



NAVIGATING MENTAL TRAUMA, SEXUAL ABUSE AND HEALTH CARE IN ADOLESCENT GIRLS DURING COVID-19

Yasmin Chaudhuri

Assistant Professor

Shahid Matangini Hazra Government College For Women, Purba Medinipur

139 Raja Dinendra Street, Kolkata- 700004

Abstract

The COVID-19 pandemic has created a host of issues in society. It changed our lives as we knew it and compelled us to adjust to the 'new normal' of mask donning, hand sanitizing, growing isolation, and social distancing. Adolescent girls (aged 12-18) are at heightened risks during pandemics/epidemics in the past. The novel coronavirus outbreak proved to be no different and the vulnerable adolescent female population fell victim to increased incidences of GBV (Gender-Based Violence) all around the world. The site of home became the location of sexual abuse and violence owing to proximity with abusers in the lockdown phase, where girls found themselves trapped in domestic spaces with the male perpetrators. Post-COVID 19 era saw a spate of early marriages of adolescent girls due to loss of income in several households, resulting in early pregnancies in young girls which proved to be disastrous to both their physical and mental health. The adolescent phase is a sensitive and vulnerable phase where young girls undergo radical biological changes that produce a direct impact on their minds and moods. This is a stage where girls require greater care and attention to be paid to their diets, physical exercise, and mental health. The global lockdowns greatly stunted the all-round development needs of young girls. The key area of development in adolescence is education which took a backseat due to the unprecedented changes that coronavirus inflicted upon human society. Education saw a vast digitalization phase and the shifting of traditional modes of learning to blended learning. Young girls from distressed and downtrodden families failed to gain access to online platforms of learning which significantly harmed their education. My paper seeks to analyze the various underlying causes and sites of negotiations between pandemics and GBV in young girls. My paper will further try to discuss intervention tools that can be adopted by existing state apparatuses and machineries to deal with this grave issue in India.

Keywords: COVID19, Adolescent girls, mental health, sexual abuse, GBV, India.



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1. Introduction

The COVID-19 pandemic has engendered a horde of concerns in society. It changed our lives as we knew it and compelled us to adjust to the 'new normal' of mask donning, hand sanitizing, growing isolation, and social distancing. The COVID-19 pandemic has resulted in an unprecedented socio-economic scenario. The sheer magnitude of the pandemic and the havoc it has created was hitherto unthinkable. Adolescent girls (aged 12-18) have been at heightened risks during pandemics/epidemics in the past [11]. The novel coronavirus outbreak proved to be no different to the



vulnerable adolescent female population. The occurrence of the COVID 19 pandemic has resulted in consequences that are both unprecedented and unimaginable. It affected human lives in innumerable aspects in adverse ways. Research has been undertaken vastly in the field of medicines and vaccines which can act as effective interventions to cure COVID 19 in humans. The ongoing research has primarily centered on discovery of drugs to cure COVID 19 in order to safeguard the physical well-being of human beings in society. Research on Mental health and the pandemic has taken a back seat though the pandemic affected the human bodies as much as it did the human minds. Mental health issues arising out of this severe pandemic are less often discussed though in recent times conversation on mental health has shown a positive trend in focusing on the same [1]. Infants, children below 10 years, the elderly, and people with existing comorbidities like diabetes mellitus and hypertension are more susceptible to the coronavirus [4]. These groups of people have relatively weaker immunity and therefore to contract the COVID 19 virus is all the more likely in these groups of people. Again, when these groups of people are asked to be extra cautious in the case of the virus, the implication is directly to the physical health and well-being. However, one less discussed group is the adolescent population and specifically the female adolescent population who has had to face gruesome consequences of the pandemic. Not only in terms of physical and mental well-being but every other aspect of their lives has been adversely affected and the discourse on this group is less in the recent body of research. Adolescents are economically dependent on their families and this greatly contributes to the vulnerability of this group. Females always have had to face the worse brunt in an epidemic or pandemic crisis [11]. My paper seeks to specifically talk about the adolescent age group. Female adolescents range from 12 to 18 years of age. This population of adolescents and young adults (AYA) group has had to face severe consequences due to the novel coronavirus pandemic.

2. Methodology

My paper takes the help of recent research being undertaken in the aftermath of the COVID 19 outbreak. The literature review has been done from scholarly articles from journals and international webpages. Important national news reports have been taken into consideration. This area of adolescent health and COVID 19 research is still very much in its nascent stage and work is ongoing steadily in the field. While writing this paper, new studies are being undertaken every day. Commendable bulk of work has been done on the invention of anti-COVID 19 drugs, alternative interventions to cure humans of the virus, economic aftermath of the virus, changing global trade networks, and changing technological need of the hour. However, relatively lesser work has been done on the societal and mental impact of the deadly virus. A very insignificant body of work or research can be found in terms of adolescent female health and the impact of COVID 19 on the adolescent population [2]. This shows the nature of silence and negligence that revolves around this particular age group. However, several news reports have come up highlighting the plight of the female adolescent populace in India.

3. Discussion

3.1. Dietary Requirements

The adolescent phase is a sensitive and vulnerable phase where young girls undergo radical biological changes that produce a direct impact on their minds and moods. This is a stage where girls require greater care and attention to be paid to their diets, physical exercise, and mental health. The global lockdowns greatly stunted the all-round development needs of young girls [12]. The AYA's diet requirements are unique and particular attention should be paid to it. The AYA population is in need of 1800- 2200 calories per day to



meet their nutritional and caloric requirements. As a result of job loss and economic instability in many families, the dietary requirements of family members are being hampered as weekly rations are not met. This deters the physical development in AYAs and retards their physical growth. The COVID-19 pandemic necessitated the intake of immunity-boosting foods and certain medications that are expensive. The female adolescent population of lower-income groups did not have access to Vitamin C, Zinc, Vitamin D₃, and multivitamin supplements [12]. The governments had not taken the onus of providing these immunity boosting drugs in subsidized costs to the lower-income groups. Young adolescents are in greater need of outdoor activities and sunshine to expend their excess energy, to build up their muscle mass and also enhance their core strength. The lockdown confined the young to remain at homes causing restlessness. Sunshine is a natural source of Vitamin D₃ that facilitates the absorption of calcium in the human body. The lockdown prohibited the young females to get their much-required sunshine and space for physical activity in times of radical bodily and biological changes. Female adolescents start menstruating and as such their dietary and vitamin requirements increase to maintain optimal health. The pandemic severely caused physical retardation of females in lower as well as middle-income groups due to economic instability and the lockdown. Greater number of female adolescent callers were reported to have called for tele-medical conferencing than any other age-group [12].

3.2. Mental Health

Mental health is a less often discussed area of concern [2]. Mental health has always been a subject of taboo in Indian society as people consider all forms of mental health issues to be allied to insanity. This discourages young people to express their feelings of loss, vulnerabilities, fear and causes long term issues of repression in them. This has hazardous effects on health and gets translated to long term bouts of chronic depression [2,8]. The Coronavirus doubled the existing rates of mental health issues suffered by individuals across the globe [7]. The lockdown resulted in physical distancing and the AYA population who seek active engagement with society was compelled to take recourse to online interactions with peers [6]. This greater than before involvement in the cyber/virtual world for interaction and long screen times, both impact the young body and minds adversely. The dependence of the young budding minds on the virtual world for human interactions, take them further away from the real world. An important part of human life that is the development of interpersonal- communication skills get severely hampered [6]. COVID-19 also witnessed a time when intrafamilial bonds were thoroughly challenged. Rampant reports of domestic abuse, job loss, and economic uncertainty created tensions in the family spaces. Death of loved ones due to the virus in families and not being able to take care of the near ones due to precautionary measures added to this surmounting tension in families. In several cases, adolescents experienced deaths of close ones for the first time. This sudden demise and bereavement caused mental stress in adolescents who had to come to terms with the reality of death early in life [7]. Adolescent females are already in the throngs of sea-changes in life on account of their puberty and hormonal changes. Female teenagers face a host of mental health issues during this phase including eating disorders, body issues, peer pressures, suicidal thoughts and feelings of being misunderstood. The corona pandemic multiplied the acute mental distresses of the adolescent female population. The sense of insecurity regarding their academic future, home confinements, lack of physical contact with friends and



loved ones and the overwhelming sense of change in day to day life aggravated the already present stress on the adolescent minds [7].

3.3. Societal Consequences

Post-COVID 19 era saw a spate of early marriages of adolescent girls due to loss of income in several households [3]. The fathers thought it prudent to get their adolescent daughters married off in these trying times in order to lessen the economic burden on the family. In post COVID times, almost 2.5 million more cases of young adolescent marriages were observed in India alone, as compared to pre-COVID era. These early marriages resulted in early pregnancies in young girls which proved to be disastrous to both their physical and mental health [3,7]. The adolescent female population was married off early as an aftermath of the pandemic due to economic conditions. Early marriages resulted in early pregnancies which are harmful to this populace. They are not either physically or mentally fully equipped to bear the responsibilities of childbearing and rearing. Early pregnancies often lead to abortions and miscarriages which are doubly traumatic. The COVID-19 forced this population to cut short their childhoods and adolescence and take a quick step into adulthood without properly being equipped to do so. The lack of proper governmental regulation against child marriages facilitated the rising occurrence of these child marriages incidence of child marriages did not remain confine to rural areas as expected but also encompasses the urban areas [3]. This forced adulthood that the young female population had to experience will have grave consequences in society.

3.4. Sexual Abuse

Sexual abuse of the AYA in the domestic space amplified during the pandemic [11]. This population is relatively more vulnerable and susceptible to GBV as compared to adult women who can voice a stronger protest. The AYA group tends to be more dependent on their families for survival and therefore less likely to report abuse, the perpetrators being present within the homes itself [11]. The lockdown and the home confinements forced the young women to co-exist with their abusers. The young female population across the world was most affected by various mental dilemmas and tortures and domestic violence amidst this pandemic [10,11]. Male members and relatives take advantage of the economic dependence of young females at home and sexually exploit them. This breach of trust from a close relative is an aggravated crime and the mental repercussions of it on the young minds are debilitating and life-altering. Young females are also discouraged by their near ones to voice protest against the male members in fear of breakdown of the family structure. During the initial phases of rigorous lockdown legal courts and centres remained shut and thereby reducing access to avenues of seeking justice [10]. However, Indian women did file cases of domestic abuse. Shockingly, the number of reports of domestic abuse within the first four phases of the lockdown was higher than cases reported within the last 10 years. Owing to the sensitivity of the issue and the victim-blaming attitude prevalent in the misogynistic Indian society, in India, 86% of women who experience domestic violence do not seek help. Data reveals that an alarming 77% of victims did not even mention the incidents to anyone. In 2020, between March 25 and 31 May 1477 complaints of domestic violence were made by women. According to the National Commission For women, among the 14.3 % of victims who sought help, only 7% reached out to police, doctors, lawyers, or counselors while more than 90% of the victims sought help from immediate family members [5]. The insecurity



faced by the male members owing to job loss, financial instability, social distancing indirectly resulted in increased anger management issues in men. Men in patriarchal societies are not encouraged to vent out feelings of frustration and failure. They resort to violence to combat these feelings of isolation and rage. Unfortunately, during this pandemic, the domestic site became the location of abuse by men against women. This ‘shadow pandemic’ of GBV has resulted in a generation of young female sufferers.

3.5. Education

Education is an area that primarily concerns the children and the AYA population. Extended lockdown saw classes stopped for a while. This greatly stunted academics. Educational institutes remained shut but learning continued even though at a slower pace. Teaching-learning has been completely revolutionized as an aftermath of the virus. The blended and flipped forms of learning have now become the buzzword and the recent trend. Virtual classrooms, google classrooms, Google Meet, Zoom, and various other online conferencing platforms have been rapidly adopted by institutes to keep teaching-learning intact. COVID-19 has spurred rapid technological adoption. Social distancing and lockdown have driven organizations to embrace video conferencing, virtual classrooms, Tele-medicines at an unprecedented scale [12]. This process of technological adaption will redesign all industries and restructure the nature of work and learning. The lockdown phase during COVID-19 has led to the surfacing of numerous technology-based solutions to keep the workflow of the community agile and make lifestyle compatible with the critical time. Thus, the pandemic has propelled the use of digital technology like Fintech, Agritech, Edutech, and PropTech which all are now common in our new normal conduct of day-to-day business. Starting from large numbers of Direct Benefit Transfers to the needy, online mode of procuring essentials to the emergence of e-classrooms and virtual mode of knowledge exchange – the COVID-19 has shown it all [1,9]. While technological adoption and know-how are a boon to society, India still is not prepared to embrace such advancements at this increased pace. Not every child and adolescent in India had access to technology, smartphones, and stable network connectivity to continue with their online education. This resulted not only in stunted education but also in the fear of missing out on class progress [9]. In most families, the bread-winning male members had to have access to smartphones as business models shifted online too. Economic requirements via network connectivity had to take the front to eat resulting in the education of young adolescents being neglected. Online classes and navigating newer ways of learning even if exciting and rewarding created undue stress in this population due to the unavailability of access to expensive gadgets. Uncertainties of examination procedures, college admissions, and thoughts about their future were other grave areas of concern for this population.

4. Constructive Ways To Look Forward:

The novel coronavirus pandemic brought to the limelight certain burning problems inherent in Indian society. Aside from the crisis of public health structures and the essential collapse of all public systems in the society, it unearthed issues of gender violence which magnified during the pandemic. Data went onto show the gravity of the problem and woke us all up to the harsh reality of domestic violence and abuse. Ranging from economic collapse to increased incidences of violence against women in domestic spaces to water and hygiene crisis to the inaccessibility of health services to the needy to the immigrant workers’ crisis were some of the primary issues. The lower-class women



experienced the inaccessibility to ration, bathroom facilities, health aid, and medicines while upper-class women felt trapped in domestic spaces without time for their selves due to increased care duties. The prevailing social ill of marital rape and women fell prey to domestic violence as an aftermath of the lockdown as the home became the site of violence due to closer proximity/ nearness to the abuser

4.1 Research Leading To Policy Making

Research that is undertaken should become more gender-sensitive. The three P's which are the essential cornerstones of Feminist Research Methodology are Positionality, Perspective, and Partnership. Feminist research being a radical approach and merely going beyond the reductive masculinist and positivist approaches to knowledge is not enough to bring about informed research outcomes. Feminist Research Methodology requires historical contingency and commitment to lived experiences. Data collected should be disaggregated as per gender and issues looked at from a more gender-balanced and sensitive way. When it comes to policy framing. The viewpoints and field experiences of NGOs and groups working with the adolescent population should be consulted and their views need to be taken into consideration. In terms of teaching-learning, what is important in the new normal phase is a serious effort, resource allocation, and perception by the state and governance to make the entire process inclusive so that none is left out of its benefits and so that it does not create or accelerate the pre-existing socio-economic divides. Thus, all institutions need to balance technological adoption with a creative and sensitive approach to maintain a sense of community and shared culture.

4.2. Digital Democracy

Digital democracy is the means to attain inclusive political systems and governance and the key area is the Citizen Participation framework in the entire democratic chain. Citizen Participation is no longer restricted to traditional forms of participation like that of political parties and pressure groups but has now exploded in the online scenario. Digital participation of citizens in the cause of democracy is carried on by both state and people sponsored platforms. People sponsored online platforms are Twitter, Facebook, Instagram, and LinkedIn. State financed digitalization started with the 2006 National e-Governance plan. 2014 saw the Digital India Plan. the Government of India has also contributed in this regard including The National Telecom Policy (2012), Right to Broadband, TRAI, Bharat Broadband Scheme, Right to Privacy, and Right to Information Act. The AYAs are the digital natives and therefore their use of technology is at a much greater pace than the other elderly population. Online platforms should be judiciously used to raise their voices against their problems, issues of GBV, and others. Such online negotiations create spaces where their voices can be heard and redemptive actions may be taken. But there are various pros and cons of the digitalization of democracy. As for its advantages, Digital Democracy ensures inclusive participation of people including the AYA, guarantee citizen's rights in a transparent environment, ensures people's participation in political decision making and democratic accountability. It is time sparing, space-friendly, and finally creates a digitally empowered nation. When speaking of disadvantages of digital democracy, the non-availability of the quality network in remote areas, lack of grievance redressal mechanisms, non-affordability of gadgets creating a digital divide, the threat of Big Data Analytics, lack of e-knowledge of people, perception of technology being challenging and various socio-economic factors (region. language,



gender) persist. The digitalization of democracy confined to virtual spaces is also against the spirit of the collectivization of people which is key to democracy.

4.3. Gender Sensitization

It is important to continue talking about Gender Sensitization. The reason is due to the sustaining unequal structures prevailing in society (home, Workplace, public spaces) between men and women. The sex v/s gender dichotomy results in debilitating notions of gender roles and gender stereotypes in society. The gender stereotyping and predestined gender roles accorded to women to result in a host of problems like female feticide/infanticide, rape, violence against women, importation of girls, honour killing, and many others. The root cause of GBV against the AYA is the patriarchal underpinnings of society. In this regard, laws have failed to correct the existing situation. In such a dismal context, the conversation regarding gender sensitization becomes crucial beginning from a family level and continuing to schools, colleges, and workplaces. The Indian Government had failed to acknowledge child sexual abuse as a burning problem of India in the 1990s and dismissed it as a concern typical to the western countries. Feminists/Activists sensitive to the cause of children were branded as home breakers and enemy to the familial structure of society back in the late '90s. It was much later in 2007 when the Indian Government conducted its study on child sexual abuse, did they become increasingly aware of this pan-Indian crisis. Data went onto show 53% of children were abused in India, with the majority of the cases being reported at the child's own home. Important measures to curb this excruciatingly painful crisis includes a Dialogue delivery system at home where children are openly engaged in conversations of good touch, bad touch, making children aware that sexual abuse is not just physical contact but also includes verbal abuse, cyber abuse, showing of pornographic content and many such transgressive acts. Indian citizens must understand the mechanisms of POCSO (Protection of Children against Sexual Offence) which was passed in 2012 on 14th November and the JJA (Juvenile Justice Act). The important take away from the discussion on POCSO is the clause of Mandatory Reporting to be done by every citizen who comes to know of any sexual misconduct being carried out on any child. This clause places the responsibility squarely on the citizens to take active responsibility for the safety of children in society. If one fails to report such misconduct, one could be arrested on a charge of abetting crime by showing solidarity to the abuser. COVID -19 has worsened the cases of Domestic violence. Families which suffer from substance abuse and alcohol abuse disorder have multiplied the predicaments of the women. Men often resorted to sudden violent rage on the wives and children under the influence of alcohol/in the want of alcohol or other substances and the stress of economic instability and insecurity added to the problem. One in every 3 women worldwide experience physical or sexual abuse and this pandemic has made the matters worse. This is a 'Shadow pandemic' which is growing and we need measures to counter the issue. During COVID-19, UN Women has been working on the prevention of violence and access to essential services, such as health, justice, policing, social services helplines, and coordination of these services to provide support to those who have experienced violence [11]. Though women report about their abuse the majority of the cases involving young females go unreported due to their economic dependence, fear of shame, embarrassment, and societal stigma. All the existing public organs including governments, religious institutions as well as the media have a very important task to play when it comes to fostering an environment



of gender sensitization in society. Gender sensitization is changing the behaviour of people and instilling empathy into the views that one sex holds against the other. Gender sensitivity training acquaints men and women with each other's existence and helps to generate respect for each other regardless of sex. The West Bengal Government's United Nation's recognized Kanyashree Prakalpa can be taken as a way forward to tackle the crisis of early marriages. More aggressive campaigning of similar initiations by government at the central level is required to curb this grave crisis.

Conclusion

My discussion rested specifically on the several issues faced by the young adolescent female population post the COVID 19 outbreak. The young minds and bodies of these future leaders and torchbearers need to be nourished with great care and sensitivity. However, the COVID-19 pandemic caused shock waves to traverse the lives of this AYA populace. Particularly, the female adolescents bore the brunt of heightened GBV including abuse, early marriages, and pregnancies. The solution rests on more gender-sensitive policymaking and governmental intervention to alleviate this critical concern. More stringent laws should be enforced and stricter punitive measures should be carried out against perpetrators of GBV. There is also the heightened need for feminist epistemology and feminist empiricism generated through every day lived- experiences of women in policy-making as opposed to the positivist, scientific approach to policymaking. Larger participation and involvement of NGOs and groups working with distressed female adolescent population on the ground level should be encouraged to come out of the elitist framework of policy making by officers who are not in touch with the ground reality. The call of the hour is gender sensitization training that should begin from homes and continue up to the workplace. Family is the basic unit of society and the smooth functioning of it translates to a happier society. Families should be a haven of comfort and safety for their young female adults and not become sites of oppression and exploitation.

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