ASSESSING PROGRESS IN INTERVENTIONS ADDRESSING DOMESTIC VIOLENCE AGAINST WOMEN REPORT OF A NATIONAL CONSULTATION

Organized by

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towards alternatives in health and development

Credits and Acknowledgements

Contents

Introduction and Background

Violence against women (VAW) is a major threat to women's wellbeing and to achieving gender equality everywhere in the world. In the case of India, characterised by entrenched caste and class hierarchies and patriarchy, VAW includes violence across caste and class lines and domestic violence within the confines of the household. However, data on the prevalence of VAW is limited to intimate partner violence, available from the five rounds of National Family Health Surveys since 1992-93. These data present the prevalence of intimate partner violence over the past two decades, The prevalence has been the same despite an increase in the educational status of women and improvements in the country's economy. The recently released NFHS 5 notes a fall in the prevalence of intimate partner violence to 17%. The data has to be interpreted with caution as the NFHS 5 had dropped the prevalence of IPV for the age group of 15 to 18 years. The COVID 19 pandemic has yet again turned the spotlight on women's risk of domestic and intimate partner violence in times of crises. New reports confirm that there was a spike in the incidence of domestic violence against women soon after the lockdowns came into force, while at the same time cutting off women's avenues for support and redress. Support services for survivors of violence including the machinery under the Protection of Women from Domestic Violence Act (PWDVA) were not classified as an essential service during the lockdown. Hence, protection officers were not able to visit victims in their homes. There were no protocols for the functioning of shelter homes, or the One-Stop Centres or OSCs (Sakhi), a flagship program of the Ministry of Women and Child Development (MWCD) inhibiting them from delivering services in crucial times.

As major players in India advocating for the prevention and services for VAW, who also have a significant role in support services for women, women's organisations and NGOs have been challenged by the present context to take cognisance of the precarity of any gains made thus far in addressing VAW in the country. We acknowledge that this is a time to reflect, realign and re-strategise to address DV.

Feminist women's groups and other civil society organisations in India were the first to take cognisance of the issue of violence against women (VAW) in the 1970s. In addition to raising awareness about violence against women, autonomous women's groups, as well as NGOs, established some infrastructure and services to care for and provide support to women victims of violence. It is their efforts that led to providing civil and criminal remedies to address violence against women, enacting laws criminalising VAW, creating support service structures, setting up counselling centres and shelter homes amongst others.

Despite several decades of dedicated work, and the rich experiences gained and lessons learned on addressing VAW, there has been limited cross-learning across organisations adopting different approaches and strategies. This is further exacerbated by the fact that work on VAW is dispersed across different movements and coalitions – sexual and reproductive health rights/ child rights/ rights of LGBTQI persons/ women marginalised on account of caste and religions etc.

As women's organisations and NGOs committed to the prevention of VAW and supporting VAW survivors, we at SAHAJ felt an urgent need to start a process of reflection and dialogue, moving eventually towards realignment and re-strategising.

Consensus Building on Monitoring Indicators for VAW Interventions

The meeting was a first step by the convening groups towards moving the agenda forward in collating commonly agreed upon indicators to strengthen existing efforts to prevent and respond to VAW. Looking back at the three decades of work by women's groups and civil society organisations (CSOs), we realise that rich knowledge exists. Indicators to monitor our organizational efforts to respond to VAW also exist. But these are often organization-specific and disparate. We do not find these indicators in a single place available and accessible to others working in the field to facilitate their choice of suitable indicators to assess their work. It may also be useful to other constituencies such as donor agencies and government departments that design and earmark funds to VAW prevention and response work

The meeting was organised by SAHAJ in collaboration with CEHAT (Centre for Enquiry into Health and Allied Themes) as an online convening. It aimed at reflecting on homegrown strategies used to address and prevent domestic violence or violence against women in private spaces and to draw on the experiences of the groups to identify indicators that may be used for assessing progress in addressing domestic violence.

CEHAT and SAHAJ

Centre for Enquiry into Health and Allied Themes (CEHAT) has addressed issues of violence against women since 1994 (domestic violence, sex determination and sex selection, and sexual assault), violence against children (investigation into conditions of juvenile homes), violence by state agencies (investigation of torture, police custody deaths and atrocities by police), and caste and communal violence.

Establishing a health care response to the issue of domestic violence was the starting point for CEHAT's engagement with the public health system and the goal was to integrate human rights issues within the public health system by conducting research and enabling health systems to create services for survivors of violence. One of the early initiatives was the conceptualisation of Dilaasa (2000), a hospital-based crisis centre for women survivors of domestic violence. Dilaasa (which means "reassurance") was set up at the KB Bhabha Hospital in Mumbai between 2000 and 2004 and was formally integrated within the Municipal Corporation of Greater Mumbai (MCGM) as an Out Patient Department (OPD). Following an external evaluation of the Dilaasa model in 2009, the model has since been replicated in many other states, with CEHAT's support in capacity-building and development of standards of care. Since 2009, CEHAT has led challenging legal advocacy for uniform gender-sensitive guidelines for responding to sexual violence and establishing the right to healthcare for survivors of sexual violence. Concurrently CEHAT's engagement with civil society organisations as well as health departments of several states has led to the replication of the Dilaasa model. States such as Haryana, Kerala, Goa, Gujarat, Odisha, Meghalaya, Madhya Pradesh, Karnataka amongst others have adapted and established hospital-based centres to respond to women and children reporting violence.

SAHAJ has the unique advantage of being part of several national (and regional) Sexual and Reproductive Health and Rights (SRHR) and Women's Health and Public Health networks – namely, Jan Swasthya Abhiyan, CommonHealth and Health Equity Network India, Feminist Policy Collective and others. Violence against women and girls has been recognised as a public health issue and several of these networks are addressing various dimensions of this issue. SAHAJ is leveraging its position in these networks to convene meetings with key members of civil society organisations to draw upon their insights and experiences, related to violence against women in different spheres.

Participating organisations in this convening include:

We provide below brief introductions to the participating organizations. Details of their work can be found on the organizations' websites.

Association for Advocacy and Legal Initiatives (AALI) - https://aalilegal.org/

AALI is a feminist legal advocacy and resource group addressing women's issues through a rights-based perspective. The organization undertakes research, activism, and direct response with a strong focus on violence against women and the right to choice in relationship decision-making.

Mahila Sarvangeen Utkarsh Mandal (MASUM) - https://www.masum-india.org.in/engpub.html

MASUM is a non-profit organization working in the rural areas of Purandar (Pune District) and Partner (Ahmednagar District) Blocks of Maharashtra. It works with the oppressed, marginalized and minority groups with an emphasis on their participation in all activities and programs. It aims at creating awareness about various forms of exploitation and abuse faced by these groups and helps them organize themselves to deal with such violations.

North East Network (NEN) - https://northeastnetwork.org/

North East Network (NEN) is a women's rights organization linking with rural and urban women and organizations on development and related issues within North East India. NEN also connects to different civil society organizations on development and social justice issues within North East India. It was set up as part of the preparatory process for the Beijing World Conference on Women in 1995.

The International Foundation for Crime Prevention and Victim Care (PCVC) - https://www.pcvconline.org/

PCVC is a rights-based organization that strongly believes in a survivor-centric approach. It was founded in 2001 in Chennai to create and extend support services for women and queer individuals affected by domestic and interpersonal violence. The organization provides both emergency support and long-term rehabilitative support and creates a comprehensive model that takes women and queer individuals from a survivor to a thriver.

Rural Women's Social Education Centre (RUWSEC) - http://www.ruwsec.org/

RUWSEC is a non-governmental women's organization started in 1981 by a team of 13 women of whom 12 were Dalit women from local villages of Chengalpattu taluk near Chennai, Tamil Nadu. RUWSEC's activities include innovative field programs on gender, sexual and reproductive health rights and social justice; research on Gender, Sexual and Reproductive Health Matters and running a Reproductive Health Clinic and resource centre.

Sama: Resource Group for Women and Health - http://www.samawomenshealth.in/

Sama is a resource group based in Delhi, working on issues related to women and health. Sama was initiated in 1999 by a group of feminist activists who were involved in the autonomous women's movement which views health from a broader perspective and finds linkages of women's wellbeing with various determinants of health.

Special Cell for Women and Children, TISS - https://tiss.edu/view/11/projects/all-projects/special-cell-for-women-and-children-maharashtra/

Special Cell For Women and Children dates back to 1984 as a collaboration between Tata Institute Of Social Sciences and Mumbai Police for the provision of psycho- socio-legal services to survivors of violence. by trained social workers, strategically located in the police system. It is an effort aimed at, that eliminating violence against women (VAW), with a clear understanding that VAW is a crime and that it is the responsibility of the State to prevent and counter it. Since 2005 Special Cell For Women and Children has been Institutionalized till the taluka level in Maharashtra as a State Scheme it has also been Institutionalized by other States such as Haryana, Rajasthan and Gujarat.

Society for Women's Action and Training Initiatives (SWATI) - http://www.swati.org.in/

SWATI is a feminist organization that is committed to gender equality and the socio-economic empowerment of women. Ending violence against women (VaW) is a primary objective and SWATI works at all levels in multiple ways to combat it. Since its establishment in 1994, SWATI has set up women-led forums on violence against women and developed women's capacity to manage and access resources.

Stree Mukti Sanghatana - https://streemuktisanghatana.org/

Stree Mukti Sanghatana is a non-profit organization working towards women empowerment for over four decades. Their services, which include family counselling centres, an in-house monthly publication "Prerak Lalkari", programs for adolescent daycare centres, programs for waste pickers and solid waste management, enable sustainable livelihood for women.

Swayam - https://swayam.info/

Swayam is a feminist organization committed to advancing women's rights and ending inequality and violence against women and their children, established in 1995. They facilitate the empowerment of women survivors of violence and enable them to become self-confident, self-sufficient and self-reliant while also generating discussion, debate and action in society to challenge social norms, values and systems that deem discrimination and violence against women and girls acceptable.

Vimochana - https://www.vimochana.co.in/

Vimochana is a non-profit organization that works with violence against women and empowering female survivors of violence based in Bangalore. Their areas of concern include the personal forms of violence perpetrated on women within the home and outside, as in dowry tortures, murders and other forms of marital violence, sexual harassment and rape of women, trafficking and commodification of women, as well as the larger political, forms of violence in ss

We hope that the findings of this online convening will provide insights and be thought-provoking to those of us engaged for many years in research, action and advocacy efforts to mitigate domestic violence against women. It will help us make a strong plea for using alternate indicators generated from practice to assess progress in addressing domestic violence.

What is violence?

The World Health Organization defines violence as "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either result in or have a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation".

According to the United Nations **Declaration on the Elimination of Violence against Women** adopted by the United Nations General Assembly on 20 December 1993 :

the term 'violence against women means any act of gender-based violence that results in or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Gender-based violence refers to violence directed toward a woman because she is a woman or which affects a woman disproportionately.

This definition emphasises that the intent, and not the intensity of the resulting harm, is the key determinant of violence. Thus, a person or group must intend to use force or power against another person or group to cause harm and/or humiliation for an act to be classified as violent.

This comprehensive definition of violence moves beyond the conventional understanding of violence as a physical violation. Violence essentially means an exercise of power and control in some form; it can be physical and/or be psychological, sexual. emotional, financial,

This definition also draws attention to the fact that both actual and threatened use of power is expressions of violence. It can be an actual act of harming another or even a perceived threat of consequent violence if said/ unsaid norms/ expectations are not followed.

Terminology of violence

Violence exists in both private and public spaces. While private space includes family, immediate community and known environment, public space includes everything beyond that, from anywhere outside the home, road, workplace, school, hospital, transportation and so on.

Violence exists in innumerable forms and therefore a further categorisation becomes essential to describe different acts of violence. Some of the most commonly used terms and their meanings are as follows:

Terms	Description
Violence against women	Violence against women (VAW) is an umbrella term used to describe all forms and acts of violence used to establish and perpetuate control and discrimination of women in public and private spaces.
Gender-based violence	Gender-based violence (GBV) is a broader term than VAW and used to describe violence directed at all those people that do not fit in/challenge preconceived gender norms besides women. GBV is used to denote policing mechanism, physical and other forms, ostracisation and deprivation of transgender and persons of different sexual orientation.
Domestic violence	This denotes any violence by anybody in the household directed at women, children and elderly members within the family.
Intimate partner violence	This denotes any form of violence perpetrated by current or former partner or spouse in marriage, live-in and same-sex relationships.
Sexual violence	This denotes non-consensual sex or any act of sexual nature perpetrated for harassment by any known or unknown person/s.

Please note: *The document captures strategies, monitoring indicators as well as indicators of success and challenges while working with women facing domestic violence. It does not claim to capture violence faced by persons belonging to LGBTQI communities in private space.*

Typology of violence

The following diagram presents the typology of violence in three categories according to who has committed the violence: self-directed, interpersonal or collective; and major forms of violence under each. Each form of violence is further categorised according to the nature of violence: physical, sexual, psychological and deprivation (deprivation meaning controlling person's access to what s/he is legitimately entitled to).
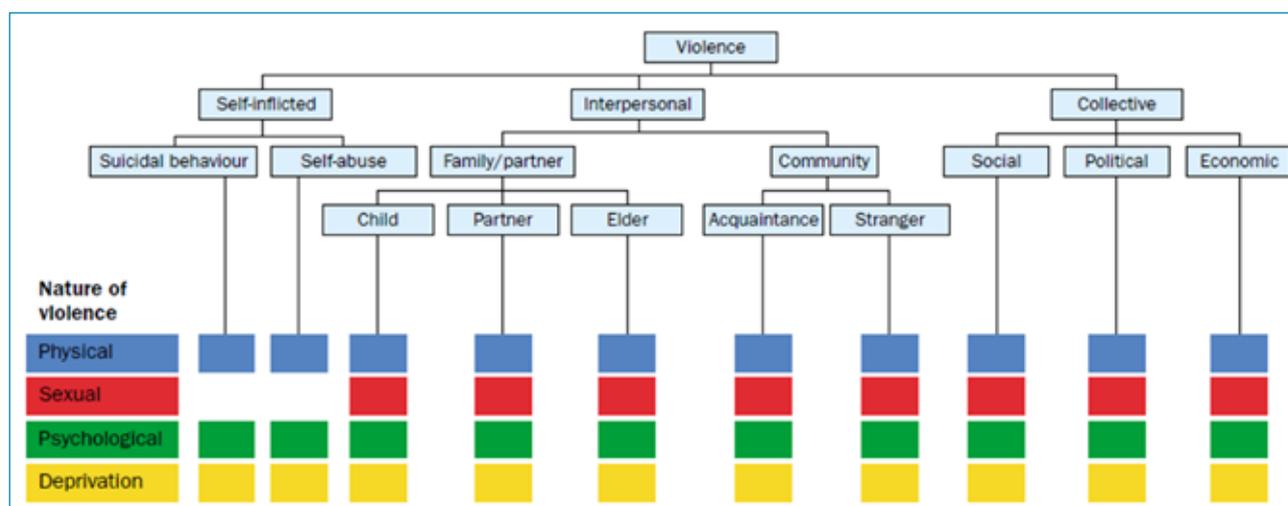
OBJECTIVE

The objective of the SAHAJ and CEHAT's first online convening on programmatic indicators for violence against women in the private space was to reflect and develop indicators based on homegrown strategies related to "what works to redress violence against women in the private space", or domestic violence (DV) as defined by PWDVA (2005)

Many of the participant organisations have been engaged in research, action and advocacy efforts to mitigate violence against women for years. We began with the basic question - as organisations engaged in this work, what have we learnt from practice about how to assess progress in addressing and preventing domestic violence?

We realised that though the contexts in which we work may be different, it is useful to document the strategies that have been used to empower women to challenge violence, mitigate the harmful health effects of violence and better still, reduce the incidence of violence in the private space. This session was an attempt to document our approaches and interventions but more importantly, to identify some explicit as well as implicit yardsticks we have used to assess if our approaches and interventions were achieving positive changes for women. We believe that collating these approaches, interventions and yardsticks will help us to evolve specific indicators that can be used to demonstrate progress or lack of it of the different interventions and approaches. Such an understanding is crucial to learn what works and what doesn't in mitigating the harmful effects of DV and in empowering women to resist it. We will then be able to assess the gaps in our work, and evolve new partnerships and strategies to address and prevent DV more effectively.

PROCESS

CEHAT recently published a book Violence against Women and Girls: Responses and Approaches in the Public Health System in India. The book documents the approach adopted by CSOs as well as state agencies in establishing a healthcare response to VAW. The purpose of the book is to consolidate these experiences and make a learning resource available for departments of health as well as other CSOs that may be interested in engaging with the health sector on VAW. As a part of this engagement, CEHAT was already aware of organisations engaged in responding to DV specifically and engaging with the health system. These were – SNEHA (Society for Nutrition, Education and Health Action), Vimochana, RUWSEC (Rural Women's Social Education Centre), MASUM (Mahila Sarvangeen Utkarsh Mandal), SWATI (Social Welfare Agency & Training Institute) and NEN (North East Network).

CEHAT is also a part of the AMAN network – a Pan India network led by Swayam – an NGO in Kolkata which brings together organisations and individuals working towards ending VAW and specifically DV. This provided access to those organisations who may not be engaged with the health sector but work with other sectors and respond to DV e.g. Swayam, AALI (Association For Advocacy and Legal Initiatives), SMS (Stree Mukti Sanghatana), Special cell for women and Children and PCVC (The International Foundation for Crime Prevention and Victim Care). Hence these organisations were also invited to be a part of this virtual convening

Given the limited time in virtual meetings, a set of questions intended to encourage participating NGOs to reflect on their work was developed and sent to the participants. Responses to these were received in audio or written format.

The organisation responses to these questions were collated and formed the basis for discussions in the meeting.

THE STRUCTURE OF THE MEETING

The first online convening organised by CEHAT and SAHAJ kicked off with a clear articulation of the purpose of the meeting - to collectively discuss homegrown strategies that have been locally evolved for mitigation of VAW, specifically DV and highlight the indicators of success.

The participants were divided into three groups based on specific approaches and assigned to separate breakout rooms for an hour-long discussion. Each group was asked to address a set of common questions to meet the meeting's objective of understanding the strategies that work to prevent VAW.

The set of questions included:

• What did you identify as indicators of success in the interventions?

• What were the contextual factors that served as barriers and facilitators to effective services delivery?

• What are the monitoring mechanisms used to check if the programme is on track?

These concurrent breakout group discussions were followed by a joint plenary session where representative members of each group presented the key points to the entire group, and the floor was opened for questions.

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1   By 'Indicators of success' we mean that the intervention is on the right track and are making progress as desired. 'Indicators of success' do not always mean that violence has stopped.

APPROACHES
SURVIVOR-CENTRED APPROACHES

Two main forms of survivor-centred approaches were shared: a) Case Work and b) Joint Meetings bringing the survivor and perpetrator together to find ways to end the violence. Often, the joint meetings are held during the casework, by the social workers concerned, but we discuss them separately here for purposes of clarity.

Counselling

Women centred counselling is defined as the practice that focuses on women's experiences of trauma, their feelings and coping mechanisms and empowers them to question the violence and facilities psychological social and legal support to stop violence and mitigate its consequences

Many organisations participating in the online meeting, said that women-centred counselling is the primary approach to assist women to deal with the violence faced by them. Box 1 below lists the Indicators of Success that emerged from the discussions.

Indicators of Success

Intrapersonal

Improvement in survivor's mental health
- Reduction in stress/depression/anxiety
- Increase in confidence & self-esteem
- Improvement in Decision-making skills
- Improvement in social skills/networking ability
- Improved ability to make and maintain friendships

Increase in responsibility towards oneself
- Increase in self-care
- Increase in understanding of oneself
- Taking legal steps to address violence (police/court)
- Taking steps to/ Becoming economically independent
- Increased independent mobility

Interpersonal
- Reduction in violence/moving out of violent relationships
- Improvement in support from Natal Family/community members
- Reduction in isolation- increased social networks within/outside family
- Improvement in Inter-personal relationships (with family members, friends, children, colleagues etc)
- Increase in responsibility towards family (natal)
- Women supporting other survivors in similar situations
- Survivors engaging with the larger women's movement and becoming agents of change themselves

The indicators of successful casework are a mix of interpersonal and intrapersonal.

When someone comes in a crisis situation, the indicator for success is the mitigation of threat and that it has been addressed. The most immediate indicator is successfully ensuring the safety of the woman facing violence by not only addressing and resolving the immediate trouble but also preparing her for the consequences and a safety plan.

In long-term rehabilitation, an improvement in her/ their psycho-social status is important, and then there are sub-indicators such as their health- physical and psychological, economic status, a shift in relationships towards equality. There are times when the woman may have to take a stand against a dependent relationship with her family or with her abuser, resulting in a disruption of the status quo.

Taking steps towards economic independence is an important indicator that can assist the woman if she decides to step out of an abusive relationship. Some organisations observed that middle and/or working-class women do not want to work, they have been brought up to believe that they should take care of home and hearth whereas the men of the household will work outside the home. Through casework, counsellors make efforts to explain the advantage of gaining financial agency.

Over the long term, it is also important to look at improvement in parenting skills and relationships with children with women as they are the ones who come for counselling. Living with abuse takes a toll on women and sometimes affects their relationship with children. There is a need to work on both areas - stopping the abuse as well as improving communication between the mother and child.

The ability of the woman to decide what she wants, articulate that decision and then take the necessary steps to do what is required to change the situation, is a key indicator of success. Given the nature of intimate and domestic relationships, it is difficult for women to prioritise their well-being. Sometimes the decision taken by the woman may not be in her best interest. Organisations usually work together with the women to visualise the pros and cons and the implications as well as the risks and benefits involved in returning to their perpetrator. They maintain an open-door policy so the woman knows that she can return to the organisation when needed.

An important indicator is the recognition of women about the value of non-violent relationships, that they can identify and recognise violence beyond the domestic sphere. They move beyond the traditional ideas of physical violence, to see the inequality and violence in the larger society. They start recognizing the different forms of discrimination and violence at various levels.

Another indicator is if the woman can increase her social support base through the interventions on hand. Having somebody outside the family that she can speak to, spend time with and having a larger support network is important.

A higher-level indicator – i.e. an indicator that assesses progress beyond the 'coping with the crisis' phase - is when survivors recognise that violence against women is not an individual problem, but a widespread one - it is a structural issue. This usually plays out in two ways. Firstly, the survivors move towards supporting other women in similar situations. It could start with survivors bringing the women to support groups, connecting them with services and actually in cases where they feel it is necessary. Not only do women help other women by bringing them in, but some organisations also link them to the larger women's movement, so they can take part in protests, join awareness programs, contribute to publications and create art around these issues. This transformation from survivors to agents of change is defined as a higher level indicator.

Very few women seeking services take legal action because of the challenging and exhausting process but being able to take that action of registering a police case or pursuing legal action can be very empowering and can also become an indicator of success.

Contextual Barriers

Although there are distinct indicators for assessing progress made to address violence against women under this approach, the contextual factors and monitoring mechanisms are overarching and apply to most of the goalposts, and these are highlighted below.

Sometimes women's perception of her situation - her mindset, her socialization can be a barrier for enabling her to take steps for stopping violence. There is initially a lot of self-blaming, especially in the case of young girls who have been forced into marriage. This is linked to what is considered to be acceptable forms of love and relationship - control is seen as an expression of love. Young women not only forgive possessiveness but even see it as a sign of the partner's overwhelming love for the woman.

Women's perceptions of themselves are intrinsically linked to social norms or 'saamajik maansikta' which normalise most forms of violence within families and accept domestic violence as a part of married life. Acts of violence are often considered as aberrations in an otherwise civil relationship until it comes to the ultimate severity. There is often a feeling of failure when a marriage doesn't work out due to the stigma attached to divorces and separation.

Friends and family sometimes do not give the kind of support required in these tough situations. The support system that a woman should be able to lean on, is non-existent.

The barriers to achieving the goalposts set out for casework also come from systems - legal, state and even family. For example, registering a police complaint is often a challenging process for the woman. Even when women do get a legal judgement in their favour, there is often a delay in getting cooperation for implementation of the court order.

Factors that facilitate successful casework

What are some facilitating factors leading to successful/positive outcomes of casework?

A major factor that can help women to deal with violence is when she receives support from her natal family. This can help a woman to become confident about her decisions and can create a positive attitude and optimistic outlook- all these aspects help her to cope better. Having an alternative place to stay and economic backing also helps in a woman deciding to move out of a violent situation.

Another important facilitator is the shared values of survivor-centredness within the organisation. For example, if all the services provided by an organisation are woman-valuing, solution-focused and follow principles of feminist counselling and the organisation's core values are established as non-negotiables while extending services, this has a significant positive influence. Women experience these values every time they meet different people in the organisation for different support services, and this can be a big facilitator.

The presence of other local groups and organisations who can complement the support is another facilitator; it is always helpful to have groups in the geographical area which provide services that the organisation does not. For example, Swayam provides multiple services in Kolkata, but it does not have a shelter home. They network with other rights-based organisations that do run shelters, but that is not possible in most districts that do not usually have such facilities.

Monitoring Mechanisms

The participants described the various ways through which they monitor the results of their casework.

1) Feedback forms shared with the woman attempt to track the changes in her ability to make decisions, increase confidence and support networks, among other factors. The women are also asked for feedback on their caseworker. Open Houses are organised for survivors as a safe space for them to share their experiences. (e.g. Special Cell - TISS organises these regularly)

2) In rehabilitation centres (PCVC, Chennai), graduation ceremonies are organised for women after they complete their treatment. Some organisations use this monitoring mechanism where women share their feedback about services and counselling.

3) Cloud-based Management Information System (MIS) was a record of all the cases and their milestones, making it possible to assess the impact based on interventions.

4) Case presentation meetings where the counsellors present cases on a weekly or monthly basis were reported to be useful for peer support and learning. Such meetings are one way of sustained and rigorous capacity building of counsellors which was stated as essential for ensuring standards of counselling.

5) Mental health therapists/ experts have regular meetings with caseworkers to discuss specific issues arising from counselling women and give guidance.

6) In Swayam, new caseworkers sit with experienced caseworkers for six months before handling counselling independently.

Joint Meeting

A joint meeting is a meeting organised to facilitate negotiation / mediate for nonviolent behaviour from the abusive partner or other perpetrators from the family. If such efforts fail at any stage, the next logical step is to approach the formal justice system.

Indicators of Success

Indicators of Success of Joint Meetings

- The goal of a joint meeting achieved: an agreement reached based on what the woman wants, upholding her rights to live in a home without violence.

- Principles of joint meeting followed: Non-acceptability of violence communicated to the perpetrator

- Clear definition of non-negotiables in a signed agreement

- Adherence to an agreement resulting in the elimination of violence

The most important indicator of a successful joint meeting is if the goal of the meeting has been achieved to a large degree and if all the parties involved have reached an agreement based on what the woman wants. Based on the nature of the issue and situation, this could be separation from the husband, reconciliation with family, provision of maintenance or access to education, among other examples. What is most important is keeping the woman in the centre and arriving at a solution based on her needs and wants.

Along with reaching the best possible solution for the woman, the principles of the joint meeting must be followed, for example, conveying a clear message against the use of violence, thereby ensuring the safety of those involved.

It is important to note however that one joint meeting is not enough to resolve issues and that follow up meetings are essential to ensure adherence to what has been agreed upon. The woman has to be made aware of her rights and informed of the choices available to her including the option to go to the police for incidences that make for cognizable offences. if such facts are documented through the process of the joint meeting, it could be used to aid the investigation, if and when the survivor is ready to approach the formal justice system. It is also important to give the woman the time to think through her decision, especially when children are involved. Thus, multiple meets are usually necessary, depending on the nature and severity of the case.

Another important indicator is clear definitions of the non-negotiables in the agreement signed between the woman and the abuser/s. Instead of mentioning conditions such as 'the woman will not call/visit her natal family', 'she will behave herself', where the onus is on changing the woman's behaviour, there should be a clear agreement to stop "violence of any form." The document should not ascribe any blame to the woman and should ideally include a clause for regular follow-ups.

The biggest outcome indicator would be the adherence to the agreement resulting in the elimination of violence. The agreement can include many other points, but the main purpose is to stop all forms of violence against the woman.

Contextual Barriers

As with the barriers to the indicators in many other approaches, patriarchal mindsets and social norms sanctioning male violence are a hindrance. This is reflected in the casual approach that most perpetrators have towards joint meetings. The abusers often do not respond to the call for joint meetings and if they do, they do not take them seriously enough.

This is also because counselling through joint meetings does not have a legal consequence for the perpetrator. The abusers may come for the first few joint meetings out of fear, but they quickly realise that even if they do not adhere to the agreement, they will not have to face any legal repercussions. However, organisations have been able to use such documentation related to communication about joint meeting as well as any agreement signed through the meeting to support court petitions - to show desertion, negligence, unwillingness to resolve over a mutual agreement

Factors that facilitate successful joint meetings

Third-party intervention (from an organisation that is not part of the formal justice system) sometimes creates fear among the abuser/s, and relief that the matter has not been escalated legally. The way an NGO conducts the meeting is also of importance. Whilst the woman is always at the centre, communication with the abuser is carried out respectfully. Persons conducting the meeting have to be skilled so that the other side becomes ready to accept the resolution desired by the woman.

Another factor that works to facilitate the success of joint meetings is that most people do not want to break up marriages, proceed for divorces or police cases. The prevailing social norm is to preserve the sanctity of the family, and joint meetings are seen as a mechanism to achieve this outcome.

Monitoring mechanisms

1)   Documentation of the joint meeting and/ or agreement reached between the woman and the abuser

2)   Regular follow up via home visits or telephonic interviews to seek the woman's perspective

3)   Support group sessions for women using NGO services where survivors may discuss their experiences with joint meetings as it is considered a safe space for them to share if the agreement is being adhered to

APPROACHES
COMMUNITY-BASED APPROACHES

When it comes to community approaches, they constitute a continuum. We start from community awareness, move on to community engagement and then community mobilisation, and finally independent participation/ action of representatives of the community. Although literature often uses community awareness and community engagement synonymously, they are distinct from each other, and so is community mobilisation. Within each of these steps, a range of target groups may be covered. For example, community awareness could focus on adolescents and young people, or local women's groups, or both.
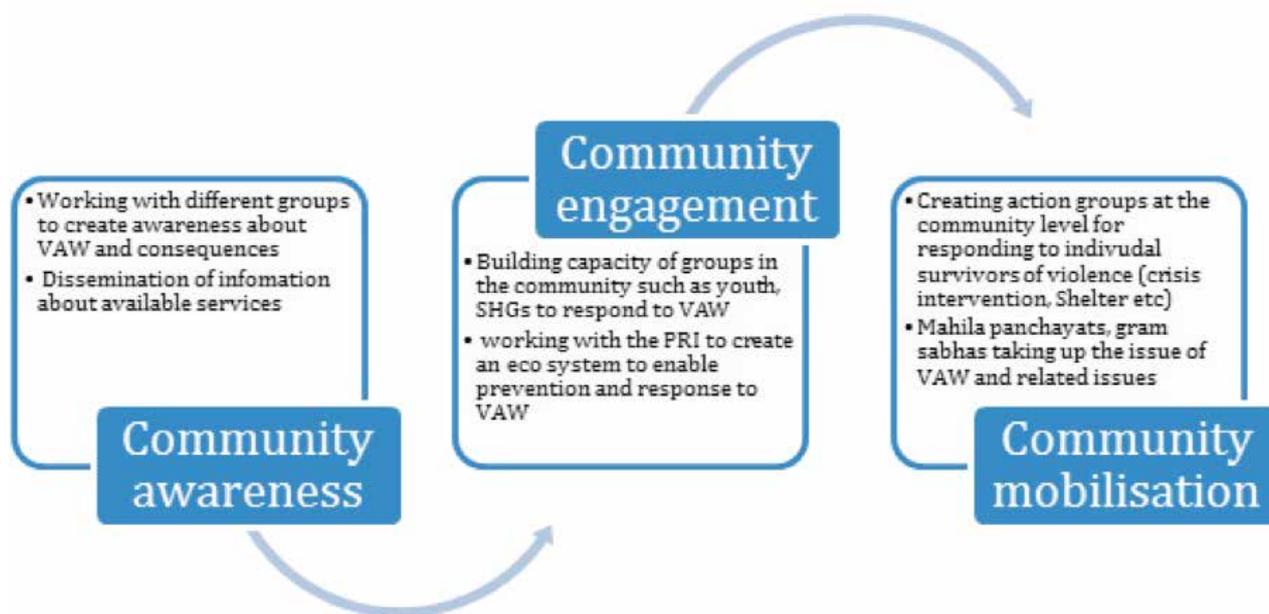
Awareness creation is a universal effort to reach out to the community to communicate that violence against women is a gross violation of human rights. It is an effort to create awareness of the resources and services available to those who have faced violence in the private space. Simply put, it is the dissemination of information to recognise VAW and the creation of support by the community for women to deal with violence. For instance, training workshops with adolescents provide them with relevant information regarding VAW that enables them to take the necessary steps in acting responsibly towards themselves and their community.

Community engagement is the first level of participation where organisations engage with the community. It may or may not bring in results which the organisation is looking for, but if there is systematic engagement by building the capacity of groups such as youth and self-help groups (SHGs) and working with the panchayats to create an ecosystem to enable prevention and response to VAW, people would start identifying different types of violence and report cases.

Community engagement can take place at two levels:

- By forming new community groups/ informal systems to address a particular case or issue. E.g., creating Community Support Groups

- By engaging with groups and formal systems that already exist and integrate the issue of violence against women within those. E.g., working with community health workers, SHG groups, Panchayat committees etc

Community mobilisation is the process of bringing together as many stakeholders as possible to strengthen community participation for sustainability and self-reliance of efforts to prevent and address VAW. It helps to empower communities and enable them to initiate and control their development, and take action to prevent and address VAW in their communities. For example, since Gram Panchayat is a politically elected body, it plays a major role in influencing attitudes to domestic violence and facilitates women seeking support services and help for preventing domestic violence. Capacities of SGH group members can also be enhanced for them to intervene and prevent VAW.

Working with community leaders and active volunteers would involve all three steps: awareness creation, engagement and mobilisation. In cases where it is crucial to leverage and mobilise the community to support the woman, this can be done through local leaders and volunteers at on-ground NGOs. The ability to involve such leaders to alter the perception and attitude of the community towards violence against women is a very important factor in dealing with and preventing violence against women.

Indicators of Success

Indicators of Success of Community-based Approaches

- Increase in referrals by members of the community to counselling centres

- Increase in the number of women registering in counselling centres

- Early reporting of violence by affected women

- Number of inquiries about VAW services received by the organisation working with the community

- Number of women and men from the community who join community support groups against VAW

- A shift in perception of adolescents; viewing boys as agents of change

- Active participation of community support groups, and individual community members in raising and -intervening in VAW issues

- Direct action by community members

- Increased awareness in community; improved/ sensitive and supportive response to women who report DV

- Change in attitude of community leaders; zero tolerance to DV by Gram Panchayats

- Survivor participation in groups and improvement in individual-level indicators

- Involvement of community health workers in referring women experiencing violence to counselling centres or health facilities

- Decrease in the number of domestic violence cases in the community

One of the very first indicators of success is an increase in referrals from the community to the counselling centres, with community members sometimes providing support to the woman to reach the centre - increased awareness among women of their rights, and demonstrable community support gives them the courage to refuse to bear the violence. So an important indicator is the early reporting by women and seeking support to stop the violence. While several women approaching counselling centres can be an important marker, we should be cognizant that all women referred may not immediately seek the services of the organisation.

Besides collective participation, there is individual participation from community members who are not part of any formalised support groups. They help in the provision of overnight shelter and food and by connecting survivors with other support services. Direct action taken by community members independently to stop the violence e.g. via bystander intervention can also be an indicator of successful community engagement. One of the key indicators is when women, families and communities start challenging existing norms and over time they get replaced by new norms evolved by community groups and members

In cases where community leaders are involved, a change in their attitude towards VAW is an important indicator of success. Community leaders are not necessarily elected representatives of the community, rather they are respected members of the community and wield clout in the community. Zero tolerance towards DV by Gram Panchayats and other local political bodies through their actions can also be an important indicator.

Community engagement doesn't stop at communities; many organisations have created their own "communities of care" which include survivors of violence who can use this group as a safe space for sharing their experiences, showing emotional support and solidarity to each other; the number of survivors integrated into such women's group is an indicator of community engagement. It is important to highlight that these are not survivors groups, but women's groups into which survivors are integrated. As shared by NGO representatives, it is extremely difficult to form survivor groups in the community due to strong kinship, but such groups are present at the counselling level. At an individual level, it is important to track the improvement in indicators such as higher self-worth, better self-esteem and increased confidence of the survivor.

Sustained awareness generation activities over a long period can lead to the active participation of the community in actions such as raising the VAW issue with the Gram Sabha, providing shelter etc., apart from connecting women to support services such as counselling centres. Community support group members trained over the years have helped to identify women and girls with suicidal thoughts and intervened in a more organised manner, as described by MASUM.

An important constituency in the community has been working with adolescents. Awareness generation activities have led to a shift in perception; a change from normalising violence against women and girls and towards viewing boys as agents of change within families, communities and educational institutions is an important indicator of success.

Another useful indicator is increased awareness about gender discrimination in the community, among the youth and men's groups as well as awareness about the Protection of women from Domestic Violence Act(PWDVA) and resources set up such as One Stop Centres(OSCs) by the Women and Child Department. Along with awareness, an intervention can be considered successful if there is a sensitive and supportive response to women who report DV at the community level. However; even if we are slowly witnessing a better division of household work among men and women, the decision-making power continues to lie with men. One more important indicator is increased awareness about gender discrimination in the community, among the youth and men's groups as well as awareness about the Protection of women from Domestic Violence Act(PWDVA) and resources set up such as One Stop Centres(OSCs) by the Women and Child Department. Along with awareness, an intervention can be considered successful if there is a sensitive and supportive response to women who report DV at the community level. Even if we are slowly witnessing a better division of household work among men and women, the decision-making power continues to lie with men. But several interventions are required to bring about gender equity

Active participation of religious groups for gender justice is another indicator since women often go to religious establishments to seek solace and help in times of crisis. Some organisations engage with religious leaders who are especially helpful in cases of out of court settlements. The important aspect of religious leaders' involvement is that their interventions must be woman-centred and not end up putting pressure on the woman to 'compromise' or reconcile.

Involving community health workers such as Accredited Social Health Activists (ASHAs), Auxiliary Nurse Midwives (ANMs) and Aanganwadi workers is also important because they are residents of the same communities. For example, SWATI organises orientation sessions for community-level frontline workers to understand domestic violence. Indicators would include the number of women provided with information about health consequences of violence, several women identified and referred by community health workers and/or accompanied to health facilities. It has to be highlighted here that if the increased referrals and accompaniments to counselling services are a result of incentives paid to the frontline workers, then there is a need to reflect on it. This is because front-line workers such as ASHAs are also incentivized for promoting institutional deliveries as well as increasing contraceptive usage amongst women. We can be happy about the increased referrals, but they may be a result of frontline workers' pressure on women and not the survivors' own choice. A qualitative indicator would be how the frontline workers integrate addressing violence against women in their routine work.

Even though a decrease in the number of cases of violence in the community is considered to be an indicator, it is very hard to measure. Is the primary prevention of violence due to creating community awareness? This is difficult to establish unless a baseline-midline study has been done. Getting a reliable estimate of domestic violence is in itself very difficult. Since violence against women is considered a private matter, it is underreported, and it is hard to map out the prevalence and incidence of such cases. The results of increased awareness about DV laws and the OSCs may be higher reporting, and more cases being reported is an indicator of changing community norms.

RUWSEC and MASUM representatives expressed that based on baseline and periodic surveys, organizations have learned that the number of cases reported is increasing, but at the same time the number of suicide cases is going down. This indicates changing public norms firstly about reporting DV cases and secondly about finding sources of help. Participants shared that even though there might be a decline in brutal forms of violence, psychological morbidity is certainly on the rise. Emotional and sexual violence is not declining; not all women suffering facing violence can ask for help. The effects of violence are seen in mental health conditions suffered by women.

For organisations engaged in prevention efforts, several inquiries about activities of the NGO especially on VAW prevention and empowerment programs for women can be a key indicator. A related indicator is the number of women from the community who want to join these support groups. Many organisations often receive a large number of enquiries after running campaigns, and that is when most women's and community groups are formed. It has been observed that it is women and girls who come to these groups with their own experiences of public space violence and harassment; men usually need more engagement to join these groups. So, the number of men from the community who want to join the group is also an important indicator.

Representatives from NGOs highlighted that indicators should be specifically geared towards changing social and gender norms rather than only looking at the number of registered cases.

Contextual Barriers

Note: Since the barriers and facilitators are overarching, they have not been put against each indicator.

Patriarchal mindsets and prevailing perceptions and attitudes are an overarching barrier prevalent in communities. They also exist among service providers such as police and Protection Officers (POs) and socio-political bodies like Gram Panchayats (GP). In the case of GP, their notion of dealing with violence is by reconciling families even if it may not be in the best interest of the woman. Very often, institutions and authorities make the woman compromise/ adjust with the abusers e.g. call her parents, husband to the police station and mediate without the consent of the woman

Even if there is recognition of private space violence, Gram Panchayats do not feel like they should be intervening in it. Or they intervene selectively. Domestic violence is not even on the agenda to address, because they relegate it to a family problem and feel it is not directly linked to their roles. Hence, SWATI has initiated work with Gram Panchayats on public space violence against women and girls. Here the communication with them has been very clear and easy because they see preventing public space violence as part of their role.

Lack of engagement with men and boys to encourage them to join groups is another barrier, as well as a lack of response from institutions and formal agencies who are often under-resourced and operate with rigid mindsets.

As highlighted earlier, it is difficult to form survivors' groups in rural set-ups due to strong kinships among community members. Victims and survivors may hesitate to approach community health workers since CHWs are from the same community, fearing that the information may get back to the perpetrators. There is also a threat to the safety of community health workers from the abusers if they are seen as helping the victim in any way. ASHAs often fear backlash from the community and losing their job.

Factors that facilitate successful community-based approaches

An important facilitator is the initiation of state-led Policy and Programme. Official machinery such as protection officers (POs) and village dispute protection schemes enable a concerted dialogue with them.

A discussion ensued on whether increasing education levels of girls is considered to be a facilitator, but many pointed out that it doesn't necessarily lead to a reduction in violence. If at all, it can empower some women and girls to report violence in its early stages which is an encouraging feature.

Consistent efforts by local organisations working with communities have played a role in enhancing women and girls agency and decision making. They attribute it to mobilising women and adolescent girls over several years over the rights of women. Another approach has been Self Help Groups where women come together and took steps to respond to VAW. Therefore there is a track record of women's leadership in public issues. Male champions for advancing gender equality as opinion-leaders is also seen as an important facilitator -where at least one or two key persons in the Panchayat are favourably disposed to addressing VAW (even if as a 'prestige issue for their village).

Monitoring Mechanisms

1. Community support groups records of all the actions taken by them.

2. Intake sheet shared with the women, which includes questions such as where she got information about counselling centre.

3. Recording and reviewing the cases. For example, Volunteers at SNEHA are equipped with a smartphone to identify women who need help and send the case description to workers who review the case; so, the first responders are in place, and another cadre is reviewing the information. This helps in mapping, intervening and monitoring incidents of GBV in the community

4. Small community based periodic surveys and research studies

5. Follow-up of cases and record-keeping. For example, SWATI uses a case-tracker, where the problem is noted down, along with the relief that was offered and the status of the case. This is helpful to keep track of cases and categorise actions that are working or not, see which areas need more effort; helps us understand what kind of violence is on the rise and procure statistics.

APPROACHES
PUBLIC SYSTEMS-ENGAGEMENT

Another important approach shared by the participants was engaging with public systems – the police, the judiciary, protection officers, healthcare providers, which often takes the form of conducting training workshops.

It is important to define these stakeholders and who is included in each category. However, even though multiple stakeholders fall under public systems, the indicators of success are common across categories.

Indicators of Success of Public Systems-Engagement

- Gender-sensitive documentation and appropriate action

- Provision of the appropriate constellation of services

- Increased referral to VAW counselling

- Prompt referral and counselling

1)   Police

They are duty-bound to provide information on available rights and remedies, record the complaint of the woman, facilitate victims'/survivors' access to Protection Officers, initiate criminal proceedings, conduct investigation when appropriate, and act on the directions of the court to assist in the enforcement of orders or provide assistance to Protection Officers and Service Providers.

Indicators of Success:

- **Registration of complaint; documenting it accurately in the complainant's words, reading it back to her**

- **Information and referrals about District Legal Services, Authority/ Protection Officers and other service providers**

- **Qualitative indicators like not turning away the survivor without registering a complaint or giving her a patient and sympathetic hearing; not blaming her; not calling the husband for compromise**

- **Facilitating medico-legal care without any delay in case of sexual violence/domestic violence**

- **Conducting the investigation and collecting evidence fairly and efficiently**

- **Implement directions of the court for enforcement of orders**

Few women in the police for procedural facilitation is a key barrier; especially in cases of sexual assault, it is difficult for a woman to communicate with a male officer. Facilitators include sharing of successful judgements in the police station and police referring to those to take up more cases. Monitoring The monitoring includes bi-monthly meetings with local police stations.

2)   Protection Officers

They are appointed to receive complaints from victim/survivors and record 'Domestic Incident Reports' (DIR); provide information on available legal rights and remedies; and, facilitate victim/survivors' access to justice and support services. Additionally, the Protection Officer is also required to assist the court in serving notices, collecting evidence, and enforcing orders as well as develop a safety plan with survivor and communicate that with the local police. They are also required to coordinate between PWDVA agencies.

Indicators of Success:

- **Recording Domestic Incident Report comprehensively**

- **Facilitating survivors' access to support services Application for relevant order- Protection Order, custody, maintenance, residence**

- **Liaising with the court for smooth adjudication and facilitating the implementation of a court order**

- **Appointment of Protection Officers and availability of infrastructure for their smooth functioning. Infrastructure includes access to computer, telephones, printers, transport, etc.**

One of the biggest barriers for this group is that there are very few POs exclusively assigned for PWDVA in states: Assam has only 22, Gujarat has about 28, UP has 75 with an additional charge. Often, they are overworked and unable to cope with the cases. This, coupled with poor infrastructure is yet another barrier. Facilitators include meetings of POs with CSOs to discuss good court orders that have been issued as well as good practices.

Monitoring mechanisms include a review of   DIRs, assessment of safety plans, home visits to assess safety (if necessary) and access to support services; these aspects would directly affect the court hearing, the survivor's cooperation with the process and how quickly the order is received.

3)   Child Marriage Protection Officers (CMPOs)

Indicators of Success:

- **Taking cognisance of the best interest of the child**

- **Increased cooperation with women's rights groups and caseworkers**

- **Increased awareness among officers, and through them within the community, about the provisions of the Prohibition of Child Marriage Act (PCMA)**

The patriarchal mindset of CMPOs acts as a barrier, as does the lack of orientation to perform their roles, being overburdened with work and lack of monitoring of their actions

Monitoring systems have to be set up as there is no such mechanism at the moment. It is important to note that although legal provisions and policies exist, there is at present no way to know if PCMA law is being implemented or how it is being carried out. Until such a time, monitoring can happen through comprehensive documentation of process and experiences of women's groups and caseworkers approaching CMPO for intervention

4)   Health Workers

This category refers to nurses and doctors/ medical professionals in the institutional setting, as well as Accredited Social Health Activists (ASHAs).

Indicators of Success

- **Identification of violence based on clinical and non-clinical signs; HCPs and ASHAs aware of signs and symptoms for VAW referral**

- **Increase in the number of women referred by ASHAs to existing support services**

- **Immediate treatment to all survivors including basic psychological first aid**

- **Adherence to MoHFW guidelines for medico-legal care for rape survivors**

- **Gender sensitivity in medico-legal examination**

- **Dialogue with the NGOs to discuss challenges experienced in responding to rape survivors**

One of the major barriers is the lack of recognition of VAW as a public health issue. Since it is not seen worthy of proper policy implementations, there is a lack of ear-marked budget and sufficient funds as well as a lack of integration in pre-service education. Shortage of staff is not a barrier to addressing VAW as a health issue. Dedicated human resources are not essential, just a trained eye to identify the 'red flags' and sensitivity to the issue. A big barrier for the ASHAs is that they are from the same community and marginalised groups within the village. ASHAs are not considered the staff of the health system and therefore not recognised. They are often overburdened with work and underpaid.

On the other hand, ASHAs are aware of DV incidents as their work requires them to go house to house. Due to their connections in the community, they have the potential to inform women about available services. In the case of medical professionals in the institutional setting, IEC material displayed in prominent places in the hospital is the main facilitator.

Monitoring mechanisms include monthly review meetings to assess adherence to standards of care, assessment of own casework and records as well as of medical records wherever possible and documentation, and monitoring meetings with hospitals.

5) One Stop Centres (OSCs)

Indicators of Success

- **Adherence to Sakhi SoPs (Standard Operating Procedures) for survivor-centred approach - defined as the systematic focus on the needs and concerns of a victim to ensure the compassionate and sensitive delivery of services in a non-judgmental manner. SOPs have been circulated by MoWCD to all the OSCs**

- **Minimise re-traumatisation associated with the criminal justice process by providing the support of survivor advocates and service providers, empowering survivors as engaged participants in the process**

Barriers include lack of coordination with other agencies such as health, police, courts, DLSA/ SLSA (District/ State Legal Services Authority), lack of community engagement, community outreach and OSCs have to rely on referrals through the helplines or women walking into the centres. There is also a lack of integration with the health system even though several of these OSCs are placed in proximity to the health system. The reliance on pro bono and "on-call" staff jeopardise quality.

Monitoring mechanisms include referrals, which can be monitored directly through the user of the OSC/ Sakhi Centre and document experiences of women using OSC services. For example, how cooperative were the lawyers appointed in the Sakhi Centre? If the presence of the lawyer is longer and sustained, their presence in court and their strategy in cases can be reviewed and evaluated.

Or, did the paralegal workers in the OSCC provide basic legal information to the woman facing violence? If the woman decided to take legal action, did the OSC coordinate with the DLSA who in turn appointed

lawyers? Analysis of the data documented by the centre in alignment with the SOPs for OSCs can also assist in the monitoring of the quality of services of OSC Lawyers

Indicators of Success

- **Increase in collaborative action with community-based caseworkers. For example, using providing comprehensive and pro bono legal advice in cases referred by caseworkers, assistance with pre-litigation steps like drafting applications, etc.**

- **Using robust legal strategies and arguments, referring to positive judgements, improved drafting to facilitate heating concerning respect to protection from DV, maintenance, right to the residence.**

- **A higher number of pro-bono cases, and affordable services especially of women and children including those by DLSA lawyers, especially for domestic and/ or sexual violence.**

In terms of barriers, the Legal Service Authority does not always work as effectively or efficiently as it must or perform the role it is meant to. They often continue to take the money and reject pro bono cases. The quality of lawyers is also not up to the mark

Facilitators include linkages that are created with community caseworkers, organisations etc., and sharing of good practices and development of strategies in the legal system. Legal Service Providers provide legal representation in court to victims/survivors filing applications under the PWDVA.

Once again, the indicators can be monitored directly through the user and community caseworkers by observing how cooperative the lawyers have been, as highlighted in the point above.

6) Judges

Indicators of Success

- **Quick orders/ judgement from the judiciary**

- **Content of the judgement i.e. gender-sensitive and women-centric language in the orders; attitude towards women expressed through behaviour and communication**

- **The ability to prevent questioning that humiliates the survivor and re-victimise violates the Indian Evidence Act**

In the case of judges, the participants pointed out there seem to be many more barriers than facilitators. Like with other stakeholders and approaches, rigid and patriarchal mindsets are the biggest barrier, with judges often lacking an openness towards a more feminist perspective. It has been observed that the judiciary tends to be closed to any sort of orientation on gender sensitivity, and gender issues are not included in the judicial academy's training. This training is limited to lower-level public prosecutors.

As part of the evolving framework, there is increased public recognition of violence against women as a serious concern, and this is an important facilitator. Some judges act as champions for gender-sensitive trials and also facilitate training on gender issues.

Monitoring mechanisms include small studies and a review of court judgments and media reports.

7) Service Providers (PWDVA) NGOs

In recognition of the pivotal role played by women's organisations and women's NGOs, Section 10 of the Protection of Women from Domestic Violence Act 2005 (PWDVA) allows for the registration of voluntary organisations or companies as 'Service Providers.' Organisations that can be registered are those providing services to women, such as counselling, shelter, medical aid, legal aid, financial support, etc. Service Providers are required to assist victims/survivors by recording DIRs and facilitating their access to other support services, e.g. medical aid and shelter. The PWDVA protects actions taken in good faith by Service Providers.

Indicators of Success

- **Increased referrals from courts to recognised services**

- **Number of registrations as service providers under the PWDVA**

An important barrier is the lack of recognition for service providers, with the Ministry of Women and Child Development (MWCD) not registering them under the PWDVA. Another barrier is limited funding from the state for implementation of the law, for example, MWCD has not been allocating funds for the appointment of exclusive POs and training of POs. In the absence of funds from the government, NGOs raise their funds to implement PWDVA which acts as a facilitator as it allows them to play their role without depending on the government's monetary support.

Monitoring mechanisms include periodic reports by the Lawyer's Collective. The reports have comprehensively defined indicators for success as well as steps for monitoring the implementation of the law. These become the yardstick for us to review the implementation of PWDVA

8) Helpline Counsellors of 181 helplines

The 181 helpline caters to women across India in times of emergency. It responds to women callers and provides referral and first point of contact for women facing violence to different agencies to provide effective services. This scheme was initiated in 2016 in New Delhi, it was replicated by several states after that. Since the inception of OSCs, several of the 181 helplines are located within OSC premises

Indicators of Success

- **Promptness in the provision of services**

- **Directing women to updated resources**

- **Adherence to feminist principles of intervention**

Barriers include lack of funding which disrupts continuity, lack of training on feminist principles or gender sensitivity. Lack of monitoring of services and availability of aggregate data that could help in analysis (e.g. profile of callers, type of violence etc, nature of support most sought by women).

Monitoring indicators for the functioning of the helpline exist based on studies conducted by civil society organisations. These are broadly defined as adequate infrastructure, data management system, staff competency and caller experience. However, MoWCD does not routinely publish annual reports related to the functioning of 181 Helpline making it difficult to understand its utility

Facilitators include accessibility as seen in the large number of calls being registered.

9) Gender Resource Centres (GRCs)

Gender Resource Centres are set up under the leadership of MWCD. They are expected to provide technical support in the form of training, monitoring programs of MWCD etc. There is no information available on the activities carried out by them on a routine basis.

Indicators of Success

● **Annual reports indicating the activities of the GRC**

● **Spread of services to different geographies**

Barriers include the state control on issues that are taken up by Gender Resource Centres since they are established with their help, thereby not always fulfilling the purpose/ perspective with which they were set up.

In terms of monitoring mechanisms, there are very few reports available in the public domain and none of them is recent. There is a dire need to generate annual reports highlighting the activities of GRCs and to set up sound monitoring mechanisms

CONCLUSION

The virtual meeting, although lasting only a couple of hours, was an intensive sharing experience. Participants shared the various approaches to addressing VAW that they had used, ranging from survivor-centred interventions to working with communities and with public systems. Discussions on the successes experienced by organisations in their work to address VAW helped draw out the yardsticks or indicators of success as well as the mechanisms through which such information could be gathered. Information was also gathered on the barriers and facilitators to each of these approaches.

Indicators of success at the level of the survivor included those signalling immediate relief from a crisis, to their long-term evolution into VAW activists, advocates and service providers. At the community level, success included better awareness of VAW as a women's rights and health issue, supportive attitudes towards VAW survivors, and ultimately, standing up as a community to enforce zero-tolerance to domestic violence and making intolerance to domestic violence a community norm. Engagement with public systems was assessed as successful when at a minimum, these systems acted effectively to support the VAW survivor, and eventually when the key stakeholders leading these systems became active spokespersons against VAW.

We plan to use this report as a discussion paper to initiate dialogues with the community of VAW advocates, service providers and researchers, and through consensus, arrive at a select list of common indicators for assessing the effectiveness of VAW interventions. We believe that this will be a first step towards coming together as a group to identify or develop approaches that can effectively mitigate and prevent VAW.

ANNEXURE 1

Schedule

DATE: 30 JANUARY, 2021

Sr No	Contents	Time	Leads
1	Setting the context, overview and rationale for the meeting	2:30 – 2:45 pm	Sangeeta Rege & Renu Khanna
2	Self-introductions (45 seconds per delegate)	2:45 – 2:50 pm	Sangeeta Rege
3	Group work – Discussion on indicators	2:50 – 3:30 pm	Renu Khanna & Sundari Ravindran
4	Presentations by assigned delegates and summarising key takeaways	3:30 – 4:30 pm	Renu Khanna & Sundari Ravindran
5	Contextualising findings in Theory of Change	4:30 – 4:40 pm	Sanjida Arora
6	The way forward and conclusion	4:40 – 5:00 pm	Padma Deosthali

ANNEXURE 2

Group Composition

Group 1 Date: 30.1.2021		Group 1 Date: 06.2.2021	
Name	**Organisation**	**Name**	**Organisation**
Rashmi Singh	PCVC	Karuna Ghate	Stree Mukti Sanghatana
Pratibha Gajbhiye	Special Cell - TISS	Sangeeta Rege	CEHAT
Anuradha Kapoor	Swayam	Padma Deosthali	CEHAT
Shobha Kokitkar	Stree Mukti Sanghatana	Sanjida Arora	CEHAT
Renu Mishra	AALI	Renu Khanna	SAHAJ
Sundari Ravindran		Padma Deosthali	CEHAT
Padma Deosthali	CEHAT		

Group 2 Date: 30.1.2021		Group 2 Date: 09.2.2021	
Name	**Organisation**	**Name**	**Organisation**
Dr Ramesh Awasthi	MASUM	Dr Ramesh Awasthi	MASUM
Dr P Balasubramanian	RUWSEC	Dr P Balasubramanian	RUWSEC
Donna Fernandes	Vimochana	Nayreen Daruwala	SNEHA
Satya Devi	Vimochana	Renu Khanna	SAHAJ
Neha Chavda	SWATI	Sanjida Arora	CEHAT
Renu Khanna	SAHAJ	Padma Deosthali	CEHAT
Sanjida Arora	CEHAT		
Padma Deosthali	CEHAT		

Group 3 Date: 30.1.2021		Group 3 Date: 06.2.2021	
Name	**Organisation**	**Name**	**Organisation**
Nilanju Dutta	NEN	Adsa Fatima	SAMA
Divya Taneja	Special Cell - TISS	Divya Taneja	Special Cell - TISS
Shubhangi Singh	AALI	Shubhangi Singh	AALI
Poonam Kathuria	SWATI	Renu Khanna	SAHAJ
Manushi Parikh	SAHAJ	Manushi Parikh	SAHAJ
Sangeeta Rege	CEHAT	Sangeeta Rege	CEHAT
Padma Deosthali	CEHAT	Padma Deosthali	CEHAT

ANNEXURE 3
Responses from Organisations

QUESTIONS by CEHAT/ SAHAJ and RESPONSES FROM NGOs

Q **QUESTIONS by CEHAT/ SAHAJ**

1 **What were the outcomes that you wanted to achieve through specific interventions within your programme? (e.g. Counselling – expected outcomes; short-stay facility – expected outcomes) What are the resources that your organization has that can bring about the changes you wish to create? What were your reasons for aiming at these outcomes?**

A **RESPONSES FROM NGOs**

Jan Sahas

" Our commitment towards providing a holistic response to survivors of violence led to us working on providing psycho-socio-legal counselling as well as legal representation before courts and committees. We also work towards reducing social stigmatization and increasing social inclusion and enhancing opportunities through education and skill development of survivors.

The experience of working with survivors led Jan Sahas to apply multiple approaches and design various interventions. Looking at the effect of violence on women and their families, the mental health team provides psycho-social counselling. Similarly empowering women survivors, Jan Sahas has been able to build a network of barefoot lawyers who work on the ground in the communities. Lawyers represent women and child survivors on a pro bono basis to ensure that survivors get justice before the court of law."

NEN

* To provide a platform to women survivors of violence to access the criminal/civil justice system and to negotiate for their rights within the private and public spheres through our Gramin Mahila Kendras in the communities and strengthen community responses to deal with cases of violence against women.

* Human resources including a pool of feminist counsellors and women grassroots leaders in the communities, financial resources, knowledge on the subject of violence against women.

* Immediate support services for survivors of violence are inaccessible to the last woman in the district. These services are not rights based and exist in isolation. These include legal aid, police interventions and limited institutional care services, and have restricted budgets. "

MASUM

"With specific interventions like counselling, engaging government stakeholders and involving community, the expected outcomes were (1) to stop violence on women on priority basis, (2) woman survivor would not blame herself for violence, (3) woman survivor would be able to take her own decisions, (4) she would be able to access more services available for her such as health services, help of law, police help and other government schemes that she is entitled to. In short, she would get justice, her rights, dignity and respect at home as well as in the society."

Vimochana

"Crisis Intervention Support

1. To provide counseling in order to help women be more self-confident and self-assured while also healing from past experiences. Counseling is also aimed towards acquainting women with their options and also helping them organise their chain of thoughts in order to come to a decision on how to proceed.

2. To help speed up the process of justice delivery through negotiating with the perpetrator out of court in order to ensure financial security for the survivors and their children while simultaneously easing out settlements around child custody, mutual consent divorce etc.

3. To provide legal counseling and help to survivors whose cases were either in court or who had made a decision to work through the formal systems. This also includes helping survivors file police complaints and complaints with other formal systems like the Child Welfare Committee, State Women's Commission etc.

4. To help women leave their house in cases where we received distress SOS calls and also helping them retrieve their possessions

5. To provide them with medical and medico-legal support by accompanying them to hospitals and clinics.
    A safe space for survivors of VAW/DV/IPV

    1. To create a safe space for women where they and their children could heal from their past traumas and start to rebuild their lives. To create a space where women felt welcomed and believed.

    2. To arrange for counseling and therapy support for survivors so that they could receive emotional and psychological help.

    3. To provide women with skill training in order to prepare them for a life outside the shelter.

The organisation has human resources which is the first and most important. We have trained case workers who are very dedicated to the cause of making VAW/DV/IPV unthinkable. We strive everyday to achieve the changes which we have envisioned for our survivors. We also believe that our shelter is a resource as it provides us with infrastructural support in order to provide a safe space for survivors. We also believe that our networking and training skills are a resource because they help us in reaching out and connecting with various other women's groups and service providers which help us provide service which we couldn't (for eg; counseling and therapy support, legal support, skill training etc.) The reason for aiming for these outcomes was to create a safe space for women, a space which does not make them feel like prisoners but helps them dream and grow. All the crisis intervention support is aimed at providing support to individual survivors"

PCVC

"The key outcomes which our different interventions seek to achieve are that–

• Women and LGBTQI+ individuals are able to lead a life free of violence, dignity and choice.

• The co-ordinated responses services for DV improve both in terms of quality and accessibility.

1. **Hotline & crisis intervention – Expected outcomes for the client:**

   • Caller feels supported

   • Confidence in the hotline as a support system

   • Caller finds someone she can trust and share

   • Options available to finding a shift to the problem

   • Access to a safe environment with the children

   • When in future crisis callerwill reach out to the hotline for support

   • Caller recognises what is happening to her as violence and therefore unacceptable

   • Identifying the factor of risk in the relationship

   • Understanding that children are seriously impacted witnessing the violence

   • Intervention alleviates risk, provides protection

2. **Counselling & long-term support (psychosocial, physical)**

   • (significant) Reduction in fear, clients understand and recognise violence, their rights and entitlements, laws that exist to protect them, options available to them

   • Clients start to focus on the 'how' to lead violence free lives by exploring options

   • Support system in shelter (between clients) has a positive impact on their future planning

   • (significant) Increased confidence on her strengths and competencies

   • (significant) Increase in ability to find resources of support (non dependency)

   • (significant) Increase in coping reducing impact (psychosocial, physical, & behavioural) on the client

   • (significant) Reduced psychological symptoms like anxiety, depression, etc

   • (significant) Improvement in self-care (incl day to day functions). Focus moves from the perpetrator to self and children

   • (significant) Increased ability to negotiate with family"

Suneeta

Primary objective was to mitigate the adverse sequelae of domestic violence; we were observing mortality as well as unintended pregnancies, adverse mental health outcomes (attempted suicide) etc. So the aim was secondary prevention. Secondary outcomes include a number of the outcomes you list in the figure below.

RUWSEC

"RUWSEC has been working on prevention and protection of gender based violence against women in rural areas of Tamil Nadu since 1998. The broad objectives of our programme are

i)   to create community-based resources for prevention of violence against women

ii)   to create support services that provide women affected with the information and skills that would help them deal with the problem as they see fit

iii)   to get domestic violence acknowledged as a major gender-justice and health problem among key actors in the local community and among policy makers and service providers in the district and eventually, the state Our programme aims to create mass awareness about gender-based violence (GBV) as social injustice and health issue; specifically the aim is to bring about attitudinal change within the community making spousal violence socially unacceptable. We also aim to create a support system at community level and to provide counselling and psychosocial support to women affected by GBV. Counselling is provided at different levels; at the community and centralised counselling at RUWSEC. We also provide counselling at RUWSEC clinic and PHCs. As a result of our intervention, there has been an increased awareness about GBV is unacceptable among women, men and young people. Secondly when women face GBV, seek the support of village level community committees and also centralised counselling services. In our project area, we have community level committees protection committees in 95 villages (A group consist of five including three women and two men who are the key influential in the village, the members are from women PRI member, youth leader, SHG women and men, they had undergone a comprehensive training of 18 days on GBV, counselling and legal and other support services). This is a great resource, In addition, every village we have youth volunteers who had under specialised training on SRHR. So, they provide first level support and counselling to women and refer to RUWSEC's centralised counselling and support services, first level medical support is also provided in RUWSEC clinic. Almost all our staff has undergone training on community mental health and identifies women who need psychosocial support. Thus trained community committees, staff and good linkages with the existing support mechanisms are the major resources for us. Those who need legal and other support are referred to women's police station and protection officers or legal consultants and followed up. RUWSEC has good links with local police station and protection officers and public health care providers in the district. The reasons for aiming the outcomes are we believe that without community involvement the sensitive issues like GBV cannot be resolved and reduced, so community based workers and committee members are the major resource to us. Moreover it is more sustainable in the area. The RUWSEC staff had strong exposure and experience in working with the GBV and SRHR. "

QUESTIONS by CEHAT/ SAHAJ

2   **What were the expected outcomes for each of the interventions within your IPV/DV programme?**

• Case work
• Joint meetings with abuser/ family / etc
• Awareness creation
• Community engagement
• Training
• Any other intervention

A

RESPONSES FROM NGOs

Jan Sahas

*   Case work: Good documentation, helped in collecting data to support the challenges faced by women while accessing services and using the law

*   Joint meetings with abuser/ family / etc: Helped in creating support for survivors as well as providing counselling for mitigating trauma and stress

*   Awareness creation: Helped in involving community members at large to respond to cases of violence against women and children and provide support to survivors

*   Community engagement: Designed various models of intervention

*   Training: Members of the community, women survivors and leaders trained on issues of gender, violence against women and children and use of law

NEN

*   Case work: Women survivors able to navigate through the criminal/civil justice system and other support services through a unified, well-coordinated response mechanism. Women able to negotiate for safe spaces within their homes and understand the fact that violence is non-negotiable.

*   Awareness creation: Communities sensitized on enhanced understanding of GBDVAW

*   Community engagement: Independent support spaces managed by community women peer leaders by creating a safety and support net for women survivors of violence

*   Training: Capacities of multi-layered stakeholders – individual,community and duty bearers – developed from a gendered and rights based approach and institutionalizing feminist principles in their work

MASUM

1.   **Case work**

    *   After individual meeting woman survivor to be mentally and emotionally settled through compassionate and skilled counselling and able to think about options.

    *   She is able to take her own decisions and group her her strengths to deal with consequences of her decisions.

    *   She is well informed and is able to understand different services, and she can choose the services as per her needs.

    *   She understands about her rights (legal and human rights) and is able to assert her basic right of living a life without any form of violence and discrimination.

2. **Joint meetings with perpetrator /family**

   * Stopping violence on priority basis

   * Joint meeting discussion may lead to reconciliation with different commitments and options if acceptable to the survivor

   * Perpetrator/s and other family members are able to understand their violations and agree to bring change in behavior

   * Joint meeting leads to discussion about giving rights to women in property, education, choose employment opportunity and other many more options as per survivor's requirements

   * Other family members can extend support to the survivor and oppose/ put a stop to violence in the family

3. **Awareness Creation**

   * Services provided by organisations reach to public and especially to women and girls

   * Women can access these services like counselling centre, support groups and local staff of

   * Through awareness creation women are able to know contact details of point persons through whom she can reach to services

   * The people get to hear of the values of equality and dignity and respect to women and right to live a violence-free life

   * Awareness about different laws, services, stakeholders, helplines among public

4. **Community Engagement**

   * Strong support to women at community/ village level

   * Support group women take issue of violence to Gram Panchayat/ Gram Sabha

   * There would be restrictions/ community pressure on the perpetrator

   * Community takes decisions at their own level and make some policy to prevent abuse/violence of women, children, girls etc.   (Example - child marriage, safety of women and girls in public spaces, dowry prohibition, education of girls etc.)

5. **Training**

   * Conceptual clarity, knowledge updated, new sources of information

   * Understanding different laws, acts, services,

   * Improvement in capacities of staff and other stakeholders to address the issues of violence

   * Accountability increased and more focus on qualitative performance

   * Increased motivation and enthusiasm in routine daily work"

Vimochana

Case work -

1. To always recognise and respect the survivor's right to self-determination and autonomy and let them make an informed decision about the ways in which to proceed

2. To respond to crisis and ensure immediate safety for the women and her children by removing them from the violent situation

3. To provide social, psychological, legal, medical, medico-legal, food supply, residencial and financial support

4. To build confidence, instill in the survivor a feeling of self-sufficiency and empower them to be able to start a new life which is based on the belief that violence is unthinkable

5. To ensure that each case comes to a logical conclusion in terms of financial security for the woman and her children

6. To begin a journey of healing for the women, a journey which helps them recognise the different forms to violence which they faced, to start to rebuild their lives emotionally and to ensure that these women ensure that they are not subjected to any form of VAW/IPV in their future relationships and that moving forward, the survivors forms relationships which are based on mutual respect and are cemented in the belief of equality.

7. To use individual cases to recognise gaps in systems of support for survivors of violence and build campaigns around these cases to lobby and advocate for bridging these gaps.

Joint meetings with abuser/ family / etc·-

1. To negotiate for out of court settlements because the legal process is a very long drawn one

2. To try and initiate a process of closure for the survivor

3. To sometimes point out specific instances of violence and use these instances to broaden their understanding of DV/IPV. (This is mostly done with family members who would or can act as a support system for the survivor

4. To listen to both sides separately is an established procedure at Vimochana in order to reach an amicable solution especially in cases where women want to go back to their husband as we respect their right to autonomy and self-determination.

Awareness creation -

1. To raise awareness about the fact that DV/IPV is unthinkable and unacceptable

2. To expand the knowledge about VAW and ensure that the audience recognises patterns of DV and look at domestic violence as an outcome of power inequality while also acknowledging that DV/IPV is caused due to wider discrimination against women and it is our socialisation and patriarchal societal attitudes which furthur fuels DV/IPV

3. To initiate conversations around these patriarchal societal attitudes in order to initiate community-based actions/campaigns aimed at smashing these misogynistic attitudes

4. To reduce tolerance towards domestic violence while raising awareness about the resources available for survivors

5. To create awareness around DV/IPV amongst different stakeholders who a survivor encounters (e.g. doctors, police personnels, protection officers, staff of OSCs, public prosecutors, counselors of government and non-government run shelter homes, religious leaders etc.) in order to make them aware of the patterns of the same

6. To communicate with all survivors of DV that they should mandatorily get medical reports in cases of physical violence. We also attempt to tell them to plan their exit from the house by trying to move all their valuable documents, jewelry and belongings and to always try to leave along with their children.

Community engagement -

1. To create neighbourhood support groups (which later evolve into communities of care) and converse with them about the importance of intervening to stop instances of DV/IPV and improve responsiveness towards the needs and safety of survivors of DV/IPV

2. To create a safe neighbourhood for girls and women

3. To try and hold perpetrators accountable through informal mechanisms including community response

4. To create socially conscious communities through having conversations on different issues

5. Apart from engaging with geographical communities, we have also created communities of the violated which are communities of survivors. This community acts as a support group and the sharing of testimonies in meetings helps the survivors to gain strength from one another, feel supported and motivated while also learning from the lives of other women and think of newer ways to approach their situations.

Training -

1. To ensure stronger formal systems (e.g. doctors, police personnels, protection officers, staff of OSCCs, public prosecutors, counselors of government and non-government run shelter home) of support for survivors of DV/IPV

2. To warrant that police and other stakeholders involved in the legal process are aware of various laws which are used in cases of VAW in order to strengthen the coordinated effort to detain, arrest and convict perpetrators for their crimes

3. To ensure that police stations can be safe spaces for survivors of VAW by pushing them to follow established norms and procedures to ensure women's safety (for example, not summoning women to the station between 6 pm to 6 am)

4. To ascertain that all the stakeholders covered under the PWDVA are aware of their duties and responsibilities towards survivors for a quick and seamless intervention.

5. To empower the protection officers to use the provisions of the PWDVA and the power given to them under the act to ensure quick relief to survivors of DV/IPV.

6. To try and change patriarchal notions about VAW and counter the practice of viewing women's testimonies as inherently false

7. To engage more with young individuals like students to foster progressive attitudes about the issues of marginalised communities"

PCVC

Case work - Comprehensive support services are accessible to the client and the survivor is able to break the cycle of violence

Joint meetings with abuser/ family / etc – To advocate jointly for the rights of the person, to identify available support and resources within the clients own circle of influence and allies

Awareness creation - People are able to recognise different forms of violence in their life or life of people around them and the underlying causes. People become aware of what they can do and what support and services are available.

Community engagement – To create awareness on DV, its underlying causes, its impact, support available and community level resources that are available. Also mobile community members to be changemakers (I am Dhwani) to spread awareness on the same as champions.

Training-

 *   Training for staff/team of PCVC on the issue, approach, guiding principles of the organisation and perspective building to ensure consistent and quality services

*   Training for outreach team who have the role of developing and implementing mass outreach activities at community level as well as through different social media and digital platform

*   The trainings are inhouse as well as external trainings organised by likeminded organisations and institutions

Any other intervention -   POSH work with corporates, Vacya project with corporates on workplaces response to DV/IPV/diversity & inclusion"

Suneeta

I would consider these outputs and/or intermediate outcomes of health systems responses to DV: training and improved knowledge, attitudes and practices among health care providers, identification of women experiencing violence, increased disclosure, counselling, joint meetings with families, referrals to support services (a range of services from shelter, livelihood support, etc.). A response would likely also aim to generate community awareness (Soukhya did).

RUWSEC

Case work   - Identify women in the community through our health workers and community committees; annually around 50 women accessed RUWSEC centralised counselling services, moreover in each committees in the villages handle 6-10 cases per year. Additionally monthly 10-15 women seek the services of our health centre based counselling.

Joint meetings with abuser/ family / etc. - If a woman wish to have a joint meeting only after getting her consent we will meet the abuser and if needed organise joint meeting. As a result of the joint meeting a few couples lead a happy life.

Awareness creation - Village level, intra villages and mass awareness meetings on March 8th and International Day for the Elimination of Violence against Women. Increased awareness among men and women. There is an increased awareness on gender and GBV, and public health issues; women recognise it.

Community engagement - We have community committees in all the 95 villages; they become integral part of the community and they become active advocates for the change. Moreover they act as pressure groups. The presence of the community committees sends a signal to the public violence that GBV is not acceptable or intolerable. Women are coming forward to report to the committee.

Training - It is one of the core areas of our work, we do run regular workshops for adolescents, young people, newly married couples, men and women in the community. As a result there is an increased awareness about the issues; the trained people start referring women to RUWSEC. The trained men and women raise their voice against the perpetrators, when they see any violence against women in the family or public places. Following the sensitisation workshop with men and newly married couples training, men started supporting women's work and accepting women's views and issues. Women who attended the special workshops gained more confidence and got empowered and were able to make concrete decisions on their life events.

Any other intervention: Medical, psychosocial and legal services and follow up. During our routine counselling in the clinic and PHCs, we screen women for mental illness and violence with a standard set of questions and observation. Both unmarried girls and married women access our medical abortion services.

Q **QUESTIONS by CEHAT/ SAHAJ**

3 **Does you have different intervention strategies for dealing with Intimate Partner violence (IPV) / Domestic Violence (DV)**

A **RESPONSES FROM NGOs**

Jan Sahas

NO

NEN

None

MASUM

* Engagement of different stakeholders in VAW programme so women can get qualitative services in minimum time

* Sensitisation programme on gender and violence with youths especially with young boys/men and parents /in-laws

* Facilitation for community participation to address the issue of violence as it not just a personal issue

Vimochana

* We strongly believe in the power of a new form of justice, a justice which does not have to be delivered by the male-centric court systems. In order to speed up the relief process for survivors of violence against women, we try to negotiate as many of our cases out of the court as possible. We do this by reaching out to the abuser or their families and also sometimes by using formal mechanisms like filing cases under 498A in order to create pressure for out of court negotiations. Wherever appropriate, we also lobby with the informal system of power like religious institutions to provide immediate relief to the survivors.

* We also use neighbourhood committees which are community groups in the urban communities where we work in order to intervene in instances of VAW.

* We opine that each and every perpetrator should be publicly shamed and boycotted and to do that we also organise protest actions near their places of residence or work as a pressure tactics both for the police as well as the abuser."

PCVC

o Crisis and long-term counselling
o Comprehensive rehabilitative services
o Consistent and non-negotiable approaches based on client centric, feminist principles
o Qualified and experienced team
o Round the clock support services"

Suneeta

The content of the intervention would vary depending on the age group/point in the life cycle the intervention is aiming to address – intimate partner violence that occurs within heterosexual marriage vs. other types of relationships; violence perpetrated by family members; elder abuse etc.

RUWSEC

Yes, we have different strategies for dealing this issue; community capacity building, provision of support services, training for front line health workers, producing publication and advocacy for policy change

o We run workshops in schools and colleges, also at community level for adolescents and young men and women.

o Workshops for newly wedded couples, and young married men and women

o Workshops for women affected by GBV and their family members

o Gender sensitisation workshops for married men at the community

o Creation of community committee to provide counselling, first level support and referral services

o Provide centralised counselling (women's centred counselling), medical and psycho-social support and legal services to women

o Run workshops for anganwadi workers and civil society groups

o RUWSEC community workers make monthly visits to the villages, to provide NCD and SRHR information and counselling. Through these routine visits they identify women survivors, counsel them and follow up.

o Documentation of our experiences and advocate with community and government for suitable policy change

4. **When implementing your programme, you would have made informal assessments to track whether the programme is on track. What were some changes that indicated that the programme was on track (not all categories below may be relevant for all) please provide examples? –**

    • among violence survivor women beneficiaries   • among community members

    • among young men and women   • among healthcare providers/ other health staff

A **RESPONSES FROM NGOs**

Jan Sahas

*   Among violence survivor women beneficiaries - Women regularly came for their session, started taking interest and initiative in their cases, showed keen interest in availing knowledge and participating in trainings and volunteered to be barefoot counselors

*   Among community members - Community members becoming sensitised towardsissues of women and girls and supporting women in registering cases.

*   Among young men and women - More awareness on issues, rights and law

*   Among healthcare providers/ other health staff - Sensitive while dealing with cases of violence against women"

NEN

*   Among violence survivor women beneficiaries – Increased number of women being benefitted from the services provided by our barefoot counsellors which have prevented further violence in their lives.

*   Among community members – Women survivors transforming themselves as peer educators to undertake prevention and support services in their communities and receiving community support through local (both formal and informal) committees like the village panchayats, Village Defence Parties (VDPs) etc.

*   Among young men and women – Young men and women being able to articulate and express themselves on social issues in public forums.

*   Among healthcare providers/ other health staff – ASHA workers being able to identify DV survivors and refer cases to our Gramin Mahila Kendras"

MASUM

1. **Among violence survivor women beneficiaries-**

    *   Women survivor is satisfied and she is referring other women in crisis to the center. (For example, there is a track in the monthly reporting format that notes how many women referred from beneficiary women)

    *   Women are able to access further referral services and take help of different stakeholders (For example, a woman referred to a Protection Officer, has filed a case under DV act and informed the concerned counsellor, woman got a court order of maintenance or of child custody and it has been reported in the outcome)

* Individual sessions and joint meetings get recorded, and that leads to some decisions in favour of the survivor (For example, reconciliation on survivor's terms, women take own decisions, she got stree-dhan and/or other educational documents, she started legal process, and takes help of another stakeholders, etc. and that gets recorded in monthly reports)

* Home visits also recorded; it helps in providing mental support to women survivors and we get to monitor if she has been able to negotiate safety.

2.   Among Community Members. –

* Community members are referring women survivors to counselling centers and Support Groups

* Support Group is providing support to women survivors at village level (For example, women provided one night stay in a safe house in the village itself, Support Group helped her to go to her parent's house, to make available health services and telephone to talk with her relatives, help of police and advocacy with PRIs members and all these things get recorded in the monthly reporting format)

3   Among young women and men –

* Young men and women get sensitised through different interventions with students in colleges and schools, and they also access these services

4.   Among healthcare providers/ other health staff –

* ASHA, ANMs, anganwadi workers and multipurpose workers (MPWs) get sensitised, and sometimes they refer women to these services

* After physical violence, women go to Primary Health Centers (PHCs) and Sub District Hospitals (SDHs)

* In some cases, Medicolegal Complaints (MLCs) get recorded, but overall response from health department is low

Vimochana

Among violence survivor women beneficiaries

1. We have noticed that our communities of the violated are growing with different women wanting to attach themselves as members of these communities. This makes us realise that women are deriving strength from each other's stories while also mitigating the feeling of self-guilt.

2. We have also noticed that several women have become confident and empowered enough to approach the police and courts without our help. Several women have successfully rebuilt their lives, have grown emotionally while also have joined the workforce to earn and provide for themselves and their children. Among community members

1. The community members themselves have started neighbourhood groups and street groups where women, some of whom are survivors of DV/IPV have become leaders to mobilise the communities to intervene in matters of DV/IPV and also to respond to the needs of other survivors. These women on several instances have intervened and stopped DV/IPV and have also removed the victim from the situation while offering the victim shelter in their own houses. Among healthcare providers/ other health staff

1. Continuous engagement with nurses at Victoria Hospital has changed their attitudes towards patients with burn injuries. The nurses have become more empathetic in offering care to the patients and their families while also have started working in close coordination with Vimochana's staff to ensure quick service delivery.

2. Vimochana's work at Victoria Hospital has garnered a lot of appreciation and has been accompanied by an increase in a recent increase in funds towards the work thus, ensuring additional services like nutrition kits, prosthetic limbs, necessary equipment, free medicines etc for the burn patients and survivors.

PCVC

• Among violence survivor women beneficiaries – Wellbeing (physical and emotional), confidence level to negotiate for their choices and rights, a clear goal for themselves which they can envision for their life, positive shift/shift in power in their relationships, financial independence.

• Among community members – Increased awareness about domestic violence, root cause, available support services

• Among young men and women - Increased awareness about gender, domestic violence, root cause, available support services

• Among healthcare providers/ other health staff - Identifying DV/IPV among patients, increased empathy, need-based referrals

Suneeta

Soukhya tracked outputs – some listed in response to question 2 – training/training participation; Knowledge, Attitudes and Practices (KAP) of health care providers; levels of disclosure occurring in health centers/to health care providers. I would imagine one could track changes in community members awareness and perceptions as well – though those may take time to change. Perceptions/reactions to media reports/actual cases may change faster than more fundamental attitudes related to gender norms (that's me speculating…not sure if research has looked at that).

RUWSEC

Among violence survivor women beneficiaries - Every year about 5-6 women who made suicide attempts are saved and give psychosocial counselling and are currently leading a happy life. In few other cases, they got separated from their partners o Among community members - Increased awareness and community ownership, more over it is sustainable and owned by the community. Except a few, most of the community members who we trained are active and provide support to women, provide shelter at nights for the affected women, accompany them to police station or protection officers and help them to file a complaint o Among young men and women - Young couples trained; gender sensitisation workshop for men o Among healthcare providers/ other health staff - Increased awareness on GBV, changes in their attitude and perceptions. Importantly after attending the training some of the ICDS workers refer women to RUWSEC specialised counselling and support services. Likewise, ANMs refer women to our centre "

QUESTIONS by CEHAT/ SAHAJ

5   **What do you think are the contextual factors that serve as a barrier to effective delivery of services to survivors? (e.g., lack of knowledge/sensitisation among health care providers/ women's police stations/ Protection Officers/ helplines by state agencies/ referral networks for shelter and other needs of the survivor not met)**

A

RESPONSES FROM NGOs

Jan Sahas

Women survivors are stigmatised at various level, the non-cooperation of medical staff, police and the gender biases held by service providers and courts, makes the woman's struggle for justice more difficult. The gender discrimination is very prominent; women are treated badly while undergoing tests and at police stations.

Police, health care workers, protection workers are mostly overburdened and often not gender sensitive. Often women become more marginalised when faced with a strict or hostile health care worker or police officer. In cases of Domestic Violence, POs are usually over burdened and do not take care of the individual needs of the survivors. They also ignore signs of threat where the woman is constantly facing violence within the home."

NEN

* Insensitive approaches of the law enforcing agencies.
* Bureaucratic bottlenecks
* Engaging men on issues of GBDVAW
* Lack of convergence of various government departments"

MASUM

After giving information about all available services to women, there are some factors which affect service delivery. These are as follows

*   Willingness of women – Most of the time women don't want to take help of services like police and courts. Some women withdraw their cases and go back to in-law's house as a compromise, family and societal pressure being too much to bear.

*   Inadequate information of legal procedures or dilemma and fear about if and where they will get justice

*   Delay in getting services – At police stations, district or taluka legal-aid service authorities, protection officers, courts, shelter homes, there is a delay in getting interim or final decisions due to complicated procedures and multiple mandatory documents (Aadhar card, voter card, ration card, etc.). Women are not able to get these services due to high expenses for all procedures. Although there is a provision under the act that DV cases should be disposed within 60 days, even at District and Taluka legal Aid Authority there is delay in getting advocate for a case of women. There is demand of money from women though it is a free legal aid. There is a delay in presenting the case, in panchanama, in filing charge sheet etc. No body is bothered about this delay. Everybody says there are different services for women, but the delay in receieving the services and the quality of these services is an issue.

*   Lack of money, time and family support – Women rarely get family support, not even from their parents. If the woman is unemployed, then there is the additional problem of expenses which causes barriers in getting services

*   Insensitive officials/ male dominated approach – If any service provider is very insensitive to women's issue, it affects the quality of service to women

*   Corruption at all levels is also a barrier for women in accessing services. Influence of political personalities, influence of abuser's family are also important barriers."

Vimochana

*   The strongest and most prominent barrier to service delivery is the continuous patriarchal conditioning amongst police and prosecutors where the process of seeking justice exerts a pressure over the survivors and not the perpetrators. The police officers also try to justify violence as a means to deny help.

*   Patriarchal attitudes and mindset amongst different stakeholders leads to re-traumatisation of survivors and hence, several survivors do not seek help or are pushed back into abusive households.

*   The existing support systems for survivors (shelters, helplines, women's police stations, protection officers etc) are very weak. All these support systems treat women as criminals and liars with shelter homes locking them in, helpline counselors doubting the authenticity of women's testimonies and protection officers and women's police stations forcing women to return to their abusive households in the name of a secure future and in turn just escalating the scale of violence.

*   Judges, who are at the very top of the legal system themselves, have patriarchal mindsets and strongly believe in the sanctity of marriage and families as institutions. This in turn again makes them disbelieve women's testimonies and provide them with abysmal or no relief.

*   As feminists we recognise that law is masculine and is created by men to ensure the interests of men. Such a system demands proof of VAW/DV/IPV and the proof is impossible to attain in several cases because the abuse has taken place within the four walls of the house with many women virtually held as prisoners within their house. Hence, most of these cases cannot be proved in the court of law further fueling the belief that women are misusing the laws which are meant to protect them.

PCVC

o   The mindset and perspective of all institutional players which is regressive and not rights based

o   Lack of sensitivity and empathy; engaging in victim blaming

o   Internalised patriarchy – choices offered are limited to conditioned ideas of preservation family unit as more important than individual freedom/safety

o   Timeliness and accessibility of services is low or absent; lack of information with clients on services and support available

o   DV/IPV services not embedded within existing services

o   Available services are revictimising, which causes a lot of trauma

o   Control of community and family over the client to reach out for support

o   Lack of implementation of laws by police (DVas a crime)

o   Reduced strength of support officers

o   Lack of sustained and ongoing training – lack of institutional will/leadership commitment"

Suneeta

We write about this in the Soukhya case study and I doubt things have changed dramatically – a health systems response is only part of the solution and really is limited in terms of impact if it's not linked to a multisectoral response. This is very hard to activate and to sustain. All of the agencies you mention above need to be sensitised, linked and working in coordination. We had hopes of establishing a coalition – the one coalition I've seen first-hand working is the San Francisco Domestic Violence Consortium (http://www.sfdvc.org/) – we had dreams of setting up something similar in Bangalore. There are broader contextual factors such as norms but I think these can actually be bypassed to an extent with strong coalitions of service providers – and then potentially feedback to address community norms.

RUWSEC

Based on our experience, we observe that majority of the health care providers, Protection officers and women police in our region are less sensitive to women's issues especially when it comes to IPV. When the affected women approach them, in many instances they give advice to live with the abusers; they do mediation and not support women to make decisions convenient to them. They are also not providing women with coping strategies which will build their resistance and resilience. I think there is a shortage of shelter homes, economic empowerment programme for the survivors of violence.

Q **QUESTIONS by CEHAT/ SAHAJ**

6   **What do you think are the contextual factors that serve as facilitators to effective delivery of services to survivors? (e.g. exposure to gender issues; gender norms in the community are more egalitarian)**

A **RESPONSES FROM NGOs**

Jan Sahas

Training on gender, involving men and boys as agents of change will help in providing holistic response.

NEN

*   Grassroots women peer leaders exposed to GBDVAW issues

*   Local leaders, especially men (although far and few) from within the communities owning up for prevention of GBDVAW"

MASUM

*   Gender sensitive, women centric approach

*   Update knowledge of legal procedures, continuous follow up with different stakeholders

*   Strong networking and coordination skills with all stakeholders

*   Personal capacity building through trainings and sharing among each other

*   Efforts should be taken for increasing of every stakeholder's accountability. Multi-response mechanism should be strongly facilitated for effective service delivery to women survivors, "

Vimochana

* Breaking of stereotypical patriarchal norms around DV/IPV is the most important factor to ensure delivery of services. We need to promote a culture where women's testimonies are believed as a starting point to any case.

* This can be achieved when we engage with communities in order to facilitate conversations around the patriarchal culture that we live in and push people towards questioning their own patriarchal socialisation and values in order to push for an egalitarian society devoid of gender roles and norms.

* We also need to destigmatise conversations around mental health and provide mandatory counseling support to all survivors of VAW."

PCVC

o Training
o Leadership buy-in
o Exposure to service organisations and their service delivery model
o Coordinated working"

Suneeta

In my view, access to resources, the lack of strong (gender-aware; too many service providers have internalised patriarchy) coalitions, and support of the state are key contextual barriers – all of which we have the ability to overcome.

RUWSEC

There is an increased awareness about gender and gender based violence, women recognise it and come out openly and report it when they face IPV. But it doesn't mean that gender norms in the community are more egalitarian.

Q **QUESTIONS by CEHAT/ SAHAJ**

7   **If you were to advice someone starting a VAW programme, what would be three things that you would advise them to do? Three things that you would advise them NOT to do?**

A **RESPONSES FROM NGOs**

MASUM

Things to do

1. Working with youth, girls, parents and the community on gender issues, patriarchy and violence with more focus on efforts at preventive level

2. Effort for transparent and fast delivery system of government/ semi-government services to women survivors (strong networking with all types of stakeholders at each level)

3. Make women aware about practical and real challenges they may face in the journey of getting justice. Take efforts to make women self-reliant, independent and connecting them with different government schemes.

Thing not to do

1.   Do not negate or trivialise survivor's experience and feelings.

2.   Don't give false hopes to women.

3.   Don't be judgmental towards women's issues."

Vimochana

Things to do

1.   Interventions which are aimed to respond to survivors of VAW/DV/IPV should always stem from what the survivor wants as the survivors know their situation best. While it is our duty to acquaint the survivors with all the options available, the decision of how to proceed should come from them.

2.   Conduct staff-capacity building in order to ensure that the organisation is a safe space for survivors. Any organisation with a VAW focused programme should ensure that women's testimonies are believed and the space is free of moral and ethical judgements. Continuous staff building capacities plays a pivotal role in achieving this.

3.   Try to move beyond formal systems of justice wherever possible but while still engaging and advocating for strengthening these systems of support (protection officers, police, legal support systems, etc.) through policy change, training and other innovative means.

Things not to do

1.   The programme shouldn't look at violence as an issue in isolation. Violence always needs to be contextualised in the local as well as the global context in order to fully understand it. No instance of violence is an isolated one.

2.   The case-workers and counselors should never project their own thoughts, values and beliefs in order to influence the survivor's decisions.

3.   The interventions cannot and should not look at women as one big group. Each intervention should be designed with the idea of intersectionality in mind in order to understand the challenges faced by women of different groups."

PCVC

Things to do

a.   Programme needs to be contextual, flexible, and understanding of the local cultural and social mores.

b.   Core principles and values need to clearly defined, transparent and practiced at all levels as non-negotiable

c.   Focus on quality; invest in team (capacity, well-being, growth)

Things not to do

a.   Do not start multiple things at a given point of time, let it build and cascade.

b.   Projects should not define the course of the programme and larger vision. It should be other way around.

Suneeta

Things to do

Think multisectoral & invest in forming collaborations (including within communities) at the outset
Use a theory of change approach and track outputs and outcomes
Think big & think systems
Things not to do
Attempt to go it alone
Use linear thinking – expect linear pathways of change
Forget to plan for negative consequences/backlash

RUWSEC

Things to do

o   Gender sensitive, GBV should be approached through gender lenses and counselling should be women gendered and highly confidential.

o   It should be community owned and sustainable.

o   Must be multi stakeholders approach with strong linkages in other services; safety and security of the women is very vital.

Things not to do:

o   Don't expect immediate results; it will take time to change patriarchal values, gender and sexual norms

o   Don't start the programme before you understand the community or broader socio political context of the area.

o   Don't expect legal provisions alone could resolve the women's issues, have to plan strategies to address the broader determinates

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