WGH | WOMEN IN GLOBAL HEALTH INDIA

WGH India Statement on Sexual Violence in Healthcare Institutions

15th August, 2024

Our Key Asks:

1. Equitable representation in healthcare leadership
2. Strengthen national data on sexual harassment and violence in healthcare settings (both patients, providers and other staff) disaggregated by sex to end denial about the problem
3. Effective Legal and Institutional Support:
    - 3.1. Internal Committees with accountability and victim-centred reporting mechanisms at all healthcare institutions.
    - 3.2. Immediate interim action mechanisms to create an environment where the survivor can work freely and without fear or threat
    - 3.3. Impartial, comprehensive and time-sensitive investigation with emphasis on certainty of punishment(not severity)
    - 3.4. Mandatory training around gender-related issues in the healthcare sector and within the health workforce, as a part of medical curriculum and training for all genders
    - 3.5. Institutional support to women's organizations like WGH, trade unions and professional associations to raise sexual violence as an unacceptable violation of human rights
4. Safety, not surveillance:
    - 4.1. No restrictions on women's working hours, no residential/hostel restrictions and activities
    - 4.2. No victim-blaming by institutions, media or policymakers
    - 4.3. Accountability for institutions regarding the prevention of and response to such crimes: accompanied by necessary legal mandates, regulatory oversight and penalties for non-compliance by the healthcare institutions
5. Humane Working Conditions, Safer Working Conditions

   5.1. Commitment to and operationalisation of the WHO Global Health and Care Worker Compact, 2022 to ensure safe, dignified and decent work for all health workers
   5.2. Adequate WaSH facilities for all
   5.3. Adequate provision for rest
   5.4. Humane working hours for healthcare workers
6. Safety for ALL persons in healthcare settings

The Pervasiveness of Sexual Exploitation in Healthcare

India has witnessed several cases of sexual exploitation, abuse and harassment in the recent past. The recent sexual assault and murder of a resident doctor at R G Kar has horrified people across the nation. Women in Global Health expresses deep concern over the callousness displayed by institutions in ensuring the safety of people, especially in healthcare settings.

There are reports of sexual violence faced by women across the spectrum of healthcare providers- from ASHAs to nurses to doctors. Patients, often made vulnerable as a result of their illness, are also not safe- while the studies regarding this are sparse, media reports of the same make it evident that hospitals are not the safe spaces they are meant to be. The current incident also highlights several issues within the healthcare setting that endanger the life and dignity of women and marginalised genders whether they are patients or providers.

Systemic Issues in Healthcare: Gender and Power Dynamics

There are fewer women doctors and even fewer who come from gender or sexual marginalisation, disabled, oppressed caste and lower class. A WGH report from 2022, finds *vertical occupational segregation* (the clustering of women in lower status, lower paid roles) in the health sector by gender, with women being 70% of health workers and holding 25% leadership roles. It also finds that male colleagues, men in the community and even patients can be perpetrators. It is rare for women leaders to perpetrate sexual harassment. Another recent paper by Singh et al also highlights the

disparity in leadership within medical associations in India. Power dynamics based on these determinants, create an enabling environment for various forms of abuse and violence. There is also a dearth of data on violence in healthcare settings which further enables the lackadaisical attitude displayed by policymakers.

We demand equitable representation in healthcare leadership. We also demand the strengthening of national data on health workers disaggregated by sex to end denial about a problem made invisible to policymakers by lack of data (sex-disaggregated) and no transparent reporting of cases and their outcomes.

The Need for Effective Legal and Institutional Support

A healthcare centre or institution is one of the primary spaces to protect anyone from violence. And an incident of sexual assault and murder in the same institution, questions the priorities of institutions with residents and patients who cannot leave without permission. Although One Stop Centres are open 24*7 in the same premises in several institutions, the fact that they work under another government department often makes these centres equally inaccessible for survivors of violence.

While POSH is primarily to take discretionary action against the accused in a civil procedure, if a survivor wants to file a criminal complaint, the employers are expected to provide the necessary support. A survivor of sexual harassment can file a complaint to the Internal Committee. The Committee must be composed in a fair manner, take a women-centric approach and work with employers to bring workplace policies. While the State and National Committees are to monitor the cases, they fail to provide recommendation guidelines while approaching complex cases. Thus, interim action is a necessity to have an environment where the survivor can work freely and without fear or threat. A similar format is adopted in other civil and criminal laws for the protection of marginalised identities.

Internal Committees with accountability mechanisms must be ensured at all healthcare institutions. We demand immediate interim action mechanisms to create an environment where the survivor can work freely and without fear or threat.

We also seek institutional support for women's organizations like WGH, trade unions and professional associations to raise sexual violence as an unacceptable violation of human rights endangering life, dignity, and labour rights. We condemn the 'normalization' of such abuse that marginalised genders feel they have to manage.

As per the Verma Committee, necessary support must be provided to good samaritans. In this case, for more than 2 hours till early morning, the survivor was not once checked upon by the senior doctors or colleagues. Workplaces must provide a conducive environment for reporting such incidents and potentially saving lives with timely intervention.

There are also several instances of workplace harassment by colleagues, often male, which makes it difficult for women and people from marginalised genders to work and grow optimally. Despite POSH Act being in place many healthcare institutions do not have active and accountable committees to address workplace incidents. There is also a lack of sensitisation in healthcare regarding gender-based discrimination and violence. It is also crucial for other men to become active bystanders, stepping in to challenge and reject harassment. Institutions must encourage men to step up as organizational leaders to set a culture that doesn't just state 'zero tolerance' but makes that happen. Everyone needs to own this problem.

Thus we also demand mandatory training around gender-related issues in the healthcare sector and within the health workforce, as a part of medical curriculum and training.

There is currently no accountability faced by the institution. In the recent case, the Principal only resigned for optics and was soon made head of another institution. The impunity enjoyed by senior authorities is reflected in the apathetic victim-blaming they engage in. While medical institutions both public and private are responsible and attend sensitization trainings, District Legal Services Authorities must engage with institutions on request or government order. There are also reports of new construction in the location of the rape and murder, even as protests erupt across the nation, this lack of accountability and the impunity with which the institution has allegedly tampered with evidence is shocking. Evidence shows the certainty of punishment is

likely to deter more than the severity of it. Rather than hurried death penalty to satiate temporary rage, we seek certain punishment in all cases.

We demand an impartial, comprehensive and time-sensitive investigation.

Safety, not surveillance

Post Nirbhaya case, there have been changes in policies and laws, suggested by the Verma Committee. Empanelling police or civic workers in public places and public transportation is a common sight, CCTV cameras have been ineffective and there is constant hesitancy towards accepting complaints against any form of harassment.

These safety mechanisms often begin and end with surveillance and regulation. In a public institution open 24*7, the risk of theft, violence, and trespass threatens the safety of the patients, contractual cleaning staff and other employees including women, trans and queer doctors especially coming from further marginalised spaces. Responses by institutions often place the onus of safety on the women. Restricting mobility and offering paternalistic advice to women is unreasonable and discriminatory.

We demand dignity for the victim. We demand accountability from institutions regarding the prevention of and response to such crimes. This must be accompanied by necessary legal mandates, regulatory oversight and penalties for non-compliance by the healthcare institutions.

Humane Working Conditions, Safer Working Conditions

Institutions must commit to gender parity within the workplace. This includes providing safety to employees. The recent case also highlights the complete lack of worker rights for healthcare workers. We believe healthcare workers are human and have human rights- clean water, clean toilets, spaces for healthcare providers to rest/take breaks, work hours that allow for sufficient sleep, and appropriate protective equipment. Marginalised groups again suffer more indignity from the lack of basic amenities. Difficult access to washrooms and spaces for rest creates more unsafe situations.

We demand adequate WaSH facilities, adequate provision for rest and humane working hours for healthcare workers.

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We demand commitment to and operationalisation of [the WHO Global Health and Care Worker Compact, 2022] to ensure safe, dignified and decent work for all health workers. The Compact sets out comprehensive management and policy actions in 4 areas: preventing harm; providing support; inclusivity; and safeguarding rights

Safety for All

In Indian society, women are often told to follow strict curfew timings, be it at home or otherwise. Breaching curfew is often met with resistance from society. However, healthcare work demands that one provide care irrespective of what time the need arises. Given the "prestige" of healthcare, women are "allowed" to occupy space even at night. Yet, women do so at their own risk.

They are not afforded sufficient security and there is no accountability on the part of the institution regarding safety. The risks that a woman faces in society remain even inside the hospital despite the illusion that the "achievement" of being a doctor will afford her safety. Moreover, it should not require a qualification to be safe. As is evidenced by several incidents, this sense of safety is only an illusion. Emergencies such as seeking healthcare, too, require stepping out at late hours which makes patients too vulnerable. Thus attaching conditionality to safety only makes EVERYONE more unsafe.

We stand with all the healthcare providers and patients who have faced violence within hospitals. We demand safety for ALL persons everywhere and especially in healthcare settings.

The WGH India chapter is part of the global Women in Global Health (WGH) movement which seeks to advance gender equity in health leadership. WGH India seeks to amplify the experiences and knowledge of women working in the health sector, particularly frontline workers, and marginalized vulnerable groups, through dialogues, research, and advocacy efforts and create a movement to demand the advancement of women's leadership in the health sector in India. Currently, WGH India

comprises more than 200 members which include nurses, midwives, doctors, public health professionals, health policymakers, researchers, and private-sector health workers.

This statement has been drafted by Abhiti Gupta and Shivangi Shankar with inputs from members of WGH India.