

# **Domestic Violence Study 2016:** qualitative research exploring women's experiences of Arogya Agam interventions to stop domestic violence

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## Glossary of abbreviations and terms

Arogya Agam (AA)	Non-government organisation that supports project partners.
Project partners (or simply 'project')	Refers to AA and Federation staff and volunteers, Federation leaders, women's self-help group members and leaders and violence against women's committees.
Domestic violence (DV)	In this research context we refer to DV as physical violence by a male partner (husband). Other violence such as family violence is not the focus of this research report.
Federation	WSHGs have been Federated. The Federation has been registered and has taken over many of the roles previously undertaken by Arogya Agam. It has its own staff and volunteers and is mostly self-financing. The federations facilitate and advise the WSHGs and ensure financial accountability. They also disburse loans and collect repayment. Advocacy is a major role, and they are active in domestic violence mitigation.
Violence against women (VAW)	Violence against women. In this research context we refer to VAW as physical violence by a male partner (husband).
Violence Against Women's Committees (VAWC)	Their purpose is to identify and intervene in violence, of any form, against women. There is a focus on domestic violence although cases of other violence against women and girls and other issues are taken up. Committees are made up of men and women and are village based.
Women Self Help Groups (WSHGs)	Village based women's groups each having up to 20 members, set up by the project for women's empowerment. Eligibility is between 18 – 60 year olds. Unmarried women are discouraged because most leave the village when they get married. Unmarried aged 30 or over can become members. Disabled and transgendered women are welcome. Husbands sometimes used to object but now rarely do so and can be convinced. In the area studied, there are 270 groups with 4400 members. The groups take up village and women's issues and all have an element of savings and credit. They give loans to members from their own pooled savings or from external sources. Most of the women members of VAWC (see below) are drawn from these groups.

# 1 Introduction

## 1.1 Violence Against Women's Committees (VAWC)

Violence Against Women Committees (VAWC) were set up by Arogya Agam (AA) after 2005. Previously this work was done only by Women Self Help Groups (WSHG), Federation and AA staff. When staff levels were reduced it was felt that VAWCs could fill the gap; another intention was to involve men. Their purpose is to identify and intervene in violence, of any form, against women. There is a focus on domestic violence although cases of other violence against women and girls and other issues are taken up. Families with only girl children are monitored to prevent sex selective abortion and girls under 18 years, who fail exams or discontinue schooling are monitored to prevent early marriage. These committees are village based with all the members being drawn from the same village. The women members are almost always drawn from active WSHG members. Groups formed by other Non Government Organisations (NGOs) invariably only have women members but under the Federation model, men are encouraged to join in. These are men who have supported AA and Federation programmes, some of whom were previously trained by Arogya Agam. Originally it was hoped to have equal numbers of women and men but this rarely happens. Typically, the groups comprise six to ten members. Training was given in gender perspective, legal aspects pertaining to women and children and in methods of taking up individual incidents, networking and experience sharing was also facilitated. The VAWCs are expected to take up cases of violence reported; and also proactively inquire about known or suspected cases. They are encouraged to take the help of WSHG and Federation leaders and if required, involve the police or Social Welfare Department of local government.

### Aims of the research

This research sought to explore the experiences of women who had reported domestic violence to project partners - VAWCs, AA or Federation staff and volunteers, WSHG leaders or others– mapping their journeys from reporting, through to interventions and final outcome. The main objectives of the research were to explore:

- who women report domestic violence to;
- mapping the types of DV intervention approaches taken;
- the role that VAWCs play in identifying and intervening in DV cases;
- which other individuals and organisations are involved in DV reporting and interventions; and
- strategies that help to reduce or stop DV.

An additional aim of the study was to collect the names of people who were involved in DV interventions, along with their caste, connection to Arogya Agam and what they did in the case. This information was collected and has been provided to Arogya Agam in addition to this report.

## 1.2 Study design

Qualitative research seeks to provide full, detailed descriptions of the research topic, and is usually exploratory in nature. Depth interviews can provide detailed personal accounts and are well placed for researching sensitive topics such as domestic violence. A qualitative research design was therefore chosen for this study.

Specifically, depth interviews were carried out with women who had reported domestic violence. Interview data was then compared with existing administrative data.

### 1.2.1 Study sample – who was included in the research?

Twenty-four women took part in a depth interview for this study. Table 1 shows the profile of participants. It is neither necessary nor desirable for qualitative samples to be large or to be statistically representative. Instead, in order to provide robust explanations from which wider inferences can be drawn, applicable to the broader population, it is essential that qualitative samples are selected purposively to encompass the range and diversity present in the target population(s).

<b>Gender</b>	
Women	24
<b>Age</b>	
20 – 29	9
30 – 39	10
40 – 50	5
<b>Caste</b>	
SC	16
BC	8
<b>Type of DV</b>	
Partner violence	22
Violence by a man (not husband or relative)	2
<b>Initial DV report made to...</b>	
WSHG	11
VAWC	8
Federation staff	5
<b>DV outcome</b>	
DV stopped	22
DV continued	2
<b>Marital status</b>	
Married, living together	8
Separated, different village	8
Separated, same village	7
Widowed	1

The overall aim of the interviews with women was to explore the experience of accessing and receiving support for DV. Therefore, the primary sampling criteria were:

- Women who had reported DV in the last 3 years (2012 – 2015). This timeframe was decided upon to ensure a sufficient sample size of recent cases and for cases to have reached a DV outcome;
- The experience of DV enacted by their husband (please note, that 2 women interviewed and included in the sample had experienced violence by an unrelated man, not a husband or relative);
- Presence of a VAWC in the village – an aim of the study was to explore VAWCs support for women. Women were also included from three villages that did not have a VAWC when they had made the initial report.

A total of twenty-four interviews were conducted with women from fifteen villages.

A limitation of the sample is that it does not include women who continue to experience DV due to the ethical and logistical challenges recruiting such women to the study.

### **1.2.2 Recruitment of research participants**

Recruitment and organisation of fieldwork was managed by the Federation and Arogya Agam. The Federation leader with support from staff identified cases that met the sample criteria (as outlined in 1.2.1). The sample was taken from villages where there was a functioning VAWC and included cases reported as having a 'successful' or 'failed' outcome. Women were contacted by phone or face-to-face by a Federation staff known to them, to explain the purpose of the research and invite them to take part. Federation staff arranged a time and date for interviews. They also checked the woman's preferred location to do the interview.

### **1.2.3 Depth interviews**

Interviews took place between January and February 2016. Taking part in an interview was made as accessible as possible. Interviews were carried out in a venue of the participant's choice - either in their village or at AA offices. Travel expenses were covered for women who stated a preference to do the interview at AA. Most interviews were conducted in the village at a time suggested by the interviewee. Interviews generally lasted 1-2 hours, breaks were offered as required. All interviews were conducted face-to-face by an English-speaking qualitative researcher accompanied by an English-Tamil bilingual translator. Both the researcher and translator were female.

Wherever possible the interview was carried out with the woman by herself. In some instances interviews took place with others, such as WSHG leaders, VAWC members Federation staff or relatives of the woman. Husbands were never present in the building or interview room. Interviews were only conducted in the presence of other people with the woman's permission.

Before starting the interview, the researcher explained the study, the nature of the interview, the topics of interest and details about what participants could expect in terms of anonymity and confidentiality. Verbal consent for participation in the study was sought from the woman during recruitment and then again prior to the interview.

A topic guide was developed to ensure the same topics were covered with each research participant, however the order of topics discussed might vary between participants. Qualitative topic guides provide a structure for interview interactions, whilst allowing room for participants to raise additional relevant issues and discussion points. The topic guide was initially written in English and translated into Tamil. Interviews covered the following topics:

- Background information – age, living arrangements, marital status
- Nature of DV – brief outline of the DV they had experienced
- Reporting DV – when they reported DV, who to and reason for this choice
- DV interventions – an outline of all project and non-project DV interventions, who was involved, outcomes for each, what worked well or less well, who was most helpful

- VAWC – awareness and views of VAWC
- Overall reflections and suggestions – reflections on how their case was handled, and suggestions for improvement in dealing with DV cases.

A copy of the full interview topic guide is provided in Appendix A

#### **1.2.4 Administrative data**

The Federation collect administrative data on DV cases in paper DV log books. They document information about DV reports, including demographic information about people involved, date of reporting, DV issues, project actions and outcomes.

Interview information was compared with DV log book data retrospectively. The aim was to assess possible differences between administrative documentation of DV cases and women’s first-hand accounts. DV log book information was translated into English for this study. DV log book entries were found for 21 of the 24 interviews; and for 7 interviews there were double or replica entries.

#### **1.2.5 Analysis**

The researcher took notes by hand during each interview, documenting the woman’s account. These notes were then recorded electronically and checked with the translator to verify information had been captured accurately.

A thematic approach was taken to analyse the data. This involved developing a ‘matrix’ framework, in Excel, with different column headings for the key themes and a row for each research participant. Data from each interview was summarised into the appropriate column heading. This approach provides a comprehensive approach to the data analysis, ensuring systematic and consistent treatment of every piece of data collected to ensure reliable and valid interpretation. The analytical framework was grounded in the data and not imposed by the researcher, and was one which met the study objectives.

#### **1.2.6 Ethical considerations**

Formal ethical approval for this research was not sought. The research design and interview topic guide was approved by AA Director, however. Ethical consideration remained at the forefront of the research planning and conduct. Informed consent was obtained from all participants who took part in the research. Information was provided to participants prior to recruitment (verbally) and prior to the groups (via the researcher and translator) and it was made clear that they could withdraw from the research at any time during the interview. Any serious concerns about the research participant or their children were reported to the Director at AA for appropriate action.

### **1.3 Structure of the report**

The report is separated into five sections. The first two sections look broadly at the findings regarding VAWCs involvement in DV interventions (Section 2) and what works for DV interventions generally (Section 3). This is followed by a more detailed consideration of women’s experiences of: Reporting DV (Section 4), Types of DV interventions used (Section 5) and DV outcomes (Section 6).

## 2 Violence Against Women Committees: overall findings

### 2.1 Key messages

- Awareness of VAWC was generally low among women interviewed;
- Initial reporting of DV tended to happen via Women Self Help Groups (WSHG) or Federation staff; in some cases these were then referred to VAWC, but not as standard practice;
- Interventions led by VAWC, Federation staff or a WSHG, were generally similar in format. Their approaches did not differ, nor did overall outcomes;
- From women's accounts, VAWC did not act collectively; some members were more active than others;
- Women did not feel that the inclusion of men in DV interventions was integral to a positive outcome or their husband engaging with DV interventions. The inclusion of men who their husband respected the view of or feared, however, was viewed as useful during interventions.

### Awareness and involvement of VAWCs in DV interventions

VAWCs were involved in some but not all cases interviewed for this research. Three villages did not have a VAWC at the time of the initial DV report. Awareness of VAWC was low; limited to people who had come into contact with a committee through employment or volunteering for AA/ Federation. Women also came to know of VAWC through relatives that were VAWC members and proactively approached them about the DV. This low profile of VAWC was a barrier to reporting and involving them.

Initial reporting of DV tended to happen via Women's Self Help Groups (WSHGs) or Federation staff; in some cases, these were referred to VAWC, but not as standard practice. Federation and WSHG staff seemed to remain actively involved in interventions in cases that were referred to a VAWC. It may be possible that Federation staff and WSHG functionaries were also VAWC members, but the women interviewed were not aware of their dual role.

The types of actions and DV interventions implemented by VAWCs were similar to cases led by Federation staff or WSHG functionaries. The main difference of VAWC involvement was that they had male membership whereas WSHGs and Federation staff are female only. Women did not feel that the inclusion of male project staff was integral to a positive outcome or their husband engaging with DV interventions. Whereas the inclusion of men who their husband respected the view of or feared was viewed as useful during interventions. Furthermore, women who had separated from their husband yet continued to encounter partner DV, tended to live in a female only household. A lack of male presence in the house made them feel vulnerable to continued DV, despite separation.

Research participants lived in 15 villages that AA work with; VAWCs were reported to be more active in some villages than others. Even in villages with active committees, it appears that some individual members were more active than others. Women also reported requesting only a small, select number of VAWC members to be involved in their case, to ensure discretion. As the focus of this research was to explore the perspective of women, the reasons as to why some VAWCs or individual members are more active than others cannot be alluded to.

### **3 Strategies for addressing domestic violence: overall findings**

This section outlines what works for addressing DV, based on the research interviews with women.

#### **3.1 Encouraging reporting of DV: routine enquiry of DV at WSHG meetings**

Domestic violence was considered a taboo. Discussions and training about violence against women at WSHGs helped to raise awareness that DV does not need to be tolerated. Women also explained how these discussions helped them to disclose DV to an WSHG peer or functionary. Routine enquiry about DV by an authority, such as an WSHG leader, could help women disclose DV. Similarly, Federation and Arogya Agam staff attending WSHGs and proactively asking women about DV matters was an effective strategy for disclosure. In particular, visiting Federation or AA staff at WSHG meetings, that did not live in the village, could help progress cases of women that were not being (or perceived not to be) referred for action, due to sensitive village relationships.

A challenge remains reaching women that are not non-WSHG members. One successful approach was WSHG members, such as mothers, seeking help for their daughter (non-WSHG member) through their WSHG. New brides are often not WSHG members. Therefore, new brides could be an important group to target DV awareness messages at, to encourage early reporting and intervention. They represent a vulnerable group as tend to be young in age and they may be socially isolated if they have moved to a new village after marriage.

#### **3.2 Multiple DV interventions are required over time**

All successful cases, defined for this report as cases where DV had stopped, required a number of interventions, and a combination of both project partners and non-project individuals (e.g. family, village people) to be involved. For example, a successful DV intervention may include a series of couple counseling meetings with project partners, family and village elders, police reports and temporary separation, over a period of months or years to achieve a successful outcome.

Women who report DV may have an expectation that only one intervention will be required or that their desired outcome will be achieved (i.e. maintain marriage without DV). Therefore women may benefit from project partners managing their expectations early on and encourage reporting repeat DV offences during DV intervention process.

#### **3.3 Mediation - couple counseling**

Couple counseling meetings could facilitate better understanding of the causes of DV and agreement of possible solutions; provided husbands (i.e. DV perpetrator) attended these meetings. A number of meetings would be required to ensure DV had stopped and any other agreed changes had happened. These meetings could also provide a measure of men's willingness to engage with DV interventions generally and whether or not he wanted to reconcile the marriage.

#### **3.4 Fear as a driver of male behaviour change**

Women perceived that men had to be fearful of something in order to engage with DV interventions and change their behaviour. It could be fear of separation, of a police report or fear of being verbally

scolded by a group of (WSHG and Federation) women. Identifying what the man was fearful of and using that as a focus of interventions, was considered to be a useful strategy.

### 3.5 Drawing on the woman's wider support network

Project interventions for DV could be supported by the woman's personal network of family, village members and WSHG peers – that offer both practical (e.g. housing in the event of separation) and moral support. Furthermore, visible support for the woman (i.e. DV victim) helped to boost their confidence about reporting DV and continuing with long-term DV interventions. Women felt this visible support sent a message their husband (i.e. DV perpetrator) that DV would not be tolerated.

### 3.6 The role of men in DV interventions

Women did not feel that the inclusion of male project staff, VAWC members or AA staff, was integral to a positive outcome or for their husband to engage with DV interventions. The inclusion of men who their husband respected the view of or feared, however, was described to be useful during interventions. Furthermore, women that had separated, either temporarily or long-term, could continue to encounter partner DV; even if they moved to a different village. These women tended to live in a female only house. A lack of male presence in the house made them feel vulnerable to continued DV, despite separation. Similarly, women living with maternal family after DV related separation; estranged husbands may approach the woman when alone at home.

### 3.7 Preventing repeat DV offences

Follow up was essential to safeguard woman and keep the momentum of DV interventions. If DV started following an intervention, it was described by woman to be more violent. Follow-up by project members, in the form of a household visit or a counseling meeting could serve a number of purposes. It allowed for a face-to-face check on the wellbeing of the woman and could reinforce positive behaviours of the husband. If DV had started again, this type of routine enquiry could encourage the woman to report continued DV for further action. To safeguard women that were not WSHG members prior to reporting DV to Arogya, could benefit from joining a WSHG to build their support network and protect against further DV.

### 3.8 Supporting women in separation

DV interventions tended to focus on maintaining the marriage. However, there may be cases where separation is required. It should not be assumed that separation results in DV stopping, even when women live in a separate village to the man. Project follow-up remains an important feature to safeguarding women from repeat victimisation.

If returning to their maternal home was not an option for women, project partners need to assist in finding alternative housing options. Marital separation could bring about additional difficulties. Women described the **stigma attached to being separated**; being the subject of family and village gossip and being blamed for the marital breakdown. Women also encountered **financial difficulties**. Women with young children had particular concerns about meeting school expenses. Furthermore, separated women may benefit from **counseling services**, especially those that continue to encounter DV, were struggling emotionally, financially or reported suicidal thoughts.

### **3.9 Developing strategies for difficult cases**

There were two types of cases that were particularly challenging. Firstly, cases that involved men that were generally feared by others in the village; and, secondly, cases that were (or perceived to be) sensitive to wider village relations. In both scenarios project support experienced a delayed start, due to the WSHG or federation staff that lived in the village not referring it for further action; or support for these cases declined after initial interventions failed. There is a need to develop strategies for dealing effectively with such cases, through consultation with relevant project staff.

### **3.10 Safeguarding children**

During discussions about DV, safeguarding of children arose as an important issue. Women recounted having to protect girl children (babies) from their husband who wanted to kill the girl child, or protecting girl children from sexual violence enacted by the husband (i.e. girl's father). Project staff may require a clear strategy for protecting children they believe to be at serious risk of harm.

### **3.11 Tackling harmful alcohol consumption**

Although the exploration of the causes of DV were not the intended purpose of this study; a strong theme across interviews was the association between DV incidents and men drinking alcohol. Women wanted Arogya Agam and others to take stronger actions against TASMAL and encourage men to reduce or stop drinking alcohol.

### **3.12 Systems for recording DV incidents**

DV incidents and interventions need to be logged by the Federation in the DV log book. Interview data was compared with DV log book information, retrospectively. DV log book information captured detailed information about the causes of DV but included comparatively little information about DV intervention actions, outcomes or names of project staff involved. DV logs were not available for all cases; and included repeat entries for some cases.

### **3.13 Women's suggestions for VAWCs**

In interviews women suggested how VAWCs could improve the ways in which they work to support women. Their suggestions were:

- VAWCs need to be more visible. Women suggested they could raise their profile through: street theatre, public meetings, sharing stories about DV from in and outside the village;
- VAWC representatives to attend WSHG meetings, providing information about who is in the VAWC, what their role is, how they help resolve DV, share success stories (from other villages);
- VAWC membership should include male role models from the village and representatives from outside the village;
- VAWC to proactively work with all men in the village, providing awareness and training about VAW.

## 4 Reporting domestic violence

This section provides details about reporting DV; when women report DV, who they report it to and the facilitators and barriers they encounter.

### 4.1 Key messages

- Women reported DV to someone they knew and perceived would help them resolve the matter.
- Women typically sought formal support for DV by reporting it to WSHGs, Federation staff that lived in the village, especially if they were WSHG members.
- Awareness of VAWCs was low. Direct reporting to VAWC happened if the woman knew a VAWC member personally, e.g. a relative, neighbour or they held another authority role in the village such as, WSHG leader.
- Routine enquiry about DV facilitated reporting. Those in authority, such as WSHG leaders, Federation staff, VAWC members proactively asking about DV helped women to disclose and seek help.
- Women had typically experienced DV for a long period before making a formal report. Research participants believed that women should be encouraged to report DV as soon as it starts.

### 4.2 When do women report DV?

There were four key triggers for women to report DV: in the early stages of marriage, when DV becomes unbearable, following a serious DV incident or reporting repeat DV offences.

#### 4.2.1 Disclosing DV in the early stages of marriage

**Family support** was an important factor for reporting DV generally, but especially important for new brides. Family reaction was described to be the difference between early intervention and enduring long-term DV. Families that took a view that DV had to be endured, did not support separation (even on a temporary basis) or did not allow the woman to return to their maternal home to escape DV, acted as a barrier for these young women to report DV formally to an authority. Families were also reluctant to make a formal report if the husband was a close relative, for example a maternal cousin, due to fears about wider ramifications to family relation. Consequently, these women tended to endure longer-term DV and delayed formal reporting until the violence became unbearable or there was a serious DV incident.

Families that did not tolerate DV could be more encouraging of formal reporting, facilitating early intervention. Women described returning to their maternal home in the early months of marriage to escape DV. Project DV interventions were generally initiated by concerned relatives or neighbours who were also associated with the project partners, such as by a mother that was a WSHG member or a family member or neighbour that was an WSHG leader, Federation staff or VAWC member.

#### 4.2.2 Reporting when DV becomes unbearable

Reaching a point at which DV was unbearable was also a trigger for reporting it. These women may have endured DV for a long period, in some cases for many years. This was a subjective tipping point for women, but could coincide with deterioration in the woman's physical or mental health. Women

described how gentle encouragement from family, WSHG peers or neighbours to make a formal report to project partners, assisted them in doing so.

#### **4.2.3 Reporting following a critical DV incident**

Formal reporting of DV could also follow a serious DV incident which presented a serious risk to them, their child or was publically shameful, for example, injuries that required hospitalisation, abduction or withholding of a child, attempt to kill a girl child or a public DV incident. In addition, a husband absconding with another woman also represented a serious incident.

#### **4.2.4 Repeat reporting of DV**

There were women in the sample that had reported DV more than once to an authority. Repeat reports tended to happen when earlier reports to project partners had not been (or perceived not to have been) acted on and when DV had continued or started again following interventions. These women may lose confidence in reporting DV to an authority following failed attempts. Women could be put off from re-reporting DV, due to a loss of confidence in reporting and interventions. Furthermore, women discussed how police reports and attending meetings at Arogya Agam or Federation had financial implications for them, if they had to miss a day of work in order to make reports or follow up previous reports.

### **4.3 Who do women report DV to?**

The women interviewed had reported DV via a possible six different reporting routes. Three of which were not linked to project partners - family, village elders, police - and three which were - WSHG, Federation or AA staff, VAWC. There was no evidence of a caste bias in reporting or taking forward DV interventions.

#### **4.3.1 Reporting DV to a person or organisation not affiliated with Arogya Agam**

Before reporting DV to project partners, some women sought support from family, village elders or the police.

Disclosing the experience of DV to **family members** was generally a starting point for women. As discussed above (in section 4.2.1) whether this disclosure would result in formal reporting and subsequent DV interventions was dependent on the family's view of reporting DV publically. Family members that were associated with project partners, e.g. through WSHG membership, being a member of Federation staff or a VAWC member, could be influential to women reporting the matter to them.

**Village elders** was also an initial DV reporting route for women. Elders, generally male, were viewed to be able to assist with domestic problems without having to involve people from outside of the village. Village elders were accessible to women, as they knew who the elders were and how to approach them. In some cases, women were related to a village elder or their father was acquainted with an elder – this personal connection was said to facilitate help-seeking. Women highlighted that village elders signposted them to project partners, if elder efforts to resolve the matter had been unsuccessful.

Reports concerning a serious incident or an emergency were in some cases made directly to the **police**, particularly among non-WSHG members and women that had previously reported DV to project partners.

### 4.3.2 Reporting DV to project partners

Reporting directly to a project partner was done in one of three ways: to a VAWC directly, through a WSHG, to a Federation leader or staff member or Arogya Agam staff.

Awareness of VAWCs was generally low. Women came to know of VAWC through their contact with project partners (e.g. being a VAWC member themselves, being an employee of AA). Aside from this, relatives and neighbours that were also VAWC members were instrumental in informing affected woman about VAWCs and how they may help. Women had also inadvertently reported to a VAWC by approaching an WSHG leader who was also a VAWC member.

**WSHGs** presented a clear DV reporting route for WSHG members. Discussions and training provided by WSHGs on violence against women assisted women in feeling able to break the taboo about DV and disclose personal DV experiences. Among WSHG members, DV reports were generally made to the WSHG leader or visiting Federation or Arogya Agam staff. Women noted the role of WSHG peers in providing gentle encouragement to seek help and in some cases reporting the matter on behalf of the woman. Non-WSHG members could also benefit from WSHG support. Women that were WSHG members, for example the affected woman's mother may report the matter to her WSHG lead. Furthermore, having an WSHG leader that women had a positive relationship with and was perceived to be active in supporting other women resolve domestic problems helped women feel confident about reporting to them.

WSHG members might take the opportunity to report directly to a **Federation or Arogya Agam staff** when they attend WSHG meetings and actively inquire about problems and issues. Direct reporting to staff also happened in cases where a woman was related to an AA staff member. Women may also seek out a particular staff member if recommended to do so by another woman who had previously received help from AA for a domestic problem. This route was particularly useful for non-WSHG members.

Table 4.1 (below) summarises the reporting routes women used, the factors that facilitated this and the broad circumstances in which reports were made to each. Table 4.2. (below) summarises the overall facilitators and barriers to reporting DV (as discussed in sections 4.2 and 4.3) as well as women suggestions for encouraging reporting.

**Table 4.1 Routes for report domestic violence**

<b>Routes to report DV</b>	<b>Facilitators to reporting</b>	<b>When reports are made</b>
<b>Family</b>	<ul style="list-style-type: none"> <li>• Private forum to discuss DV</li> <li>• Supportive family who encourage formal reporting of DV</li> <li>• Family who are linked to AA, WSHG, Federation, VAWC</li> </ul>	<ul style="list-style-type: none"> <li>• At the start of marriage, when DV starts</li> <li>• When DV becomes unbearable</li> </ul>
<b>Village elders</b>	<ul style="list-style-type: none"> <li>• Elders are accessible (in village)</li> <li>• Accessible for non-WSHG members</li> <li>• Being related to or familiar with an elder</li> </ul>	<ul style="list-style-type: none"> <li>• Prior to approaching project partners</li> <li>• If WSHG/Federation staff are perceived not to take action following DV report</li> <li>• If AA intervention(s) are unsuccessful</li> </ul>
<b>Police</b>	<ul style="list-style-type: none"> <li>• A serious DV incident/ emergency</li> </ul>	<ul style="list-style-type: none"> <li>• After a particularly violent incident or serious event, such as child abduction</li> </ul>
<b>WSHG</b>	<ul style="list-style-type: none"> <li>• Being a WSHG member</li> <li>• WSHG leader is approachable, trusted, known to help other women</li> <li>• Encouragement of WSHG members to report DV</li> <li>• WSHG members reporting DV on woman’s behalf</li> <li>• Being proactively asked about DV in WSHG meetings</li> <li>• General discussions about violence against women and children in meetings</li> </ul>	<ul style="list-style-type: none"> <li>• When DV becomes unbearable</li> </ul>
<b>Federation or Arogya Agam staff</b>	<ul style="list-style-type: none"> <li>• Being a WSHG member</li> <li>• Federation or AA staff attending WSHG meetings and proactively asking about DV</li> <li>• Being related to a Federation / AA staff</li> <li>• Recommendation from village elder</li> <li>• Recommendation from a women who had a positive experience of reporting DV to Federation / AA staff</li> </ul>	<ul style="list-style-type: none"> <li>• When DV becomes unbearable / serious incident (e.g. child abduction)</li> <li>• If WSHG are perceived not to take the matter seriously</li> </ul>
<b>VAWC</b>	<ul style="list-style-type: none"> <li>• Being proactively approached by a VAWC member</li> <li>• Knowing or being a VAWC member, e.g. family member</li> <li>• VAWC leader having a dual role within WSHG or village</li> <li>• Being aware of the VAWC</li> <li>• Referred by WSHG, Federation/ AA staff</li> </ul>	<ul style="list-style-type: none"> <li>• When DV is unbearable</li> </ul>

**Table 4.2 Facilitators and barriers to reporting DV, and women's suggestions to encourage reporting**

<b>Facilitators to reporting DV</b>	<ul style="list-style-type: none"><li>• WSHGs – being an WSHG member; discussions about DV and DV awareness training</li><li>• Federation staff attending WSHG meetings</li><li>• Being proactively asked about DV at WSHG, or by Federation staff, VAWC, family and neighbours</li><li>• Gentle encouragement by family, neighbour, WSHG peers</li><li>• Reporting to a trusted person - family or known village leader</li><li>• Occurrence of a serious DV incident</li></ul>
<b>Barriers to reporting DV</b>	<ul style="list-style-type: none"><li>• Low awareness of VAWC</li><li>• Taboo of discussing DV</li><li>• Previous report being ignored, not effective or unsuccessful</li><li>• Time out of work and loss of earnings - usually an issue for repeat reports</li><li>• Women may not know where to go who to seek support from, especially non-WSHG members and those who lack family support</li><li>• Family not wanting to publically disclose DV</li></ul>
<b>Considerations for VAWC (as suggested by women)</b>	<ul style="list-style-type: none"><li>• Raising awareness of VAWC – members, role and how they can help</li><li>• Encouraging women to disclose DV early</li><li>• VAWC and WSHG need to work closely</li><li>• VAWC members to be part of DV discussion at WSHG meetings</li><li>• VAWC to hold public meetings - discussing successful cases – from village and other villages</li><li>• VAWC to work closely with village elders</li></ul>

## 5 Interventions to resolve domestic violence

The full range of DV interventions are discussed in this section: marital counseling, police reports, social welfare board, family and village level interventions, marital separation and legal proceedings. After mapping the range of interventions used, the benefits and drawbacks of each are outlined.

### 5.1 Key messages

- The intention of DV interventions, whether project or non-project led, was to stop violence against the woman whereby and maintain the marriage, whereby the couple continued to live together. Permanent separation was only considered if multiple interventions over a period of time had failed to achieve a safe environment, free from violence, for the woman.
- A number of interventions are required to stop DV, with the involvement of project staff and family support;
- DV typically flared up after any project intervention, and therefore follow-up support is required;
- Specific strategies are required to deal with men that people are scared of/ display anti-social behaviour;
- Specific strategies are required to deal with DV matters that are sensitive to the village and there is a reluctance for people to become involved;
- Women suggested a need for moral and emotional support during DV intervention process.

### 5.2 Marital counseling

In the first instance, meetings were held with the couple to address causes of domestic violence and to encourage the man to change their behaviour. Meetings were led by either WSHG leaders, Federation staff that lived in the village, VAWC, village elders or by an assigned advocate, depending on who the DV matter was reported to. In some cases, marital counseling was led by (non-village) Federation and AA staff at AA offices. Family members of the woman and man would be invited to attend.

In meetings, the man might be threatened with marital separation, police report, as well as presented with solutions to marital problems, such as moving away from in-laws, or stopping harmful alcohol consumption. Strategies to deal with men's concerns about their wife, without resorting to violence, could also be discussed. These meetings may be supplemented with meetings for just with the wife or husband.

Some women stated a preference for in-village counseling approach, to retain control over who attended meetings, allowing the DV matter to be dealt with discretely. On a practical level, village meetings were convenient, as they did not require travel and could be held outside of working-hours.

A number of meetings and follow-up meetings would be required to reach an agreement between the couple on how to proceed and to ensure the man had changed his behaviour, as promised. However, if a man failed to engage with such meetings, either by not attending or behaving unreasonably (e.g. insulting people at the meeting), another intervention approach was necessary.

### 5.3 Police report

Police intervention was generally sought if in-village couple counseling was unsuccessful or there was a serious incident e.g. child abduction or a serious violent incident. Women benefited from being accompanied to the police station by Federation staff with experience of making police reports. Federation staff were said to offer practical and moral support, guiding women on how to work with the police. Women reported that contact with police without Federation staff could be an unpleasant experience. Women, that had not been accompanied by project staff, recounted being verbally scolded by police staff and deterred from pursuing DV reports and suspected monetary bribes from the husband to suppress any police inquiry. In cases where the police were not helpful, it was sometimes necessary to file reports with another police station. Women explained that police non-action was disheartening, but suggestions and action by Federation staff or an Advocate to report the incident to another police station encouraged them to pursue the report.

Police intervention could include: police counseling the couple, verbal or physical scolding of the man (and in some cases of the woman), threat of arrest, obtaining written statements from the man promising behaviour change, and threat of or issuing a First Information Report (FIR). Police involvement had varied success. It could be successful if the man feared the police or the possible further actions they had threatened.

However, a man providing a written statement or verbal promise of behaviour change in itself would not present an end to DV. Women described how DV started almost immediately after police contact, or men had immediately absconded from the marital home, despite promises they had made to the police. Women felt dejected by this and it could prevent them from future help-seeking for DV.

Aside from suspected bribes from husbands, another barrier to effective police intervention was being able to get a man/husband to visit the police station – with some men simply not responding to police requests to visit the station.

### 5.4 Social welfare office (Collector office)<sup>1</sup>

Social welfare office (also known as the “Collector Office”) involvement appeared to have limited success. This finding is based on a small number of cases; a thorough examination of the outcomes of social welfare office is advisable before dismissing it as a reporting route within the range of the possible DV interventions.

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<sup>1</sup> The relatively new Domestic Violence Act makes provision for a District Protection Officer who has a number of powers such as summons. They have the power to file a Domestic Incident Report. The court should hear the case and give a verdict within three months and order relief such as right to stay in house, alimony payments. At first, project partners were enthusiastic and intended to use this as a primary intervention route. In practice it is very time consuming and very few judgements are made even after years. The law is very women victim friendly but in practice, it is not so. One problem is that the Protection Officer seeks to compromise rather than taking further legal action. This may involve just phoning the husband which they are not supposed to do. AA put pressure on other project partners to use this route, so it is not for want of trying that we have more or less given up unless there is a particular reason or the women herself has a strong preference to take action through the Protection Officer. Project partners are further discouraged since at times the victims criticise staff for using this method which is time consuming, tedious and not seen to be effective.

Federation or Arogya Agam staff instructed women to attend the social welfare office and work through the Protection Officer. It is unclear why this option was used in some cases but not others; however, it appears that Protection Officer involvement might be suggested in cases that involved a land or money complaint against the husband, in addition to the DV matter. Women were accompanied by a Federation staff member, when attending the office, which women appreciated.

The social welfare office issued letters to the husbands requesting behaviour change or notices about land or money complaints. These letters had little influence, as they did not have any follow-up or enforcement attached to them. Women could therefore view social welfare office interventions as unhelpful, particularly if an office visit meant a day out of work (i.e. loss of earnings).

One benefit of contact with the social welfare office was that they were able to issue notices to women, which facilitated the appointment of a free advocate, necessary for court proceedings. Protection Officer also signposted women to police, to report DV matters.

## **5.5 Family and village level interventions**

Women recounted DV interventions involving family members and village people. These took place prior to project partner involvement or supplemented project efforts to resolve DV. They could take a number of forms: meeting with village elders, marital counseling – either as a couple or with the man and woman separately, physically beating the man, threatening police action, banning the man from the village or threatening this. Women benefited from visible support from family and village members. This could show the man that his behaviour would not be tolerated and boost the woman's confidence in continuing with the DV report. A further benefit of family and village level support was that it usually involved men within interventions, and in some cases male peers of the husband. The inclusion of men that the husband respected the view of or feared was viewed by women as important to the man engaging with the intervention.

Conversely, family and village members could refuse to become involved, which also extended to WSHG members and Federation staff that lived in the village. Women attributed people's reluctance to be involved to the man being known within the village to be anti-social e.g. always drunk, verbally or physically abusive to anyone who intervened in the DV matter. For example, one woman had been informed by the police that they could not 'control' her husband and suggested she enlist the support of village elders, but village elders also advised that they were unable to help. As a result, she stayed in the abusive relationship until a serious incident occurred. Another perceived reason for people being unwilling to involve themselves in DV disputes (including WSHGs and village Federation staff), was when the domestic dispute was sensitive to wider village relations, for example, if the DV was also related to an affair between a man and a woman living in the same village.

## **5.6 Marital separation**

Different forms of marital separation were discussed in the interviews. Temporary separation could be an important trigger for initiating project partner involvement and DV interventions. Separation initiated by the woman to escape DV, which was supported by her family, not only could serve to protect her from DV, it had the potential to provide a real threat of long-term separation, which alongside other

interventions could prompt behavior change among some men. Similarly, within marital counseling the threat of long-term separation could be a useful strategy, particularly for older men. Women described how older husbands, that felt threatened by long-term separation were fearful of the prospect of growing old alone without a wife to care for them.

Marital separation did not always ensure the woman was free from partner violence. Separation without support from the maternal family, or where a man (father, brother, etc.) was not present in the maternal home, left the woman vulnerable to her husband visiting and inflicting further DV. This also seemed to make them more vulnerable to returning to the marital home with DV continuing.

Enforced separation by the husband was generally associated with him wanting a divorce. Women told of being 'kicked out' of the marital home by the husband, not being collected from their maternal home after the birth of a child, or husbands absconding with another woman. These cases generally resulted in long-term separation.

## **5.7 Legal proceedings**

Women who wanted a divorce, had land or dowry complaint were offered the support of an Advocate, as such matters had to go through court (or court action convincingly threatened). Having access to a free advocate was a stated benefit for women. Women were generally positive about contact with Advocates, either providing support and guidance for court proceedings or helping to negotiate out-of-court agreements. One complaint was about Advocates not attending agreed meetings, and not providing an alternative meeting, which could delay or bring a stop to DV interventions.

## 6 Outcomes of DV interventions

This section outlines the types of outcomes achieved by DV reporting and subsequent interventions.

### 6.1 Key messages

- Broadly, there were three possible outcomes following project intervention:
  - DV stopped (violence stopped, but verbal abuse may continue), couple live together;
  - DV stopped, marital separation (either living in the same village or different village); or
  - DV continued, couple living together or separated.
- Whether project interventions were led by VAWC, Federation staff or WSHGs did not appear to have an impact on the overall outcome. However, appointed project staff being approachable and responsive to the woman's reports was a common theme.
- The types of interventions that took place across DV cases, regardless of outcome, were similar. The differences in outcome appeared more to do with how men responded to interventions and the support network available for the woman – from both project staff, family and in some cases also from village members.
- Providing follow-up after project interventions and women joining or attending WSHG meetings following interventions could act as protective factors for women, safeguarding them from further DV.
- Women's expectations and actual outcome of DV interventions could be very different to one another; achieving an undesired outcome (e.g. unwanted marital separation) may be a cause for dissatisfaction with project involvement.
- The end of DV could not always be attributed to project partner intervention, directly. There were women who had continued to endure DV after the intervention, but DV had stopped by the time of the research interview. Women could not always identify the exact reason for DV stopping.

### 6.2 DV stopped, couple live together

The most desirable outcome was for the couple to remain married and living together, but the DV to stop. Intervention strategies for these cases were the same, as cases that resulted in separation or continued violence. Multiple interventions were required over a period of time, and DV incidents did occur between interventions. Specifically, the key features for this outcome were:

#### *Men's engagement with interventions*

- Men engaged with the intervention process; perhaps not initially, but they would engage with it at some stage;
- The man agreed and adhered to behaviour change, e.g. reduced alcohol consumption or ending an affair.

### *Support for women – project and family/village*

- Women described being strongly supported by project staff from the start to end of cases, both practically and emotionally;
- Women were supported by their family, in some cases also by the man's family, and by village members. They engaged in counseling the couple, or firmer approaches (e.g. verbal the husband);
- These cases could take months or even years to reach an outcome, with numerous interventions after repeat DV incidents. A key feature of these cases was that they were **followed-up** by project individuals and family, so repeat DV offences could be followed by additional interventions swiftly, without too much time elapsing. Women believed that this follow-up served to ensure good behaviour on the part of their husband.
- Joining a WSHG or continuing to attend WSHG meetings following interventions, acted as a protective factor for women too; as it provided another layer of support for women and check on men's behaviour.

### *Intervention strategies*

- Identification of something the man feared and focusing on this during interventions: e.g. the impact of DV on the woman's mental or physical health; police report; arrest; fear of permanent separation; being scolded by a group of women, etc;
- Providing the man with alternative ways to address concerns about his wife, for example, encouraging him to approach the VAWC if he had concerns about his wife's fidelity;
- In cases where the woman lived with her in-laws at the time of the DV. Women also attributed household changes as significant factors to their husband stopping DV, e.g. living separately from in-laws (husband's family);
- There were also reports of women agreeing to change their behaviour to appease her husband too, e.g. stopping contact with her maternal family, which they claimed resulted in DV ending.

## **6.3 DV stopped, marital separation (either living in the same village or different village)**

These cases were characterised by men that did not engage with DV interventions. Women tended to have smaller or no support networks protecting them. Marital separation was either instigated by the woman to escape continued DV, despite project intervention or instigated by the man in cases where he did not wish to reconcile the marriage.

### *Men's disengagement with interventions*

- Men failed to engage with DV interventions entirely or appeared to engage during an intervention but continued DV or absconded following a project intervention;
- Men that did not engage at all, were described to display anti-social behaviours and did not engage with DV interventions at any stage. These men were said to be aggressive (verbally and/or physically) towards people who intervened in the DV matter. They were also described to drink alcohol in excess. Women believed that project staff, family and village members were fearful of these men and therefore did not pursue the case;

- Men that insisted on a divorce throughout interventions;
- Men that absconded, tended to do so following a police intervention, and also tended to be having an affair in addition to the DV offences. These men may have appeared to engage with police interventions, and even provide written statements about behaviour change prior to absconding.

#### *Lacking support for women – project and family/village*

- These women generally had small support networks;
- Support (project and non-project) for women was described as lacking or having diminished over time if their husband was considered ‘anti-social’;
- Support was also described as lacking when a case was sensitive to wider village relations (e.g. affair with another member of the village, in addition to DV); women explained how they had reported DV to their WSHG or Federation representative that lived in the village, but their report was not acted on, until they reported the matter directly to a senior Federation staff member from outside of the village;
- In cases where DV continued after project interventions had taken place, women did not report repeat offences due to: a loss of confidence in reporting DV, concerns about DV reflecting poorly on them, their children or maternal family. These women did not recall having any follow-up with project partner staff.

#### *Wider implications of separation for women*

- Living in the same village as the husband or in a different village following separation, did not appear to influence on women’s safety. In interviews women recounted repeat DV offences in both living scenarios. Verbal abuse could also still be experienced after violence had stopped.
- A need to manage women’s expectations: an end to partner violence did not necessarily result in a satisfactory outcome for the woman. This was partly due to women’s expectations. If women expected Arogya Agam intervention to result in a different outcome (i.e. DV to stop but to remain married and living together) separation could be an unexpected outcome that required some adjustment.
- Marital separation could bring about additional difficulties. Women described the **stigma attached to being separated**; being the subject of family and village gossip and being blamed for the marital breakdown. Women also encountered **financial difficulties** living independently of their husband. Women with young children had particular concerns about meeting school expenses. These women also discussed having suicidal thoughts as a result.

### **6.4 DV continued, couple live together or separated**

One limitation of this study is that the sample included only two women who continued to experience DV following Arogya Agam intervention. Attempts to recruit women who continued to experience violence were made. However, these women either stated a preference not to take part following the introduction to the interview or did not agree to take part at all. Researchers suspect there may have been women included in the sample who stated in interviews that DV had stopped, but DV was still an

issue. However, this was a suspicion on the part of researchers and there was no concrete evidence for this.

### *Common features of cases*

- Women had experienced severe DV for a number of years;
- Men (husbands) displayed 'anti-social' behaviour – though there had been attempts to intervene, by project individuals, family and village members – interventions were unsuccessful. Men did not engage with any DV interventions. People had grown reluctant to intervene due to the man's anti-social responses to interventions;
- Men continued to be violent, regardless of whether they lived together or in different villages;
- Both women believed that DV would stop only when the man dies;
- These women had small support networks.

## Appendix A Qualitative topic guide used with women who had reported DV

DV STUDY 2016

Qualitative topic guide for women

Research aims:

- To review how Violence against Women Committees are working
- To understand who helps women address domestic violence issues locally (helper's relationship to the project and how many individuals assisted) with a view to evolving better strategies.

These questions are designed for interviewing women who have reported DV in the last 6 - 36 mths. Objective of this interview is to:

- focus on the process from reporting of DV case onwards
- **\*KEY OBJECTIVE\*** Identify who helped them – including specific information e.g. how many people helped, names, their caste, whether person is on VAWC or linked to Arogya
- outcomes of reporting DV and current situation for women
- women's awareness and views of VAWCs
- women's suggestions for what could be done better in resolving DV.

### Guidance for using this interview question guide

This interview guide includes a list of the key issues to be explored with each woman. The focus should be on what happened from reporting DV onwards. It does not include a list of specific follow-up questions, however, interviewers may ask follow-up questions – like 'what', 'why', 'how' as relevant. Interviewers should use the guide flexibly and be responsive to what each woman tells us. The order in which issues are discussed and the amount of time spent on each issue may vary between interviews. Each woman's views and experiences of reporting DV will be fully explored.

**Instruction for interviewer:** for all individuals that helped the woman report or resolve DV ask:

- NAME
- CASTE
- Relationship to the woman
- Relationship to the programme:
  - VAW committee member (may also be known as DV committee)
  - NGO staff
  - Federation facilitator
  - Federation organiser
  - Federation/ cluster leader from outside the village
  - Federation/ cluster/ group leader from in the village

If relationship with the project not known - must be established later.

## **Introduction**

*Aim: Explain the purpose of the research to each participant. Make sure they understand how their information will be used. Check they agree to take part.*

## **Introduce researchers and the study**

- My name is ...XXXX
- Explain that the research is for Arogya Agam. We want to find out how reports of domestic violence cases are dealt with in villages. We want to find out better ways of helping women affected by violence. As part of this research we are interviewing women in a number of villages who have reported DV.

## **Explain the nature of the interview**

- We want to talk to you because you have reported DV in the last 6 months to 3 years.
- Taking part is voluntary – you do not have to take part if you do not want to.
- Questions we will ask you include:
  - who you reported DV to, how many people were involved in helping you, names of people who helped you, what actions were taken and outcomes;
  - your suggestions – what could have been done better for you and other women who report DV;
  - you can tell us anything you want, but please try and focus on the ACTIONS TAKEN, and WHO took the action.
- There is no right or wrong answer. We want to hear your views and experiences of what happened. You don't have to answer anything you don't want to.
- The interview will last about 45-60 minutes. Please say if you need a break at any time.
- If 2 interviewers present - explain how interview / translation will work.

## **Explain recording, confidentiality and anonymity**

- With your permission, I will take notes during the interview so I have a record of what you say. Only the researchers have access to these notes.
- We will not tell anyone else what you say - unless you tell me you are being harmed by someone or that you are at risk of harm.
- We may interview the people you said helped you to find out what they think works best for resolving DV.

## **What will happen with my answers**

- The recording will be typed up and we will look to see what you and others have told us.
- We will write a report for Arogya Agam. We are speaking to a lot of women in a number of villages. The report will be a summary of what all women tell us. We will not use your name in the report.
- The research findings will help Arogya Agam understand who helps to resolve DV cases in villages and how they do this. This information will help to identify better strategies for dealing with DV.

Check if any questions or doubts before starting. Check they agree to take part.

### **Woman's background details**

*Aim: warm up questions. Background on participant.*

- Name
- Caste
- Age, who they live with
- Marital status – married, separated, living in same village or different, etc
- When they registered the DV issue
- Very briefly - what was the DV issue

### **Initial report of DV**

*Aim: Explore initial reporting of DV and first contact with a project person.*

First contact: Who did you tell your problem (DV) to first?

- Ask all names of people
- Relationship to YOU
- Relationship with the project, if any
- Check if more than one person

[Aim to focus on Arogya/ project persons involved]

Project persons only – first contact:

- Explore initial project contact for reporting DV
  - Did you approach them / what made you approach them
  - Did the project person approach you / what made them approach you
- What did project person do
  - referred to.....
  - Stay directly involved in the interventions

### **INTERVENTIONS**

*Aim: Identify number of DV interventions, types of interventions, who was involved and outcomes.*

- What DV interventions took place
  - *Contact with husband*
  - *Protection Officer*
  - *Police (check all)*
    - *Warned*
    - *Took in writing*
    - *First information report (FIR)*
    - *Charge sheet*

- *Other*
- Who was involved in intervention and their relationship with the project
  - *Check name and relationship to project*
- Timeframe - when did the intervention take place

**Result/outcome** – explore the result of each intervention

- *DV stopped /DV reduced*
- *DV reduced and got worse again*
- *DV continues*
  - *what help do you need / want now & from who*

[Repeat for all interventions]

**Involvement of men** – during intervention process were any men involved

- *Names*
- *What was their relationship with you/ project.*
- *What actions did they help with*
- *Explore woman's view on whether male involvement was important*

**Overall reflections**

*Aim: Explore overall views on reporting DV, who helped most, views on VAWC; and suggestions.*

- Who helped the most - who was the individual or individuals who helped the most
- Views on VAW committee
  - *Did any VAW committee members help you*
  - *Explore awareness of VAW committee*
  - *Does the VAW committee have a good level of visibility and activity in village*
- Your suggestions on how we can address violence against women better
  - *In your case*
  - *other cases / other women*
- Any other matters - check if there is anything else they would like to say

**Thank you for your time**