# State of the State: MAHARASHTRA MULTI-AGENCY RESPONSE TO VIOLENCE AGAINST WOMEN

Feminist Social Work within the Police System

## TRUPTI JHAVERI PANCHAL VINITA AJGAONKAR

# Dedicated to the women of Maharashtra

— the brave, the violated, the survivors, those who have mustered courage to speak out, social workers, psychologists, police officials, university faculty and families—each and everyone who has helped create Special Cells, supported and sustained them and contributed to reducing violence against women.

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# **Acknowledgements**

The authors and the Resource Centre for Interventions on Violence Against Women, Tata Institute of Social Sciences, thank the following people, without whom the writing and publication of this work would have been impossible:

Women survivors of violence who came to the Special Cells, shared their experiences, and are the driving force behind the Cell and its mission.

The Department of Women and Child Development, especially Mr CB Turkar (Deputy Secretary); The Maharashtra Police, especially Ms Sridevi Goel and Mr Prabhat Ranjan (both DIG – PAW); and the Tata Institute of Social Sciences for support and guidance.

Social workers and coordinators of the Special Cells over these years, who have been the backbone of the programme and were instrumental in collecting and monitoring the data which went into this publication: Amrapali Dalvi, Anagha Sarpotdar, Anita Pagare, Anjali Shelke, Anjali Bole, Anupama Gokhale, Archana Kale, Archana Puyed, Archana Rasal, Arpita Das, Asawari Jadhav, Deepa Gaikwad, Deepali Kedare, Deepak Patil, Deepali Mankar, Deepali Tompe, Divya Taneja, Gayatri Patil, Kamini Sonavane, Karuna Mahantare, Laxmi Jadhav, Laxmikant Kamlajkar, Maya Waghmare, Meenakshi

Chavan, Meenakshi Yamgar, Megha Gaikwad, Monika Sonawane, Nikhat Sheikh,

Neeta Kute, Neha Bhandare, Nutan Abhang, Papita Waghmare, Pekham Basu, Poonam Suryavanshi, Pradeep Rathor, Pradnya, Pratibha Gajbhiye, Pratibha Jagtap, Pratibha Kachevar, Pravin Mahire, Priyadarshani Kolpate, Radha Gaware, Rahul Wasnik, Rajani Lokhande, Rajashree Ambare, Rani Date, Ranjana Gaikwad, Renuka Kad, Rashmi, Rekha Suroshe, Sangeeta Aahire, Seema Dhavale, Sanjeevani Arwel, Sanjay Telrandhe, Sheetal Kambale, Shraddha Mohite, Shraddha Jadhav, Shrikant Niwal, Sitaram Shinde, Sujata Jadhav, Surekha Rankhambe, Suchita, Suresh Suryavanshi, Suvarna Joshi, Suvarna Patil, Tikendra Khelkar, Urmila Jaykar, Vandana Nanavare, Vrushali Athale, Vaishali Ranade, Vijayashree Gaikwad, Yogesh Patil, Jyoti Pipal, Indira Pawara, and Jyoti Sapkale.

Special Thanks to Project Counsel Professor Anjali Dave and members of the RCI-VAW Team, who helped with editorial support, feedback, collecting testimonies and providing support and encouragement: Melita Vaz, Radhika Chakraborty, Yashoda Pradhan, Taranga Sriraman, Manisha Kande, Sandali Thakur, Shama Shaikh and Sweta Marodkar.

Finally, many thanks to the publishers whose encouragement motivated us to finalise this work and place it in the public domain.

Trupti Panchal has authored a book we have been waiting for, an evaluation of the function of the Special Cells in Maharashtra, the birth place of similar such Cells across the country. It needs pointing out that the first of the cells was started in 1984, almost simultaneously with the introduction of Section 498A IPC. It was natural, therefore, for the cells to be located in the police stations, though they were not a part of the Police Station.

The women's movement in India, for some time before 1984, had been doing case work on domestic violence and had by then accumulated a good deal of experience on the feminist ethics of case work. It was a time when dowry death cases were not investigated and were recorded as 'accidental deaths'. It was the consistent advocacy of the mothers of the women who died that led to the passing of Section 498A IPC.

Hence, when the first Special Cell was established in 1984, there was a body of feminist counselling that the cell workers could depend on. Coming as they did from TISS as trained social workers, the Cells were successful as outreach centres for women in distress who were approaching the police stations.

Padma Shri Indira Jaising

The Special Cell for Women and Children (also referred to as the Special Cell or the Cell) began as a strategic collaboration between the Police System and the Tata Institute of Social Sciences, Mumbai (TISS) to provide a multi-agency coordinated response to violence against women and children.

Social workers sat at the police station and offered support to women survivors of violence as emotional support and counselling, legal advice, referral and linkages, support in filing a police complaint, information on how the criminal justice system works, or advocating on their behalf to families and support systems.

We are now accustomed to seeing women's cells in police stations but in the beginning, the most unique feature of the approach was its location within the police system. The location was chosen after studying the patterns of help needed. Women appeared to go to the police stations as their first port of call. Moreover, it was and is the mandate of the police to protect citizens from violence. Police services are meant to be constantly accessible to all citizens, due to the spread of police stations and their 24-hour mandate.

However, as we all know, police stations are not the only port of call of women and many approach their families, or their neighbours or friends or an NGO or in serious cases, a hospital. Different models have emerged in these other locations.

While the police addressed the immediate problem, the social workers in these Special Cells took care of the long-term problems of the survivor, building her self-confidence and self-worth.

The Special Cells work on following values:

- **Self-determination:** where a woman is encouraged to make informed choices.
  - Individualisation: where the rights of a woman and her choices irrespective of her relationships with other persons are appreciated and recognised
  - Acceptance of women with non-judgmental attitude

- Participation of the woman in the problem-solving process
- Confidentiality and Privacy

These continue to be the guiding principles of all socio-legal cells, wherever located.

Over the years useful data has been collected on gender of the people approaching the Special Cells – their Educational background, the nature of violence, mental, physical, financial, substance abuse-triggered violence, sexual, desertion. These special cells also work as the resource pool for the scientific information based on data collected by them and analysed by the researchers to understand the behavioural patterns of violence and thereby come up with mechanisms to tackle the same. In 2005, with the passing of the PWDVA, all forms of violence was recognised by the law and a new channel of access to civil justice was opened for women facing violence. Under the PWDVA, the woman

was given a choice to choose between criminal or civil legal action against the perpetrators of violence against her. For the first time, not only the violence by husband or his relatives was recognised but also the violence faced by women at their maternal homes was given its due weightage. The 2005 Act provided a total of 5 different kinds of interim reliefs to women. It did not just focus on punishing the accused but providing relief to the destitute woman. The Act provided for interim residence order, stop violence order, compensation order, custody order and maintenance order. The Special Cells took this development on board and provided counselling to women, which was tailored as per their needs.

These Special Cells have a different way of dealing with civil and criminal cases. In some cases, the women are also referred to outside NGOs for counselling, after they have decided that they do not want to peruse the matter legally. In case the woman decides to file under the PWDVA Act, the Special Cells do the hand-holding till the very end. In case where the woman decide to file a criminal case, the fact that Special Cells are set up in proximity of the police stations, helps the social workers track the record of criminal cases these survivor women file and see them to their end.

The book also elaborately discusses the expansion of these Special Cells from 10 in Maharashtra to every district of the State. A pilot project, which was started with just 1 cell initially and grew to 10, has today become a huge success not just in the State of Maharashtra but all over the nation, as it has been adopted by other States too. From 10 cells, in the year 2005 the Department of Women and Child Development began its expansion to 40 special cells. In 2013 the Maharashtra State Government sanctioned the setting up of these Special Cells from 40 to 144. Currently these cells have also been functioning in States of Uttar Pradesh, Rajasthan, Delhi, Gujarat.

#### **Dillasa**

While the growth of special cells is indeed impressive and the author has been pioneering the projects not only in Maharashtra but also in many other parts of the country, other models of multiagency response have also emerged in the country. Dillasa, located in a hospital in Mumbai, has been hailed as a 'best practice for woman approaching a public hospital', where women go for medicolegal help. The hospital location has enabled the administration to take ownership of the centre and proceed to train all medial and para-medical

staff on the need to treat violence against women as a public health issue.

#### Nirbhaya Fund

Much later and after the Nirbhaya rape and murder, a Nirbhaya Fund has been set up by the Central government to fund the prevention of violence against women. The Ministry of Finance, GoI

provided an initial corpus of Rs 1000 cr (as per the announcement in Budget 2013-14) for women's safety pertaining to the strategic areas of prevention, protection and rehabilitation. For subsequent financial years of 2014-15 and 2015-16, an amount of Rs 1000 cr (each financial year) have been provided under the Nirbhaya Fund.

### One Stop Crisis Centres (OSCCs)

Setting up of the One Stop Crisis Centres for providing shelter, police desk, legal, medical and counselling services to victims of violence under one roof, integrated with a 24-hour Helpline was a recommendation of the 12th Plan Working Group on Women's Agency and Empowerment under the guidance and supervision of Justice (Retd) Usha Mehra. One-stop crisis centres are being funded all over the country and in part funded by the Centeral government, one in each district. There is no doubt that one in each district cannot serve the purpose, but it is a small beginning and we await the evaluations of these newly-established centres. The Government of India has left it to the States to decide the location of the Centres and there is a lively debate on where they can be best located.

#### **Bharosa**

On a recent visit to the Bharosa centre, we saw yet another model in operation in Telangana. Bharosa is located in rented

premises by the Commissionerate of Police in Hyderabad, it is neither located in a police station nor a hospital, nor a shelter home. It is unique in being run by a society registered under the Societies Registration Act. It is located on the doorstep of the POCSO court. It employs a central administrator who is well qualified in social sciences and full-time clinical psychologists. It houses emergency medical services. The centre has the full commitment of the police and is 'driven' by the police. Every woman approaching the Police Station is sent to the Bharosa center, irrespective of the kind of legal procedure the woman wants to follow. In cases where the woman does not intend to file an FIR, she is sent to the Bharosa centre for counselling and other immediate reliefs in terms of medical or social assistance. In serious cases of rapes and violence, the woman is sent to the Bharosa center after the FIR is filed. As Bharosa has an emergency medical room which has been given the status of a government medical unit, she is given her medical treatment and evidence is collected, which, through IO, is then sent to the Forensic lab. Funding comes from the police budget and some portion from the Safe Cities Funds of the Women and Child Development Department. The links with the police station are clear and women and children are assisted in filing FIRs, and the cases are monitored from the commencement to conclusion.

There have been other models of One Stop Crisis Centres which are not in the Police Stations or the Hospitals such as:

#### Rape Crisis Centre in Delhi

The Delhi Commission for Women is implementing the Rape Crisis Cell Programme for Women since 2005. The standardised protocols between the RCC and the Delhi Police were established in 2009. The Crisis Intervention Centers also function under the Rape Crisis Cell of the Commission. The Delhi Commission

for Women invites applications from leading NGOs with a legal background to run the Rape Crisis Cell and Crisis Intervention Centres. Currently, the Association for Development (AFD) is entrusted with the responsibility of running the RCC. AFD is a pioneering organisation with long experience of over 20 years in the field of women's rights and more particularly, rehabilitation of sexual assault

victims. The Rape Crisis Centre is situated in the office of the Delhi Commission of Women and supervises Crisis Intervention Centres (CIC), which are run by 10 NGOs and are present in every district in Delhi, where counsellors are employed.

#### **Court-based One Stop Centre (OSC)**

In order to facilitate the best humane, psychological, medical treatment to the victims of crime during investigation, i.e. crime and thereafter, it is important to have support services at the level of the court. It is a known fact that there is a complete absence of support to navigate the court procedures, understand the court procedures and its implications, and provide support and hand-holding throughout the court procedures. This necessitates the establishment of a court-based OSCC. Such an OSCC has been established by the Delhi State Legal Services Authority (DLSA) since 2016. The Centre is functional since 31.03.2016. One judicial assistant and one orderly are posted in the Centre. Psychological/emotional counsellors sit for a few hours on weekends or come in when the Centre has prior notice of a victim. The Centre is primarily used for recording of statements of minors and victims of sexual offences by Magistrates u/s 164, CrPC.

While location is one issue, there are more significant issues to be dealt with, such as the following of Standard Operating Procedures for staff of the One Stop Crisis Centres, which

have been published by the Ministry of Women and Child Development of the Government of India and the observance of medical protocols also published by the Ministry of Health, Government of India, sensitive to the needs of women and children.

I have learnt a lot from this book and also from the author who is a pioneer in the field of social justice. She and her colleagues have shaped the debate on multi-agency responses to domestic violence in this country, from which many of us have grown. It is a meaningful contribution to our knowledge, enabling us to assist women in distress

Padma Shri Indira Jaising, former Additional Solicitor General of India

Delhi, February 2019