made, person-in-charge of the medical facility shall fill in Form I and forward the same to the local Protection Officer.

## 8.0 HOW SHOULD HCP RESPOND TO WOMEN FACING DOMESTIC VIOLENCE?

The HCP must adopt a non-judgemental attitude towards women facing violence. They must remain objective and fair, without discriminating on the basis of caste, class, marital status, sexual orientation, disability, religion. (e.g., reprimanding women who come in with multiple pregnancy as against enquiring whether this is an unwanted pregnancy and whether she is facing violence. The woman must be treated with respect with an understanding of inequalities in society and their impact on the lives of women, as well as women's vulnerabilities owing to their social context or position in society (e.g, caste based discrimination, being pressurised for a male child in a son preference society). The HCP must ensure that the common misconceptions about violence against women prevalent in society do not influence their own demeanour. Reading Manual 1 on 'Gender and Domestic Violence' will help HCPs understand women's vulnerability.

The WHO 2013 clinical and policy guidelines for responding to intimate partner violence and sexual violence recommend asking about abuse as part of clinical enquiry. The guidelines also recommend that in certain health settings such as mental health and ante natal care, all women must be asked about domestic violence as there is strong evidence that women coming here are most likely to be experiencing domestic violence but also are most vulnerable either due to mental health status or pregnancy. **Moreover, the woman must be enquired about violence at every stage of pregnancy as violence may begin/escalate at any point. The HCP must not assume that the woman is 'safe' during pregnancy.**

### 8.1. Providing support to women facing domestic violence

The Clinical Handbook developed by the WHO[7] recommends the 'LIVES' approach that healthcare professionals must take on, to respond to domestic violence.

| 'LIVES' approach | |
|---|---|
| **L**isten | • Listen to the woman closely, with empathy and without judging; this forms the basis of offering first-line support<br>• HCPs need to set aside commonly held notions to be able to listen to the woman sensitively.<br>• HCPs should refrain from looking for reasons or excuses as to why a particular woman faced violence. Rather the attempt must be to demonstrate that he/she is willing to learn about the abusive situation without judging the woman.<br>• The HCP must pay close attention to what the woman is saying as well as what she may not be saying and her body language. The HCP can convey empathy through his/her own body |

[7] World Health Organisation (2014). Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook. Geneva.

| | |
|---|---|
| | language that can convey active listening (eye contact, nod), by acknowledging the woman's feelings and not rushing her to finish her narration.<br>• The HCP must not assume that s/he knows what is best for the woman – the woman is in a position to make decisions for herself. The idea is not to 'solve' her problem, but to lend a ear and offer support. |
| **I**nquire about needs and concerns | • When the HCP listens with empathy he/ she is able to understand varied needs -physical, emotional, economic needs, safety concerns and/or the need for social support - that the woman may have. These needs may not be spelt out by the woman, but active listening on part of the HCP will enable identification of these needs. The HCP may then clarify whether it is her need by saying for e.g., "It sounds like you may need..."<br>• HCP may seek information about the safety of the woman and her children and whether she feels safe to go back home. HCP may also ask the woman about the intensity of violence and the frequency.<br>• If she expresses a threat to her life the HCP shall make temporary arrangements of admitting the woman in a medical ward. The PO shall be intimated about the woman only after seeking consent from the woman.<br>• HCP shall involve the hospital social worker to assess short term and long term needs of the woman and deal with practical aspects such as care of the children. |
| **V**alidate | • Women's experiences have time and again brought forth how legal, judicial systems as well as their own families do not believe them when they disclose violence.<br>• HCP therefore shall make efforts to demonstrate that he/ she believes her narration and provides an assurance that it is not she who should be blamed for violence by directly conveying to the woman that there is no excuse for violence and that it is not her fault – she is not to blame, that everyone deserves to feel safe at home and that the HCP is here to help.<br>• Communication of positive messages such as the above will validate the woman's feelings while helping her deal with negative emotions of guilt, self-blame and helplessness.<br>The message that violence is not justified under any circumstances should be strongly communicated to women. |

| | |
|---|---|
| **E**nhance safety | • Women may decide to go back to the abusive home because she has children to care for and other responsibilities.<br>• The HCP must communicate concern for her safety.<br>• HCP shall seek assistance of the social worker to enable the woman to keep herself safe while she returns to the abusive home. She shall be provided with alternatives such as alerting neighbours, calling up the police help line, stepping out of the house if she preempts physical violence.<br>• HCP shall encourage women to follow up at the level of the medical facility and also with the social worker to assess whether there was a change in the situation or if the violence had aggravated.<br>• In case of threat to life, the HCP can offer admission at the hospital (where such a facility is available) for up to 72 hours which will allow the woman some time to think about the next steps. |
| **S**upport | • Several practical aspects of life are involved while dealing with abuse. If a woman decides to move out of the abusive home to a different address, looking for a new place, school admissions for children, availability of support services are questions that baffle women.<br>• HCPs shall ensure that the social worker has a resource directory to enable women to have complete information related to these referral services and that facilitation of the procedures is done by the medical facility for women. |

## 9.0 LET'S DISCUSS THREE CASE BRIEFS - How would you respond to the these situations as a Health Care Provider?

**Case Brief – 1**

Anandi, 25 years old, has been married for 4 years and has a 3 year old daughter. Her private doctor knows her problem. Husband's excessive sexual demands have resulted in vaginal inflammation, sleepless nights and pain. He is physically violent towards Anandi if she doesn't comply with his demands and also beats up their daughter. She has come to you on her own and reveals about domestic violence.

**Case Brief – 2**

Sheeba, a housewife-aged 35yrs, married for the last 19yrs having three children. Her husband works as a rickshaw driver. He has been physically, emotional and verbally abusing her ever since the time they got married. Sheeba is forced to borrow money from her parental family to feed her children as her husband doesn't allow her to work. This makes her feel very angry. Sheeba's husband does not earn enough as a rickshaw driver as he loiters in the community with his friends and plays cards with them. Whenever Sheeba confronts him, he abuses her. Last night, he hit her with a brick on her head; she has been brought to you by the neighbours, but Sheeba says that the injury is because she fell from the staircase.

**Case Brief - 3**

Narmada is 26 years with four children and married for 8 years. She makes bangles and sells them in the train. Her husband is also involved in the same business. She has faced severe abuse throughout her marriage. He suspects her character and controls her mobility. Her husband has spread such rumours in the neighbourhood so everyone has been keeping their distance from her. A commuter in the train helped her get in touch with a Protection Officer. Narmada has been complaining of severe headaches and body pain. The Protection Officer has referred her to you for medical care.

### 9.1. Case brief 1 – Anandi's case

This is an example of the first situation explained in the section on "What are the pathways to Medical Facility for women experiencing violence" as mentioned in pint 7.0 on page 9 - a woman may come to the HCP on her own and reveal about domestic violence and resulting health complaint.

Anandi has reported to you directly with severe health complaints, and also revealed domestic violence.

- **Convey that it takes courage to speak about domestic violence**, especially sexual violence as there is silence around it in our society. Let her know that seeking treatment is a positive step and that you will be offering the same and will explain what it entails. Encourage her to talk about the violence she has been facing, explaining that her history will guide treatment by understanding the severity of abuse.
- **Seek informed consent for examination**, explaining what the procedure will involve. Encourage her to ask questions or seek clarification at any point in time.
- **Identify her health consequences** – vaginal inflammation and pain, mental health consequence in the form of sleepless nights, anxiety
- **Provide treatment** for vaginal inflammation, STI and emphasize completion of the course of treatment and returning for follow up. Give her information about the side effects of any medicines being prescribed.
- **Explain to the woman the importance of Medico-legal documentation**, explaining the evidentiary value of the document. Clarify that MLC is different from lodging a police complaint and that it will involve police intimation. The police will seek a statement from her and the choice of lodging a complaint thereafter, lies with her.

  The document must contain details of the entire episode of violence, mentioning that the abuser is her husband. Examination findings and treatment prescribed must also be recorded.
- **Acknowledge her anxiety and fear**, validate her feelings as being normal in the given situation. Convey to her that violence cannot be justified and that she is not to blame, that it is her husband who should feel ashamed of his conduct.
- **Convey that you are here to help**, are concerned about her safety and convey information about the PWDV Act, especially provision of protection order.
- **Also convey the importance of filing a DIR** and explain that this too has evidential value, and filing a DIR does not mean going to court.
- **Give her the contact details** of the Protection Officer in the respective jurisdiction. Explain how the PO will help.
- **Let her know that the decision to access the services of the Protection Officer is hers**. In case she chooses not to access the service, respect her decision and record it as informed refusal having provided the relevant information about available services.
- **Refer her to the counsellor/ social worker** at the hospital to facilitate shelter and child care based on the woman's needs or to the Service Provider or shelter home in the area.
- **Provide her with a copy of the medical examination report** free of cost and ask her to keep it safely and remind her to return for a follow up on the set date.
- **Provide her a copy of the DIR** if prepared by the medical facility, and forward one copy of DIR to the Protection Officer in the jurisdiction.

## 9.2 Case Brief 2 – Sheeba's case

This is an example of the second situation - as an HCP you may suspect that the health complaint of the woman indicates domestic violence, where Sheeba has been brought to you with severe injuries, but does not reveal in the first instance that it was because of domestic violence.

- Provide her emergency treatment for the physical injury.
- Ask the accompanying person to wait outside so that you can speak to Sheeba in privacy.
- Once Sheeba is in a state to speak, tell her that she is safe at the hospital, that her injury is a serious one and that you are concerned that it is due to violence/ someone having hurt her. Convey that there is no shame in speaking about violence, that unfortunately it is common in our society but that it is inexcusable, that she can speak to you about it freely without fear.
- Explain the importance of medico-legal documentation, its content in terms of recording details of violence as narrated by her, its evidentiary value in case she chooses to pursue a case in future. Clarify that MLC is different from lodging a police complaint and that it will involve police intimation only. The police will seek a statement from her and the choice of lodging a complaint thereafter, lies with her.
- Encourage her to narrate the incident in detail so that it can be documented, and seek her consent to document it.
- Mention in the medical report that the abuser is her husband. Record examination findings and treatment prescribed. Mention that it was a physical assault with a brick and that the husband was the abuser.
- Convey concern for her safety stating the severity of the current incident and the possibility of threat to her life. Offer admission to the hospital as an option, but respect her decision if she refuses it. In that case, enquire about someone she trusts with whom she can go back.
- Appreciate her courage to confront the abuse and give her information about the PWDV Act along with contact details of the Protection Officer.
- If she wants assistance of the Protection Officer, and she is not in a position to travel, call the Protection Officer to the medical facility as a case in "emergency" (Refer Rule 9 PWDVRA).

  **A coordinated effort of various stakeholders is necessary for responding to a woman facing domestic violence in claiming her rights to a violence-free domestic relationships.**
- Tell her about the services of the social worker and seek her consent to inform the social worker for further counselling and referral to support services.
- Inform her about DIR which has an evidential value, and that preparing the DIR does not mean that legal process has begun, and that the Medical Facility can help her prepare this whenever she feels better or decides to do so.
- Ask her to return for a follow up.

**Case Brief 3 – Narmada's case**

This is the third situation – a woman may be brought to you / referred by a PO or Police for medical care and medical examination report.

- Acknowledge her courage to report violence and seek help, convey that it has had an impact on her health. Appreciate her determination and ability to have carried on with her job and shoulder the responsibility towards the children despite the situation. Encourage her to speak about her health complaints asking whether there is anything other than headaches and body pain that she experiences, including any gynaecological problems, saying that she need not feel awkward talking about it. Convey that treatment will be provided free of cost.
- Explain the examination procedure and what it entails, encouraging her to ask questions or seek clarifications.
- Treat her for the health complaints, explaining the importance of completing the course and return for a follow up. Help her draw the link between the violence she is facing and the health complaints, telling her that violence has an impact on health and these are ways in which it is affecting her. Convey that while physical violence is often understood, emotional violence is difficult to talk about as there are no physical injuries, yet it has deep impact on the individual.
- Document the details of the health complaints and treatment prescribed, recording the association with the violence that she is facing.
- Tell her that it is important to speak to a counsellor so that she can unburden herself and decide how she wants to move ahead, that you will connect her with a counsellor/ social worker/ service provider. With her consent, initiate contact with the social worker for further support.
- If the Protection Officer or service provider has referred her, enquire if the DIR has been prepared. If she has brought a copy of the DIR, read the DIR carefully and proceed.
- If the DIR has already been filled by the PO, a copy of the medical examination report can be forwarded to the PO.
- If the DIR has already been filled by the PO, refer to the details of violence in filled in the DIR to guide history seeking and treatment. For example, the woman may have reported forced prostitution by the husband; the HCP must explore this and provide necessary treatment such as Post Exposure Prophylaxis, treatment for sexually transmitted infections based on presenting symptoms. If she reports forced sex from the husband, HCP must explore related health complaints such as burning micturition and treatment for Urinary Tract Infection (UTI).
- If the DIR has not been filled, you may take the assistance of the social worker in seeking further details and filling the form. Inform her about the evidentiary value of the document and seek her consent to fill it. Explain the relief orders that she can obtain under the Act as well as assistance that she can seek enabling her to communicate her needs.

- Encourage her to speak about the impact of violence on her children too, so that it can be recorded.
- Seek clarification on whether she knows the reliefs she can obtain under the PWDV Act and explain the same accordingly.
- Offer clarification on the nature of assistance available and mention the required assistance in the DIR.
- Give her a copy of the medical examination report and DIR free of cost, asking her to keep them safely.
- Remind her to return for a follow up.

## 10.0 WHAT IS THE RESPONSIBILITY OF HCPs WHEN THEY ARE CALLED AS EXPERT WITNESS IN CASES OF DOMESTIC VIOLENCE TO THE COURT ?

1. HCPs many a times avoid attending court proceedings. They often pass on the work to a junior doctor. But it is important to be cognizant of the fact that asking an unprepared HCP to make a court appearance can jeopardise the woman's case. Hence such a passing the responsibility method should be avoided.
2. HCPs should prepare themselves as soon as they receive a court summon in a domestic violence matter. Usually all instances of violence are documented as medico legal cases and the documentation is kept with the medical records officer. Where a DIR has been prepared, a copy of the same also should be retrieved.
3. When there is a court call for a particular case, it is the medical records officer who retrieves case files and information from the department and provides it to the HCP who has to make a court appearance.
4. HCP should make her/his notes based on the history, examination, documentation of medico legal aspects so that she/ he is prepared for the court call.
5. HCPs will be asked in the court whether they did the examination personally. He/ she has to be able to answer it in a manner that communicates confidence in the documentation even if this is not done by the HCP present. This is because the expectation would be that the documentation of domestic violence is done in a standardized format.

   Resident medical officers (RMOs) are front line HCPs who manage a large amount of patient load but are available at the health facility only for 6 months to a year. Therefore it is possible that they have carried out the examination and treatment but have been transferred and the court call has come after their transfer. In such instance a senior medical officer of the medical facility should make the court appearance. These officers must ensure that they have complete information before hand while making a court appearance.

## 11.0 CHECK-LIST OF RESOURCES THAT A MEDICAL FACILITY SHOULD HAVE

- Copy of PWDVA and PWDVR
- Format of DIR – Form I of PWDVR
- Format of medical examination report,
- Format of referral letter to PO or service provider
- List of Protection officers in the area
- List of service providers with services rendered
- List of shelter homes in the area
- Contacts of legal aid authority

# APPENDIX

# APPENDIX 1

**Steps to be taken for seeking an ideal response from 'Medical Facilities' on Domestic Violence**

For effectively reaching out to women facing domestic violence, not just individual carers, but the entire health system needs to take on the onus of change. There is a need for the administration to adopt a gender-sensitive approach towards each aspect of the health system, including budgeting. In addition to training hospital staff on the issue of domestic violence as a health issue, providing necessary infrastructure and institutionalizing the response to domestic violence will help every health professional to fulfil his/her role in this endeavour. Following are some of the ways in which the health system can contribute.

1. Training on Domestic Violence as a Health Issue
2. Train health professionals towards issues such as Gender, Human Rights and VAW. Create awareness among health professionals (Doctors, Nurses, Physiotherapists, Occupational therapists, Social Workers and Labour Staff) about violence against women and its detrimental impact on women's health.
3. Work towards incorporating the above training in medical and nursing curricula.
4. Train Community Health Volunteers / Community Development Officers to recognize and respond to abuse in communities. Encourage them to spread awareness about the issue amongst communities that they work with.
5. Ensure Early Identification of Victims of Domestic Violence
6. Train all staff to identify abuse and provide first line psychological support.
7. Prominently display posters enumerating symptoms/complaints associated with a history of abuse relevant to each OPD clinic. This will prompt health professionals to probe for abuse while recording history.
8. Display posters in prominent locations in the health facilities and distribute pamphlets to all women patients in order to motivate them to get help.
9. Screening of certain cases such as those of attempted suicide, burns and rape must be incorporated in protocols for their management as they are most likely to be facing severe domestic violence.
10. Improve Infrastructure and lay down Protocols
11. Develop protocols for responding to women facing domestic violence which must be adhered to by every health care provider.
12. Incorporate screening questions into routine history- taking protocol.

13. Provide adequate space in OPD clinics to ensure privacy during screening. Evolve administrative and information systems which respect the confidentiality of women facing violence.
14. Set up an advisory and monitoring committee that reviews identification and response to survivors of domestic violence
15. Following are some questions to reflect on while monitoring the response to survivors of domestic violence (Manual on the Best Practices under the Protection of Women from Domestic Violence Act, 2005 by Lawyers Collective):
16. Are medical facilities registering DIRs as required under the PWDVA?
17. Are injuries resulting from domestic violence treated as a health problem and does the response ensure sensitive treatment of women?
18. Are the professionals trained to identify cases of domestic violence from the nature of injury?
19. Are the facilities equipped to provide emergency care to women?
20. Do they make referrals to other agencies based on the women's need, thereby ensuring a multi-agency response, thereby ensuring a multi-agency response?
21. Are the personnel within medical facilities provided with training on the provisions of the PWDVA?

**APPENDIX 2**

## IDEAL MEDICO-LEGAL CASE DOCUMENTATION

# MEDICO LEGAL CASE

BMPP-41-2006/07-10,00,000 HC-44

**BRIHANMUMBAI MAHANAGARPALIKA**

KMNO ..... Hospital.

No. of Living Boys / No. of Living Girls

Advised : Vasectomy/Tubectomy MTP/ IUCD/Nirodh Oral Pills.

Accepted Date

O.P.D. Reg. No. XXXXX

Deptt. No. 2.05 pm M C (F)

Date XX/NOV 2006

Name MNO Age 35yrs

Religion XY Address ABCD

Casualty No. QRS Indoor Reg. No.

X-Ray Report No.

DIAGNOSIS

Clinic Path. Reg. No.

History Chief Complaints :-

Informant : Self BB - neighbour

History of → H/O of assault by husband and sister-in-law by slaps, pulling of hair, pushing yesterday at home at about 9 AM

Examination Findings :- Complain of → C/O - ↑ frequency of urine, sudden tremors & gets ups from sleep suddenly after the quarrels

no H/O UC (unconsciousness) / vomiting convulsion / ENT bleed

Investigation :- on examⁿ O/E : GCF pt is ambulatory, vitals stable

+ve (positive finding) = pain (P+) neck (backside)

no other external injury seen

℞ (treatment given)

Inj Voveran (3cc) IM

T Indocid 1-1-1

T Rantac 1-0-1

Fu in OPD / SOS

PTO

Referred to Dilaasa Dept

**APPENDIX 3**

## FORM 1

[*See* rules 5(1) and (2) and 17(3)]

**DOMESTIC INCIDENT REPORT UNDER SECTION 9 (B) AND 37 (2) (C) OF THE PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE ACT, 2005 (43 OF 2005)**

1. Details of the complainant/aggrieved person:
   (1) Name of the complaint /aggrieved person:
   (2) Age:
   (3) Address of the shared household:
   (4) Present Address:
   (5) Phone Number, if any:

2. Details of Respondent:

| S. No. | Name | Relationship with the aggrieved person | Address | Telephone No. if any |
|---|---|---|---|---|
| | | | | |

3. Details of children, if any, of the aggrieved person:
   (a) Number of Children:
   (b) Details of children:

| Name | Age | Sex | With whom at present residing |
|---|---|---|---|
| | | | |

4. Incidents of domestic violence:

| S. No. | Date, place and time of violence | Person who caused domestic violence | Types of violence | Remarks |
|---|---|---|---|---|
| | | | Physical violence | |
| | | | Causing hurt of any kind, please specify | |
| *(i) Sexual violence*<br>Please tick mark [√] the column applicable. | | | | |
| | | | □ Forced sexual intercourse.<br>□ Forced to watch pornography or other obscene material<br>□ Forcibly using you to entertain others<br>□ Any other act of sexual nature, abusing, humiliating, degrading or otherwise | |

| | | | | |
|---|---|---|---|---|
| | | | violative of your dignity (please specify details in the space provided below): | |
| *(ii) Verbal and emotional abuse* | | | | |
| | | | □ Accusation/aspersion on your character or conduct, etc.<br>□ Insult for not bringing dowry, etc.<br>□ Insult for not having a male child.<br>□ Insult for not having any child.<br>□ Demeaning, humiliating or undermining remarks/ statement.<br>□ Ridicule. Name calling.<br>□ Forcing you to not attend school, college or any other educational institution.<br>□ Preventing you from taking up a job.<br>□ Preventing you from leaving the House.<br>□ Preventing you from meeting any particular person.<br>□ Forcing you to get married against your will.<br>□ Preventing you from marrying a person of your choice.<br>□ Forcing you to marry a person of his/their own choice. | |

| | | | | |
|---|---|---|---|---|
| | | | □ Any other verbal or emotional abuse. (please specify in the space provide below) | |
| *(iii) Economic violence* | | | | |
| | | | □ Not Providing money for maintaining you or your children<br>□ Not providing food, clothes, medicine, etc., for you or your children<br>□ Forcing you out of the house you live in<br>□ Preventing you from accessing or using any part of the house<br>□ Preventing or obstructing you from carrying on your employment<br>□ Not allowing you to take up an employment<br>□ Non-payment of rent in case of a rented accommodation<br>□ Not allowing you to use clothes or articles of general household use<br>□ Selling or pawing your *stridhan* or any other valuables without informing you and without your consent | |

| | | | | |
|---|---|---|---|---|
| | | | □ Forcibly taking away your salary, income or wages etc.<br>□ Disposing your *stridhan*<br>□ Non-payment of other bills such as electricity, etc.<br>□ Any other economic violence<br>□ (please specify in the space provided below) | |
| *(iv) Dowry related harassment* | | | | |
| | | | □ demands for dowry made, please specify<br>□ Any other details with regard to dowry, please specify.<br>Whether details of dowry items, *stridhan*, etc. attached with the form<br>□ Yes<br>□ No | |
| *(v) Any other information regarding acts of domestic violence against you or your children* | | | | |
| | | | | |

(Signature or thumb impression of the complainant/aggrieved person)

5. List of documents attached

| Name of document | Date | Any other detail |
|---|---|---|
| Medico-legal certificate | | |
| Doctor's certificate or any other prescription | | |
| List of *stridhan* | | |
| Any other document | | |

6. Order that you need under the Protection of Women from Domestic Violence Act, 2005.

| S. No. | Order | Yes/No | Any other |
|---|---|---|---|
| (1) | (2) | (3) | (4) |
| (1) | Protection order under section 18 | | |
| (2) | Residence order under section 19 | | |
| (3) | Maintenance order under section 20 | | |
| (4) | Custody order under section 21 | | |
| (5) | Compensation order under section 22 | | |
| (6) | Any other order (specify) | | |

7. Assistance that you need

| Sl. No. | Assistance available | Yes/No | Nature of assistance |
|---|---|---|---|
| (1) | (2) | (3) | (4) |
| (1) | Counsellor | | |
| (2) | Police assistance | | |
| (3) | Assistance for initiating criminal proceedings | | |
| (4) | Shelter Home | | |
| (5) | Medical Facilities | | |
| (6) | Legal aid | | |

8. Instruction for the Police officer assisting in registration of a Domestic Incident Report:

Wherever the information provided in this Form discloses an offence under the Indian Penal Code or any other law, the Police Officer shall—

(a) inform the aggrieved person that she can also initiate criminal proceedings by lodging a First Information Report under the Code of Criminal Procedure, 1973 (2 of 1974)

(b) if the aggrieved person does not want to initiate criminal proceedings, then make daily diary entry as per the information contained in the domestic incident report with a remark that the

aggrieved person due to the intimate nature of the relationship with the accused wants to pursue the civil remedies for protection against domestic violence and has requested that on the basis of the information received by her, the matter has been kept pending for appropriate enquiry before registration of an FIR

(c) if any physical injury or pain being reported by the aggrieved person, offer immediate medical assistance and get the aggrieved person medically examined.

Place:……

Date…….

…….

(Counter signature of Protection Officer/Service Provider)

Name:…….

Address:…….

(Seal)

*Copy forwarded to:—*

1. Local Police Station
2. Service Provider/ Protection Officer
3. Aggrieved person
4. Magistrate

**APPENDIX 4**

**FORM IV**

(See rule 8(1)(ii)]

**INFORMATION ON RIGHTS OF AGGRIEVED PERSONS UNDER THE PROTECTION OF WOMEN FROM DOMESTIC VIOLENCE ACT, 2005**

1. If you are beaten up, threatened or harassed in your home by a person with whom you reside in the same house, then you are facing domestic violence. The Protection of Women from Domestic Violence Act, 2005, gives you the right to claim protection and assistance against domestic violence.
2. You can receive protection and assistance under the Act, if the persons (s) with whom you are/were residing in the same house, commits any of the following acts of violence against you or a child in your care and custody—

   1. Physical Violence:
      For example -
      (i) Beating,
      (ii) Slapping,
      (iii) Hitting,
      (iv) Biting,
      (v) Kicking
      (vi) Punching,
      (vii) Pushing,
      (viii) Shoving or
      (ix) Causing bodily pain or injury in any other manner.

   2. Sexual Violence:
      For example -
      (i) Forced sexual intercourse,
      (ii) Forces you to look at pornography or any other obscene pictures or material;
      (iii) Any act of sexual nature to abuse, humiliate or degrade you, or which is otherwise violative of your dignity or any other unwelcome conduct of sexual nature,
      (iv) Child sexual abuse.

   3. Verbal and Emotional violence:
      For example -
      (i) Insults;
      (ii) Name-calling;
      (iii) Accusations on your character conduct etc.,
      (iv) Insults for not having a male child,
      (v) Insults for not brining dowry etc,
      (vi) Preventing you or a child in your custody from attending school, college or any other educational institution,
      (vii) Preventing you from taking up a job,
      (viii) Forcing you to leave your job,
      (ix) Preventing you or a child in your custody from leaving the house,
      (x) Preventing you from meeting any person in the normal course of events,

(xi) Forcing you to get married when you do not want to marry,
(xii) Preventing you from marrying a person of your own choice,
(xiii) Forcing you to marry a particular person of his/their own choice,
(xiv) Threat to commit suicide,
(xv) Any other verbal or emotional abuse.

4. Economic Violence:
For example -
(i) Not providing you money for maintaining you or your children
(ii) Not providing food, clothes, medicines etc, you or your children,
(iii) Stopping you from carrying on your employment
(iv) Disturbing you in carrying on your employment
(v) Not allowing you to take up an employment or,
(vi) Taking away your income from your salary, wages etc;
(vii) Not allowing you to use your salary, wages etc,
(viii) Forcing you out of the house you live in
(ix) Stopping you from accessing or using any part of the house,
(x) Not allowing use of clothes, articles or things or general household use,
(xi) Not paying rent if staying in a rented accommodation, etc.

3. If an act of domestic violence is committed against you by a person/s with whom you are/were residing in the same house, you can get all or any of the following orders against the person(s) -
(a) Under section 18:
(i) To stop committing any further acts of domestic violence on you or your children;
(ii) To give you the possession of your *stridhan*, jewellery, clothes etc.;
(iii) Not to operate the joint bank accounts or lockers without permission of the Court.

(b) Under section 19:
(i) Not to stop you from residing in the house where you were residing with the person/s;
(ii) Not to disturb or interfere with your peaceful enjoyment of residence;
(iii) Not to dispose off the house in which you are residing;
(iv) If your residence is a rented property then either to ensure payment of rent or secure any other suitable alternative accommodation which offers you the same security and facilities as earlier residence;
(v) Not to give up the rights in the property in which you are residing without the permission of the Court;
(vi) Not to take any loan against the house/property in which you are residing or mortgage it or create any other financial liability involving the property;
(vii) Any or all of the following orders for your safety requiring the person/s to.

(c) General order:

(i) Stop the domestic violence complained /reported.

(d) Special orders:

(i) Remove himself/stay away from your place of residence or workplace
(ii) Stop making any attempts to meet you;
(iii) Stop calling you over phone or making any attempts to communicate with you by letter, e- mail etc;
(iv) Stop talking to you about marriage or forcing you to meet a particular person of his/ their choice or marriage;
(v) Stay away from the school of your child/children, or any other place where you and your children visit;
(vi) Surrender possession of firearms, any other weapon or any other dangerous substance;
(vii) Not to acquire possession of firearms, any other weapon or any other dangerous substance and not to be in possession of any similar article;
(viii) Not to consume alcohol or drugs with similar effect which led to domestic violence the past;
(ix) Any other measure required for ensuring your or your children's safety.

(e) An order for interim monetary relief under section 20 and 22 including—

(i) Maintenance for you or your children;
(ii) Compensation for physical injury including medical expenses;
(iii) Compensation for mental torture and emotional distress;
(iv) Compensation for loss of earning;
(v) Compensation for loss caused by destruction, damages removal of any property from your possession or control.

*Note* - I. Any of the above relief can be granted on an interim basis, as soon as you make a complaint to domestic violence and present your application for any of the relief before the Court.

II. A complaint for domestic violence made in From I under the Act is called a "Domestic Incident Report"

4. If you are a victim of domestic violence, you have the following rights:

(i) The assistance of a Protection Officer and service providers to inform you about your rights and the relief which you can get under the Act under section 5.
(ii) The assistance of Protection Officer service providers of the officer-in-charge of the nearest police station to assist you in registering your complaint and filing and application for relief under section 9 and 10
(iii) To receive protection for you and your children from acts of domestic violence under section 18.
(iv) You have right to measures and orders protecting you against the particular dangers or insecurities you or your child are facing.
(v) To stay in the house where you suffered domestic violence and to seek restraint on other persons residing in the same house, from interfering with or disturbing

peaceful enjoyment of the house and the amenities, facilities therein, by you or your children under section 19.

(vi) To regain possession of your stridhan, jewellery, clothes, articles of daily use and other household goods under section 18.

(vii) To get medical assistance, shelter, counselling and legal aid under sections 6, 7, 9 and 14.

(viii) To restrain the person committing domestic violence against you from contacting you or communicating with you in any manner under section 18.

(ix) To get compensation for any physical or mental injury or any other monetary loss due to domestic violence under section 22.

(x) To file complaint or applications for relief under the Act directly to the court under sections 12, 18, 19, 20, 21, 22 and 23.

(xi) To get the copies of the complaint filed by you, applications made by you, reports of any medical or other examination that you or your child undergo.

(xii) To get copies of any statements recorded by any authority in connection with domestic violence.

(xiii) The assistance of the Protection Officer or the Police to rescue you from any danger.

5. The person providing the form should ensure that the details of all the registered service providers are entered in the manner and space provided below. The following is the list of service providers in the area:

| Name of Organization | Service Provided | Contact Details |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
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| | | |
| | | |
| | | |

Continue the list on a separate sheet, if necessary.....