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**Title of the study: Analysing Satisfaction: Experiences of survivors with counselling cells based in three hospitals in Patan District, Gujarat**

**An exploratory study**

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## **Experiences of survivors with counselling cells based in three hospitals in Patan District, Gujarat: An exploratory study**

### **Introduction**

: The **response** to Gender Based Violence (GBV) essentially requires combined effort of health care services, social welfare and law enforcement. A large body of evidence documents the often severe and long-lasting impact of GBV on health including, but not limited to: fatal outcomes, acute and chronic physical injuries and disabilities, serious mental health problems and gynecological disorders, unwanted pregnancies, obstetric complications and HIV/AIDS (WHO,2002).

In addition, there exists ample evidence for effectiveness of a health system response to survivors of domestic violence, primarily by validating the survivors' experience, providing reassurance and essential medical as well as psychological care, and facilitating their access to support services (Colombini et al, 2017; Garcia-Moreno et al, 2014). National data shows that prevalence of domestic violence is higher in rural areas (NFHS 4, 2017). However, most research on public health sector response to Violence against Women (VaW) is urban centric and there is little research available on initiatives involving rural health system response to VaW in India (Santhya and Jejeebhoy, 2017).

SWATI over the past six years (2012-18) has been working to develop a Public Health System response to domestic violence in rural areas of Patan District, in the state of Gujarat. Over 2012-15 SWATI established a counselling cell at Radhanpur Referral Hospital. While there is evidence from other countries which suggest that for health system response to be successful, it should be situated at the primary health care level (Rees et al, 2014; Colombini et al, 2017); SWATI chose to establish a counselling cell at a referral hospital located at the block level. Concern about anonymity for women seeking services was the deciding factor, since Primary Health Centres (PHC) and Sub Centre (SC) based health care providers are residents of the same villages from the catchment areas, therefore women victims may not feel free to approach the PHC based cells if anonymity and confidentiality are not ensured. Additionally, Primary Health Centres have lower utilisation, thus setting up of a centre at this level would be cost-inefficient.

The process of setting up the first counselling cell catering to a population of over 150,000 included capacity building of health care providers to recognise women victims of domestic violence among the patients, establishing a counselling cell at an easily accessible place within the hospital, provision of counselling, referral to other support services within and outside of the hospital, and follow-up till women are free of violence which is essential to most successful interventions (Colombini et al, 2017).

The experience of the cell over a three-year period (2012-15) highlighted the need for and effectiveness of its services for rural areas. Over this period the cell registered 167 cases. Analysis of a random sub-sample of 79 cases showed that women travelled long distances to access services at the cell. Almost half of the women i.e. 47% (37/79) travelled 11-50 km, 48%, ( 38/79) travelled up to 10 km and 5% (4/79) had travelled from 51 to 130 km to reach the cell. Women victims of violence

were referred to the cell from health system as well as community. Seriousness of violence among the registered cases was severe with possibility of - loss of life (10%, 17/167), serious injury (22%, 36/167), sexual harassment (14%, 23/167), and destitution (17%, 29/167) .

This experience of the Radhanpur Cell also gave SWATI an insights into the functioning of a cell located in a predominantly rural area. SWATI could conceptualise a rural health care response model to DV and replicated it in two more counselling cells in government hospitals in Patan District .

In January 2016, SWATI expanded its work to two more government hospitals – Sidhpur Civil Hospital and Dharpur Medical College and Hospital in District Patan and strengthened the cell at Radhanpur Referral Hospital. Together, the three cells cater to a population of over five lakhs. In the period (January 2016-June 2018) the 3 cells registered 652 cases. Referrals from the health system accounted for 35% (228/652) of cases establishing it as an intervention for health system response and justifying location of the cells within the hospitals. It was also observed that for old cases who approach the cell with a fresh episode, the duration of experience of violence for the second episode is significantly shorter compared to the first episode. The experiences of over 600 cases registered at the cells suggests that a hospital-based cell can be effective in removing the barriers that rural women face in accessing survivor support services.

The process employed at the cell to help the survivor move towards a violence free life includes counselling and mediation and guidance /referral to other support systems: the police or judiciary as well as about livelihood options. The present study is an exploration to understand the quality and efficacy of services provided by the three hospital-based cells.

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**Background:** The cells initiated as a part of SWATI's project titled 'Making rural health system responsive to violence against women', are staffed with one counsellor and one paralegal / assistant counsellor. Women survivors of domestic violence who approach the outpatient clinics or emergency services at the hospital are referred by the doctors to the cell for further screening for DV , and counselling. Additionally, nurses and other staff at the hospital too refer women who they identify through their interactions with them while they wait for services or while admitted to the hospital to be suffering from domestic violence to the cell. A number of women are also referred by Accredited Social Health Activists (ASHAs). Women who seek help at the cell are provided with information on possible actions they could take to escape violence, counselled to build their self-esteem and confidence and provided emotional support. The process aims at helping women identify the best course of actions for herself and supporting her reach her goals. Though the core processes are common, each of the cells has unique strength and showcases different aspect of rural health system response to domestic violence against women.

The counselling cell at the Radhanpur Referral Hospital was started in 2012. The response it received in the first three years in terms of referrals from hospital based and other health care providers,

members of community and women survivors who had availed of services from the cell highlighted the need for and acceptance of the cell for the local community.

Radhanpur cell has been providing services to women survivors of domestic violence for the past six years and is well rooted in the local community. In terms of profile of women who seek services, Radhanpur stands out compared to the other two hospitals. Women who seek services here are more marginalized compared to those who seek services at the other two cells. They are younger, have poorer educational status, are mostly home makers or do not have a source of income, are married at an earlier age and travel longer distances to reach the cell as villages are distant in block Radhanpur (SWATI, 2018). It also differs in that it receives high proportion of old cases seeking prompt advise for repeat episodes of domestic violence. In terms of success stories too Radhanpur stands out. Several of the survivors have succeeded in turning their lives around with the help of the counsellors from the cell and now live a violence free life with dignity. The survivors' support group at the Radhanpur hospital has provided a much-needed platform for the survivors to reach out to, draw strength from and help each other. The counsellor has been trained in feminist counselling and has a strong background of working with a community-based women's paralegal group. Also, the counsellor is a resident of Radhanpur and belongs to the local community. She enjoys acceptance and respect from the local communities as well as from the police and judiciary systems.

The cell at the Sidhpur Civil Hospital started in March 2016. Of the three cells, the cell at Sidhpur is the most integrated in the hospital administration system and receives support from block level health officer. Proportion of referrals from the outpatient clinics is the highest for this hospital. The number of referrals from satisfied clients too has increased over the past years since the cell started. The counsellor has been trained in methods of feminist counselling and is a student of law.

The cell at Dharpur Medical College and Hospital was started in August 2016. It took relatively longer to take roots since the hospital being a teaching hospital has a more complex infrastructure and systems of patient flow. This being the tertiary referral centre for the district, it has busy outpatient departments with high case load, rotating resident medical officers, and patients presenting with more serious nature of health conditions. As a result, the examining doctors often do not find adequate time to formally refer women survivors to the cell. However, the proportion of referrals from the emergency department and in-patients here is higher than that for the other two hospitals. Since several cases are referred to this hospital for specialty care, women who seeking services at this hospital come from villages located at long distances, are more likely to be accompanied by family members – at times those from the marital family and are less likely to follow up regularly with the counsellor. The counsellor here has a long experience of working as a health educator, is a trained social worker and has been trained in feminist counselling.

Over the period of the project, over 600 survivors availed of the services from these cells. In the last year of the project (2017-2018) a small sample of these women were interviewed to understand their experiences with the services provided through the cell.

### **Objectives of the study**

1. To explore accessibility of the Cell
  - 1.1. identity of the cell as perceived by the women
  - 1.2. ease of accessing – enablers and barriers (to help understand unique benefits if any of locating a Cell at the hospital)
2. To document women's experiences with the Cell regarding

- 2.1. process (number of visits, stakeholders involved, costs incurred, wages lost, support received from the Cell, other resources where the woman was referred, from family, from community, from hospital based care providers, others, challenges faced, challenges overcome)
- 2.2. counselor (acceptability of counselors, quality of counselling provided -listened carefully, encouraged to share, understood specific problem shared by woman, provided information, answered queries, offered reassurance and guidance throughout the process, followed up)
- 2.3. perceived satisfaction with the services
3. To document women's perception of usefulness of services provided through the Cell
  - 3.1. acceptability of advice
  - 3.2. perceived usefulness of advice
  - 3.3. changes in women's lives with regards domestic violence since counseling

## Methodology

17 women who had approached the counselling cells at the three hospitals were interviewed for the study.

Table 1: Distribution of sample over counselling cells

Location of counselling cell	Number of respondents
Radhanpur	9
Sidhpur	4
Dharpur	4
<b>Total</b>	<b>17</b>

The interviews were conducted using an interview guide by a team member who was not involved in the counselling process and explored following areas –

- Profile of the women including nature, duration and seriousness of violence experienced
- Accessibility and acceptability of the cell and the counsellor
- Experience and views on the processes after registering with the cell
- Experiences with other resources accessed
- Perceptions about usefulness of services provided through the cell

Respondents identified for inclusion in the sample were informed by the counsellors about the purpose of the study and if willing were asked to meet with the interviewer at a time convenient for both the respondent and the interviewer. After consulting with the respondents, the interviews were conducted in the hospital / cell but in absence of the counsellors. Privacy was ensured during the interview. The names of the respondents and identifying details such as village and counselling cell where help was sought were masked while using the data for this report. The data from the interviews was not shared with the counsellors, however, after completion of data collection phase,

learnings from these interviews which could help counsellors improve service delivery were shared with them by the team leader.

Interviews were digitally recorded and a recorder made notes during the interview. Verbal consent for the interview and use of the interview for study purpose without disclosure of identifying information of the respondents was sought before initiating the interviews.

Pseudonyms / initials are used in the present report.

## Findings

### Profile of Respondents

Respondents were in the age group of 19 – 32 years. Educational level of the respondents was low with 11/17 respondents having studied up to std 7<sup>th</sup> or less. Only one respondent had studied till 12th standard and had completed certificate courses in nursing and computer.

At the time of interview 6/17 respondents were employed / engaged in income generating activities; four of whom worked as domestic help. One respondent worked as a menial worker. Only one respondent had initiated a small business of making and selling door mats. The rest (11/17) were homemakers or helped their parents in household work and agricultural activities.

All except two respondents (15/17) had been married and most (14/17) of them had been staying at natal homes when they visited the cells the first time. At the time of interview only 2/15 were still married, 12/15 had been separated, 1/15 had been divorced.

**Table 2: Profile of Respondents**

	<b>Number of respondents (n=17)</b>
<b><i>Age (years)</i></b>	
Up to 20	4
21 – 30	11
>30	1
Not specified	1
<b><i>Educational qualification</i></b>	
Up to std 4	5
Std 5 – 7	6
Std 8 – 10	4
Std 12 + diploma	1
Not specified	1
<b><i>Employment status at the time of interview</i></b>	
Homemaker	11
Domestic help / cook	4
Labour	1
Small business (makes door mats)	1
<b><i>Marital status at the time of interview</i></b>	
Married	2
Separated	13

Divorced	2
<b>Change in marital status since first visit to the cell</b>	
No change (Married )	2
Married to separated	12
Married to divorced	1
Separated to divorced	1
Live in to separated	1
<b>Residence at the time of first visit to the cell</b>	
Marital home	2
Natal home	14
Own house	1

### Experience of domestic violence

The respondents reported experiencing domestic violence of varied types and for several years. For one respondent, the violence started right after the engagement - from even before the marriage. Many reported being subjected to violence immediately after marriage. In some cases, the violence was triggered by seemingly routine happenstances, while in others it was associated with fertility – either perceived inability to bear a male child or inability / lack of willingness to conceive. Often, the women’s experience with domestic violence started with emotional violence in the form of taunting, abusive language, and verbal insults directed at themselves and their natal families. For others it took the form of restrictions on mobility, being forced to work in unhealthy environment. The respondents were blamed by their marital families for situations that were not even under their control.

*Laxmiben had grown up in a city environment and had no experience of working with cattle. Immediately after marriage, she was verbally abused for her lack of experience in working with cattle. Her mother in law would let the dung gather in the cow shed if Laxmiben was away from the home. Laxmiben would then have to clear the stinking mass and carry headloads to a field for disposal. (Excerpt from interview with Laxmi)*

*S had been married for five years. Her’s is a saam saata marriage with her brother being married to her husband's sister. According to S, her ordeal started right from the time she got married. She described her marriage as 'loveless' and repeatedly described her husband as having 'no affection for her'.*

*S conceived for the first time within the first month of her marriage. The pregnancy ended in a miscarriage in the fifth month. It was a boy. S's husband and mother in law started taunting and verbally abusing her for losing a male foetus. Her husband would repeatedly tell her that he had married her only to get a son from her. This distressed S. She started feeling unwanted . (Excerpt from interview with S)*

*Alka’s experience with domestic violence started early on in life. After an early marriage at the age of 15 years, Alka had to listen to the taunts from her husband’s family as she could not conceive for about one-and-a-half year after the marriage. Her problems did not go away*



*when she got pregnant. During her pregnancy, Alka was diagnosed to be HIV+ve subsequently her husband and child too tested positive for HIV.*

*When her son was three years old, her in-laws started demanding that she bear another child. Alka was told by the doctors that she should avoid another pregnancy, that the child could be HIV positive as well. She did not want to get pregnant. During this time her husband told his family that she was HIV positive. (And possibly, that he contracted the infection from her.) Her in-laws started saying that if she could not give another child she should be sent back to her father's house. She told them that the doctor had advised her against another pregnancy. But the harassment continued. Husband's aunt said if she cannot give you another child throw her out. Finally, her husband and ten members of her family dropped her off at her father's place. At that point her in-laws beat her up badly and insulted her as well. Said, "she has this illness, she gave it to her husband and to her child. She was the one with illness. We do not want her." She had been staying at her parents' place since last one and a half year. (Excerpt from interview with Alka)*

*"I was helping my five years old daughter drink tea and my husband wanted me to get him a glass of milk. I asked him to wait or take the glass himself. This enraged him, and he threw a heavy stick at my head. I needed ten stitches to the head." (Laxmi on the first of many serious injuries she suffered)*

In some cases, the children too were subjected to violence to cause mental torture to the woman.

Two years later she conceived for the second time. She delivered a baby girl at her parents' home (August 2014). Neither the husband nor other members of his family came to see the child for a long time as 'they only wanted a son, and had no love for a daughter'. Eventually when they did visit, her husband and mother-in-law did not show any interest or affection towards her new-born daughter. Experience of her mother-in-law's hatred towards her baby daughter shocked S.

*"The baby had passed stools and needed to be changed. The mother – in – law poured water over her head and neck rather than on her body which she should have been cleaning. Why would someone pour water over a small child's face when all they had to do was to wash her bottom?" S feared for her child's life and shared the experience with her father. He told her to return to his home with her daughter. (Excerpts from interview with S)*

The respondents had suffered domestic violence for as long as 11 years before they approached the counselling cells for help

All respondents reported experience of more than one type of violence. Most (13/17) had experienced physical violence; sexual violence and social violence was reported by 6/17 each. All respondents reported emotional violence and one respondent reported financial violence.

### **Table 3: Distribution of sample over nature of violence experienced**

Pseudonym	Nature of violence experienced				
	Emotional	Physical	Sexual	Social	Financial
AR	Y	Y	--	--	--
BS	Y	Y	--	Y	--
GR	Y	Y	--	Y	--
HR	Y	Y	--	Y	--
KR Laxmi	Y	Y	--	--	--
LD	Y	Y	--	Y	--
LR	Y	Y	--	--	--
MD	Y	Y	--	--	--
MS	Y	Y	--	--	Y
PD	Y	--	Y	Y	--
RR	Y	--	Y	--	--
RS	Y	Y	Y	--	--
SHR Hasina	Y	--	--	Y	--
SR	Y	Y	--	--	--
KS	Y	Y	Y	--	--
AD Alka	Y	--	Y	--	--
SS	Y	Y	Y	--	--

### Prior help seeking

Majority of the respondents (13/17) had tried seeking help elsewhere to resolve the issue of domestic violence before they approached the cell. Some had tried multiple resources. 9/13 had tried (some multiple times) resolution through mediation by family or community members. Three had approached the police station. Only one of these three could register a police case against the perpetrators of violence. One respondent each reported having approached Naari Adalat, another NGO and one even approached the Sarpanch from her village who refused to intervene as he saw it as an “internal family issue”.

**Table 4: Prior help sought**

	Number of respondents
<b>Whether help was sought before approaching the cell</b>	
Yes	13
No	4
<b>Nature of help sought*</b>	
Mediation through family and/or community	9
Other NGO	1
Filed a case at Naari Adalat	1
Approached police (case filed, not filed)	3
Approached sarpanch	1
Note: *Multiple response	

### Accessibility of the cell

Interviews explored whether awareness about the existence of the Cell or other facilities that extend help to survivors of domestic violence, familiarity with the set up / locale where the cell was located, ease of access in terms of distance, costs, convenience of work hours, time spent influenced the survivors’ decision to seek help at the hospital-based cells.

### **Familiarity with the cell**

Most of the respondents (13/17) were not aware of the services provided through the cell. 4/17 respondents were aware about the services provided through the cell even before they approached it for help. Of these, three had heard about it from friends / acquaintances and one respondent has read the board while visiting the hospital for treatment on other occasions. The rest found out about the services provided through the cell only after they were referred for help.

The only respondent who had read the board too did not approach the cell till her mother was referred to the cell by an acquaintance and took her along for advice.

*“I thought everything will be alright soon but when the limit was crossed, and it became unbearable for me, I decided to come here.” – MD*

Familiarity with the hospital where the cell is located (as a preferred source of treatment for self or family members) was not associated with awareness about the services provided through the Cell. Three of the seven respondents who reported visiting hospital frequently for treatment were unaware about the cell’s role in helping victims of domestic violence before they were referred there for services.

**Table 5: Familiarity with the cell**

Visit hospital regularly?	Aware about the cell?		Total
	Yes	No	
Yes	4	3	7
No	--	10	10
Total	4	13	17

### **Sources of Referral**

Respondents included in the study were referred to the cell by various sources. All except one respondent had reached the cell only when they were referred. Half the respondents (8/17) had been referred by health care providers, one-third (5/17) were referrals from members of community, 3/17 were referred by the counsellors during active case finding activities (OPD survey), while one respondent walked into the cell after reading the IEC material about the Cell (self referral).

*“I used to come to the hospital to get medicines for my child. The peon knew me. She knew I was staying with my parents. She said to me that if I wanted to file a case, I could go to Mahila Sahayta Kendra at the hospital. “ (RS approached seeking information )*

**Table 6: Sources of Referral to the cell**

Sources of referral	Number of respondents (n=17)
<b>Hospital staff</b>	
Doctor	3

Hospital Staff	3
<b>Other health care functionaries</b>	
ASHA	2
<b>Community</b>	
Neighbour/relative	2
Police	1
Old Case referral	2
<b>self referral</b>	<b>1</b>
<b>Active case finding by counsellor</b>	
OPD survey	3

Case stories of many show ‘missed opportunities’ for early help seeking for domestic violence.

*Laxmi rushed to the government hospital where the cell is located; with a serious head wound that soaked her in blood. This was the first time she had been seriously hurt by her husband. The treating doctor asked her how she got hurt and she lied – she told him that ‘a door fell on her head causing the head wound’. She needed ten stitches for the wound. Now, years later, when she finally could muster the courage to seek help to escape violence, Laxmi regrets that lie. (Excerpt from interview with Laxmi)*

### **Distances travelled**

Details about distances travelled, modes of transports used, and expenses incurred were not available for most of the respondents. However, 8/17 respondents reported having to use public transport (bus / rickshaw / chhakda) to reach the cell. Three others walked to the cell. The respondents incurred travel costs and some also reported indirect costs in terms of wages lost by accompanying persons. The expenses incurred were much higher when the respondents had to travel to the district place (Patan) to file a case.

Time spent by the respondents at the cell depended upon the purpose of the particular visit. Some of the respondents reported visiting the cell whenever they visited the hospital. Sometimes they came to “just greet the counsellor or for a casual chat” (not for a counselling session). The time spent for counselling sessions and on days when the respondents had appointments with the counsellor ranged from 1 hour to 1 day depending on specific activities planned for the day. This information was not available for 6/17 respondents.

**Table 7: Mobility to the cell**

	Number of respondents (n=17)
<b>Distance travelled to the cell</b>	
1-10 km	3
40-50 km	2

not specified	12
<b>Mode of Transport</b>	
Bus/ Chhakda/Auto Rickshaw	8
Walking	3
not specified	6
<b>Other Expenses (Transport + Miscellaneous)</b>	
30-50 rupees	5
60-120 rupees	4
1700 rupees	1
not specified	7
<b>Wages lost per visit by accompanying person</b>	
50-100 Rupees	3
150-250 Rupees	2
not specified	12
<b>Time Spent in each visit</b>	
1-2 hours	4
3-4 hours	6
1 day	1
not specified	6

#### Person Accompanied to the cell for first visit

Natal family members (mother, father, sister or brother) had accompanied 10/17 respondents when they visited the cell for the first time. Of the remaining, two respondents had visited cell with hospital staff, another respondent was accompanied by ASHA while one respondent had come alone. Information on accompanying persons for the first visit was not available for 2/17 respondents.

**Table 8: Person accompanied to the cell for first visit**

Accompanied Person at first visit	Number of respondents
Mother/Father/Sister/ Brother	10
Hospital Staff	2
ASHA worker	1
Alone	2
not specified	2

#### Perceived advantage of location

The interviews explored whether the location of the cells within the hospitals made it easier for the respondents to avail the services. Most (13/17) respondents reported that it was easy for them to visit the cell because it was located at the hospital. The remaining 4/17 respondents did not mention anything.

*“Hospital is near by from my home. When I come to take medicine then also I can come here to meet ben. When I am in any trouble ben also helps me through phone calls. I don’t face any problems coming to the cell. I always tell my mother I am going to the cell.” - BS*

*“In hospital, if any incident takes place, if someone is thinking negative and incidents like that take place in hospital more (referring to attempted suicide). So people can easily approach here because it is in the hospital only.” (PD who was referred to the cell after attempting suicide by consumption of poison).*

*“It is easy for me to visit the hospital, but in court or police station it is uncomfortable for me to visit.”- RS*

**Table 9: Perceived advantage of location**

Location at hospital easy in access	Number of respondents n=17
Yes	13
Not specified	4

### **Challenges faced in accessing cell**

None of the respondents reported having faced problems/challenges in accessing the cell. Since most of the respondents were staying at their natal homes at the time of interview, they had support from family members for seeking help at the cell; who at times accompanied them. Even those respondents who did not visit the hospitals often found it easy to locate and access the cell.

### **Quality of counselling**

Most of the respondents talked about the counsellor being very supportive and available whenever they needed her. Respondents did not mind waiting their turn if the counsellor was busy with a counselling session or a meeting with another survivor when they approached the cell. They said they would wait till the meeting ended.

The non-judgemental, reassuring treatment they received at the cell was deeply appreciated by the respondents. Many described the atmosphere to be ‘home like’ and counsellors to be like ‘sister’ or ‘friend’ to them; and counsellor’s behavior ‘nice and friendly’.

AD’s narrative about her experiences with the counsellor is representative of the sample included in the study. AD read the board and approached. She was scared, and worried about the kind of treatment she would receive because of her illness. She also had unpleasant experience of another NGO. Interaction with the counsellor at the cell assuaged her fears.

*“Initially I was very scared. I was worried about what to say – whether I would be able to tell the counsellor everything. I was so scared, I could not even speak. ...The counsellor knew about my illness, but she never treated me differently.” (AD, HIV +ve, approached the cell to seek child custody)*

After the initial contact the counsellor helped AD file a case for maintenance and child custody. Her husband then threatened to kill her father and brother. Through this stressful period, AD found strong support in the counsellor. Reassurance, non-discriminatory treatment by the counsellor, genuine concern for AD's welfare expressed by the counsellor are key factors that have kept AD's morale upbeat. While talking about what she values the most about her experience with the cell, she said that the counsellor was "like an older sister who cared for her happiness".

Another respondent (SHR) appreciated the fact that the counsellor ensured privacy - "*counsellor asked everyone else to step out of the room and then listened carefully*" while she narrated her problems. This respondent also appreciated the fact that the counsellor respected her wishes, tried to help her get the outcome she desired (reconciliation) but when it became clear that the husband's family was not ready to acknowledge that their treatment towards SHR was inappropriate and that SHR would not be safe if she returned to the marital household, she counselled SHR to explore other options. SHR then decided to seek maintenance and separated from her husband. SHR is happy with the outcome - "*I think it is good, I am now free from daily harassment and I do not have to worry about having to return to the same situation again and again. It was not safe to return (to marital home).*".

The respondents appreciated that the counsellors took time to explain the steps in the process to them and even accompanied them to the police station or the court if they faced difficulties in completing the procedures. RS had failed to register a police case on a previous occasion (before she approached the cell) when she and her parents were assaulted by her husband. She said that she went to the police station but the police refused to file an FIR, instead she was asked to give only an application. The next time she suffered a head injury, the counsellor asked her to file an FIR but she was demotivated because of her past experience. The counsellor then helped her with the procedure.

*"Whatever I ask her she makes me understand (explains to me) properly and she always gives proper advice. She came with me to the police station, too. As police were not filing my complaint she came with me there... I was beaten by my husband. My head was bleeding. Ben (counsellor) came with me to the hospital and we filed an MLC. We went to police station also. They accepted my complaint then.... She told me that MLC is a proof that my husband has beaten me. " (RS)*

Reassurance given by the counsellors, their being available 24x7 for the clients, and periodic telephonic follow ups were appreciated by the respondents.

*"...It was 7 pm when I left Harij. Then I came Patan and then Sidhpur. Meanwhile she (the counsellor) was in touch with us. Once we reached, she suggested that I should get checked by the doctor and should file an MLC. We reached the hospital by 9.30 pm and got everything done....Once my husband called me started cursing me at 2.30 in the night. I called ben (counsellor) and she talked to me even at that time. ben keeps on checking whether I am safe or not.... When I used to get frustrated and used to say I don't want to live she would say you should not worry at all. She would say that she be there with me, she would always be supportive and would help in getting my son back. I should not worry at all." (BS)*

The respectful treatment they received at the cell (respectful behavior of the counsellor, attentive listening, respect for the survivor's wishes, guidance for achieving the outcome the survivor wanted ,

information and guidance for possible alternatives) was appreciated by respondents, especially because of the contrary experiences they or their acquaintances had had with other organisations / resources working with survivors of domestic violence.

*"I also have heard of XYZ (an NGO working with survivors of domestic violence) at Patan. But I did not go there....because my father said, 'if you would go to XYZ, they would make the settlement without any legal documentation. If your husband would not treat you well or you would die, who would be responsible for that? So don't go there'. So I did not go to there." (RS)*

However, complying with the counsellor's advice which differed from what the respondent's expectations was not always easy for the respondents. Support from the family members helped them decide on the course of action.

*"Yes, when she suggested filing a case I was little hesitant because he was harassing me so much (respondent feared the harassment would worsen if she filed a case against him). Then I discussed it with my parents and they told me that he is not giving you any money for you or your child, he is torturing you and beating you every now and then, then this is the only solution. So I was determined to file a case. "(RS)*

Only one respondent expressed **dissatisfaction** regarding her interactions with the counsellor. She was dissatisfied because she believed that the counsellor did not provide her with adequate information about all possible choices she had in the given situation.

*When you take divorce you can claim money for your maintenance. But I did not get that kind of benefit.... I was not knowing that I can claim money from my husband. But she did not know tell us about it.... Counsellor2 told me I want a divorce so I will get a divorce. We were not asked any questions, they prepared papers but did not advise us to file a maintenance. Why am I appreciating counsellor 1? She makes me understand everything. Whereas counsellor 2 did not make me understand anything. She did not tell me to wait and don't take any decision in hurry. Whereas counsellor 1, always tells me that never take any decision in rush or hurry. Counsellor 2 made the divorce process fasten but half of my stuff did not come. ...She did not accompany us in court. When we went to take my dowry back from my in-laws village she refused to check the document. When my husband returned my dowry, my fan did not come, my gold jewellery did not come. My new bedding and pillows also did not come. Only half of it came. (Razina)*

### **Expectations of Respondents**

The respondents were asked about their expectations from the cell on their first visit. Almost half the respondents wanted a reconciliation – 6/17 had mentioned this clearly to the counsellor while another 2/17 had wanted to file a police case – one of them *"just to threaten her husband"* - so he treated her well.

Another respondent had approached the cell as a last recourse to get child custody. This woman had previously approached Naari Adalat, and another NGO working with DV survivors for the same but was dissatisfied with the processes and the outcome.



Over the course of counselling sessions, many respondents reported changes in their expectations. One respondent who was hesitant to take any action to escape the violent situation; chose to file a case for child custody and maintenance after counselling. Three respondents who were not aware of possibility of taking legal steps to escape the domestic violence were able to choose the most suitable course of actions with support from the counsellor.

*"I was very scared and confused when I came here. Then counsellor told me this is my life and I have to live it on my terms. Why should someone else decide about it?" ( HR who filed a case under PWDVA)*

In some cases, the pressure from the family members influenced the course of actions women chose.

*" My father is saying you have been tolerating this since long so you should get a return. Since last one and half month I have realized I can have a new life with a new partner." (GR who wished for reconciliation but decided to file for divorce because of her father's influence.)*

In other cases, the lack of cooperation from the husband and marital family forced women to take definitive steps.

*"I wanted to go back when I first came here. I wanted the settlement. But they denied so I filed the case, then suddenly they agreed for the reconciliation..." (AR who has filed for a case for child custody and under the PWDVA.)*

Women's expectations from the Cell / the counselling process – the original and the changed ones – are reflections of the social reality within which they live. The desire for reconciliation / settlement was often driven by a sense of hopelessness – a lack of support system and better alternatives.

*"I told her (the counsellor) I wanted a reconciliation /settlement. I am 30 years old and I have children with my husband. When my children grow up, they would support their father. I am 30 years old so cannot get married again. I cannot have children again. I just want to threaten my husband, pressurize him a little so that he would treat me properly." (MD who still hoped for reconciliation.)*

*"...My parents say I should go. I have this (HIV) so no one else will marry me. Deep inside, I do not want to. I know that I would not be happy there. They would not treat me well, would taunt me, abuse me. I would not have peace of mind. They would not let me be happy. I know them. I have stayed with them for 7 years...The only reason for me to go back to my husband would be for my son...he is six years old, I have left him behind..."(AR who filed for maintenance after initial refusal of her husband for reconciliation)*

Women who had undergone tubectomy (LR, KR) too wished for reconciliation as *"a woman can remarry but then she has to produce children for the man"* and if a woman was unable to reproduce, she would not have a chance of remarriage and most women cannot imagine a life without their husband by their side.

#### **Table 7: Expectations of respondents**

	Number of Respondents
<b>Expectations at first visit</b>	<b>(n=17)</b>
Settlement	6
Child custody	2
police complaint	2
separation/divorce	2
Had no expectations/Clueless	3
<b>Modification in expectation</b>	<b>(n=17)</b>
Filed a case for DV/divorce/child custody	13
No modification	2
Not specified	2
<b>Reason for modification</b>	<b>(n=13)</b>
Counselling – increased awareness about rights and possibilities	8
Demand of the situation	3
Family Pressure	1
Not specified	1

All except one respondents were satisfied with the course of action they chose with the help of counselling.

### **Impact of seeking help at the cell on women's lives**

Respondents acknowledged that counselling had a big impact on their lives. They talked about feeling hopeful after their interactions with the counsellor. The respondents appreciated that the counsellors believed in them, cared about what they wanted, treated them with respect and dignity; and helped them negotiate the world – all the while giving encouragement and hope to move on to a violence free life.

*“She calls me. Tells me to call her anytime I feel sad or want to talk about anything. She always has time for me...Everyday around 9 – 10 am I go to the Cell to meet her. I feel good after I have talked to her...She asks me if I took my medicines. She tells me to not worry, to take care of my health, to try and be happy. She says everything will work out. The assistant counsellor is like a friend to me. I can talk to her very easily.”* (AD – HIV +ve, approached the cell for child custody and maintenance)

*The first time I came to the cell, I was very hesitant. I was worried who I would have to talk with, what would I tell this person, whether they would listen to me, what would people say about me if I registered a case. But my worries disappeared when I spoke to the ben who was at the cell. First, she listened to me. Then she provided guidance and reassurance. She supported me well. Initially I was scared of the lawyer, of having to go to the court. Ben explained to me why it was important to file a court case. She taught me how to speak with the lawyer. Whenever I was depressed or felt hopeless I would go to the ben and her reassurance and advise would give me hope and courage. Because of her help I did not face*

*any problem in filing a court case. Because of her support I am not scared to go anywhere. (Ramilaben)*

*When she came with me to the police station they registered my complaint. Also, when she came with me to the court; I felt really good and supported. (Maqsoodaben)*

When required the counsellors at the cells also counselled family members of the survivors who sought help at the cell. In case of some women like Laxmi, this intervention by the counsellors proved to be a crucial step in their journey towards violence free life.

*Laxmiben hails from a culturally rigid community and has limited support from her parents and brothers. On her first visit to the Cell, Laxmiben was so desperate to escape the brutal beatings that she chose to go to a government run shelter home in Ahmedabad – over 250 km away from her marital and natal homes – rather than stay with her natal family who repeatedly sought mediation through family elders and sent her back to her abusive husband. Subsequent counselling and mediation by the counsellor at the Cell resulted in her natal family agreeing to shelter her with her daughters and to support her in escaping violence. (Excerpts from interview with Laxmiben)*

However, the most important impact articulated by the respondents was in the change of their attitude towards their own life, increased awareness about their rights, resources that can be accessed in case of domestic violence and the steady confidence that emerged from this awareness that in future if they ever faced violence they could seek and find help at the cell.

*“Now I know what I am supposed to do when he would come and beat me. I could easily come here, too”. (MAqsoodaben)*

*“I think I got support and now I am not scared of anything.” (BS)*

The respondents believed that other women facing similar problems with domestic violence too would benefit from the help provided through the cells. Most of them have talked about the cell and the kind of help they received from the counsellor with their friends and family members. Some talked about having shared this information with even women from the neighbourhood. However, respondents were largely reluctant to intervene directly or offer information about available services to women who did not ask for such information.

The help which I have received is good. I have told about my problems. If other women would also tell about their problems, they would definitely get the help... See when I tell people about the cell they say it was my problem and I was wrong. I don't like it, so I don't talk about it.... If I would see someone being beaten up on the road I would call the counsellor ben and tell her about the incident. I would not directly tell the women about the cell. (BS)

## **Discussion**

The present study included a small sample of women survivors of domestic violence who had sought help from the cells at three government hospitals in district Patan. The respondents are young, poorly educated, largely unemployed and dependent on their natal families. Almost all of the married respondents came from natal families. They suffered multiple kinds of domestic violence for several years before they decided to seek help. In some cases, the children too were subjected to violence. Respondents such as S, and Laxmi chose to seek help when their children or family were threatened or hurt by the perpetrators. This has been noted elsewhere as well (Davis et al, 2001)

The respondents approached the cell as a last resort when meditations by family, community members did not work; or after they had dissatisfactory experiences with other agencies working with women survivors of domestic violence. This help-seeking behavior is seen among women survivors of domestic violence from remote, isolated communities with little access to formal recourses of help to escape domestic violence (Davis et al, 2001)

Experiences of these women suggest that location of the cells within public sector hospitals increases their accessibility. None of the respondents reported any problems in finding the cell. Even the ones who were not familiar with the hospital setups as they did not seek treatment at the hospital found it easy to locate the cell. The respondents also said that it would have been difficult or uncomfortable for them to access the cells if these were located in the premises of the court or the police station. Some of the respondents specifically mentioned that the presence of female counsellors made it easy for them to access the services at the cells.

However, location of the cells within hospitals did not seem to influence awareness. All the women for whom the hospitals where the cells are located were the preferred sources of treatment were not aware about the services provided through these cells. Only 7/17 women regularly visited hospitals where cells were located, and only 4/7 were aware of the cell, services provided through these. This could be because of the focus on posters and banners as a way of spreading information about the cell and the low levels of literacy amongst respondents.

All respondents interviewed for the study reported having benefited from the assistance provided through the cell. However, despite probing, many respondents could not describe their experiences with the cell including their expectations, challenges they faced and the impact on their lives of the counselling provided through the cell on their lives. However, it is important to note that the respondents for this study came from communities where women are not encouraged to articulate their views and feelings; where ability to maintain silence - to contain one's thoughts is a virtue and not doing so a cause for aggravation of violence. The expectations from the cell were articulated in terms of tangible results – child custody, divorce, maintenance etc. However, when they talked about the impact the Cell had on their lives, they have appreciated the non-judgmental emotional support, information about possible actions, respect for decisions made by them (the survivors), guidance and continued support to reach the goal set; extended by the counsellors. All these are components of feminist counselling. Literature from other countries has reported similar findings. Davis et al (2001) describe that women survivors of domestic violence from remote rural areas of Australia expected the person they reached out to, to have skills of feminist counselling and knowledge of processes that would help them escape the violence.

Telephone played a key role in seeking help, planning an escape from violent home environment for women survivors who narrated their life stories to Davis et al (2001). The women from Patan district come from community where women still have limited or no access to technology including telephones / mobile phones. An alternative mechanism therefore is crucial to enable these women to reach support services. Health care providers from hospitals, ASHA who provide services at

women's doorsteps have played an important role in helping the survivors reach the cells located in the hospital. Half of the respondents had been referred to the cell by hospital staff and ASHA.

Employment of counsellors who belong to the local communities – and thus are familiar with the socio-cultural aspects and have a realistic understanding about opportunities and impediments in survivors' lives - is a positive aspect of the SWATI initiative. Though the importance / relevance of this has not been articulated clearly by the respondents, counsellors supporting women for reconciliation if they desired so (even when the counsellors themselves believed it would be better for the woman to separate from the abusive husband), and appreciation showed by respondents towards this is an indicator of the same. The familiarity with cultural practices and challenges faced by survivors is crucial for counsellors so that they can help women develop feasible steps and goals to escape the violent situation.

## Conclusion

The experiences of the respondents, the help-seeking pathways followed by them till they reached the Cells , their confidence in Cell staff and subsequent satisfaction with improved quality of life highlights the need for and effectiveness of the counselling cells. The experiences also emphasise the importance of creating mechanisms that will facilitate remotely situated rural women survivors' access to counselling and support services.

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